Youth Suicide Prevention
Programs and Activities
October 1999
YOUTH suicide PREVENTION
PROGRAMS AND ACTIVITIES
National Stocktake October 1999

Compiled by the Australian Institute of Family Studies
for the National Youth Suicide Prevention Strategy
Foreword

Youth suicide is one of our nation’s most serious and distressing problems and to reduce youth suicide rates must be a priority of any government. The Commonwealth, in conjunction with the State and Territory governments, is committed to this goal.

The Commonwealth Government has responded to the issue of youth suicide through the commitment of resources to an integrated range of programs under the National Youth Suicide Prevention Strategy. A comprehensive range of projects was funded within a public health framework guided by panels of experts and community representatives. A total of $31m was allocated to the Strategy from July 1995 to June 1999.

The goals of the National Youth Suicide Prevention Strategy were to:

• prevent premature death from suicide among young people;
• reduce rates of injury and self-harm;
• reduce the incidence and prevalence of suicidal ideation and behaviour;
• enhance resilience, resourcefulness, respect and interconnectedness for young people, their families and communities.

A focus of the National Youth Suicide Prevention Strategy was placed on development, trial and evaluation of best practice approaches to youth suicide prevention. It is intended that effective models of service delivery will be integrated into ongoing service delivery systems.

Youth Suicide Prevention: National Stocktake of Programs and Activities, October 1999 is a directory of relevant programs and activities regarding youth suicide in Australia. The publication allows those working in the field to highlight the work they are doing and provide information to others. Those establishing new programs will be able to access and adapt models which are already in place and working well.

I commend this directory as an important resource for all concerned with youth suicide prevention in Australia.

The Hon. Dr Michael Wooldridge, MP
Minister for Health and Aged Care
Acknowledgements

The Australian Institute of Family Studies gratefully acknowledges the financial support received from the Australian Government's Department of Health and Aged Care. The Institute wishes to thank the contributors and the numerous people who have assisted in the running of the stocktake, in particular, the representatives from the following organisations who acted as State and Territory Liaison Officers for the stocktake.

**Australian Capital Territory**
Health Strategies Development
Health Outcomes Policy and Planning
Department of Health and Community Care
GPO Box 825
Canberra ACT 2601

**New South Wales**
Centre For Mental Health
Nsw Health Department
Locked Mail Bag 961
North Sydney, NSW 2059

**Northern Territory**
Anglicare Top End
PO Box 36506
Winnellie NT 0821

**Queensland**
Health Systems Strategy Branch
Queensland Health
GPO Box 48
Brisbane QLD 4000

**South Australia**
Mental Health Unit
South Australia Health Commission
PO Box 65
Rundle Mall SA 5000

**Tasmania**
Mental Health Program
Department of Community and Health Services
GPO Box 125B
Hobart TAS 7001

**Victoria**
Aged, Community and Mental Health
Department of Human Services
10th Floor, 555 Collins Street
Melbourne VIC 3000

**Western Australia**
WA Youth Suicide Advisory Committee
Division for Psychosocial Research
TVW Telethon Institute for Child Health Research
PO Box 855
West Perth WA 6872

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Youth Service

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Consultancy
Counselling Service
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Government – Local
Health Service
Health Service – Community
Interagency
Mental Health Service
Police Service
Private Company
Religious Organisation
School Program
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Technical and Further Education
Telephone Counselling Service
Youth Service

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Community Organisation
Drug/Alcohol Service
Family/Parent/Children’s Service
Government – Local
Government – State
Mental Health Service
Neighbourhood Centre
Refuge
Youth Service

Victoria
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Advisory Service
Community Organisation
Counselling Service
Drug/Alcohol Service
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General Practice
Government – Commonwealth
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Suicide is a major cause of death among young Australians. The Commonwealth Government responded to the issue of youth suicide by allocating $31 million to the National Youth Suicide Prevention Strategy in a major attempt to eliminate this tragic loss of life.

As part of the National Youth Suicide Prevention Strategy, the Australian Institute of Family Studies was contracted by the Commonwealth Department of Health and Aged Care to address the information needs of those involved in youth suicide prevention.

Supported by the Commonwealth, and in collaboration with State and Territory health departments, the Institute undertook two stocktakes of youth suicide prevention activities. The first stocktake was conducted in 1998, and the second, presented in this volume, in 1999. The stocktakes identified agencies involved in service delivery, training, research, policy, and broader youth suicide prevention activities, and encompassed the Commonwealth Government, State and Territory governments, and non-government and private sectors.

The aim of the stocktakes was to create a database of the policy, program and other activities being carried out across Australia in response to the issue of youth suicide which, once assembled, could be made available to all those concerned with youth suicide and its prevention. This publication is one component of the dissemination process. Output from the stocktake is also being made available via the Internet.

Completion of the stocktake was dependent upon the cooperation of many people. I take this opportunity to thank all contributors who took time out of their busy lives to complete questionnaires. This directory is tangible testimony to their work and demonstrates the range and diversity of programs being undertaken in the cause of youth suicide prevention around Australia.

The Australian Institute of Family Studies aims to enhance community and government understanding of the factors and processes that affect the stability and wellbeing of Australian families. The suicide of a young person is a devastating experience for the surviving members of the families concerned. We hope that this national stocktake will serve as a resource to those concerned to establish youth suicide prevention policies, programs and activities, and for those who seek to support survivors and their families. We also hope that it will contribute to information sharing and communication among the many people involved in this most important work.

David I. Stanton  
Acting Director  
Australian Institute of Family Studies
Stocktake Overview

As part of the National Youth Suicide Prevention Strategy, the Australian Institute of Family Studies was funded by the Department of Health and Aged Care to address the information needs of those involved in youth suicide prevention. A Communications Project was developed and included the administration of two national stocktakes of activities related to youth suicide prevention. In collaboration with State and Territory mental health departments, the Institute has recently completed the second of these stocktakes, the outcomes of which are published in this directory.

Methodology
The deliberations of a Liaison Committee, comprising representatives of the Institute and of State and Territory mental health departments and related consultations led to the development of a detailed questionnaire on youth suicide prevention for distribution to potential respondents. The questionnaire was based on the one used for the first stocktake, but revised in such a way as to capture more specific information about the type of organisational setting of the project and the main focus in terms of its target group, prevention approach, and type of interventions used. Extra questions were also asked concerning the evaluation methods. The questionnaire follows this overview, on pages 1-22.

The questionnaire was distributed through a number of channels: a national mailing list developed by the Australian Institute of Family Studies; mailing lists and other contacts of liaison officers based in State and Territory mental health departments; and the Youth Suicide Prevention Website at the Institute. Data were collected by the Institute, and entered into a database for display on the Website and for compilation of this directory.

Contributions
Of the 680 completed questionnaires, 21 per cent were returned from the Australian Capital Territory and New South Wales, 5 per cent from the Northern Territory, 20 per cent from Queensland, 6 per cent from South Australia, 3 per cent from Tasmania, 22 per cent from Victoria, and 20 per cent from Western Australia. Projects with a national focus (3 per cent) have been separated from the State-based projects, and are located at the beginning of the directory.

All contributions received by the Institute are included in this stocktake. Entries appear essentially in the from in which they were received, and have not been re-written or substantially edited.

Scope
It was the intention of the Liaison Committee that the stocktake should include the broadest range of activities, from those with an explicit focus on youth suicide prevention, to those which, although involved in related activities, did not have prevention of suicide as a primary or even stated objective. The Committee felt that it was important to allow the organisations completing the questionnaire themselves to determine whether or not their activities were relevant to youth suicide prevention. As a result, and as with the first stocktake, the directory includes information on a broad range of activities.
How to use this directory

Entries are arranged first by State, then within each State, by type of organisation. It is hoped that grouping similar types of organisations together will facilitate browsing.

To guide readers’ exploration of the directory, four indexes are provided at the end of the publication. The first is an index of organisation names (page 313); the second is an index of populations targeted (page 321); the third is an index of risk factors targeted (page 327); and the fourth is an index of main interventions used (page 341).

More detailed information about each project is provided on the Youth Suicide Prevention Communications Project Website: http://www.org.au/external/ysp/

Judy Adams
Project Coordinator
Australian Institute of Family Studies
QUESTIONNAIRE
~ Activities & Programs ~

As part of the National Youth Suicide Prevention Strategy, the Federal Government Department of Health & Family Services has funded the Australian Institute of Family Studies to collect information about activities and programs which relate directly or indirectly to youth suicide prevention in Australia.

This questionnaire aims to find out the details of any youth suicide prevention activities or programs in which you or your organisation are currently managing or have planned for the near future. This questionnaire is for the main person involved in organising or managing specific programs, projects or activities, not funding bodies.

Information from the questionnaire will be entered into an electronic database and made available to interested individuals and organisations.

For the purposes of the questionnaire:-

• ‘Youth’ will be regarded as referring to young people aged between 15-24, however activities or programs for younger age groups are also often relevant.

• ‘Suicide’ is defined very broadly to encompass the whole range of suicidal behaviour, including fatal and non-fatal behaviour, suicidal ideation, and the impact of suicide on individuals, families and communities.

• ‘Suicide Prevention’ is also defined broadly and includes interventions targeted at young people who are at high risk and immediate risk through to primary prevention activities aimed at preventing the development of problems in children or communities that could possibly lead to suicidal behaviour in youth in the future.

If you are involved in more than one activity or program it would be greatly appreciated if you could fill out a separate questionnaire for each project. Please feel free to photocopy this questionnaire for that purpose. If you have any queries regarding any aspect of the questionnaire, please contact:

Judy Adams or Penny Mitchell
Australian Institute of Family Studies
300 Queen Street, Melbourne VIC 3000  Fax: 03 9214 7839
Judy: Ph: 03 9214 7812  email: judy@aifs.org.au
Penny: Ph: 03 9214 7833  email: pennym@aifs.org.au
Why a Second National stocktake?

Dear Colleagues,

Realising that reducing youth suicide requires concerted action by the Australian community, the Australian Government has committed $31 million to a National Youth Suicide Prevention Strategy. One of the Strategy’s components is the carrying out of two national stocktakes of youth suicide prevention activities.

Lack of readily available information on suicide prevention programs was identified as a major factor in inhibiting effective action, and it is this need which the stocktakes seek to address. They aim to present a picture of the range and scope of suicide prevention programs throughout Australia, and to identify programs from which project workers can learn, and thus avoid ‘reinventing the wheel’.

Conducted a year ago, the first Stocktake resulted in a massive response of 919 entries which illustrates the commitment of people working in the field to making this a truly useful resource. A printed volume of the results was distributed to the participants, and an electronic version kept updated on the AIFS’ internet site.

The second stocktake aims to update and expand information provided in the first stocktake - to expand the data for each project, the numbers and range of items collected and to enhance data quality. We hope that the second will be even ‘bigger and better’ than the first. We want the second stocktake to be truly representative of what is happening in the field, and to ensure that gaps identified by the first stocktake are truly gaps and not just a failure in information collection. For this to happen, we need again the cooperation of everyone concerned.

A printed volume of the results will again be distributed to all participants, and a new searchable database mounted on the Institute’s Youth Suicide Prevention internet site.

We know that completing questionnaires is time-consuming for very busy people, but encourage you to help us make this project a worthwhile resource for people in the field. Moreover, we’d be grateful for any help in distributing the questionnaire as widely as possible.

Thank you in advance for your help.

John Shelton
Acting Director
Australian Institute of Family Studies
INFORMATION ABOUT YOUR AGENCY

Please fill in the information required or tick the relevant boxes in the following.

1.0 Title/Name of the prevention program or activity

________________________________________________________
________________________________________________________
________________________________________________________

1.1 Name and address of agency running the program or activity

Please provide the following details:

Name of agency: __________________________________________
________________________________________________________
________________________________________________________
Address: __________________________________________________
________________________________________________________
Website address: __________________________________________
Contact person: Mr Mrs Ms Dr Prof: ____________________________
Role/job title of contact person: ______________________________
Phone: _______________________ Fax: _________________________
Email: ____________________________

1.2 Type of agency

Please tick one box only.

☐ Government
☐ Private company (for profit)
☐ Non government (not for profit)

1.3 Type of organisation

Please consult the list provided on page 16 and select ONE type of organisation. Please record full category name below.

________________________________________________________
FUNDING

2.0 What are the MAIN sources of funding for the program/activity?
Please tick as many boxes as necessary.

- National Youth Suicide Prevention Strategy. Annual amount: _______________________
- State/Territory Youth Suicide Prevention Strategy. Annual amount: _______________________
- Other special Commonwealth funding. Annual amount: _______________________
- Other special State/Territory funding. Annual amount: _______________________
- Part of your agency's general budget. Annual amount: _______________________
- Research grant funding. Annual amount: _______________________
  Please specify actual source (eg NH&MRC, ARC etc) _______________________
- Other source. Annual amount: _______________________
  Please specify _______________________

DURATION/COMPLETION

3.0 For how long has your program/activity been operating (or if finished, how long did it operate for)?

- 12 months or less
- 13 to 24 months (2 years)
- 25 to 36 months (3 years)
- 37 to 60 months (5 years)
- More than 5 years

3.1 Did/does your program have a finishing date?

- Yes
- No

- If yes, when did/does it finish? Month: ____________ Year: _______
TARGET CATCHMENT AREA

4.0 Is your program or activity designed to meet the needs of a specific kind of geographical area?

☐ Yes  ☐ No

⇒ If yes, please indicate which kind of geographical area? Please tick as many boxes as necessary.

☐ Urban  ☐ Rural
☐ Outer urban  ☐ Remote Australia
☐ Regional Centre or Area  ☐ State/Territory wide
☐ Country town  ☐ Australia wide
☐ Other, please specify ____________________________

LINKS AND COLLABORATION

5.0 Is the program or activity part of another broader program or activity?

☐ Yes  ☐ No

⇒ If yes, please name the larger program/activity:

______________________________

5.1 Is your agency collaborating with other agencies in the conduct of your project?

☐ Yes  ☐ No

5.2 If yes, are you collaborating with agencies within your sector (eg health, education, justice etc), outside your sector or both.

☐ Within this sector  ☐ Outside this sector  ☐ Both
5.3 If you are collaborating with other agencies, which types of organisations are you collaborating with? Please consult the list provided on page 16 and indicate the THREE (3) main types. Please record full category names below.

1. ____________________________________________________________________
2. ________________________________________________________________
3. ____________________________________________________________________

CONSUMER AND COMMUNITY INVOLVEMENT

6.0 Which of the following groups were involved in the planning/development of your project/activity? Please tick as many boxes as necessary.

- Professionals in your organisation
- Professionals in other organisations
- Members of the public (over 24 yo)
- Consumers/service users (over 24 yo)
- Young consumers/clients/service users
- Other, please specify _______________________________________________

TARGET GROUPS

7.0 Which groups are the primary focus of the program or activity? Please tick as many boxes as necessary.

- General public/community
- Young people (0-24)
- Parents
- Families
- Families
- Other (please specify): _______________________________________________
7.1 Does your program involve ‘special targeting’ of any POPULATIONS?
‘Special targeting’ means that your program has interventions in place which are SPECIALLY DESIGNED to address the particular needs of these populations.

☐ Yes    ☐ No

If yes, please refer to the list of options provided on page 17 and choose a maximum of THREE (3) that best describe the MAIN populations targeted by your program. Please record full category names below.

1. ______________________________________________________________ __
2. ______________________________________________________________ __
3. ______________________________________________________________ __

7.2 Does your program involve ‘special targeting’ of any particular RISK FACTORS?
‘Special targeting’ means that your program has interventions in place which are SPECIALLY DESIGNED to address the particular risk factors.

☐ Yes    ☐ No

If yes, please refer to the list of options provided on page 17 and choose a maximum of THREE (3) that best describe the MAIN risk factors targeted by your program. Please record full category names below.

1. ______________________________________________________________ __
2. ______________________________________________________________ __
3. ______________________________________________________________ __

7.3 Which age groups/developmental stages is the program concerned with? Please tick as many boxes as necessary to indicate which age group(s) correspond MOST CLOSELY to those you are targeting.

☐ All age groups    ☐ Adolescents 15-19 years
☐ Infants 0-4 years ☐ Young adults 20-24 years
☐ Young children 5-9 years ☐ Adults 25 years and over
☐ Children 10-14 years
DESCRIPTION

8.0 Please provide a brief description of the project or activity in your own words, focusing on aims/objectives, rationale and the intervention strategies. If possible please type your description (one page only) and attach. Please avoid using abbreviated terms.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

MAIN INTERVENTIONS USED

9.0 What are the MAIN types of interventions employed in your program? Please consult the list of interventions provided on page 18 and choose a maximum of THREE (3) that, together, best describe your program, in order of importance. Please record full category names below.

1. _______________________________________________________________________

2. _______________________________________________________________________

3. _______________________________________________________________________

Prevention Programs Questionnaire
PREVENTION APPROACH

There are several ways of thinking about approaches to suicide prevention. Analysis of data from the first stocktake revealed two main levels of approach: (1) Direct prevention approaches, which work directly with individuals or target populations and (2) System level approaches, which work with organisations to facilitate uptake of good practice by professionals. Some projects work at both levels.

10.0 Does your program involve working directly with individuals or target populations or does it operate at a system level to facilitate the uptake of good practice by service providers? Please read the descriptions listed under 10.2 to clarify what is meant by 'system level' approaches.

☐ Direct  ☐ System level  ☐ Both direct and system level

Direct and system level prevention approaches can be further broken down according to schema such as: Primary Prevention, Early Intervention, Intervention and Postvention.

10.1 Does your program involve Primary Prevention, Early Intervention, Intervention or Postvention?

It is recognised that some programs involve elements of a number of approaches. Please tick ONE box only to indicate the MAIN emphasis of your program.

☐ Primary prevention

Primary prevention is concerned with preventing the development of problems (risk factors) that place people at risk of suicide e.g. preventing mental disorders or homelessness. Primary prevention can be universally or selectively targeted. Universal strategies target whole populations and include mental health promotion activities that aim to enhance resilience, optimism, and the quality of social relationships and environments. Selectively targeted strategies target subgroups in the population that have a higher than average chance of developing risk factors for suicide. Measures that restrict access to means of suicide may be included as primary prevention since they are basically concerned with the quality of environments and are universally targeted.

☐ Early intervention

Early intervention targets individuals or groups who are developing problems which could place them at high risk of developing self-harm and suicide related behaviours (eg young people with early and emerging mental health problems or young people who are beginning to become involved in antisocial behaviour). Early intervention includes strategies to facilitate early identification of young people at risk to assist them gain access to appropriate help, as well as intervention to prevent further development of the emerging problems. Early intervention occurs BEFORE suicide related behaviours emerge.

☐ Intervention

Intervention involves providing support or treatment to those young people experiencing acute crises or chronic problems that place them at immediate or sustained high risk of suicide and suicide related behaviours. Examples of relevant activities include: crisis intervention to help resolve personal crises (eg counselling); protocols in hospital emergency departments to enhance identification, treatment and follow-up after self-inflicted injury and suicide attempts; treatment of established mental health problems; provision of ongoing support to young people with other long term problems such as repeated involvement in the justice system.
Postvention activities are aimed at supporting families, friends and others affected by the suicide of a young person. Postvention recognises that people bereaved by suicide are themselves at high risk of suicide related behaviours.

Not applicable/none of the above

10.2 System level approaches

These activities aim to enhance capacity and facilitate the uptake of good practice within organisational and social systems. System level activities may work within one or across the range of prevention approaches outlined in 10.1 to enhance the capacity of systems to respond more effectively in a variety of ways.

Does your program involve any of the following system level approaches? It is recognised that some programs involve elements of a number of approaches. Please tick ONE box only to indicate the MAIN emphasis of your program.

Community development

The community development approach aims to assist communities develop their own programs in ways that will be self sustaining in the long term. A key ingredient of community development is the integral involvement of community members including lay people in the planning, decision-making and implementation of programs and activities. Community development aims to influence systems and structures including individuals, organisations, media and social policy in directions that create supportive environments for young people and facilitate a range of suicide prevention efforts.

Inputs

Inputs involves the creation of information that can be used to enhance our understanding of good practice. Examples of activities belonging to this approach include research, needs assessment, community consultation and program evaluation.

Identification and dissemination of good practice

Identification and dissemination of good practice is closely related to inputs but goes one step further to enhance wide access to information. The various communications projects of the National Youth Suicide Prevention Strategy are examples. These include the National Stocktake of Youth Suicide Prevention Activities which has involved a searchable internet database and a printed publication, AUSEINET and several other websites and internet based information sources.

Networking and intersectoral collaboration

Networking has emerged as an important approach to suicide prevention in its own right. It may involve various forms and functions including: service based networks which aim to smooth referral pathways and share information and expertise; service networks that involve community organisations; task forces; committees; conferences; and formal collaborative agreements.
Education and training

While education and training includes dissemination of information about good practice it also includes active and structured reflection upon this information in ways designed to promote its impact on behaviour.

Policy, planning and advocacy

Policy and planning generally occurs at a government or management level. A wide variety of organisations and individuals also provide input through advocacy and monitoring.

Other service development and quality enhancement

Choose this category if your program (i) aims to develop the capacity of your own agency or other agencies to prevent youth suicide; AND (ii) involves a balance of two or more of the above activities and/or different activities (eg quality assurance).

EVALUATION AND MONITORING

11.0 Does your program or activity include evaluation or monitoring? It is recognised that many small projects do not have sufficient resources for formal evaluation. However many project staff do document their program and collect valuable information that would be relevant to process evaluation.

☐ No    ☐ Yes, internal    ☐ Yes, external

11.1 If Yes, please indicate the type of evaluation conducted (process, impact or outcome) and the main methods used for each type. Tick as many boxes as appropriate.

☐ Process evaluation

Process evaluation seeks to describe and evaluate the PROCESS of program implementation. It explores the extent to which the program has been implemented as planned and examines the factors that acted as barriers and facilitators to project implementation.

Main methods used
Please refer to the list of methods on page 19 and choose a maximum of TWO (2). Please record full category names below.

1. ____________________________

2. ____________________________

☐ Impact evaluation

Impact evaluation explores whether the program has met its strategic OBJECTIVES. Objectives must be constructed in such a way that they can be measured (unlike goals which often cannot) and usually refer to modifiable processes (eg knowledge and behaviours) that
mediate risk and protective factors. Examples of realistic objectives include increasing community knowledge of risk factors for youth suicide and signs of distress, increasing levels of help seeking behaviour, increasing peoples' confidence in their ability to help, increasing levels of service provider expertise in suicide prevention. A very wide variety of methods may be used. Examples include measuring community knowledge and skills before and after a program is implemented (pre-test and post-test) or determining whether service provider skill levels meet a predetermined level specified in your objectives.

Main methods used
Please refer to the list of methods on page 19 and choose a maximum of TWO (2). Please record full category names below.

1. ___________________________________________________________________

2. ___________________________________________________________________

□ Outcome evaluation

Outcome evaluation explores whether the program has met its GOALS. Very few programs achieve well designed outcome evaluation because achievement of goals is usually very difficult to measure. Goals usually refer to gains in health and wellbeing in target groups that can be attributed to the intervention or program. Goals might include lowering rates of suicide or improving quality of life. Examples of outcome evaluation include measurement of clinical outcomes for clients or a controlled trial that examines changes in quality of life for populations that have and have not been exposed to the program.

Main methods used
Please refer to the list of methods on page 19 and choose a maximum of TWO (2). Please record full category names below.

1. ___________________________________________________________________

2. ___________________________________________________________________

MAIN ACHIEVEMENTS OF YOUR PROGRAM

12.0 What do you think are the major achievements of your program to date? Or what are the main things that have been learned? If possible please type your comments (one page only) and attach.
BARRIERS

13.0 What barriers are/were there to your program/activity?

☐ Lack of backup services  ☐ Structural problems in services
☐ Insufficient funding  ☐ Ethical problems
☐ Insufficient staff/time/resources  ☐ Lack of community interest
☐ Attitudes of service providers  ☐ Short time lines
☐ No barriers

☐ Other (please specify):

13.1 Please elaborate on barriers

13.2 Can you suggest any ways of overcoming these barriers?
14.0 Has your program been modelled on an existing program?

- Yes  - No

- If yes, please provide the name of the model program and its country of origin. Please provide details of a key publication which describes the program or presents results of evaluation.

Name: ____________________________________________

Country: __________________________________________

Key publication: __________________________________

PRODUCTS AND DISSEMINATION

14.1 Is your program being replicated or adapted by anyone else?

- Yes  - No  - Don’t know

- If yes, please provide details of who is replicating your program.

14.2 Are members of your staff available to provide training or other support to staff from other agencies wishing to adopt your program?

- Yes  - No  - Don’t know
14.3 Has the activity/project/program generated any evaluation reports, reports (other than evaluation reports), publications, videos, presentations, journal articles or unpublished papers?

☐ Yes ☐ No

→ If yes, please please list them, providing as much detail as possible, e.g. authors, title, publishing details, date, price if applicable, or attach typed list.

If you are willing for any information about evaluations, reports, publications, brochures, videos or unpublished papers etc to be disseminated via the Australian Institute of Family Studies, would you please forward copies of materials to:

NYSPS Communications Project
Australian Institute of Family Studies
300 Queen Street
Melbourne VIC 300
**CATEGORY NAMES**

**Question 1.3 Type of organisation in which the program is based**
Please choose ONE that best describes the type of organisation and record your choice in the space provided for Question 1.3 in the questionnaire. **Please record full category names.**

**AND**

**Question 5.3 Type of organisations with which you are collaborating**
Please choose a maximum of THREE (3) and record in the space provided for Question 5.3. **Please record full category names.**

- Accommodation service
- Advisory service
- AIDS Council
- Community organisation (generic)
- Community organisation (mental health)
- Coroners Office
- Domestic violence service
- Drug-alcohol service
- Family/parent/childrens service
- Gay and lesbian community organisation
- General practice
- General practice - Division
- Government - Commonwealth department
- Government - Local
- Government - Other instrumentality
- Government - State department
- Health promotion - Unit/Service/Foundation
- Health service - Accident and Emergency
- Health service - Area/Regional/District
- Health service - Community
- Health service - Inpatient (eg hospital)
- Indigenous community organisation
- Interagency
- Justice system - Community-based
- Justice system - Detention
- Mental health service - Area/Regional
- Mental health service - Child and Adolescent
- Mental health service - Community-based
- Mental health service - Inpatient
- Multicultural, migrant, ethnic organisation
- Neighbourhood centre
- Private company
- Professional association
- Police service
- Public health unit
- Refuge
- Religious organisation
- Research institute
- Resource centre
- School (High)
- School (Primary)
- Service for survivors of torture and trauma
- Sexual Assault Service
- Technical and Further Education
- University - Academic Department/School
- University - Counselling/Welfare/Health
- Youth service - Generalist
- Youth service - Health
- Other (Please specify)
Question 7.1 Populations targeted
Please choose a maximum of THREE (3) and indicate your choices in the space provided for Question 7.1 in the Questionnaire. Please record full category names.

No special targeting (ie general population)
Aboriginal and Torres Strait Islanders
Females
Gay, lesbian, bisexual, transsexual
Males
Non English speaking background
Rural/remote
Students (Primary)
Students (Secondary)
Students (Tertiary)
Other (Please specify)

Question 7.2 Risk factors targeted
Please choose a maximum of THREE (3) and indicate your choices in the space provided for Question 7.2 in the questionnaire. Please record full category names.

No special targeting
Mental illness - in the family
Mental illness - in the individual
Physical illness
Poverty
Prostitution
Refugees
Risk taking behaviour (no clear suicidal intent)
Sexual assault (victim)
Suicide attempt(s) (previous)*
Suicide related behaviour (currently present)*
State care
Torture and trauma survivors (refugees)
Unemployment
Other (Please specify)

*Definitions page 20
**Question 8.0** Main interventions used. Please choose a maximum of THREE (3). Please record full category names.

| Access to means of suicide/injury prevention | Medical care - Primary |
| Access to services - enhancing               | Medical care - Specialist/Tertiary |
| Accommodation                                | Mental Health Promotion (not elsewhere specified) |
| Advocacy                                     | Mentoring |
| Alternative education program                | Multisystemic intervention |
| Assessment                                   | Needs assessment - Community |
| At-risk/case identification/early detection  | Networking, collaboration, liaison, taskforce |
| Bullying - Prevention                        | Outreach |
| Case management                              | Palliative care |
| Community consultation                       | Pastoral care |
| Community development                        | Parenting program |
| Community education - Mental health          | Peer education/support |
| Community education - Other                  | Policing |
| Community education - Suicide awareness      | Policy development |
| Community involvement/participation          | Postvention |
| Community partnership                        | Primary Health Care |
| Consumer support group                       | Professional development |
| Consumer involvement/participation            | Protocols/policies/procedures |
| Consumer partnership                         | Referral |
| Crisis intervention (not elsewhere specified)| Rehabilitation |
| Counselling - Face to face                   | Research and evaluation |
| Counselling - Telephone                      | Resource development and distribution |
| Crime and violence prevention                | School drop out prevention |
| Cultural awareness program                   | Self-help programs |
| Cultural recreational activities              | Service development/quality enhancement |
| Curriculum/classroom program                 | Service provision - Routine |
| Depression prevention                        | Sexuality/Gender-based program |
| Drug and alcohol program                     | Sporting recreational activities |
| Early intervention (not elsewhere specified) | Streetwork |
| Early Psychosis Program                      | Support groups |
| Environmental intervention                   | Surveillance of suicide rates/population health |
| Family intervention                          | Training - Curriculum development |
| Follow-up                                    | Training - Inservice |
| General support                              | Training - Other materials |
| Health promotion - General                   | Training - Tertiary |
| Homelessness prevention                      | Training - Volunteer |
| Information dissemination - to professionals | Treatment of mental health problems |
| Information systems                          | Vocational education |
| Life/Social/Personal skills development      | Other(Please specify) |
| Media education, liaison                     | |
| Medical care - Accident and Emergency        | |
Question 11.1 Evaluation and monitoring methods
Please choose a maximum of TWO (2) categories to indicate the methods used for each main type of evaluation conducted (process, impact, outcome). Please record full category names.

Currently being designed
Monitoring through routine documentation (eg annual or quarterly reports)
Accreditation/Standards monitoring by accrediting agency
Strategic planning processes
Other managerial methods (please specify)
Descriptive statistics about clients (eg demographics)
Quality assurance methods (eg regular file audits)
Qualitative methods (eg focus groups, in-depth interviews)
Surveys/questionnaires of satisfaction/knowledge/skill
Action Research¹
Measurement of clinical outcomes
Randomised controlled trial²
Other controlled trial²
Non-experimental repeated measures design³
Epidemiological methods (eg prevalence/incidence in population)
Other quantitative methods
Other (Please specify)

DEFINITIONS (evaluation)

¹ Action Research is a term that applies specifically to an evaluation which involves a repeated cycle of planning, implementation of change, evaluation and further planning. It is action oriented in that information from the evaluation feeds directly and immediately into planning for action to address the findings of evaluation. It is more often associated with process evaluation but may utilise data from impact and outcome evaluation.

² Controlled trial refers to studies where impacts or outcomes are compared for a group that is exposed to the intervention (experimental group) and a matching group that is not exposed to the intervention (control group). In ‘randomised’ controlled trials subjects are allocated randomly to the experimental or control group. In ‘other’ controlled trials the experimental and control group may be naturally occurring groups eg two different communities that are similar in other respects. The term ‘control’ refers to the control or matching of the groups on variables that could interfere with the outcome but which are not the focus of study (confounding variables) in order to eliminate the effects of these variables.

³ Non-experimental repeated measures design in the present context this refers to evaluations that use quantitative methods to measure changes in program participants over time (eg before and after the intervention or at several points in time) but where no control group is used.
W.H.O. DEFINITIONS

Suicide: death from injury, poisoning or suffocation where there is evidence, either explicit or implicit, that the injury was self-inflicted and that the person intended to kill himself or herself. (The term completed suicide or death by suicide can be used interchangeably with the term suicide).

Suicide attempt: A potentially self injurious behaviour with a non-fatal outcome for which there is evidence, either explicit or implicit, that the person intended at some level to kill himself or herself. A suicide attempt may or may not result in injuries.

Instrumental suicide related behaviour: Potentially self injurious behaviour for which there is evidence, either explicit or implicit, that the person did not intend to kill himself or herself and that the person wished to use the appearance of intending to kill himself or herself in order to attend some other end (for example to seek help, to punish others or to receive attention).

Suicide related behaviour: Potentially self injurious behaviour for which there is explicit or implicit evidence either that a person intended, at some level, to kill himself or herself, or, that a person wished to use the appearance of intending to kill himself or herself in order to attend some other end. Suicide related behaviour comprises suicidal acts and instrumental suicide related behaviour.

Suicidal ideation: Any self reported thoughts or engaging in suicide related behaviour.

Thank you very much for your valuable time. Please send your completed questionnaire to the Liaison Officer in your state:

Ben Neilson
Centre for Mental Health
NSW Health Department
Locked Mail Bag 961
Nth Sydney NSW 2059

Julie Gunn
Mental Health Unit
SA Health Commission
PO Box 65
Rundle Mall SA 5000

Greta Bossinga
WA Youth Suicide Advisory Committee
Division for Psychosocial Research
TVW Telethon Institute for Child Health Research
PO Box 855
West Perth WA 6872

Bill McDonald
Aged, Community and Mental Health
Dept of Human Services
10th Floor, 555 Collins Street
Melbourne VIC 3000

Ruth Catchpole
Health Systems Strategy Branch
Queensland Health
GPO Box 48
Brisbane QLD 4000

Susan Raphael
Mental Health Program
Dept of Community and Health Services
GPO Box 125b
Hobart TAS 7001

Sally Weir
Anglicare Topend
PO Box 36506
Winnellie NT 0821

Anne Evans
Health Strategies Development
Health Outcomes Policy & Planning
Dept of Health and Community Care
GPO Box 825
Canberra ACT 2601
National Programs and Activities
Community Organisation

1 Scout Association of Australia

Description
The booklet, *Youth Suicide Prevention for Parents*, provides a starting point for parents and other persons concerned about youth suicide prevention. Scout Association Australia leaders would refer any problems to the appropriate agency.

Main Achievements
A copy of the booklet *Youth Suicide Prevention for Parents* is distributed to every member of the Scout Association in Darwin (currently 400).

Evaluation
Internal and external evaluation.

Contact
Scout Association of Australia
PO Box 1904
Darwin NT 0822
Phone: 08 8981 5553
Fax: 08 8941 0505
Contact person: Mr Scott Bevis, Administration and Development Officer

Counselling Service

2 Centacare Youth Suicide Intervention Program (CYSIP)

Description
The Centacare Youth Suicide Intervention Program (CYSIP) is a project funded under the current Youth Suicide Prevention Strategy until June 1999. The CYSIP targets young people (aged to 25 years) who are identified as being at high risk of suicide, that is: young people who have a history of repeat suicide attempts; young people who have a mental illness; young people who are marginalised and who engage in self harming behaviour; young people who are homeless. The CYSIP provides a number of services to non-government agencies within metropolitan Adelaide, as follows: Assessments regarding young people who may be suicidal, including both primary (with the young person) and secondary (with the agency) consultations – consultations provided are mobile (at the agencies location) or over the telephone; Education and training in suicide risk assessment for professionals assisting young people who may be at risk of suicide, often provided as inservice training within organisations; Provision of peer support groups to young people at risk; Development of linkages between medical and non-medical (community based) services, through networking, referral and development of guidelines. The rationale for the CYSIP is that young people at risk of suicide will often have access other types of services but will not necessarily access services able to assist them in regard to their suicide risk. The CYSIP works with other agencies who are case managing young people, for example, homeless agencies or agencies whom the young person accesses, such as community centres, health centres, schools, etc. Young people at risk, especially those who are marginalised and homeless will not easily trust other services, and consequently will resist assessment. The secondary consultations have been crucial in assisting agencies supporting young people at risk of suicide to obtain appropriate assistance.

Main Achievements
The consultation service and training provision have been major achievements of CYSIP. In the two years to December 1998 CYSIP provided 239 consultations, of which 75% were secondary consultations. In the 15 months of training provision (to December 1998), 449 workers were trained in suicide risk assessment. Due to demands on the service, government agencies and country services (within SA) have been able to access training for a fee. The independent evaluation of the program by Southern Child and Adolescent Mental Health Services Research Unit notes that 89% of training participants returned evaluation questionnaires, and of these the overwhelming majority demonstrate satisfaction with the training.

Barriers/Needs
Lack of backup services; Structural problems in services.

Lack of back up – suicide risk assessment is not available after hours, other than at hospitals. Many young people would not access these alone. Structural – lack of mobile Child and Adolescent Mental Health Services (CAMHS) service is a major issue, with long waiting periods after first appointment for counselling (staff don’t do assessments outside of their office).

Child and Adolescent Mental Health Service (CAMHS) must become mobile and better targeted to include young people, especially those who are homeless/marginalised; must have a mobile after hours crisis intervention service for children and adolescents (similar to the adult service ACIS); CAMHS needs to respond to criticisms about these issues by actually responding, changing, becoming flexible and responsive to young people at risk of suicide and with mental health issues.

Evaluation
External evaluation.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Centacare Australia
PO Box 186
Elizabeth SA 5112
Phone: 08 8252 2311
Fax: 08 8255 6625
Email: dorothy@elizabeth.centacare.org.au
Web Address: http://www.centacare.org.au
Contact person: Ms Dorothy Belperio, Manager
Health Promotion

3
MindMatters: The National Mental Health Project in Schools

Description
MindMatters: The National Mental Health Project in Schools (NMHPIS) is funded by the Commonwealth Department of Health and Family Services as part of two major initiatives, the National Mental Health Strategy and the National Youth Suicide Prevention Strategy. The project, currently in pilot stage, provides professional development and support for 24 pilot schools nationally. Developed to complement a whole school approach to mental health is a set of curriculum materials in the areas of: enhancing resilience; bullying and harassment; grief and loss; and understanding mental illness. Pilot schools are using the Health Promoting Schools model. The National Mental Health in Schools Project aims: to develop a comprehensive school based mental health promotion program using school settings to promote young people’s mental health and emotional wellbeing; to promote the psychosocial health of young Australians; to develop curriculum resources and a professional development program for mental health promotion; to develop curriculum resources and a professional development program for mental health promotion and education suitable for adoption in Australian secondary schools; to improve the quality and breadth of education for and about mental health. The NMHISP objectives are: to facilitate the implementation of best practice in the promotion of whole school approaches to mental health promotion; to develop mental health education materials resources and curriculum which are appropriate to a wide range of schools, students and learning areas; to develop a framework for a national mental health promotion program for schools; to trial the guidelines on mental health and youth suicide (developed for the Commonwealth Department of Health and Aged Care); to encourage the development in schools of partnerships between parents, community and support agencies to promote the mental and emotional wellbeing of young people; to identify knowledge, skills and attitudes necessary for the promotion of a supportive school environment. The guiding principles of the project include: mental health promotion in schools needs to adopt a comprehensive approach; strategies will enhance and expand school practices that contribute to supportive psychosocial environments; a flexible approach will ensure that all programs can be adapted to meet local needs; a broad interpretation of mental health that includes mental illness will be the basis of the project; programs will reflect research about effective teaching and learning experiences for mental health promotion; curriculum materials need to be linked to the educational outcomes of national and state or territory curriculum frameworks; teaching for and about mental health can be a component of different learning areas; professional development needs to model pedagogy appropriate for mental health education.

Main Achievements
MindMatters provides a framework for the integration of mental health education programs that have been developed in different states and by a range of organisations to contribute to the promotion of mental health through education. The implementation of the MindMatters program is facilitated by the fact that the material is almost at its final stage of preparation. The response from schools has been overwhelmingly positive, and the project office is receiving a steady stream of requests from non pilot schools for the materials. There is a commitment from Departments in the states and territories to work with the project because they want to give schools something to use. The MindMatters project has created a strong interest in using the materials. MindMatters has developed a model that schools can use to look at mental health education from a whole school perspective. The project has produced a set of quality classroom materials for schools to use in teaching about mental health. It has raised the profile of mental health in schools, not only in the pilot schools, but in a considerable number of other schools around the country.

Barriers/Needs
Professional development; Measurement and evidence; Need for more ‘school friendly’ suicide guidelines for schools; Curriculum issues. Professional Development: for teachers, there is a lack of quality professional development in the area of mental health and youth suicide, coupled with the difficulty of accessibility and affordability of programs on offer. This is a fundamental barrier for the implementation of mental health education, underlined by the experience in MindMatters, where funding provided to schools for time flexibility and inservice days was regarded by the schools as a significant factor in its success. Measurement and evidence: lack of available measures that can indicate mental health outcomes within the frame of a year, coupled with the unwillingness of many in the field to see intermediate outcomes as legitimate building blocks to more enduring mental health outcomes. The gap between evidence from program implementation in trial conditions and evidence of these outcomes being achieved in full system implementation, where there is less support, more variation in the conditions and less control of the implementation.

The need to move forward to trial new forms of evidence of outcomes. The need for more school friendly suicide guidelines for schools. Curriculum issues: the crowded curriculum and the low profile of health within the overall curriculum tends to relegate mental health education to a marginal status in the school. The difficulty of doing a whole school approach in reality. While the concept of Health Promoting Schools is relatively clear, it is, in practice, difficult to put into operation. This is currently being looked at and taken on board in the development of the dissemination strategy underway at the present time. The project is focusing on addressing those aspects of the program that feedback from schools suggested best facilitated the adoption of the program successfully, that is, professional development around the whole school approach and developing partnerships.

Evaluation
Internal and external evaluation.
Process evaluation: Qualitative methods.
Impact evaluation: Qualitative methods.
Media

4

Commercial Radio Fights Youth Suicide

Description
The Federation of Australian Radio Broadcasters Limited launched a major community service campaign to combat the incidence of youth suicide. The industry has adopted the campaign to support the Federal Government's media resource kits for the reporting and portrayal of suicide and mental illness. Commercial radio is regularly listened to by 80% of people under the age of 25, so this medium is ideally placed to play a major role in contributing to the overall effort to reduce the incidence of youth suicide. The Federation has 215 member stations throughout Australia and they are being encouraged to donate air time to support the campaign by playing a series of six community service announcements (CSAs) until the end of 1999.

Contact
Federation of Australian Radio Broadcasters Limited
Unit 10 Garden Mews
82–86 Pacific Highway
St Leonards NSW 2065
Phone: 02 9906 5944
Fax: 02 9906 5128
Contact person: Mr Graeme Carroll, Manager Public Affairs

Professional Association

5

Guidelines for the Management of Deliberate Self Harm for Young People in Hospital Departments of Emergency Medicine

Description
The management of young people presenting to hospital with episodes of deliberate self harm is especially challenging for emergency physicians and psychiatrists. Under the aegis of the National Youth Suicide Prevention Strategy the Australian College for Emergency Medicine (ACEM) and Royal Australian and New Zealand College of Psychiatrists (RANZCP) embarked upon a joint initiative to produce Guidelines for the Management of Deliberate Self Harm in Young People (15 to 24 years). Research fellows for the project were appointed and the relevant literature was reviewed. The research fellows visited centres in Australia, New Zealand and Europe and found that there is a consensus on the following issues: that physical and attitudinal changes are required to upgrade facilities and staffing in emergency departments; there is a need to facilitate communication and collaboration between hospital departments and between hospitals and community services; there is a need to provide timely intervention during crisis; and to ensure appropriate follow-up of patients, particularly those at risk of suicide. The Guidelines include recommendations for management, classification of risk assessment and requirements for implementation.

Barriers/Needs
Final endorsement by Australian College for Emergency Medicine and Royal Australian and New Zealand College of Psychiatrists is to be received. Guidelines have been accepted by the steering committee, but are still awaiting endorsement by the College committee.

Contact
Australian College for Emergency Medicine and Royal Australian and New Zealand College of Psychiatrists
Princess Margaret Hospital
Roberts Road
Subiaco WA 6008
Phone: 08 9340 8836
Fax: 08 9340 8398
Email: eleanor.stanley@health.wa.gov.au
Contact person: Dr Hugh Cook, Child and Adolescent Psychiatrist

6

Young People in Your Practice

Description
This program is a Clinical Audit for General Practitioners, and is comprised of three parts: a survey of youth aged 15–25 on emotional, drug, sexuality issues and feedback on their perceptions of general practitioners and practices; an at risk register of young people seen by general practitioners with regard to suicides and other health risks (completed by general practitioners); and a practice review questionnaire to enable staff to practice assessing ‘youth friendly’ practices.

Main Achievements
This program has produced a database of over 7,000 young people with information on emotional issues, parent relationships, suicidality, drug issues, gay and lesbian issues, and doctor/patient relationships. Papers have been written on Sexual Abuse and Suicide, and Suicide and Gay Concerns.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
The program operates on General Practitioner enrolment, which is voluntary and where they pay to participate. This limits dissemination and a broader uptake.

A research grant to continue the work was submitted to NHMRC, which if successful would be helpful in overcoming these barriers.

Evaluation

Internal evaluation.


Impact evaluation: Pre and post audits of risk, clinical outcomes.

Outcome evaluation: Case registers, two over six months.

Contact
Royal Australian College of General Practitioners
Quality Assurance Unit
15 Gover Street
North Adelaide SA 5006
Phone: 08 8267 1888
Fax: 08 8361 8667
Email: paul.beckingale@racgp.org.au
Contact person: Dr Paul Beckingale, Education and Development Officer

Research

7 Youth Suicide Prevention Communications Project

Description

The Australian Institute of Family Studies aims to address the information and communication needs of those involved in youth suicide prevention. A number of communications activities are being conducted. (1) Stocktakes of youth suicide prevention activities. In collaboration with representatives from state and territory health and community services departments, two stocktakes of youth suicide prevention activities have been carried out. (2) Bulletin series. Publications have been distributed free of charge to the mailing list containing: Analysis of information from the National Stocktake; Information about National Youth Suicide Prevention Strategy projects and publications; Information about good practice initiatives; Information about the latest literature; News of conferences and events. (3) Internet site. The web site contains the most recent information on the National Youth Suicide Prevention Strategy and any publications emanating from it; The stocktake database; Descriptions of prevention initiatives from all states and territories; Statistics, data and bibliographies on youth suicide; Links to telephone counselling services, Links to Australian and overseas web sites: Electronic publications; News of forthcoming conferences. (4) Email discussion list. The list has been established to promote the exchange of information and ideas between professionals working in the field of youth suicide prevention. (5) Conferences and events. A number of seminars, symposia and workshops has been presented at conferences across Australia. (6) Information service. The Institute's Family Information Centre provides statistics and information about the Stocktakes and other publications. (6) Clearinghouse service. The Institute distributes regular bulletins about, and publications emanating from the National Youth Suicide Prevention Strategy. (7) Summary report. The Institute will be responsible for compiling and publishing a summary report of the National Youth Suicide Prevention Strategy later this year. The report will provide a description and outcomes of the projects under the National Youth Suicide Prevention Strategy. It will include key information to a lay audience regarding successful National Youth Suicide Prevention Strategy projects such as case studies, descriptions of programs, examples of products, models of service delivery and contacts.

Main Achievements

The Stocktakes have identified 1,000–1,500 activities related to youth suicide prevention. The bulletin has been distributed to a mailing list of about 6,800 people, and the web site has received 29,000 'hits'. Feedback to date suggests that the communications products are well received.

Barriers/Needs

Short time lines.

Evaluation

External evaluation.


Contact
Australian Institute of Family Studies
300 Queen Street
Melbourne VIC 3000
Phone: 03 9214 7888
Fax: 03 9214 7839
Email: judy@aifs.org.au
Web Address: http://www.aifs.org.au/ysp/
Contact person: Ms Judy Adams, Project Manager

8 Youth Suicide Prevention Evaluation

Description

The Australian Institute of Family Studies is undertaking an evaluation of the National Youth Suicide Prevention Strategy. Its terms of reference are to: Determine the extent to which the National Youth Suicide Prevention Strategy has achieved its goals or developed and initiated activities which achieve objectives directly related to those goals; Develop recommendations to inform the government, particularly the Minister for Health and Aged Care on future national youth suicide prevention policy development. The evaluation will provide a description of the National Youth Suicide Prevention Strategy including its administration and management, principles and philosophy, goals, inputs, processes and impacts. The context of the Strategy will...
be considered including the history of its development, the broader policy context, the scope of the problem, evidence concerning risk factors for suicide and effective interventions, and international strategies for youth suicide prevention. Outcomes and impacts of the Strategy will be identified, and the extent to which its processes and inputs were appropriate to achievement of its stated goals/outcomes and desired outputs/impacts will be examined. Gaps and issues remaining to be addressed will be identified, and recommendations made for future directions.

Main Achievements
The report is not yet completed.

Contact
Australian Institute of Family Studies
300 Queen Street
Melbourne VIC 3000
Phone: 03 9214 7888
Fax: 03 9214 7839
Email: judy@aifs.org.au
Web Address: http://www.aifs.org.au
Contact person: Ms Judy Adams, Project Manager

School Program

9
Lions Quest Social Skills Programs:
Skills for Growing; Skills for Adolescence; Skills for Action

Description
The Lions Quest educational programs provide comprehensive life skills/social skills curriculum materials for teachers at primary and secondary levels. All Lions Quest program materials and associated professional development are available in Australia and Papua New Guinea from Quest Life Skills Australia, who can be contacted on 1800 805 334. Core programs (Skills for Growing, Skills for Adolescence and Skills for Action) have outcomes that focus on essential life and citizenship skills and positive social behaviours that lead to responsibility, good judgement, self discipline and getting along with others. Core programs have a 2 day professional development component. This is mandatory for teachers wishing to obtain curriculum materials and implement one or more of the programs. Lions Clubs often provide financial support for schools to undertake this professional development activity. All programs emphasise the importance of positive school and classroom climate as well as parent and community involvement. They also have strong links with the profiles and outcomes of National Curriculum Statements and State curriculum documents in the key learning areas of Health and Physical Education and Studies of Society and Environment, as well as providing cross curricular integration ideas for the Arts and English. The programs have been developed, piloted, successfully implemented and evaluated in the United States of America. Skills for Growing and Skills for Adolescence have been adapted for Australian schools and are being implemented widely in government and non-government schools in all Australian states and territories and in Papua New Guinea.

Main Achievements
Over the past 10 years, the Lions Quest programs have steadily gained wider recognition and an excellent reputation in schools and education systems throughout Australia. Many school principals and teachers in all states regard Lions Quest programs as an integral aspect of their school curriculum. Several Victorian schools have utilised Kirby Youth Suicide Prevention Funds to undertake Lions Quest professional development and program implementation.

Barriers/Needs
Insufficient funding; Level of recognition of the importance of social skills education in both schools and the community.

As a non profit organisation, insufficient funding is a constant problem.

Schools – the target audience – have limited budgets and as the service must charge for the resources and professional development, accessibility for schools is limited. Lions Clubs sponsorship helps, but this, too is limited. Securing of government or corporate funding would help overcome the funding barrier.

Evaluation
Internal evaluation.


Contact
Quest Life Skills Australia Limited
PO Box 870
Mascot NSW 2020
Phone: 02 8338 8911
Fax: 02 8338 8922
Email: quest@zip.com.au
Contact person: Ms Donna Munro, National Director

10
Lions Quest Violence Prevention Programs: Working it Out; Working Toward Peace; Promoting Peace and Preventing Violence

Description
The Lions Quest educational programs provide comprehensive life skills/social skills curriculum materials for teachers at primary and secondary levels. All Lions Quest program materials and associated professional development are available in Australia and Papua New Guinea from Quest Life Skills Australia, who can be contacted on 1800 805 334. Core programs (Skills for Growing, Skills for Adolescence and Skills for Action) have outcomes that focus on essential life and citizenship skills and positive social behaviours that lead to responsibility, good judgement, self discipline and getting along with others. Core programs have a 2 day professional development component. This is mandatory
for teachers wishing to obtain curriculum materials and implement one or more of the programs. Lions Clubs often provide financial support for schools to undertake this professional development activity. Violence Prevention Programs (Working it Out, Working Toward Peace and Promoting Peace and Preventing Violence) are stand alone programs that teach specific strategies in areas such as conflict management, anger management and anti bullying. All programs emphasise the importance of positive school and classroom climate as well as parent and community involvement. They also have strong links with the profiles and outcomes of National Curriculum Statements and State curriculum documents in the key learning areas of Health and Physical Education and Studies of Society and Environment, as well as providing cross curricular integration ideas for the Arts and English. Working Toward Peace has extension ideas for: art; music; computer technology; drama; language; mathematics; science; and studies of society and environment. The programs have been developed, piloted, successfully implemented and evaluated in the United States of America. Skills for Growing and Skills for Adolescence have been adapted for Australian schools and are being implemented widely in government and non government schools in all Australian states and territories and in Papua New Guinea.

Main Achievements
Over the past 10 years, the Lions Quest programs have steadily gained wider recognition and an excellent reputation in schools and education systems throughout Australia. Many school principals and teachers in all states regard Lions Quest programs as an integral aspect of their school curriculum. Several Victorian schools have utilised Kirby Youth Suicide Prevention Funds to undertake Lions Quest professional development and program implementation.

Barriers/Needs
Insufficient funding; Level of recognition of the importance of social skills education in both schools and the community.

As a non profit organisation, insufficient funding is a constant problem. Schools – the target audience – have limited budgets and as the service must charge for the resources and professional development, accessibility for schools is limited. Lions Clubs sponsorship helps, but this, too is limited. Securing of government or corporate funding would help overcome the funding barrier.

Evaluation
Internal evaluation.


Contact
Quest Life Skills Australia Limited
PO Box 870
Mascot NSW 2020
Phone: 02 8338 8911
Fax: 02 8338 8922
Email: quest@zip.com.au
Contact person: Ms Donna Munro, National Director

Telephone Counselling Service

11
Kids Help Line – Suicide Prevention Program

Description
The objectives of Kids Help Line are as follow: 1. improve the reach of the service by increasing the number of counselling staff and improving the response rate to callers. The introduction of new technology to allow priority response to particular geographical areas will enhance the quality of the service to rural and remote young Australians; 2. improve coordination of referral networks by developing referral protocols with relevant agencies, allowing more effective direct and indirect referrals, particularly in the areas of suicide risk, child protection and other aspects of mental health; 3. improve the ability of counselling staff to respond to suicidal and self harming young people; 4. promote the service to young people through marketing strategies that have particular relevance to those living in rural and remote regions of Australia.

Main Achievements
Funding has permitted overall service monitoring, formative evaluation, development of evaluation methodologies for a telephone counselling line and concentration on service enhancement with reference to mental health needs of young people, including those at risk of self harm and suicide. The evaluation will not be complete until June 1999; however, primary results indicate that the call rate relating to all aspects of mental health has increased significantly; the call rate relating directly to suicidal intent and ideation has doubled; client satisfaction with most aspects of service delivery is of a high order; and the marketing strategy adopted for rural and remote young people has significantly boosted their access to the service. Evaluation of counselling practice indicated that their main area of concern relates to referral processes.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

Contact
Kids Help Line
PO Box 376
Red Hill QLD 4059
Phone: 07 3369 1588
Fax: 07 3367 1266
Email: kidshelp@kgr.com.au
Contact person: Mr Trevor Carlyon, Executive Director
12 Lifeline Australia's Youth Suicide Prevention Program

Description
The aims of the project are to: increase the number and range of young people at risk who access telephone crisis counselling in relation to a crisis surrounding suicide; enhance the skills of community and caseworkers recognising and referring people at risk of suicide; enhance the competency of telephone counsellors in responding to callers at risk of suicide; promoting continuity of follow up care for people who have contacted Lifeline, using a national computerised database; evaluate the processes and outcomes of the project.

Main Achievements
Achievements of the program include: a greater awareness of Lifeline's services by young people at risk, their families and friends; an increased knowledge of indicators of suicide in family members and peers; considerably enhanced skills of Telephone Counsellors in relating to young callers at risk; an increase in the use of appropriate behaviours in responding to suicide calls from young callers.

Major achievements of the project include: responding to over 20,000 calls specifically about suicide per year, of which one in five are young people; training several thousand community caregivers in suicide intervention; development of a national computerised database of community referrals.

Barriers/Needs
Technology limitations; Lack of backup services; Structural problems in services; Short time lines; Seeking to bring about significant change in attitudes and behaviours Australia wide in this time frame.

Introduction of new software for statistical research was hampered by design issues. Other problems were associated with training in the new software and staff (volunteer) acceptance. Need more time and support services.

Suicide prevention is only one part of the many activities in which the program is involved – it has to fit in with other priorities. The effectiveness of the project relies on changing patterns of service recognition and use among young people in a short time. Need to develop longer timelines rather than conforming to political funding cycles. Helping more people see suicide prevention as an integral part of their work.

Evaluation
Internal and external evaluation.
Process evaluation: Monitoring through routine documentation; Strategic planning processes.
Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.
Outcome evaluation: Descriptive statistics about clients; Qualitative methods.

Contact
Lifeline Australia Incorporated
PO Box W3 Westfield
Parramatta NSW 2150
Phone: 02 9662 2355
Fax: 02 9431 0676
Web Address: http://www.lifeline.org.au/connect
Contact person: Dr Bruce Turley, Director

13 Living Works Suicide Intervention Training Programs

Description
The Primary objective of Living Works is to train community caregivers and source providers in suicide prevention. The specific focus is on intervention to prevent the immediate risk of suicide. Participants are trained to recognise those at risk, estimate the level of risk and become a link to further help in the community when appropriate.

The training features modules on attitudes, knowledge, skills and community resources. The intervention workshop Applied Suicide Intervention Skills Training (ASIST) is provided by registered trainers who have completed a one week training program. Implementation has included process and outcome evaluations. These evaluations involve over 1,000 participants who were involved pre and post workshop. The results showed a significant, stable increase in suicide intervention knowledge and an increased level of comfort, confidence and competence in responding to a person at risk. An early field trial, with the program (1995-7) has been followed by national dissemination. There are now over 100 registered trainers nationwide.

Main Achievements
Major achievements of the project include: training 140 program presenters in a one week train the trainer program; engaging over 5,000 participants in the two day workshop; developing materials relevant to local needs; conducting comprehensive process and outcome evaluations; facilitating inter-sectoral collaboration around suicide prevention.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources.

The main barrier at a local level has been allocating time and resources to give attention to suicide prevention training (which lasts for two days) among other priorities. It is also difficult to adequately follow up with individuals and organisations who have participated with Living Works.

Dealing with these barriers is a complex issue to do with time and resources. What may be needed to overcome these barriers is better matching state support with any other necessary support to build a communications support infrastructure.

Evaluation
Internal and external evaluation.
Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Action Research; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Action Research; Non-experimental repeated measures design.

Contact
Lifeline Australia Incorporated
PO Box W3 Westfield
Parramatta NSW 2150
Phone: 02 9635 0700
Email: mailbruce@csi.com
Contact person: Dr Bruce Turley, Director
14
Make the Connection

Description
The overall purpose of the Make the Connection project is to extend the reach and effectiveness of Lifeline’s 24-hour telephone crisis counselling service. The service operates in 42 regions which encompass Australia. The objectives are to: increase the use of Lifeline by young people at risk; provide networks and training which help parents, peers and other caregivers identify and refer to young people at risk; enhance telephone counsellors competence in youth suicide intervention; promote continuity of follow up care for callers at risk; strengthen service accountability and forward planning. Several strategies have flowed from each of the objectives (as originally planned) and they have all been implemented. Key strategies have been: the development of a national electronic referral database; national integrated call data recording; internal skill development resources produced and implemented; major expansion of the Living Works community skills training; local initiative projects addressing access barriers and continuity of care.

Main Achievements
Achievements of the project include: service name recognition is practically universal; a standardised 24-item anonymous data gathering instrument was piloted and then introduced into all 42 Lifeline crisis centres; a computerised database was developed to enter data at each centre and send it electronically to one data point; four new training resource modules have been developed and implemented and are in process of evaluation; 72 persons have been trained in the Living Works suicide awareness and intervention skills workshops; increasing the proportion of trainers from outside Lifeline, resulting in a wider range of community partnerships made possible for the offering of the workshops; a further 24 trainers will be accredited in Queensland in late 1999 with a funding support from Queensland Health; eighteen local initiative projects have been compiled and implemented by regional Lifeline centres via an internal submission bidding process, addressing local factors involved in youth access to telephone crisis counselling as well as continuity of care and community skills training. Overall, the project has embedded new principles, practices and accountabilities within the operations of Lifeline centres. Central to this is the empowering of local centres (with their variable resource strengths) to embrace a culture of service evaluation in practical, achievable ways.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Short time lines.

Internal cultural attitudes of protecting clients by staff need to be addressed. Some local services were freer than others to participate because of local structure, and governance. Short time lines were apparent in some areas. All the above issues were addressed through transparent management and timely communication. For the most part this was effective.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Descriptive statistics about clients; Quality assurance methods.

Outcome evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Lifeline Australia Incorporated
PO Box W3 Westfield
Parramatta NSW 2150
Phone: 02 3365 1845
Fax: 02 3365 1788
Email: w.sanderson@social.uq.edu.au
Contact person: Dr Wayne Sanderson, Manager Program Operations

15
Parentline – 1300 30 1300

Description
Parentline aims to: maintain a confidential and anonymous counselling service for all Queensland parents, which meets the highest standards of professional practice and management; collect, analyse and disseminate non identifying information which supports research and reflects the issues and problems of parents; assist parents to have a direct voice on those issues or policies that effect them. Parentline is for any parent, any day, any issue. The service operates 8 am–midnight, 7 days a week.

Main Achievements
Achievements of the program include: development of an understanding of the issues parents seek help for in relation to parenting; promotion of the availability and accessibility of the service; support for Queensland parents; linking parents to support networks through referrals.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Lack lustre government support for services. Referrals are limited by the lack of appropriate services, for example, sexual abuse treatment services for victims and offenders. Access to many services is difficult for parents because of: cost; waiting lists; transport; hours of service delivery.

More flexibility in the management of services, for example, the hours that services are offered. Additional resources committed to sexual abuse treatment services.

Evaluation
Internal and external evaluation.

Process evaluation: Non experimental repeated measures design; Action Research.

Impact evaluation: Non experimental repeated measures design.

Contact
Kids Help Line
PO Box 376
Red Hill QLD 4059
Phone: 07 3369 1588
Fax: 07 3367 1266
Email: kidshelp@squirrel.com.au
Web Address: http://www.kidshelp.com.au
Contact person: Ms Julie Clark, Director of Counselling
Youth Service

16
Being There – Peer Skills for Young People

Description
The aims of the Being There Program are to: create a fun, safe learning environment in which participants are introduced to the concept of peer skills training and the operation of Kids Help Line; assist participants to understand the concepts of values and attitudes and relate these to a peer helping skills context; provide information about the basic skills of listening and responding, and to provide a safe, constructive environment in which young people can practice these skills; help participants to understand how they can best help their friends and to provide a framework for problem solving which can be developed to suit a variety of situations; encourage participants to be aware of their own strengths and limitations and to develop strategies for how to care for themselves when they are helping a friend; assist participants to gain knowledge about professional and helping resources and services available in their local area and to know how to effectively access these services. Intervention strategies used involve participants talking about the issues they might find challenging to deal with when helping a friend and the difficulties which could arise. Participants also brainstorm serious problems where help should be sought in situations of abuse, suicide and offending behaviour. The program also asks participants to identify a network of adults whom they can talk to.

Main Achievements
Major achievements of the program are: young people feel listened to and valued; they are more able to support others; and more able to help themselves. Main things that have been learnt are that young people feel there are barriers when using outside agencies and barriers with adults in schools and systems. Young people do not want to be seen as having a problem.

Barriers/Needs
Insufficient funding; Attitudes of service providers; Structural problems in services. Shifting community attitudes, government funding and educational priorities.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

Contact
Kids Help Line
PO Box 376
Red Hill QLD 4059
Phone: 07 3369 1588
Fax: 07 3367 1266
Contact person: Ms Julie Clarke, Director of Counselling

17
Red Cross Community Leadership Programs

Description
These leadership programs assist young people to develop personal and group related skills, such as decision making, problem solving, and interpersonal communication. These are normally conducted within school time. Students then work on a community placement or a community based project which they choose and run. The underlying principle is that by empowering young people with skills, and giving them opportunities to develop connectedness to their communities, they are being helped to minimise some of the risks of alienation which lead to suicide. These programs do not stop young people from being confronted with problems in life. However, they are assisted in gaining skills, knowledge and self awareness to make an appropriate choice about how they respond. The knowledge they develop about community networks and agencies is essential in achieving this.

Main Achievements
There has been a dramatic increase in the involvement of young Victorians in their local community agencies and activities. The program is involved with 106 secondary schools and still receiving demands which it is struggling to meet. Teachers and students are calling for additional programs and training because they realise the benefits of pro active strategies.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

More staff and funding are needed to be able to access more schools and train teachers so that they can work effectively with marginalised young people.

Barriers could be overcome with: increased funding to the community sector; targeting groups who have a proven track record of providing services to young people; and equipping teachers with more skills to connect with human service agencies. They are the front line in dealing with youth issues but are cut off from the community sector. Part time welfare teachers are inadequate to address the explosion in issues impacting on young people. Each teacher needs training.

Evaluation
Internal and external evaluation.

Process evaluation: Qualitative methods; Other quantitative methods.

Impact evaluation: Post Test.

Contact
Australian Red Cross (Victoria)
171 City Road
Southbank Vic 3006
Phone: 03 9685 9931
Fax: 03 9685 9898
Email: mreed@vic.redcross.org.au
Contact person: Ms Mandy Reed, Project Officer/Research Consultant
Australian Capital Territory and New South Wales
Accommodation Service

18
Nepean Family Integration Project

Description
The Nepean Family Integration Project aims to provide young people who have recently left home, or who are at risk of becoming homeless, and their families with access to a variety of resources and services that will: assist in the reduction of emotional and social stresses associated with family conflict and family breakdown; assist young people who have left home to have meaningful contact with their families and, where appropriate, facilitate a process that leads to reconciliation; shield young people who have recently become homeless from the cycle and culture of homelessness. The project assists people to access specialists support services like counselling, accommodation and health agencies.

Main Achievements
Main Achievements include: sustainable early intervention in respect to youth homelessness/failure in high schools (especially school welfare committees); establishment of service partnerships; better practice via action research; novel mediation processes, for example, ‘parallel support’ (a worker for youth prevention and a worker for parents).

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Short time lines; Resistance to collaboration.

Efforts to establish partnerships have exposed worker and agency ‘territorialism’.

Study the publication, Working together: Intersectoral Action For Health, Wise et al. (1995), and make it operational.

Evaluation
Internal and external evaluation.

Process evaluation: Action Research; Descriptive statistics about clients.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Strategic planning processes Quality assurance methods.

Contact
Nepean Youth Accommodation Services
PO Box 920
Penrith NSW 2751
Phone: 02 4722 9404
Fax: 02 4722 9406
Email: nfp@pnc.com.au
Contact person: Mr Michael Brown, Project Manager

19
Samaritans Out Reach Team

Description
The Samaritans Out Reach Team aims to provide continuity of support to young people who are at risk of or are experiencing homelessness. The strategies used are: to develop relationships with young people; to seek out appropriate accommodation; to provide a 24 hour on call to clients; to link clients with other services; to work with families to maintain young people at home; to advocate with schools/real estates agents/government departments; and to teach living skills.

Main Achievements
Continuity of support across large geographical area; increased housing options for homeless young people; increased networking and relationships with other services; provision of another option for families in crisis whose children are at risk of homelessness.

Barriers/Needs
Expectations of clients (especially families) that the Out Reach Team can ‘fix’ their problems, for example, find immediate long term accommodation, or can resolve long term family conflict. Some young people believe that the Out Reach Team can locate suitable, affordable accommodation easily. What the Team can do is teach them how to go about finding accommodation and how to deal with the barriers. Some families identify the problem only in the child and not in the family system. They are unable to effectively maintain the child at home while these issues are not addressed. Parenting programs should be attended earlier, not when the child is 14 and already acting out; needs to be stronger relationships with the Department of Housing; there should be an increase of accommodation in community housing and the private rental market for young people; needs to be more communication between other agencies so that they have realistic expectations of what can be achieved.

Evaluation
Internal evaluation.

Contact
Samaritans Foundation
PO Box 799
Wyong NSW 2259
Phone: 02 4969 0000
Fax: 02 4962 2572
Email: sort@samaritans.org.au
Contact person: Ms Shelly Sabey, Program Manager

20
Wollongong Youth Accommodation and Support Association

Description
The Wollongong Youth Accommodation and Support Association is a primary prevention project targeted at young people who are disadvantaged, homeless or at risk of homelessness, and their families within the Illawarra region. The primary objective of the Association is to act as an advocate for, and facilitator of, structural changes that
Achieve improved living situations for young people and their families. In general, the Association aims to act in a way that will increase access for young people and families to: secure, affordable housing; employment, education and training; secure and adequate income; appropriate support services; clothing, food and other practical assistance; and adequate health care. The Association operates nine services each of which operates within these broad aims. These include crisis, medium to long term accommodation services, outreach support services, an employment and educational support service, and family support services. Each service also has its own specific aims and objectives. Intervention strategies used include: provision of accommodation; support to maintain accommodation in the community; personal development and life skills training; recreational activities; development of work readiness skills; support to maintain education and training; early intervention for young people at risk of homelessness and their families; and individual and family counselling.

Main Achievements
Main Achievements of the program include: a reduced risk of self harm for young people; safe, secure and affordable housing for young people; decrease in problematic issues with family and/or significant others; better developed and improved living skills of young people; barriers to education, training and employment reduced; increase in knowledge and ability to access other appropriate services; young people's health, financial and material needs are met; and young people are leaving the program go to an appropriate living situation.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources; Structural problems in services.

The main barriers relate to difficulties experienced in accessing timely and appropriate intervention from mental health services at the point of suicide risk. Also the structure and operations of Adolescent Mental Health Service is not user friendly and does not currently have an early intervention focus.

To overcome these problems the following are needed: staff training; networking and development of protocols; and education of mental health services on issues of homelessness and early intervention.

Evaluation
Internal evaluation.

Process evaluation: Action Research;
Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Strategic planning processes;
Monitoring through routine documentation.

Outcome evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Wollongong Youth Accommodation and Support Association
467 Crown Street
Wollongong East NSW 2520
Phone: 02 4228 1946
Fax: 02 4226 6364
Email: nclay@magna.com.au
Contact person: Ms Narelle Clay, Chief Executive Officer

Advisory Service

21 Reachout!

Description
Reachout! is an internet based service developed by the Inspire Foundation, a registered charity working to inspire hope and meaning in young Australians. Reachout! has four sub sites: Chill Out!, for young people; Family and Friends, for the families and friends of young people; Professional Forum site, for professionals who deal with young people; and Who Cares?, a data base of youth services across Australia. Chill Out! is a dynamic, evolving environment driven by a Youth Advisory Board of 16 young people who meet at least twice a week in a virtual space. They commit for three months and are paid an honorarium for their advice. The focus on Chill Out! is on getting through tough times. The site is based on prevention and health promotion theory and strategies aimed at fostering help seeking, increasing coping skills and role-modelling how others have got through difficult times. The site contains information pages, fact sheets, stories, profiles, news, features and games. Family and Friends has a similar layout and content to Chill Out!, but provides more in-depth information on looking out for a friend or family member in need. Reachout! Professional Forum is tailored to the needs of professionals who work with young people. Doctors, teachers, mental health workers and others can access information, training options, referral information and current media reports through this site. Who Cares? database enables young people to locate relevant services in their geographic area.

Main Achievements
Since the launch of Reachout! 12 months ago, over 135,000 visitors have accessed the Reach Out! web site. In 1998 Reachout! won the NSW Mental Health Matters Award for best Community Organisation Initiative and the Australian Internet Award for Best Community Web site. Feedback from users has been extremely positive: 'Without this all, I wouldn't be here to tell you how good this service has been to me.' (Female, 18)

Barriers/Needs
Insufficient funding; Lack of knowledge/information.

Despite enormous success in raising community support, the major limiting factor for Reachout! is funding. The Inspire Foundation takes a whole of community approach to funding: that youth issues are both a government and community problem/responsibility. So far, funding has been received from the Federal government, NSW State government, corporate sponsors, foundations, and community donations. The Foundation has found it is relatively easy to obtain money for new initiatives, but much harder to get ongoing core funding. A further barrier is that many funders lack an understanding of the Internet and how it can be used to help young people through difficult times.

To overcome these barriers Project staff have presented the project in as many forums, and to as many funding bodies, as possible.
Evaluation
Internal and external evaluation.

Process evaluation: Action Research.

Impact evaluation: Descriptive statistics about clients; Qualitative methods.

Outcome evaluation: Action Research.

Contact
Inspire Foundation
PO Box 43
Westgate NSW 2048
Phone: 02 9568 4288
Fax: 02 9568 4354
Email: megm@reachout.asn.au
Web Address: http://www.reachout.asn.au
Contact person: Ms Meg Morrison, Project Manager

Community Organisation

22 Community Mental Health Program

Description
GROW is Australia’s largest and most wide spread community mental health program in prevention and rehabilitation. It has spread overseas. It aims to assess personality and behavioural development, so it is really an educational program in the literal sense of the word. GROW is very, very roughly the Alcoholics Anonymous of mental health, using mental help special techniques and its own educational program. Persons who have attempted suicide come to GROW. All members agree on their state being regarded as some form of maladjustment – mental, spiritual or social.

Main Achievements
Many other research programs confirm the uniqueness and success of GROW in Australia and the United States of America. The research indicates GROW could be used to run special suicide prevention groups.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest; Short time lines

Fund and expand the GROW programs. This would enable GROW to properly educate professionals and potential members about the program.

To overcome these barriers enable GROW to respond to opportunities to expand.

Evaluation
Internal and external evaluation.

Contact
GROW
209A Edgeware Road
Enmore NSW 2042
Phone: 02 9516 3733
Fax: 02 9516 1503
Contact person: Ms Anne Ludeke, National Secretary

23 Eurobodalla Strategic Plan for Suicide Prevention 1999–2001

Description
The Eurobodalla Suicide Prevention Information Referral and Intervention Team (SPIRIT) aims to provide a volunteer network and to run suicide awareness training programs.

Main Achievements
The major achievements of the program are establishing a volunteer network and running suicide awareness training courses.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

More funding directly to communities and local groups.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Monitoring through routine documentation.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Outcome evaluation: Epidemiological methods.

Contact
Eurobodalla Suicide Prevention Information Referral and Intervention Team (SPIRIT)
PO Box 1155
Batemans Bay NSW 2536
Contact person: Mr Tom Hayes, School Counsellor

24 HomeNet – Youth Homelessness Prevention Pilot

Description
This pilot program is funded by the Commonwealth Department of Health and Families. The target group is 12–18 year olds, who are at risk of homelessness or are within the first six weeks of homelessness, and the families of those within this target group. The program is based on early intervention, using a family relations holistic approach. The goals are to improve family relationships and help to resolve conflict that would otherwise lead to early home leaving. In practice this means providing counselling, mediation, informal support and advocacy. The project also aims to increase the level of engagement of young people in education and training, work and the community.

Main Achievements
Family relations approach is well received by parents of adolescents and ultimately achieves more sound outcomes than if only addressing needs of young people.

Barriers/Needs
Lack of backup services.
Lack of services to refer clients to in the rural region; lack of protective factor opportunities. Better funding for rural regions and to improve systems such as transport and employment.

**Evaluation**

External evaluation.

**Process evaluation:** Descriptive statistics about clients; Qualitative methods.

**Impact evaluation:** Qualitative methods; Action Research.

**Contact**

Northern Rivers Social Development Council
25/7 Carrington Street
Lismore NSW 2480
Phone: 02 6622 3003
Fax: 02 6622 3302
Contact person: Mr William MacManamey, Coordinator

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**25**

**Moree Adolescent Support Program**

**Description**

This program aims to assist vulnerable or at risk adolescents to use the adolescent support program. Some of the components of the program include: a Home Management Program which includes cleaning, cooking, rental responsibilities, budgeting, sexuality, stress management, entitlements; assistance gaining housing and accommodation needs; referral and advocacy with government and non government agencies; basic counselling; court support; personal development programs; personal care programs; outreach services; and assessment and case management.

**Main Achievements**

Achievements of the program include ongoing support to clients, appropriate and effective referrals, advocacy, and counselling and self direction.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The current worker in Adolescent Support program is employed 38 hours per week. The need in this area is much greater than one person can possibly meet. There is a need for increased funding, employment of casual staff, increased training in this area, and increased specialist workers in remote areas.

**Evaluation**

Internal evaluation.

**Contact**

Moree Family Support Incorporated
233 Balo Street
Moree NSW 2400
Phone: 02 6752 1645
Fax: 02 6752 5132
Email: morfss@nenw.northnet.com.au
Contact person: Ms Carol French, Support Worker

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**26**

**Evaluation of the Mackay and Moranbah Districts Youth Suicide Prevention Project**

**Description**

Aims of evaluation: to produce a picture of Young Self Harmers in the region; promote a hospital protocol to increase rate and appropriateness of referral; design and trial a Triage Risk Assessment; increase referrals between community services (especially GPs and School Counsellors), Hospitals and Mental Health staff.

**Main Achievements**

Achievements of the program include: an increase in intersectoral collaboration; an increase in pickup and rate of referral of Young Self Harmers (YSH) to intervention programs; development of Emergency Ward policies on YSH.

**Barriers/Needs**

Lack of backup services; Structural problems in services; Short time lines.

The main barrier was lack of time.

New ways of planning were explored so that lay elements of the program could be continued.

**Evaluation**

External evaluation.

**Process evaluation:** Strategic planning processes; Qualitative methods.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

**Outcome evaluation:** Other controlled trial.

**Contact**

LennMac Consulting
31 Stanley Street
Burwood NSW 2134
Phone: 02 9751 2047
Fax: 02 9744 1210
Email: c.lennings@cchs.usyd.edu.au
Contact person: Dr C Lennings, Consultant

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**27**

**Supply of data on deaths to researchers and interested groups**

**Description**

The NSW State Coroner’s Office has a centralised computer system for recording data on all deaths occurring
in NSW. Researchers contact the State Coroner's Office seeking access to coroners court papers for specific categories of death, including suicide. This office permits access, obtains from the computer system a list of relevant deaths in a specific category and facilitates access to those papers by the researcher.

**Main Achievements**

Work is currently being undertaken to establish a National Coronial Database of all deaths in Australia. Timely statistical data is available, with information available to merit deployment of resources. For example, if many suicides are found to exist in one area of NSW in a short period of time, resources may be allocated to that area to address problems.

**Barriers/Needs**

- Insufficient funding; Insufficient staff/time/resources;
- Ethical problems.

An early assessment of problems still remaining with the system are a lack of staff to complete the work involved. The Attorney General's Department has resolved this issue in the short term by permitting overtime to be worked. A further assessment will have to be made at a later date as to staff requirements. There is the ethical problem of ownership and to whom and for what purposes access will be granted and conditions of access if any. These issues are being considered by several committees and should be able to be resolved. Proper funding and resourcing are needed, and ethical issues need to be resolved by the Ethics Committee.

**Contact**

Attorney General's Department
State Coroner's Office
44-46 Parramatta Road
Glebe NSW 2037
Phone: 02 9552 4066
Fax: 02 9660 7594
Contact person: Mr Graham O'Rourke, Manager, Coronal Services NSW

**28 Supply of Data to Researchers and Other Interested Groups**

**Description**

New South Wales has a centralised computer system for recording data on all deaths occurring in New South Wales. Researchers contact the State Coroner's Office at Glebe seeking access to coroners court papers for specific categories of death, including suicide. This office permits access, obtains from the computer system a list of relevant deaths in a specific category and facilitates access to those papers by the researcher. A problem has been timely information of self harm cases, as well as, other information in other types of cases which if known may prevent death. Australian Bureau of Statistics data is some two years old and the Coroners court system only allows for categorising of the case after the brief of evidence is to hand and the Coroner makes a finding. The State Coroner's in each state have been attempting to set up a National Coronial Database of all deaths in Australia. The Government has a policy of a whole of government approach to suicide. That work is coming to fruition. A group called the Monash University National Centre for Coronial Information, Monash University, Victorian Institute of Forensic Medicine, 57–83 Kavanagh St., Southbank Vic 3000 Ph. 03 9684 4414 was granted the exclusive right to develop a program and a five year implementation and running of such system. New South Wales began entering all death cases on the national computer system called National Coronial Information System (NCIS) from the 1/12/1998. Other States will progressively come on line, hopefully within the next twelve months to two years. NCIS has the text of the 'Report of Death to Coroner' summary, full post mortem report and finding on the system. Each case is also categorised at the time of entering the data (i.e. within 3 days of report of death to coroner) and also at the time of finalisation.

**Main Achievements**

Problems overcome by the system are: timely statistical data available; timely and immediately available information for cases; information available to merit deployment of resources, for example, if many suicides found in one area of New South Wales in a short period of time resources may be allocated to that area to try to save further lives.

**Barriers/Needs**

- Insufficient funding; Insufficient staff/time/resources;
- Ethical problems.

An early assessment of problems still remaining with the system are a lack of staff to complete the work involved. The Attorney General's Department has resolved this issue in the short term by permitting overtime to be worked. A further assessment will have to be made at a later date as to staff requirements. There is the ethical problem of ownership and to whom and for what purposes access will be granted and conditions of access if any. These issues are being considered by several committees and should be able to be resolved. Proper funding and resourcing are needed, and ethical issues will be resolved by an ethics committee.

**Contact**

Attorney General's Department
State Coroner's Office
44–46 Parramatta Road
Glebe NSW 2037
Phone: 02 9552 4066
Fax: 02 9660 7594
Contact person: Mr Graham O’Rourke, Manager, Coronal Services NSW

**Counselling Service**

**29 Child, Youth and Family Team**

**Description**

The Child, Youth and Family Team aims to provide counselling intervention within 48 hours to young people aged up to 18 years who present with suicidal/deliberate self harm behaviours. Clients may be referred by any
interested or concerned party, including family and self referral. Clients are seen at the next available Urgent Appointment time, usually the next day. Friday referrals are seen on Monday. A three session crisis intervention is used which involves: standardised assessments of depression and intent of suicide; this is done in the first session and if appropriate in the third session; psychiatric assessment, if required; setting up a system of safety to ensure ongoing safety of the young person involving the young person and other interested parties, as appropriate; further counselling is offered or recommended, if appropriate.

Main Achievements
The service has achieved the provision of a quick response counselling services to young people at risk of suicide/deliberate self harm. Also, an increase in staff expertise in assisting these clients.

Barriers/Needs
Insufficient staff/time/resources. Time management issues and staff stress from balancing an appointment based service on the clinic clients with a high need, quick response service to suicidal adolescent clients.

Staff support in the area of case reviews. Assistance in dealing with the clinic based clients.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
South East Sydney Area Health Service
Sylvania Community Health Centre
29 Sylvania Road
Sylvania NSW 2224
Phone: 02 9522 5055
Fax: 02 9544 7662
Contact person: Team Leader

30 Detached Family Counselling

Description
The Detached Family Counselling service provides counselling for young people aged 12–25 years and their families. The program is aimed at reducing youth homelessness and the likelihood of family breakdown. This is achieved by: making counselling more accessible to a greater number of people seeking counselling; providing support, education and development of social skills for adolescents and parents of adolescents; providing opportunities for clients to be linked with other services in the community; the continued professional development of project workers.

Main Achievements
Achievements of the program include the provision of a parent support group and a grief group. Also the implementation of single session counselling.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Strategic planning processes.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator

31 Here For Life Suicide Prevention Program: Individual Counselling

Description
The Suicide Prevention Project also provides an Individual Counselling service. The social workers/counsellors at Cellblock continually deal with the program's target group who generally have a high incidence of suicidal ideation.

Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.

The research part of the program involved a huge amount of time. In a service such as Cellblock a research officer could be allocated to go through consent issues and questionnaires with the clients, freeing the staff to concentrate on clinical issues. Research consultants need to adopt a hands on approach and monitor the research project as it develops to find problems in the early stages. There needs to be clear management support for the research.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Strategic planning processes.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator
32 Mobile Youth Krisis Service

Description
The Mobile Youth Krisis Service aims to make a positive difference in the lives of vulnerable and at risk young people in the Central Coast. It provides an intervention and support counselling service which is youth focused, nonjudgemental, responsive and accessible on the basis of need and without discrimination. Some goals are to: provide short term intervention, support and assessment for young people in crisis living in the Central coast; support and strengthen vulnerable young people and families within the community by a timely and appropriate response to young people in crisis; ensure, through advocacy, appropriate referral and follow-up for young people beyond the crisis intervention period; assist in developing networks and self help initiatives which support young people and their families and strengthen communities; and develop close and workable relationships with all relevant youth counselling and support services on the Central Coast.

Main Achievements
Consistent and immediate response to young people in crisis; nil suicides despite very suicidal young people presenting to the service; excellent relationships with other agencies; new and innovative partnership with Central Coast Health to extend the service.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources. Until this year the service was only Wyong Shire. It is now coastwide, but funding is not direct and is likely to be insufficient to meet the need.

Direct funding by Central Coast Health for another position as well as the existing partnership would help overcome the barriers.

Evaluation
Internal evaluation.

Contact
Burnside
10-12 Debra Anne Drive
Bateau Bay NSW 2261
Phone: 024334 5244
Fax: 02 4334 5245
Email: burnbcc@ozemail.com.au
Web Address: http://www.burnside.org.au
Contact person: Ms Catherine Mackson, Coordinator, MYKS

33 Queanbeyan Youth Resources Counselling Project

Description
The aim of the project is to minimise the influence and or occurrence of family breakdown, targeting families with children/adolescents aged 12 to 18, or children/adolescents living away from home. The program provides an accessible non judgemental counselling service to individual young people and/or their families. The program assists in maintaining and developing autonomy and self respect, confidence and life skills within the client group. This is achieved in an environment of safety and confidentiality. Interventions are tailored to the individual and/or family.

Main Achievements
Achievements of the program include: diminishing homelessness in the target group; providing an environment in which at risk clients feel comfortable.

Barriers/Needs
Attitudes of service providers; Structural problems in services. Lack of awareness of other service providers regarding counselling practice and outcomes.

Insist on basic level of education for the caseworkers employed by Department of Community Services.

Evaluation
Internal evaluation.

Contact
Queanbeyan Youth Resources
PO Box 675
Queanbeyan NSW 2620
Phone: 02 6297 6458
Contact person: Mr Jonathan Greig, Counsellor

34 The Adolescent Family Counselling Service

Description
The Adolescent Family Counselling Service recognises the vast array of personal and family problems experienced by adolescents and their families. The service aims to provide a counselling service to assist in working through these issues. Intervention strategies used are based upon various models of family therapy. It is important not to only address the young person, but to address the family system of which they are a part.

Main Achievements
The service has been operating for ten years and is widely known and heavily used by clients concerned about a wide variety of problems. Clients seek both early intervention and assistance with problems beyond that stage. The service has learned the value of providing this type of
A forum to families. They seem to welcome the opportunity to talk, especially as such opportunities are limited for them.

**Evaluation**

Internal evaluation.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

Albury/Wodonga Youth Emergency Services
PO Box 601
Albury NSW 2460
Phone: 02 6041 1854
Fax: 02 6041 6155
Contact person: Ms Lisa Gundish, Counsellor

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### 35 Vietnam Veterans Counselling Service

**Description**

Vietnam Veterans Counselling Service centres are developing group programs to address issues associated with children who grow up in families where one parent was a Vietnam Veteran. There is some evidence to suggest that rates of suicide and accidental death are significantly elevated in the children of Vietnam Veterans. These children have often experienced life as children of a parent with mental illness (usually Post Traumatic Syndrome Disorder/depression); are children whose parents have a high level of gun ownership and expertise; and are children who may have been exposed to high levels of domestic violence. At least half this population will also encounter problems associated with living in a rural area. The group programs are primarily psycho educational and are backed up by access to counselling or referral to specialist child and adolescent units.

**Main Achievements**

Young people have valued access to information about their fathers' experiences, Post Traumatic Syndrome Disorder, and the impact each of these might have upon the family. They have not wanted to discuss their emotions or personal responses in the group setting, but have sometimes sought counselling from this agency and see their fathers' experiences as formative in their own problems. Young adults are particularly keen to have access to this information.

**Barriers/Needs**

Structural problems in services; Ethical problems; Limited eligibility for children of Vietnam Veterans to services.

The children of Vietnam Veterans have limited access to the Veterans Counselling Service, which is seen as primarily relevant to their parents. The ethical concern is that the service may inadequately support views in the children that their parents are responsible for their problems, rather than fostering responses and world views which relate to self efficacy and personal responsibility. The service needs to be careful in addressing these issues with parents to avoid a culture of blame. Clarity of purpose and eligibility; clarity around ethical problems/issues is needed.

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### 36 Drug/Alcohol Service

**Drug/Alcohol Service**

**Alcohol and Drug Unit**

**Description**

The Drug and Alcohol Unit offers a general alcohol and other drug treatment facility. Although there is no specific suicide prevention program or activity offered, the Unit does provide counselling to clients with drug and alcohol problems who are often depressed.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources.

Constraints of working within the public health sector, that is, limited access to public hospital beds in order to offer more detoxification services.

Barriers may be overcome by more funding to facilitate the opening of a specific inpatient detoxification unit or comorbidity unit.

**Contact**

Newcastle Mater Misericordiae Hospital
Edith Street
Waratah NSW 2298
Phone: 02 4921 1825
Fax: 02 4921 1828
Contact person: Mr Andrew Taylor, Nursing Unit Manager

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### 37 Drink Drunk the Difference is You

**Description**

The aim of this program is to decrease the proportion of young people who see harmful drinking as acceptable behaviour. The program's objective is to increase knowledge and skills so that young people can reduce their risk of hazardous and harmful drinking. The rationale is to create a positive peer pressure environment situation that will promote discussion on alcohol amongst young people.

**Main Achievements**

The main achievements of this program include young people educating and role modelling to other young
people; changing young people's acceptability about harmful levels of alcohol consumption.

**Barriers/Needs**
Insufficient staff/time/resources; Short time lines.

School time lines are short and this program needs to be completed within these time lines. Barriers may be overcome by better liaison and planning with key stakeholders.

**Evaluation**
Internal evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Impact evaluation:** Non experimental repeated measures design.

**Contact**
Alcohol and Other Drug Service
Primary and Extended Health Care Program
PO Box 126
Port MacQuarie NSW 2444
Phone: 02 6583 3944
Fax: 02 6584 2459
Email: gbawden@doh.health.com
Contact person: Mrs Gaylene Bawden

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**Family/Parent/Children's Service**

### 38 Auburn Children's Family Centre

**Description**
Barnardos Australia aims to provide social support to prevent abuse, neglect and homelessness. The Auburn centre focuses on multicultural issues. Subprograms include: home visiting programs; semi supported accommodation; childcare services; domestic violence and sexual assault counselling; crisis care; and respite foster care.

**Main Achievements**
Supported accommodation (placements and group attendance) for approximately 1000 children has been found each year.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Structural problems in services.

Barriers could be overcome through federal involvement in planning, coordination, quality assurance and funding of family support.

**Evaluation**
Internal evaluation.

**Process evaluation:** Descriptive statistics about clients; Monitoring through routine documentation.

**Impact evaluation:** Action Research.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

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### 39 Canberra Children’s Family Centre

**Description**
Barnardos Australia aims to provide social support for families and young people, in order to prevent homelessness, abuse and neglect. Its subprograms include: crisis and respite foster care (Temporary Family Care); Kids Friends mentoring and tutoring; young mothers support groups and counselling; semi supported accommodation for 16–24 year olds; and long term foster care and after care.

**Main Achievements**
Supported accommodation (placements and group attendance) for approximately 1000 children has been found each year.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Structural problems in services.

Barriers could be overcome through federal involvement in planning, coordination, quality assurance and funding of family support.

**Evaluation**
Internal evaluation.

**Process evaluation:** Descriptive statistics about clients; Monitoring through routine documentation

**Impact evaluation:** Action Research.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

**Contact**
Barnardos Australia
24 Kerr Parade
Auburn NSW 2144
Phone: 02 9646 2770
Fax: 02 9746 1050
Email: suetoll@zip.com.au
Web Address: http://www.barnardos.org.au
Contact person: Ms Sue Tolley, Director

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### 40 Marrickville Centre

**Description**
The Marrickville Centre aims to provide social support and accommodation for adolescents, usually of non English speaking backgrounds. Its subprograms include streetwork outreach, post release support and medium term accommodation.
Main Achievements
Supported accommodation (placements and group attendance) for approximately 1000 children has been found each year.

Barriers/Needs
Lack of backup services; Insufficient funding; Structural problems in services.

Barriers could be overcome through federal involvement in planning, coordination, quality assurance and funding of family support.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Monitoring through routine documentation.

Impact evaluation: Action Research.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Bamardos Australia
Cnr Hosking and Borrowdale Streets
Mt Pleasant NSW 2519
Phone: 02 4729 1211
Fax: 02 4729 1339
Email: trishhur@zip.com.au
Web Address: http://www.bamardos.org.au
Contact person: Ms Trish Hurley, Director

Parenting Program – Post Natal Depression Support

Description
The aims and objectives of the Parenting Program are early identification of factors leading to depression in the postnatal period. The rationale is to prevent the suicide of parents of new babies and early intervention to increase family functioning. The intervention strategies used are: to apply the Edinburgh Postnatal Depression Scale to all mothers at approximately 8 weeks post partum; and to identify high scores and discuss possible further support for mothers and families in this category. Support groups and intervention groups are run dependent on needs. Ongoing assessment is carried out on a regular basis. Home visiting is provided in addition to telephone support.

Main Achievements
Prevention of severe postnatal depression leading to suicidal behaviour; increased family functioning; decrease in emotional abuse or physical abuse of the infant/child.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources

Difficult to continue with high level of support when there is a high suicide assessment rating and inadequate assistance for community midwives, especially on weekends and after hours. Additional mental health staff needs to be funded for suicide intervention, rather than only education of already overworked community programs.

Evaluation
Internal evaluation.

Impact evaluation: Measurement of clinical outcomes; Descriptive statistics about clients.

Contact
Dubbo Community Health Centre
2 Palmer Street
Dubbo NSW 2830
Phone: 02 6885 8999
Fax: 02 6885 8901
Email: kryan@doh.health.nsw.gov.au
Contact person: Ms Kathleen Ryan, Clinical Nurse Consultant/Community Midwife

Penrith Children’s Family Centre

Description
The Penrith Children’s Family Centre aims to provide social support for families and young people, in order to prevent homelessness, abuse and neglect. Its subprograms include: adolescent streetwork and accommodation; disability programs and accommodation; semi supported accommodation; crisis and respite foster care; women’s group; legal services and home visiting; and crisis counselling and support.

Main Achievements
Supported accommodation (placements and group attendance) for approximately 1000 children has been found each year.

Barriers/Needs
Lack of backup services; Insufficient funding; Structural problems in services.

Barriers could be overcome through federal involvement in planning, coordination, quality assurance and funding of family support.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Monitoring through routine documentation.

Impact evaluation: Action Research.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Bamardos Australia
100A Silver Street
Marrickville NSW 2204
Phone: 02 9564 6799
Fax: 02 9564 6795
Email: billh@zip.com.au
Web Address: http://www.bamardos.org.au
Contact person: Mr Bill Hoyles, Director
43
Reconnect Project

Description
The Reconnect Project works with young people (12–18 years), parents and families when there is conflict within the family. The project particularly targets situations where the conflict has escalated to the point where the young person is thinking of leaving home, or has just left home (within approximately 12 weeks). Reconnect intervenes in a number of ways, with the aim of improving the way young people and parents/families relate, whether they are living at home or have left home. The strategies that Reconnect utilise are: a fast, free and accessible service; personalised case management; informal counselling; mediation and ongoing family support; practical assistance (for example, transport, assistance with income services, accommodation); educational and peer support groups; time out accommodation (for young people and/or parents); resourcing people to access specialist services; addressing issues specific to this target group such as the use of marijuana; and information dissemination by way of a quarterly newsletter, books and pamphlets.

Barriers/Needs
Lack of backup services.

The transient nature of having a pilot project meant that there was a relatively high turn over of staff. Lack of back up services, like accommodation for first time out of home leavers. Barriers may be overcome by examining how resources are used; lobbying a local organisation to set up a house for first time home leavers.

Evaluation
Internal and external evaluation.

Impact evaluation: Strategic planning processes; Monitoring through routine documentation
Outcome evaluation: Action Research.

Contact
Reconnect Project
356 Victoria Street
Darlinghurst NSW 2011
Phone: 02 9360 9015
Fax: 02 9380 5802
Contact person: Ms Robyn Black, Manager

44
South Coast Children’s Family Centre

Description
The aim of the South Coast Children’s Family Centre is to provide social support for families and young people to prevent homelessness, abuse and neglect. Subprograms include: Before school, after school and holiday programs; crisis and respite care; family support; young person’s ‘mentoring’; and long term care.

Main Achievements
Community crisis and respite placements, child care and family support are all fully utilised by approximately 600 clients each year.

45
Waverley Centre

Description
Barnardos Australia aims to provide social support for families and supported accommodation for adolescents. Subprograms of the Waverley Centre include crisis and respite care, and community placements for adolescents.

Main Achievements
Supported accommodation (placements and group attendance) for approximately 1000 children has been found each year.

Barriers/Needs
Lack of backup services; Insufficient funding; Structural problems in services.

Barriers could be overcome through federal involvement in planning, coordination, quality assurance and funding of family support.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Monitoring through routine documentation
Impact evaluation: Action Research.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill Qualitative methods.

Contact
Barnardos Australia
8 Church Street
Waverley NSW 2024
Phone: 02 9387 3311
Fax: 02 9387 5369
Web Address: http://www.barnardos.org.au
Contact person: Ms D Dixon, Director
46 Youth Outreach Services

Description
Youth Services Outreach Program began with a focus on youth suicide because it was perceived that there was a need for an outreach program to operate in the Darlinghurst area that addressed the growing problem of youth suicide. The Youth Services Program involves counselling of youth in the Darlinghurst area. The Social Worker visits other youth services in the area, both as a way to keep informed about what services are available, and as a way to meet the youth. The Youth Services Program is directed by a Committee that is informed by the Social Worker and other research. It is intended that the service be flexible and adaptable so as to maintain its relevance and effectiveness.

Main Achievements
The Outreach program has developed a strong network and good relationships with other agencies in the geographical area, for example, drug and alcohol agencies, mental health agencies, refuges and clinics.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Unclear and incomplete information about suicide.

Agencies tend to be territorial. Research and other sources of information give conflicting theories, and interpretations of statistics. This makes it hard to direct the program.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Monitoring through routine documentation.

Contact
Sisters of Charity Outreach
St Vincent's Clinic
438 Victoria Street
Darlinghurst NSW 2010
Phone: 02 9332 6430
Fax: 02 9332 6424
Email: cnolan@prvnwl@svh.unsw.edu.au
Contact person: Sr Clare Nolan, Director

Out For Action: Enhancing Lesbian Lives

Description
The Out for Action kit contains three training manuals. Out for our Lives is aimed at new and emerging lesbians, of all ages, and informs them of their legal rights, lesbian identity, culture and community services. Out for Justice is aimed at the general community, especially mainstream service providers and government departments to enable them to include lesbians in their access and equity policies in a sensitive and effective manner. Out for Our Sisters aims to encourage out and active lesbians to play an actively supportive role in the promotion of lesbian human rights through positive community development. A Train the Trainer workshop was held for 30 lesbians from all around New South Wales enabling them to use the manuals for the benefit of lesbians.

Main Achievements
An achievement of the program is the production and distribution of 100 each of the three training manuals. Also, a Train the Trainer workshop was organised to enable lesbians to use the manuals for the benefit of other lesbians.

Barriers/Needs
Insufficient funding.

Need on going funding to run training sessions.

Evaluation
Internal evaluation.


Contact
Coalition of Activist Lesbians, Australia
PO Box 424
Thirroul NSW 2515
Phone: 02 4294 3469
Email: coal@zip.com.au
Contact person: Ms Jack Draper, Coconvenor

General Practice

48 Suicide Prevention Program For Use By General Practitioners and Other Health Professionals

Description
The Suicide Prevention Program is involved in the preparation of kits which are comprised of a desk top manual, reference manual and various assessment forms. These kits are for use by general practitioners and other health professionals.

Contact
Southern Highlands Division of General Practice
Bowral District Hospital
PO Box 724
Bowral NSW 2576
Phone: 02 4861 6084
Fax: 02 4861 6085
Email: shdivgh@ocenet.com.au
Contact person: Dr W.J. Ruscoe, Executive Director
Government – Local

49 Murray Shire Youth Initiatives Officer

Description
The Murray Shire Youth Initiatives Officer was employed to: work with organisations and community groups to extend the range and quality of services available in the Shire; facilitate the development of new services and facilities for young people aged 12-25; support families and the broader community to better understand and meet the needs of young people in the Shire.

Main Achievements
Achievements of the Youth Initiatives Officer include: starting up a Blue Light Disco; establishing the Murray Shire Youth Advisory Committee; enhancing outreach services to Murray Shire through the process of community development and networking with other agencies; construction of a State Park, a state of the art facility; enhancing the lives of children and youth through enjoyable recreation programs.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Funding criteria act as barriers, therefore it can be difficult to establish new initiatives. Some service providers have differing opinions. Some service providers were keen to provide assistance but are already overstretched and underfunded. This affected their level of participation.

Barriers may be overcome by establishing a sound rapport with other agencies and service providers in the shire and by lobbying government as a united region for increased funding.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation.
Impact evaluation: Strategic planning processes; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Murray Shire Council
PO Box 21
Mathoura NSW 2710
Phone: 02 5884 3302
Fax: 02 5884 3417
Email: murray@campaspe.net.au
Contact person: Ms Marek Cabala, Youth Initiatives Officer

50 Muswellbrook Suicide Safety Network

Description
The Muswellbrook Suicide Safety Network aims to provide education and awareness of suicide issues to the community. The group is currently developing an application for funds to run suicide awareness workshops in the rural areas of the Upper Hunter area, and to produce awareness materials such as: brochures; fridge magnets; awareness business cards. All of these items will include local contact numbers for assistance.

Main Achievements
An achievement of the Network is the development of a brochure for suicide awareness with local contact details for assistance.

Barriers/Needs
Insufficient funding.

It has taken the group some time to focus on its main role of education and awareness. The group has applied for funding through the Rural Communities Program.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation; Currently being designed.
Impact evaluation: Currently being designed.
Outcome evaluation: Currently being designed.

Contact
Muswellbrook Council
PO Box 122
Muswellbrook NSW 2333
Phone: 02 6549 3700
Fax: 02 6549 3701
Contact person: Ms Kim Manwarring, Community Worker

51 Youth Suicide Issues Working Party

Description
The Youth Suicide Issues Working Party is a coordinated effort by: Rotary; Lions; Youthline; Community Health; Uniting Care; The Main Drag; Baulkham Hills Shire Council. The aim of the Working Party is to: compile a stocktake or inventory of available resources; evaluate their effectiveness; decide how best to implement and utilise what resources are currently available; screen and standardise appropriate and relevant resources; adopt a coordinating role to help address and stop fragmentation; demystify the issue of suicide, bring it out of the closet and into the spoken arena.

Main Achievements
A major achievement of the project is that community groups have formed a working party which establishes partnership and a venue for considering future community action. A community forum on youth suicide was held in April 1999 at Baulkham Hills Shire Council.
Evaluation
Internal evaluation.


Contact
Baulkham Hills Shire Council
PO Box 75
Castle Hill NSW 1765
Phone: 02 9843 0414
Fax: 02 9843 0412
Contact person: Mr Michael Cowdroy, Youth Development Officer

Government – State

52 Community Justice Centre

Description
Community Justice Centres empower people to express their views in a safe forum, and to negotiate for themselves a solution that is unique to them and suitable to their situation. When young people are involved in the mediation process, they may be invited to come into a centre and discuss their problems, investigate the building’s layout, talk about the process and think about what they need to say. Young people may also be assisted to explore what they see as a possible solution and practise ways of expressing what they need to say. The Centre stresses that mediation is a voluntary process and clients have the power to leave at any time. Through the mediation process, mediators may uncover suicidal tendencies that may not be detected by other agencies. The Centre’s policy is to encourage such individuals to accept a referral to a specialist counselling agency. When clients are referred to the Centre by the Children’s Court, the mediation process acts as a process to help families learn how to communicate. The formalised process allows parents to see that their child has a valid point of view.

Main Achievements
The core service of the Community Justice Centres is not specifically designed to impact on the prevention of youth suicide. Rather, a bi-product of mediation is that young people have a comfortable and safe forum in which to express their wants and needs to their family and/or significant others in their lives. Mediation allows clients to negotiate reintegration into their family, and for the family, in turn, to express and negotiate their expectations of the individual. For young people, the formalised process allows parents to see that their child has a valid point of view.

Barriers/Needs
Attitudes of service providers; Lack of community awareness.

Limited understanding of how mediation can be used as a prevention tool.

Barriers may be overcome through raising the profile of Community Justice Centres within the community, community organisations and government agencies.
matters with the client, and putting strategies in place in order to assist the client.

**Main Achievements**
There has been a definite reduction in both self harm attempts and successful suicides.

**Barriers/Needs**
Insufficient staff/time/resources.
There is insufficient time due to the workloads of the professional staff, with Risk Intervention Team Meetings adding to an already overloaded case load.

**Evaluation**
Internal evaluation.
*Process evaluation*: Quality assurance methods; Monitoring through routine documentation.

**Contact**
NSW Department of Corrective Services
PO Box 656
Grafton NSW 2460
Phone: 02 6642 2133
Fax: 02 6642 7419
Contact person: Mr Colin Wysocki, Program Manager

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**55 Victims of Crime Bureau**

**Description**
The Victims of Crime Bureau provides a 24 hour telephone counselling, information and referral service for victims of crime. The Bureau aims to provide awareness of, and an appropriate response to, callers distressed by suicidal ideation/intent, recognising that those who become victims of crime are vulnerable to crisis.

**Contact**
Attorney General’s Department New South Wales
PO Box A4
Sydney South NSW 1235
Phone: 02 9374 3012
Fax: 02 9374 3020
Email: vcb@agd.nsw.gov.au
Contact person: Ms Claire Vernon, Director Victims Services

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**56 Youth Road Safety**

**Description**
Youth programs are a new area in road safety in NSW. Prior to the establishment of this position, youth road safety was covered by school programs and the broader road safety programs implemented by the Roads and Traffic Authority and other organisations. It is planned to develop a youth road safety program by consulting with young people, parents and stakeholders in road safety, youth health and injury prevention. The first stage is to conduct research with young males 17 to 25 years of age on speeding. The aim is to identify factors that young people state will reduce their risk taking driving behaviour. This information will then feed into research with stakeholders. It is also planned to undertake a review of existing activities relevant to youth road safety.

**Main Achievements**
The program has not yet started, however one positive aspect is that links have been established with other organisations with an interest in road safety, injury prevention and youth health.

**Barriers/Needs**
Lack of knowledge/information; Diversity of target group; Accessing target group.

Most research on youth road safety is concerned with defining the nature and causes of the problem, regarding why young people are over represented in road fatalities and injuries. It is not clear what works in preventing these. Possible problems are: young people not homogenous; population versus sub group approach; effective ways to reach young people on road safety; and road safety not a priority.

To overcome the barriers action research could be used, Action research is: links with organisations with experience and models to reduce risk taking behaviour; better links between road safety and injury prevention; better sharing of information between agencies; more consultation with young people.

**Evaluation**
Evaluation planned/intended.

**Contact**
NSW Roads and Traffic Authority (RTA)
PO Box K198
Haymarket NSW 1238
Phone: 02 9218 3676
Fax: 02 9218 3672
Email: catherine_richardson@rta.nsw.gov.au
Web Address: http://www.rta.nsw.gov.au
Contact person: Ms Cathy Richardson, Leader Youth Programs

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**Health Promotion**

**57 LifeForce Suicide Prevention Workshops**

**Description**
LifeForce Suicide Prevention Workshop is a one-day interactive workshop which trains community members, professionals, para-professionals and non-professionals to intervene effectively in a suicidal situation. A large component of the training focuses on the attitudes of the caregiver towards suicide and the suicidal person. The workshop ethos is that effective interventions are produced by healthy attitudes – which motivate caregivers to intervene – combined with good skills. The workshop is based on the SALT strategy: Spot (spotting the warning
signs), Ask (asking the suicidal person about their intentions), Listening (to the emotional pain of the suicidal person) and Take (knowing to whom you can take/refer the suicidal person to in your community).

**Barriers/Needs**
Insufficient funding; Lack of community interest; Insufficient staff/time/resources.

**Evaluation**

**Process evaluation:** Strategic planning processes; Monitoring through routine documentation.

**Impact evaluation:** Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Randomised controlled trial.

**Contact**

LifeForce Suicide Prevention Program
Wesley Mission
PO Box 2114
Carlingford Court NSW 2118
Phone: 02 9874 2111
Fax: 02 9874 3500
Email: lifeforce@wesleymission.org.au
Web Address: http://www.wesleymission.org.au
Contact person: Mr Randall Pieterse, National Manager

**58 Make A Noise - A Community Development Approach**

**Description**

Make A Noise is a health promotion strategy funded by the NSW Health Department and developed by the Greater Murray Area Health Service. Its broad aim is to prevent suicide by engaging young people in early help seeking behaviour. The Make A Noise project takes a primary prevention approach utilising community development and Ottawa Charter principles to promote help seeking behaviour and build supportive networks for young people. Young people have driven the project through a network of ambassadors representing the nine Health Service Networks. This has included the development and adoption of new policies used by the Health Service and the NSW Police and Ambulance services in southern NSW. The project has produced various materials, resources and promotional collateral including posters and postcards, a suicide prevention resource kit for teachers, a 30-second television commercial, a web site and media reporting policy and guidelines. A model of community development involved the development of training packages for community organisations including parent groups, teachers, sporting and church groups. Young people were engaged in help seeking behaviour through a social marketing campaign using print, television, radio and the Internet, and the use of ambassadors.

**Main Achievements**

To date approximately 12,000 community members have received basic suicide awareness training and 1,400 professionals have received management and assessment training. Calls to Kids Help Line have increased by 300 per cent over the first year of the project, and approximately 30,000 visitors have logged into the Make A Noise youth health website. Planning is currently under way to provide longer term epidemiological tracking of suicides, and qualitative evaluation of the Make A Noise social marketing campaign. The project has produced a variety of materials and promotional and informational collateral including posters and postcards, a television commercial and a web site.

**Barriers/Needs**

Short time lines.

Two-year limited term funding is insufficient for the entrenchment of a community development approach.

**Evaluation**

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation:** Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Outcome evaluation:** Currently being designed Other quantitative methods.

**Contact**

Greater Murray Area Health Service
Health Promotion Business Unit
PO Box 503
Albury NSW 2640
Phone: 02 6058 1700
Fax: 02 6058 1737
Email: makeanoise@ysp.org.au
Web Address: http://makeanoise.ysp.org.au/
Contact person: Ms Nicki Melville, Manager, Health Promotion

**59 Mental Illness Awareness Program**

**Description**

Mental Illness Education – Australia (New South Wales) Incorporated (MIE-A) is part of a national program which aims to raise awareness amongst: young people in secondary schools; their teachers; school counsellors; and the wider community about mental health, mental health problems and illnesses. The Program is presented by people who themselves have experienced mental illness or lived with mental illness as relatives or friends. In this way the audience receives insightful and interesting information which helps to demystify mental health issues and allows them to think about the implications of mental health in new and positive ways. The Program alerts young people to available supports and encourages early intervention with mental health problems helping them to accept that it is: OK to seek help; to talk to someone; to reach out when problems become overwhelming and life is seemingly not worth living.

**Main Achievements**

Achievements of the program include: presenting the program to many thousands of students as well as teachers, counsellors and community organisations; receiving
positive and encouraging feedback from participants; the ability to change, refocus and redevelop after evaluation; increasing networking/collaboration between services; acknowledgement of the program by the New South Wales Health Department.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

Insufficient funding impacts negatively on planning and development. Staff numbers have been cut, limiting the work of the program and excluding the program from certain areas. Resources are carefully managed and limited by budget cuts.

To overcome these barriers supplement government funding with corporate sponsorship would help. This is not easy in a country in which philanthropy is little practiced. Seek corporate sponsorship for specific needs, for example, the volunteer program or resources. Seek the help of voluntary help in the office and elsewhere.

**Evaluation**
Internal evaluation.

*Impact evaluation:* Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Mental Illness Education - Australia (New South Wales) Incorporated
PO Box 496
Drummoyne NSW 1470
Phone: 02 9879 7602
Fax: 02 9879 7573
Contact person: Ms Judy Scott, State Coordinator

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### 61 Applied Suicide Intervention Skills Training (ASIST)

**Description**
The core objective is to enhance competency in suicide first aid. The primary aim is that participants will develop and learn how to recognise when someone may be at risk of suicide, estimate the level of risk and provide links for further help when appropriate.

**Main Achievements**
Results showed a significant, stable increase in participants' self perceived readiness to intervene with a person at risk as measured on indices of comfort, competence and confidence. There are also stable increases in participants' suicide intervention knowledge, as well as a noted trend towards a willingness to intervene with a person at risk of suicide as a result of workshop exposure and a moderate sustained increase in the level of optimism that intervention may prevent a suicide.

**Barriers/Needs**
Insufficient staff/time/resources.

Ongoing professional development and education via compulsory inservice training needs to be adopted to enhance skills base of health personnel. Cost of materials to participants should be negotiable or optional to participants.

**Evaluation**
External evaluation.

*Process evaluation:* Non experimental repeated measures design.

*Impact evaluation:* Non experimental repeated measures design.

*Outcome evaluation:* Non experimental repeated measures design.
Health Service – Accident and Emergency

62 Emergency Treatment of Suicidal Patients

Description
This program involves: assessment of suicidal intention and referral or scheduling to an involuntary psychiatric unit; primary resuscitation of overdose outcomes; and organisation of counselling for suicidal patients, either at their place or in an emergency department of a community mental health service. It is based on circular 98/31, Policy Guidelines for the Management of Patients with Possible suicidal behaviour for NSW health staff and staff in Private Hospital Facilities which was released by the NSW Health Department.

Main Achievements
Achievements have included the ongoing rescue of suicidal patients.

Barriers/Needs
Insufficient funding.
Rural Emergency Departments are underfunded and understaffed.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Monitoring through routine documentation.

Contact
Casino and District Memorial Hospital
Emergency Department
PO Box 268
Casino NSW 2470
Phone: 02 6662 2111 x 242
Fax: 02 6662 3774
Email: leec@doh.health.nsw.gov.au
Contact person: Mr Lee Cameron, Clinical Nurse Specialist

64 Area Suicide Prevention Coordinator

Description
The Area Coordinator, Suicide Prevention, coordinates the South Western Sydney Area Health Services' response to suicide. This is done via a range of strategies including: supporting and resourcing four local suicide prevention intersectoral committees; assisting two suicide prevention workers in the development of programs (in South Western Sydney, there is a Clinical Psychologist, Depression and Suicide Prevention Program for Older People, and a Psychologist, Rural Youth Suicide); coordinating information sharing throughout the area; coordinating and carrying the implementation of policies which emanate from head office; coordinating submissions for funding; development/auspicing of new area wide initiatives.

Main Achievements
Networking of relevant service providers in South Western Sydney; focusing of local groups onto relevant projects; support for workers in the field; successful funding submissions.

63 Youth At Risk of Deliberate Self Harm (YARDS)

Description
The Service aims: to prevent suicide and recurrent attempts; to provide youth at risk with an after hours agency with a caring attitude; and to provide youth at risk with an after hours agency at which they can seek help regarding suicidal thoughts. The rationale for the Service is that rural areas lack after hours agencies where youth can physically seek help. Intervention includes professional counselling; refuge and protection; referral to appropriate agencies; medical intervention of deliberate self harm practices.

Main Achievements
Attitude adjustment of staff in department to relate to youth suicide; education of staff regarding warning signs of suicidal risk factors; improved integration of intra agency referral.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services.

Emergency Departments are busy places – staff cannot be in two or three places at one time; lack of privacy.

Increase staffing levels of both Emergency Department and Crisis Intervention Team after hours would help overcome these barriers.

Contact
Emergency Department
Tamworth Base Hospital
PO Box 268
Tamworth NSW 2340
Phone: 02 6768 3314
Contact person: Mr Ron Campbell

Australian Institute of Family Studies 53
Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of statewide coordination leading to worker isolation from peers; Lack of local data regarding suicide deaths and attempts. Not all area health services have suicide prevention coordinators or workers. Since November 1998, no approach by state health head office to develop network of people in similar coordinator positions as the one described here, which could lead to peer support. This part time position does not provide enough time to organise meetings to deal with these issues. It is not possible to obtain up to date local data to assist with program development.

Organise meeting once information is available about others in similar position and network; develop consistent data collection throughout South Western Sydney Area Health Service (hospital and community health services).

Evaluation
Internal evaluation.

Process evaluation.

Outcome evaluation: Strategic planning processes; Action Research.

Contact
South Western Sydney Area Health Service
Locked Bag 17
Liverpool NSW 2170
Phone: 02 9828 6578
Fax: 02 9828 6154
Email: carol.vleeskens@swsahs.nsw.gov.au
Web Address: http://www.swsahs.gov.au
Contact person: Ms Carol Vleeskens, Area Suicide Prevention Coordinator

65
Blacktown Youth Suicide Prevention Project: Hospital and Health Service Protocols

Description
Youth suicide was identified as an issue because of the high number of young people attempting suicide, an identified gap in service, prevalence of risk factors in the Blacktown Local Government Area and the need for professional development in health care workers. Preliminary investigations using Emergency Department Information System (EDIS) revealed that the extent of the problem was serious, with 296 people presenting to the Emergency Departments during an 11 month period, from June 1995 to April 1996 for intentional self harm. One hundred and two (34 percent) were under the age of 24 years. Gaps in mental health services were identified in a detailed analysis of the trajectory of young suicidal people following presentation to the Emergency Departments. Specifically, those persons identified as at risk but not mentally ill received brief follow up supportive therapy and referral to another agency, but compliance was poor. In contrast, young people who were mentally ill or suffering from the sequelae of sexual abuse were efficiently linked into appropriate services. The National Youth Suicide Prevention Strategy provided a much needed opportunity to research the problem and improve services. The aims of this project are: to improve health care to young people at risk of suicide when they present to the emergency department; to develop corresponding protocols; to implement a coordinated care plan of active follow up for each young client at risk of suicide after comprehensive assessment and following departure from the emergency departments; to develop corresponding protocols; to improve strategic alliances between existing services and key stakeholders concerned with caring for young people at risk of suicide, by developing educational programs and reciprocal learning opportunities; and to calculate the cost of providing the elements of best practice in caring for young people at risk of suicide, in mental health services.

Main Achievements
Achievements include the development of clinical guidelines and an inservice education program for Emergency Department staff and improvement of the standard of care. The mental health service system has reviewed its response and management protocols and restructured aspects of service delivery. A valuable database has been obtained and further evaluation of changes brought about by the project is indicated in partnership with all stakeholders in the long term.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Rigid referral systems in various agencies hindered an ability to make timely referrals. Some agencies demanded that the young people must make the referrals themselves. This is despite the literature's indication of poor compliance with follow up regimes and research (Cantor) that actively booking appointments for youth improves compliance. A more fluid and standard process of referral between agencies is needed.

Evaluation
Internal and external evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods (Focus Group).

Impact evaluation: Non experimental repeated measures design.

Outcome evaluation: Non experimental repeated measures design.

Contact
Western Sydney Area Health Service
Blacktown City Mental Health Service
PO Box 6010
Blacktown NSW 2148
Phone: 02 9830 8888
Fax: 02 9830 8807
Email: anne.fry@nepean.uws.edu.au
Contact person: Mr Bill Moloney, Project Officer
66 Clinical Service and Research Programs

Description
The Department of Consultation/Liaison Psychiatry within the Newcastle Mater Hospital runs a clinical service and research program which involves several programs and activities. In general terms the programs are aimed at: surveillance of suicide deaths as a long term outcome of self poisoning; identifying (by risk factors research) those patients at risk of repetition of deliberate self poisoning (including particular age groups); identifying high risk subjects for suicide and suicidal behaviour in community samples; reducing repetition of deliberate self poisoning by a clinical intervention using a single randomised consent design. The clinical service treats all cases of self poisoning reaching hospital care for the local government areas of Newcastle, Lake Macquarie and Port Stephens and offers a tertiary service to all other local government areas within the Hunter Health Area.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Ethical problems.

Evaluation
External evaluation.

Process evaluation: Action Research.

Outcome evaluation: Randomised controlled trial.

Contact
Newcastle Mater Hospital
Locked Bag 7 Hunter Region Mail Centre
Waratah NSW 2310
Phone: 02 4921 1283
Fax: 02 4921 1870
Email: carter@mail.newcastle.edu.au
Contact person: Dr G. L. Carter, Director – Department of Consultation/Liaison Psychiatry

68 Suicide Assessment, Prevention and Awareness Workshops and Advanced Suicide Assessment and Management Workshops

Description
The aim of the workshops is to develop and establish a well-informed and educated workforce (staff) regarding suicide demographics, assessment and management skills, and evaluation of service provided, so that people who are experiencing suicidal ideation receive the best service possible. Rationale: there are many new staff in mental health services, education services and drug and alcohol services; staff regularly assess people with suicidal ideation; mandatory education around Circular 98/31 (NSW). The intervention comprises workshops and seminars.

Main Achievements
Trained workforce; better intervention for people experiencing suicidal ideation; better prevention techniques; accurate identification and assessment.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers. The attitudes of some education and mental health staff mean people do not attend, or see the educator as having nothing to do with them; workers think mental health problems which influence a person towards suicidal ideation are not real illnesses.

Perseverance, so that suicide prevention and identification become a cultural norm for health services.

Evaluation
Internal evaluation.


Contact
South Western Sydney Area Health Service
Liverpool Hospital, Education Support Unit
PO Box 103
Liverpool NSW 2170
Phone: 02 9828 3248
Fax: 02 9828 3243
Email: martyn.wilson@swsahs.nsw.gov.au
Contact person: Mr Martyn Wilson, Area Mental Health Education Coordinator

67 General Intervention with Injecting Drug Users or People at Risk of HIV/AIDS and Hepatitis C.

Description
This program looks at suicide prevention as part of services with regard to people at risk of blood borne viruses.

Barriers/Needs
Attitudes of service providers.

Contact
HIV Prevention Service
5/5 Rawson Street
Wollongong NSW 2500
Phone: 02 4228 8211
Fax: 02 4228 8087
Contact person: Mr Michael Fernander, Service Manager

69 Suicide Policy Working Party

Description
In 1998, the ‘Policy Guidelines for the Management of Patients with Possible Suicidal Behaviour for NSW Health Staff and Staff in Private Hospital Facilities’ was released by the NSW Health Department. These guidelines relate to community health services, mental health services (inpatient settings, general community health services, general hospital wards and emergency departments).
Policies will be developed in line with this circular as well as a comprehensive coordinated approach across the entire Health Service. The purpose of this Working Party is to examine these guidelines and develop relevant local policy with education for all staff to follow. All health care staff have a duty of care to the public and this should ensure that when assistance is sought to deal with suicidal behaviour the response is prompt, efficient and effective.

**Main Achievements**
Achievements include examination of the guidelines and development of local policies. This is presently being distributed to Area Directors for their comments. Once changes have been made to the draft, policy should be sent to New England Area Health Service Policy Committee for implementation across the area. A flow chart for use on a suicidal phone call is available for use across the area.

**Evaluation**
Internal evaluation.

*Process evaluation:* Currently being designed; Quality assurance methods.

*Impact evaluation:* Currently being designed.

*Outcome evaluation:* Currently being designed.

**Contact**
Tamworth Community Health Centre
Mental Health Service
180 Peel Street
Tamworth NSW 2340
Phone: 02 6768 3815
Contact person: Ms Karen Thompson, Executive Officer, Mental Health Service

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**Health Service – Community**

### 70 Children Bereaved by Suicide: Providing Support and Coping Skills for Living

**Description**
This project aims to provide a framework in which child and adolescent survivors of suicide can be identified, supported and develop coping skills. It aims to promote the development of skills of staff working with children bereaved by suicide, and to reduce the risk of children bereaved by suicide developing mental health problems. Strategies employed include the development of a resource package that can be used by health professionals and parents who are supporting children bereaved by suicide; and to develop effective ways of working with families who are affected by suicide, through the development of groupwork programs and follow-up.

**Main Achievements**
Questionnaires have raised community awareness and helped people from a wide range of agencies to think about issues surrounding suicide bereavement and in particular, supporting children. There has been a lot of interest in the topic. The main thing that has been learned is that there is a difference between what health professionals think should happen when supporting children bereaved by suicide and what actually happens. Specifically most people believe children have the right to know the truth about suicide but are unsure about how to do it. A variety of reasons are suggested by some people for not telling children about death that has occurred by suicide. Most people are interested in increasing their clinical skills and want to do least harm.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

**Evaluation**
Internal evaluation.

*Impact evaluation:* Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Liverpool Community Health Centre
Community Counselling Team
PO Box 3084
Liverpool NSW 2170
Phone: 02 9828 4844
Fax: 02 9828 4800
Email: kerrie.noonan@swsahs.nsw.gov.au
Contact person: Ms Kerrie Noonan, Grief Counsellor/Project Manager

### 71 Community Youth Health Working Party

**Description**
This project is not directly targeted at suicide prevention. However it is aimed at looking at the needs of youth in our community, particularly focusing on a wholistic approach to health. The aims were to establish a Community Youth Working Party with participation from local agencies and youth from the community. The objective has been to determine the needs of youth in our community through a survey, develop a directory of youth services and lobby councils to provide funding for a venue and youth worker. If a venue is established, the community health service will provide programs and activities that are health focused in this location.

**Main Achievements**
Establishment of the Working Party; Pooling ideas/time/sharing tasks; Submission to council regarding youth venue/Development of local service directory for youth.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

The Working Party has been implemented with a commitment of some time and no funding; Lack of funding for infrastructure/youth worker Continue to seek program grants; We continue to lobby council for support.

**Evaluation**
External evaluation.
Process evaluation: Action Research; Monitoring through routine documentation.

Contact
Queanbeyan Community Health Service
PO Box 729
Queanbeyan NSW 2620
Phone: 02 6298 9233
Fax: 02 6299 6920
Contact person: Ms Jenny Booth, Community Health Manager

72
Friends

Description
The Friends program is designed to assist children and youth, at an appropriate developmental level, to learn important skills and techniques to cope with and manage anxiety. The program addresses cognitive, physiological and behaviour processes which are seen to interact in the development, maintenance and experience of anxiety. The program uses a peer learning model, that is a group of same age peers using experiential learning opportunities.

Main Achievements
The program has achieved regular and consistent attendance, which shows that the children enjoy the program.

Barriers/Needs
Insufficient staff/time/resources.

Train more workers in implementing the program, at the moment only one worker from each centre has been trained.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.


Contact
Grafton Community Health Centre
Child and Family Team
PO Box 368
Grafton NSW 2460
Phone: 02 6640 2402
Fax: 02 6640 2422
Email: ecollyer@doh.health.nsw.gov.au
Contact person: Ms Chris Collyer, Child and Family Psychologist

74
Teenage Support Group

Description
The Coolah Teenage Support Group has been running for ten years with the emphasis on education, self care, peer support, and counselling. The rationale of the Coolah Teenage Support Group is to give support, friendship, time out and guidance to young people in an environment that is non judgemental, non racist, non sexist and non religious. Also to link young people with appropriate people and services to help assess and address their needs. The aims of the program are: to build self belief, self reliance and to develop cooperation; to build skills and beliefs necessary in achieving independence and self reliance; to assist young people to survive until they are old enough to make informed decisions about their lives; to involve as many visiting and local support services as appropriate and where necessary; to assist young people to work through personal issues; to build a supportive environment within the youth group; to challenge young people to take positive actions in their lives; to build new and strengthen existing counselling/support channels; to foster positive peer support.

Main Achievements
An achievement of the Group is a reduction in suicide attempts/self harm, with no completed suicide in ten years.
Youth Group members take an active role in the community. There are currently two members on a local health council and one member has just spent three months as a volunteer worker in South America with Youth Challenge International.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

The community is only now beginning to realise the positive effects of the group on the local community and others. Funding has always been a problem with a great deal of time spent fundraising. Backup services are only available for short periods of time, as staff in larger centres leave and are not always replaced, services are stretched to the limit.

Commitment by Health Services to recognise the needs of community groups and support these groups with qualified personnel and sufficient funding and time allocation.

**Evaluation**
Internal evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Community Health
C/- District Hospital
Martin Street
Coolah NSW 2843
Phone: 02 6377 1007
Fax: 02 6377 1536
Contact person: Mrs Patricia Hawkes, Community Health Sister

<table>
<thead>
<tr>
<th>75</th>
<th>Treatment of Childhood Depression, Conduct Disorder, Anxiety, Oppositional Disorder, Social Skills Problems, Adverse Family Situations: Providing Support and Education for Families with Children who have Social/Emotional Problems and Providing Parenting Education Programs for At Risk Families</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
<td>The service aims to provide a counselling service for the assessment and treatment of children aged 0–12 years living or attending schools within the lower north shore area in Sydney. A systemic approach is taken and the organisation works with the presenting child, parents and other family members when appropriate. Children may present with a range of emotional and behavioural problems. Some that are particularly relevant to youth suicide include: childhood depression, conduct disorder, family breakdown, domestic violence, parents with a mental illness, abuse and neglect. As a primary prevention service, waiting times have been reduced so that families are often able to be seen for an initial session within a week of making contact. This program is called the single session consultation and it follows on from research on the effectiveness of family counselling and number of sessions and waiting times. An evaluation of this method of working with families was conducted in 1996 and one is currently being completed. Families that require more intensive counselling are seen by workers and goals are set to improve parenting skills, reduce marital discord, network with other services and support groups, enhance family strengths and improve communications. Children may receive individual therapy to learn problem solving skills, change negative thinking patterns or cope with stress or crises. A number of early intervention programs that target specific at risk populations are currently being held. All groups are evaluated post group by parents in the following ways: (1) A regular separation evening talk for parents and with a follow up support group, where parents are provided with information about the effects of separation on children and given strategies to help reduce mental health problems in these families. The possibility of a specific group for separated fathers is being investigated. This program is run jointly with the child protection service. (2) A children’s group for children who witness domestic violence is being run for the second year in conjunction with the family support services and women’s refuge. (3) A social skills group for children aged 8–12 with anti-social behaviours has been run for the last 5 years. As a result of evaluations parents are now being asked to attend two compulsory workshops to enable them to also learn the strategies being taught to children and improve their own skills in communication and behaviour management.</td>
</tr>
<tr>
<td><strong>Main Achievements</strong></td>
<td>Achievements of this service include: an ability to maintain current services despite increasing demands and no corresponding increase in staffing over the last decade; intake counsellor working each day to ensure that families are responded to promptly when in crises; ability to work at an interagency level in the development and running of two specific programs – the domestic violence children’s group and separation workshop for parents;</td>
</tr>
<tr>
<td><strong>Barriers/Needs</strong></td>
<td>Insufficient funding; Insufficient staff/time/resources; Difficulties providing services to at risk groups, such as parents with a mental illness, drug and alcohol problems, and domestic violence. At risk family groups require more intensive, flexible services over a longer period of time. Increased staffing would enable the organisation to coordinate further programs to target these particular children. Networking with other agencies and organisations with similar problems; keeping in touch with youth suicide prevention research and forums; and further training and project management, accessing alternative funding sources and alternative service delivering models.</td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td>Internal and external evaluation.</td>
</tr>
<tr>
<td><strong>Process evaluation:</strong> Action Research.</td>
<td></td>
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<tr>
<td><strong>Impact evaluation:</strong> Action Research.</td>
<td></td>
</tr>
<tr>
<td><strong>Outcome evaluation:</strong> Action Research.</td>
<td></td>
</tr>
</tbody>
</table>
Contact
Lower North Shore Child and Family Health Service
44 Hercules Street
Chatswood NSW 2067
Phone: 02 9414 0262
Fax: 02 9411 6493
Contact person: Mrs Annemarie Lambe, Psychologist

76 Walcha Health Service – Community Health Care

Description
The Walcha Health Service – Community Health Centre, provides a service to patients/clients, medical, paramedical staff and others within the New England Health Service. The aim of the service is to create an optimal functional level and constructive behavioural change which will lead to an improved wellbeing and quality of life in the individual as well as the community as a whole. The Centre provides services such as: counselling; crisis intervention; follow up care; health promotion; and in service education for health workers in areas such as debriefing family and friends of completed suicides. The objectives of the program include implementing policies and procedures in regard to suicide issues and providing support and education for nursing staff, paramedical staff and others in the management of psychiatric illness and behavioural disturbances through workshops, lectures and individual consultation.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

With most new services it is expected that it be run within existing budgets and it just cannot be done properly. More specific funding for youth workers and after hours coverage is needed.

Contact
Walcha Health Service
PO Box 73
Walcha NSW 2354
Phone: 02 6777 2266
Fax: 02 6777 4229
Email: lmorton@doh.health.nsw.gov.au
Contact person: Mrs Leanne Morton, Health Service Manager

78 Suicide Research and Prevention Project for People with Traumatic Brain Injury

Description
Traumatic Brain Injury (TBI) most often occurs as the result of road accidents. In NSW alone, it is estimated that somewhere between 6,000 and 10,000 people will sustain a TBI annually. Permanent brain damage can result in physical disabilities, cognitive disabilities, such as reduced memory, concentration, planning and problem solving skills, and psychosocial impairments, such as loss of drive, temper control problems, and reduced sensitivity to others. Currently, only one third of people who have had a severe TBI will return to work post injury and many will need support to live independently in the community. The majority of people sustaining such injuries are young males between the ages of 18–30. The following is a brief project summary: The first aim of the project is to research key factors that lead to increased levels of suicidality after TBI. The second aim is to use this information to develop a suicide prevention approach for people with TBI, their family members and service providers. Aims of research project include: to determine the presence, degree and stability of feelings of hopelessness, suicidal ideation and suicide attempts after...
TBI; and to determine predictors of hopelessness and suicidal ideation, specifically the role of the following variables: mental state, substance abuse, psycho-social functioning, life stress, problem solving impairments, affective disturbance (including depression) and pre morbid risk factors in predicting suicidality after TBI. The suicide prevention approach will be developed from the following sources: results of the research program; consultations with consumers; and identification of best practice prevention approaches. It is anticipated that the prevention approach will involve the development of an information resource for families, an education program for people with brain injury and a training program for staff working in this area.

**Main Achievements**

No large scale surveys have yet been done in Australia or internationally describing the prevalence and nature of suicidality after TBI. This is an important step in developing and targeting suicide prevention strategies for this client group. The research project will screen approximately 180 outpatients of the Brain Injury Rehabilitation Unit, Liverpool Hospital, South Western Sydney Area Health Service for suicidal ideation and hopelessness using the Beck Scale for Suicide Ideation (BSS) and the Beck Hopelessness Scale (BHS). In addition, data is being collected on demographic and injury variables, and significant risk factors for completed suicide, including previous attempts, history of substance abuse, and psychiatric history. Interim data on 109 outpatients show a substantial proportion scored within the clinical range on the measures. Moderate to severe levels of hopelessness (34.9%), high levels of suicide ideation (22%) and reports of suicide attempts post injury (13.8%) indicate that suicidality is a significant clinical issue amongst people with TBI. Findings suggest that suicidality is independent of time post injury and severity of injury and has important implications for how services should be organised to provide support to people with TBI.

**Barriers/Needs**

Insufficient funding.

There is a lack of knowledge about the extent that disability and chronic health conditions elevate suicide risk for youth. Further research is required into this important area. The onset of disability and chronic health conditions should be identified as another risk factor for youth suicide.

**Contact**

Liverpool Hospital
Brain Injury Rehabilitation Unit
PO Box 103
Liverpool NSW 2170
Phone: 02 9828 5495
Fax: 02 9828 5497
Email: grahame.simpson@swsahs.nsw.gov.au
Contact person: Mr Grahame Simpson, Social Work Team Leader

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**Interagency**

79
The Gaining Ground Project

**Description**

The Gaining Ground Project is an interagency program in South West Sydney that aims to identify and meet the needs of children and young people whose parents are affected by mental health problems. The project aims to support service providers in meeting their needs through: education; provision of resources; development of programs for children and young people. The project also aims to promote interagency collaboration through its area wide committee and collaborative projects including a supported playgroup and an adolescent peer support and education program. The project works with health services, non government organisations, family services and child protection agencies in the community, and aims to promote coping skills and resilience of young people and to assist parents to feel confident and competent in the parenting role, to ensure that the needs of children are met.

**Main Achievements**

The major achievements of the program include: completion of a epidemiological survey which identified prevalence and issues of parental mental illness in families supported by mental health services; development, implementation and evaluation of an adolescent program and support playgroup; development of education and interagency workshops for service providers.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers. Service providers are often in a situation where staffing and resources limit their ability to become involved in new programs or to adopt new practices. New programs are often seen as additional work. Area wide staff makes sector implementation difficult.

Allocate resources and staff to sector services for example, (mental health teams), to support staff in developing or adopting new practices. This also promotes a sense of ownership of programs.

**Evaluation**

Internal and external evaluation.

*Process evaluation:* Monitoring through routine documentation; Qualitative methods.


**Contact**

South Western Sydney Area Health Service
Paediatric Mental Health Unit
Level 1, 13 Elizabeth Street
Liverpool NSW 2170
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Fax: 02 9601 2481
Email: michelle.webber@swsahs.nsw.gov.au
Contact person: Ms Michelle Webber, Project Manager
Justice System

80 National Children's and Youth Law Centre

Description
The National Children’s and Youth Law Centre (NCYLC) was incorporated in 1993 and commenced operations with a three-year grant from the Australian Youth Foundation. It was created as a consortium of the University of Sydney and the University of New South Wales law schools. The NCYLC was started by a group of lawyers who saw a need for a specialist, national focus on the legal needs of children and young people. In meeting this need, the NCYLC works with primary reference to the United Nation’s Convention on the Rights of the Child and seeks to improve its status by having it incorporated into Australian law. The NCYLC offers educational services and legal advice and advocacy for children and young people, and undertakes research on an extensive range of youth and legal issues. Its work thus acts to empower young people and enable them to take control of their lives.

Main Achievements
The NCYLC’s achievements include: release of extensive range of publications covering issues such as harassment of young people in the workplace, children’s rights at school and disability discrimination at school; launch of website providing information on legal rights and Australia’s only online legal advice (email) service for young people; establishment of Children’s Lawyer of the Year awards, which promote high standards in children’s advocacy; winner of Certificate of Commendation in the 1998 Human Rights and Equal Opportunity Commission’s awards; constant and high level media advocacy (usually on juvenile justice issues); constant consultative role in the formulation of government reports, policy and legislation.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The Centre’s funding restrictions mean that a significant portion of time is focused on finding sources of funding. This redirects the emphasis of the Centre’s work and negatively impacts on staff resources. An ongoing commitment from the Centre’s funding sources would not only ensure its continued existence, but would enable it to focus on core objectives.

Contact
National Children’s and Youth Law Centre
C/- University of New South Wales
Sydney NSW 2052
Phone: 02 9398 7488
Fax: 02 9398 7416
Email: michael.antrum@unsw.edu.au
Web Address: http://www.lawstuff.org.au
Contact person: Mr Michael Antrum, Director and Principal Solicitor

81 Witness Assistance Service

Description
The Witness Assistance Service was formally established in 1995 and now has a Witness Assistance Officer in each regional office in New South Wales. The services targets a range of prosecution witnesses, in particular the young people who are victim of crimes and who are required as prosecution witnesses. It is recognised that the process of being a witness in criminal proceedings can be particularly stressful for young people. The Service aims to minimise the trauma associated with going to court by providing information, and ensuring that young people are adequately prepared for court and have appropriate court support.

Main Achievements
The Office of the Director of Public Prosecutions (ODPP) now has 14 Witness Assistance Officers around the state. The Witness Assistance Service (WAS) provides support and referral services to a large number of young people who are prosecution witnesses. The WAS also has an Aboriginal Liaison Project Officer whose role includes development of improved services to Aboriginal victims of crime. Regular training on Suicide Risk Assessment and Response is available to all staff at the ODPP.

Barriers/Needs
Insufficient staff/time/resources. Number of Witness Assistance Officers (WAS) is 14 statewide and this can limit the number of young people who can adequately be assessed for risk factors during legal proceedings. Generally Witness Assistance Officers (WAS) work closely with other agencies to ensure young people are supported at court and are referred for ongoing support and counselling.

Evaluation
External evaluation.


Contact
NSW Office of the Director of Public Prosecutions
Locked Bag A8
Sydney South NSW 1232
Phone: 02 9285 8777
Fax: 02 9285 2528
Contact person: Ms Lee Purches, Manager

Mental Health Service

82 ACE – Adolescents Coping With Emotions

Description
Adolescents Coping with Emotions (ACE) is a school based indicated early intervention in depression program.
The program targets 13–15 year old students at risk of developing depression. Students attend an eight session, small group program at school, with a school counsellor and mental health workers as group leaders. The program aims to build resilience in students at risk of developing depression, using cognitive behavioural and interpersonal skills to promote realistic thinking, problem solving, assertiveness and negotiation. Students in Year 9 are screened with consent using Childrens Depression Inventory, and those students scoring highly are offered the program. Acceptance rate is high with minimal drop outs from the program.

Main Achievements
The ACE program has been developed in consultation with young people and school staff. The program has resulted in significant reductions in depressive symptoms reported by students and increases in problem solving skills and personal hopefulness. Both health and education staff involved in the collaborative program have developed a greater understanding of the issues involved in partnerships, resulting in improved ongoing relationships.

Barriers/Needs
Insufficient funding.

Initial funding difficulties were prevalent during the development phase of the program.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Randomised controlled trial.

Contact
Royal North Shore Hospital
Department of Child and Adolescent Psychiatry
Block 4, Level 2, Royal North Shore Hospital, Pacific Highway
St Leonards NSW 2065
Phone: 02 9926 8905
Fax: 02 9966 8136
Email: nkowa@doh.health.nsw.gov.au
Contact person: Dr Nick Kowalenko, Child Psychiatrist

83
Adolescent Mood Disorders Program

Description
The Mood Disorders Program is the tertiary referral program for the assessment, research and treatment of affective disorders in young people in the Hunter Region, New South Wales. An initiative of the Community Adolescent Mental Health Team, the program seeks to encourage and support young people and their families in the discovery and exercise of their personal resilience. The program aims to actively inform the community in its understanding and interactions with young people experiencing major depression. The program aims are: to promote the prevention of adolescent depression; to work towards the reduction and prevention of adolescent depression; to facilitate the recognition and detection of adolescent depression in the community; to develop and regularly review policies and practices to enable effective work in the area of adolescent depression; to develop, implement and recommend standards of practice for work with young people who are depressed; to identify and manage adolescent depression including overt, covert and non presenting conditions; to increase access for young people experiencing depression to mental health services in the Hunter region; to provide therapeutic interventions; to provide appropriate counselling and support; to develop coordinated multi modal management structures to work with young people experiencing depression; to reduce the morbidity associated with adolescent suicide; to have an ethical approach to research and program development; to research the effectiveness of multi modal approaches to combating depression; to facilitate networking, support and information sharing between workers running programs or services for young people vulnerable to depression; to encourage and develop intervention practices which are grounded in research; to examine aspects of adolescent depression that could inform developmental issues or future practices. Objectives of the program are: to educate targeted groups likely to work with young people experiencing depression; to develop information packages to improve public knowledge about depression in young people; to develop community education initiatives; to work within a network ensuring adequate care for depressed young people; to facilitate the development and distribution of resources for use by the field; to assess young people referred to the program within one week of the intake meeting; to reduce school, work and interpersonal problems accompanying depression in young people; to establish an adolescent mood disorders program; to develop a manual of operations; to work specifically with young people experiencing depression and their families (where appropriate); to develop program linkage protocols, ensuring best practice and appropriate referrals are administered through the government and non government systems; to reduce incidence of morbidity and/or other associated serious adolescent and community health problems; to maintain a current knowledge of policies, research and practices in the prevention of adolescent depression; to contribute to the development of policy formation, depression research and standards of practice as required; to determine effective interventions when working with young people experiencing depression; to develop information packages to improve public knowledge about depression in young people; to maintain a current knowledge of policies, research and practices in the prevention of adolescent depression; to examine risk factors for adolescent depression; to develop other research issues supporting the management of adolescent depression.

Main Achievements
The Mood Disorder Program operates within three broad categories, the clinical unit, the research branch and the prevention and early intervention component. The respective achievements for each component are: Clinical Unit: assessment and treatment of adolescent depression; Research Branch: dissemination of current information and resources about adolescent depression; contribution to the body of knowledge on adolescent depression. Prevention and early intervention component: community liaison; professional education; ongoing training. The Clinical Unit operates four days per week, offering assessment of young people for depression, ongoing counselling for depressed young people, taking referrals, and weekly clinical intake and case discussion/review meetings. Types
of appointments include new, psychiatric (assessment), ongoing counselling, psychiatric (medication review) and urgent. A range of treatment modalities was provided to young people and their families dependent on individual need. The available treatments include one off assessment, medication, individual psychotherapy, family therapy with cognitive behavioural therapy, individual cognitive behavioural therapy, family therapy, group work, psycho education, lifestyle counselling, advocacy, case management. The program has been able to respond quickly to referrals. The program attempts to work with young people where other interventions have not been available or been unsuccessful. The Research Branch has established research protocols while maintaining the library and reviewing literature. Prevention activities include provision of training and consultation, advocacy, agency visits, community development, liaison, meetings, planning, submission development, supervision, team activity.

**Barriers/Needs**
Insufficient staff/time/resources; Structural problems in services.

**Evaluation**
Internal evaluation.

_**Process evaluation:**_ Monitoring through routine documentation; Strategic planning processes.

_**Impact evaluation:**_ Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

_**Outcome evaluation:**_ Measurement of clinical outcomes Descriptive statistics about clients.

**Contact**
Community Adolescent Team
36 Kenrick Street
The Junction NSW 2291
Phone: 02 4969 2477
Fax: 02 4961 0731
Email: acritchley@doh.health.nsw.gov.au
Contact person: Mr Anthony Critchley, Coordinator

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### Bentley Adolescent Unit

**Description**
The triage service provides assessment of the problem and a plan of action: Counselling and guidance for parents; and guidance and support for health professionals. Inpatient treatment provides identification of focal problems; group work; graduated return to community; locked area containment (if warranted); physical and medical assessment and treatment; support and counselling for families; and behavioural programs.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources. There is a need for out of hours support services for clients 'at risk'. Currently there is insufficient staffing and funding to provide a comprehensive service to youth.

**Submissions to management; submissions and case proposals for service extension.**

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### Brookvale Early Intervention Centre

**Description**
The Centre provides a service for young people aged 17–30 who have experienced a recent onset of psychosis, and their families. The service includes individual counselling/case management, group programs and family education. Suicide prevention is part of that work with clients who are at risk. However, there is no special program.

**Main Achievements**
High level of satisfaction rated by consumers and carers in first year of operation; high level of engagement with young people; achieved a reasonable level of education of young people and families regarding psychosis, risk factors and relapse prevention; easily accessible service.

**Evaluation**
Internal evaluation.

_**Outcome evaluation:**_ Measurement of clinical outcomes; Monitoring through routine documentation.

**Contact**
Brookvale Early Intervention Centre
1 Brookvale Avenue
Brookvale NSW 2100
Phone: 02 9939 1805
Fax: 02 9905 2567
Contact person: Ms Bev Moss, Occupational Therapist/Team Leader

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### Camps for Managing Difficult Behaviours with a Focus on Anger Management - Macquarie Area

**Description**
The aim of the Camps for Managing Difficult Behaviours is to engage young people during a camp situation which consists of outdoor activities (canoeing, abseiling, bushwalking) and small group work. The small group activities include: healing; exploring grief and anger issues; establishing trust. The camp is followed by an eight session program exploring methods of behaviour...
management, specifically anger management techniques and stress management. Basic rational emotive behaviour therapy is used.

Barsriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Macquarie Area Mental Health Service
Youth Suicide Prevention Project
PO Box M205
East Dubbo NSW 2830
Phone: 02 6681 2200
Fax: 02 6682 8143
Email: TSAND@doh.health.nsw.gov.au
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

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Camps for Managing Difficult Behaviours with a Focus on Anger Management - Wellington

Description
The aim of the Camps for Managing Difficult Behaviours is to engage young people during a camp situation which consists of outdoor activities (canoing, abseiling, bushwalking) and small group work. The small group activities include: healing; exploring grief and anger issues; establishing trust. The camp is followed by an eight session program exploring methods of behaviour management, specifically anger management techniques and stress management. Basic rational emotive behaviour therapy is used.

Barsriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Wellington Information Neighbourhood Service
Youth Suicide Prevention Project
2 Swift Street
Wellington NSW 2820
Phone: 02 6881 2200
Fax: 02 6882 8143
Email: TSAND@doh.health.nsw.gov.au
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

88
Centre for Mental Health (Sydney)
Rural and Regional Youth Counselling – Suicide Prevention

Description
The Centre for Mental Health aims to raise public awareness of youth suicide issues, risk factors and warning signs. The Centre is also involved in publishing information which will help young people access local services which can help them.

Main Achievements
The main achievements of the Centre include: keeping the issue of youth suicide before the community; increasing public awareness; providing education about risk factors and warning signs; providing information about local services that can offer help.

Barsriers/Needs
Insufficient funding; Lack of community interest; Short time lines.

Evaluation
Internal and external evaluation.

Process evaluation: Currently being designed.

Impact evaluation: Currently being designed.

Outcome evaluation: Currently being designed.

Contact
Mid North Coast Area Health Service – Central Sector – Kempsey
Locked Bag 1
Kempsey NSW 2440
Phone: 02 6562 6066
Fax: 02 6563 1819
Contact person: Ms Anna Treloar, Youth Suicide Prevention Project officer

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Child and Adolescent Intervention Programs (CAIP)

Description
Child and Adolescent Intervention Programs (CAIP) is an area wide team of New England Mental Health Services. It has a specialist focus of improving the mental health of children and adolescents. The CAIP team has a mix of clinical and program/preventative positions to provide community based prevention, early intervention and treatment for young people aged up to 18 years. Five identified areas for prevention and early intervention programs include: Youth Suicide, Adolescent Depression, Young Aborigines Mental Health, Early Intervention for Psychosis, and Children of Parents with a Mental Illness. CAIP offers clinical interventions and counselling for children and adolescents with less acute disorders or where there may be mental health problems or high risk of development of mental illness. Particular emphasis is given to: young people who are in the early stages of
depression; young people for whom there are concerns in relation to suicide; adolescents who are depressed; adolescents with an eating disorder; young people who have been victims of extreme emotional or physical abuse; homeless or transient adolescents; and adolescents discharged from inpatient visits whose therapeutic support is identified.

Main Achievements
Achievements include a variety and breadth of training in youth suicide prevention provided to the community and professionals across the New England Health area, community development at Pilliga, developing the concept of a youth resource centre for Narrabri and encouragement of a youth and community networking in Glen Innes, and implementation of the Green Card Suicide prevention and intervention initiative in the Tamworth District.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines.

Additional funding is needed to obtain more resources as well as to cover more a worker's wages. It is also important to extend the funding for youth suicide prevention positions which are only two year contracts and end in 2000.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

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New England Health Service
Mental Health Services
Locked Bag No. 8
Armidale NSW 2350
Phone: 02 6776 4902
Fax: 02 6776 4830
Email: wbartik@doh.health.nsw.gov.au
Contact person: Mr Warren Bartik, Program Manager

90 Child and Adolescent Mental Health Service

Description
Child and Adolescent Mental Health Services (CAHMS) aims to: Provide assessment of 10-18 year olds and identify at risk adolescents and provide or organise early intervention; provide a consultative role to other service providers; collaborate with other agencies on adolescent mental health issues in regard to prevention and early detection; provide early intervention to "at risk" groups such as, children of parents with a mental illness. CAMHS' rationale is to increase adolescent mental health services, promote awareness of mental health within the community and reduce adolescent mental health problems by prevention or early intervention strategies. Strategies include networking with other agencies and the provision of assessment, young peoples' groups and community education.

Main Achievements
The main achievements of the service to date have been the provision of a community mental health resource; the development of a program meeting young peoples' needs through community consultation; the provision of a service to "at risk" adolescents that have not been catered for in the past; and increased knowledge among service providers of adolescent mental health (consultative and educative).

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Increased staffing is required to meet the needs of the community effectively. Receive more funding to meet prevention and early intervention needs.

Evaluation
Internal evaluation.

Outcome evaluation: Strategic planning processes; Monitoring through routine documentation.

Contact
Mid North Coast Health Service – Southern Sector
Child and Adolescent Mental Health Service (CAMHS)
22 York Street
Taree NSW 2430
Phone: 02 6551 1315
Fax: 02 6551 0982
Contact person: Ms Meegan Shepherd, Child and Adolescent Mental Health Worker

91 Child and Adolescent Anxiety Clinic

Description
The Child and Adolescent Anxiety Clinic provides assessments, consultation and treatment for children and adolescents aged 7-16 with anxiety disorders, and their parents. Children and adolescents attend an eight session Cognitive Behavioural Therapy (CBT) based program while their parents attend a concurrent parent education and management program. Clinical psychology staff provide consultation and education in the early detection and treatment of anxiety to school counsellors, teachers and general practitioners.

Main Achievements
The Clinic has developed a well evaluated and effective anxiety treatment program for children, adolescents and their families in a community setting. It has also been effective in providing training and inservice education for school counsellors, health and medical practitioners, and in the development of a program for adolescents with anxiety disorders and co-morbid problems.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Surveys/questionnaires of satisfaction/knowledge/skill.
Child and Family Mental Health Service

Description
The broad aim of the service is to provide services and programs in cooperation with other agencies which maintain and improve the mental health of children in the Northern sector of the South Eastern area. As part of this aim, the Child and Family Mental Health service provides assessment and treatment for families with children who have emotional or behavioural problems. Other functions include consultation to other agencies in relation to children's mental health and health promotion, health education and early intervention programs. Services should be delivered in such a way as to maximise the benefit to the community and to families referred to them within the constraint of available resources and in the context of services and programs available from other agencies. This means that treatment services should be effective and efficient as well as acceptable to the community and consistent with the rights and dignity of clients.

Main Achievements
The Mental Health Service has maintained and improved a high quality, accessible service that is acceptable to the consumer.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

In the past five years the service has experienced a reduction in staff of 50 per cent. To help overcome these barriers the government needs to change its priorities.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes.

Contact
Community Health Services and Programs
Joynton Avenue
Zetland NSW 2017
Phone: 02 9382 8221
Fax: 02 9382 8143
Contact person: Dr Tom McKinnon, Program Manager

Community Depression Initiative
(Barraba, NSW)

Description
The project proposal is to plan, implement and evaluate a community depression campaign that will be of up to 12 months duration. The campaign will have the ultimate aim of improving the mental health status of individuals in the Barraba community. The aim is to strengthen and enhance the protective factors available to people against depression development, increase the numbers of individuals suffering from depression or depressive symptoms who receive professional assessment and treatment, and assist those with chronic or recurrent depression to achieve their best possible mental health outcome. The campaign will take the form of a multi faceted approach to address issues such as: misunderstanding and stigma surrounding depression and its treatment; general reluctance of the community to seek professional help at an early stage; lack of resources and coping strategies for sufferers of depression; lack of knowledge in the recognition of depression in individuals and others; constraints of general practitioners with regard to the early recognition and effective management of depression in patients. The campaign will be driven by issues and needs identified by the Barraba community. A thorough community consultation process and/or the development of a 'depression interest group' or the like will be a vital component in the planning of a campaign of this nature. The objectives are: to develop programs or initiatives seen as needed by Barraba to increase awareness and availability of the Mental Health Education Unit; to reduce the stigma associated with depression; to support general practitioners in the recognition and management of depression; and to educate identified target groups and the general community about depression and the availability of treatment in order to encourage people to seek help earlier.

Main Achievements
The program is in its infancy but a proposal has been written and critical discussions have taken place with health professionals in the target community. Community consultation is taking place which will guide progress.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.

Impact evaluation: Currently being designed.

Outcome evaluation: Currently being designed.

Contact
Mental Health Education Unit
New England Mental Health Service
PO Box 83
Tamworth NSW 2340
Phone: 02 6766 4900
Fax: 02 6766 4923
Email: pennymilson@hotmail.com
Contact person: Ms Penelope Milson, Team Leader/Mental Health Education Officer
94
Community Suicide Prevention Response Team – Pilot Program

Description
The aim of this program was to explore the feasibility of establishing teams of community volunteers in separate rural localities trained to respond to events thought likely to adversely affect those in the local area who were considered at risk of self harm. Three pilot sites in the Hunter Valley in NSW were selected to explore the question. The rationale for such a team was that the minimisation of subsequent suicide attempts can be effected through the responsible dissemination of information and by complementing service delivery through early detection and follow up support. The concept of a response team derives from work done through the US Centers for Disease Control and Prevention. The model informing this project is outlined in ‘Preventing and Managing Reported Increases in Suicide in Local Communities’ (Centre for Mental Health, November, 1997).

Main Achievements
The three pilot groups rejected the idea of adopting a Response Plan and forming a Response Team. Two of the groups opted to adopt strategies around the dissemination of suicide prevention information; the third group decided to pursue peer support involving the local school and youth centre. The project identified the following: without the prospect of adequate resources and professional coordination, few would-be volunteers would be prepared to undertake the responsible, inconvenient and sometimes onerous tasks which might be anticipated; in areas where the incidence of local suicides was relatively low, interest in a Response Plan/Team was limited; would-be volunteers in suicide prevention prefer to be proactive rather than have a core business based on responding to the occurrence of adverse events. Two outcomes resulted: a model of suicide prevention for rural communities whereby a public seminar/workshop leads to the formation of a group setting its own charter joined with limited resourcing (to be explored in the latter half of 1999); and a model for a proactive volunteer group to be auspiced, resourced and professionally coordinated and serving a perceived high suicide rate area (currently being developed).

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Ethical problems; Lack of community interest; Inadequate models – the literature has little to offer by way of research/evaluation.

Reticence of potential volunteers stemmed from: the prospect of being called upon for responsible, inconvenient and sometimes onerous tasks beyond members’ means and skills; the absence of the prospect of ongoing resourcing and professional coordination; concerns that by being part of a Suicide Response Team members would be identified locally as ‘suicide experts’ or de facto counsellors; concerns that a team’s core business was essentially reactive, and geared to traumatic events whose frequency was relatively low. Ways of overcoming these barriers include: broadening the idea of volunteer response teams’ possible activities and charter; targeting suicide ‘hot spots’; ensuring that volunteers receive professional support and adequate resourcing.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Strategic planning processes.

Contact
Community Adolescent Team
36 Kenrick Street
The Junction NSW 2291
Phone: 02 4939 2453
Fax: 02 4939 2082
Contact person: Mr Tim Golding, Project Officer – Rural Youth Suicide Prevention

95
Dareton Community Health Centre

Description
The aims of the Dareton Community Health Centre are to: identify any children and adolescents at risk of suicide; to identify early onset of psychiatric illness; treat young adolescents in the least restrictive environment for psychiatric illness; educate people on psychiatric/mental health issues; provide consultation for General Practitioners/School Counsellors.

Main Achievements
The main achievements of the program are: the creation of a consultancy to address child, adolescent and family issues; the provision of direct face to face assessment and counselling; providing a referral agency for further expert treatment.

Barriers/Needs
Lack of backup services; Insufficient funding; Attitudes of service providers; Structural problems in services; Ethical problems; Considerable time spent to develop child and adolescent/family expertise.

There are no specialists, only generalists in the mental health sector. This makes it hard to develop the service. A separate budget is needed for accommodation clinical runs; access to regular input and training is required however, this is costly in time and money as the training is usually in Sydney. Need to utilise new technologies for clinical client input, for example video conferencing, this needs finance and support; There is a need for inpatient facilities; need recognition of the remote/isolated nature of this service.

Evaluation
Internal evaluation.

Process evaluation: Clinical supervision; Measurement of clinical outcomes.

Outcome evaluation: Clinical Supervision.

Contact
Dareton Community Health Centre
PO Box 229
Dareton NSW 2717
Phone: 03 5021 7200
Contact person: Mr Brendan Sheehan, Child and Adolescent Coordinator
96
Dual Diagnosis Service
Description
Kirkwood House Psychiatric Addiction Services Outpatient Centre is an initiative by Community, Aged and Mental Health Services to provide a range of assessment and rehabilitation services for people with substance abuse problems. The service particularly caters for those people with concurrent psychiatrist/psychological problems. As an Outpatients Centre, the services will be available to a wide range of people, especially those with dual diagnoses. The Centre offers a variety of services. Drug and alcohol related problems are diverse, therefore assessment will be by a multidisciplinary team and individual treatment programs devised. Services include: short term rehabilitation using group techniques on a 5 day per week basis; Outpatient Antabuse program for a 12 month period, including weekly meetings, dispensing of Antabuse, regular drug screens and monthly Couples Group where appropriate; assessment of alcohol related brain damage with cognitive rehabilitation where appropriate. Ongoing groups are run for: social problem solving; anger management; family relationships; sobriety maintenance; relapse prevention; Double Trouble (for those with substance abuse and coexisting psychiatric disorders); Double Trouble Family Groups. Individual counselling and case management are also available. Alcoholics Anonymous and Narcotics Anonymous support groups are offered. The main therapeutic goal of the Centre is abstinence rather than controlled use of drugs.

Main Achievements
The service addresses the issues of substance use within a mental health framework. The service has developed an understanding of the importance of substance use in youth suicide/parasuicide.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Short time lines.

Many services discriminate against mental health clients, who use substances or fail to address issues. The current staffing is equal to 4.1 full time employees, clinical positions manage a caseload of some 180 clients.

Increased staffing for clinical work and education of other services on issues in relation to Dual Diagnosis.

Contact
Kirkwood House
James Fletcher Hospital
PO Box 833
Newcastle NSW 2300
Phone: 02 4924 6650
Fax: 02 4924 6629
Email: kirkwood@hunterlink.net.au
Contact person: Ms M Terry, Team Leader

97
Gipps Street Adolescent Mental Health Service
Description
The aim of the service is to provide a comprehensive and appropriately responsive adolescent mental health service for young people experiencing the broad range of mental health problems and psychiatric disorders which includes optimal treatment and management of these young people who have attempted suicide or are at risk of suicide.

Main Achievements
The provision of a well functioning adolescent mental health service that caters for the needs of young people experiencing a broad range of mental health problems and psychiatric disorders, including attempted suicide, suicidal ideation, depression and psychosis.

Barriers/Needs
Insufficient funding.

Additional staffing is required to meet the ever increasing numbers of new referrals.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Gipps Street Adolescent Mental Health Service
19–21 Gipps Street
Wollongong NSW 2500
Phone: 02 4229 4077
Fax: 02 4227 6943
Contact person: Mr Steve Allen
Team Leader/Clinical Psychologist

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Inverell Mental Health Service
Description
The aim of the service is to provide an adult mental health service for the Inverell community. The service does not have a specific suicide prevention program. However it provides a service to suicidal people and targets people at risk of developing mental illness. Intervention strategies include: individual counselling and case management; crisis intervention; primary prevention involving education about suicide prevention and mental illness to various groups within the community, for example, teachers, nursing staff, parents.

Main Achievements
The Inverell Mental Health Service is aiming to meet the National Mental Health Standards. Currently it is implementing an outcome measure (BASIS) to evaluate the effectiveness of its service.

Barriers/Needs
Attitudes of service providers.

Service providers such as police, ambulance and nursing staff sometimes create barriers to people receiving
appropriate treatment regarding suicide due to their attitudes. Their attitudes may range from the perpetuation of myths surrounding suicide like believing that asking about suicide might encourage an individual to attempt it, dismissing behaviour as being 'attention seeking' or believing their job did not include dealing with people in this situation. Barriers can be overcome through continuing education, which may be more readily received if undertaken as an initiative of the service provider's organisation, for example, the police department making education regarding suicide prevention a priority and providing education within the organisation.

Evaluation
Internal evaluation.

Outcome evaluation: Non experimental repeated measures design.

Contact
New England Area Health Service
PO Box 279
Inverell NSW 2360
Phone: 02 6722 3722
Fax: 02 6722 4580
Contact person: Ms Lisa Wilson, Mental Health Worker

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Mobile Treatment Team

Description
The Mobile Treatment Team (MTT) is part of the Illawarra Area Health Services comprehensive Mental Health Service. The MTT operates 24 hours/7 days providing assessment, acute home based care, and assertive follow up for difficult clients. The target group is people suffering from or severely affected by a mental illness. The MTT also has a role in providing suicide intervention for all aged groups in the community on a 24 hour basis.

Main Achievements
The Mobile Treatment Team has managed to provide services to the ever increasing number of clients in the community on a 24 hour/7 day basis. No particular group is excluded if there is a suspicion of mental illness/suicidal ideation. The team is the only service that provides any direct intervention after normal hours.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

The Mobile Treatment Team offers a cross section of services to several age groups. The need to consider safety factors for staff home visiting has required 2 person visits. Specific crisis work needs to be identified and given to specific staff if it is to be effective in the future. More back up services, including beds and counselling services, to increase treatment options.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Illawarra Area Health Service
Mental Health Service
Port Kembla Hospital, PO Box 21
Warrawong NSW 2502
Phone: 02 4223 8001
Fax: 02 4223 8050
Contact person: Mr Peter Brown, Coordinator

100
New England Health Youth Suicide Prevention Project

Description
This project aims to reduce, in the long term, the incidence and prevalence of self harm and suicide by young people living the New England Health area. The aims of the project are as follows: to establish networks with existing service providers and other agencies catering to youth; to develop collaborative partnerships with other youth suicide prevention officers to assist in the sharing of information to promote best practice; to promote positive mental health among young people in the area through a variety of programs; to educate the community regarding prevention strategies and promote community development; to provide information, education and training to a wide range of professionals to assist in onward and timely referral of suicidal people; to assist in the development of local policies and procedures for the management of suicidal behaviour; and to evaluate existing suicide intervention and prevention strategies in the area.

Main Achievements
There is a great deal of scope for community development, education and training in rural areas, and for forming partnerships with government and non government agencies across the New England Health Area. The project has learned to set realistic, attainable goals and limits on what can be done in a two year time frame, and to use pilot projects before expanding to a larger level.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services.

There are only two staff in an area of 98,632 sq km, and for over a limited period of time. Furthermore it is very difficult to find funds for books, computers and transport. If the positions were permanent, it would mean activities could be expanded. More funding and resources would make this a viable project which would continue rather than make a short term impact.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.
101

Professional Education and Training in Suicide Prevention to Rural Hunter Youth Sector Workers

Description
The program aims to deliver education and training sessions to professionals and paraprofessionals working with young people in the rural Hunter area. Program participants must have direct experience working with young people, their families and/or communities. Workshops aim to provide participants with an understanding, knowledge and skills around risk and resilience assessment, service delivery, intervention options, intersectoral liaison, referral procedures and worker support. Learning approaches include lecture, large and small group discussion and exercises, and audiovisual and written materials. Participants are anticipated to be well positioned, in their interactions with young people, to detect, support, intervene and refer where suicidality and/or mental illness is suspected.

Main Achievements
The main achievements of the program are: enhanced knowledge and skills base of participants; high inclusion rate of potential participants; increased intersectoral liaisons leading to better service delivery; evolving partnerships with co-developers; evolving models of workshop delivery; population of participants available for advanced programs.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.


Contact
Community Adolescent Team
36 Kenrick Street
The Junction NSW 2291
Phone: 02 4939 2453
Fax: 02 4939 2082
Contact person: Mr Tim Golding, Project Officer, Rural Youth Suicide Prevention

102

Reducing Access to Motor Vehicle Exhaust as a Means of Suicide

Description
This project explored factors associated with access and acceptability of carbon monoxide poisoning as a means of suicide in Australia in order to further the progress of development of prevention strategies aimed at limiting access to means, lethality and morbidity associated with this method. The long term effects and morbidity of a group of survivors presenting consecutively following deliberate exposure to motor vehicle exhaust gas were examined. Psychosocial profiles of this survivor group were compared with a group of completed suicides by this method. The findings of the project reinforce the urgent need to address the availability and lethality of this method in the Australian community. It is associated with serious morbidity and mortality and appears to be widely acceptable to a group of individuals with access to means. The efficiency of catalytic converters must be optimised and CO sensors linked to engine cut-out switches in existing vehicles are recommended, as is research.

Main Achievements
The reluctance of individuals choosing this method of self harm to seek help prior to their act stresses the primary importance of targeting access to this means of suicide. This research has shown that motor vehicle exhaust suicide now accounts for 23% of all suicide deaths in Australia and represents a significant and preventable public health problem. Findings and recommendations of the research are supported by other recent studies which indicate a major decline in this method following the introduction of strict guidelines for catalytic converters.

Barriers/Needs
Insufficient funding; Short time lines.

The small amount of funding provided and short time line only allowed for collection of information and brief analysis of statistical data obtained from projects already completed. Ideally a prospective trial comparing the lethal means of suicide should be funded, ie. hanging/CO poisoning/firearms, both in terms of completed suicide and attempted suicide. Significant others of both groups should be studied also. Increased funding and longer time period up to 3 years would allow such a study to be carried out, as 0.5 psychologist appointment is required for neuropsychological testing of survivors of CO poisoning.

Contact
Prince of Wales Hospital
Department of Liaison Psychiatry
High Street
Randwick NSW 2031
Phone: 02 9382 2796
Fax: 02 9382 2177
Email: m.skopek@unsw.edu.au
Contact person: Dr Michaela Skopek, Staff Specialist in Liaison Psychiatry
103
Resourceful Adolescent Program – Families (RAP-F)

Description
The Resourceful Adolescent Program – Families (RAP-F) was developed by Griffith University as an adjunct to the Resourceful Adolescent Program (RAP). The aims of RAP-F are to provide education in family strategies which promote harmonious relationships by focusing on strengths in families, the development needs of adolescents and family problem solving. The rationale behind RAP-F is that the strengthening of family resources may prevent future problems. Intervention strategies used by RAP-F are cognitive behaviour and interpersonal psychology constructs with adult learning techniques. Groups are facilitated (not lead) so that parents share positive strategies with each other.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services. Staffing levels are currently down one position due to a lack of office. The program is also short of clerical support and access to computer resources.

Evaluation
Internal evaluation.

Contact
Macquarie Mental Health Service
Mental Health Promotion Unit
62 Windsor Parade
Dubbo NSW 2830
Phone: 02 6881 2200
Fax: 02 6882 8143
Email: tsand@doh.health.nsw.gov.au
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

104
Resourceful Adolescent Program (RAP)

Description
This project is involved in implementing the Resourceful Adolescent Program in State Schools using teaching staff, school counsellors and volunteer facilitators. The focus of implementation was on young people at risk of depression, suicide and behavioural problems, as well as low literacy levels. This project also targeted young Aboriginal people within and external to the school system. The intervention strategy included promoting positive coping abilities and the maintenance of a sense of self in the face of stressful and difficult circumstances. Techniques used include keeping calm, cognitive restructuring and problem solving as well as promoting harmony and dealing with conflict and role disputes by developing an understanding of the perspective of others.

Main Achievements
Two schools in the Macquarie area are participating in the universal approach using the Resourceful Adolescent Program (RAP). Other schools are employing the program on a smaller scale.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

There are only two trained mental health workers in the area, which severely limits contact time with more isolated towns. There are communication breakdowns between the schools and the health services. There are also difficulties in accessing funding to purchase manuals. Changing attitudes of some facilitators towards young people is a slow process. Greater emphasis needs to be placed on the Departments of Education and Health working together. Training needs to be made available to rural areas. More regular contact between key stakeholders is needed.

Evaluation
Internal evaluation.

Impact evaluation: controlled trial; Non experimental repeated measures design.

Outcome evaluation: controlled trial; Non experimental repeated measures design.

Contact
Macquarie Area Mental Health Service
Youth Suicide Prevention Project
62 Windsor Parade
East Dubbo NSW 2830
Phone: 02 6881 2200
Fax: 02 6882 8143
Email: tsand@doh.health.nsw.gov.au
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

105
Resourceful Adolescent Programme

Description
Resourceful Adolescent Programme is a skills building program that aims to provide resilience against depression in adolescent young people.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Short time lines.

The service has insufficient or poorly trained primary level staff. All staff working in a counselling capacity need to acknowledge responsibility for the prevention and care of suicidal clients.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Impact evaluation: Action Research.

Outcome evaluation: Action Research.
106
Self Esteem Group for Parents

Description
The Self Esteem Group For Parents aims to provide parents with strategies to promote resilience in children at risk of depression. It has a cognitive-behavioural-evidence based focus.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Short time lines.

The service has insufficient or poorly trained primary level staff. All staff working in a counselling capacity need to acknowledge responsibility for the prevention and care of suicidal clients.

Evaluation
Internal evaluation.
Process evaluation: Action Research.
Impact evaluation: Action Research.
Outcome evaluation: Action Research.

Contact
Macarthur Child and Adolescent Mental Health
6 Browne Street
Campbelltown NSW 2560
Phone: 02 4629 5400
Fax: 02 4628 6101
Contact person: Intake Officer

107
South Coast Mental Health Service

Description
This community based mental health service provides assessment and treatment for youth experiencing mental health problems. Treatment is both inpatient and community based, and generally involves a cognitive behavioural approach.

Barriers/Needs
Insufficient staff/time/resources.

Contact
South Coast Mental Health Service
PO Box 226
Pambula NSW 2549
Phone: 02 6495 7294
Fax: 02 6495 8268
Email: dew@doh.health.nsw.gov.au
Contact person: Mr David West, Mental Health Manager

108
Southern Area First Episode (SAFE) Project

Description
The SAFE Project is a best practice rural program for early intervention in psychosis. Targeting those in the maximum risk late adolescent/early adult age group, it is predicated on the hypothesis that early intervention and treatment for people experiencing a First Episode Psychosis can at worst ameliorate the condition and its sequelae, for both the individual and family, and at best provide insight and prevent further serious relapse. The program represents a new initiative in establishing Evidence-Based Practice Guidelines for First Episode Psychosis, demonstrated commitment to promotion/prevention, and the development of partnerships in service reform and the quality and effectiveness of service delivery, the three priority areas identified in the Second National Mental Health Plan.

The program endeavours to establish a comprehensive, community-oriented, coordinated, evidence-based approach to the care of those experiencing a First Episode Psychosis within the current multidisciplinary mental health team structure. An Area-wide policy will be developed to ensure that such people will be correctly identified and appropriately referred and assessed. The program structure has been designed by a steering committee comprising core and consultant members. One Adult and one Child and Adolescent mental health worker from each of four teams were trained as Early Intervention specialists and will share responsibility for training in early intervention principles and practices.

Main Achievements
A primary achievement has been the adaptation of standard city based programs to meet the needs of small rural communities.

Evaluation
Internal evaluation.
Process evaluation: Measurement of clinical outcomes; Strategic planning processes.

Contact
South Coast Mental Health Service
PO Box 226
Pambula NSW 2549
Phone: 02 6495 7294
Fax: 02 6495 8268
Email: dew@doh.health.nsw.gov.au
Contact person: Mr David West, Mental Health Manager

109
The Collaboration of Services to Make Interventions Count (COSMIC) Project

Description
The Collaboration of Services to Make Interventions Count (COSMIC) seeks to establish effective follow up services for young people at risk of suicide through
promoting intersectoral coordination and collaboration at an area level. The three objectives underlying this aim are: to implement sustainable training opportunities for youth service providers that increases their awareness about responding to young people who may be at risk of suicide; to implement an assertive follow up intervention model for young people at high risk of suicide; and to initiate the establishment of locally based intersectoral guidelines and protocols.

**Main Achievements**

Achievements of the project include: the development of sustainable, locally relevant models of health care delivery for young people at risk of suicide; increased collaboration/partnerships encouraging a whole of community approach to suicide prevention; developing a balance in catering for local youth service provider needs and state/national strategic direction.

**Barriers/Needs**

Insufficient funding; Attitudes of service providers; Short time lines; Other: Competing priorities of partners.

The competing priorities of partners may impair the smooth implementation of a project. A time limited project may fall short of maximum outcome potential. Accessing further funding opportunities.

**Evaluation**

Internal evaluation.

- **Process evaluation**: Monitoring through routine documentation; Qualitative methods.
- **Impact evaluation**: Randomised controlled trial; Non experimental repeated measures design.
- **Outcome evaluation**: Epidemiological methods Randomised controlled trial.

**Contact**

Wentworth Area Child and Adolescent Mental Health Service
PO Box 94
Penrith NSW 2751
Phone: 02 4732 2388
Fax: 02 4731 4561
Contact person: Mr Troy Speirs, Youth Suicide Prevention Project Officer

110

**The Resourceful Adolescent Program**

**Description**

The Resourceful Adolescent Program (RAP) was developed at Griffith University Queensland as part of the Griffith Early Intervention Program. The program is a school based universal prevention/early intervention program for use with 13–15 year olds. It aims to develop resilience and adaptive coping skills in adolescents to assist them in negotiating their way through the numerous developmental, social and academic challenges that they are likely to face. The program uses a group format and is ideally run with approximately ten adolescents with one or two group leaders per group. It employs a number of techniques such as group activities, group discussions, role plays, individual work and video material throughout the sessions, with the emphasis being on discussion and interaction between members. The theory underlying the RAP program is based on the concepts of Cognitive Behavioural Therapy and Interpersonal Psychotherapy. More specifically, the following areas are comprehensively addressed within the program: identifying personal strengths; building self esteem; Interpersonal problem solving; identifying support networks; detection and recognition of physiological symptoms; keeping calm; cognitive restructuring; and general problem solving.

**Main Achievements**

Major achievements of the program include a widespread promotion of the Resourceful Adolescent Program (RAP). Word of mouth between school counsellors has meant that there have been many inquiries from schools in the Western Sydney area requesting assistance in implementing the program in their school. There has been a successful implementation of the program with five different sets of year nine students over the past year and a half, and the development of a pool of health/community health personnel and the education system, school principals, school counsellors and teachers that were involved in the RAP program. One school that has implemented the program with year nine students for three consecutive years has now incorporated the RAP program into their pastoral care program, reflecting their belief in the benefits and advantages of this program. The main things that have been learned from this project are that in order for the RAP program to be successfully implemented in a school, it is essential for the program to be supported by the school principal and the school counsellor. The attitudes held by these two key figures can filter down to other school staff and thus effect the overall experience of RAP. It is important to appoint a project coordinator to establish good links and relationships with school principals and counsellors to ensure the development of a sense of collaboration between the health and education sectors. The coordinator needs to be prepared to assist schools in many areas including organisation, training and evaluation.

**Evaluation**

Internal evaluation.

- **Process evaluation**: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.
- **Impact evaluation**: Other controlled trial.
- **Outcome evaluation**: Other controlled trial.

**Contact**

Western Sydney Area Health Service
Redbank House, Westmead Hospital
Institute Road Westmead Hospital
Westmead NSW 2145
Phone: 02 9845 6577
Fax: 02 9891 5690
Contact person: Ms Richelle Horscroft, Resourceful Adolescent Program Coordinator, Intern Clinical Psychologist
Working Party: Development of Policies for the Management of Clients with Possible Suicidal Behaviour

Description
In 1998, Circular 98/31 ‘Policy Guidelines for the Management of Patients with Possible Suicidal Behaviour for NSW Health Staff and Staff in Private Hospital Facilities’ was released by the NSW Health Department. These guidelines relate to Community Health Services, Mental Health Services, Hospital Wards and Emergency Departments. It is essential that local policies are developed in line with this circular and that a comprehensive and coordinated approach across the health service is ensured. The purpose of this group is to examine this circular and to develop relevant local policy, with education for all staff to follow as part of the implementation process.

Main Achievements
Achievements include standardised suicide policies across the area and which allow the same level of treatment and intervention regardless of the size of the centre, and policies which are developed collaboratively with the different service settings which allows for smoother referrals between services.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services.

In developing policies it was necessary to be aware that human resources across the area are limited, that expectations needed to be realistic in terms of available consultants, mental health workers and general practitioners, and that there are difficulties in developing standard procedures for health services of different sizes and staffing numbers.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.
Impact evaluation: Currently being designed.
Outcome evaluation: Currently being designed.

Contact
New England Area Health Service
Mental Health Administration
PO Box 83
Tamworth NSW 2340
Phone: 02 6768 3815
Fax: 02 6766 3967
Email: kthompson@doh.health.nsw.gov.au
Contact person: Ms Karen Thompson, Executive Officer, Mental Health

YARDS Project (Youth At Risk of Deliberate Self Harm)

Description
Over the past two years, South Eastern Sydney and Northern Rivers Area Health Services, NSW, have conducted a study to enhance mental health care for young people with deliberate self harm (DSH). The goals have been to enhance service performance and specific clinical treatment, and to assess the impact of such enhancement on mental health outcomes. The Youth at Risk of Deliberate Self Harm (YARDS) Project involved Emergency Departments, Psychiatry and Liaison Psychiatry, Crisis Teams, Child, Youth and Family Teams and Adult Mental Health Services across the two health services. The YARDS Project achieved: establishing an infrastructure for achieving organisational and clinical practice change in 10 different mental health care settings; introduction of clinicians to Best Practice guidelines including, improvement in engagement of DSH patients and their families, the provision of treatment as early as possible and the delivery of continuity of care across different settings; extensive policy development and staff training in the use of various elements of best practice for people who present with DSH, including improved triage in emergency department, use of standardised measures in the initial assessment of DSH, standardised referral systems, routine measurement of clinical outcomes and assertive follow up strategies.

Main Achievements
The project identified a number of steps that need to be taken to effectively implement organisational change.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Ethical problems; Short time lines.

Short time lines were the greatest problem. Projects often need more time than funding allows.

Evaluation
External evaluation.

Process evaluation: Action Research.

Contact
South Eastern Sydney Area Health
Area Mental Health
2 Short Street
Kogarah NSW 2217
Phone: 02 9350 2447
Fax: 02 9350 2451
Email: clarkea@sesahs.nsw.gov.au
Contact person: Mr Adam Clarke, Project Coordinator

Young Peoples Programme

Description
The Young People’s Programme is a community based day program providing early intervention for 17–25 year olds with a major mental health problem. Participants of the
programs have access to an individual program and
streamed group program, tailored to meet their needs. This
is conducted in a comfortable and welcoming
cottage environment, and is supported by a specialist
multidisciplinary team. The aims of the program are to
work in collaboration with young people accepted to the
program to: promote understanding by the individual and
their family of the illness and the skills and principles of
self mastery in the management of it; improve the quality of
life in personal, social, recreational and vocational spheres
via skill maintenance and development; reduce negative
psychological impact secondary to the illness process.

Main Achievements
Because this is an early psychosis program group
orientated in rehabilitation, it is possible to closely
monitor clients over long periods of time. With the use of
pre and post evaluations and clinical outcome measures,
YPP staff are more likely to pick up on suicidal thoughts
and behaviour, and are able to quickly assess risk and put
in place interventions in the best interests of the client.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient
staff/time/resources.

The program has a very small budget, of which most
monies are used in the day to day running of the unit.
There is only one car between six staff in which to do case
management and home visits. Medical coverage is at a
minimum and in most cases staff have to rely on Medical
Officers in Cumberland Hospital – Parramatta. Increased
funding; staffing; education.

Evaluation
Internal evaluation.
Process evaluation: Measurement of clinical outcomes;
Monitoring through routine documentation.
Impact evaluation: Pre and post tests.
Outcome evaluation: Measurement of clinical outcomes.

Contact
YPP – Greater Parramatta Mental Health Service
Community Mental Health
2A Fennel Street
North Parramatta NSW 2151
Phone: 02 9840 3549
Fax: 02 9840 3554
Contact person: Mr Glenn Hughes, Clinical Nurse
Specialist

115
Youth and Family Mental Health
Service (Mullumbimby)

Description
The Youth and Family Mental Health Service follows New
South Wales Health Guidelines for assisting consumers
with suicidal behaviour and/or suicidality issues and their
families. The service also offers assistance to other services
such as schools and doctors for consultation and assessment.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient
staff/time/resources; Attitudes of service providers.

Evaluation
Internal and external evaluation.
Impact evaluation: Accreditation/Standards monitoring by
accrediting agency; Strategic planning processes.
Outcome evaluation: Epidemiological methods.

Contact
Northern Rivers Area Health Service
Community Health Centre
Corner Fox and Cherry Streets
Ballina NSW 2478
Phone: 02 6686 8977
Fax: 02 6686 0187
Email: ericb@doh.health.nsw.gov.au
Contact person: Mr Eric Belling, Psychologist

116
Youth and Family Mental Health
Service (Byron Bay)

Description
The Youth and Family Mental Health Service follows New
South Wales Health Guidelines for assisting consumers
with suicidal behaviour and/or suicidality issues and their
families. The service also offers assistance to other services such as schools and doctors for consultation and assessment.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

**Evaluation**
Internal and external evaluation.

**Impact evaluation:** Accreditation/Standards monitoring by accrediting agency; Strategic planning processes.

**Outcome evaluation:** Epidemiological methods.

**Contact**
Northern Rivers Area Health Service
Community Health Centre
Shirley Street
Byron Bay NSW 2481
Phone: 02 6685 6254
Fax: 02 6685 5729
Email: chrism@doh.health.nsw.gov.au
Contact person: Ms Chris Martin, Psychologist

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**117 Youth Health Consultations**

**Description**
This pilot project commenced in May 1999. Youth sector workers meet monthly for two-hour group consultations with facilitators. Visitors attend from the Psychological Assistance Service, local drug and alcohol services or the community mental health team. Facilitators focus on issues and casework, mood disorder and suicide prevention, with reference to the participant’s expertise. Separate groups have been established in Newcastle, Port Stephens, and the Lower and Upper Hunter. Groups are limited to 12, and a commitment to attend is solicited. Principal objectives are: to enhance participants’ knowledge and practices around mental health referrals and services through direct consultation, education and liaison; to provide mutual support in a group setting; and to enhance links between Health Services and the youth sector, in its broadest sense. The groups’ objectives and process complement professional education workshops held under the Rural Youth Suicide Prevention program umbrella.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Community Adolescent Team
36 Kenrick Street
The Junction NSW 2291
Phone: 02 4939 2453
Fax: 02 4939 2082
Contact person: Mr Tim Golding, Project Officer – Rural Youth Suicide Prevention

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**118 Youth Suicide Awareness**

**Description**
The Basic Suicide Awareness Package is usually a 2 hour workshop presentation consisting of: warning signs; statistics; risk factors; risk assessment; supports available; contracting. The education sessions are adapted according to the requests of the groups, for example the session may focus on Aboriginal issues or gay and lesbian issues.

**Main Achievements**
The service has achieved a reasonable coverage of the Macquarie area. Networks have been set up with volunteers and non government organisations.

**Barriers/Needs**
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Short time lines; Access to particular communities including students, Aboriginal communities, gay and lesbian young people.

Access to travel allowance at times is difficult. Suicide is still seen/viewed as a mental health problem rather than the responsibility of communities. The lack of supervision services and postvention services for those bereaved or otherwise affected by suicide are inadequate. Greater emphasis needs to be placed on establishing relationships and capacity building amongst, and with, communities. Greater supervision (or access to) for community health educators is needed. A separate mental health account in Macquarie is needed, as debts in other sections affect access to funds at times.

**Evaluation**
Internal evaluation

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Non experimental repeated measures design.

**Contact**
Macquarie Area Mental Health Services
Youth Suicide Prevention Project
PO Box M205
Dubbo NSW 2830
Phone: 02 6881 2200
Fax: 02 6882 8143
Email: TSAND@doh.health.nsw.qov.au
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

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**119 Youth Suicide Prevention – National University Curriculum Project**

**Description**
The Youth Suicide Prevention – National University Curriculum Project is a two year project set up to address one of the main training and education directions of the National Youth Suicide Prevention Strategy, namely, the university training of professionals who can impact on the problem of youth suicide. The specific project objectives...
are: to identify those professional groups most suitable for the project in terms of their capacity to play a role in suicide prevention and also in terms of the level of existing curriculum content relevant to this role; to develop a range of materials and resources suitable for inclusion in the curriculum of these disciplines; to undertake trials of these materials and resources and to modify them according to feedback received; to disseminate the materials broadly throughout the universities of Australia. The project arose from a report written for the Youth Suicide Prevention Advisory Group by the Australian Catholic University. It is one of a range of education initiatives involving the vocational (pre-service and continuing education) training of various professional and other occupational groups. The principal strategy adopted to achieve the project aims was the development of flexible and comprehensive resource material together with guides for its use. The project team developed a set of curriculum materials known as Response...Ability for each of the targeted disciplines. The resources were then thoroughly piloted in universities across Australia.

Main Achievements
The main achievements of the project are as follows: 1) Products: new curriculum resources now exist for academic and student use in four tertiary disciplines. They have been thoroughly pre-tested and have proved to be very flexible, useful, comprehensive, appropriate and (in some cases) enjoyable to use. Evidence has been collected which indicates that use of the resources in tertiary settings is effective in improving attitudes towards suicide prevention, particularly in the confidence of students that they can effectively intervene. 2) Collaboration: an effective collaboration between the project and tertiary institutions has been established which will be used to foster the widespread dissemination of the project.

Barriers/Needs
Attitudes of service providers; Communication.

The adoption and use of these proven resources is dependent on the attitudes of individual academics in each of the disciplines targeted. Their knowledge of the availability of the resources is crucial. Various strategies are being undertaken including: dissemination of information through professional association; use of email lists.

Evaluation
Internal evaluation.

Process evaluation: Qualitative methods;
Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Non experimental repeated measures design.

Contact
Hunter Institute of Mental Health
PO Box 833
Newcastle NSW 2300
Phone: 02 4924 6721
Fax: 02 4924 6723
Email: himh@hunterlink.net.au
Web Address: http://www.himh.org.au
Contact person: Prof Trevor Waring, Director

120
Youth Suicide Prevention Project

Description
The project began with the formation of a community based youth Suicide Prevention Committee. The committee has representation from the Division of General Practitioners, the Department of Education and Training, Job Placement, Employment and Training Program (JPET), Youth Refuge, Harbour Youth Service, young people, parent and Aboriginal representatives, Coffs Harbour City Council, Police and Community Youth Club, Police Youth Liaison officer, and Child and Adolescent Mental Health workers. Projects developed by the committee include: Youth Access Card – collaborative initiative between Coffs Harbour Hospital Mental Health Emergency Department and secondary school counsellors; Bullying Survey – a descriptive analysis of young people 0 to 18 years old presenting to health and youth services with experiences of suicidality associated with bullying; Poster project – development of two posters involving young people and the committee, which identified local services to contact for counselling services; Dorrigo Service Planning Forum – meeting of visiting services to Dorrigo (isolated town in area) to formulate and discuss each service’s core business, availability in Dorrigo and referral access procedures; Youth Service Survey – survey developed for secondary school students to raise awareness of a range of services available to them; Youth Suicide Prevention Workshops – workshops conducted with mental health and other primary health and extended care staff, youth services, school counsellors, Department of Community Services – high intensity foster care program, gay and lesbian telephone peer support counsellors; mental health and depression awareness workshops conducted with district student representative council and local secondary school (Coffs Harbour High School); Suicide Assessment Tool – a collaborative project to implement a suicide assessment tool in Coffs Harbour Emergency Department and Mental Health Service, and as a tool for local youth services, which allows a standardised assessment and understanding of risk factors and intervention strategies; and Living and Working with Teenagers – a collaborative project between Harbour Youth Service and Youth Suicide Prevention Project Officer – offering fortnightly education on youth issues.

Main Achievements
The main achievements of the program include the raising of awareness of: the vulnerabilities/risk factors and resilience factors for youth; mental health issues, in particular depression.

Barriers/Needs
Insufficient staff/time/resources.

Youth Suicide Prevention could effectively occupy many staff working full time. State and Federal Governments need to allocate more money to mental health promotion and suicide prevention.

Evaluation
Internal evaluation.

Process evaluation: Qualitative methods.
121 Youth Suicide Prevention Project

Description
The Youth Suicide Prevention Project aims to: reduce the incidence of life threatening suicidal behaviours through appropriate early intervention with identified suicidal young people; raise awareness of key stakeholders working with young people of prevention, early intervention and postvention responses to suicidal behaviour; develop strategic alliances with a network of community agencies working with suicide prevention; to increase resilience in young people and in their community.

Main Achievements
The main achievements of the project include: the development of strategic linkages with key community groups; the development of a resilience role playing game; the production of 'Making Waves' Youth Expo 1999 in September 1999; the establishment of Gay and Lesbian related groups on central coast; and the training of a wide number of key stakeholders in suicide risk assessment in young people.

Barriers/Needs
Structural problems in services; Short time lines.

The provision of longer term funding is needed. A commitment to the mainstreaming of the health promotion/community development role.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Qualitative methods.

Impact evaluation: Other quantitative methods; Quality assurance methods.

Outcome evaluation: Epidemiological methods.

Contact
Central Coast Health (Mental/Youth Health)
PO Box 361
Gosford NSW 2250
Phone: 02 4324 1000
Fax: 02 4320 2057
Contact person: Mr Reg Davis, Senior Clinical Psychologist

122 Youth Suicide Risk Assessment Program (Training Package)

Description
The aim of the Suicide Risk Assessment Training Package is to educate as many people/groups as possible in the observable risk factors for youth suicide. The rationale of the program is that the recognition of early warning signs and risk factors enables early intervention. The intervention strategies used are community education and professional education.

Barriers/Needs
Lack of backup services.

There is a shortage of mental health intervention staff and a shortage of adolescent mental health workers in the region.

Evaluation
External evaluation.


Contact
Macquarie Area Health Service
Youth Suicide Prevention Project
62 Windsor Parade
Dubbo NSW 2830
Phone: 02 6881 2200
Fax: 02 6882 8143
Contact person: Ms Tuana Sanders, Youth Suicide Prevention Officer

123 Non English Speaking Background (NESB) Suicide Prevention Project

Description
The Non English Speaking Background (NESB) Suicide Prevention Project aims to undertake a needs assessment for non english speaking communities of New South Wales in suicide prevention in order to develop appropriate intervention initiatives. The methodology of the project will be conducted in three phases. Phase 1 (Part A): quantitative data gathering – background to the problem. This will include: a comprehensive literature review; analysis of quantitative data (suicide statistics 1964 to 1997); stocktake of national suicide prevention programs. (Part B): qualitative data gathering – community consultations will involve focus groups, key stakeholder surveys and submissions. Phase 2: public awareness and
education campaign will include: ethnic radio broadcasts; ethnic print media; audiotapes; pamphlets; website; telephone information service. Phase 3: training of professionals.

**Main Achievements**
The project has achieved an increasing awareness of the need for attention to be paid to the issues of suicide within non-English speaking communities.

**Evaluation**
Internal evaluation.

*Process evaluation*: Other managerial methods: Advisory Group Monitoring through routine documentation.

*Impact evaluation*: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Transcultural Mental Health Centre (New South Wales)
Locked Bag 7118
Parramatta NSW 2150
Phone: 02 9840 3800
Fax: 02 9840 3755
Contact person: Ms Neda Dusevic, Project Officer

### Neighbourhood Centre

#### 124 Personal Development Program

**Description**
This youth program aims to raise students' self awareness and skill base in order to develop strategies to address practical issues arising both at personal and interpersonal levels. Objectives are to: provide a process where young people can express themselves on issues which affect them; increase their self confidence and self esteem; encourage effective decision making and goal setting skills; enhance their skills in assertiveness and problem solving to develop positive relationships; provide information and access to services in the community for young people; increase their awareness of various resources and options available to deal with their issues; provide a support network for young people; encourage unity and appreciation between young people from different backgrounds.

**Barriers/Needs**
Insufficient staff/time/resources; Structural problems in services.

Working with schools can be difficult particularly in regard to fitting in to existing structures and gaining access to appropriate space to run the program. Having one contact person at the school, preferably someone with the authority to make decisions.

**Evaluation**
Internal evaluation.

*Process evaluation*: Qualitative methods.

*Impact evaluation*: Qualitative methods.

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**Police Service**

#### 125 Critical Issues in Policing: Custody – Module 4: Youth Issues

**Description**
Deaths in police custody, youth issues and social issues involved in suicide are considered in this program. Readings include: Hassan, R. (1996), Social Factors in Suicide in Australia; and Long, S. (1991), Kids who Kill Themselves.

**Main Achievements**
Introduction of material to police students which exposes them to the topic of suicide and the social factors involved.

**Evaluation**
Internal evaluation.

**Contact**
NSW Police Academy
Professional Development Centre (Policing)
McDermott Drive
Goulburn NSW 2580
Phone: 02 4823 2918
Fax: 02 4823 2786
Email: bmcmahon.@csu.edu.au
Contact person: Mr Barry McMahon, Subject Coordinator

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**Private Company**

#### 126 Life Engineering

**Description**
Life Engineering is a personal resource, risk and stress management system which aims to reduce the risk of excessive amounts of confused thinking. An appropriate amount of realism is vital for the development and maintenance of mental health (motivation). An unacceptable level of misconceptions about one's self can occur: with inadequate levels of objectivity; with confused thinking; as survival, having always depended upon lessons learnt from the more painful occasions, is remembered above the less painful – the pleasant tending to be forgotten along with the ordinary. Both the engineering and business worlds
provide many examples of chaotic, or potentially chaotic, conditions being controlled by means of some type of structure, some degree of order. Structures in the abstract, like trains-of-thought, can be better appreciated from studying the behaviour of these less complex analogies. Intervention strategies aim to: develop the (abstract and real) structures; control the (abstract and real) loads; manage the real (often well-hidden) resultant stresses. Suicidal tendencies are seen as an expression of an inadequacy, a lack of structure (to carry the load).

**Main Achievements**
Exponential growth since 1983; NSW Corrective Services Education Officer recognition; Apparent client stabilization; A perceived need for this system; Trial course at Armidale CDEP (Community Development Employment Projects), NSW; Trial course at Quirindi NSW unemployed group; NSW Vocational Educational Training Accreditation Board accreditation.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

Attempts to overcome barriers seem to have been frustrated by the Director’s lack of resources/sales skills. Lack of feedback is another barrier. Education of service providers about the Life Engineering system; a $1,000 research exercise; trial runs/research would help overcome these barriers.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation:** Monitoring through routine documentation; Quality assurance methods.

**Outcome evaluation:** Monitoring through routine documentation; Quality assurance methods.

**Contact**
Life Engineering
Box 39
Willow Tree NSW 2339
Phone: 02 6747 1784
Fax: 02 6747 1784
Contact person: Mr Brian Charlton, Director

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**Refuge**

**127 Samaritans Youth Services**

**Description**
The Samaritans Youth Services – Wyong (SYSW), Immediate Term House is an emergency accommodation service that targets young people aged 12–18 years who are either homeless or at imminent risk of becoming homeless. SYSW provides assessment and referral to young people, avid support and advocacy. SYSW works with young people to facilitate reconciliation/restoration to family of origin through ‘family group conferencing’ where the young person expresses a desire to participate in the process and it is assessed by SYSW as safe for them to do so.

**Contact**
Samaritans Youth Services – Wyong
PO Box 52
Wyong NSW 2259
Phone: 02 4351 1922
Fax: 02 4353 5337
Email: sysw@tac.com.au
Contact person: Mr Beau Turner, Case Coordinator

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**Research**

**128 Shoalhaven Aboriginal Suicide Prevention Project: Suicide is Everybody’s Business: Let’s Take a Closer Look**

**Description**
The goal of the project is to reduce suicidal behaviour in the Shoalhaven Aboriginal Community. The aims of the project are: to increase the knowledge of suicide and suicide prevention strategies for members of the Shoalhaven Aboriginal community and community agencies; to develop positive attitudes towards help seeking for members of the Shoalhaven Aboriginal community and community agencies; to implement early intervention strategies in the Shoalhaven Aboriginal community; to improve access to the Mental Health Service; to increase resources at an individual and community level for members of the Shoalhaven Aboriginal community.

**Main Achievements**
A collaborative relationship has been established between the Illawarra Area Health Service, the University of Wollongong and Shoalhaven Aboriginal community. The project has funded the appointment of an Aboriginal Suicide Prevention Officer. Extensive discussions have occurred between members of the project team and community groups. The outcomes include: an increase in community awareness of suicide; a focus to draw the community together to problem solve; a forum where different groups have identified their needs and strategies for suicide prevention activities; an increase in networking between agencies; a continuing demand for the Suicide Prevention Officer to talk to community groups; a positive change of attitude toward helping somebody who is suicidal. Main things learned by the program include: resistance to traditional forms of evaluation for example questionnaires, has necessitated a seamless integration of evaluation into the learning program; in this community there are highly heterogeneous beliefs and attitudes about suicide and responsibilities; there is a need for Aboriginal people to recognise and take ownership of the problem of
Institute for Mental Health technical support, supervision, focus the workshops on a link between depression, mental worker and representatives from the Aboriginal community. Presenters will include the Aboriginal Mental Health Service will address the participants at the workshops and explain the role of mental health workers and suicide prevention. The education package will focus on a link between mental illness and suicide; mental health staff are not thought of as suicide prevention workers; there is a perception that non-Aboriginal mental health workers would not understand the experiences of an Aboriginal person. In addition, the community is suspicious of services due to some negative experiences in the past. There is inadequate funding for evaluation and monitoring purposes. Evaluation of this project requires an assertive outreach to increase the response rate. However, budget allocation necessitates a less assertive approach and it is anticipated that the follow-up response rate will not be as high. Because the project is located in Nowra and support has been provided in Wollongong there has been extra demands on time and transport. Additional consultations with the Aboriginal communities and ethics committees has demanded more time from the project team. Main workshops to be held in the highly populated area of Nowra; transport will be provided; smaller workshops can be held in outlying communities depending on demand. The Suicide Prevention Officer has gained a gradual acceptance by being visible, available and responsive to the community. This has been a slow process but she has received support from key community figures which has resulted in her being accepted in this role. Adopt the Aboriginal mental health definition emotional and social wellbeing instead of mental health. Explain to mainstream services the importance of using this definition and lobby for changing staff titles, letterhead paper and signage. Focus the workshops on a link between depression, mental illness and suicide. The coordinator of the Mental Health Service will address the participants at the workshops and explain the role of mental health workers and suicide prevention. The Mental Health Service needs to be seen as being culturally appropriate, empathic and responsive to Aboriginal people. Training workshops are planned for Mental Health workers. The education package will focus on the Aboriginal understanding of mental health. The presenters will include the Aboriginal Mental Health Worker and representatives from the Aboriginal community. Due to the tremendous goodwill from the Illawarra Institute for Mental Health technical support, supervision, information technology and resources have been provided at no cost.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Qualitative methods.


Outcome evaluation: Non experimental repeated measures design; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Illawarra Institute for Mental Health
University of Wollongong
Faculty of Health and Behavioural Sciences
Northfields Avenue
Wollongong NSW 2522
Phone: 02 4221 4523
Fax: 02 4221 4163
Email: frankdeane@uow.edu.au
Contact person: Professor Frank Deane, Director, Illawarra Institute for Mental Health

School Program

129
FOCUS at HASU (Friends Offering Care and Understanding to Students at the Hunter Adolescent Support Unit)

Description
The aim of the program is to increase opportunities for emotionally and behaviorally disturbed adolescents to develop satisfactory relationships with interested, friendly adults. Volunteers are recruited and trained to work with students outside of school settings. Volunteers are reimbursed for out-of-pocket expenses. However, they are encouraged to choose minimal cost activities. Mentors are often the helpers and the receivers; many are in fact at risk themselves. Students benefit by having fun, being respected, valued and being important to at least one other person.

Main Achievements
Students involved have reduced involvement in criminal activity; have demonstrated increase affect, in that they are happier, suffering from less depression, with more motivation and involvement in life. They express an interest in planning for the future.

Barriers/Needs
Insufficient funding.

NRMA were convinced to support this program as part of their Crime Safe Program. However, as it is only for three years the program is in danger of not continuing. A wider funding commitment by the government would help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.
Barriers/Needs
Lack of backup services; Insufficient staffing/time/resources; Attitudes of service providers.

Services are predominately focused at adult clients and extremely rarely take a whole family approach to service delivery. This often leads to the children's issues (mental health and others) not being identified and addressed unless the parents have a problem with a child's overt behaviour. The whole family approach to service delivery needs to be investigated by all service providers and a feasibility plan for the implementation of a whole family intake program be developed and acted upon.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.
Impact evaluation: Qualitative methods; Action Research.

Main Achievements
Major achievements include: winning a 1998 Award for Excellence; producing a Middle Eastern Video project; running residential group programs; organising self support groups; coordinating an East Timores Art Start Group.

Contact
HASU Department of Education and Training
C/- Jesmond University
Janet Street
Nth Lambton NSW 2299
Phone: 0249561843
Fax: 0249561241
Email: cornford@usa.net
Contact person: Mrs G Cornford, Head Teacher

Service for Survivors of Torture and Trauma

130
Youth Program

Description
The Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) Youth Program uses early intervention strategies to identify and address the needs of refugee young people. In many cases the Youth Program has identified areas for intervention for counsellors to address in long term therapy which would otherwise not have been available. The Youth Program acts as part of the holistic approach adopted by STARTTS. Not only are torture and trauma survivors treated directly through counselling but the program allows for their families to be included in the healing process. The program assists all family members by providing respite and a lasting experience for the young people. The Youth Program is the principle intervention at STARTTS for adolescents. The activities provide a direct and positive means of intervention. It provides young people with an enjoyable experience that promotes positive self esteem and self worth. Of special importance is the need to address the concerns of young people who are victims of torture.

Main Achievements
Major achievements include: winning a 1998 Award for Excellence; producing a Middle Eastern Video project; running residential group programs; organising self support groups; coordinating an East Timores Art Start Group.

Barriers/Needs
Lack of backup services; Insufficient staffing/time/resources; Attitudes of service providers.

Services are predominately focused at adult clients and extremely rarely take a whole family approach to service delivery. This often leads to the children's issues (mental health and others) not being identified and addressed unless the parents have a problem with a child's overt behaviour. The whole family approach to service delivery needs to be investigated by all service providers and a feasibility plan for the implementation of a whole family intake program be developed and acted upon.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.
Impact evaluation: Qualitative methods; Action Research.

Contact
Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) (New South Wales)
PO Box 203
Fairfield NSW 2165
Phone: 0297941900
Fax: 0297941910
Email: STARTTS@start.com.au
Contact person: Mr Gary Cachia, Youth Program Coordinator

Sexual Assault Service

131
Child and Adolescent Sexual Assault Service

Description
The objectives of this service are: to alleviate the effects of child sexual assault for child clients and their non offending family members; to provide court support to child clients; and to provide clients with practical assistance, advocacy and referral as necessary. Strategies include: individual counselling; family counselling; protective behaviours education for abused children and non abused siblings; anger management techniques; stress management techniques; mutual support groups and networks for adolescents and parents; home visits; provision of support during medical examinations; parenting and coping skills education; provision of court support, information, court preparation program, liaison with police, Department of Public Prosecutions (DPP), Health Services; provision of transport and outreach service; and extensive networking and liaison with Department of Community Services, DPP, Health, Police, Education Department and Welfare Organisations.

Main Achievements
Major achievements include lessening of presenting problems. Clients report a positive experience by attending the service, and there are consistent referrals. The service is empowering clients to make more positive decisions, lessening their isolation, and providing support for clients and non offending families. It is also providing parents with a greater knowledge of coping and parenting skills, as well as information regarding the legal system.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staffing/time/resources; Attitudes of service providers; Structural problems in services; Ethical problems; Lack of community interest.

In a rural area, difficulties arise in finding support services outside regular hours. There are also judgemental attitudes of workers, for example, 'client attention seeking behaviour'. Workers appear to be afraid of adolescents and unaware of depression in children. Barriers can be overcome by providing education for workers and more funding for rural areas. There appears to be no understanding that to provide the same service in a region or rural area that is also available in an urban area will cost more. There is also
little understanding of the contribution of geography to a perceived and actual isolation. There needs to be a 24 hour service available. Furthermore ethical and practical difficulties for interagency work need to be addressed at the planning level.

Contact
Taree Child Sexual Assault Unit
PO Box 1049
Taree NSW 2430
Phone: 02 6551 1071
Fax: 02 6550 0282
Email: drakefam@gl.hardnet.com.au
Contact person: Ms M Drake, Child and Adolescent Sexual Assault Counsellor

Technical and Further Education

132 Classroom Presentation on Counselling Services

Description
TAFE counsellors speak to all new groups of full time students introducing students to services available on campus. Special emphasis is placed on counselling services. As part of the presentation, counsellors explain how they might work with suicidal students. They encourage all students to see themselves as having some responsibility to keep each other safe. It is pointed out that they may come to know that someone is in trouble well before counsellors do, and they are advised on how to get counsellors involved if they are worried about someone. Also discussed are suicide and confidentiality – both counsellor confidentiality and a friend’s confidentiality.

Main Achievements
Students are using the Counselling Unit as a source of information and support to help friends/family.

Barriers/Needs
Insufficient staff/time/resources.

If there were more counsellors they could talk to every new class rather than full time students only. TAFE counselling is a small service. Most states no longer employ counsellors the way NSW TAFE does. Definite pressure on service’s continued existence because of cost cutting. Recent name change to Counselling and Career Services to try and align counselling with vocational training function.

Contact
Sutherland TAFE/Lofthus Campus
Counselling Unit
PO Box 926
Sutherland NSW 2232
Phone: 02 9710 5817
Fax: 02 9710 5801
Email: michael.kane@tafensw.edu.au
Contact person: Mr Michael Kane, Counsellor

University – Academic Department/School

133 Child and Adolescent Anxiety Clinic

Description
The Child and Adolescent Anxiety Disorders Clinic in the Department of Psychology at Macquarie University has been set up to provide treatment for children, aged 7 to 16, who have primary problems related to anxiety, fears, shyness, or worry. There are two main aims to the program: research into the nature, understanding, and treatment of anxious children; and provision of a service to help reduce the debilitating impact that severe anxiety can have on a child’s life. The types of children who are treated include those with separation anxiety disorder (fear of leaving parents, fear that harm will befall parents), generalised anxiety (chronic worriers, fears of anything new), social phobia (shyness, fear of what others think), and obsessive compulsive disorder (repetitive rituals and thoughts). Treatment involves several sessions of the child with their parents, usually conducted in small groups (about 5 families). Children and their parents are taught practical skills to help manage their anxiety as well as basic child management skills for the parents.

Main Achievements
Currently results indicate that over 75 per cent of children who complete the program are markedly improved. While traditional child mental health services could conceivably provide programs for anxious children, they are generally viewed by both mental health workers and their families as different from the typical users of such services. The establishment of a unique clinic to assess and treat anxious children as well as to conduct research to further an understanding of these disorders is a major advance in the child mental health area.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

The program has shifted from a main research focus to a service delivery focus fulfilling a major need in the community. However, there is no interest from mental health service bodies to provide any support or funding. A relatively small budget from the Centre for Mental Health or National Youth Suicide Prevention Strategy (NYSPP).

Evaluation
Internal evaluation.

Outcome evaluation: Randomised controlled trial; Other quantitative methods.

Contact
Macquarie University
Department of Psychology
Sydney NSW 2109
Phone: 02 9850 8032
Fax: 02 9850 8062
Email: ron.rapee@mq.edu.au
Contact person: Prof Ron Rapee, Director
Health Education Unit and Library

Description
The Health Education Unit (HEU) is an education and library facility with a primary focus on education for the prevention of drug related harm among young people. The HEU was established in 1979 within the former Sydney Teachers College, and since 1990 has operated within the Faculty of Education, University of Sydney. The HEU is funded by the NSW Health Department. Staff comprise a director, two librarians, an education officer and a part-time administrative assistant. The Unit's goal is to contribute to the minimisation of harmful drug use among young people by collaboration with policy makers, teachers, educators and parents in the delivery of effective drug education. The Unit aims to: further develop the knowledge and skills of teachers, tertiary educators and pre-service teachers in the implementation of effective drug education initiatives in schools; increase awareness of and access to effective drug education resources amongst drug/health educators and librarians; disseminate information and research findings on 'good practice' drug education to policy makers, government departments, Non-Government Organisations and other relevant agencies and individuals; increase parents' knowledge and skills regarding appropriate and effective ways of dealing with drug issues.

Main Achievements
The Health Education Unit (HEU) has developed a comprehensive library and database of approximately 12,000 items with a primary focus on drug education for young people. The database can be accessed on the Internet via telnet. The HEU has also developed and published a number of resources for teachers, parents and health educators. These resources are used Australia wide. HEU staff have provided consultancy and research material in the area of drug education to both government and non-government sectors, including health, education, law enforcement, school and tertiary institutions and individuals. HEU staff have also conducted programs and workshops for parents, teachers, and community and tertiary educators.

Barriers/Needs
Insufficient funding.

Extra funding would enable an expansion of library resources and services and the employment of a second education officer. The services provided by the Health Education Unit would be enhanced by an increase in annual funding or one-off grants for discrete projects. This would enable closer collaboration between drug/health education and mental health promotion, an important link which should be strengthened in the National Youth Suicide Prevention Strategy.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
University of Sydney
Faculty of Education, Health Education Unit
Building A35, University of Sydney
Sydney NSW 2006
Phone: 02 9351 6243
Fax: 02 9351 7056
Email: healthed@edfac.usyd.edu.au
Web Address: http://www.edfac.usyd.edu.au/centres/
Contact person: Ms Audrey Christie, Senior Librarian

Youth Service

Community Health for Adolescents in Need (CHAIN)

Description
CHAIN provides assessment referral and advocacy services around health, housing, income, legal, child custody/access, employment and training issues. Primary health care services designed to prevent and/or assist in the treatment of illness and health related disorders are also provided. They include: access to laundry, shower and bathroom facilities; access to kitchen facilities and food preparation areas; and a breakfast program. Clinical services include a needle exchange, purchase of prescription drugs, dental assessment and treatment, and immunisation programs. Case management for clients experiencing drug and alcohol, mental health or sexual health issues is provided, along with education on general health issues, such as nutrition, contraception, management of newborns and toddlers, STDS and Hepatitis. Clients are also offered home visits and transport and/or advocacy to and from appointments, and a space for ‘timeout’, be it to have a rest or a chat. An antenatal clinic, BabyCHAIN, is offered in collaboration with Community Midwives to to young people in a friendly, accessible environment. Also offered, in conjunction with Family Care Cottage, is a Young Parents Group, which provides a friendly, supportive environment for young people to socialise and seek advice and direction in the care of their children.

Main Achievements
The main achievement of the service is its presence as a support mechanism for homeless young people.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Funding for the service is insecure. A permanent funding commitment from appropriate authorities, would provide the service with increased financial security.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients.
The Community Linkage Project (CLP) aims to establish, plan, and maintain and enhance service linkages and referral networks among health and other relevant services in order to promote continuity and coordination of care to young people (12-25 yrs) who are at risk of attempting suicide in the Parramatta, Baulkham Hills and Holroyd areas. The objectives identified for meeting this aim are: 1. To identify and document current programs and activities provided by health and other relevant services to young people at risk of suicide and assess any existing duplications, gaps and barriers to integrated service delivery and continuity of care; 2. To identify and implement strategies for addressing identified gaps, barriers and duplications in consultation with the target groups, and in so doing promote the development of linkages, partnerships and, generally, a ‘collaborative culture’ of working; 3. To provide information, education and consultation to the target groups regarding youth suicide prevention, particularly with regard to the effective use of High Street Youth Health Service and other youth health services, and in so doing promote awareness and informed discussion of the issues; 4. To evaluate and document the project with a view to identifying and presenting recommendations for future implementation of ‘best practice’ strategies for community linkage.

Main Achievements
The Community Linkage Project (CLP) has achieved or facilitated a wide range of outcomes in keeping with its stated aims and objectives. Key among these are: acting as a catalyst for change in the target community; providing the communication and linkage structures to bring a range of stakeholders together at strategic points, to develop coordinated, collaborative and sustainable responses to issues of young people’s mental health in Western Sydney; providing resources and information to the target community to facilitate the development of local, appropriate and culturally relevant responses to issues of adolescent mental health service delivery, specifically youth suicide prevention; enhancing the profile of High Street Youth Health Service and the associated model of youth health among the target group; the development of a Youth Suicide Prevention Nurse position as an innovative response to enhancing coordination and continuity of care to young people who have attempted suicide; the increased take-up of community development language and processes, particularly models of collaboration at HSYHS, leading to the prioritisation of developing community partnerships in service strategic planning.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Methodological issues.

Some of the main impediments to achieving the stated project objectives included: the lack of clear mandate for project from within the target group at a decision making level, leading to difficulties for the project in having a legitimate and authoritative voice within this community; the lack of clearly defined outcomes and their indicators, leading to some unrealistic expectations of what could be achieved and difficulty in containing the role of the Project Co-ordinator; some clear philosophical differences among target agencies in their articulation of the problem of youth suicide and subsequent beliefs about the relevance of particular responses, especially in terms of the tendency to value individual clinical interventions over systemic or structural changes as legitimate youth suicide prevention strategies; politics/territoriality generally; historical divisions, funding competition and structural fragmentation all contributing to an ‘anti collaborative’ tradition; difficulty in accessing information about services, patterns of client use and organisational relationships within the system, leading to great inconsistencies and gaps in worker knowledge and therefore difficulty in establishing a common agenda for intersectoral action. Recommendations for ways in which the project could have been improved include: that the Here For Life program coordinators undertake a process of consultation with State-level services to identify existing programs, activities and resources, both in terms of assessing the feasibility of such a project and the provision of support, should it eventuate; that at the point of submission, High Street Youth Health Services (HSYHS) have initiated a collaborative process with the target group (especially Mental Health Services and hospital Emergency Services) to assess needs and establish a common agenda and processes for change, and in so doing gain the commitment and support of key stakeholders; that the original proposal for the Community Linkage Project have been based on more comprehensive needs analysis and discussion within HSYHS and resulted in more focused and clearly defined project aims and objectives, as well as an established process for how the project would be integrated into the service and the work carried out at an agency level; that the Project Co-ordinator and Evaluator have an established process for evaluating and documenting the project from its outset, with clearly defined roles within this.

Evaluation
External evaluation.

Process evaluation: Qualitative methods; Monitoring through routine documentation.

Contact
Community Health for Adolescents in Need
PO Box 1614
Wollongong NSW 2500
Phone: 02 4226 5816
Fax: 02 4227 4242
Email: chain@learth.net
Web Address: http://www.learth.net/
Contact person: Ms Jenny Budd, Acting Coordinator

Contact
Community Health for Adolescents in Need
PO Box 1614
Wollongong NSW 2500
Phone: 02 4226 5816
Fax: 02 4227 4242
Email: chain@learth.net
Web Address: http://www.learth.net/
Contact person: Ms Jenny Budd, Acting Coordinator
137

Demystifying the Culture of Young Women's Perceptions of Body Image

Description
The aim of this eight week school based program is to enhance the wellbeing of young women from non English speaking backgrounds, Aborigines and Torres Straight Islanders. The program aims to provide healthy lifestyle alternatives to these young women and looks at the media's portrayal of woman and the ideal body. The young women are encouraged to develop coping strategies and support networks to deal with being bullied due to their size and physical appearance.

Main Achievements
Provide a supportive environment for young women to express their concerns. Offered young women healthy lifestyle alternatives and linked them to community and school based services.

Barriers/Needs
Communities beliefs.

The young women who participated in the program developed ways to cope with outside pressures, for example, the media. The media constantly portrays the ideal young woman as 180 cm tall and weighing 60 kg.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Contact
Western Area Adolescent Team (WAAT)
PO Box 47
Mount Druitt NSW 2770
Phone: 02 9832 5030
Fax: 02 9625 9110
Contact person: Ms Glenda Maude, Youth Mental Health Promotion Nurse

138

Here For Life Suicide Prevention Program: Short Changed Project

Description
The Suicide Prevention Project has 5 strands: Community Linkage; Peer Education Project; Resource Development; a Research component; and an Individual Counselling service.

Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.

The research part of the program involved a huge amount of time. In a service such as Cellblock a research officer could be allocated to go through consent issues and questionnaires with the clients, freeing the staff to concentrate on clinical issues. Research consultants need to adopt a hands on approach and monitor the research project as it develops to find problems in the early stages. There needs to be clear management support for the research.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; External evaluator.

Impact evaluation: Qualitative methods.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator

139

Here For Life Suicide Prevention Program: Community Linkage

Description
The Community Linkage strand of the Suicide Prevention Project explores ways to collaborate with other similar agencies in the area of youth suicide. In this way networks with other agencies are established.

Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.

The research part of the program involved a huge amount of time. In a service such as Cellblock a research officer could be allocated to go through consent issues and questionnaires with the clients, freeing the staff to concentrate on clinical issues. Research consultants need to adopt a hands on approach and monitor the research project as it develops to find problems in the early stages. There needs to be clear management support for the research.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; External evaluator.

Impact evaluation: Qualitative methods.
Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

140
Here For Life Suicide Prevention Program: Peer Education Project

Description
The Peer Education strand of the Suicide Prevention Project became a peer influence project. A group of marginalised young people were trained and informed about suicide prevention issues. These young people were then encouraged to share their knowledge with their peers and to influence them in positive, life affirming ways.

Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; External evaluator.

Impact evaluation: Qualitative methods.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator

141
Here For Life Suicide Prevention Program: Resource Development Project

Description
As part of the Resource Development project a group of young people produced a drama piece and a community announcement video for television. These projects were aimed at generating suicide prevention awareness and promoting help seeking behaviour among their peers.

Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; External evaluator.

Impact evaluation: Qualitative methods.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator

142
Here For Life Suicide Prevention Program: Research Project

Description
As part of the Research component of the program the clients of Cellblock were asked to participate in researching levels of depression and suicidality. This component also evaluated the programs at Cellblock.
Main Achievements
Marginalised young people respond well to art programs, giving them a forum for expression and employment skills. The workers employed as designated suicide prevention did excellent individual work with suicidal young people.

Barriers/Needs
Frustration with the research project.
The research part of the program involved a huge amount of time. In a service such as Cellblock a research officer could be allocated to go through consent issues and questionnaires with the clients, freeing the staff to concentrate on clinical issues. Research consultants need to adopt a hands on approach and monitor the research project as it develops to find problems in the early stages. There needs to be clear management support for the research.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; External evaluator.

Impact evaluation: Qualitative methods.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Cellblock Youth Health Service
142 Carillon Avenue
Camperdown NSW 2050
Phone: 02 9516 2233
Fax: 02 9516 3591
Email: cblock@comcen.com.au
Contact person: Mr Paul Mahony, Acting Coordinator

143
Macarthur Youth Suicide Prevention Taskforce

Description
The purpose of the program is: to work towards implementing the South Western Sydney Area Health Service (SWSAHS) Youth Suicide Prevention Strategic Plan 1997–2001; to establish links with other SWSAHS Suicide Prevention Taskforces to maximise outcomes and avoid duplication; to improve coordination of services in Macarthur relevant to youth suicide prevention; and to lobby and advocate as a network around youth suicide prevention issues. Tasks are: to identify training needs of youth service providers and the broader community with regard to youth suicide prevention; to clarify referral pathways for young suicide attempters and those at risk of suicide through development of protocols; and to improve continuity of care for young suicide attempters and those at risk of suicide.

Main Achievements
Achievements include: training for local workers around suicide awareness; after hours crisis worker roster based at Campbelltown hospital – pilot project during 1997 (because normally Macarthur Youth Suicide Prevention Taskforce does not have an after hours crisis team); development of links between services and pathways of care for suicidal clients.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Different teams from within the Health Department and other organisations come together to discuss young people’s mental health issues. Many different opinions about these issues and their causes makes it very hard to work collaboratively. Also, a big problem is that there is no after hours mental health team for the area, nowhere to refer clients apart from the hospital. More funding for after hours mental health service; training for hospital staff informing them of appropriate points of referral for suicidal clients outside of the hospital system; all service providers in area need to be aware of appropriate pathways of care for their clients within the health system, and these pathways need to be documented and promoted widely; difficult to know how to overcome differences between workers from different models of youth health.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes.

Contact
Traxside Youth Health Service
4 Langdon Avenue
Campbelltown NSW 2560
Phone: 02 4625 2525
Fax: 02 4625 2547
Contact person: Ms Megan Brooks, Coordinator

144
Planet X Youth Centre

Description
Planet X Youth Centre is a drop in centre for young people aged 12–18 years. It is a joint effort between North Sydney Council and North Sydney Police and Community Youth Club (PCYC). It is managed by a community based committee. The aim is to provide an informal drop in centre whilst also running regular activities, programs and projects. Through various activities, the youth workers build relationships with the young people. Where necessary, the youth worker helps the young person deal with issues they might be facing, which may include: unemployment; family problems; drug and alcohol; sexual abuse/assault; suicide; homelessness. Activities provided include: Aerosol Art projects; recreational activities; Skatefests; Youthweek Festival involvement; computer/internet programs; pool competitions.

Main Achievements
The project has achieved: a consistently functioning youth centre; successful projects/activities which are well attended, with no critical incidents; positive relations with young people; positive relations with older/adult population regarding young people; police support.
Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

More funds and resources are needed to achieve the aims of the Centre more successfully and in a quicker time frame. A bigger youth centre is being planned for in the next six months.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Monitoring through routine documentation.

Contact
North Sydney Council and North Sydney Police and Community Youth Club
224 Falcon Street
North Sydney NSW 2065
Phone: 02 9955 2065
Fax: 02 9956 6869
Email: planetx@atinet.com.au
Contact person: Mr Greg Nikoletos, Coordinator

Regional Youth Support Services Inc.

Description
Regional Youth Support Services Inc. mission is to address at both policy and practical levels the needs of people aged 12–25 years in the Central Coast Region of New South. The activities of the association provide community resources for families at vulnerable times in their life cycle and also for disadvantaged groups and communities. The association’s objectives are to: recognise and encourage the positive potential of young people; promote an organisational environment that is efficient and effective in providing youth services; foster a greater understanding of youth issues in the broader community; promote the development of youth resources and facilities; provide innovative and educational programs to enhance the opportunities for personal development and wellbeing; provide direct care services for disadvantaged young people including one to one Youth Worker support, where appropriate.

Main Achievements
A major achievement is the provision of a diversity of creative programs providing effective support through Regional Youth Support Services. These include: the Wyoming, Karing and Kincumber youth centres; Peninsula Outreach Services; ‘The Labyrinth’ Cafe; Youth Sexuality Network; Gothic Tribe Project; and various other cultural and community projects.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Ethical problems; Lack of community interest.

Funding is always a major issue; without sufficient funding the resources that are needed are minimised. A follow on from the lack of funding is a lack of staff/time/resources to fully fulfil a program or activity. Funding bodies need to recognise the importance of programs/activities in order to effectively support and resource the needs of the service users. The lack of community interest directly impacts on young people’s support mechanisms if the recommendations that have been discussed on a community platform do not become a reality.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation Strategic planning processes.

Impact evaluation: Descriptive statistics about clients Quality assurance methods.

Outcome evaluation: Qualitative methods Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Regional Youth Support Services Inc.
PO Box 1300
Gosford NSW 2250
Phone: 02 4323 2374
Fax: 02 4323 3796
Contact person: Ms Kim McLoughry, Service Manager

Shoalhaven Suicide Prevention Network

Description
This is a community based project involving professionals, the General Practitioners Division and any interested community members. The purpose of the network has generally been to increase community awareness regarding the issue of suicide as well as to educate workers about issues relating to suicide and prevention of suicide. The organisation has also supported other initiatives regarding suicide such as funding young people to attend the National Conference on Suicide and locally to support the introduction of the Yellow Card Campaign for young people as discussed at the National Conference.

Main Achievements
Community education; raising awareness of issues; appropriate services to be utilised.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Lack of money for formal programs; lack of human resources, meaning that people involved in this project work in other contexts and at times burnout in terms of having sufficient energy to be fully involved in this project. Energy is always drawn from the same people, and as a result there is a need for new personnel. More adequate resourcing of such community based groups would be helpful. There is a need for one person in the district to coordinate the workshops, as well as filtering and disseminating information.
Youth Suicide Prevention National Stocktake 1999

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Interagency Project
2 Lawrence Avenue
Nowra NSW 2541
Phone: 02 4423 3955
Contact person: Ms Pam Arnold, Adolescent and Family Counsellor

147
Staying Sane

Description
Staying Sane is a school base program that targets young people between the ages of 14 and 15 years. The aim of this selective mental health promotion program is to increase the awareness and knowledge of adolescents of the pro-active factors that contribute to positive mental health. The program endeavours to promote self-worth and self-efficacy in problem solving, social competency and coping skills. The program also aims to develop the capacity of individuals to interact with one another, in ways which promote wellbeing and enhance resilience. It also aims to increase the accessibility of mental health services to adolescents and develop the level of mental health literacy.

Main Achievements
The dissemination of information to young people and their awareness of support services within the community.

Barriers/Needs
The stigma related to the subject of mental health.

Evaluation
Internal evaluation.

Process evaluation:

Outcome evaluation:
Measurement of clinical outcomes.

Contact
Western Area Adolescent Team (WAAT)
PO Box 47
Mt Druitt NSW 2770
Phone: 02 9832 5030
Fax: 02 9625 9110
Contact person: Ms Glenda Maude, Youth Mental Health Nurse

148
Strengthening Up ... Moving On Project (SUMO)

Description
The aims of the Strengthening Up ... Moving On (SUMO) Project are to increase the mental wellbeing of young people in the Bankstown area. It aims to reduce the incidence of depression, self harming behaviour and suicide in young people, and to assist the carers and families of young people who may be depressed or suicidal, or who who are otherwise in distress and may be at risk of depression and/or suicide. The strategies that SUMO has adopted embrace primary prevention and intervention (for example Resourceful Adolescent Program (RAP) applied universally in high schools), and secondary and tertiary intervention by direct therapeutic intervention. Additionally, training others as gatekeepers in order to establish early detection, and the development of effective clinical pathways and referral services are being addressed in the project. As the project is currently refunded, new projects will be undertaken by SUMO staff.

Main Achievements
Implementation of the Resourceful Adolescent Program (RAP), a program in Bankstown with further programs to be run; and initiation of Drama Project. Both of these projects have just been initiated. The RAP program was used in Bankstown and raised cross cultural issues. The Drama Project is in the early stages also and needs to be evaluated.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest; Lack of follow through commitment after initial interest shown.
Difficulty in eliciting commitment from some services. This often follows considerable investment of time and energy to initiate interest by others in the project.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Currently being designed.

Outcome evaluation: Measurement of clinical outcomes.

Contact
The Corner Youth Health Service
Bankstown Health Service
101 Restwell Street
Bankstown NSW 2200
Phone: 02 9796 8633
Fax: 02 9707 2344
Contact person: Mr Derek Gifford-May, Psychologist

149
Young People’s Workshop

Description
The aim of the Young People’s Workshop is to provide young people with accurate up to date information on the topics being discussed, which include: youth suicide; mental illness; youth drinking; family planning; safe sex; homophobia; conflict resolution. It also aims to: increase young people’s awareness of the services available in their local area; introduce young people to the staff providing these services; provide young people with life/social/personal skills development; provide a non threatening environment in which to discuss these issues with trained professionals.
Main Achievements
Achievements of the program include: providing young people with accurate up to date information; increasing the awareness of the services available to them; introducing them to staff from these services; providing a non threatening environment in which to discuss these issues with specialised professionals.

Evaluation
Internal and external evaluation.


Contact
Lake Illawarra Police and Community Youth Club (PCYC)
Reddall Parade Lake South
Shellharbour NSW 2528
Phone: 02 4296 4448
Fax: 02 4297 2903
Contact person: Senior Constable Hedges, Program Coordinator

151
Youth Health Service

Description
Youth Health aims to facilitate young people’s access to mainstream health services such as: mental health; youth crisis; and other appropriate services. The service also promotes young people’s resilience and problem solving capacities through individual and population band approaches.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines.

Mental Health Services tend to under recognise services provided by Youth Health Services in suicide prevention/intervention. There are many competing demands in Youth Services, not only in suicide prevention and it is difficult to prioritise because of these competing demands.

Contact
Youth Health Service
11 Ward Street
Gosford NSW 2250
Phone: 02 4324 1000
Fax: 02 4320 2057
Email: crubino@doh.health.nsw.gov.au
Contact person: Mr Graham Lane, Service Director

150
Youth Health Service

Description
The Western Area Adolescent Team addresses issues regarding youth suicide by providing a holistic health service to young people, their families and other people of significance to them. The service promotes equal access regardless of gender, sexuality, race, language, ethnicity and physical ability. Strategies used to improve the quality of young people’s health include counselling, education, health promotion, a clinic, information and outreach services.

Barriers/Needs
Lack of backup services.

Contact
Western Area Adolescent Team (WAAT)
PO Box 47
Mt Druitt NSW 2770
Phone: 02 9832 5030
Fax: 02 9625 9110
Contact person: Ms Noeline Fitzock, Service Manager
Northern Territory
Accommodation Service

152
Oakley House

Description
Oakley House, a project of the Young Women's Christian Association (YWCA) of Darwin, provides short to medium term accommodation and support for young women up to the age of 24, who are pregnant or have a child under 12 months of age and are homeless and/or experiencing accommodation difficulties. Oakley House aims: to operate on the principles of social justice, equity and access; to work with young women to maximise their full potential as individuals and positive parents, in a non-judgemental user friendly environment; to work cooperatively with other agencies to bring about positive changes and attitudes in the community; to support, promote, role model and encourage positive parenting; to work with and support young women to develop the maximum degree of self reliance and independence; to advocate on behalf of young women and their children; to find permanent/secure long term accommodation; to find ongoing community and peer support.

Main Achievements
Achievements of the program include: increasing empowerment, self esteem and peer support for young single mothers; improving coping skills; teaching and training young women; decreasing the incidence of child abuse; preventing self abuse; reducing homelessness; reducing domestic violence; changing community attitudes to young single mothers and their children.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Attitudes to single young mothers and young people; Lack of protocols.

Evaluation
Impact evaluation: Non experimental repeated measures design; Action Research.

Contact
Young Women's Christian Association (YWCA)
PO Box 2586
Darwin NT 0801
Phone: 08 8945 3774
Fax: 08 8945 3774
Contact person: Mrs Fay Armstrong, Coordinator

153
Stanley House

Description
Stanley House provides support and/or accommodation [for up to 12 months] to young women (aged 15–24) who are homeless or at risk of homelessness. The Stanley House service philosophy provides support and accommodation according to principles of: social justice; equity; access; protection of human rights; confidentiality and privacy; user rights; client self determination; needs based planning; culturally appropriate service provision; effective and efficient management; and duty of care. Stanley House aims to provide a safe environment for young women to facilitate their move into independent living. Non-judgemental support is provided to assist young women to maximize their potential by enhancing their independent living skills, their independence and their networks. Criteria: aged 15–24 years; experiencing accommodation difficulties, homelessness; receiving a regular income and prepared to pay rent regularly; willing to increase confidence and independence by participating in activities designed to enhance these; participating in education/training/employment or soon to commence one of these; having some independent living skills (able to manage with support from a non residential worker); able to be responsible; willing to consider and share facilities with others; willing to keep house and garden clean and tidy; willing to follow house rules.

Main Achievements
Achievements of the program include: increasing empowerment, self esteem and peer support for young single mothers; improving coping skills; teaching and training young women; decreasing the incidence of child abuse; preventing self abuse; reducing homelessness; reducing domestic violence; changing community attitudes to young single mothers and their children.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Attitudes to single young mothers and young people; Lack of protocols. Welfare staff not willing to work collaboratively.

Educating workers in different services so that client's best interests will always be put first.

Evaluation
Impact evaluation: Non experimental repeated measures design; Action Research.

Contact
Young Women’s Christian Association (YWCA)
PO Box 2586
Darwin NT 0801
Phone: 08 8945 3774
Fax: 08 8945 3774
Contact person: Mrs Fay Armstrong, Coordinator

154

Description
Support, Health, Entertainment, Independence, Relationships, and Art (SHEIRA) Post/Antenatal Peer Support Group for Young Women is an initiative of the Young Women’s Christian Association (YWCA)
supported by Darwin Community Care. It’s confidential, non judgmental, informative and promotes peer support. The aim is to enhance life and parenting skills and to reduce the incidence of child abuse and neglect. Meetings are held at Oakley House. SHEIRA post natal group is for young women aged 15–25 years with young children who are in need of support and information on pregnancy, labor, birth and parenting. Programming is based on the needs of the young women in the support group and at the discretion of the coordinator. Younger women under the age of 15 are also welcome and will be supported concerning pregnancies and other parenting skills.

**Main Achievements**
Achievements of the program include: increasing empowerment, self esteem and peer support for young single mothers; improving coping skills; teaching and training young women; decreasing the incidence of child abuse; preventing self abuse; reducing homelessness; reducing domestic violence; changing community attitudes to young single mothers and their children.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Attitudes to single young mothers and young people; Lack of protocols. Welfare staff not willing to work collaboratively. Educating workers in different services so that client’s best interests will always be put first would help overcome these barriers.

**Evaluation**
*Impact evaluation:* Non experimental repeated measures design; Action Research.

**Contact**
Young Women’s Christian Association (YWCA)
PO Box 2586
Darwin NT 0801
Phone: 08 8945 3774
Fax: 08 8945 3774
Contact person: Mrs Fay Armstrong, Coordinator

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### AIDS Council

#### 156
**Mensline Telephone Service**

**Description**
Mensline is a confidential and anonymous telephone service for gay/bisexual men and men who have sex with men but do not identify as gay. The service provides peer support, information and referral in regard to sexuality, men’s sexual health, reducing the isolation of men with same sex attraction in the Northern Territory. It is also aimed at young men ‘coming out’ and the issues around their sexuality.

**Main Achievements**
Reduced the sense of emotional/geographical isolation felt by many men; Increased mens knowledge of safe sex practices.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Descriptive statistics about clients.

*Impact evaluation:* Currently being designed.

*Outcome evaluation:* Currently being designed.
Community Organisation

157 Anglicare Youth Housing Program

Description
Auspiced by Anglicare Top End, Anglicare Youth Housing Program (AYHP) operates within the Youth Programs division of this multidisciplinary agency and is co-located with a range of complementary youth health, early intervention, counselling and family focused programs. AYHP provides an integrated range of services to the community with a focus on direct service provision to homeless and at risk people aged 15–19 years who are single, couples or those with children. These services include medium term supported accommodation (up to a period of 12 months); individual advocacy assistance; structural advocacy (through participation in government advisory mechanisms, contributing to government consultation processes and reviews, lobbying and raising issues with relevant stakeholders and participating in NT and National forums); outreach support (available to a limited number of young people with housing, income and personal support-related needs who are considered to be at risk); community education; emergency financial relief (the target group is 15–19 year old homeless young people from the Darwin area); information and referral assistance.

Main Achievements
There is a need to keep the program flexible and responsive to client needs and to have inclusive criteria for providing assistance. High self/friends/family referral rate indicates young people are prepared to access the program

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Short time lines; Lack of integrated departmental approach to homelessness. Funding level inadequate/insecure funding future. Limited number of staff means substantial stress on service delivery and continued unmet demand.

Longer term funding agreements; funding levels need to be adequate and reflect growing unmet demand; needs to be some specialist service provision even though population base is relatively small – demographic factors indicate complex and diverse needs base.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Other quantitative methods.

158 Community Education and Awareness

Description
The Northern Territory Association for Mental Health is working to raise community knowledge, information and interest in mental health issues. The community education and awareness activities aim at prevention factors and good information to enable people to make healthy choices.

Main Achievements
Effective raising of community awareness of mental health issues.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Increase the level of resources that are available.

Evaluation
Internal evaluation.


159 Connect

Description
Connect is an early intervention program for young people at risk of homelessness. The program has two workers and the focus is on young people (12 to 18 years) and their families, providing support and referral in a flexible and confidential manner. Connect also works with the broader community sector to bring together workers, organisations and individuals. The areas with which they work have included legal issues, income support, Aboriginal young people and families, issues for young people from non-English speaking backgrounds and homelessness. This is seen as community based early intervention and aims to put networks and strategies in place to address issues that impact on young people and families leading to the risk of homelessness.

Main Achievements
Building a program linked in with the community; establishing community networks; working with young people and families to increase understandings of family
conflict and ways to address it; providing practical support to young people at risk of homelessness; and supporting family contact and reconciliation, where possible.

**Barriers/Needs**

Lack of backup services; Short time lines.

Need for long term programs to develop community links and build community responses, especially with young people and families who have not traditionally accessed services. Longer term funding/commitment to long term service; involving communities in program development.

**Evaluation**

Internal and external evaluation.

*Process evaluation: Action Research; Monitoring through routine documentation.*

**Contact**

Anglicare Top End
5 Nemarluk Drive
Ludmilla NT 0820
Phone: 08 8935 0006
Fax: 08 8985 0001
Email: agp@topend.com.au
Contact person: Mr Dean Fraser, Project Worker

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**160 Family WellBeing Program**

**Description**

The Family WellBeing program is a Train the Trainer program delivered by Aboriginal people from South Australia to members of the Alice Springs community who have an interest in the issue of youth suicide. These people are in three groups: parents and family members (these are exclusively Aboriginal people); young adults with responsibility (these are exclusively Aboriginal people); and carers, professionals and workers in agencies (who may, or may not, be Aboriginal). The original premise of the program was that many youth were missing out on quality parenting because of the problems facing their own parents and significant other family members. The youth were the victims of family dysfunction. The course is based on lessons learnt by practitioners dealing with grief, suffering, loss and trauma in the Aboriginal community. It is earthy, basic and Aboriginal in content and delivery style. Lecturers talk from the heart out of their own lived experience. It has elements of Alcoholics Anonymous about it.

**Main Achievements**

The Family WellBeing course has been a success because it has captured the interest of, and spoken to, the Aboriginal and non Aboriginal carers and professionals in Alice Springs. Its down to earth approach is based on true testimony which has at times been emotionally challenging. The course has maintained the interest of participants over a 12 month period. Half of the attendees wish to become facilitators of the program.

**Evaluation**

External evaluation.

*Process evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.*

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**161 GROW Groups**

**Description**

GROW is a community mental health movement organised and led by people recovering or recovered from mental illness and from serious personal inadequacies or maladjustments to life. GROW's school of life and leadership involves four essential features: A Program of Growth to Maturity, based on natural rules for healthy living and proven steps of recovery and personal growth; A Group Method, for problem solving and mutual education which enables ordinary people without professional training to run their own groups; A Caring and Sharing Community, amounting to a network of friendship and trustworthy helpers.

**Main Achievements**

A major achievement is the establishment of GROW Groups and a GROW centre in the Northern Territory.

**Barriers/Needs**

Insufficient staff/time/resources; Attitudes of service.

The transient population means a shortage of trained leaders.

**Evaluation**

Internal evaluation.

*Process evaluation: Monitoring through routine documentation.*

**Contact**

GROW
Shop 4A Ground Floor Casuarina Plaza
Trower Road
Casuarina NT 0810
Phone: 08 8945 4096
Fax: 08 8945 4037
Contact person: Mrs Julie James, Fieldworker

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**162 Health Connections for Youth Program**

**Description**

Health Connections for Youth (YCY) aims to promote the health of young people aged 12–25 (and their dependents) who are homeless or at risk by: providing personal support, advocacy, information and referral to individuals; providing education and health promotion which encourages self responsibility and self determination to individuals and groups; promoting and facilitating access to mainstream health services; resourcing health services and community agencies and informing the broader community about the
Youth Suicide Prevention National Stocktake 1999

health needs of homeless young people. Health issues addressed are broad and can include physical, mental and emotional health issues.

Main Achievements
The program has made a major contribution to the development of sector awareness and strategies to meet the mental health needs of young people. It has established, convened and participated in a number of working groups that focus on defining and meeting youth health needs. The employment of a Project Worker, to work specifically in the service development area, has enabled an increase in the number of projects and service resourcing activities that the project can undertake. Participation in a variety of networking groups has enabled Health Connections Youth program (HCY) to establish effective communication between agencies and gain an understanding of the current issues facing young people and how to collaboratively work together to meet the youth health needs of Darwin. The HCY has delivered a number of training sessions for organisations in the community about youth health issues, including young people and mental health and youth suicide prevention. There has been a substantial increase in the level of client contact. The program provides accurate and current youth health information for young people in the greater Darwin region. It also provides interesting and informative group work sessions with young people about health issues on a regular basis in several settings. HCY has secured funding through Territory Health Services (THS) for a further twelve month period.

Barriers/Needs
Lack of backup services; Structural problems in services; As funding is only guaranteed on a 12 month basis, it is therefore difficult to plan.

Agencies are not used to working together. Not enough services for at risk young people. The program needs to continue to work at establishing collaborative work practices; apply for more funding; work at reorienting health delivery to ensure it is more appropriate for young people.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Anglicare Top End
5 Nemarluk Drive
Ludmilla NT 0820
Phone: 08 8985 0000
Fax: 08 8985 0001
Contact person: Ms Simone Dayer, Youth Health Worker

163
Relationships Australia

Description
Relationship Counselling clients present with a wide variety of issues. The organisation has a clear policy in regard to checking out suicidal ideation. Supervision procedures ensure that these processes are followed and that clients and counsellors receive support as needed.

Main Achievements
Achievements include: an increase in service usage; expanding the service; client satisfaction; and provision of early intervention courses

Barriers/Needs
Insufficient funding.

Evaluation
Internal and external evaluation.

Process evaluation:
Outcome evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Relationships Australia, Northern Territory
75 Wood Street
Darwin NT 0801
Web Address: http://www.relationships.com.au
Contact person: Ms Janet Muirhead, Acting Executive Director

164
Somerville Community Services – Family Services Division

Description
The aims of the services are to: prevent homelessness in the 12 to 24 year age range; empower families and individuals; assist individuals and families to secure appropriate accommodation; improve individual’s mental health and emotional wellbeing.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Restructuring of service delivery models to provide more resources for actual service delivery and fewer resources to programs that ‘dabble around the edges’. That is, in the NT at least, the vast majority of funding is directed at services (both government and non government) that do not have actual contact with clients in a therapeutic context. Those that do have little time to participate in worthwhile activities such as this, and consequently their views are under represented.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Impact evaluation: Non experimental repeated measures design.

Outcome evaluation: Non experimental repeated measures design.

Contact
Somerville Community Services
147 Lee Point Road
Wagaman, Darwin NT 0810
Phone: 08 8945 1533
Fax: 08 8927 9298
Contact person: Mr Bob Kerr, Family Services Manager

98 Australian Institute of Family Studies
Drug/Alcohol Service

165
East Arnhem Substance Misuse Project

Description
Following the rapid changes that have occurred in Aboriginal communities in recent years, many families have been placed under significant pressure. A large number of people are presenting at courts, hospitals, social security and welfare departments with problems that indicate severe family dysfunction. Chemical dependency is a primary factor in most cases of family dysfunction, and if the chemical dependency is not worked on simultaneously with the other problems, then nothing is achieved. The East Arnhem Substance Misuse Project uses CAAPS (Council for Aboriginal Alcohol Program Services) programs and training and treatment facilities. A family and individual counselling service to substance users/misusers is provided. The basis of the work is to work with families helping to educate them about the effects of substance misuse thus allowing time to become stronger themselves to work with the users in their own families. Advocacy is provided in the areas of mental health and specialist medical assistance. Assistance is given locally but clients are encouraged to attend a live-in treatment centre if the family dysfunction prevents appropriate help being given. On the client's return, the local team are on hand to encourage and conduct follow up sessions, and further intervention strategies are set in place, for example, employment, sport and recreation, volunteer work.

Main Achievements
The service has been able to work across 13 clan groups training family members in the prevention and treatment of substance misuse. The major lesson learnt is that (in community living) Aboriginal young people are closely aligned to family groups and it is the empowerment and strengthening of these family groups that ultimately helps the individual in their addiction struggles.

Evaluation
Internal evaluation.

Outcome evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Anglicare Top End with Angurugu Council (Angarrumanja)
PO Box 572
Alyangula, Groote Eylandt NT 0885
Phone: 08 8987 6598
Fax: 08 8987 6185
Email: bkmassey@nt-tech.com.au
Contact person: Bryan and Kathy Massey, Community Workers

166
Prevention (Information and Community Education) and Intervention (Assessment, Counselling and Skills Training) for Problematic Drug Use and Other Problematic Habitual Behaviours

Description
The aims of the program are to contribute to community wellbeing by minimising harmful consequences of drug use and other problematic habitual behaviours and lifestyle issues by: providing the community with information with which to make informed choices; assisting individuals to develop skills necessary to implement their choices about drug use and lifestyle issues; and raising awareness of drug and other lifestyle issues through advocacy and consultation. Intervention strategies include: assessment, counselling and skills training (principally one to one); information and education services; training service; and consultancy and advocacy.

Barriers/Needs
Insufficient funding.
A submission for youth targeted peer education and support drug education project (under the Illicit Drug Strategy funding) was unsuccessful. Provision of sufficient funding for youth specific drug education and intervention programs and increased governmental understanding of and commitment to community benefit of such programs.

Evaluation
Internal evaluation.

Process evaluation: Action Research
Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Action Research Descriptive statistics about clients.

Outcome evaluation: Action Research Qualitative methods.

Contact
Amity Community Services
GPO Box 3628
Darwin NT 0801
Phone: 08 8981 8030
Fax: 08 8981 8456
Email: amity@octa4.net.au
Web Address: http://www.ocat4.net.au/amity
Contact person: Ms Wendy Larn, Director

Government – Local

167
Darwin Youth Sister Cities Organisation

Description
The Darwin Youth Sister Cities Organisation (DYSCCO) creates an atmosphere of understanding and friendship
between the young people of Darwin and people of other cultures. It aims to establish, participate in and strengthen relationships between Darwin and other sister cities, particularly focusing on the city's young citizens. It encourages hospitality to young visitors from other cultures, and assists in organising visits to other cities for Darwin's young people. The DYSCO also helps members develop skills in public speaking, meeting procedures, leadership, communication, civic and multicultural awareness.

**Main Achievements**
The main achievements of the program include: high involvement with a student exchange program with Haikou, China; annual outreach student exchange dinner; very successful fundraising and social programs; involvement with several international delegational visits.

**Evaluation**
Internal evaluation.

**Contact**
Darwin City Council
GPO Box 84
Darwin NT 0801
Phone: 08 8982 2635
Fax: 08 8941 0849
Email: i.oreilly@darcity.nt.gov.au

**Government – State**

**168 Youth Grants Program**

**Description**
Aims and objectives include the provision of financial assistance and guidance to young people and their organisations to enable them to plan and implement a variety of community based activities. Rationale involves supporting existing structures through the provision of one off funding for activities and programs assisting young people.

**Evaluation**
Internal and external evaluation.

**Contact**
Northern Territory Office of Youth Affairs
GPO Box 4396
Darwin NT 0801
Phone: 08 8999 7217
Fax: 08 8999 7494
Email: danyelle.bodaglin@nt.gov.au
Contact person: Ms Danyelle Bodaglin, Senior Project Officer

**Health Service – Community**

**169 Training and Education Services**

**Description**
The training and education services of the Association aim to promote increased knowledge, skills and positive values and attitudes towards sexuality and sexual health amongst the whole population. Through health promotions, education programs and providing training, resources, information and support for the community in sexual and reproductive health, Family Planning NT believes this will better equip our community to prevent youth suicide.

**Main Achievements**
Increased access by young people to information and support services related to sexual health. Established components of training for health professionals which focus on effective support and education with young people regarding sexual health. Appropriate and accessible clinical service provided for young people and community.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

As a generalist sexual health service this is an indirect product of the Association’s work, although increased profile has brought it to the fore in much education work. Structural issues in this agency and others are a major obstacle to promoting change in attitudes to support for young people’s sexuality choices. Specific project funding is needed along with clear and comprehensive values based approach to all work within education services.

**Evaluation**
Internal evaluation.

**Process evaluation:** Currently being designed.

**Impact evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Contact**
Family Planning Welfare Association, Northern Territory
PO Box 503
Nighcliff NT 0810
Phone: 08 8948 0326
Fax: 08 8948 0626
Email: jjablonda@ozemail.com.au
Contact person: Mr John Jablonka, Manager Training and Education
Indigenous Community Organisation

170 Tiwi Health Board

Description
The Tiwi Islands Youth Suicide Prevention Project is part of a nationally coordinated and networked trial supporting rural and remote communities to develop strategies and protocols to help prevent youth suicide. The project is using five sites where a local project worker will identify and train formal and informal networks of local people to understand the nature of youth suicide, recognise causes of youth suicide in their areas and recognise signs of self-harming and suicidal behaviour. The worker will help these networks to develop community strategies and protocols to help prevent youth suicide.

Main Achievements
This is a community owned and controlled project. It has run successful workshops, and it is planned to develop a community plan to address the issue of suicide.

Evaluation
Process evaluation: Action Research; Other managerial methods: steering committee.

Contact
Tiwi Health Board
PO Box 4347
Darwin NT 0801
Phone: 08 8922 8572
Fax: 08 8922 8940
Contact person: Ms Dee Dee Luta, Life Promotion Officer

Interagency

171 Darwin and Rural Workers with Youth Network (DARWWYN)

Description
Darwin and Rural Workers with Youth Network (DARWWYN) is a network of workers with young people. It offers information, support and resources to workers in the greater Darwin region, via monthly meetings and a monthly mailout which consists of minutes and other relevant information. DARWWYN meets monthly and all those that work with young people, or for the benefit of young people, are welcome to attend. Participation: there are no membership criteria or fees. The DARWWYN mailing list consists of over 150 government departments, community organisations and individuals. Meeting structure: meetings offer agency updates, a forum for discussion and a chance to liaise informally with other workers with youth; meetings are chaired by a member, elected on a rotating basis every quarter; Darwin City Council’s Youth Services Development Officer acts as Secretary to the Network. The Council also supplies administrative support; decisions at meetings are made by consensus. Working Groups: from time to time working groups on specific issues may be formed. Working groups are free to advocate on particular issues according to the skills and resources available to participants. Working Groups may report to, but are not responsible to DARWWYN. The aims of DARWWYN include: the provision of information of interest to those working for the benefit of young people in the Darwin region; to identify issues of concern to young people and workers with youth. This may take the form of participating in or initiating debate, research or responding to government policy; communication and liaison with other youth affairs networks in the Northern Territory, and the Australian Youth Policy and Action Coalition (AYPAC).

Main Achievements
DARWWYN has achieved consistently high participation at monthly meetings and several successful working parties have been formed to address issues of concern to young people or youth workers.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

DARWWYN is facilitated and coordinated by the Youth Services Development Officer at the Darwin City Council. As this position has several other responsibilities, time can be a barrier. Also with no funding, some activities which the group would like to undertake are difficult. Adequate and secure, recurrent funding is required.

Contact
Darwin City Council
GPO Box 84
Darwin NT 0801
Phone: 08 8982 2635
Fax: 08 8941 0849
Email: i.oreilly@darcity.nt.gov.au
Contact person: Mr Ian O’Reilly, Youth Services Development Officer

Mental Health Service

172 Early Intervention Team

Description
Program designed to assist young people (and their families) who are at risk of developing a mental illness. Provide services for prevention, intervention and treatment of mental illness.

Evaluation
Internal evaluation.

Contact
Darwin Urban Mental Health Services
Territory Health Services
PO Box 40596
Casuarina NT 0836
Phone: 08 8999 4988
Fax: 08 8999 4999
Contact person: Mrs Hilary Berry, Team Leader
173 Life Promotion Project Top End: Northern Territory Health Services

Description
The Life Promotion Strategy Top End is a 12 month project to build an infrastructure within Top End urban and remote communities for a ‘Whole of Life’ health promotion program. The strategy aims to reduce the burden of suicide and depression on individuals, families and communities in the Top End of the Northern Territory. Objectives of the program are: to develop partnerships and engage in community consultation with local and indigenous people; to respond to recommended community solutions to reduce suicide and self harm and the impact on communities; to promote existing and proven models of suicide intervention suitable in urban, rural and remote communities; and to improve interagency response in the event of a youth suicide in urban, rural and remote regions. The model uses a fully integrated, intersectoral approach to mental health promotion, more closely related to education and training than to therapy.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Short time lines.

There is a cumbersome organisation overseeing project which precludes community consultation. Timelines are too short to have any great impact on such a large geographical area, and widespread and diverse populations. This includes 60 different nationalities in urban centres and 90 different tribal groups across the Top End.

Longer time frame for Life Promotion Project Top End NT – at least 2 to 3 years with a possible extension to 5 years (for example, Aboriginal Domestic Violence Strategy). Need to involve non government organisations in community consultation process to fast track ownership of Life Promotion Strategy by public and remote community of Top End.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Formative evaluation (feedback).

Contact
Darwin Urban Mental Health Services
Tamarind Centre
PO Box 40596
Casuarina NT 0811
Phone: 08 8999 4938 or 08 8999 4939
Fax: 08 8999 4999
Email: leonore.hanssens@health.nt.gov.au
Contact person: Ms Leonore Hanssens, Life Promotion Officer

174 Life Promotion Project

Description
The Life Promotion Project aims to improve the efficiency and effectiveness of intervention, management, prevention and postvention procedures for suicide and suicidal behaviours among young people of Central Australia. The five main goals of the project are: to develop a timely and effective interagency response in the event of the suicide or attempted suicide of a young person that provides follow up to those bereaved by suicide and identifies and implements prevention strategies for those impacted by suicide; to collaborate with young people to inform the process and outcomes of the Life Promotion Project; to collaborate with workers and agencies working with young people and those working with the families and communities that are affected by suicide and suicidal behaviours of young people; to increase linkages between individuals and sectors through networking, collaboration, and awareness raising, to improve access for young people to services; to identify education, awareness and support needs and facilitate or provide training, development and resources to meet the priority needs of young people.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Short time lines; Issues with intersectoral links.

There are insufficient staff/time resources in relation to the high population of indigenous young people in Central Australia. There is also a lack of culturally appropriate services and general services to young people. There are no youth friendly spaces available.

Need to encourage intersectoral links and education and training for service providers. Need increased funding for primary prevention and early intervention.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Alice Springs Community Mental Health Services
PO Box 721
Alice Springs NT 0871
Phone: 08 8951 7713
Fax: 08 8951 7715
Contact person: Ms Dianne Linton, Indigenous Life Promotion Officer

175 Mental Health Team

Description
The Mental Health Team in Katherine does not have a specific youth suicide strategy in place, but considers each case concerning people with mental health problems on its merits.
Main Achievements
Main Achievements include forging better links with other agencies dealing in youth suicide and development of a more collaborative approach. The Mental Health Team has also managed to reduce suicidal behaviour rates.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Monitoring through routine documentation.

Contact
Mental Health Team
First Street
Katherine NT 0851
Phone: 08 8973 8582
Fax: 08 8973 8561
Contact person: Mr Jeremy Cowden

Remote Mental Health Service for Central Australia

Description
The Remote Mental Health Service for Central Australia aims to give good quality community mental health care to remote communities of Central Australia (including the Barkly and Pitlands of South Australia). The emphasis is on early intervention and the prevention of admission to psychiatric wards. Assessments are done in culturally appropriate settings. Services include assertive follow up of patients discharged from psychiatric wards, and education of clients, families and health workers.

Main Achievements
Achievements include moving from individual management of people with mental illness to systemic issues, and providing a service to local communities.

Contact
Remote Mental Health Service for Central Australia
PO Box 721
Alice Springs NT 0871
Phone: 08 8951 7836
Fax: 08 8951 7715
Contact person: Mr Naz Rentulla, Community Nurse/Social Worker

Religious Organisation

Community Accommodation and Support Program

Description
This program, which receives funding through the Supported Accommodation Assistance Program (SAAP), offers medium term accommodation plus general support of families through outreach work.

Main Achievements
Reducing level of homelessness; assisting families to stay together harmoniously.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
External evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Monitoring through routine documentation.

Contact
Anglicare – Katherine
Shop 2, 6 Kintore Street
Katherine NT 0850
Phone: 08 8972 1571
Fax: 08 8971 2794
Contact person: Ms Sandy Graham, Coordinator

Refuge

Casy House Youth Refuge

Description
Casy House is a crisis accommodation refuge for youth 15–19 years of age. In managing this client group, youth suicide is often an issue that the centre needs to deal with. Any reference made by young people in relation to suicide is taken seriously. At risk clients are closely monitored whilst attempts are made to find the best solution to the problem such as counselling, family mediation, substance abuse counselling and/or treatment.

Main Achievements
A major achievement of the program is providing a secure safe environment for homeless youth.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Casy House Youth Refuge
GPO Box 2586
Darwin NT 0801
Phone: 08 8981 8323
Fax: 08 8941 3943
Contact person: Ms Cheri Williams, Coordinator
179
Living Works Suicide Intervention Workshops

Description
Living Works Suicide Intervention Workshop is a 2 day workshop designed especially to assist any caregivers to intervene with those at risk of suicide or attempting suicide.

Barriers/Needs
Insufficient funding.
There are difficulties in finding funds to pay for airfares of facilitators of workshop to go to different places in the Northern Territory. Increased charge for doing workshop to help offset these costs.

Contact
Uniting Church – Frontier Services
PO Box 295
Jabiru NT 0886
Phone: 08 8979 2250
Fax: 08 8979 2250
Contact person: Mr George Woodward, Minister of Religion

180
Living Works Suicide Intervention Training

Description
Living Works Suicide Intervention Training focuses on equipping people to become more effective first responders to people at risk of suicide, providing links to further help when needed. Living Works provides a range of suicide intervention programs. Two currently available throughout Australia are: Suicide Aware – a 1-3 hour introductory presentation forum for community audiences or workplace teams to become more knowledgeable about suicide; Applied Suicide Intervention Skills Training – a 2 day suicide intervention workshop for community caregivers or professional workers seeking to enhance their ability to recognise and respond to a person at risk.

Main Achievements
Achievements of the program include the delivery of three Living Works Suicide Intervention Workshops. Participant feedback was very positive and there is a high level of interest in the community.

Barriers/Needs
Lack of time.

Evaluation
Internal evaluation.

Contact
Anglicare Top End
5 Nemarluk Drive
Ludmilla NT 0820
Phone: 08 8985 0000
Fax: 08 8985 0001
Contact person: Ms Simone Dayer, Youth Health Worker

181
Scripture Union Camps

Description
Scripture Union runs at least 4 camps per year encouraging youth to think about values and belief systems. They also have specific training in leadership in varying degrees on each camp. The aim is to provide a safe and encouraging environment for youth to ask questions about any area of life. There are doctors and counsellors associated with every camp, to give the highest level of care. Working in small groups, youth are invited to work through issues like beliefs, potential, their reaction to aspects of their social environment, etc. If there is concern that a camper is at risk, counselling is made available, and that person is followed up after camp.

Main Achievements
Youth are challenged to think through big issues, not to accept the first line they hear. Youth have realised their potential and value, and have owned it and started to be proactive in their decisions about life.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources. Because the camps rely on gifts from the public, and are staffed by volunteers, it is not possible to accomplish as much as is desired.

Increase public awareness about Scripture Union and what they do.

Evaluation
Internal evaluation.

Impact evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Scripture Union – Northern Territory
7 Rowling Street
Casuarina NT 0810
Phone: 08 8945 4352
Fax: 08 8945 4359
Email: sunt@octa4.net.au
Contact person: Ms Kathryn Reynolds, Office Coordinator

182
Mind Matters

Description
The aims of the Mind Matters project are to: promote psychosocial health; develop a comprehensive school based mental health promotion program; review and develop curriculum resources; promote a professional development program for mental health promotion; and improve depth of education for and about mental health. The key project tasks are to: implement a whole school
approach to mental health; select, support and administer pilot projects; develop and trial resources; develop and trial a professional development program for the use of the resources; develop strategies to guide the promotion and marketing of curriculum resources and professional development; provide advice on options for improving and revising resources associated with the project.

Main Achievements
An achievement of the project has been the modification of the national curriculum to suit the local client group.

Barriers/Needs
Insufficient staff/time/resources; Short time lines.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
National Mental Health in Schools Project
Darwin High School
Bullocky Point
Darwin NT 0800
Phone: 07 8999 1242
Contact person: Ms Anne Hosking, School Counsellor

Sexual Assault Service

183 Sexual Assault Counselling Programme

Description
The Territory Health Services funded sexual assault counselling service at Katherine Family Link (a division of Centacare NT) is free of charge, confidential and offers counselling for men, women or children who are past or present survivors of sexual assault. Counselling is also available for partners and families of survivors. The counsellor is available to speak to community groups on issues regarding sexual assault, and is able to provide court support and debriefing for those commencing or completing legal proceedings, and referral to other services. Telephone counselling is available by appointment to those who are unable to access the service in person. Regional work consists of raising community awareness of the issue of sexual assault, teaching children protective behaviours, and community development projects and counselling. Clients utilising the service are also able to gain access to information about police, legal and medical services within the town of Katherine or the nearest community facility. The service strives to operate as a social change agent, actively participating in such events as Reclaim the Night, and working with other sexual assault response services throughout the territory on sexual assault law reform. Future developments are hoped to include a women’s group for survivors of sexual abuse.

184 Sexual Assault Service

Description
Ruby Gaea House is Darwin’s Rape Crisis Centre. It deals with suicide only in the context of counselling for sexual assault issues. It is a women’s only service, and only provides counselling for boys up to 12–13 years of age.

Main Achievements
The centre provides ongoing service provision for women and children who have been raped/sexually abused, and community education on sexual assault issues.

Evaluation
Internal and external evaluation.

Impact evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Ruby Gaea House
PO Box 42082
Casuarina NT 0811
Phone: 08 8945 0155
Fax: 08 8945 2783
Email: rubygaea@taunet.net.au
Contact person: Ms Angela McMahon, Counsellor/Coordinator
University – Counselling/Welfare/Health

185
Equity and Student Access

Description
The service provides counselling for students at Northern Territory University (NTU) who are experiencing problems that are inhibiting their personal or academic goals from being met. The service assists students to achieve their goals. Counselling, generally on an individual basis, is provided by two student facilitators who are trained psychologists. Group workshops are run on various lifestyle issues that affect students, such as substance abuse and self esteem. Work with students may involve liaison or advocacy with university staff on academic issues. Suicide, as an issue, arises directly or indirectly in many cases.

Main Achievements
Achievements include promotion of the service and the ability to identify those in crisis, with a view to prevention.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Strategic planning processes.

Contact
Northern Territory University
Casuarina Campus
Northern Territory University, Casuarina Campus
Darwin NT 0909
Phone: 08 8946 6288
Fax: 08 8946 6654
Contact person: Mr Jeremy Muir, Student Facilitator

Youth Service

186
A Holistic Approach to Care for Young People (ASYASS)

Description
The Holistic Approach to Care for Young People (ASYASS) program offers support to young people on a daily basis. The support includes: advocacy; income support; legal information; accommodation; assistance accessing community services; and assistance for the family of the young person.

Main Achievements
Achievements of the program include providing assistance and support on a daily basis for up to 50 young people.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Anglicare Top End
PO Box 36506
Winnellie NT 0821
Phone: 08 8985 0000
Fax: 08 8985 0001
Contact person: Ms Susan O’Leary

187
Big Sister/Little Sister Program

Description
Big Sister/Little Sister is a community based program, providing supportive friendship on a one to one basis for disadvantaged young women and young women at risk aged, 10 to 16 years. Adult women volunteers (Big Sisters) are matched with young women (Little Sisters). The volunteers are expected to make a minimum six month commitment to spend regular time with the young women, and to provide friendship, support and access to positive recreational pursuits. Many relationships persist beyond this time. Little Sisters are free to leave the program at any stage. It is hoped that by having this positive role model or mentor in her life, the Little Sister will develop improved self esteem, confidence and the ability to make sound, independent decisions about her life.

Main Achievements
Operating successfully for the last 13 years in Darwin; matches that have lasted beyond the specified time; long time dedication of volunteers; and adolescents gaining self confidence and self esteem.

Barriers/Needs
Insufficient funding; Bound by geographically boundaries.
Geographically located only in and around the city. There needs to be a remote program to operate around the Territory. The employment of a remote coordinator to work with small communities would help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Other managerial methods: for example, 3 monthly evaluations between matching Big and Little Sisters.

Contact
Young Women’s Christian Association (YWCA) of Darwin
PO Box 2586
Darwin NT 0801
Phone: 08 8945 1372
Fax: 08 8945 6588
Contact person: Mrs Clea Wallace
188
Palmerston Youth Outreach

Description
Palmerston Youth Outreach (a Jobs, Placement, Employment and Training (JPET) Program) has been identified as an outreach program. The program ensures that services go to young people instead of young people going to the services. The project focuses on all areas of jobs, placement, employment and training by taking an holistic approach to achieving positive outcomes. With many young people the above is not possible until other factors such as homelessness, family conflict, legal issues, literacy and numeracy and many other barriers are dealt with. JPET designs its programs on an individual basis to ensure that all barriers are overcome and has a policy of not turning anyone away.

Main Achievements
1) School workshops: a number of workshops have been run on conflict resolution within the home and the realities of moving out of home. These have been useful for both the program and the young people involved. 2) Participation levels.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources.

The program is quite isolated in a geographical sense from any other youth agencies, with the result that sometimes there is a lack of backup services available. The program is staffed by 2 full time workers, however due to the large workload they often find that there is insufficient time and resources to do everything. To overcome both identified barriers, it will be necessary to continue to endeavour to have regular contact with other youth agencies in Darwin as this can alleviate the problems of lack of backup services and insufficient time and resources.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Young Men’s Christian Association (YMCA) of Palmerston
PO Box 747
Palmerston NT 0831
Phone: 08 8932 9308
Fax: 08 8932 1097
Email: ymcajpeth@octa4.net.au
Contact person: Ms Natalie Cocks, Youth Outreach Worker

189
Somerville Youth and Family Services

Description
Somerville Youth and Family Services provides free and confidential support to local young people between 12–24 years old and their family members. Services provided include: health and life skills; referral to other organisations; help with budgeting; advocacy; individual and family counselling; accommodation; liaison with other agencies; conflict mediation; and financial support.

Main Achievements
Achievements include development of practices aimed at early intervention and prevention, for example regular visits to schools, and the employment of a specific outreach worker.

Evaluation
Internal and external evaluation.

Outcome evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Somerville Youth and Family Services
PO Box 430
Katherine NT 0850
Phone: 08 8971 1107
Fax: 08 8971 0977
Contact person: Mr Eric Priestley, Senior Program Coordinator
Queensland
## Advisory Service

### 190

**Youth Action Committee, Cairns**

**Description**
The Youth Action Committee is a group of young people who came together after young people at the Cairns Youth Summit 1997 and said they wanted to be heard and be involved with issues which affect young people. The Youth Action Committee: offer information and projects for young people; provide a youth voice; advise and work alongside Cairns City Council and the community on the planning and delivery of youth services; and positively promote young people's contribution to the community. The Youth Action Committee currently has a number of projects: the Media Project aims to increase positive profiles of young people in the media, produce a TV filler, develop a website and initiate Youth Media Awards; the Peer Support Project aims to encourage the development and adoption of peer support programs in Cairns school; the Reconciliation Project called 'Bringing Them together'; and the Youth Entertainment Project which aims to address the entertainment needs of young people in the Cairns region.

**Main Achievements**
The main achievements of the Committee include: the development of a representative group of young people; collaboration between young people and the community; increased support of young people by the community, including local councils; and the dissemination of youth specific information by young people in a youth friendly format.

**Barriers/Needs**
Lack of community interest.

Volunteers run the program, which means that the Committee relies on very busy people, and this makes some tasks difficult to complete.

Young people volunteer their time to the project, so it is important not to place unrealistic demands on the volunteers. Community members may place more importance on other services provided by local councils, for example, rates/rubbish/roads than youth development. Payment for the volunteers time would improve commitment. Better promotion of the project to the community would improve awareness of the importance of supporting the young people in the area.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Strategic planning processes.

**Contact**
Cairns Youth Action Committee  
PO Box 359  
Cairns QLD 4870  
Phone: 07 4044 3031  
Fax: 07 4044 3830  
Email: ydo@cityofcairns.qld.gov.au  
Contact person: Ms Lee Storck, Project Officer (Youth)

## Community Organisation

### 191

**Applied Suicide Intervention Skills Training (ASIST)**

**Description**
Lifeline Cairns, in conjunction with LivingWorks Education, offers a two day innovative and rewarding workshop for participants to gain the skills of suicide first aid. By the end of the workshop, participants will be able to: recognise that persons at risk are affected by personal and societal attitudes about suicide; identify factors that indicate and estimate risk of suicide; estimate the degree of risk; discuss suicide with a person at risk in a direct manner; demonstrate the skills required to intervene with a person at risk of suicide; list the resources, including themselves, available to a person at risk of suicide; commit to helping coordinate social support resources to persons at risk of suicide. Also offered by Lifeline Australia is another training program developed by LivingWorks, Suicide Aware presentations.

**Main Achievements**
The major achievement is that this program exists and that participants take away a set of life sustaining skills. In the words of a James Cook University PhD graduate, 'I learnt more from this workshop in two days than I did in four years of university'.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Lack of community interest; The need for a sustained presence in media, that suicide intervention skills are valuable life skills.

Just as the ambulance service promotes physical CPR (cardiopulmonary resuscitation) as an immensely useful set of life skills, ASIST (Applied Suicide Intervention Skills Training) offers the counterpart of emotional CPR. Many jobs require applicants to have a First-Aid Certificate. The ASIST Certificate of Participation (16 hours of suicide intervention training) could become part of health worker employment protocol.

**Evaluation**
External evaluation.

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; controlled trial.

**Contact**
Lifeline Cairns Region  
PO Box 11B  
Bungalow QLD 4870  
Phone: 07 4050 4955  
Fax: 07 4031 4807  
Contact person: Ms Marilyn Anderson, Registrar
192

Aware and Care – Community Education

Description
Aware and Care is a local regional program. It offers community based education and incorporates the development of community support groups where needed. The program is part of a network of service providers.

Main Achievements
The service has achieved ongoing support for these affected by all aspects of suicide, and community education and support.

Barriers/Needs
Insufficient staff/time/resources.
There is never enough time to do everything completely and properly.

Evaluation
External evaluation.
Impact evaluation: Quality assurance methods; Action Research.

Contact
Lifeline Mackay – Whitsunday
PO Box 5607
Mackay MC QLD 4741
Phone: 07 4953 0744
Fax: 07 4944 0254
Email: lifeline@mackay.net.au
Contact person: Ms Kim Hosking, Counselling Team Leader

193

Community Media Team

Description
The Community Media Team was established to liaise with media outlets and to monitor media stories. The Team acts on a consultative basis, but will take action through the various appeal processes if news stories are considered unsuitable by the group. An unsuitable story would be on which reports the details of how one suicides.

Main Achievements
An achievement of the Team was having a complaint upheld in regard to reporting that was insensitive and which trivialised a suicide attempt.

Contact
Taskforce for the Prevention of Youth Suicide Far North Queensland
PO Box 1103
Cairns QLD 4870
Phone: 07 4050 3670
Fax: 07 4051 4322
Email: ehunter@health.qld.gov.au
Contact person: Ms F Mohammed, Project Officer

194

Community Support Program

Description
The aims of the Community Support Program are: to facilitate the early intervention in and prevention of family upheaval and breakdown and to support clients during crisis by providing support, information, referral; to empower members of the Logan West community by providing information, education on relevant issues and support groups endeavouring to improve that community; to provide support for anyone requiring it, through individual assessment or counselling, referral, education, support groups, transport, financial aid. The theories of several humanist psychologists are used when working with clients in severe crisis, for example, suicidal, severe depression, recent or chronic grief, relationship breakdown, sudden financial stress. With suicidal clients, a contract is developed, initially looking at the next 24 hours and eventually at the next month. Contact is continued by staff (if desired by the client) even after the client has accessed other support services such as a psychiatrist or hospital. The support groups that run under CSP include peer support for clinically depressed clients, for women currently living in abusive relationship, for new mothers, for men, and for carers of children suffering behavioural problems.

Main Achievements
Range of peer support groups; wide range of workers: family support; psychologist; counsellors; social worker; community development/welfare.

Barriers/Needs
Lack of backup services; Insufficient funding; Structural problems in services.
Logan West has few mental health options. Back up services are at least 17 kilometres away with very limited public transport, and long waiting lists. Operating from a 'stretched' building in terms of space places pressure on the program. Outreaching of health funded services to this area; moving the program off site; more accessible public transport.

Evaluation
Internal evaluation.
Process evaluation: Descriptive statistics about clients; Monitoring through routine documentation.
Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

Contact
Logan West Community Centre
2 Wineglass Drive
Hillcrest QLD 4118
Phone: 07 3800 3929
Fax: 07 3800 2963
Email: Louised@LRVNET.ORG.AU
Contact person: Ms Louise Dwyer, Coordinator
195
Crisis Face to Face Counselling

Description
Lifeline is a crisis counselling agency. The key service is the Lifeline crisis telephone line – 131 114. Suicide has always been a focus area. Crisis face to face counselling is also provided by professional counsellors for pre and post self harming ideation or episodes.

Main Achievements
The service has achieved ongoing support for these affected by all aspects of suicide, and community education and support.

Barriers/Needs
Insufficient staff/time/resources.
There is never enough time to do everything completely and properly.

Evaluation
External evaluation.

Impact evaluation: Quality assurance methods; Action Research.

Contact
Lifeline Mackay – Whitsunday
PO Box 5607
Mackay QLD 4740
Phone: 07 4953 0744
Fax: 07 4944 0254
Email: lifeline@mackay.net.au
Contact person: Ms Kim Hosking, Counselling Team Leader

196
Gold Coast Youth Crisis Information

Description
This project was designed to encourage help seeking behaviour in young people by providing them with access to contact telephone numbers to be used in times of need. It is recognised that while the Gold Coast has a number of services available to youth, youth themselves are not always aware of these services and how to access them. The aim is to make youth aware of services and professional assistance that is currently available should a crisis or problem situation arise. Research has indicated that young males in particular do not always talk to their parents when problems arise but are more likely to talk with their peers. Young people therefore need information to assist themselves or their friends. It is hoped that support and/or assistance would be obtained enabling problems to be resolved before the young person decides that their situation is ‘hopeless’. This project is comprised of three parts, all parts supporting each other with the same images being carried throughout: Youth Information Card: this is a small card that fits into a wallet and provides telephone numbers to local services. These numbers include those for accommodation, food, legal advice, counselling, drug and alcohol services, medical care and crisis numbers. Website: this site is available as an alternative to the Youth Information Card.

It contains the same information plus an expansion of information for the user. It is designed for the user who does not have a card or prefers or requires alternative access to the information. Posters: the poster is designed to lead young people to the website of the Youth Information Card and provides emergency contact numbers.

Main Achievements
In the evaluation conducted after the pilot of the card, 80 percent of state high school students and 85 percent of independent high school students surveyed indicated they would keep the card in their wallet for future reference. The initial print run for the card was 35,000. Orders for the card exceeded this within the first week and an additional 25,000 were printed. An update is currently under way.

Evaluation
Internal evaluation.

Contact
Gold Coast Youth Suicide Prevention Committee
9 Helensvale Road
Helensvale QLD 4212
Phone: 07 5573 3873
Fax: 07 5573 3873
Web Address: http://www.users.bigpond.com/gcyoungcrisisinfo
Contact person: Ms Raylee Taylor, Chairperson

197
Islamic Young Women’s Group and Islamic Young Men’s Group

Description
Both Islamic Youth Groups aim to give peers a sense of belonging and purpose. A focus of the group is on awareness of their culture in order to make them feel proud of their heritage. It is very important to focus on the family structure and deal with the various issues which arise when children reach adolescence. It is important to establish mutual trust between the committees and their peers in order to move ahead and accomplish goals together. In order to achieve this, the group must be involved socially in order to become better acquainted.

Main Achievements
On a whole, both groups have established a good relationship with their peers. The social gatherings have been successful in bringing not only the youth closer, but also slowly bridging the gap between the older generations.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
In order for any activity to be successful, a substantial amount of educational and training is imperative. Therefore lack of funding and resources are an obstacle at this stage. The groups employed by the Government to educate the communities on these issues need to reach minorities, such as the various religious and cultural groups.
198

Mental Health Information and Resource Service

Description
Gladstone Mental Health Information and Resource Centre is a non-profit organisation of people who are concerned about mental health issues in their community. The Centre aims to: provide specialised information and referral services for people with a mental illness, their families and carers; to provide community awareness of mental illness; to promote a caring and accepting community environment for people with a mental illness and their families; to educate the community service providers, consumers, carers and families; and to provide mutual support activities.

Main Achievements
The main achievements of the Centre include: the inclusion of people with a mental illness in the development of community awareness programs; an increase in the number of enquiries to the service; the range of educational programs offered to the community; an increase in the number of people receiving the newsletter.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

People with a mental illness may not be judged as being a credible voice; there are competing pressures for people’s attention which lessens the impact of information and education to reduce prejudice. There needs to be a desire to overcome barriers amongst all parties; it is necessary to clarify roles and expectations of service providers, consumers and carers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Action Research.

Impact evaluation: Qualitative methods; Non experimental repeated measures design.

Contact
Islamic Women’s Association of QLD
PO Box 487
Woodridge QLD 4114
Phone: 07 3216 9769
Fax: 07 3216 9769
Contact person: Mr Ibrahim, Advisor

199

Rural Youth Development Coordinator

Description
The Rural Youth Development Coordinator has implemented the following programs and outreach services: performing arts/circus performers/busking; underage rages/discos; mural paintings/ceramic mural; music jam sessions; drama workshops; cultural camps; community conferencing (in process); Seasons for Growth workshop. The coordinator has also organised a suicide prevention/first aid workshop and a mental illness/depression workshop targeting: community members; teachers; sports coaches; and people affected by mental illness, depression or suicide. The coordinator has approached mental health and other services to provide outreach services. A Youth Suicide Prevention Networking Group meets regularly, now under the name of Youth Initiatives Network Group.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines; Transport in rural communities.

Without transport in rural communities, equity and access is difficult to achieve. Access to a venue for youth specific use is unavailable. Funding can be difficult to access and time consuming. Funding available for certain projects but not for others. Transport is a national problem facing nearly all rural and remote communities. This is best overcome by taking programs to smaller communities. Need more funding to purchase a bus. Accessing a venue for youth specific use requires a holistic community approach with full support from local council and funding bodies. More funds and the assistance of voluntary staff would help with the funding and staffing difficulties.

Contact
Douglas Shire Community Services Association Incorporated
Mossman Community Centre
PO Box 682
Mossman QLD 4873
Phone: 07 4098 1480
Fax: 07 4098 1480
Email: ydomossman@internetnorth.com.au
Contact person: Ms Robyn Perry, Rural Youth Development Coordinator

200

SOS – Survivors of Suicide: Bereavement Association Counselling Course

Description
The Counselling Course aims to teach behavioural modification training in an accessible manner. The course runs for two hours over a ten week period, and includes an examination. The underlying philosophy is that human understanding is the most effective weapon against suicide, and that human understanding can be modified in an individual. The aim of the project is to produce a uniform language in methodology that ensures competent, continuity
of care with follow up from the professional to the street or vice versa. The intervention strategies include teaching clinical models that translate to therapeutic tools backed up by theoretical models. The overall strategy is to utilise available community services effectively in the prevention of suicide and the care of those bereaved.

**Main Achievements**
Achievements have targeted: the community with better education, awareness, networking and community involvement; the individual with increased competence and life management skills; and counsellors with higher competence in counselling practice.

**Barriers/Needs**
Insufficient funding.

SOSBSA could make a significant dent in suicidal behaviours if it were properly funded. However it appears that inroads are only being made slowly with funding bodies. Government, both State and Commonwealth really have no clinical idea. Therapists, rather than bureaucrats, should be allowed to determine the value of a project. It would also be helpful to to create meaningful dialogue with service providers, so that a clear understanding of methods can be defined. The welfare of human beings should be placed ahead of dollars and cents.

**Evaluation**
Internal evaluation.

**Impact evaluation:** Other managerial methods: register of counsellors; Written examination.

**Contact**
Survivors of Suicide Bereavement Support Association
2/40 Raffles St
Mt Gravatt QLD 4122
Phone: 07 3349 5482
Contact person: Mr Bruce Dimmock, Principal Counsellor

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**201 Specialised Training for Telephone Counsellors**

**Description**
Lifeline is a crisis counselling agency. The key service is the Lifeline crisis telephone line: 131 114. Suicide has always been a focus area. The telephone counsellors receive specialised training which contains a segment on suicide.

**Main Achievements**
The service has achieved ongoing support for these affected by all aspects of suicide, and community education and support.

**Barriers/Needs**
Insufficient staff/time/resources.

There is never enough time to do everything completely and properly.

**Evaluation**
External evaluation.

**Impact evaluation:** Quality assurance methods; Action Research.

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**Disability Service**

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**202 Community Living Program**

**Description**
The Community Living Program (CLP) aims to support people with an intellectual/learning disability to maximise the social and economic conditions of their lives. CLP can help until people feel confident to do things on their own.

Suicidal behaviour arises from a long process of exploitation and disjuncture from society for people with intellectual disabilities. Early intervention at preschool, primary and secondary school levels helps people with disabilities find social meaning and freedom from exploitation.

**Evaluation**
Internal evaluation.

**Process evaluation.**

**Contact**
Community Living Association Incorporated
5 Nundah Street
Nundah QLD 4012
Phone: 07 3266 5633
Fax: 07 3266 5866
Email: ctclp@gil.com.au
Contact person: Mr M O’Connor, Coordinator

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**203 Disability Program**

**Description**
The program assists young people with disabilities who have high support needs to optimise their quality of life. Participants must live in Logan or secondary areas, and be 18-25 years at time of referral. The program provides individualised plans to meet long and short term goals and includes training in personal development, community integration and independent living. Flexible respite services and group activities are also offered. The organisation does not focus directly on work with suicide and, if cases occur, refers on.

**Main Achievements**
The program has enabled work to be undertaken on an individual basis with clients, as part of an integrated organisation.
Drug/Alcohol Service

204
Joint Venture: Holyoake – Queensland Institute on Alcohol and Addictions and Alcohol and Drug Foundation Queensland (ADFQ)

Description
This joint venture of Holyoake – Queensland Institute on Alcohol and Addictions and Alcohol and Drug Foundation Queensland aims to provide interventions for those affected by another family member’s alcohol and other drug problems. The rationale for the joint venture is based on research which shows that the families of those with alcohol and drug problems suffer from a range of mental, physical and emotional problems that may also lead to them developing alcohol and drug problems. The interventions aim to foster understanding, develop skills and break the dependence cycle. Interventions used are counselling and therapy/education groups.

Main Achievements
The joint venture has addressed major gaps in services and provided extended access to services.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
Demand exceeds funding and staff time. More funding.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.


Outcome evaluation: Currently being designed.

Contact
Alcohol and Drug Foundation Queensland
PO Box 332
Spring Hill QLD 4004
Phone: 07 3832 3798
Fax: 07 3832 2527
Email: aldred@ats.com.au
Web Address: http://www.adfq.org
Contact person: Mr Bob Aldred, Manager – Holyoake

Family/Parent/Children’s Service

205
Child Protection Reference Group

Description
The Child Protection Reference Group involves collaboration between government and non government agencies, parents and young people. Its activities include the promotion of children’s and parents’ rights; community development and education; organisation of events, such as participation in child protection week, under 8’s week and the like; development of volunteer family support program; and interagency meetings.

Main Achievements
Achievements include the promotion of children’s and parents’ rights; participation in community activities, such as Child Protection Week; and the development of Volunteer Family Support Program.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

The Wide Bay community is very committed about many things. However, when it comes to young people, there is a decided negativity and disinterest. Councils, business and the broader community work against hearing what young people say they want.

Listening to young people and support and encourage all their efforts. Give young people responsibility for running their own programs. Run programs which involve the whole of the community including government, non government, business, local government, health, education, families and young people.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Action Research.

Impact evaluation: Strategic planning processes; Action Research.

Contact
Wide Bay Assessment Service
Family and Community Support Division, Uniting Church
PO Box 695
Bundaberg QLD 4670
Phone: 07 4151 4970
Fax: 07 4151 5829
Email: barbarah@interworx.com.au
Contact person: Ms Barbara Brearley, Coordinator
206
Parents Matter Too – For Parents of Teenagers

Description
Hambledon House Community Centre runs a five-session program with an optional follow-up session to address identified unmet needs of the group. Session One, Understanding the Adolescent, presents an opportunity to learn about youth culture and the challenges of helping a young person negotiate his or her way to independence. Session Two, Strategies for Dealing with Teenagers, looks at ways of dealing with teenagers, including teenage responsibilities, and provides parents with an opportunity to learn negotiation/consultation skills. Session Three, Communicating with your Teenager about Sexuality, explores ways of talking to teenagers about sexuality, puberty, contraception, and emotional and social changes. This session aims to answer the difficult questions and get communication going. Session Four, Parenting and the Law, looks at the rights of parents and teenagers. It provides participants with an opportunity to ask questions about parenting and the law. Session Five, Discussion Group, provides a forum for discussing parents’ needs, developing ideas to meet these needs, and planning for future information sessions.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods.

Contact
Hambledon House Community Centre
177 Bruce Highway
Edmonton QLD 4869
Phone: 07 4045 0222
Fax: 07 4045 0111
Contact person: Ms Kellie Parkinson, Psychologist

207
Suicide Prevention and Early Intervention

Description
The Suicide Prevention and Early Intervention program aims: to address community identified need for information and training in suicide prevention; to ensure small population groups (16–500 people) in rural areas receive information; to upskill health professionals/paraprosfessionals in identification of individuals at risk and response; to provide training for key community people in suicide prevention and early intervention.

Main Achievements
An achievement of the program is the provision of information and training to key people in small communities which are remote from most services. The program has also raised the community awareness of available resources.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Community fear of suicide and becoming involved; Segmented approaches from different government departments. Limited resources are provided to cover large distances. Centacare is a generalist agency covering a wide range of areas. Social isolation: people are isolated from each other in rural/remote communities.

More training and information is needed. Provide more training and information. Pool all areas of funding into one area which is managed by government and non government management teams.

Evaluation
Internal evaluation.

Process evaluation: Participant evaluation.

Contact
Centacare
PO Box 1245
Emerald QLD 4720
Phone: 07 4982 4358
Fax: 07 4982 2975
Contact person: Ms Jenny Smith, Centre Coordinator

208
Support Group – Young People in Care (QBYPIC)

Description
The Young People in Care Group is a support and activity based group run by young people for young people. The Group aims to develop their community to meet young people’s needs better. Activities include Young People days and other organised events.

Main Achievements
The main achievements of the program are: developing support for young people in care; facilitating young people’s ownership of their support group; and involvement of people from indigenous communities in programs for training to support young people from their communities.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest. The Wide Bay community is very committed about many things. However, when it comes to young people, there is a decided negativity and disinterest. Councils, business and the broader community work against hearing what young people say they want.

Listen to young people and support and encourage all their efforts. Give young people responsibility for running their own programs. Run programs which involve the whole of the community including government, non government, business, local government, health, education, families and young people.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Action Research.
Government – Local

209

Gatton Shire Suicide Issues Working Party

Description
The Gatton Shire Suicide Issues Working Party aims to develop and coordinate a community response to suicide and related issues within the Shire of Gatton.

Main Achievements
Achievements of the Working Party include: production of a community education booklet, 3,000 copies; production of a service provider referral procedures and contact listings; education and training to General Practitioners and general community workers; coordinating community responses to issues.

Barriers/Needs
Lack of backup services; Insufficient funding.

Limited services to network with and no funding available to support these initiatives. Increase service provision by increasing funding opportunities.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Quality assurance methods; Action Research.

Outcome evaluation: Descriptive statistics about clients; Strategic planning processes.

Contact
Gatton Shire Council
PO Box 82
Gatton QLD 4343
Phone: 07 5462 4000
Fax: 07 5462 3269
Email: gattonsc@uq.net.au
Contact person: Mr Barry Geaney, Youth and Community Development Officer

210

SUNfest

Description
The aims and objectives of SUNfest are: to provide a program that offers young people in the region a wide range of workshops and activities that are fun, personally enriching, and challenging, at venues that are as varied as activities; to provide young people with growth and development opportunities that would be otherwise unavailable to them or are in a high demand in the area; to provide a program that is accessible to as wide a demographic of young people as possible; to provide a program at the lowest possible cost to the young people involved whilst retaining a high quality for the activity; to identify strategic partners and work constructively with these partners to the benefit of the young people and the program; to provide a program that encourages pride in the community in which participants live and personal confidence within the young people involved.

Main Achievements
The program fulfilled a need that was identified in a Youth Needs Study for: more youth entertainment; a holiday activities program; access to activities and services currently unavailable. It has also increased council, business and general adult awareness and interest in youth issues.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Indigenous Australians were underrepresented in the attendance/participation statistics. This may have been because they found it difficult to attend for cultural reasons.

Promoting the program with the Indigenous Australian groups in town. Creating culturally specific activities, for example, Aboriginal Art and Dance.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

Contact
SUNfest Steering Committee
Gladstone City Council
PO Box 29
Gladstone QLD 4680
Phone: 07 4970 1259
Contact person: Miss C Johnstone, Youth Development Officer

211

The Rural Youth Worker Program

Description
The role of the Rural Youth Worker is to assist young people and the community to develop programs to meet the identified needs of young people. Also, to operate direct client service delivery by working with young people and
their families where the young people face a wide range of personal and social issues. The developmental work currently includes assisting Youth Councils in both shires to develop Youth Suicide Prevention Strategies including information and positive life affirming options for young people. The direct client service delivery includes counselling individual young people and their families.

Main Achievements
The main achievements to date are: the effective provision of early intervention in some cases; enhanced positive options for young people; effective prevention through family mediation.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of community interest; Too broad a duty statement for one position across two shires.

The shires of Mirani and Sarina are spread across fairly broad rural areas. Responses to young people need to be mobile and flexible. Incorporating these responses in a developmental role is too much of a strain. Further funding is needed to provide youth support workers to operate in a team with the rural youth worker.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Annual objectives of service agreement.

Contact
Mirani and Sarina Shires
The Rural Youth Advisory Committee
PO Box 1
Mirani QLD 4754
Phone: 07 4959 1811
Fax: 07 4959 1275
Contact person: Mr Neil Kempe, Rural Youth Worker

212 Youth Action Committee

Description
The aim of the Youth Action Committee (YAC) is to allow youth to have a say regarding what activities and facilities they would like to see available. YAC has been involved in a number of projects, including the Riverside Skate Facility, which included the planning, design and (in future) the construction of an outdoor skating venue. Youthfest '99 included a program of eight local youth bands and a range of sporting, community, health, education and employment organisations, with demonstrations and information stalls displaying what is available for youth in the area. YAC assists in the planning and running of a range of youth holiday activities, including skate days, sports days, arts and crafts, and provides a positive forum that allows youth involvement in community decisions and activities, promoting self worth and positive life choices.

Main Achievements
Involvement of youth in community based projects, such as the development of a skate facility; youth input to a range of issues concerning young people; a number of young people attending youth holiday activities.

Barriers/Needs
Insufficient funding.

Funding for programs comes from a mixture of local government funds from community groups and sponsors. Applications have been made to Queensland Health. However announcements were not made until after the project was run leaving the project with little funding. Greater time lines for State Government funding would help overcome these barriers.

Evaluation
Internal evaluation.


Contact
Calliope Shire Council
PO Box 231
Calliope QLD 4680
Phone: 07 4975 8100
Fax: 07 4975 8158
Email: csc@q150.aone.net.au
Contact person: Mrs Crystal Ubrihien, Sport and Recreation Officer

213 Aboriginal and Torres Strait Islander Apprenticeships on Deed of Grant in Trust Communities (DOGIT)

Description
The Apprenticeship Program on Deed of Grant in Trust (DOGIT) Communities supports the Youth Suicide Prevention Strategy by creating employment opportunities for young indigenous people in trade related fields. The program operates on the following high need communities, employing two apprentices per community: Hope Vale, Yarrabah, Palm Island, Napranum and Lockhart River. The program is operated by community councils and targets unemployed youth and youth at risk. Palm Island and Yarrabah have experienced a high incidence of youth suicide. This initiative complements other community initiatives aimed at reducing the risk of youth suicide. The program provides an opportunity to develop a skills base in the selected communities, leading to long term and sustainable employment benefits.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources.
The program operates on remote Aboriginal communities where residents suffer multiple disadvantages due to distance, cost and lack of resources. The mental health and support services are generally inadequate to meet the needs of young people who are at risk and/or in need of very specialised vocational education and training. More resources are required in these high need communities to enable appropriate strategies and interventions to be put in place which will help to reduce the risks to young people.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation.

**Contact**
Aboriginal and Torres Strait Islander Housing Program
Department of Housing
Level 3, 80 George Street
Brisbane QLD 4000
Phone: 07 3227 6869
Fax: 07 3227 6736
Email: arackfun@housing.qld.gov.au
Contact person: Mr Alex Ackfun, General Manager

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**214**

**Adult Offenders At Risk Assessment At Reception**

**Description**
Adult Offenders At Risk Assessment at Reception is a reception screening instrument looking at general health issues, drug and alcohol issues, mental health issues including risk of self harm, and other factors of relevance to the period of incarceration.

**Main Achievements**
Greater awareness/focus on possible problems. Much greater comfort/willingness to examine and discuss issues related to suicide in prison.

**Barriers/Needs**
Insufficient staff/time/resources; Attitudes of service providers. Increasing numbers of prisoners and receptions place a great strain on the system. Challenge is to move from a naturally adversarial system to a more supportive and positive one.

Decreasing prisoner numbers; focusing on humane treatment; ongoing education and support of staff.

**Contact**
Queensland Corrective Services Commission
GPO Box 1054
Brisbane QLD 4001
Phone: 07 3227 6501
Fax: 07 3227 6633
Email: ofdfall@qsc.qld.gov.au
Contact person: Dr Tony Falconer, QCSC Consultant Health and Medical

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**216**

**Breaking the Unemployment Cycle**

**Description**
The aims and objectives of the initiative are to create additional apprenticeships and traineeships in the public and private sector in both urban and regional areas of the state. The rationale is to significantly decrease unemployment levels and provide unemployed persons with the necessary skills to ensure workforce continuity. Intervention strategies include setting Equal Employment Opportunity targets for all public sector agencies for the employment of: women; people from a non English speaking background; people with a disability; Aboriginals and Torres Strait Islanders.

**Main Achievements**
To date, 23 State Government Departments, 16 TAFE Queensland Institutes, 95 local councils, 14 Statutory Authorities, 15 Aboriginal Councils and 19 Torres Strait Islander Councils have agreed to employ 6,500 additional
apprentices and trainees in the public sector over a period of three financial years. Application forms have been developed together with a database which is accessed by all State Government Departments. Currently over 5,000 applicants have been entered on the database.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Queensland Department of Employment, Training and Industrial Relations
GPO Box 69
Brisbane QLD 4000
Phone: 07 3406 2091
Fax: 07 3225 2011
Email: Graham.R.Smith@detir.qld.gov.au
Contact person: Mr Graham Smith, Director Employment Support Programs

217
Bullying – No Way! A Professional Development Resource for School Communities

Description
Bullying – No Way! is a professional development package for school staff which aims to raise awareness about bullying and to develop knowledge and understandings that can guide preventive responses to bullying in school and classroom environments. This package consists of: written materials on defining and understanding bullying and harassment and identifying approaches to achieve positive change; a facilitator's guide offering a suggested professional development program with resources; and a video tape consisting of 21 short vignettes illustrating incidents or aspects of bullying among primary students and secondary students which provides a stimulus for group discussion about a range of types of bullying which may be encountered in schools.

Main Achievements
The Anti Bullying Task Force was established in July 1998 at the request of the Minister, with the purpose of developing policies, strategies and resources which assist in minimising bullying, harassment and violence in schools. A Train the Trainer program has been run and at least one behaviour management support person from each Education Queensland district has participated. This training includes how to support schools in minimising bullying and use of the Bullying – No Way! materials that were distributed to schools in October 1998. Schools must identify strategies for dealing with bullying in their behaviour management plans. As a result some schools have developed effective strategies and programs using the Bullying – No Way! materials. Over 40 'workable solutions' to bullying that schools have identified are now on the Behaviour Management Unit website and are able to be accessed by schools wishing to initiate programs or enhance their practices in this area.

Contact
Education Queensland
Behaviour Management Unit
PO Box 33
Brisbane QLD 4002
Phone: 07 3237 0790
Fax: 07 3237 1175
Email: carlene.riley@qed.qld.gov.au
Contact person: Ms Carlene Riley, Manager, Behaviour Management Unit

218
Children Protection Training Package

Description
This school-based training package, produced by Student Support Services Branch and Open Access Unit, Education Queensland, is for use in schools to assist in providing a safe and caring environment for learning. The goals of the package are: to provide a clearer understanding of child protection; to promote values and attitudes essential to child protection; to reinforce staff awareness of responsibilities relating to departmental child protection policies; to increase knowledge in making judgements about all forms of child abuse; to assist the development of a whole school approach to child protection. The resource materials are designed for use by principals and trainers to train staff. They are stand-alone materials for group or individual use. The recommended mode of delivery is an interactive workshop using short video segments, activities and discussion of the issues and situations presented.

Barriers/Needs
Short time lines.

Evaluation
Internal evaluation.

Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

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Community Access Schools Project

Description
The program's objective is to enhance the quality of services provided to students, their families and communities from coordinated and integrated social support programs organised or developed through schools. This pilot is intended to explore the feasibility of a number
of different models/approaches in four selected sites. The models to be considered are: A. enhancing access; B. extending access; and C. coordinating the provision of access. Performance indicators are as follows: trial schools identified and statewide training undertaken; plans developed and agreed upon by the Project Manager in Education Queensland; pilots implemented and CAS (Community Access Schools) Models/Approaches developed; and evaluation parameters developed.

Main Achievements
Too early to tell.

Evaluation
Internal and external evaluation.

Process evaluation: Qualitative methods; Action Research.

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Web Address: http://www.qed.qld.gov.aultallcru/index.htm
Contact person: Ms Eileen Thumpkin, Senior Project Officer

220 Community Employment Assistance Program

Description
The Community Employment Assistance Program, a component of the Government's Breaking the Unemployment Cycle Initiative, aims to fund community and public sector organisations to provide employment assistance and training to long term unemployed people to help them to find work. The program targets persons who have been unemployed for 12 months or more and those disadvantaged in accessing labour market assistance and at risk of experiencing long term unemployment. At risk groups could include unemployed people who are indigenous, from a non English speaking background, people with a disability, or people who are at a particular disadvantage due to the specific characteristics of the local labour market. The program incorporates the Department's existing Work Skills for Youth, Young Offender Vocational Training and Training for Mature Workers Programs and subsequently specific emphasis will be given to projects that target disadvantaged young people aged 15 to 24 years who are at risk of long term unemployment, or aged 15 to 17 years and under community justice orders supervised by the Department of Families, Youth and Community Care; young offenders aged 17 to 24 years under community justice orders supervised by Queensland Corrections; and mature aged unemployed people over the age of 40 years. Organisations eligible to apply for funding under the program are incorporated community sector organisations, regional development organisations, local government authorities, government agencies and statutory authorities. The program can provide grant funding up to $60,000 for projects of up to 12 months in duration.

Main Achievements
Program only recently implemented (October 1998); no major achievements available to date.

Evaluation
Internal evaluation.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

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Contact person: Mr Graeme Wilson, Director, Community Employment Programs

221 Direct Work with Children and Young People

Description
The purpose of this program is the development of an appropriate case plan encompassing both immediate and medium to long term strategies to address the identified suicide risk. This involves direct work with the young person and/or referral to another agency.

Main Achievements
Achievements include the development of a mechanism to identify children and young people who may be at risk of suicide. Prior to the development of an appropriate case plan to address identified suicide risk, there was no centralised statewide system.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods; Other managerial methods: consultation with regional staff.

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Drug Education in Schools

Description
The objective of Drug Education in Schools is to: ensure that students have access to relevant, comprehensive and effective drug education throughout their time at school; outline the support, in terms of strategies, information, research, resources and professional development, desirable for teachers and administrators; provide a guide for evaluation and accountability in relation to the design and delivery of drug education programs in schools; and define the role and responsibilities of Education Queensland for drug education in the context of the Queensland Drug Strategy.

Barriers/Needs
Barriers are currently being addressed through the Review of Drug Education in Queensland Schools.

Evaluation
Internal and external evaluation.

Main Achievements
This is an innovative program working with Indigenous communities to support and develop programs and responses that address community needs. This program works within an Aboriginal frame of reference to respond to suicide and self harm.

Indigenous Youth Suicide Prevention Initiative

Description
The Indigenous Youth Suicide Prevention Initiative aims to help prevent deliberate self harming behaviour, particularly suicide, amongst indigenous young people in North Queensland by the development and implementation of culturally appropriate and life affirming strategies which enhance the quality of life for young people, and their families and communities. The objectives of the Indigenous Youth Suicide Prevention Initiative are to: promote positive life choices and strategies among indigenous young people; support communities to identify, initiate and sustain culturally appropriate suicide prevention processes, activities and strategies for young people within a framework of Indigenous specific terms of reference; provide nonrecurrent funds to participating communities to address community identified priority needs in relation to the prevention of youth suicide and self harming behaviour; facilitate the conduct of community forums to encourage the exchange of information and skills at the local level; develop community action plans that reflect the needs of individual communities to tackle the problem of youth suicide; support and facilitate information sharing and the development of best practice across different programs within communities; collate and analyse information gained from community forums to inform planning in the area of Indigenous youth suicide prevention; and establish viable and community owned responses.

Main Achievements
An achievement of the program is the publication of the report, 'Indigenous Youth Suicide Prevention Initiatives, Queensland'. This document provides: a stocktake of indigenous youth suicide prevention initiatives in Queensland; a report that compares the geographical distribution of relevant projects and services; the State's indigenous youth population and indigenous youth suicide rates; and recommendations for further action.

Contact
Department of Aboriginal and Torres Strait Islander Policy and Development (DATSIPD) PO Box 379 Brisbane QLD 4002 Phone: 07 3404 3572 Fax: 07 3404 3572 Email: rsaunder@families.qld.gov.au Contact person: Mr Rob Saunders, Program Development Coordinator
Management of Young Children Program (MYCP)

Description
The Management of Young Children Program is a skills training and support program for the parents of behaviourally difficult children in the age range of 2.5-7 years. The program aims to restore a parent–child relationship which is at risk through a child's oppositional behaviour. The intended outcomes are that parents, with support, can master skills in child management and restore a positive loving relationship; and children who are exhibiting inappropriate and anti-social behaviours are equipped with skills to enable them to attend and learn in the school environment. The program works with parent and child using practical parenting training two to three times per week.

Main Achievements
The program helps to restore family relationships through equipping children with skills to enable them to cope with interpersonal relationships at a range of levels, for example, family, school and community. It supports parents through the provision of training in child management, which is effective and positive in outcomes.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

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Contact person: Ms Marina Delacey, Senior Guidance Officer

Queensland Ambulance Service 000 Response

Description
The goal of the Queensland Ambulance Service (QAS) is to reduce the level of preventable mortality, injury, pain and suffering in the community. The QAS responds to both intentional and unintentional suicides or attempted youth suicides everyday in Queensland. Staff undertake specific training courses in youth suicide prevention. Government and non-government organisations enlist QAS's assistance both in their response to the youths involved and to suicide prevention programs in selected communities. QAS's collaboration is also sought to develop and maintain youth suicide prevention programs at state and regional levels. The problem is particularly poignant in Aboriginal and Torres communities. The QAS's involvement is modeled on the Aboriginal deaths in custody recommendations. The QAS works closely with community councils to develop youth suicide prevention programs. To this end the QAS has developed an indigenous employment strategy. Through this strategy the QAS provides encouragement, career direction, employment and hope for indigenous youths. In addition, the QAS is involved in a trial program of referral for young drug users in Brisbane to provide early intervention strategies to reduce drug-related deaths.

Main Achievements
A primary response is provided to youth who have attempted or been successful at suicide. The response has the potential to reduce death and to encourage victims to seek assistance. The program is ongoing – the Queensland Ambulance Service consults with key stakeholders to develop enhanced responses and to minimise self harming behaviour.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services; Ethical problems. The program is integrated into normal service provision. Dedicated funding has not been identified to date. Being a statewide service standardisation of the response and support provided is difficult, confidentiality and privacy issues may inhibit any publicity that might otherwise be useful.

Recognition of the role of pre hospital care providers could be developed as part of the national strategy; an integrated network of ambulance personnel in communities at high risk could be developed further; dedicated funding could be sought; greater acceptance of community owned issues such as youth suicide would increase awareness of the incidence.
Queensland Government Youth Suicide Prevention Strategy

Description
With a mission to 'Help local community and government groups to develop healthy local communities', the project's goal is to reduce adolescent suicide, in South and North Burnett, by 5 per cent over the next 20 years, and the objective is to reduce the impact of suicide on individuals, families and communities in the area over the next 20 years. Sub objectives are: coordinated and integrated life affirming strategies that enhance the quality of life for individuals, their families and their communities; establish and support local networks/groups that empower and enable local communities to support individuals, families and communities.

Main Achievements
Community involvement, participation. Still too early to assess other achievements.

Barriers/Needs
Insufficient staff/time/resources; Short time lines.

The Community Network Support Workers is only employed for twenty hours per week. No extra funding for projects/needs analysis. No time lines given; no permanent positions given. Employing staff full time and resourcing appropriately; make the project ongoing for at least 10 years; evaluating continuously would help overcome these barriers.

Evaluation
External evaluation.

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South Burnett District Health Services
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Queensland Government Youth Suicide Prevention Strategy Coordination Seminars

Description
The Queensland Government Youth Suicide Prevention Strategy (QGYSPS) is a whole of government approach coordinated by Queensland Health, which aims to prevent...
deliberate self harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities through integrated strategies which enhance their quality of life. The Government's commitments include a renewed focus on prevention and early intervention programs addressing specific health needs and issues related to suicide, such as body image, self esteem and sexuality. The QGYSPS has commenced working with a number of groups identified as 'at risk' through strategies such as seminars on specific issues. Four Strategy Coordination Seminars will focus on suicide and self harm issues among lesbian, gay, bisexual and transgender young people; Indigenous young people; young women; and young people with mild intellectual disabilities. The seminars are intended for professionals working with young people, rather than the young people themselves. The key outputs of the program are: to discuss aspects of suicide and self-harming behaviour among 'at risk' young people; to inform the work practices of participants dealing with 'at risk' young people; to provide a resource document to raise awareness of issues with youth suicide prevention community networks and district committees.

Main Achievements
The program is an innovative approach targeting organisations that may not be accessible to groups of young people who are often missed out of mainstream programs. The seminars aim to enhance the knowledge and skills of professionals working with young people who present with a range of issues.

Barriers/Needs
Attitudes of service providers.

The seminars are in the process of being implemented. Barriers are difficult to define at this stage.

Evaluation
External evaluation.

Process evaluation: Action Research.


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Queensland Youth Action Program

Description
The Queensland Youth Action Program is a Queensland government initiative promoting community service and youth development in schools. The program aims to enhance the broad range of training options for state secondary school students in years 8-12. The program has been designed to promote skills acquisition, self esteem, team work, leadership, community service, individual responsibility and self reliance. The project is based on successful initiatives in Victoria and Western Australia and was initiated in 1998 with a pilot in 10 state secondary schools. More schools are invited to join the program each year. The Youth Action Program is structured in two parts: a core program and a service provider program. The core program components include the Duke of Edinburgh’s Award, an accredited first aid course and a course in cardiopulmonary resuscitation. Schools select one service provider program from 10 organisations, for example, the Red Cross, Scouts, Surf Life Saving Clubs.

Main Achievements
An independent evaluation has found evidence that the program has had a positive impact on behaviour management, and students have made significant improvements in measured levels of the core attributes, for example, self esteem, leadership, sense of community service. The majority of students involved in the program successfully completed the Service Provider component and achieved core competencies (ranging from 78–100 per cent of students in each school). Benefits to the school include: a raised community profile; reduction in behaviour problems; lower truancy levels; diversification of expertise among staff members; student leadership potential. Benefits to Service Providers included: heightened community profile; reinforced commitment to youth development and community service; increased diversification of program participants through broadened access base; greater accessibility to youth. The majority (99 per cent) of parents believed the program had been beneficial to their child.

Barriers/Needs
Short time lines; Working across a diverse range of service provider organisations.

The Youth Action Program was initially implemented with extreme haste by the Queensland government; this problem is being overcome as the program progress each year. Working with 10 very different service provider organisations coordinated together under one program presents a wide range of difficulties. As the program progresses, allocating adequate planning and development time for schools and service providers becomes a priority, creating lots of lead – in time prior to program implementation each year. Regular contact is required with service providers in regard to program implementation issues. This can be achieved by regular meetings and distributing information in order to achieve a consistent understanding of issues and so forth.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Outcome evaluation: Other controlled trial; Measurement of clinical outcomes.
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Recording a Suicide Risk Alert

Description
The purpose of this program is to inform departmental workers of procedures relating to children and young people who are clients of the department and who engage in or have a history of high suicide risk behaviours. When a young person or child who is either a client of the Department of Families, Youth and Community Care (and is under an order or remanded in the custody of the Director General) or presents on intake, and suicide risk is part of the presenting problem, engages in or displays suicide risk behaviours, there is a need to record this information in a manner which is easily retrieved by a departmental officer. In this way, the risk of suicide can be taken into consideration in all casework undertaken with these clients.

Main Achievements
Achievements include the development of a mechanism to identify children and young people who may be at risk of suicide. Prior to the development of the procedures in 1992 there was no centralised statewide system for recording this information.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods; Other managerial methods: consultation with regional staff.

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Research Project: Suicide Risk of Young People within the Queensland Youth Justice System

Description
The aim of the research project into the Suicide Risk of Young People within the Queensland Youth Justice System is to provide more complete information on the antecedent factors associated with suicidal ideation and/or behaviour within the youth justice system. The research also aims to better understand the social, not the individual, phenomenon of youth suicide within this system and develop more appropriate responses. This study examined the records of young people who have had contact with the youth justice system in Queensland since the introduction of suicide risk notification procedures in 1992 and have been notified as being at risk of suicide.

Main Achievements
An achievement of the program is the preparation of a comprehensive report on the outcomes of the study. This report will provide current and relevant information to guide the development of responses.

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School Community Conferencing (formerly Community Accountability Conferencing)

Description
The School Community Conference (formerly Community Accountability Conference) is a formal, scripted meeting attended by the offender, those who have been harmed by his or her actions, and other participants including caregivers and supporters of the main parties. The conference process establishes the gravity of the offence and its impact on others in a way that enables students to face up to their actions and make a sincere apology. The ensuing conference agreement, negotiated to the satisfaction of both parties, enables the young person to make amends to the offended and rejoin the school community, while the shared decision making fosters culturally appropriate practices, support for the behavioural change and socially just outcomes for participants. School Community Conferencing is both a philosophy, made of a set of values and beliefs, as well as a process. It has a strong theoretical framework incorporating: Restorative Justice, Neutralisation Theory, Reintegrative Shaming and Affect Theory.
Main Achievements
Many school administrators reported an overall improvement in offenders' behaviour generally; 39 per cent of victims reported that they felt safer and more confident in handling similar situations, and a majority of offenders perceived significant levels of reintegration both during and subsequent to conferencing. Seventy-six per cent of offenders reported that they felt it would be easy to comply with the terms of the agreement; 86 per cent of offenders emphasised with their victims; 80 per cent of conference participants said they believed people were genuinely sorry for what they had done; and 45 per cent of offenders reported a more thoughtful approach to problem solving to help prevent them getting into trouble in the future. Both caregivers and community members indicated that they would be comfortable approaching the school if there was a problem.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers.

The process is time consuming and uses quite a few personnel. Consequently, school administration is sometimes unwilling to use it. Because community conferencing uses restorative and reintegrative principles, it may not be acceptable to individuals with a more punitive approach to student management. Endorsement of community conferencing as a viable part of school behaviour management strategies would help overcome some of the barriers. Increased promotion of the process will enable it to be seen as a valuable tool in preventing reoffending.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Other controlled trial.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Outcome evaluation: Measurement of clinical outcomes; Surveys/questionnaires of satisfaction/knowledge/skill.

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235
Schools and Discipline: Managing Behaviour in a Supportive School Environment

Description
The aim of the policy, Schools and Discipline: Managing Behaviour in a Supportive School Environment, is to establish the principles of a supportive school environment and the framework within which each school community must develop a school behaviour management plan which implements practices for managing behaviour so that effective learning and teaching can occur. These plans are to ensure safe and supportive learning environments for all students through: quality practices in the areas of curriculum, interpersonal relationships and school organisation; the employment of fair and just practices which comply with relevant legislation; and school practices which involve a planned continuum from positive or preventive actions for all students to responsive actions for specific individuals or groups.

Main Achievements
All schools in Queensland have developed behaviour management plans which are reviewed regularly to enable them to be adapted to meet changing needs of school communities. Many schools are implementing a variety of programs and strategies to assist students at risk: An increased awareness in school communities of the impact of gender and racism on education and behaviour outcomes has resulted from the implementation of the social justice principles of this policy. Training of key staff, such as guidance officers and behaviour support staff, in youth suicide prevention strategies and crisis and traumatic incident management has been undertaken.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Monitoring through routine documentation.

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Queensland Prevention Programs and Activities
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Self Harm and Substance Abuse Prevention Pilot Program

Description
The purpose of the Self Harm and Substance Abuse Prevention Pilot Program (SHSAPPPI) is to support families and communities to prevent young people from becoming involved in self harming behaviour and substance abuse (particularly petrol sniffing) and to intervene early in identified substance abuse problems. The objectives of the initiative are to: provide young people who use petrol and other substances opportunities to pursue healthy alternatives; provide high quality prevention and early intervention activities and programs for young people who are most at risk of self harm through sniffing petrol and other substances; to assist families and the broader community to find ways to prevent, and intervene early in, the issues surrounding substance abuse by young people; to gain the support of government and non-government agencies, including health services, in finding ways to prevent, and to intervene early in, the issues of substance abuse by young people; and identify culturally appropriate good practice models in tackling substance abuse, and to use this knowledge in building on or establishing new or existing family and community programs.

Main Achievements
The main achievements of the program include: decreasing the number of young people at risk for petrol sniffing, alcohol and drug abuse; involving community stakeholders in the planning and implementation of community based strategies; bringing various departmental representatives together to discuss resourcing issues and how community based strategies are to be supported.

Barriers/Needs
Lack of backup services; Structural problems in services; Encountering difficulties in knowing how to engage Indigenous families in an appropriate way.

The lack of experienced, skilled individual and family support resources in rural and remote areas is a large barrier. Some difficulties in pursuing planning within an indigenous community development framework.

These barriers may be overcome by: identifying the cause as opposed to the symptoms; addressing the interrelationship of young people at risk and their immediate family/extended family situations; identifying the supports and connection to the environment and their own perceptions of life, community lifestyles and the place of a young indigenous person – their purpose, their motivations and psyche, their dilemma’s and feelings of alienation from family structures and community.

Evaluation
Internal evaluation.

Process evaluation: Qualitative methods; Descriptive statistics about clients.

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Self Harming Behaviours Project:
Gender, Body Image, Eating and Exercising Issues

Description
The Self Harming Behaviours project – Gender, Body Image, Eating and Exercise Issues – is producing professional development, support and curriculum materials to assist schools in supporting students to develop and maintain positive body image and eating and exercising behaviours. A professional development resource called Risky Business will be published and distributed to all primary and secondary state schools in the second half of 1999. Schools will receive additional support in working with students on issues of body image, eating and exercising, including a brochure entitled ‘Students with eating disorders – What can schools do’, and via access to a newly developed Web page.

Main Achievements
Main Achievements include: the development of a brochure for schools entitled ‘Supporting students with eating disorders - What schools can do’; advice and support to schools on issues of body image, eating and exercising issues.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

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238
State Emergency Services Cadet Program

Description
The State Emergency Services Cadet Scheme was established in response to concerns about the issues of youth suicide and youth crime prevention. The purpose of the State Emergency Services Youth Cadet Scheme is to introduce Queensland Youth to forms of voluntary emergency services related training which will better equip them for community life. The aims of the scheme are to: develop life skills and encourage participation within local communities; develop initiative, leadership self discipline and loyalty; develop skills and knowledge to assist during emergency responses; develop a recruitment pool for emergency services. SES Cadet Groups are established with the support of local communities and the local government.

Main Achievements
The main achievements of the program to date include: the development of set standard curriculum documents for the SES Cadets which interact with the Adult SES curriculum; the progression of a number of Cadets into the Adult SES, Rural Fire Brigades and the Queensland Ambulance Service (as auxiliary members); the integration between young people and their community; the development of a sense of community spirit within young people; the interaction between SES Cadets and other Youth Organisations. Members of SES Cadets assisted their communities during emergencies/disasters, particularly in the Cairns region during recent cyclones and flooding.

Evaluation
Internal evaluation.

Impact evaluation: Monitoring through routine documentation; Strategic planning processes.

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Thriving with Energy – A Suicide Prevention Project

Description
The aims and objectives of Thriving with Energy are: to reengage children’s interests/motivation; to skill children in personal, interpersonal and reflective thinking/learning; to offer relevant primary therapy; to offer practical experiences/activities; to reintegrate children into schools. The rationale is as follows: the client body are children suspended from school for six days or more, or at risk of being suspended. Such children comprise 2 per cent of the student body, and equate to the 2 per cent in jail of the population body. The alternate education program aims to serve their needs. The intervention strategies are: a one on one tutor–child ratio; activities that use hands/body and reengage the mind; relaxation and therapy to address stress; focused tutoring to meet target needs; and mentoring during school reintegration.

Main Achievements
The main achievements of the program relate to the following: (1) Approach to therapy: stress/pain of the child is approached as an immediate cause of anti social behaviour. (2) Approach to skilling: children are skilled in personal/interpersonal/reflective thinking/learning (pre schooling), to enable them to access curriculum (schooling). Three areas of learning can be stated: creating a non violent family environment allows children to redirect energy and build self esteem; the family needs as much nurturing as the child; and the problem is political, because stress/pain is borne of unsolved political problems, such as domestic violence, unemployment, skilllessness, meaninglessness and homelessness.

Barriers/Needs
Insufficient funding.
The project needs time, one on one tutors and tutor wages. It also needs a basic organising team that allots activities to tutors; however, the team is too large, tying up resource funding, which may also be used for activity costs, in wages. A minimal team would be a coordinator, an Indigenous supervisor and a therapist. Resource funding of $150,000 would pay for 6–10 tutors and cover activity costs with existing members. Greater dialogue with state managers would enable an action research cycle to be set up that integrates legitimate goals with resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Quality assurance methods; Calmness of family, Joy of child.

Outcome evaluation: Descriptive statistics about clients; Reintegration of child into school.

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Alternate Education Program
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Contact person: Ms Carole Gifford, Coordinator
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Traumatic Incidents Affecting Schools: Dealing with Death and Suicide in the School Community – Booklet

Description
Traumatic Incidents Affecting Schools was published in 1991 to provide professionals in schools with information on: prevention activities; developing a response capability prior to an incident; crisis management; and management after the incident.

Barriers/Needs
Insufficient staff/time/resources; Staff training, knowledge and attitudes.

Many staff feel uncomfortable providing counselling and support services in the area of trauma. Staff often prefer not to be involved in traumatic incident management. Staff may not have the opportunity to refine their skills in the area of trauma management.

Evaluation
Internal evaluation.


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Volunteer Friends Program

Description
Volunteer Friends Program is a service for adults who have an intellectual disability. The program attempts to meet an individual’s identified needs, that is, their personal and social support needs. This can be done by: a volunteer friend; community linking; and reconnections between family and/or friends.

Main Achievements
The major achievement of the program is improving the quality of life of the client base, that is, people who have an intellectual disability. Over 500 clients have been supported by Volunteer Friends Program.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Large client base.

This is a statewide program equivalent to four full time staff throughout the state, attempting to cover 200 clients each on 15 hours per week. More funding is needed.

Evaluation
Internal and external evaluation.

Process evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Other managerial methods: relationship review and group linking schedule.

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Contact person: Mrs Margie McNamara, State Coordinator

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Women’s Infolink – Information and Referral Service

Description
Women’s Infolink provides information and referral to women in Queensland. The information referral officers refers the client to the government or community organisation depending on the need. This is done as a
result of a personal visit to one of three offices - Brisbane, Townsville and the Sunshine Coast – or via the 1800 freecall service (1800 177 577). Women are the main client group.

**Contact**
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Department of Equity and Fair Trading
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Fax: 1800 656 122
Web Address: http://www.qldwoman.qld.gov.au
Contact person: Coordinator

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### 244 Yelangi Preschool Prevention and Early Intervention Program

**Description**
The aims and objectives of the program are to assist Yelangi Preschool staff in locating appropriate resources to meet their identified needs, including: addressing significant Domestic Violence concerns; attending to identified child communication problems where Speech Pathology needs have been noted; attending to Occupational Therapy concerns; child abuse concerns; justice issues; establishing young mother support groups which address self esteem, parenting and other issues. The program also aims to: provide and facilitate familial and individual counselling in a culturally sensitive and appropriate manner; utilise empowering processes with, especially, the Community Development Officer, in increasing their community resource knowledge and its application; assist Yelangi Preschool staff in their linking with mainstream and non-governement agencies and organisations.

**Main Achievements**
Achievements of the program include: the establishment of Young Mornings, where young indigenous parents meet as a group for the purposes of the program; significant people/organisations and government departments are becoming increasingly aware of the needs of indigenous preschool aged children and the significant areas of concern for this population.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Deprivation and social problems in the backgrounds of children and families attending this preschool centre are profound. Problems faced by families are multiple and complex. Education, health and welfare are closely linked in the lives of families. In order to achieve the National Goals for Aboriginal and Torres Strait Islander Education Policy, preschool education cannot be considered in isolation from poverty, unemployment, ill health and inadequate housing. Specific individual and family problems are associated with and caused by these social problems. This results in poor academic performance. Many mainstream services do not respond in culturally appropriate and sensitive ways to indigenous people or Yelangi staff. These attitudes alienate indigenous people from badly needed basic services. Employment of an indigenous community worker in order to empower the community, especially the women, who are the caretakers. Reopening of the second Preschool Unit. Funding of pilot programs that will help in developing texts and purchasing specific children’s books. Providing specific courses which would include: self-confidence and self esteem courses; parenting courses; language and cultural courses. The creation of a holistic agency that provides a wide range of welfare and assessment services for Aboriginal and Torres Strait Islander people. For all mainstream agencies to become more sensitive to the needs of Aboriginal and Torres Strait Islander people.

**Evaluation**
Internal and external evaluation.

*Process evaluation: Descriptive statistics about clients; Action Research.*

**Contact**
Indigenous Health Unit
Queensland Health Department
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Spring Hill QLD 4004
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Email: marrowsa@health.qld.gov.au
Contact person: Mr Tony Marrows, Social Worker

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### 245 Youth Detention Centre Suicide Risk Management

**Description**
The youth detention program aims: to promote the safety and wellbeing of detained young people; to extend a high duty of care towards young people detained in a secure environment in light of their youth and unique characteristics; to ensure that detained Indigenous young people are extended a high duty of care which is culturally appropriate; to implement suicide risk management and the prevention of suicidal and self harm behaviours. Suicide risk management in youth detention involves four key steps: assessment; planning; intervention; and review.

**Main Achievements**
Main Achievements of the program are: creating a high profile for suicide risk management programs within youth detention centres; extensive training of staff in suicide risk management; the substantial involvement of the Murri community in the program; the development of an infrastructure to eliminate self harm structures; the low incidence of self harming in detention centres; the high level of awareness of residents in suicide risk management and the determination of intervention responses; the employment of highly skilled personnel; and the development of detailed documentation and procedures for staff to use.

**Barriers/Needs**
Lack of backup services.

It is difficult to obtain expert psychiatric help in the management of young people at risk. Some of the current infrastructure is dated and poses a threat to personal safety.
Difficulty in obtaining Murri support services given the high over representation of Indigenous youth. Adolescent psychiatry to be promoted as a major area of need. Further funding for Indigenous agencies to develop necessary skills. Address infrastructure needs. Address Indigenous over representation.

**Evaluation**
Internal evaluation.

*Process evaluation:* Quality assurance methods; Monitoring through routine documentation.

**Contact**
Youth Detention Operations Branch
Department of Families, Youth and Community Care
GPO Box 806
Brisbane QLD 4001
Phone: 07 3239 0093
Fax: 07 3247 9254
Contact person: Mr Terry MacDermott, Acting Director
Youth Detention Operations Juvenile Justice Program

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**Health Promotion**

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**247**

**Chatts**

**Description**
Chatts is a social support network for young lesbian, gay, bisexual and transgender people under the age of 30. The group works on a self help model and people are encouraged to make it fun. There are no specific guidelines for how the group is to operate; it has a very relaxed structure and exists purely for social purposes. The dynamic of the group is structured so that people feel free to participate at their own leisure and attend when they feel it is appropriate. The network meets weekly in a public coffee shop and people are encouraged to bring friends, relatives and lovers to help broaden their peer social groupings.

**Main Achievements**
Building of peer social networks that lead to a strong support basis for individuals and families.

**Barriers/Needs**
Insufficient staff/time/resources.

Staff and limitations. Larger budget to employ full time staff to coordinate programs.

**Evaluation**
Internal evaluation.

*Outcome evaluation:* Measurement of clinical outcomes; Action Research.

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Email: water@waterworth.com.au
Contact person: Mr Shane Warren, Managing Director

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**248**

**Critical Pathways Workshop**

**Description**
This is a one day workshop, targeted at youth service providers from all sectors. The aims of the workshop are as follows: to bring together youth service providers to develop a mechanism or procedure for the referral of youth in times of need or crisis; to provide the opportunity for personnel working with youth to increase their knowledge of services available on the Gold Coast and thereby expanding their resource base for the benefit of youth; to identify gaps in service provision for youth and make recommendations on strategies to fill the gaps. All exercises evolved around the development of referral pathways to provide for the holistic needs of youth in a variety of crisis situations.
Main Achievements
Intersectoral and interagency collaboration has been of value to participants. Gaps in services have been identified and suggestions recommended, and these will be acted on. Collaboration on referral pathways is underway.

Evaluation
Internal evaluation.


Contact
Gold Coast District Youth Suicide Prevention Steering Committee
Health Promotion Unit, Gold Coast District Health Service
10–12 Young Street
Southport QLD 4215
Phone: 07 5591 3849
Contact person: Ms Raylee Taylor, Community Network Support Worker

249 Dodgers

Description
Dodgers is a social support network for lesbian, gay and bisexual and transgender teenagers 17 years and under. The group exists purely to help people of this age group to meet others within their peer grouping. Dodgers works strongly on peer support and self help models. No specific group behaviour occurs with regard to self identity or self worth. Positive role modelling is often the principal outcome of this group, with unconditional acceptance.

Main Achievements
Building of peer social networks that lead to strong support basis for individuals and families.

Barriers/Needs
Insufficient staff/time/resources.
Staff and time limitations.
A larger budget to employ full time staff to coordinate programs would help overcome these barriers.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Action Research.

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Contact person: Mr Shane Warren, Managing Director

250 Fellowship

Description
Fellowship is a counselling and social support service for the parents, siblings and friends of lesbian, gay or bisexual children, or children who do not fit the perceived norm of society. Practitioners work from a pastoral counselling model designed to assist people to reach a common understanding of preferences, freedoms and choices. Initial consultation is traditionally undertaken on a one to one basis. However, facilitators invite people to participate in social networking opportunities and other peer support programs such as open ended workshops, forums or closed clinics.

Main Achievements
Building of peer social networks that lead to strong support basis for individuals and families.

Barriers/Needs
Insufficient staff/time/resources.
Staff and time limitations.
A larger budget to employ full time staff to coordinate programs would help overcome these barriers.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Action Research.

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Contact person: Mr Shane Warren, Managing Director

251 Gold Coast District Youth Suicide Prevention Steering Committee

Description
The committee’s efforts are aimed at building an effective and vigorous response to suicide at the community level. It is now understood that a young person in crisis is more likely to first approach a community member or a peer. For this reason communities need to play a key role in the prevention of youth suicide. The Queensland community networks will ensure that coordinated operational activities for the prevention of youth suicide and other serious self harming behavioural issues, occurs at the local level. These networks will be responsible for: coordinating activities across agencies and funded non government organisations, to contribute to the prevention of suicide; community education; conducting regular evaluations of measures to tackle serious self harming behaviour; ensuring adequate support is in place for families and other individuals affected by suicide; linking with other...
agencies to optimise the distribution of resources and relevant information and research to support service providers and for young people and their families; and linking with service provider agencies, including General Practitioners, in the development and review of referral protocols and practice guidelines. The networks will strengthen the capacity of family and communities to take ownership of suicide prevention and respond to the diverse needs of young people at the local level. The membership would draw on interested people in the community and targeted key contributors from across sectors, including: local community and business leaders; private and non government service providers; clinicians; church; community (for example, Parents and Citizens Association); and youth groups. Consideration will be given for a limited number of proposals from the non government sector to trial other local network models.

Main Achievements
The main achievements to date have been: to bring together key personnel from local government, non government and community agencies to work collaboratively for the prevention of youth suicide; to support service providers to deliver a range of activities within the community; to facilitate communication with local youth to determine priorities for the development of strategies; to provide the opportunity for service providers to work collaboratively in the development of referral pathways.

Evaluation
External evaluation.

Contact
Gold Coast District Health Service
Health Promotion Unit
10-12 Young Street
Southport QLD 4215
Phone: 07 5591 3849
Contact person: Ms Raylee Taylor, Community Network Support Worker

252 Shadow Dwellers

Description
Shadow Dwellers is a social support network for young people affected by mental illness under the age of 25. The group works on the principle of acceptance. The program has a very informal structure where participants meet monthly for no other reason but to socially interact, make new friends and develop their own peer support group.

Main Achievements
Building of peer social networks that lead to strong support basis for individuals and families.

Barriers/Needs
Insufficient staff/time/resources.

Staff and time limitations. A larger budget to employ full time staff to coordinate programs would help overcome these barriers.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Action Research.

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Contact person: Mr Shane Warren, Managing Director

253 Social Support Networks

Description
Waterworth House currently facilitates a number of social support networks for working mothers, young people living with a mental illness, young people confronted with issues of sexual identity and parents confronted with moral crisis. Social Support Networks are very relaxed meeting environments for people with special needs. The groups are not highly structured, but designed to assist people with similar interests to meet one another outside the restrictions of work environments and/or traditional social venues.

Main Achievements
Building of peer social networks that lead to strong support basis for individuals and families.

Barriers/Needs
Insufficient staff/time/resources.

Staff and time limitations. A larger budget to employ full time staff to coordinate programs would help overcome these barriers.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes; Action Research.

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Contact person: Mr Shane Warren, Managing Director

254 Young People At Risk (YPAR)

Description
The Young People at Risk (YPAR) project of the Tropical Public Health Unit Network runs the following programs: Medidump - a community program for the disposal of surplus and expired medications; inservice training for
nurses and police in schools, which aims to promote knowledge of risk and protective factors and to increase their skills base; provision of ongoing training for health service, welfare providers, and police in order to promote knowledge of risks and protective factors and develop their skills base; negotiation for inclusion of suicide in curriculum of relevant tertiary courses, such as teaching, nursing, psychology, and welfare, with the purpose of raising awareness among new professionals of suicide risk factors and appropriate responses; negotiating to ensure development of effective and coordinated public health programs to improve access by young people at risk to the helping services; creation of opportunities to promote positive images of young people in order to counteract negative reporting of young peoples’ activities; community awareness raising of suicide risk factors and protective factors to promote positive community response to needs of young people at risk; media strategies regarding youth issues and coverage of suicide to reduce vulnerability of young people to traumatic life events; marketing of services and programs for young people in order to improve access to helping services for young people at risk; activities to support transition of young people from rural to urban or urban to rural life, and from school to work/study/(un)employment, so that the vulnerability of young people to traumatic life events will be reduced; improvement of links between GPs and young people to improve GPs’ response to young people presenting for help; and curriculum development in schools so that the teaching of life skills can be improved.

**Evaluation**
Internal evaluation.

**Process evaluation**: Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation**: Surveys/questionnaires of satisfaction/knowledge/skill; Monitoring through routine documentation.

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Tropical Public Health Unit Network (TPHUN)
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255

**Young People at Risk Program**

**Description**
The Young People At Risk (YPAR) Program aims to improve the health and wellbeing of young people aged 10–24 years, focusing on prevention of suicidal and self-harming behaviour, and using health promotion strategies. The YPAR program is designed to: increase public awareness and promote better understanding of the factors influencing the health and wellbeing of young people; improve the capacity of the community to recognise and respond to issues of self-harming and suicidal behaviour amongst young people; enhance young people’s participation in effective programs and activities and improve their awareness of and access to support services; and facilitate partnerships and links across sectors with key stakeholders to improve planning, collaboration and service delivery for young people. The program is based on recognising that young people’s mental health is determined by a broad range of social, environmental and biological factors. Social justice principles underlie the work of the program. The approach taken by the YPAR program is consistent with international good practice in that it: adopts a public health approach to ensure coordination of a range of strategies; sets broad overall goals for suicide prevention and objectives for specific activities; addresses both the whole population and particular high needs groups; recognises the contribution of a range of professionals and community groups; and includes research, data collection and evaluation strategies. The YPAR program, while primarily focusing on risk taking behaviours and mental health issues for young people, recognises the interrelatedness of biological, psychological, social, economic and cultural environments and their impact on young people’s mental health. Strategies of the YPAR program include: promotion of positive images of young people especially through the media; use of a range of strategies for raising awareness of young people’s issues and promoting help seek behaviour; provision of resources, accurate information, and quality education and training programs consistent with good practice guidelines; advocacy of relevant and accessible services and programs for young people; assisting districts in the development and updating of local profiles and action plans; analysis and identification of information on good practice in policy documents and research reports and dissemination through established networks and structures; development of coordinated statewide approaches to dissemination of resources and activities when required; assistance with policy and protocol development and provision of support in submission writing to non-government agencies community groups; reducing access to means of suicide; production of a media campaign involving young people in the promotion of help seeking behaviour, particularly amongst adolescents; development, implementation and evaluation of peer support programs as necessary; encouraging the inclusion of young people, particularly those identified at high risk, in a range of prevention programs; establishment and maintenance of collaborative partnerships with Alcohol, Tobacco and other Drug Services, Mental Health Services, Sexual Health Services, School Based Health Nurses and Aboriginal and Torres Strait Islander Services; working collaboratively with indigenous services and communities to review current projects and plan future responses; and provision of professional support to other programs defined in the Young People’s Health Outcome Area Plan.

**Main Achievements**
The Young People At Risk (YPAR) Program (1995–1998) provided an opportunity to trial the implementation of a range of responses to youth self harm and suicidal behaviour informed by community consultation, research, and state and national policies and strategies. YPAR piloted a community development approach to youth suicide prevention. Much of what was learned in this program has been fed into the development of the Queensland Government Youth Suicide Prevention Strategy which is now being implemented in each Health District across the State.
Barriers/Needs
Structural problems in services; Short time lines.

Evaluation
Internal and external evaluation.

Process evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Non experimental repeated measures design.
Outcome evaluation: Epidemiological methods.

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Contact person: Mr Gary Boddy, State Coordinator

256 Young People At Risk (YPAR) Program, Brisbane North

Description
The Young People At Risk Program (YPAR) is designed to: improve the capacity of the community to recognise and respond to self harming and suicidal behaviour among young people; increase young people’s awareness of and access to prevention and postvention services; develop partnerships across sectors with key stakeholders in the facilitation of effective and ongoing delivery of services to young people; support district and community networks which focus on improving the mental health and wellbeing of young people.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.
Impact evaluation: Currently being designed.
Outcome evaluation: Currently being designed.

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Central Public Health Unit Network
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184 St Pauls Terrace
Brisbane QLD 4000
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Email: knight@health.qld.gov.au
Contact person: Ms Karen Knight, Psychologist

257 Youth Focus Groups

Description
The project is aimed at ensuring young people on the Gold Coast have a voice which would enable the steering committee and related networks to design strategies for suicide prevention that addressed the issues central to the concerns of youth. The specific objectives of the study were to define: the stresses and pressures that may lead a young person to think that, attempting suicide/suicide/taking their life was the only option; whether young people considered that youth gave out signs and signals that would indicate that they were not coping and if so what might they be; if they did notice signs, what might they do/where would they go for help; what might stop young people from taking action; and in a perfect world how could society help prevent young people from taking their lives.

Main Achievements
The major achievement of this activity to date is the collection of responses to clearly defined questions which will guide the formation of appropriate strategies. It is anticipated that these responses will guide recommendations, which will then lead to the development of appropriate strategies.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Gold Coast District Youth Suicide Prevention Steering Committee
Health Promotion Unit, Gold Coast District Health Service
10–12 Young Street
Southport QLD 4215
Phone: 07 5591 3849
Contact person: Dr Raylee Taylor, Community Network Support Worker

Health Service – Area/Regional/District

258 Cooloola Shire District Suicide Prevention Network

Description
The Cooloola Shire District Suicide Prevention Network aims to raise community awareness of youth suicide prevention strategies through localised training presentations. The Network offers: training in Living Works suicide intervention training programs; in service training for nurses, youth workers and mental health workers; facilitation of youth suicide prevention strategies through the district network; promotion of suicide self help services via a printed database; school based activities which enhance individual protective behaviours; support for parents
bereaved through suicide; assistance and support for the media by developing protocols on suicide related issues; assistance in developing strategies which enhance referral pathways in the hospital system; networking of youth service providers and mental health services. The Network also helps young people express their views through local focus groups.

Main Achievements

Achievements of the program include: development of a volunteer program to support hospital staff; awareness raising of suicide as a critical issue; running training in the Living Works suicide intervention program; reestablishment of the bereavement through suicide support groups; production of a Key Service Directory – suicide specific; organising focus groups for young people; providing resilience programs in schools; working with the media in developing protocols for the reporting of suicide.

Barriers/Needs

Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Lack of out of hours resources, both in government and non government sector. Lack of effective collaboration between service providers. Services need to become outreach focused. Need to provide out of hours coverage of hands on mental health resources.

Evaluation

Impact evaluation: Currently being designed.

Contact

Gympie District Health Service
20 Alfred Street
Gympie QLD 4570
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Fax: 07 5482 1024
Contact person: Mr Claude Boulenaz, Community Network Support Worker

259

Expectations of Motherhood – Group Program

Description

The tool for piloting this project was a template of Expectations of Motherhood, devised by NSW Central Coast Child and Family Health Service. The nine-week group program involves a psychosocial education approach aimed to help women at risk of postnatal distress find explanation for their distress within social and cultural pressures contributing to women’s visions of motherhood. This approach helps women find reasons for their distress which are understandable in the given circumstances, rather than being due to individual pathology. As PND also impacts on partners an evening session was offered to fathers. Themes for the nine sessions provide opportunities for participants to get to know each other, build trust in group process and facilitators, and receive educational input on relevant issues. Themes addressed include: the myths of motherhood – influence of the media and stereotypes of women; fantasy versus reality; experiences of pregnancy and birth; women’s experiences of their relationship with their parents and its impact; changes in self-identity in becoming a mother; relationships and their challenges; relaxation and time management techniques; networking.

Main Achievements

Generally, the Royal Women’s Hospital (RWH) has identified and repeated an intervention developed in another state; Collaborated with community-based agencies to identify areas of need; Followed up findings from research in RWH Ante-natal Clinic; Developed partnerships in implementing the program in different suburban localities; Increased understanding of the personal impact of pregnancy, birth and new motherhood amongst midwifery and child health staff; Enhanced staff knowledge and skills in women’s mental health needs.

More specifically, from two ten-session programs presented in 1998: Twenty women joined the program for at least one session; Participant’s mental health improved, as shown by EPDS results in Session One and Session Nine; The program provided a useful support to women with postnatal depression treated by medication; Socially isolated and non-confident mothers were also shown to benefit; Participant feedback confirmed the effectiveness of (1) a multidisciplinary team, and (2) this program content as an approach to understanding stresses experienced by mothers; Women were shown to benefit from a participant-centred, but structured supportive environment; A support group resulted from each of the programs. What has been learned from two programs includes how sensitively an initial inquiry regarding the program needs to be handled; that people are uncomfortable with being younger than others in a group; and that there is a need to find a format that encourages men to participate.

Barriers/Needs

Insufficient staff/time/resources; Women’s attitudes.

Women are reluctant to identify/label themselves as depressed; they blame themselves, and have high expectations of self in keeping with media presentation of motherhood. Images of motherhood promote myths that new mothers feel they should subscribe to: mothering skills come naturally; motherhood is romantic; women are responsible for a happy family; mothers are selfish if they express own needs; worth is judged by baby’s behaviour. Some objectives to aim for: antenatal programs contain input from other mothers regarding first 3 months of motherhood; midwives in antenatal and postnatal care are au fait with risk factors for postnatal distress/disorder; midwives in postnatal care and child health nurses place a focus on mother’s health as well as baby care; supportive community networks are easily accessible; community visitors are available for women in need; media promotion attempts to incorporate balanced views of motherhood.

Evaluation

Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Non experimental repeated measures design.
260
Family Support Team

Description
The Family Support Team provides counselling for individuals and families regarding suicide or suicidal behaviour. It also provides information and advice to individuals and families through various mediums such as: pamphlets; newspapers; radio programs; workshops. The Team also provides an assessment service and has conducted peer and community debriefings as needed.

Main Achievements
The program has achieved a direct assessment service that also provides for follow up and specific counselling. There is an increased awareness of the service by local families, other agencies/service providers and teachers.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Now that there is specific funding, the program should be able to do a better job and cover the areas that have been neglected, for example, evaluation.

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Thursday Island Primary Health Care Centre
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Thursday Island QLD 4875
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Fax: 07 4069 2045
Contact person: Mr Gabriel Bani, Family Support Team Coordinator

262
Living Works

Description
Living Works assists caregivers to recognise and assess persons at risk, and master a model for effective suicide intervention. These ‘first aid’ skills enable caregivers to identify and engage persons at risk with the aim of further connecting them to an appropriate helping system.

Main Achievements
Increase in community awareness; Increase in workers’ skills and confidence; increase in collaboration between community and professionals; strengthened networks and community links.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

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Contact person: Mrs Sandra Pott, Resource Officer

263
National Development and Demonstration of Hospitals and Health Service Protocols for the Effective Management of Young People Experiencing Suicidal Crisis

Description
The evaluation of the rural youth suicide prevention project identified the importance of establishing an understanding of the process of assessment and discharge through the regional hospitals. The project developed a risk assessment (triage) instrument to aid in the identification of youth who self harm, distribution of a ‘Green Card’ to facilitate self referral, the development of a ‘hot line’ for referral to the...
Child and Youth Mental Health team or other designated mental health workers, and a psychosocial interview schedule to investigate the efficacy of interventions. The project utilised community development, action research, and change management strategies to motivate and implement the various components. The program compared the opinions and experiences of youth referred during the project's life with those of youth referred in the 18 months prior to the beginning of the project. Important findings from the project include identifying a 100% increase in referrals by school counsellors and a 50% increase in referrals by general practitioners into the Child and Youth team. The project did not record one successful suicide by a young person in the combined regions of Mackay and Moranbah during the 7 month life of the project. Other benefits from the project included changes in attitude and knowledge of medical staff involved in the project. Evaluation of the project identified some key concerns, including difficulties in maintaining the momentum of the project when funds ran out and a less than hoped for uptake of the triage instrument and Green Card self help referral intervention. Strategies for improving the use of the triage instrument and referral process in rural and isolated communities are discussed.

Main Achievements
Achievements include: raising awareness amongst public health care professionals within the health districts through education and consultation; development of a workable system of assessment and referral supported by protocol development; stimulated increased referral rates from community based agencies to child and youth mental health.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Short time lines.

Child and Youth Mental Health Services require additional staffing resources as referrals increase. Emergency department staff's negative attitudes towards clients who present with deliberate self harm. Short time lines – trialling period for project insufficient. Longer time frame for consultation, trialling and evaluation purposes. More intensive staff education sessions. More efficient recruitment practices for staff.

Evaluation
External evaluation.

Process evaluation: Action Research; Other controlled trial.
Impact evaluation: Action Research; Non experimental repeated measures design.
Outcome evaluation: Action Research; Other controlled trial.

Contact
Mackay Community Child and Youth Mental Health Service
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Mackay QLD 4740
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Fax: 07 4968 3894
Contact person: Mr Richard Jones, Team Leader, Child and Youth Mental Health

264 Queensland Government Youth Suicide Prevention Strategy – Rockhampton District

Description
The aim of the project is to facilitate the development of community networks in central Queensland and to assist communities to develop and implement plans and strategies to prevent youth suicide. The communities include Rockhampton, Mount Morgan, Capricorn Coast and rural areas. This involves assisting community members, young people and key workers in the area in assessing needs and gaps in services and to help them develop strategies that will be appropriate and sustainable. This will be achieved by: initiating network meetings and consultation with young people; assessing needs and potential strategies; developing action plans for each community (and a District Action Plan); and assisting communities to implement, monitor and evaluate priority strategies from the action plans.

Main Achievements
A major achievement of the program is the setting up of networks in each community with a range of community and government agencies and parents as members. Each community works in their own way to involve young people for example, informal network meetings at a youth centre.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources; Structural problems in services; Political, bureaucratic issues.

Top down government approach driving what is suppose to be community development (different philosophies, ownership issues make it difficult for workers); Role has become very administrative Ownership by other than Health Districts or management, allow community ownership and governments not to be over involved.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.
Impact evaluation: Monitoring through routine documentation; Qualitative methods.
Outcome evaluation: Currently being designed; Descriptive statistics about clients.

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Contact person: Mrs Anne Jamieson, Community Network Support Worker
Queensland Government Youth Suicide Prevention Strategy: Brisbane South

Description
The Queensland Government Youth Suicide Prevention Strategy aims to prevent deliberate self-harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities through coordinated and integrated life affirming strategies which enhance the quality of life for young people, their families and their communities. The Strategy encompasses a prevention, early intervention, intervention, treatment and postvention framework. The overall framework for youth suicide prevention activities should reflect a coordinated, whole-of-government approach working together with communities. Strategies should include both whole-of-population activities and those deliberately targeted to population subgroups or individuals most in need. Suicide prevention programs should be integrated and well coordinated and should have the capacity for a range of individualised responses and be linked as closely as possible with appropriate support and resources in the community. Overall approaches should have general goals and specific activities should have measurable objectives. Programs must include Best Practice Principles and especially, an evaluation component, including attention to process and outcomes. High risk behaviours are interrelated and this needs to be accommodated in the development, implementation and evaluation of programs. Responses should also be aimed at changing systems/institutions and not just individual behaviours. Services for young people need to provide easy access to information, support, referral and treatment. The timing of action is critical and should start early, long before the anticipated emergence of difficulties. Continuity of efforts must be coordinated and maintained. Ongoing followup is necessary and efforts should be directed at promoting resilience and life affirming attitudes and behaviours to enhance the development of positive outcomes for individuals, groups of young people and communities, as well as reducing vulnerability.

Main Achievements
Key achievements include: establishment of Community Networks and District Networks comprising key stake holders, such as Government departments, non government organisations and community organisations; identifying local priorities and developing and implementing an action plan in response.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources. There is a lack of youth support services in South East Brisbane. This part of the State Strategy has acknowledged deficits in funding for staff/time/resources. For example, a population of nearly 600,000 is serviced by a temporary position staffed by one person for 30 hours per week.

More realistic funding; permanent and full time position.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Outcome evaluation: Currently being designed.

Contact
Bayside District Health Service
PO Box 585
Cleveland QLD 4163
Phone: 07 3240 8311
Fax: 07 3821 4782
Email: d’arcy@health.qld.gov.au
Contact person: Mrs Christine D’Arcy, Community Network Support Worker

Rural and Regional Youth Counselling Scheme (National Youth Suicide Prevention Strategy)

Description
The objectives of the Rural and Regional Youth Counselling Scheme are to: provide youth (10–24 years old) suicide prevention activities with a primary focus on supporting help seeking behaviours in young males and develop appropriate community responses to support positive male help seeking behaviour by undertaking a range of activities which support positive help seeking behaviour among young males, establishing sustainable community responses to support the project on an ongoing basis, such as the establishment of information and training packages and/or support systems, including individual and group work responses, and increasing the range of culturally appropriate activities which address youth suicide prevention.

Main Achievements
Community Consultation and involvement with the program has proved extremely successful with the community and responses are ensuring that projects are inclusive and positive. The ‘LoudMouth’ all ages, alcohol free concert has been a highlight to date for the project for a number of reasons. The concert met all aims and objectives well, including some unexpected outcomes. The young people of the district were involved continuously with the event, but also the business sector responded with sponsorship for the event in this community is usually met by the young people of the area was achieved with the event already in planning for next year. The tickets of the concert also highlighted several crisis contact numbers for various services and this went to the 400 young people who attended. Sponsorship for the event in this community is usually met by non government or community organisations. It was quite an achievement when not only did these organisations support the event, but also the business sector responded with support and financial assistance. The development and ongoing work in the area of risk management policy implementation for the hospital has highlighted the need for this intervention. Through this project, the officers have been involved with crisis intervention and found areas that needed change and coordination. Through the introduction of this policy, implemented with staff training and established
referral processes, the hospitals' ability to respond to the young person at risk have been addressed, and there will be ongoing evaluation of this policy. The project team has been involved with ongoing liaison with the local media. This has been highly successful with some clear indications of appropriate reporting standards being met. When the project first commenced, a youth suicide was reported on the front page as 'Why did he do it?' and following extensive consultation on best practice guidelines, reporting has changed to being reported in the police briefings sections without names or interviews with family. The local media have also responded with working with young people on a youth page 'LoudMouth' that will cover issues relevant to young people and highlight local services that can assist with those issues. Youth participation and support for the program has been well received as it is not often that young people actually contact a health service to offer to help. This response has probably been a highlight as referrals have been made and young people have had an active involvement with the strategy.

**Barriers/Needs**
Insufficient staff/time/resources.

Staff commenced after many other programs already begun; twelve months is not a long time to initiate and develop the objectives as outlined. Extensions of project times may be beneficial.

**Evaluation**
External evaluation.

**Contact**
Queensland Health
Emerald Hospital
PO Box 869
Emerald QLD 4720
Phone: 07 4982 0331
Fax: 07 4987 5908
Contact person: Ms Shirley Ledger, Project Officer

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suicide prevention and related youth programs and promoting those strategies shown to be most effective; distributing resources on depression and suicide statewide, including clinical practice guidelines and resource booklets published specifically for young people; establishing guidelines to identify and assess, refer, manage and follow up young people presenting to hospitals, clinics and community health services who have engaged in serious self harming behaviours or attempted suicide.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

*Impact evaluation:* Monitoring through routine documentation.

*Outcome evaluation:* Monitoring through routine documentation.

**Contact**
Southern Downs District Health Services
56 Locke Street
Warwick QLD 4370
Phone: 07 4681 5260
Fax: 07 4681 5288
Email: julie-williamson@health.qld.gov.au
Contact person: Mrs Julianne Williamson, Community Network Support Worker

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**268**

**Suicide Prevention Policy**

**Description**
The Theodore Hospital has adopted a Suicide Prevention Policy. Any contact by a suicidal person with hospital staff initiates the policy which involves the establishment of a no suicide contract and referral to the district social worker.

**Main Achievements**
Achievements of the Policy include raised awareness amongst hospital staff and a formalised process of referral for professional help.

**Evaluation**
Internal evaluation.

*Process evaluation:* Quality assurance methods.

*Impact evaluation:* Quality assurance methods.

*Outcome evaluation:* Quality assurance methods.

**Contact**
Theodore Hospital
PO Box 261
Theodore QLD 4719
Phone: 07 4993 1166
Fax: 07 4993 1610
Contact person: Mr Terry Dwyer, Director of Nursing

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Sunshine Coast Suicide Prevention Network

Description
The Sunshine Coast Suicide Prevention Network aims to increase community awareness strategies through localised training presentations. The Network offers: inservice training for nurses, youth workers and mental health workers; facilitation of strategies through the local District Network; promotion of suicide help services through a printed database; school based activities which enhance individual protective behaviours. The Network also provides support for those bereaved through suicide by a Bereaved Through Suicide Support Group. It also works with and supports the media and journalists in reporting suicide related issues. The Network is involved in developing strategies which enhance referral pathways in the hospital system. It assists in the networking of youth service providers and the youth sector, and accesses young peoples' views through local focus groups.

Main Achievements
Achievements of the Network include: raising awareness of suicide as a critical issue; training in Living Works suicide intervention program; assisting the bereaved through a Suicide Support Group; providing a key services directory, which is suicide specific; providing focus groups for young people; offering resilience programs in schools; working with the media in developing protocols for the reporting of suicide.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Evaluation
Impact evaluation: Currently being designed.

Contact
Queensland Health Mental Health Services
PO Box 872
Maroochydore QLD 4558
Phone: 07 5479 3777
Fax: 07 5479 3902
Contact person: Mr Claude Boulenaz, Community Network Support Worker

270
Youth Options

Description
Youth Options works collaboratively with community agencies, young people and trainers to provide a quality service assisting young people to achieve maximum personal growth while learning new skills. It aims to prevent entry of young people into the juvenile justice system, works with those at risk of self harm, harming other, homelessness and family breakdown.

Main Achievements
Increase in community awareness; Increase in workers’ skills and confidence; increase in collaboration between community and professionals; strengthened networks and community links.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

Contact
North Bunnett District Health Service
PO Box 41
Gayndah QLD 4625
Phone: 07 4161 3571
Fax: 07 4161 3598
Email: spot@health.qld.gov.au
Contact person: Mrs Sandra Pott, Resource Officer

Health Service – Community

271
Central West Youth Alive Project

Description
The Central West Youth Alive Program aims to empower the community, within a collaborative framework, to respond to the needs of young people at risk. The objectives are to: support the development of strategies that enhance the physical, mental, social, spiritual and cultural wellbeing of young people; in consultation with the community, identify and respond to service gaps; facilitate the development of sustainable structures, for example, resources, referral pathways and training; implement the operations of the National Youth Suicide Prevention Strategy within a best practice framework.

Main Achievements
Achievements of the project include: encouraging and empowering young people to participate in developing, planning, implementing and evaluating of programs and activities; promoting positive images of young people, through the media, to community organisations and youth; empowering young people with the skills and knowledge to support themselves and their peers; enhancing the delivery of services and activities which recognise and value the social, spiritual and cultural diversity of young people; empowering parents and caregivers with skills and knowledge to positively support their children.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources; Short time lines.

The Central West District has limited resources and services coupled with the barrier of attracting and retaining staff. There are no mental health or psychiatric facilities or service providers in the district. The project officers funded under the National Youth Suicide Prevention Strategy are only funded for a limited time. There should be more school based programs implemented as early preventative measures, however this may impose increased workloads on teachers.
Parenting and coping skills courses should be conducted, as well as on going training and education for workers. Project officers positions should be redesignated to permanent State government based positions with Queensland Health to provide on going community development and upskilling. Queensland Health has a recruitment package which includes incentives for recruitment to rural and remote areas.

**Evaluation**

Internal and external evaluation.

**Process evaluation:** Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

**Outcome evaluation:** Currently being designed Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

Central West District Health Service
Community Health Services
PO Box 221
Longreach QLD 4730
Phone: 07 4658 3344
Fax: 07 4658 3496
Email: weisek@health.qld.gov.au
Contact person: Mrs Kerry Weise, Project Officer National youth Suicide Prevention

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**Community Network Support Worker for Youth Suicide**

**Description**

The Support Worker facilitates the development of the District Network through liaison with appropriate members of community, non-government and government agencies and other key stakeholder groups; works with local representatives of government and non-government agencies to map existing agencies and to identify gaps and duplication in service provision and priority areas for service development; and works with existing community and youth development workers to ensure the involvement of young people and their groups in the identification of issues and priorities for the local community. District Network members include representatives from Lifeline, Gladstone District Health Service, Child and Adolescent Mental Health (CAMH) and Calliope Shire in addition to the Senior Guidance Officer from the Education Department and Youth Development officers for both councils. With the CAMH service only recently established, the Hospital Social Worker and Senior Guidance Officer have been working with young people of school age admitted to hospital following a suicide attempt; a support team of trained volunteers was formed to visit patients on weekends. Future plans or proposals under consideration include a youth information day and a Youthcard. A support group for survivors of suicide was also formed.

**Main Achievements**

Main Achievements include: effective networking through youth, general interagency and Queensland Government Youth Suicide Prevention Strategy (QGYSPS) meetings; ability to fill gaps in service provision; opportunity to work with community development officers of Gladstone and Calliope on projects for young people, and with survivors of suicide support group; working with support group for families and friends of compulsive drug users.

**Barriers/Needs**

Attitudes of service providers; Structural problems in services.

Doctors do not follow through once Mental Health has seen the patient; the Mental Health Service is part of Rockhampton's Health Service (not Gladstone's), and long waiting lists exist for child and adolescent mental health patients; sufficient office space has not been provided for the mental health team, and limited training opportunities exist for team members. Increased education for hospital doctors and better cooperation between hospital staff and mental health services staff is required. Nursing staff need more specific education about suicidal patients, and staff from smaller centres should have access to training. Office space needs to be provided for the Child and Adolescent Mental Health team in Gladstone.

**Evaluation**

External evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Contact**

Gladstone District Health Service
PO Box 299
Gladstone QLD 4680
Phone: 07 4976 3177
Fax: 07 4972 5435
Email: rok_rbh_sd.rok_glad_postepheinstein
Contact person: Mrs Lynda Stephens, Community Network Support Worker

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**QGYSPS: Queensland Government Youth Suicide Prevention Strategy**

**Description**

The Queensland Government Youth Suicide Prevention Strategy (QGYSPS) aims to reduce self harm and suicide related behaviour in young people aged 15–24. It also aims to reduce the impact of youth suicide on individuals, families and communities, through coordinated and life affirming strategies which enhance quality of life for young people, families and communities. Nineteen project workers are employed across the state in Queensland health districts to set up district networks and action plans according to locally identified priorities.

**Main Achievements**

Establishment of local focus groups or networks within each community to determine young people’s issues and needs.
Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Ethical problems; Rural and remote location.

Only a 0.5 position therefore time is restricted; long distances to travel; lack of clinical services available. Increase funding and position to full time.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.
Impact evaluation: Currently being designed.
Outcome evaluation: Currently being designed.

Contact
Roma Health District
PO Box 1030
Roma QLD 4455
Phone: 07 4622 2277
Fax: 07 4622 4706
Contact person: Ms Fiona Fraser, Community Network Support Worker

274 Queensland Government Youth Suicide Prevention Strategy

Description
The goal of the Queensland Government Youth Suicide Prevention Strategy is to prevent deliberate self harming behaviour, particularly suicide, and to reduce the impact of youth suicide on individuals, families and communities through coordinated and integrated life affirming strategies which enhance the quality of life for young people, their families and their communities. Four strategy coordination seminars are being developed and will focus on suicide and self harm issues amongst lesbian, gay, bisexual and transgender young people, indigenous young people, young women and young people with mild intellectual disabilities. Seminar objectives are: to promote the Queensland Government's recognition of the risk to suicide and self harming behaviour experienced by 'at risk' young people; to highlight research and good practice principles involved in working with 'at risk' young people; to provide opportunities for professional development for workers in contact with 'at risk' young people. The intended seminar audience is non-government and government professional workers from the greater Brisbane area, voluntary and paid, rather than young people themselves.

Main Achievements
Intersectoral collaboration, networking; identification of priority areas for action; increasing community awareness; establishment of community networks; youth interagency networking and collaboration.

Barriers/Needs
Structural problems in services.

Initial limited understanding of intent of program meant community agencies wary of extent of district health service involvement at community level, that is, would district health service seek to implement project in non-collaborative manner. Liaison and consultation with community organisations and utilising available networks for other service provision have addressed issues relating to barriers.

Evaluation
Internal evaluation.

Impact evaluation: Action Research; Epidemiological methods.

Contact
Rockhampton District Primary and Community Health Services
82-86 Bolsover Street
Rockhampton QLD 4700
Phone: 07 4920 6923
Fax: 07 4920 6867
Email: jamiesona@health.qld.gov.au
Contact person: Ms Anne Jamieson, Community Network Support Officer

275 Roma Hospital Social Work Department

Description
This project is a general social work service in a health facility, covering a hospital and the community. Included are provision of counselling, groupwork, community development and health promotion to people of all ages in the community, as individuals, groups and families.

Main Achievements
Well regarded service by other professionals, agencies, health districts and clients; very hard to measure achievements except by self reports of clients and social workers' observations.

Barriers/Needs
Insufficient staff/time/resources. Social Work Department consists of one worker to cover hospital and community referrals. It is impossible to fill all the gaps in service provision identified. The service does not appear to be valued highly by the organisation, and therefore it has limited resources and low commitment from organisational hierarchy to address issues until a crisis is reached.

Attempt to demonstrate the benefits of appropriately resourcing the service in terms that the organisation finds valuable, for example, money: a cost benefit analysis.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes.
276

Suicide Prevention Steering Committee

Description
The Suicide Prevention Steering Committee terms of reference are: to be a peak body to provide an overview of services, opportunities and difficulties in the broad area of suicide and suicide prevention; to act as a reference group for the community; to access training and education to other relevant groups; to identify specific areas in need of suicide prevention; to establish a network of service providers, consumers and other relevant community organisations in the area of suicide and suicide prevention; to establish pathways for intervention within the Ingham community and Townsville for people at risk of suicide; to act as a lobby group within the community and with government bodies and representatives; to promote change and better services for mental health issues; to promote public awareness of suicide related issues.

Main Achievements
A major achievement is the commitment of this group to address all of the issues that surround suicide. The group is made up of: members of the local Shire Council; Queensland Health; concerned parents; youth information and referral workers; teachers; church representatives; and most importantly, young people.

Barriers/Needs
Insufficient staff/time/resources.

At present there is no funding for the group to be undertaking projects. There is only one social worker in Ingham and most of the large jobs of the committee fall to that worker to complete, even though there is no allocated funding towards this.

Funding for someone locally to specifically coordinate the group and do the leg work for projects.

Contact
Community Health
PO Box 367
Ingham QLD 4850
Phone: 07 4776 2863
Fax: 07 4776 5803
Email: klaprojt@health.qld.gov.au
Contact person: Ms Jodie Klaproth, Social Worker

devlop their own guidelines and goals; support the young people in their chosen activities and projects; create a sense of belonging; liaise with other community services and community members to provide the above opportunities.

Main Achievements
Main Achievements of the program include: increasing social skills of young people; empowering young people to take control of their lives; facilitating a growing/learning program for young people.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Submissions for funding have been submitted; Fundraising strategies are in place on a community level.

Evaluation
Internal evaluation.

Outcome evaluation: Action Research.

Contact
Mount Morgan Community Health
PO Box 12
Mount Morgan QLD 4714
Phone: 07 4938 1311
Fax: 07 4938 1540
Contact person: Mrs Julie Sunderland, Community Health Nurse

277

Youth Interagency Committee

Description
The aims of the Youth Interagency Committee are: develop local community awareness and knowledge of their own special needs and provide the empowerment to meet them; provide a safe environment for the social development of young people; create opportunities for skills development and enhance the ability to learn from others; undertake a survey of young peoples needs from the young people; collate and present resulting data to a young people’s committee for learning and development in an action learning model; encourage young people to

Indigenous Community Organisation

278

Indigenous Family Support Program

Description
Two indigenous workers provide support to families and young people, including children with complex problems and community development. The program includes collaboration between indigenous support agencies.

Main Achievements
A main achievement of the program is the provision of support to indigenous families and young people.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

The Wide Bay community is very committed about many things. However, when it comes to young people, there is a decided negativity and disinterest. Councils, business and the broader community work against hearing what young people say they want.

Listen to young people and support and encourage all their efforts. Give young people responsibility for running their own programs. Run programs which involve the whole of the community including government, non government, business, local government, health, education, families and young people.
Youth Suicide Prevention National Stocktake 1999

Evaluation
Internal and external evaluation.

*Process evaluation:* Strategic planning processes; Action Research.

*Impact evaluation:* Strategic planning processes; Action Research.

Contact
Wide Bay Assessment Service
Family and Community Support Division, Uniting Church
PO Box 695
Bundaberg QLD 4670
Phone: 07 4151 4970
Fax: 07 4151 5829
Email: barbarah@interworx.com.au
Contact person: Ms Barbara Brearley, Coordinator

279

JPET (Jobs Placement Employment and Training) Youth Action Project

Description
The aim of this program is to act as an alternative to incarceration and/or completing community service hours. It is aimed at reducing the number of young people in the justice system and engaging them in employment strategies.

Evaluation
Internal evaluation.

*Process evaluation:* Currently being designed.

*Impact evaluation:* Currently being designed.

*Outcome evaluation:* Currently being designed.

Contact
Jobs Placement Employment and Training (JPET)
PO Box 689
Atherton QLD 4883
Phone: 07 4091 2940
Fax: 07 4091 4827
Contact person: Mrs Treacey Brind-House, Youth Worker

280

Suicide Intervention Programs and Workshops

Description
Barambah Aboriginal Community Care Agency (BACCA) aims to reach people who are at risk of harming themselves and help them to examine their options. BACCA is currently waiting for funding to run Suicide Intervention Workshops and Suicide Awareness Programs.

Main Achievements
Achievements of the program include reaching people at risk of self harming behaviour and helping them examine their options.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers. Volunteers are required to keep the taskforce operational and there are funding restrictions on projects. The Taskforce relies on services encouraging staff to attend programs and informational sessions.

Increased networking with agencies; application for funding for a project worker to continue and expand the taskforce’s work.

Interagency

281

Far North Queensland Taskforce for the Prevention of Youth Suicide

Description
The aims of the Far North Queensland Taskforce for the Prevention of Youth Suicide are to encourage and support the coordination of services, develop initiatives, and implement strategies. The Taskforce has advocated for an adolescent facility at the Cairns Base Hospital; developed protocols for the treatment of self harm and suicide through the Emergency Department of the Cairns Base Hospital; and facilitated the provision of informational sessions and skills development workshops.

Main Achievements
Achievements include: establishment of a network of youth and health agencies; production of Suicide Prevention Handbook; development of health working protocols for self harm; development of community agency protocols of self harm prevention; training of members in media skills...

Barriers/Needs
Insufficient funding; Lack of community interest. Barambah Aboriginal Community Care Agency funding is limited. Suicide Intervention requires specific funding. Suicide Prevention Workshops were advertised, however, a cost was involved for people to attend the Workshops. The lack of response may indicate the community’s inability to pay.

Advertising of events. More funding.

Evaluation
Internal and external evaluation.

*Process evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.


*Outcome evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Barambah Aboriginal Community Care Agency (BACCA)
2 Oak Avenue
Cherbourg QLD 4605
Phone: 07 4168 2757
Fax: 07 4168 2855
Email: bacca@esprov.com.au
Contact person: Ms Sylvia McGregor, Coordinator

Interagency
282
Indigenous Interagency Support

Description
Two indigenous workers provide support to families and young people and children with complex problems, as well as community development. There is also collaboration between indigenous support agencies.

Main Achievements
The main achievements of the program are: developing support for young people in care; facilitating young people’s ownership of their support group; and involvement of people from indigenous communities in programs for training to support young people from their communities.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

The Wide Bay community is very committed about many things. However, when it comes to young people, there is a decided negativity and disinterest. Councils, business and the broader community work against hearing what young people say they want.

Listen to young people and support and encourage all their efforts. Give young people responsibility for running their own programs. Run programs which involve the whole of the community including government, non government, business, local government, health, education, families and young people.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Action Research.

Impact evaluation: Strategic planning processes; Action Research.

Contact
Wide Bay Assessment Service
Family and Community Support Division, Uniting Church
PO Box 695
Bundaberg QLD 4670
Phone: 07 4151 4970
Fax: 07 4151 5829
Email: barbarah@interworx.com.au
Contact person: Ms Barbara Brearley, Coordinator

283
Suicide Awareness Group, Moura Community

Description
The aim of the Moura Community Suicide Awareness Group is to minimise the incidence and impact of suicide in the community and to work towards a coordinated response to this issue. The objectives for prevention are: to identify and be involved in opportunities and activities working to prevent suicide; to conduct community awareness and education campaigns; to identify gaps in suicide education and training; to develop strategies to meet these gaps; and to encourage the development and maintenance of networks relating to suicide. Objectives for intervention include: facilitating a policy for agencies to respond to requests and crises relevant to suicide; increasing awareness of services available within the community; and facilitating education opportunities within the community regarding issues relevant to suicide.

Objectives for postvention are: to explore options for support to survivors and people who attempt suicide; and to assist in the development of services available to survivors and those who attempt suicide.

Main Achievements
Raising in the community the problem of suicide; learning that while the community expresses concerns, there is difficulty gaining community participation.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

Due to lack of funding, program development is constrained because there are no staff to implement ideas and complete administration tasks; difficulty in communicating with the community. Overcome funding barriers by: promoting the program; advertising; educational workshops and seminars geared to community needs; community needs assessment; staff to perform these tasks; and import appropriate professionals to conduct educational and prevention activities.

Evaluation
Internal evaluation.

Impact evaluation: Currently being designed.

Contact
Moura Hospital
Interagency Group
Nott Street
Moura QLD 4718
Phone: 07 4997 1479
Fax: 07 4997 1475
Contact person: Mrs Denice Kirwan, Community Welfare Worker
Justice System

284 Suicide Prevention Policy

Description
The purpose of the Suicide Prevention Policy is to prescribe standards for the identification and safe management of prisoners who are at risk of suicide or self harm. The objective is to achieve early identification and intervention in relation to self harm or suicidal behaviour. Interventions used include: training staff in indicators of self harm and suicide; at risk assessment at reception and any subsequent identified point; application of observation and monitoring procedures; using appropriate psychological interventions; applying a postvention management plan.

Main Achievements
The Policy has achieved an increased rate of early identification of at risk behaviour and the introduction of an effective management strategy.

Barriers/Needs
Structural problems in services.

More specific short term placement facilities are needed across the system. Partially overcome by the introduction of three purpose build crisis support units for clinical intervention.

Evaluation
Internal evaluation.

Process evaluation: Clinical supervision of psychological services; Staff compliance with policy.


Outcome evaluation: Epidemiological methods.

Contact
Queensland Corrective Services Commission
GPO Box 1054
Brisbane QLD 4001
Phone: 07 3227 7457
Fax: 07 3227 6633
Email: ofdelt@qcsc.qld.gov.au
Contact person: Ms Lidia Pennington, Acting Principal Adviser

Mental Health Service

285 Acute Care Team – Division Mental Health Services

Description
The role of the Acute Care Team is to provide a timely and responsive service of assessment, intervention and treatment to clients and people in the community in whom there has been an emergence of acute symptoms of mental illness.

This may be because: of an exacerbation of an ongoing illness; of the onset of a new illness; a person although not mentally ill, may be at risk of harm to themselves or others due to adverse situational or life events. The Team also aims to provide a comprehensive acute care mental health service in a setting that is appropriate to the clients needs and which maximises the use of supports and resources available within the clients usual environment in the community.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

There is competition for resources to meet demands across the service. The issue of suicide needs to be shared across services with responsibility not falling on one government service. Place focus on wellbeing, as opposed to suicide, as a primary prevention approach.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Impact evaluation: Action Research.

Outcome evaluation: Action Research.

Contact
Royal Brisbane Hospital
District Health Service
Herston Road
Herston QLD 4029
Phone: 07 3253 1114
Fax: 07 3253 1166
Contact person: Ms L Fawcett, Nursing Director Mental Health
288
Adventure Seekers: Early Psychosis Camp

Description
The goals of the Adventure Seekers Camp Program are: to provide opportunities to develop social and support networks for young people who have recently experienced a psychotic episode; to develop and foster self esteem, confidence, leadership and team work through the use of outdoor activity and adventure; to provide a respite service to the parents and carers of young people first experiencing psychosis; to encourage the utilisation of community support networks such as the Schizophrenia Fellowship of Queensland by the consumers and carers involved in the camp program; to extend and strengthen existing life skills and independence through participation in camp planning, catering and food preparation; and to actively involve consumers and carers in the planning, development and evaluation of the camp program.

Main Achievements
Adventure Seekers Camp Program was the winner of the 1998 National Community Links Award and the Queensland State winner for Health, Welfare and Community Service, an award sponsored by National Australia Bank.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

The rehabilitation service is not recognised by senior management; resources are being directed to other services, such as assessment; staff time is stretched to service other areas, for example, assessments and case management; unclear policy of management of early psychosis provided by the Princess Alexandra Hospital.

Consumer movement to direct energy into funding for rehabilitation services; and clear policy documentation including referral to Adventure Seekers as management for early psychosis, would help overcome these barriers.

Evaluation
Internal evaluation.


Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Measurement of clinical outcomes.
289
Boyside Child and Youth Mental Health Service

Description
The program is a child and adolescent mental health service providing crisis intervention and ongoing counselling to children and adolescents who have self harmed or at risk of doing so.

Main Achievements
Being able to operate without a waiting list.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources.

Contact
Boyside Child and Youth Mental Health Service
Weippin Street
Cleveland QLD 4163
Phone: 07 3240 8311
Fax: 07 3821 4782
Contact person: Mr Mark Tysckiewicz, Team Leader

290
Child and Youth Mental Health Service (CYMHS) Institute for Child and Youth Mental Health

Description
The Child and Youth Mental Health Service (CYMHS) aims to provide specialist mental health services for children and young people, particularly those individuals with severe conditions. To provide optimal care CYMHS aims to work closely with other health care providers to meet the needs of the patient or client. CYMHS combines hospital and community based facilities to provide free consultation, assessment, and treatment of children and young people experiencing serious mental health disorders and problems. Children and young people are admitted for a range of mental health conditions which may include aggression, depression, anxiety, suicidal or self harming behaviour, eating disorders, psychosis and traumatised family relationships. CYMHS uses a case management model to tailor treatment plans to the needs of each client/patient. Treatment plans use intervention methods such as: a range of therapeutic approaches; consultation/liaison; outreach; inpatient care. Referrals to CYMHS are made by a range of agencies including general practitioners, guidance officers, youth workers, child health nurses, and other government departments. Self referrals are accepted from young people and parents/guardians where there is a serious risk of self harm or harm to others. Community clinics accept referrals from their local catchment area serving suburbs from the north of the Brisbane River through to the Pine River. Referrals are prioritised according to the severity of the presenting problem. Eligibility for CYMHS is a clinical decision that considers the psychiatric nature of the disorder, the severity of disturbance, the complexity of condition (including comorbidity), the extent of functional impairment, and the distress level of the child, young person, and/or family.

Main Achievements
Integrated hospital/community mental health treatment; immediate appointments for young people; networking with others; education and training support; partnerships with some youth sector agencies.

Barriers/Needs
Lack of backup services; Insufficient funding; Attitudes of service providers; Structural problems in services; Accommodation and general lifestyle support.

Accommodation that is available for respite, short, medium and long term is lacking. Especially anything for young people with mental health problems and in need of a therapeutic program of life skills, vocational training and family reintegration. More supported accommodation and better service coordination would help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Institute for Child and Youth Mental Health
Child and Youth Mental Health Service Administration
Corner Rogers and Water Streets
Spring Hill QLD 4000
Phone: 07 3835 1408
Fax: 07 3839 8191
Email: bestd@health.qld.gov.au
Contact person: Mrs D Best, Executive Manager

291
Child and Youth Mental Health Service (CYMHS) Child and Adolescent Forensic Unit

See Program 290 for details.

292
Child and Youth Mental Health Service (CYMHS) Child, Adolescent and Family Psychiatry Training Centre

See Program 290 for details

293
Child and Youth Mental Health Service (CYMHS) Royal Children’s Hospital

See Program 290 for details
294
Child and Youth Mental Health Service (CYMHS) Enoggera Child and Youth Mental Health Service
See Program 290 for details

Contact
Enoggera Child and Youth Mental Health Service
289 Wardell Street
Enoggera QLD 4051
Phone: 07 3835 1408
Fax: 07 3839 8191
Email: bestd@health.qld.gov.au
Contact person: Mrs D Best, Executive Manager

295
Child and Youth Mental Health Service (CYMHS) Pine Rivers Child and Youth Mental Health Service
See Program 290 for details

Contact
Pine Rivers Child and Youth Mental Health Service
Pine Rivers Community Health Centre
586 Gympie Road
Strathpine QLD 4500
Phone: 07 3835 1408
Fax: 07 3839 8191
Email: bestd@health.qld.gov.au
Contact person: Mrs D Best, Executive Manager

296
Child and Youth Mental Health Service (CYMHS) Nundah Child and Youth Mental Health Service
See Program 290 for details

Contact
Nundah Child and Youth Mental Health Service
Corner Donkin and Sandgate Road
Nundah QLD 4012
Phone: 07 3835 1408
Fax: 07 3839 8191
Email: bestd@health.qld.gov.au
Contact person: Mrs D Best, Executive Manager

297
Child and Youth Mental Health Service (CYMHS) Toowoomba District Mental Health Service

Description
The Toowoomba District Mental Health Service offers inpatient and community services to children, adolescents and young adults with moderate to severe mental illness, including those who are at risk of, or have attempted suicide. The Child and Youth Mental Health Service (CYMHS) provide direct client services by CYMHS clinicians at a number of Toowoomba high schools. These high schools have provided space for CYMHS staff where consumers can be seen. Staff work in close collaboration with the School counsellors. The CYMHS clinicians regularly visit high schools in Toowoomba to promote awareness of the service through the provision of information and talks on mental health issues. Emergency assessment and intervention protocols have been established for use with consumers considered to be at high risk of suicide. These also include management strategies for consumers in regional health districts within the network.

Main Achievements
Achievements for the program include: increased capacity for rapid response; increased intersectoral collaboration; and the development of strategies for early intervention.

Barriers/Needs
Insufficient funding; Structural problems in services; Lack of coordination between mental health (government), general health (government), private and non government sector initiatives.

The recent appointment of a Community Network Support Worker to the Public Health Unit, the Toowoomba Health Service should assist this process.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Toowoomba District Mental Health Service
Acute and Community Division
PO Box 405
Toowoomba QLD 4350
Phone: 07 4631 0377
Email: brosnanb@health.qld.gov.au
Contact person: Ms Barbara Brosnan, Manager

298
Griffith Early Intervention Project

Description
The Griffith Early Intervention Project runs three early intervention programs: 1. Resourceful Adolescent Program, a skills building 10 week program for adolescents that aims to build resilience against depression; 2. Friends Program, a 10 week program for 8-14 year olds, which has been shown in a number of studies to reduce anxiety problems and disorders; 3. Reach for Resilience, a 5 week program for parents and teachers of preschool children that builds resilience as a preventive strategy against anxiety and depression in children.

Main Achievements
In a series of controlled trials, a set of interventions has been developed that can be mounted easily in school and other child/adolescent care settings, and lead to demonstrable reductions in anxiety and depression. Project members have trained people throughout Australia in these skills.
Barriers/Needs
Insufficient funding; Structural problems in services.
Funding problems mean changes in staff and insecurity for staff who are dependent on each new grant renewal.
Structural problems in the education system mean that resources are often not available at the systemic and school levels to mount programs.

Evaluation
Internal and external evaluation.

Process evaluation: Randomised controlled trial; Epidemiological methods.
Impact evaluation: Randomised controlled trial.
Outcome evaluation: Randomised controlled trial.

Contact
Griffith University
School of Applied Psychology
Griffith University
Nathan QLD 4111
Phone: 07 3875 6525
Fax: 07 3875 7130
Email: m.dadds@mailbox.gu.edu.au
Contact person: Prof Mark Dadds, Director

299
National Hospitals Demonstration Project 1.2.1 Youth Suicide Prevention Project for Mackay and Moranbah District Health Services

Description
The aims and objectives of the project are: to collect, review and evaluate existing hospital and community health protocols in use for youth presentations of deliberate self harm and/or suicidal ideation; to gather data from local general practitioners and high school guidance officers regarding attitudes and current practices when dealing with youth at risk; to consult with a wide range of multidisciplinary district health staff regarding the youth suicide prevention project and current practices in place for the management of suicidal behaviours in young people; to document current knowledge and attitudes regarding youth suicide amongst district health staff prior to education and training; to raise awareness of youth suicide issues and prevention strategies amongst relevant district health staff and other health care professionals; to develop a deliberate self harm/suicide risk assessment instrument and referral document for use by medical and nursing staff in acute areas; to provide education and training to relevant staff; to ensure the availability of protocols for the recognition, assessment, management and referral for follow up and after care, of youth at risk; to design and implement a structured psychosocial interview assessment instrument to formalise the assessment, documentation and diagnostic process, when the young person returns for a follow up appointment.

Main Achievements
Development of specific protocols for health care facilities in the assessment, management, referral and after care of young people presenting with suicidal behaviours; achievement of awareness of youth suicide issues amongst health staff; and collection of data from a cohort of young people and a comparison group of young people who presented with suicidal behaviours pre and post implementation of specific protocols, and which resulted in funding.

Barriers/Needs
Lack of backup services; Attitudes of service providers; Short time lines.
Key staff resignations occurred throughout the life of the project and immediate replacements were difficult; staff are resistant to change and need longer time periods to accept and adopt new practices. Continued education for service providers; improve recruitment processes for staffing, particularly in rural and remote areas.

Evaluation
External evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.
Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.
Outcome evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Mackay Integrated Mental Health Service
Mackay Community Health Centre
Nelson Street
Mackay QLD 4740
Phone: 07 4968 3893
Fax: 07 4968 3894
Contact person: Mr Richard Jones, Team Leader

300
North West Youth Suicide Prevention Task Force

Description
The North West Youth Suicide Prevention Task Force aims to: increase political awareness; increase community resources for workers; increase community resources for young people; conduct research on the needs of the North West area of Queensland; increase knowledge and skills of community and professional workers; establish effective networks across services involved with young people; encourage local community leadership in youth suicide prevention; and facilitate positive involvement of the media to support youth suicide prevention. The Queensland Government Youth Suicide Prevention Strategy recognises that: Australia has one of the highest rates of youth suicide in the developed world; Queensland consistently has higher rates than the Australian average; suicide has become a more common cause of death among men under thirty years of age than motor vehicle accidents, making it the number one cause of death for this age group; there has
been a three fold increase in the rates of suicide for young people across the 15–24 age group since 1964; the Queensland suicide rate for young people aged 15–24 years is approximately 20 per cent above the national average for the same age group. Specifically in relation to the North West area of Queensland, 41 percent of the population is less than 24 years of age (ABS Census, 1996), 22 per cent of the population is indigenous, and one community in the North West area (Mornington Island) has been found to have one of the highest suicide rates in the world. The task force meets monthly to form working parties in relation to specific projects and needs of the community. Thus far, the task force has facilitated training to youth workers and high school students. The task force has compiled numerous funding submissions in relation to more resources for young people.

**Main Achievements**
Networking/Liaison between agencies; Awareness of suicide prevention in the community; Generation of community ideas.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

The Task Force has been running for two years on volunteers alone. A Community Network Support Worker has now been employed for one month to maintain the taskforce. The Community Network Support Worker will assist in refocusing the task force and maintaining the links in the network.

**Evaluation**
Internal and external evaluation.

*Process evaluation: Monitoring through routine documentation; Qualitative methods.*

*Impact evaluation: Currently being designed; Qualitative methods.*

*Outcome evaluation: Currently being designed.*

**Contact**
Mount Isa Centre for Rural and Remote Health
PO Box 2572
Mount Isa QLD 4825
Phone: 07 4744 4849
Fax: 07 4749 5130
Email: micrrh@topend.com.au
Contact person: Ms Kathryn McFarlane, Senior Health Promotion Officer

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**Program Achieve**

**Description**
Program Achieve aims to provide all children with the foundations for achievement by teaching them from preschool to Year 12 and beyond the 11 Habits of the Mind and the foundations they support. Habits of the Mind are defined as established tendencies or trends of the mind to think in ways that lead to the individual students experiencing certain feelings and performing certain acts. The goals of the curriculum are not only to teach students the attitudes which underlie success, but to also inculcate these attitudes as habits of the mind.

**Main Achievements**
An achievement of the Program is helping children and young adults to make choices on how they think about a situation or problem.

**Barriers/Needs**
Insufficient funding; Attitudes of service providers.

Program Achieve is trying to change the mind set of students, from negative to positive ways of thinking. However, teachers often feel that the Habits of the Mind is just another curriculum of lessons they have to introduce. Providing in-service training for teachers, principals and health workers on how important it is for children to have the right foundations for achievement and emotional wellbeing could help overcome these barriers.

**Contact**
You Can Do It! Education
Australian Scholarship Group Educational Products
PO Box 384
Samford QLD 4520
Phone: 07 3289 1478
Fax: 07 3289 1478
Email: youcandoit@uq.net.au
Contact person: Mrs Jenny Williams, Program Director

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**Resourceful Adolescent Program**

**Description**
The Resourceful Adolescent Program aims to provide problem solving and coping skills to adolescents. Also, to develop resilience and family interconnectedness. These skills will reduce risk of depression and therefore self harm and suicidal behaviour. The program is divided into 11 components which build on each other to develop the above skills.

**Barriers/Needs**
Insufficient staff/time/resources.

In order to target an entire Year 9 level at any school more staff would be needed. Also, schools need to be more flexible with their timetables. Discussions with schools. Target select groups after the entire year level has been assessed using instruments which are psychologically valid.

**Evaluation**
Internal evaluation.

*Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.*

**Contact**
Child and Youth Mental Health Service
PO Box 4055
Rockhampton QLD 4700
Phone: 07 4931 3800
Fax: 07 4927 9363
Email: carlingm@health.qld.gov.au
Contact person: Ms M Carling, Team Leader

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*Australian Institute of Family Studies 153*
303 Young People's Program: Psychoeducation and Support

**Description**
The purpose of the Young People’s Program is to assist young adults affected by mental illness to gain or develop the skills required in order to develop social and occupational roles, maintain an appropriate level of independence and maintain wellness. The goals are: to include young consumers of Princess Alexandra Hospital and District Health Service, Division of Mental Health in the formulation of program topics, for example, communication, time management, decision making, self esteem, illness management, which are designed to enhance their present level of functioning and meet identified needs; to provide opportunities for the development of self confidence, interpersonal skills and communication through the use of groups; to identify areas of need which require ongoing individual intervention; to identify mainstream community agencies that meet the long term needs of members which can be accessed post completion; to provide members with the skills necessary to access mainstream agencies post completion. Objectives are: that clients will make progress towards the achievement of their personal treatment goals by identifying topics relevant to them in the planning session and by attending for the following seven weeks; that clients will improve their interpersonal skills by participating to a level appropriate to their needs and ability for the duration of the program; that issues identified as requiring further attention will be followed up by individual care coordinators or allocated professionals, or on a one-to-one basis where applicable; and that clients will pursue mainstream community groups or agencies in accordance with their interests post program completion.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

The rehabilitation service is not recognised by senior management; resources being directed to other services, such as assessment; staff time stretched to service other areas, for example, assessments and case management; unclear policy of management of early psychosis provided by Princess Alexandra Hospital.

Consumer movement to direct energy into funding for rehabilitation services; clear policy documented includes referral to the Young People’s Program.

**Evaluation**
Internal evaluation.

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill

*Outcome evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Measurement of clinical outcomes.

304 Young Person’s Group

**Description**
Young Person’s Group is a weekly group attending recreational, entertainment or cultural venues within the city of Brisbane. The group is facilitated by an occupational therapist and her student. Attendance is for young clients of the mental health service. They may be referred by a mental health worker, seek attendance or be invited. The Group encourages attendance to inexpensive and interesting activities suitable for young persons. The program is held for a period of two or more hours. The aims and objectives are: to establish an ongoing group that young people can identify as their own by choosing the activities and choosing to attend; to facilitate activities that are inexpensive, attractive and meaningful; to encourage and facilitate young persons’ attendance; to provide knowledge by participation about such activities; to facilitate young people attending activities to learn or to relearn socialising skills and gain or regain self confidence. The rationale: young persons who have recently experienced a mental illness for the first time are particularly vulnerable; young persons who may have had more than one episode of mental illness are also vulnerable; young people with a mental illness may be separated from their peers, and disconnected from their usual social, recreational and educational/work pursuits; young people with a mental illness may be unemployed, on limited incomes and have long periods of inactivity. Intervention strategies: group facilitators advertise the group and encourage mental health workers to inform young people of its existence and to refer them; young persons are referred to the group by a mental health worker in the service or they may be approached by the group facilitator; the attenders are encouraged to make their own decisions as to the activity for the following week; the occupational therapist and her student provide a supportive environment encouraging attendance and participation; they also encourage the development of social skills, self confidence and self esteem, and increase awareness of facilities and activities.

**Main Achievements**
Main Achievements of the Young Person’s Group are: operating a sustainable group program for six months in an environment of economic rationalisation; maintaining a core group of attenders; satisfaction has been demonstrated by evaluation; increases in self esteem and self confidence has been observed and demonstrated; peer support and networking has occurred within the group and outside the group; social skills have improved; knowledge of facilities has improved maintaining a steady flow of referrals; evaluation formed the basis of a funding submission to
State Government. Main things learned: need to keep marketing the group to case managers to keep referrals coming in; to keep accurate records and keep evaluating to answer any queries from management; to listen to the attenders; excellent learning experience for student.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

Activity run by one occupational therapist and occupational therapy student when on placement (28 weeks of the year); Funds for more expensive activities are not available; Slow rate of referrals from case manager and medical practitioners of the service.

The activities own budget; Assistant staff allocation; Better understanding of mental health staff of social and recreational needs of young persons with a mental illness could help overcome these barriers.

**Evaluation**
Internal evaluation.

*Process evaluation:* Descriptive statistics about clients; Regular meetings and supervision with facilitator and co-facilitator.

*Outcome evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

**Contact**
Valley Integrated Adult Mental Health Service
162 Alfred Street
Fortitude Valley QLD 4006
Phone: 07 3834 1682
Fax: 07 3252 9152
Email: simpsons@health.qld.gov.au
Web Address: http://www.psychiatry.uq.edu.au/viamhs
Contact person: Ms Sara Simpson, Occupational Therapist

**305 Youth Health Nurse Meetings**

**Description**
The Youth Health Nurse Meetings are held monthly and are liaison meetings between the Child and Youth Mental Health Nurses and the Youth Health Nurses in the South Brisbane catchment area. These meetings are for networking, the discussion of cases and the utilisation of resources. Information on parenting adolescents and how to run group work is also provided. The nurses are gaining confidence in knowing which cases to refer to Mental Health and which they can handle themselves. Many adolescents in the group were referred by the Youth Health Nurses. Adolescents will often approach the school nurse rather than the guidance officer, as the nurse is outside the education system and is seen as being less threatening.

**Main Achievements**
The meetings have achieved: a strong network of child and youth health professionals; appropriate case referred for specialist Mental Health input; and provided support for nurses working in the schools.

**Barriers/Needs**
Lack of backup services; Structural problems in services.
The Youth Health Nurses often work in isolation and need a mentor. There is no Clinical Nurse Consultant specifically for Youth Health, as there is for Child and Youth Mental Health. There should be a Clinical Nurse Consultant specifically for youth in both Youth Health and Youth Mental Health. This is a specialist area and should not be included with children and babies which usually happens in Child Health.

**Contact**
Yeronga Child and Youth Mental Health Clinic
51 Park Road
Yeronga QLD 4104
Phone: 07 3848 8011
Fax: 07 3892 1425
Email: ChilcotR@health.qld.gov.au
Contact person: Mrs Rosemary Chilcott, Clinical Nurse

**Neighbourhood Centre**

**306 Youth Drop In Centre – The Shed**

**Description**
The goal at The Shed is to provide a drop in centre for the youth in the community. Other than a school based environment local youth have no social space of their own other than that established with The Shed. One of the most important roles of The Shed is to provide a sense of ownership and self determination for the youth in the community because poverty related circumstances affect many aspects of the clients family lives and environments. Because of this the adult facilitators try to establish a non judgemental environment in order to encourage personal expression for all, and learning, consequently, the social tolerance needed to accommodate all forms of expression. The youth program is organised into two sub programs. First the afternoon activities agenda, sport and craft, which is a structured program mainly accessed by primary aged children. The second is the Friday Night drop in centre that is completely unstructured and activities/entertainment are organised by the youths themselves. The majority of the Friday Night population is secondary school aged youth. The Shed has been in operation for a long time with very little material resources or help from established authorities. The dedication and perseverance of a small group of people has made it a model other towns in our area have tried to emulate.

**Main Achievements**
To simply be operating is the single most amazing achievement. Lack of any funding means that the service relies solely on volunteers and workers who are only paid for half of what they do. Any profits from entry fees and fundraising are put directly into buying resources for The Shed. In the last 12 months attendance numbers for the programs have virtually doubled from previous years records. This is attributed to the ever increasing resources being made available and the different variety of activities
offered on the afternoons, plus the small canteen which is run on Friday nights. The Shed has established a foundation of trust and respect with the youth, which can be used as a launching pad for other initiatives.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Lack of community interest; Lack of personnel for voluntary hours. Art and craft consumables always low.

Need improved technology, music, drama and sporting resources. Fundraising improves finances and lifts morale of fundraisers. This however does not cover consumable items within the program. Need to use other methods to raise funds which may include the seeking of a benefactor or sponsor. Need to overcome apathy by monthly newsletters to parents, letters to the editor of the local newspaper regarding the service and continuing positive home reports by the clients.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Action Research.

**Impact evaluation:** Action Research; Monitoring through routine documentation.

**Outcome evaluation:** Epidemiological methods.

**Contact**
Ravenshoe Community Centre Incorporated
5 Moore Street
Ravenshoe QLD 4872
Phone: 07 4097 6726
Fax: 07 4097 6030
Contact person: Mrs Jenny Armstrong, Youth Projects Coordinator

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**Police Service**

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**307**

**Youth Suicide Awareness Training (YSAT) Project**

**Description**
This project will provide police officers throughout the state with increased knowledge and skills to deal with the issue of youth suicide. The regional workshops will provide information about recognising youth suicide risk factors, including substance use, strategies to decrease the number of youth suicides and skills to deal with issues which accompany a completed suicide. Participants will receive a resource kit to keep upon completing the workshop. A training package will also be produced to allow police educators and police community liaison officers to access information for future training and community information.

**Main Achievements**
A state wide training workshop for police officers to address issues surrounding youth suicide was conducted. Training was provided for police officers to increase their knowledge and understanding of youth suicide issues and how it relates to police officers. Professionally conducted workshops, including information about the support mechanisms, has been put in place with Queensland Police Service. A package of information has been developed for police trainers to utilise with future police officers and for police community liaison officers to provide to the community. Information on youth suicide is now available on the Queensland Police Service Bulletin Board.

**Barriers/Needs**
Lack of backup services.

**Evaluation**
Internal evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Queensland Police Service
Drug and Alcohol Coordination
100 Roma Street
Brisbane QLD 4000
Phone: 07 3364 6920
Fax: 07 3364 6931
Contact person: Ms Amanda Moran, Training Officer

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**Public Health Unit**

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**308**

**QGYSPS: Queensland Government Youth Suicide Prevention Strategy**

**Description**
The Queensland Government Youth Suicide Prevention Strategy (QGYSPS) aims to reduce self harm and suicide related behaviour in young people aged 15-24. It also aims to reduce the impact of youth suicide on individuals, families and communities, through coordinated and life affirming strategies which enhance quality of life for young people, families and communities. Nineteen project workers are employed across the State in Queensland health districts to set up district networks and action plans according to locally identified priorities.

**Main Achievements**
Setting up district networks in health districts across the state.

**Barriers/Needs**
Insufficient staff/time/resources.

Project officers are employed on a part time basis, which is not nearly sufficient for the expectations placed upon them.

Full time employment.

**Evaluation**
External evaluation.
Contact
Queensland Health
Tropical Public Health Unit
Locked Bag 16
Aitkenvale QLD 4812
Phone: 07 4750 4040
Fax: 07 4750 4041
Email: fyshm@health.qld.gov.au
Contact person: Ms Miranda Fysh, Community Network Support Worker

309
Young People At Risk Program

Description
The Young People At Risk Program aims to improve the mental health and wellbeing of young people (10-24 years) with a focus on the prevention of suicidal and self harming behaviour. The objectives are to: increase public awareness and promote better understanding of the factors influencing the health and wellbeing of young people; improve the capacity of the community to recognise and respond to issues of self harming and suicidal behaviour amongst young people; enhance young people’s participation in effective programs and activities and improve their awareness of and access to support services; and facilitate partnerships and links across sectors with key stakeholders to improve planning, collaboration and service delivery for young people.

Main Achievements
Difficult to determine since the program is still in its developmental stage.

Evaluation
Internal evaluation.

310
State High School Chaplaincies and State Primary School Chaplaincies

Description
There are three different models of Chaplaincy Services, the educational model, the pastoral care model and the peer model. In the educational model, the primary role of persons delivering the chaplaincy services through the educational model is to meet many of the spiritual, ethical and religious needs of students in an educational way. They may do this through one or more of the various components of the religious education program in the school such as Religious Education, Right of Entry activities, selected bible lessons in primary and special schools, formal studies of religion and ethics, and serving as resource persons to other teachers when dealing with matters related to religion. Each of these activities has its own set of requirements and procedures in regard to what shall be taught and by whom. The involvement of any chaplain in these activities must conform to the relevant departmental regulations, policies and procedures. The primary role of persons delivering chaplaincy services through the pastoral care model is to provide an additional dimension to the school’s pastoral care and guidance and counselling services. The specific nature of this contribution comes from the focus on the students’ spiritual, ethical and religious needs and any problems arising from them. Chaplains operating within this model must work closely with the school’s pastoral care and counselling staff. A clear definition of roles, and of the interrelationships between them, is essential for the effective operation of chaplaincy services under this model. The primary role of persons delivering chaplaincy services through the peer model is to interact with students during many extracurricular activities in ‘out of class’ time. Administration and staff perceive the chaplain as providing a role model and developing supportive relationships with and among students. They are perceived by students as peers or friends.

Main Achievements
Increased level of pastoral care and support in state schools. In the last 11 years there have been 56 chaplains operating in state high schools in Queensland and 4 chaplains in state primary schools. There has also been a cooperative approach between the Queensland Education Department, the Scripture Union Queensland, local schools and local churches.

Evaluation
Internal evaluation.

Contact
Queensland Health
Tropical Public Health Unit
Locked Bag 16
Aitkenvale QLD 4814
Phone: 07 4750 4040
Fax: 07 4750 4041
Email: dillonj@health.qld.gov.au
Contact person: Mr John Dillon, Coordinator

Religious Organisation

310
State High School Chaplaincies and State Primary School Chaplaincies

Description
There are three different models of Chaplaincy Services, the educational model, the pastoral care model and the peer model. In the educational model, the primary role of persons delivering the chaplaincy services through the educational model is to meet many of the spiritual, ethical and religious needs of students in an educational way. They may do this through one or more of the various components of the religious education program in the school such as Religious Education, Right of Entry activities, selected bible lessons in primary and special schools, formal studies of religion and ethics, and serving as resource persons to other teachers when dealing with matters related to religion. Each of these activities has its own set of requirements and procedures in regard to what shall be taught and by whom. The involvement of any chaplain in these activities must conform to the relevant departmental regulations, policies and procedures. The primary role of persons delivering chaplaincy services through the pastoral care model is to provide an additional dimension to the school’s pastoral care and guidance and counselling services. The specific nature of this contribution comes from the focus on the students’ spiritual, ethical and religious needs and any problems arising from them. Chaplains operating within this model must work closely with the school’s pastoral care and counselling staff. A clear definition of roles, and of the interrelationships between them, is essential for the effective operation of chaplaincy services under this model. The primary role of persons delivering chaplaincy services through the peer model is to interact with students during many extracurricular activities in ‘out of class’ time. Administration and staff perceive the chaplain as providing a role model and developing supportive relationships with and among students. They are perceived by students as peers or friends.

Main Achievements
Increased level of pastoral care and support in state schools. In the last 11 years there have been 56 chaplains operating in state high schools in Queensland and 4 chaplains in state primary schools. There has also been a cooperative approach between the Queensland Education Department, the Scripture Union Queensland, local schools and local churches.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The main barrier is a lack of funding. Chaplaincy services in Queensland state primary and high schools receive no government funding. All chaplains are sponsored by individual and business donors. If government funding is received it would be possible to provide more effective programs, with greater positive impact on the school and the general communities.

Evaluation
Internal evaluation.

Contact
Scripture Union Queensland
800 Kingsford Smith Drive
Eagle Farm QLD 4009
Phone: 07 3868 1344
Fax: 07 3868 1366
Email: jimr@qld.su.org.au
Contact person: Dr Jim Rawson, State Director
Research

311
Here for Life Youth Suicide Prevention Project

Description
The role of the organisation was to evaluate a community networking project in Logan City, South East Queensland and southern rural Queensland. A participatory action research model was used, with the organisation’s intimate involvement in the planning, action, observation and reflection of the project. The aim of the project was to train and network existing service providers to identify, manage and refer youth at risk.

Main Achievements
Development of trust between members of the network.

Barriers/Needs
Attitudes of service providers; Structural problems in services.

The local mental health services and the local division of general practice were not helpful, and due to a fear of not being able to control their workload, did not actively participate in the program and manage project funds adequately. The source of funding and its management should come from outside of Mental Health, this would thereby avoid any conflict of interests.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Other quantitative methods.

Outcome evaluation: Qualitative methods; Diaries for network participants.

Contact
Queensland Research and Health Promotion Unit
The Royal Australian College of General Practitioners
PO Box 1608
Coorparoo QLD 4151
Phone: 07 3392 1011
Fax: 07 3392 1077
Contact person: Mr Barry McGrath, Director

312
Life Skills Workshop (LSW) Program

Description
The Life Skills Workshop (LSW) program seeks to provide program participants with the Life Skills necessary to negotiate modern life while minimizing the risks of developing mental health difficulties. The program consists of ten exercise focused sessions with up to eight participants and one facilitator working together for two hours per week. Emphasis is placed on an experimental encounter where participants can feel free to raise and discuss personal issues in a supportive context while learning and practicing explicit life skills. The skills contained within the program were selected following two large epidemiological studies (university wide 1200 each) and 41 Life Story Interviews (with longitudinal participants). A further epidemiological study has been carried out to ensure the areas covered in the program are still salient to the university population, and feedback questionnaires and interviews were collected conducted with the 1998 LSW participants and group facilitators to aid in refining the project. Pre and post program data are being gathered from participants to evaluate the effectiveness of the program. Although the program does include a specific focus on suicidal issues, the program is essentially within the models of primary prevention of mental health difficulties.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Short time lines.

As a Doctorate (PhD) project without existing longitudinal participants of at least four years involvement, this project was blocked from research funding. Time and commitment restraints made canvassing for other funding virtually impossible, and due to the large amounts of public monies being spent on large suicide prevention/intervention strategies interest in funding smaller projects was nonexistent.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods; Action Research.

Impact evaluation: Measurement of clinical outcomes; Quality assurance methods.

Outcome evaluation: Randomised controlled trial; Measurement of clinical outcomes.

Contact
University of Queensland
School of Psychology
St Lucia QLD 4072
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Email: graeme@psy.uq.edu.au
Contact person: Mr Graeme Rawson, Clinical Psychologist

313
Talking to Young People Who Have Attempted Suicide – Research Project

Description
The purpose of the research is to talk to young people who have attempted suicide. To hear their story about what was happening in their lives, and who they turned to for help. It is envisaged that such information will help in the targeting of services/workers to certain locations/groups in order to better meet needs.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.
General barriers include access to young people. It seems that agencies are very protective of young people which may be paternalistic and excluding them from active participation in change. Some professionals are very protective of their special area of interest. A more inclusive, communal approach is needed. Ownership of certain topics could be restricting full exploration of relevant topics.

Contact
James Cook University School of Social Work and Community Welfare
Townsville QLD 4811
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Fax: 07 4781 4064
Email: Susan.Gair@jcu.edu.au
Contact person: Dr Susan Gair, Researcher/Chief Investigator

School Program

314 Guidance Program

Description
The aims of the program are to provide a support service of counselling, assessment, evaluation and placement in relation to educational, vocational and personal issues for students and parents of Morayfield State High School Community. The rationale is that the program supports students and parents in maximising educational opportunities through exploration of options in the face of life decisions, with the aims of making decisions on the basis of good information and in the student’s best interest. Appropriate referral is a major element in addressing student needs, when these needs are beyond the scope (time and personnel) of the program. Interventions used include: personal and small group counselling; referrals to other agencies; and advocacy. Group programs in required areas are also offered. These include: educational; decision making; conflict resolution; and parent support programs.

Main Achievements
Major achievements of the program are the ongoing support offered to students and parents and assistance in decision decision making and implementing decisions.

Barriers/Needs
Insufficient staff/time/resources.

The numbers of students requiring ongoing support exceeds the time and staff resources available.

Referral of students to appropriate counselling and family services could help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Morayfield State High School
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Caboolture QLD 4510
Phone: 07 5428 5555
Fax: 07 5428 5500
Contact person: Mr Phil Neame, Guidance Officer

315 Managing Young Children Program

Description
The central premise of this program is that the parent with some support from trained workers is able to master skills in child management that will restore a loving relationship. The Management of Young Children Program (MYCP) worker fosters a cohesive partnership with the parent and models skills of encouragement, listening and problem solving. The training part of the program is based on the belief that oppositional behaviour is maintained by parental reinforcement and that changing these reinforcement patterns will lead to a decrease in oppositional behaviour. It stresses the empowering of the caregivers in its methods and approaches, and has as its focus the management of difficult behaviours such as tantrums, refusal to follow requests, aggression and attention seeking behaviour. In MYCP, parents are trained in multiple skills to help them modify the uncooperative behaviour exhibited by their children. The training procedure involves three phases. Phase One is an observational stage when baseline data is collected. Phase Two consists of sessions in management skills training where, in a clinical setting, the parent/caregiver learns and practices management skills in direct interactions with the child. The parent and child are videotaped. Viewing and discussion of the videotape by MYCP workers and the parent is a vital component of the training phase. Phase Three consists of generalisation, training and maintenance. The parent is supported in applying the new skills learnt in the structured sessions to other situations at home and elsewhere.

Main Achievements
Achievements of the program include: the reduction of oppositional behaviour in target children and their siblings; improved parenting skills and self esteem of target parent.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services.

Physical requirements of suitable rooms in an easily accessed location have been difficult to find; trained professionals are needed to cover three mornings a week, this is a costly and time consuming requirement; coordination is currently fitted in with other busy jobs. Specially funded and equipped centres with at least one full time professional coordinator are needed.

Evaluation
Internal evaluation.

Impact evaluation: Measurement of clinical outcomes; Action Research.
316 Problem Solving for Life Program

Description
The Problem Solving for Life Project is a randomised controlled evaluation study designed to assess the effectiveness of a universal intervention, the Problem Solving for Life Program (PSLP), in preventing depression in adolescents. The program is delivered to Year 8 high school students (aged 12–13 years) and aims to prevent the onset of depression in these students. This age group was selected as being suitable to target for intervention as it immediately precedes the age at which depression in adolescents increases. Depression was selected as a factor to target, not only because it represents a serious mental health issue that causes significant impairment and disruption to everyday functioning, but also because of its known association with youth suicide. The program consists of 8 weekly sessions (each of approximately 45 minutes duration) designed to fit into one school semester and delivered within the normal school curriculum. The program is delivered by school staff (teachers and counsellors) who are provided with all program materials and trained by the project staff in their use. Students who participate in the program are assessed before the commencement of the program and at a 12 month and 24 month follow up. Students who are identified as being at risk for depression (based on self report data) are interviewed by project staff and referred through the school system for further assistance if necessary. These at risk students are interviewed every six months. Final assessments of students in this project will be completed in 1999.

Main Achievements
Main Achievements of the program include: the development of curriculum materials and provision of these materials to schools; training of school personnel in the use of these materials; approximately 1600 young people have completed the Problem Solving for Life Program.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Less funding was received than was originally applied for, resulting in less staff to work on the project. Funding issues also mean that costs for development and preparation of materials have to be kept to a minimum thus having implications for the presentation of materials. Lack of funding also precluded provision of a full service to rural areas. In order to evaluate programs effectively good longitudinal data that provides information on the long term outcomes of interventions is needed. Funding to support longer term follow ups would be useful. Outcome data can then be used to inform the development or refinement of programs for the target group.

Evaluation
Internal evaluation.

Outcome evaluation: Randomised controlled trial; Other quantitative methods.

Contact
Inala Cluster, Corinda District Education Behaviour Support Team
C/- Richlands State School
Richlands QLD 4077
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Email: bstin@gil.com.au
Contact person: Ms Susan Coin, Guidance Officer
Behaviour Management

317 Promoting Adjustment in Schools (PROMAS)

Description
The Promoting Adjustment in Schools Project (PROMAS) is a longitudinal cohort study with the long term aim of developing effective strategies for reducing the prevalence of a broad range of mental health problems including behavioural problems, depression and anxiety. Specific research aims are: to develop reliable and valid measures for use in the planning and evaluation of school based mental health promotion activities; to identify prevalent risk factors for children's mental health problems that have high predictive power, can be assessed in the school setting, and can be addressed through preventive interventions; to assess the efficacy of an intervention to improve teachers' abilities to effectively identify and respond to children at risk; to assess the efficacy of a multi component intervention for promoting the overall mental health of children and families by providing individual and environment focused strategies in school settings. The project is comprised of two phases. Phase 1, from 1998 to 2001, will identify cost effective practical methods that enable teachers to identify children who are at risk of developing mental health problems. It will assess the types of mental health problems (and their causes) that are common in each school community, attitudes towards the usefulness of different types of school based interventions, and barriers towards their implementation. To achieve these objectives, data will be collected each year for three years from the parents and teachers of 1500 preschool to grade 3 children attending 25 randomly chosen state primary schools in Queensland. Phase 2, from 2001 to 2004, is concerned with evaluating the impact of state of the art school based mental health promotion interventions. The interventions will involve: training teachers to better identify and respond to children at risk of developing mental health problems, and providing structures, supports and programs that will help children and families to deal with the underlying causes of mental health problems. To achieve Phase 2 objectives, a randomised controlled trial will be conducted to assess the extent to which the interventions improve the schools' abilities to deal with distressed children and families, and the impact of this on community rates of mental health problems. Reviewing and piloting work is underway at present.
Main Achievements
To date, data has been collected from the parents and teachers of 10 schools in 1998. Much has been learned about the strategies for gaining access, support and commitment in school-based health research and currently a paper is being written which will publish this knowledge. There has also been an increase in understanding the types of risk factors in children's family backgrounds to which teachers are privy. This information is significant because it will help to determine whether teachers can identify at risk children before mental health problems develop and, more importantly, which risk factors teachers need help in identifying in order to improve their ability to detect and respond to at risk children.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers.

Promoting Adjustment in Schools (PROMAS) involves collecting ongoing data from 25 schools. The project runs to a tight timeline of scheduled data collection (and later intervention) activities. Even with funding, the project team is continually challenged to maintain effective relationships with each of the participating schools. Because of the long term commitment requested and burden on teachers to complete questionnaires, it has been difficult to recruit schools to the project. Some school staff have expressed concerns that addressing mental health problems is not part of the core business of schools. To help overcome these barriers more resources are needed and to promote awareness of the essential link between health and education. If education is the core business of schools, then good physical and mental health is absolutely necessary to achieve it.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.
Impact evaluation: Randomised controlled trial.
Outcome evaluation: Epidemiological methods.

Contact
Centre for Public Health Research, School of Public Health
Queensland University of Technology
Victoria Park Road
Kelvin Grove QLD 4059
Phone: 07 3864 3389
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Email: j.nicholson@qut.edu.au
Contact person: Dr Jan Nicholson, Research Fellow

318
Student Welfare

Description
The School Welfare Officer provides counselling for students. Articles and brochures on suicide prevention were produced by students, and some of this material was placed on a web site. The Welfare Officer facilitated discussions with students on issues such as looking for Alternatives. Funding was obtained for a Lifeline Guest Speaker to visit the school. The Welfare Officer also networks with workers from the health, community and other educational sectors on issues of suicide prevention.

Main Achievements
The project has achieved an increase in the number of community members who are aware of some significant aspects of the issue.

Contact
Stanthorpe St Joseph's High School
PO Box 318
Stanthorpe QLD 4380
Phone: 07 4681 3806
Email: stanhigh@stanthorshs.qld.edu.au
Contact person: Mrs Denise Ingram, Student Welfare Officer

319
Surviving the first 6 months after school

Description
The program aims to provide information and strategies to enable students to achieve a positive and healthy transition from school in a country town to the next phase of their lives in the wider community/world. The rationale is that, students encounter many difficulties in their transition from high school. It is often even more difficult for rural youth as they leave home and smaller rural communities for the cities for example they often quit courses/work due to social/personal problems. The strategies are that, agencies work in collaboration through 'Black Rock' (Australian Film) and demonstrate where they could have helped via other information services and strategies. Surviving the first 6 months after school assists students in working through a range of strategies and services to enable them to achieve a positive transition from high school to adult life and how to create this in a positive way and deal with negative situations.

Main Achievements
All agencies collaborate well, they are familiar with each other, and feel they can work with school staff and are welcome in the school. Students undertaking/completing the course are positive about their ability to cope with life dramas.

Barriers/Needs
Insufficient staff/time/resources.

It is difficult to find enough staff to support the program. It would be beneficial for this program if Education Queensland supported us and thought about replicating the program statewide.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.
The Health and Physical Education HPE curriculum aims and objectives are; Provide curriculum consistency across years 1–10 in Queensland State Schools; Ensure students have the opportunity to engage in system determined essential learnings in the Health and Physical Education HPE area; Ensure students are involved in a course of study in HPE which is relevant to their needs, interests and abilities. The rationale is that the HPE KLA reflects the dynamic and multi dimensional nature of health. The KLA provides a foundation for developing active and informal members of society, capable of managing the interactions between themselves and their social, cultural and physical environments in the pursuit of good health. The KLA offers students opportunities to develop knowledge, processes, skills and attitudes necessary for making informed decisions about; Promoting the health of individuals and communities; Developing concepts and skills for physical activity; Enhancing personal development. The intervention strategies in the HPE curriculum, teachings and learnings could be considered to be a primary intervention strategy concerned generally with the promotion of the health of young people.

Main Achievements
The Health and Physical Education HPE curriculum implementation project provides opportunity to ensure curriculum consistency across all school in Queensland, regardless of where a child goes to school, he or she will be exposed to essential learnings in HPE which include, drug education, opportunities for the development of interpersonal skills, and mental health education.

Contact
Innisfail State High School
2 Stitt Street
Innisfail QLD 4860
Phone: 07 4061 4922
Fax: 07 4061 4613
Contact person: Ms Lois Kennedy, Senior Education Officer

Technical and Further Education

320
The implementation of years 1–10 Health and Physical Education HPE, Key learning area syllabus (developed by Queensland school curriculum council) in all state schools

321
Vocational Education and Training (VET)

Description
Vocational Education and Training includes apprenticeships and traineeships conducted at both school and post school level. The training is delivered through the public provider – Tertiary and Further Education (TAFE Queensland) – and private providers which includes community based not for profit organisations. The aim of Vocational Education and Training is to develop industry competencies which enable the student to participate in the workforce. Specific programs support people who are educationally disadvantaged and increase participation, and successful outcomes, for people who are under represented in vocational training and are at risk of unemployment.

Main Achievements
Achievements of the training include: an increase in the numbers of young people who have gained a qualification; an increase in the number of people in traineeships over the last two years; a slight increase in the participation rates of people from under represented groups.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Ethical problems; Short time lines; Structural problems in services.

Limited professional human resources in remote regions (that is, specialist counselling services). Very inadequate career counselling services to guide young people with their critical life decisions and to provide correct information about training options. Changes in Commonwealth government structures has made it more difficult for many clients to gain access to services. It is very hard to provide the necessary information to service providers because they are so dispersed and the market is very large. Hence there is confusion and lack of knowledge about services and training opportunities. Lack of cross cultural awareness in referral agencies, for example, Centrelink. Purchasing models have impacted greatly on community organisations who now have to compete in a business like way with private providers, to provide support and/or training for the disadvantaged client groups. This is potentially an opportunity for community organisations, but frequently they do not have the range of personnel with the expertise and knowledge to meet formal requirements. Organisations have to tender on a course basis and it is hard to build in the infrastructure costs in such a piecemeal way.

The community sector needs core funding so that they can assist with specialist support for Vocational Education and Training (VET) students. Readily accessible, well informed and expert call lines for specialist counselling services, especially for rural students. Staff of registered training organisations need to be trained in dealing with suicide threats. Need to increase efforts to provide current information about training programs and services. Need a
national agreement on career training with areas such as: Understanding Self and Others; Exploring Occupations; Making Decisions; Acquiring Work Skills; Planning for Life.

Evaluation
Internal and external evaluation.

Process evaluation: Strategic planning processes; Accreditation/Standards monitoring by accrediting agency.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Department of Employment, Training and Industrial Relations (including Tertiary and Further Education (TAFE))
Level 3 30 Mary Street
Brisbane QLD 4001
Phone: 07 3247 5464
Fax: 07 3247 5433
Email: marion.norton@dtir.qld.gov.au
Contact person: Dr Marion Norton, Manager Access and Equity

322 Youth Suicide Prevention Program

Description
The Youth Suicide Prevention Program recognises that within the community there is a wealth of knowledge, skills and experience. Given the resources communities have, there is the capacity to provide information and training to those in contact with youth to assist in the prevention of youth suicide and self harming behaviour. The program was produced as a resource for organisations working with youth. The aim was to develop a set of appropriate strategies suitable for implementation into educational or youth settings which would assist in decreasing youth suicide. The Youth Suicide Prevention Program is divided into four sections. Procedures: a model of a Quality System Procedure for Suicide Prevention, Intervention and Postvention, where the aim is to assist organisations to develop a set of strategies and procedures to minimise the risk of suicide and related trauma and deal with critical incidents which relate to self harm. It is for implementation within an organisational setting. Awareness Training: aimed at providing information to parents, teachers, staff, community and youth workers, enabling them to identify young people at risk or in crisis and respond in an appropriate manner. The presentation is based on a 20 minute video. (This section has also been packaged separately.) Workshop: aimed at providing a comprehensive resource package which will assist counsellors, teachers, health professionals, or similarly trained personnel to set up and conduct a seven hour workshop in Suicide Prevention, Intervention and Postvention. The workshop is designed to provide training to persons who require more hands on and in depth information. Personal Management Program: this section aims to develop the young person's ability to adapt and manage daily issues and relationships.

behaviour, building self esteem and developing sound coping, problem solving and decision making skills. The program is made up of six separate modules, each module may be used individually or integrated into existing courses or programs. It is designed for participants from 15 years to mature age.

Evaluation
Internal evaluation.


Contact
Youth Suicide Prevention Committee
Rotary/TAFE
9 Helensvale Road
Helensvale QLD 4212
Phone: 07 5573 3873
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Email: rataylor@bigpond.com
Web Address: http://www.users.bigpond.com/rataylor
Contact person: Ms Raylee Taylor, Chairperson/Coordinator

323 Telephone Counselling Service

Description
The aims of the Youth Suicide Prevention Project is to reduce the local rate of youth suicide through early intervention strategies such as providing a 24 hour telephone counselling service, specifically targeting young people and their issues. The objectives of the program are to: promote the 13114 telephone number to young people to increase awareness and access to counselling; train telephone counsellors in supporting young people at risk; educate community care givers, service providers and parents in first aid suicide intervention through the Living Works Program; usage of a newly developed national database of referrals relevant to young people; evaluation of the program with local statistics and with a comparative three month follow up study from Brisbane.

Main Achievements
Achievements of the program include: the dissemination of information, for example, the 131114 telephone number through youth agencies, directly to students and at youth events; training Gold Coast Lifeline telephone counsellors and community professionals; networking with local youth networks and through the Gold Coast District Youth Suicide Prevention Committee; increased awareness of youth suicide as an issue locally through the use of the media.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest; Competition with other suicide prevention courses.

Funding is only available for a part time position on a one year contract. The issue of youth suicide is yet to become a
Youth Suicide Prevention National Stocktake 1999

public issue. The campaign needs to shift the community's perception. Free courses were available a few months before this training started and the initial perception was that the knowledge required for suicide intervention is minimal. Establish networking with professionals. Gain credibility and marketing with a differentiation approach. Educate the media. Redirect funding to community education and awareness programs. Reduce objectives or limit work to specific target groups.

**Evaluation**
Internal evaluation.

**Impact evaluation:** Non experimental repeated measures design.

**Contact**
Lifeline Gold Coast
PO Box 307
Broadbeach QLD 4217
Phone: 07 5539 9922
Fax: 07 5538 4925
Email: goldcoast@lifeline.org.au
Contact person: Ms Sandy Ogier, Coordinator

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**University - Counselling/Welfare/Health**

**324**
_Suicide Awareness for Residential College Staff_

**Description**
The Suicide Awareness for Residential College Staff training is aimed at preparing participants to be able to: recognise warning signs; administer emotional first aid; know how and where to refer at risk people; be aware of current statistics and at risk groups.

**Contact**
Counselling Careers and Health
Central Queensland University
Rockhampton QLD 4701
Phone: 07 4930 9691
Email: o.mallory@cqu.edu.au
Contact person: Ms Olive Mallory, Coordinator CQ Connections

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**Youth Service**

**325**
_Rural Youth Worker Program_

**Description**
The Rural Youth Worker Program aims to increase young people's recreation and social activities. The Rural Youth Worker gives them the opportunity to bring ideas about new recreation and offers to help them plan and develop these ideas. The program initiates a support group for unemployed and publicises unemployed persons' details in the profiles page of the local paper. Cultural activities are planned yearly, for example, murals, photographic competitions, with free cameras provided. The Rural Youth Worker provides information to youth, including other services regarding training, forums and funding. The general aim is to improve the wellbeing of youth and to improve their social skills.

**Main Achievements**
Provided an avenue for youth to have input into community development; provided healthy recreational opportunities for young people.

**Barriers/Needs**
Attitudes of service providers; Difficult to obtain youth involvement.

Youth have not responded to programs as well as expected. The plans are being re evaluated and may need changing in order to suit their needs, for example, there has been little interest in forming a Youth Council. Service providers need to work together: an inter service meeting is planned to share information; need to find out what the youth want, despite a Needs Analysis Report being done in 1997/98 (the data is not adequate).

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Contact**
Charters Towers City Council
PO Box 189
Charters Towers QLD 4820
Phone: 07 4752 0336
Fax: 07 4787 1434
Contact person: Ms Annette Cavanagh, Rural Youth Worker

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**326**
_Sludge Crossing: video education package_

**Description**
The Sludge Crossing video education package is an educational program for young people aimed at increasing their coping and problem solving skills. Using drama and music the story of Sludge Crossing is a fictional representation of three young people's lives. The package takes a primary prevention and health promotion philosophy. The comprehensive facilitator guide provides three lesson work plans, and is suitable for use in schools, youth centres and other group work programs. The program has received a commendation from the National Education and Training Guide for Youth Suicide Prevention.

**Main Achievements**
Special commendation from National Review Panel for the National Guide for Education and Training for Youth
Suicide Prevention; program being used in most states of Australia; aim would be to have package used in most secondary schools in Australia.

**Evaluation**
Internal evaluation.

*Process evaluation:* Focus groups; Quality assurance methods.

*Impact evaluation:* Qualitative methods.

**Contact**
Youth Action Inc.
PO Box 192
Mooloolaba QLD 4557
Phone: 07 5444 5495
Fax: 07 5444 8905
Email: admin@youthaction.com.au
Contact person: Mr Matthew Lupi, Manager

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**327 Yitchi, Youth Organising Committee**

**Description**
The Youth Organising Committee (YITCHI) is not specifically a youth suicide program, but rather organises events for young people utilising the skills of young people in the community. The committee is made up of young people from all walks of life. The events give young people the opportunity to showcase their skills to their peers in a quality environment. One of the projects produced a CD which was a compilation of local youth bands. This was a cross section of music from gospel type music to the heavy metal music.

**Main Achievements**
The main achievement of the program is the continuing involvement of young people and their drive to increase the range of activities with which they want to be involved.

**Barriers/Needs**
Insufficient funding.

If there was more funding, then more activities could be run. Time, recognition of the work the young people are doing and applying for funding grants could help overcome these barriers.

**Evaluation**
Internal evaluation.

*Process evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

**Contact**
Hervey Bay City Council
PO Box 45
Hervey Bay QLD 4655
Phone: 07 4125 0230
Fax: 07 4125 0303
Email: sue@herveybay.qld.gov.au
Contact person: Ms Sue Lawler, Youth Development Officer

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**328 Young Parents Program**

**Description**
Young Parents Program provides a range of support, education, counselling and housing services to pregnant and parenting young women who are homeless or at risk of homelessness. Young women who are pregnant or parenting still face discrimination in the general community. The program provides them with: individual support and counselling according to their needs; childbirth education which is age appropriate; and young mum's groups where they can be supported by their peers and participate in a range of information sessions or activities. The program also provides housing support. With help from the young women the program attempts to educate the wider community by reflecting accurate portrayals of their experiences.

**Main Achievements**
An achievement of the program is the enhancing of the experience of pregnancy and parenting by young women by providing age appropriate information, respect and support.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

Insufficient staff/time/resources is directly linked to insufficient funding; Judgemental attitudes toward young women who are pregnant and/or parenting.

More funding and continuing with community education of this issue could help overcome these barriers.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Monitoring through routine documentation; Qualitative methods.

**Contact**
Young Parents Program
PO Box 1179
Stafford QLD 4053
Phone: 07 3357 9944
Fax: 07 3857 8021
Contact person: Ms Shirley Peppier, Young Women's Health Worker

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**329 Youth Activity Service**

**Description**
Caboolture Area Youth Service (CAYS) is a Commonwealth initiative set up as a crime prevention strategy for young people aged 11–16 years. It operates outside school hours and during the school holidays. The purpose of the program is to provide a community based caring, supportive and effective service for young people in the Caboolture area. The service is involved in the development and provision of quality programs and resources to meet the needs of the youth.
**Main Achievements**
A major achievement of the service is the provision of resources, information and quality activities to over 1800 young people per year.

**Barriers/Needs**
Insufficient staff/time/resources.

There is only one full time and one part time worker to cover the entire Caboolture area.

Seek more funding.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Descriptive statistics about clients.

**Contact**
Caboolture Area Youth Service  
44 Mortimer Street  
Caboolture QLD 4510  
Phone: 07 5495 2585  
Fax: 07 5428 0511  
Email: cays@www.ats.com.au  
Contact person: Mr Kent Stroud, Coordinator

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**330 Family Reconciliation Program**

**Description**
The Project provides crisis and medium term accommodation for young people aged up to 18 years. A support program which targets parents/guardians as well as young people is also provided. This program includes practical support. The aim is to reunite young residents and clients with their families, where appropriate, or to help others succeed in making the transition to independent living. But in either case the aim is always to provide a safe environment and opportunities to improve relationships so that the young people continue in their lives caring for themselves and avoiding a cycle of homelessness.

**Main Achievements**
A major achievement has been gaining the funding for two refuges in the Gold Coast area through Supported Accommodation Assistance Program (SAAP) and community donations. Also, providing enhanced case management programs and a pilot early intervention program.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Need secure refuge accommodation and expert support for major depression in homeless youth. Hospital care: lack of spaces and inappropriate environment, that is, young people hospitalised with major depression at Gold Coast Hospital with adults being treated for other mental health issues. Increase in the funding to enable employment of specialised counsellors. New refuge for young people suffering from major depression. Increased hospital spaces/beds. Specific hospital places/beds for youth.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Descriptive statistics about clients

*Impact evaluation:* Non experimental repeated measures design.

*Outcome evaluation:* Non experimental repeated measures design.

**Contact**
Gold Coast Project for Homeless Youth Incorporated  
PO Box 31  
Chevron Island QLD 4217  
Phone: 07 5575 5316  
Fax: 07 5575 5344  
Email: gcphyban@fan.net.au  
Contact person: Ms Valerie Farrow, Manager
South Australia
Community Organisation

331 Break Even Gambling Rehabilitation Service

Description
The Break Even program aims to find solutions by focusing on the clients strengths and abilities. It works with the client to set their own goals, to listen and advise but not tell the client what to do. The program offers counselling face to face or over the telephone.

Main Achievements
A major achievement of the program is raising community awareness of the link between problem gambling and suicidal ideation and suicide attempts of young people. Sixty-six percent of all clients (gamblers and family members) have had some level of suicidal ideation in the two weeks prior to the first visit.

Barriers/Needs
The funding provided is inadequate to provide counselling and community education for the large area covered by the service.

State government funding from gambling generated revenue should be provided for gambling rehabilitation. Particularly as United States research (Jacobs, Journal of Gambling Behavior v 5 n 4 261–268) suggests that children of problem gamblers are six times more likely to attempt suicide than their peers.

Evaluation
Internal evaluation.

Impact evaluation: Measurement of clinical outcomes; Descriptive statistics about clients.

Contact
Relationships Australia, South Australia
55 Hutt Street
Adelaide SA 5000
Phone: 08 8223 4144
Fax: 08 8232 2898
Contact person: Ms Helen Carrig, Manager

332 Changing Attitudes and Behaviour in Children, Adolescents and Adults (CABCAA)

Description
CABCAA (Changing Attitudes and Behaviour in Children, Adolescents and Adults or Cognitive, Affect, Behaviour, Consequence, and Adaptive Affect) is a program developed by a psychologist in Western Australia. The Changing Tracks counselling programs aim to give children, adolescents and adults life skills that enable them to understand themselves and change negative thoughts, feelings and behaviour. The programs aim to: show children, adolescents and adults how they are responsible for what is happening to them; promote the concept that they are in charge of their thinking, feelings and behaviour; motivate them to change; foster change of inappropriate attitudes and behaviour; improve their self esteem, self confidence, communication skills and wellbeing; give them life skills to evaluate situations more realistically; give them the skills to manage stress.

The objectives are achieved by: giving children, adolescents and adults a framework from which to understand their behaviour; raising participants awareness of the consequences of their present attitudes and behaviour; teaching participants self monitoring strategies through metacognition; giving participants the opportunity to learn relaxation and creative imagery to bring about positive changes, and increase attention and concentration span. The model enables people to recognise, and make positive changes to their long term thinking patterns or distorted thought patterns whilst understanding how these effect their emotions and behaviours. This is achieved through counselling, pictorial exercises and relaxation techniques over a six-ten week duration.

Main Achievements
The major achievements of the program to date are: the high number of young people and their families who have continued to live as a family unit after intervention; being accepted as a flexible and productive service in the rural and remote areas; developing and implementing community education packages for parents and their young people, for example, Parenting Adolescents and Peer Skills; providing Changing Attitudes and Behaviour in Children, Adolescents and Adults or Cognitive, Affect, Behaviour, Consequence, Adaptive Affect (CABCAA) courses to young people and their parents; subsidising CABCAA training for teachers and school counsellors; working together with both government and non government organisations for the benefit of the community; empowering young people through the use of the CABCAA model and through consultation.

Barriers/Needs
Lack of backup services; Attitudes of service providers; Short time lines. Lack of backup services means there are minimal services to which to refer clients. Service providers need to be multi skilled, however time and resources are limited. Service providers are very protective of their own patch. Short time lines means that other services and potential referees are hesitant to use the service because of a lack of continuity.

Allow funding for more regional based services or allow time and resources for multi skilled workers to address the needs of the clients. Non competitive tendering process. This will assist services to be open to new approaches to service delivery. Programs to be funded, with options for further funding, for at least three years.

Evaluation
External evaluation.

Process evaluation: Action Research; Monitoring through routine documentation.

Impact evaluation: Action Research; Monitoring through routine documentation.
Contact
Port Pirie Central Mission
30 Ellen Street
Port Pirie SA 5540
Phone: 08 8633 0600
Fax: 08 8633 0418
Email: ppcm@pa.camtech.net.au
Contact person: Mrs Cheryl Edwards, Project Worker

Mission Youth Link

Description
Mission Youth Link is a Youth Homeless Pilot Program (YHPP). The pilot program assists young people, aged 12-18 years who have left home in the last 6-12 weeks or who are at risk of homelessness, and/or their parents/caregivers. Assistance includes: support; education; mediation; counselling; information; referrals; and service coordination. It is a free service. The program is based in Port Pirie with workers providing outreach to surrounding areas and an after hours service is available. The pilot program utilised the Action Research concept to gather information and assess possible early intervention strategies. The strategies implemented include: Peer Skills for Young People which is run in conjunction with Kids Helpline; the CABCAA (Cognitive, Affect, Behaviour, Consequence, Adaptive Affect) counselling program taught to students in primary and secondary schools and also to teachers and counsellors; conducting Parenting Adolescents courses; and as consultants for youth orientated projects. Significant casework with individual young people and/or their families is carried out. The Project Workers also work closely with Centrelink to ensure appropriate payments are made to young people where applicable. This collaboration also exists with the regional Supported Accommodation Assistance Program (SAAP) service to ensure young people have safe accommodation for short or long term periods. The Project Workers are also involved with the Youth Justice area offering alternatives, such as counselling and group work, rather than traditional community service hours.

Main Achievements
The major achievements of the program to date are: the high number of young people and their families who have continued to live as a family unit after intervention; being accepted as a flexible and productive service in the rural and remote areas; developing and implementing community education packages for parents and their young people, for example, Parenting Adolescents and Peer Skills; providing Cognitive, Affect, Behaviour, Consequence, Adaptive Affect (CABCAA) courses to young people and their parents; subsidising CABCAA training for teachers and school counsellors; working together with both government and non government organisations for the benefit of the community; empowering young people through the use of the CABCAA model and through consultation.

Barriers/Needs
Lack of backup services; Attitudes of service providers; Short time lines.

Evaluation
External evaluation.

Process evaluation: Action Research; Monitoring through routine documentation.
Impact evaluation: Action Research; Monitoring through routine documentation.

Contact
Port Pirie Central Mission
30 Ellen Street
Port Pirie SA 5540
Phone: 08 8633 0600
Fax: 08 8633 0418
Email: ppcm@pa.camtech.net.au
Contact person: Mrs Cheryl Edwards, Project Worker

Yellow Ribbon Program

Description
The Yellow Ribbon Program is a dedicated program which empowers young people to ask for help at a time of need. As it is not aligned to any religious, political or other group, it would be widely accepted.

Main Achievements
Distribution of $50,000 and Yellow Ribbon cards which empower youth to seek help.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes.

Contact
Light for Life Foundation Australia Inc.
PO Box 6043
Adelaide SA 5000
Phone: 08 8447 2976
Fax: 08 8341 1413
Email: broker@senet.com.au
Contact person: Mr Bill Harrington, President
Consultancy

335 Youthwork and Consultancy Service

Description
Youth Innovation offers professional assistance to organisations involved in developing policy and strategies related to young people across a broad range of issues including employment, education, training and health. Youth Innovation is committed to increasing opportunities for young people to contribute in positive ways to the community. They work with young people, families, community agencies, government and non government organisations to facilitate professional and innovative policy and practice. Youth Innovation offers highly skilled expertise with a flexibility that enables rapid and professional responses to organisations seeking assistance. It is committed to promoting quality participation and partnerships between young people and the community, particularly in issues and events directly affecting them. It has extensive experience in training young people and adults as well as conducting research into the training needs of these groups.

Main Achievements
A major achievement of the program is the entering into partnerships with other organisations which has increased the quality of service provision and provided young people with more options, particularly youth at risk in the education system.

Barriers/Needs
Structural problems in services; Attitude toward consultants by some staff.

Evaluation
Internal and external evaluation.

Contact
Youth Innovation
PO Box 493
Noarlunga Centre SA 5168
Phone: 041 215 4505
Fax: 08 8327 3217
Email: youthinn@senet.com.au
Contact person: Ms Andree Brown, Principal Consultant

Counselling Service

336 Relationship Counselling Service

Description
The Relationship Counselling Service aims to enhance the development and continuation of family relationships. The service assists with the ending and mending of relationships by counselling self referred clients at times of crisis, change or major turning points in their lives. The aim is to: help with the resolution of difficulties; improve coping strategies; enhance resource knowledge; and to facilitate relationship skills.

Barriers/Needs
Lack of backup services; Insufficient funding. These barriers have led to a deterioration in the provision of mental health, emergency, drug and alcohol, and early family intervention services.

Need more money for family support and improved services to youth.

Evaluation
Internal and external evaluation.

Outcome evaluation: Measurement of clinical outcomes.

Contact
Relationships Australia, South Australia
55 Hutt Street
Adelaide SA 5000
Phone: 08 8223 4144
Fax: 08 8232 2898
Email: mail@rasa.org.au
Contact person: Mrs Moira Joyce, Chief Executive Officer

Disability Service

337 Dual Disability Programme

Description
The Dual Disability Programme aims to provide and improve responsiveness of the service sector in relation to people who have both intellectual disability and a mental illness. Objectives are: to research current ideas and service developments at a national and international level; to provide a central point of reference and information for stakeholders in relation to research, service development and the needs of people with dual disability; to develop a method of data collection in relation to the prevalence and the needs of this population; to provide consultative and support services to families, options coordinators and workers across the sectors regarding complex and challenging situations in relation to people with dual disability; to develop and promote models of best practice.
and innovative service response that reflect a collaborative interagency approach; to advocate for adequate resourcing and planned service development for people with a dual disability; to identify, develop and facilitate a variety of training opportunities for stakeholders in the area of dual disability; to undertake research and evaluation to inform the development of best practice.

Main Achievements
The main achievements of the Dual Disability Programme have been in 3 main areas. Training: a range of training was facilitated with a variety of agencies during 1998 including: non government sector accommodation support workers; interagency training which involved adult mental health services, child and adolescent mental health services and intellectual disability services. These training opportunities provided workers with increased awareness of the population needs, improved confidence in working in the challenging area and skills in working with the client group. Data collection: there remains a dearth of information regarding prevalence of dual disability in this state, which would assist with planning, and service development. The program is therefore undertaking significant research in the area by implementing a prevalence survey, which will provide data to assist the planning process. Brokerage funding: the allocation of brokerage funds through the program is one of the most dynamic ways of promoting the development of new and creative service responses. Amounts of money have been made available for programs, which demonstrate new and innovative responses and encourage cross agency collaboration. These models can be used further to demonstrate best practice efforts.

Barriers/Needs
Attitudes of service providers; Structural problems in services.
Lack of understanding of the needs of people with a co-morbidity of mental illness and intellectual disability resulting in unwillingness to undertake collaborative work. Lack of interagency approaches to policy and service development.

Provision of relevant and ongoing cross agency training to provide workers with the skills and confidence to work with people with a dual disability. Coordinated interagency approach to providing models of support and intervention.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Intellectual Disability Services Council
168 Payneham Road
Evandale SA 5069
Phone: 08 8363 2844
Fax: 08 8362 2934
Email: rfester@dove.net.au
Contact person: Ms Ann Rymill, Senior Practitioner

Family/Parent/Children’s Service

338
Flinders Medical Centre Parent Aide Program

Description
The Parent Aide program uses volunteer experienced mothers to prevent reabuse of children (tertiary prevention), and has been highly successful. The outcome of the first five years experience indicates that, despite a relatively heavy workload per month per client, less than 10 percent of the volunteer parent aides withdrew from their two year commitment to the program. The cost benefit ratio of the program seems very low and the prevention of reabuse by mothers involved was less than that for other clients assessed by the Southern Metropolitan Child Protection Panel, which referred all cases for a parent aide in the five year period reviewed. Difficulties in maintaining the program did arise but were dealt with by close affiliation between the parent aide, the program coordinators, and the primary care worker in the community, who was usually a social worker in the Department for Community Welfare. The parent aide program has proven to be a cost effective and successful method of tertiary prevention.

Main Achievements
The main achievement of the program is the implementation of a successful, cost effective method of preventing reabuse of children by their mothers.

Barriers/Needs
Insufficient staff/time/resources.
The program is dependent on volunteers and recruiting new volunteers is proving to be a problem.
Paying the volunteers could help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Qualitative methods.
Impact evaluation.
Outcome evaluation.

Contact
Flinders Medical Centre
Department of Paediatrics and Child Health
Bedford Park SA 5042
Phone: 08 8204 4433
Fax: 08 8204 3945
Email: DAVID.LINES@flinders.edu.au
Contact person: Mr David Lines, Program Coordinator
339

**Toughlove South Australia Inc.**

**Description**

Toughlove is a non-profit, crisis intervention and education program, offering self-help, support and resource sharing to parents, kids in trouble and the professionals working with them. It is a support group for parents of acting out teenagers. Toughlove is a combination of philosophy and action which will assist the parents make positive changes and regain control of their family life. It is a network of parents and service providers working together to bring about changes in the lives of teenagers, parents, families and communities.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources.

The program is a parent support network that relies on fundraising for its existence. Most parents within a group are in crisis. Funding is rarely available to train members as official representatives.

Attracting corporate funding to enable three people for two years to be sent overseas for training and to employ a full-time trained person to be in the office, which is the first point of call for parents.

**Contact**

Toughlove South Australia Inc.

PO Box 86

Findon SA 5023

Phone: 1300 365 494

Contact person: Ms Judith Myers, Chairperson and Official Toughlove Representative

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**Beyond Imagination**

**Description**

Beyond Imagination is an early intervention program for teenagers. It provides an alternative to conventional therapy approaches that is seen as being friendly, fun and caring, yet personally challenging. The purpose of the program is to create an environment where young people can realise and develop their true potential. The program is accessed and promoted by over 54 schools and 30 welfare agencies and targets young people aged 13–16 years. Programs are organised during school holidays, run for three days, and attract on average 50, but up to 130, participants. Referrals are primarily by word of mouth. Programs organised for interested agencies outside of Marion Council are run privately under the name of ‘Stars’ and are modified according to the needs of each target group. The program aims to: provide teenagers with opportunities to be physically and mentally challenged; identify early signs associated with personal crises; prevent the development of a full-blown disorder by increasing the individual’s resilience and positive coping skills; and provide opportunities to learn and develop a range of self-confidence, social and life skills that will further contribute to and enhance their personal wellbeing. Accelerated learning principles and techniques are utilised in an interactive program that employs visual stimulation, music, problem solving games and role plays in a non-threatening, fun environment that is both dynamic and empowering. The program aims to develop in young people a notion that they can ‘reach for the stars’, or that ‘what is possible in the world is possible for me’.

**Main Achievements**

The program is recognised by the community and professionals as an ‘alternative’ therapy and educational program for teenagers who seek a learning environment that is friendly, caring and lots of fun. The feedback from parents, professionals and participants shows how much positive impact the program had on the individual’s life and those around them. The program is seen by participants as a ‘breath of fresh air’ and a source of energy and direction in life.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

More programs need to reach more teenagers. Follow-up workshops would complement teenager programs; some participants complete up to 10 or more programs if they stay on as team leaders and peer educators. A large number of participants requires a large team of volunteers to help facilitate the program. Funding outside of Council from the National Youth Suicide Prevention Program is required. Beyond Imagination or Stars (another project) could be developed as a pilot project with the aim to be mobile in the community and school areas where it is most needed.

**Evaluation**

Internal and external evaluation.

**Process evaluation:** Action Research;

Surveys/questionnaires of satisfaction/knowledge/skill.

**Impact evaluation:** Descriptive statistics about clients;

Surveys/questionnaires of satisfaction/knowledge/skill.

**Outcome evaluation:** Accreditation/Standards monitoring by accrediting agency.

**Contact**

City of Marion

PO Box 21

Oaklands Park SA 5046

Phone: 08 8375 6680

Fax: 08 8375 6899

Email: eric.plet@marion.sa.gov.au

Web Address: http://www.marion.sa.gov.au

Contact person: Mr Eric Plet, Youth Development Officer

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341

**Where Do You Get It Kit?**

**Description**

The Where Do You Get It Kit? aims to increase young people’s access to information relating to young people. This kit was compiled and distributed with the assistance of young people. The Port Lincoln and Local Area Services for Youth aims to develop peer support/facilitator networks
within schools to maximise the spread of information on positive mental health. The Service also highlights issues of young people's mental health through drama production, photographic display and music by young people.

**Main Achievements**
An achievement of the service is the Information Kit. It is important because it is designed by young people and promoted by the young people.

**Barriers/Needs**
Insufficient staff/time/resources; Short time lines.
Provide funding for project coordinators.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation.

**Impact evaluation:** Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Drama production, Photographic display, Information kit.

**Contact**
Port Lincoln and Local Area Services for Youth
City of Port Lincoln
PO Box 1787
Port Lincoln SA 5607
Phone: 08 8682 3033
Fax: 08 8682 6562
Contact person: Mrs Vicki James, Community Development Officer

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**Health Service – Community**

**343**

**Mental Health Promotion and Support Activities**

**Description**
Health promotion and education sessions are used to increase knowledge of the community on mental health issues. A counselling service is provided to individuals or families at the community health centre. A collaborative approach between other agencies has been adopted, for example, where the community health nurse presents topics on relationships, masculinity, sexuality, substance abuse and communication to year 8 to year 12 students.

**Main Achievements**
Frequent community education sessions; By interagency lobbying, becoming part of a RHSET (Rural Health Support, Education and Training) project titled 'Bringing child and adolescent mental health services to rural and remote communities'.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Lack of community interest.

As current service providers in remote areas are already stretched, the difficulty of taking on new roles becomes more difficult.

Funding special projects; getting the right staff in place – recruitment and retention issues in rural and remote areas; specific project for specific community.

**Contact**
Roxby Downs Community Health Centre
Burgoyne Street
Roxby Downs SA 5725
Phone: 08 8671 1020
Fax: 08 8671 9062
Contact person: Mr Anton Colman, Community Health Nurse
Interagency

344
Booklet for Professionals and Other Workers with Young People That May Be Suicidal

Description
The Booklet is aimed at regional and rural professionals and other workers with young people that may be suicidal. The Booklet provides information on warning signs, strategies for working with young people and contact details for organisations that workers can consult with/refer young people to.

Evaluation
Internal and external evaluation.

Contact
Youth Mental Health Focus Group
Port Lincoln Community Health Centre
PO Box 630
Port Lincoln SA 5606
Phone: 08 8683 2077
Fax: 08 8682 2005
Email: lincoln@wch-camhs.sa.gov.au
Contact person: Ms Jodi Schulz, Social Worker

Mental Health Service

345
Adolescent Services Day Program

Description
The Day Program is a statewide multi disciplinary service for young people who are experiencing significant mental health problems. The program is staffed by employees of the Women’s and Children’s Hospital and teaching staff from the Department for Education and Children’s Services. The program specifically targets young people with primary emotional disorders which may coexist with behaviour problems or disorders such as conduct disorders, attention deficit hyperactivity disorder (ADHD) or learning disorders. Objectives of the program include: to resolve and manage the primary emotional disorder; to work with the young person’s family and wider community; to minimise the impact of the emotional disorder on the young person’s development; and to maximise their ability to fully participate in their environment. The main focus is on the therapeutic group program that is tailored to meet individual needs.

Main Achievements
Increased collaboration with many other agencies in the wider community; destigmatisation and promotion of adolescent mental health issues via the development of the headroom website; provision of opportunities for young people to resolve mental health issues and return to school; and prevention of ongoing mental health problems in adulthood.

Barriers/Needs
Insufficient staff/time/resources; Lack of mobile service.
Child and Adolescent Mental Health Service was not successful in obtaining funding for a mobile crisis service for adolescents with mental health issues. Outreach could be more part of service provision if there were more staff, time and resources.

Evaluation
Internal evaluation.

Outcome evaluation: Non experimental repeated measures design.

Contact
Adolescent Services – Enfield Campus
Women’s and Children’s Hospital
55 Watson Avenue
Enfield SA 5085
Phone: 08 8269 3844
Fax: 08 8344 8842
Email: mcenteep@wch/camhs.sa.gov.au
Contact person: Mrs Pauline McEntee, Acting Unit Head

346
Community Health Adolescent Murraylands Peer Support (CHAMPS)

Description
Community Health Adolescent Murraylands Peer Support (CHAMPS) aims to improve the health and wellbeing of youth in the Murraylands region by enabling them to have a voice in shaping the way in which services are provided to youth and to promote positive health for young people by participating in health promotion activities. CHAMPS objectives are: to promote awareness and understanding amongst young people of how issues impact on their health; to improve collaboration between young people and relevant agencies in order to address the health issues of youth in the Murraylands region in ways that are more relevant and user/youth friendly; to improve the skills of young people to enable them to participate in making decisions about a broad range of health priorities for this region; to improve the knowledge and skills of young people in the provision of peer support; to ensure youth appropriate services are provided on a more permanent basis by seeking funds to provide salaries and facilities for this to occur. CHAMPS is based on a commitment to the ideas and practices of youth partnership accountability, as well as primary health care and social justice.

Main Achievements
Main Achievements include: commendation in the Youth Category for the 1998 Human Rights Award: Rural City Challenge, 1999 Australia Day Award from the Rural City of Murray Bridge; cross sectoral involvement; 6 and 8
youth forums each year with up to 30 young people involved in each forum, 60% from outside Murray Bridge; Youth Week activities. Also the establishment of: youth working groups; conferences; camps; YARN – a youth to youth phone support service; a youth designed and youth friendly outdoor recreational area; a Youth Centre; and media liaison.

**Barriers/Needs**
Insufficient funding; Short time lines; Geographical isolation. Short term grants make it difficult to achieve long term gains.

Tiered funding levels, for example, pilot funding; if successful, leads to next level of funding; if further success is achieved, then long term funding is granted.

**Evaluation**
Internal evaluation.

**Process evaluation:** Quality assurance methods; Monitoring through routine documentation.

**Impact evaluation:** Quality assurance methods; Monitoring through routine documentation.

**Contact**
Southern Child and Adolescent Mental Health Service (CAMHS)
C/- Murray Bridge Hospital
Swanport Road
Murray Bridge SA 5253
Phone: 08 8535 6780
Fax: 08 8535 6788
Email: mbcamhs@lm.net.au
Contact person: Ms Cindy Turner, Coordinator

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**348**
**Hospital to Home Transition Team**

**Description**
The Hospital to Home Transition Team is a statewide service which works with young people who have severe mental health issues with a particular emphasis on first episode psychosis. Referral requires a psychiatric assessment that states that full hospitalisation or intensive day patient services are required as part of the young person’s clinical management of their mental health needs. This would indicate a requirement for levels of support significantly over and above those normally supplied by community based services. The age range is from 12 to 18 years. The goal of the service is to assist in the maintenance, recovery, development and acquisition of skills for young people with a serious mental illness.

**Main Achievements**
Program achievements include: the seamless transition of clients from the ward to the program; assisting young people back into a healthy lifestyle; assisting young people to move back into mainstream services (when appropriate); involving young people in making decisions about the way the program and campus are run; giving young people the opportunity to increase their skills, and to assist them in discovering alternative ways of coping; assisting young people to construct their own web page regarding the service; assisting young people in displaying their own art work at the Interactive Art Gallery.

**Barriers/Needs**
Lack of backup services; Insufficient staff/time/resources. There are insufficient resources to cover assertive follow up, home visits and crisis visits.

More funding and more staff are required.

**Evaluation**
Internal evaluation.

**Impact evaluation:** Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Adolescent Services
55 Watson Avenue
Enfield SA 5085
Phone: 08 8269 3844
Fax: 08 8344 8842
Email: asec@wch-camhs.sa.gov.au
Contact person: Ms Wendy Jenkin, Coordinator – Clinical Psychologist

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**347**
**Consultation and Liaison Psychiatry Service**

**Description**
The Consultation and Liaison Psychiatry Service provides crisis assessment services in Lyell McEwin Health Service Accident and Emergency Unit, as well as in all medical and surgical wards. It provides assessment for anxiety, depression and pre or post deliberate self harm/suicide attempt. Post assessment referrals are made to adolescent or adult mental health inpatient or community services for ongoing assessment, treatment and follow up.

**Main Achievements**
An achievement of the service is its liaison role with Child and Adolescent Psychiatry Services.

**Barriers/Needs**
Structural problems in services.

Child and Adolescent Psychiatry Services are essentially separate from adult services. Improve liaison and networking. Increase number of site visits to explain the role of the service and how it fits in with other services.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Descriptive statistics about clients.
349

**Mental Health Education and Promotion in Schools Project**

**Description**
The overall aim of the Mental Health Education and Promotion Project is to increase awareness in school personnel about mental health, mental health promotion, and early identification strategies through the provision of a targeted mental health training and development program. The objectives are: to trial and evaluate a coordinated high quality program which will assist education personnel from the Department of Employment, Education and Training (DEET), Catholic Education and Independent Schools to fulfill their roles and responsibilities in respect to promoting positive mental health and wellbeing in school populations, and supporting young people, known or suspected of being at risk of developing mental health problems or self harming behaviours; and to develop an ongoing strategy to sustain the suicide education program beyond the initial trial period. By increasing early identification, and suicide prevention strategies through the provision of a targeted mental health training and development program utilising existing resources.

The long term aim of this training and education is to recognise at risk behaviours in young people before they reach a crisis and therefore stave off more serious outcomes such as suicide.

**Main Achievements**
Intersectoral and multidisciplinary collaboration.

**Barriers/Needs**
Short time lines.

Greater lead time in planning; longer time allocated to whole of staff training; visual educational resources for schools.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Qualitative methods; quantitative methods.

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Other quantitative methods.

**Contact**
Southern Child and Adolescent Mental Health Service (CAMHS) at Flinders Medical Centre, with Division of Mental Health Women’s and Children’s Hospital Flinders Medical Centre
Flinders Drive
Bedford Park SA 5042
Phone: 08 8204 5412
Fax: 08 8204 5465
Email: kerin.williams@health.sa.gov.au
Contact person: Ms Kerin Williams, Senior Project Officer

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**Mental Health Education and Promotion in Schools Pilot Project**

**Description**
The overall aim of the project is to increase awareness in school personnel of mental health, mental health promotion, early identification, and suicide prevention strategies through the provision of a targeted mental health training and development program utilising existing resources. For the purpose of this pilot project a total of fifteen schools from across the DEET (Department of Employment, Education and Training), Catholic and Independent Education Sectors have been chosen to assess the applicability and effectiveness of the training program in a number of metropolitan, rural, and remote sites. The proposed program will have two parts: an introductory two hour session for all staff, aiming to increase: knowledge and understanding of mental health issues for young people; understanding of risk factors which may lead a person to be vulnerable to developing mental health problems/disorders; knowledge of protective factors which enhance a young person’s mental health and wellbeing; and understanding of the roles and responsibilities of teachers and school communities in supporting students with mental health needs at a classroom/school, organisational and interagency level. Two participants from each school, one a staff member with responsibility for student welfare and one member of the schools administration team, will be released to attend two half day workshops. These workshops will aim to develop participant’s knowledge and understanding of supportive school based structures and procedures for students identified or suspected of being at risk of harm in relation to their mental health and wellbeing, skills in creating a school environment supportive of mental health, and awareness of referral options and processes to support young people with mental health needs. The two half day workshops will be scheduled with a break in between to enable participants to undertake a review of their current practice in this area and to discuss ideas for ongoing development during the follow up session with the project team.

**Main Achievements**
Achievements include: an increase in the awareness of all staff about the issues related to mental health, mental health promotion, and early identification; an increase in the number of appropriate, referrals made by school counsellors to youth health and welfare agencies for young people identified as having or being at risk of developing mental health problems; and an increase in the number of strategies utilised by schools in promotion of mental health and wellbeing through existing school structures.

**Barriers/Needs**
Short time lines.

When working with schools, timelines should coincide with school terms, to maximise time and resources, and the ones in this project did not. When having to work with a number of stakeholders (for example 3 education sectors) more time is required for ‘process’, for example making sure all stakeholders are consulted at each point of the project (having short time lines limited this).
Evaluation
External evaluation.

Process evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Women's and Children's Hospital
Division of Mental Health
72 King William Road
North Adelaide SA 5006
Phone: 08 8204 7758
Fax: 08 8204 6983
Email: huppatsf@mail.wch.sa.gov.au
Contact person: Ms Fiona Huppatz, Senior Project Worker

351
Mid North Youth Suicide Intervention – Clinical Services

Description
The program seeks to provide a coordinated high quality clinical service in the Mid North for young people aged 15-24 in crisis who have either attempted suicide or are at risk of attempting suicide.

Main Achievements
The main achievements of the program include: the provision of a high quality clinical service to young people in the Mid North, with outreach to towns in the area; and the development and adoption of procedure and policy relating to the non medical management of young people who present at Accident and Emergency of the Port Pirie Regional Health Services Inc.

Contact
Child and Adolescent Mental Health Services – Country Services
PO Box 546
Port Pirie SA 5540
Phone: 08 8632 5304
Fax: 08 8633 2489
Email: country@wch-camhs.sa.gov.au
Contact person: Ms Jan Reynolds, Youth Suicide Prevention and Intervention Officer

352
Out of the Blues – a mood disorder unit for young people

Description
Out of the Blues is a national demonstration project aimed at treating young people aged 15-24 years who are suffering from a depressive disorder. It offers an initial psychiatric assessment and where appropriate, treatment in the form of therapy and pharmacological treatment. The unit also offers a range of training and teaching programs for health and non health workers in the community.

Main Achievements
Access to young people; interagency collaboration; treatment outcomes; training conducted.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Short time lines.

More resources needed.

Evaluation
Internal evaluation.

Process evaluation: Measurement of clinical outcomes; Qualitative methods.

Outcome evaluation: Measurement of clinical outcomes; Qualitative methods.

Contact
Southern Child and Adolescent Mental Health Service (CAMHS)
Fiinders Medical Centre
Fiinders Drive
Bedford Park SA 5042
Phone: 08 8204 5412
Fax: 08 8204 5465
Contact person: Mr Graham Martin, Director

353
Palya: Aboriginal Student Support Group

Description
Palya (meaning 'hello, good') has been established to support Indigenous students attending John Pirie Secondary School, by providing a locus for discussion, and culturally appropriate information about issues that impact on the health and wellbeing of young people. The objectives of Palya are: to develop and strengthen networks of support for Indigenous students at John Pirie Secondary School; to enhance the problem solving and coping skills, including protective behaviours and help seeking skills of Indigenous students; to improve self esteem of students participating in Palya; to provide culturally appropriate information on health issues in a variety of ways, including guest speakers from the local Aboriginal community and community service agencies; to raise community and school awareness of the Indigenous student needs and issues. Strategies used by the program are: to consult with teachers and the principal re appropriate access to lesson time; to develop and implement school based Aboriginal student support group; to identify issues relevant to Aboriginal young people (particularly students) in Port Pirie, including problems relating to accessing mainstream services; to develop and implement programs that address identified issues and through the Regional Aboriginal Health worker, facilitate that access; to provide culturally appropriate information on health issues in a variety of ways, including guest speakers from the local Aboriginal community and community service agencies; to establish lines of communication for the exchange of information and ideas with the Aboriginal student group and John Pirie Secondary School staff; to submit regular articles from the Aboriginal student group to school newsletters, local newspapers; to submit regular reports to the Principal of John Pirie Secondary School and other relevant community committees; to conduct regular quantitative and qualitative evaluation of programs.
Main Achievements
The main achievements of the program include:
- establishing an advisory group of agency and consumer representatives;
- negotiating lesson time;
- establishing communication networks with secondary school staff;
- networking and collaborating with agencies;
- developing a program incorporating broad health issues and input from a number of sources;
- providing culturally appropriate material;
- establishing a support group for Indigenous students.

Barriers/Needs
Insufficient funding.

Difficulties of organisation when separate agencies need to collaborate for planning.

Evaluation
Internal evaluation.

Impact evaluation: Qualitative methods;
Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Child and Adolescent Mental Health Services – Country Services
Community Health
PO Box 546
Port Pirie SA 5540
Phone: 08 8632 5304
Fax: 08 8633 2489
Email: country@wch-camhs.sa.gov.au
Contact person: Ms Jan Reynolds, Youth Suicide Prevention and Intervention Officer

354
Working Against Youth Suicide (WAYS)

Description
In 1997, Child and Adolescent Mental Health Services (CAMHS) called a forum of service agency representatives following concerns expressed by local workers about the increasing number of referrals of young people who had attempted suicide. The Working Against Youth Suicide (WAYS) Committee was established as an outcome of that forum. The purpose of the WAYS Committee is to support local and regional community members and service providers to ensure a coordinated and collaborative response to youth suicide that is in line with the National Youth Suicide Prevention Strategy. The role of the WAYS Committee is:
- to raise community awareness of the issues pertaining to youth suicide and the current services available to young people;
- to collate information pertaining to current issues in youth suicide and disseminate to agencies working with young people;
- to proactively address the needs of young people by informing and involving key community decision makers of the current issues and planned interventions; cooperate with key stakeholders to plan and coordinate interventions, including follow up plans for young people who have attempted suicide;
- to develop awareness of appropriate referral pathways; to provide a support network for agencies; to facilitate training for professionals and community groups on suicide awareness and response; to foster an environment in which young people's contributions are validated, celebrated and valued; to encourage the media to recognise that they have a role in promoting positive images of and for young people and in responsible coverage of youth suicide issues. Planning for 1999, focuses on the development of school curricula, programs and activities which support the maintenance of positive mental health and enhance individual protective factors among young people. The involvement of the WAYS Committee, the five regional public secondary schools, the non-government schools, and the Department of Education, Training and Employment in the Mid North, highlights the commitment of the community and service agencies to working collaboratively in addressing the issue of youth suicide.

Main Achievements
Main Achievements for Working Against Youth Suicide (WAYS) include:
- networking and collaboration of community members and agency representatives across the region;
- information dissemination;
- consumer involvement;
- raised awareness in agencies of the issues pertaining to youth suicide; support network for agencies.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Qualitative methods.

Contact
Child and Adolescent Mental Health Services – Country Services
C/- Community Health
PO Box 546
Port Pirie SA 5540
Phone: 08 8632 5304
Fax: 08 8633 2489
Email: country@wch-camhs.sa.gov.au
Contact person: Ms Jan Reynolds, Youth Suicide Prevention and Intervention Officer

355
Awareness Program to Prevent Deaths by Suicide in Custody

Description
The Awareness Program to Prevent Deaths by Suicide in Custody aims to improve the quality of detention cells and prison complexes. This is a major capital building program.

Main Achievements
The building program has achieved better designed cells, and fewer cell complexes, which allow for greater supervision.

Barriers/Needs
Insufficient staff/time/resources.
**Evaluation**
External evaluation.

**Process evaluation:** Monitoring through routine documentation.

**Contact**
South Australia Police
30 Flinders Street
Adelaide SA 5000
Phone: 08 8207 5784
Fax: 08 8207 5567
Email: crssapol@camtech.net.au
Contact person: Detective Chief Inspector Bill Prior,
Officer in Charge Crime Reduction Section

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**356**
**General Suicide Awareness Training for Recruits**

**Description**
The General Suicide Awareness Training for Recruits aims to help police recruits to deal with families/other significant persons following a suicide death.

**Main Achievements**
The training has achieved greater awareness of suicide issues by all police officers.

**Barriers/Needs**
Insufficient staff/time/resources.

Many demands are placed on police officers in relation to training. This has meant a reduction in Suicide Awareness Training.

**Evaluation**
External evaluation

**Process evaluation:** Monitoring through routine documentation.

**Contact**
South Australia Police
30 Flinders Street
Adelaide SA 5000
Phone: 08 8207 5784
Fax: 08 8207 5567
Email: crssapol@camtech.net.au
Contact person: Detective Chief Inspector Bill Prior,
Officer in Charge Crime Reduction Section

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**Private Company**

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**357**
**Stars**

**Description**
'Stars' is an offshoot of Beyond Imagination, an early intervention program funded by the City of Marion in South Australia. The Stars program was established in 1998 as a result of demand from schools, community, welfare, juvenile detention, health and educational organisations. The purpose of the program is to create an environment in which young people can realise their potential in a safe, supportive environment. The three-day program is adapted to the requirements of the agency seeking the service and can specifically address issues such as school bullying, racism, offending, low self esteem and other behavioural problems. It aims to provide teenagers with opportunities to be physically and mentally challenged; to develop positive relationships; and to learn and develop a range of self-confidence, social and life skills that will enhance their wellbeing. Accelerated learning principles and techniques are employed in an interactive program that utilises visual stimulation, music, energising activities, problem solving games and role play in an environment that is both dynamic and empowering. The program attracts between 30 and 130 participants, ranging in age from 13–18 years. Interested agencies have included education providers, schools, detention centres and Indigenous communities ranging from North Queensland and Western Australia through to rural areas in South Australia and New South Wales. The program aims to develop in young people a notion that they can 'reach for the stars' – that 'what is possible in the world is possible for me'.

**Main Achievements**
Specific tailoring in program design to a particular target group – for example, age, culture, background, gender – is very important if a high rate of individual success is required. A greater understanding between the client's needs and program outcomes is therefore necessary. Achievements include a change in behaviour, attitude and outlook on life for program participants.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Ethical problems; Lack of follow up services.

The effectiveness of the program very much depends on follow up action (group or individual) to assess individual progress and support learning of program concepts and personal development models. Personal coaching, or 'Empower Coaching', would provide the vital link between a young person at risk and their teacher/coach, who would offer ongoing support and guidance. The cost and availability of such meetings is another barrier.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Stars Enterprises Education and Development Services (SEEDS)
28 Hugh Johnson Boulevard
Sheidow Park SA 5158
Phone: 08 8322 5906
Fax: 08 8322 5906
Email: eric.plet@cobweb.com.au
Contact person: Mr Eric Plet, Director/facilitator
Religious Organisation

358
Towards Independence

Description
Towards Independence strives to empower individuals to break the cycle of homelessness. Its mission is twofold: to provide accommodation and support services that assist single adults who are homeless to achieve their maximum level of self-reliance and independence; and to enable single adults who are at imminent risk of becoming homeless to retain their accommodation. The service endeavours to support clients in developing competent personal and living skills, and assist clients to obtain quality accommodation that best meets their needs.

Main Achievements
The major achievement of the program is client independence.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of backup services.

The program needs more staff. Homeless men are at the bottom of the list of community awareness. Increased funding and community education.

Evaluation
Internal and external evaluation.

Outcome evaluation: Strategic planning processes; Measurement of clinical outcomes.

Contact
Salvation Army
227 Pirie Street
Adelaide SA 5000
Phone: 08 8223 4911
Fax: 08 8232 6043
Contact person: Mr Graeme Cowan, Manager

School Program

359
Callan Connection Program

Description
St. Paul’s has just developed a pilot program that integrates core studies, pathways planning, vocational education and community support for Year 9, 10 and 11 students who are finding traditional schooling structures difficult. Students are still enrolled in all general school activities, attend half of the subjects as per normal (sometimes with modified work to meet numeracy/literacy levels) and spend half of their time with a key teacher to explore vocational options and projects. Callan Connection aims to increase students’ motivation to learn and meet their learning needs. The program also works to facilitate future planning choices for students to enable them to work towards continuing education and training pathways for the future. Callan Connection works very closely with the youth support service in the school so that students receive a wholistic approach to their learning and development.

Main Achievements
That the College’s belief that young people want to learn and can make good choices when they have correct information and supportive relationships has been confirmed. Young people want to be a part of these programs and can readily identify how they use them, the benefits of involvement and ways to improve them.

Barriers/Needs
Structural problems in services. Some systemic barriers to work through when attempting to develop flexible options to meet individual needs. The larger the system, the more skilled workers need to be to create options for individuals.

More empathy at a systems level to ensure ‘not everyone’s story is the same’ is an accepted starting point.

Evaluation
Internal and external evaluation.

Process evaluation: Action Research; Monitoring through routine documentation.

Impact evaluation: Descriptive statistics about clients.

Contact
St Paul’s College
792 Grand Junction Road
Gilles Plains SA 5086
Phone: 08 8266 0622
Contact person: Mr Shane Gubbin, Program Coordinator

360
Mercedes College School Counsellor Service

Description
The School Counsellor works as a member of the Student Services Centre Team, to support the psychological, health and welfare needs of students. Strategies implemented include: one to one counselling with students; liaison with parents/care providers and other agencies; needs assessment; staff development; policy development; and trauma response. A referral service to students and families is also offered. During 1999, Mercedes college is participating in a pilot Mental Health Education and Promotion Project, funded by the Commonwealth Government and managed by the Child and Adolescent Mental Health Services (CAMHS). The project aims to educate teachers to detect early warning signs for depression and suicide and to provide appropriate responses to students. An action plan to address student mental health needs will be an outcome.

Main Achievements
Students and families are aware that a confidential individual counselling service is available and make appropriate use of the service. At risk students are identified and prompt responses to school based needs are offered. Referrals to other agencies are made as necessary. An immediate link with teachers and other students is available.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Action Research.
Service for Survivors of Torture and Trauma

362
Bereaved Through Suicide Support Group Inc.

Description
The Bereaved Through Suicide Support Group Incorporated comprises people from all walks of life. Their common link is that they have been close to someone who has suicided, either relative, child, friend or acquaintance. The group is administered by its own committee and is supported by a council of professional advisers. The aims of the group are: to give support and care to those grieving the loss of someone through suicide; to provide an understanding of the grief process; to help with healing and recovery; and to increase the understanding of suicide grief in the community. Informal meetings take place regularly. Regular, informal meetings provide an opportunity for those who have been bereaved through suicide to talk freely about their grief and to learn from others and to help with understanding grief and the process of healing. Meetings are led by people who are able to speak with first hand knowledge and provide special help and assistance. Twenty four hour telephone support is offered, as is literature on grief.

Main Achievements
Help and guidance provided to anyone bereaved through suicide.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest; Short time lines; Burnout.

More input by professionals; more volunteers; wider community support; better media support re stigma towards suicide.

Contact
Bereaved Through Suicide Support Group Incorporated
PO Box 151
Kent Town SA 5071
Phone: 08 8265 5692
Contact person: Mrs S. C. Hogben, Chairperson

Technical and Further Education

363
Firearms Safety Course

Description
The Firearms Safety course is part of the firearms safety program which is in place for firearms licence applicants. All participants are exposed to training which covers: the minimum allowable storage requirements for guns and ammunition; the legal and social obligations and consequences of firearms misuse; and the need for gun owners to be aware of potentially suicidal behaviour.
Main Achievements
The project has achieved the complete cessation of accidental gun deaths in South Australia. There are anecdotal reports of a decrease of all types of gun injuries. As well as anecdotal evidence that gun suicides have decreased since 1993 in South Australia.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods.
Impact evaluation: Descriptive statistics about clients.

Contact
Regency Institute
Days Road
Regency Park SA 5010
Phone: 08 8348 4434
Fax: 08 8348 4531
Email: geoff.smith@regency.tafe.sa.edu.au
Contact person: Mr Geoff Smith, Coordinator Firearms Safety

Telephone Counselling Service

364
Lifeline Suicide (Youth) Prevention Program

Description
The program provides a 24 hour telephone counselling service with counsellors trained in youth issues and youth suicide prevention counselling. Also provided is face to face crisis intervention counselling by appointment or walk in.

Main Achievements
Crisis intervention with young people who contact Lifeline because of suicide in progress, suicidal thoughts or loss of family/friends through suicide.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources
Lack of funding of youth suicide support services for young people as places of referral; insufficient funding for training counsellors and for promotional material to encourage young people to access Lifeline; insufficient staff for training and working with young people.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients.
Impact evaluation: Descriptive statistics about clients.

Contact
Lifeline Adelaide
c/o Adelaide Central Mission
10 Pitt Street
Adelaide SA 5000
Phone: 08 8202 5190
Fax: 08 8211 8041
Contact person: Mrs Judy Taylor, Manager

Youth Service

365
Compassion In Action (CIA) The Next Generation

Description
The Logical Options for Virtual Experiences (LOVE) Project is an organisation devoted to bringing the issues faced by youth to the fore. The community consists of a group of young people who re-enact and share their real life experiences with those who are in a position to provide service to our youth of today. The LOVE Project is facilitated by two mental health workers with 48 years of combined working knowledge in diverse areas of nursing. Workshops are offered with a selection of topical issues to choose from, including: youth suicide; depression; substance misuse; psychosis; nutrition; sexual health; social issues. The Play/Workshop aims to provide a venue for honest and open dialogue, and to create a bridge of communication between service providers, and the young people who come to the attention of their services. Guided by the principles of youth partnership accountability, and the practice of inclusion, the Play/Workshop has evolved to maximise the experiential aspect of adult participation in adolescent roles, thereby creating a window of opportunity to engage young people in open and constructive dialogue.

Main Achievements
Changed the perspective of attendees after bringing issues faced by youth to their attention; achieved open communication between youth and youth service providers; teaching method used an experiential, interactive style, achieving long term impact on attendees/participants.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
Since the Project is funded by the facilitators, the facilitators need to work in order to fund the Project. The nature of the facilitators' work leaves insufficient time and energy to devote to the Project, thereby creating a difficult situation. Also, some of the young actors are at school (Year 12), placing demands on their time.
Sponsorship for resources; charging attendance fees.

Evaluation
Internal evaluation.

Process evaluation: Qualitative methods;
Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
The LOVE (Logical Options for Virtual Experiences) Project
3 Valley View Lane
Lobethal SA 5241
Phone: 08 8389 6679
Contact person: Ms Diana Murphy, Workshop Facilitator
Tasmania
Advisory Service

366
Information and Education About Child Abuse

Description
The National Association for the Prevention of Child Abuse and Neglect (NAPCAN) has the following objectives: to work for the prevention of all forms of child abuse defined to include physical and sexual abuse, neglect and emotional maltreatment; to assist children and families where child abuse and neglect occurred; to work for greater community awareness of the concerns of child abuse in all its forms as a major issue facing our State and Nation; to promote national uniformity of law in relation to child abuse and neglect; to identify, record and channel available community resources which may be employed by organisations involved in the provision of services to abused and neglected children; to encourage public support and interest by the issuing of media releases; to promote the importance of children and the family unit as the cornerstone of our society; to pursue all other actions as may be deemed necessary from time to time to foster the aims of the association.

Main Achievements
The main achievements of the project include: raising community awareness about preventing child abuse and offering alternatives; gaining bipartisan political support; piloting nationally the Good Beginnings Parenting project; lobbying for a Commissioner for Children at Commonwealth and State levels; lobbying for uniform child protection legislation.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

As a nongovernment agency the project relies solely on community support. Across Australia there are only five full/part time employees. Greater funding would assist with these problems.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Qualitative methods.

Contact
National Association for Prevention of Child Abuse and Neglect (NAPCAN) Tasmania Incorporated
PO Box 169
North Hobart TAS 7002
Phone: 03 6239 1079
Fax: 03 6239 1225
Email: richard.baxter@tassie.net.au
Contact person: Mr Richard Baxter, President

Community Organisation

367
CONNECT Youth Homelessness Pilot Project

Description
The aims of the CONNECT Youth Homelessness Pilot Project are to help homeless young people and those at risk of homelessness to reengage with family, education, work, training and the community. The rationale is that early intervention around family relations strategies can act to prevent early home or school leaving. The intervention strategies are: individual support and counselling; family mediation and counselling; practical assistance; community development; action research; and collaboration with other services.

Main Achievements
Achievements of the program include: the establishment of a successful model of early intervention with families; successful reengagement of young people and families; close cross sectoral collaboration.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Short time lines; Poor administration by funding body.

Youth workers attitudes are negative to parents and vice versa. Not having specific guidelines for collaboration. Only a two year project, it is hard for clients to establish trust when the service will only be around for a short time.

Barriers may be overcome by receiving briefs of existing services to allow for collaboration; a longer term focus for such programs as this one; and, more realistic reporting time frames.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Descriptive statistics about clients.

Impact evaluation: Action Research; Quality assurance methods.

Outcome evaluation: Action Research; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Colony 47
251 Elizabeth Street
North Hobart TAS 7001
Phone: 03 6231 9022
Fax: 03 6234 3485
Email: 100360.621@compuserve.com
Contact person: Ms Rachel Larkins, Project Officer
368
Family, Relationship and Personal Counselling

Description
The Service aims to provide one to one counselling, one to couple counselling and one to family counselling for people presenting with problems. The objective is to shift the problems clients present with, for example, failed suicide, suicidal children, suicide ideation and completed suicide.

Barriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal evaluation.


Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Centacare Family Services
201 York Street
Launceston TAS 7250
Phone: 03 6331 6811
Fax: 03 6334 3758
Contact person: Ms Faye Cook, Coordinator

370
Youth Worker – Alcohol and Drug Service (Northern Tasmania)

Description
Within the primary health care framework of the Youth Health Centre, the youth drug worker aims to provide: assessment; treatment; community liaison; and referral services. The youth drug worker also undertakes early identification, prevention and community education on drug related issues for young people in the North of Tasmania. The project aims to improve the wellbeing of young people by preventing and reducing the use of drugs and problems associated with such use. The services objectives are to: improve knowledge and awareness of the problems associated with drug use amongst young people; strengthen personal and social skills of young people in order to assist in the reduction of drug use; improve young people’s access to other relevant alcohol and drugs services and other appropriate services.

Main Achievements
Achievements include: providing assessment, treatment and referral service for young people with drug problems; providing information and advice to young people, the general community, service providers and community groups, on drug related issues; undertaking early identification and prevention activities on drug issues with the general youth population and with specific at risk youth target groups; providing community education to minimise the harm of drug use amongst young people.

Barriers/Needs
Lack of backup services; Attitudes of service providers.
Lack of support from relevant services dealing with youth suicide and related mental health issues; The attitude of some service providers towards young people with alcohol and drug issues and mental health.

Barriers could be overcome by more coordination and communication between services; recognition that young people contemplating suicide may require a range of health/support services; more interaction between services in order to provide effective case management/intervention; more outreach to rural communities.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Descriptive statistics about clients.


Outcome evaluation: Epidemiological methods Measurement of clinical outcomes.

Contact
Alcohol and Drug Service
Level 6 Old LGH
287-291 Charles Street
Launceston TAS 7250
Phone: 03 6332 7167
Fax: 03 6332 7176
Contact person: Ms Victoria Conway, Youth Worker
Family/Parent/Children's Service

371
Student Peer Facilitation Programme for Secondary School or College Senior Students

Description
The aim of the Student Peer Facilitation Program is to provide training for responsible senior high students in skills of observation and early intervention and to assist school communities in the broadening of strategies of assistance to troubled youth. The rationale is that students will sometimes be in a better position to observe and get close to other students in distress and can then help them either solve problems or seek further assistance. The intervention strategies used include providing training for small groups of students in: listening skills; conflict management skills; awareness of lifestyle; developmental issues; awareness of symptoms of adolescent distress. A second strategy provides support and encouragement for school communities to use these skills in their core programs of care.

Main Achievements
Achievements of the program include: an increased pool of students in high schools/colleges (in Launceston) with skills in early intervention; some schools have incorporated these skills into core programs; some schools have developed stronger whole school policies and programs to embrace the idea of a conflict resolving community.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Hassles.

Conflict Resolution Centre is funded for secondary interventions, family counselling and support for adolescents, however, the early (primary) intervention component is small. Funding needs to have a clearly focused and reasonable component for early interventions, linked to demonstrated outcomes.

Evaluation
Process evaluation: Action Research.
Outcome evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Anglicare Tasmania
Northern Region
122 Elizabeth Street
Launceston TAS 7250
Phone: 03 6334 6060
Fax: 03 6334 3703
Email: davidh.ang@trump.net.au
Contact person: Mr David Hunnerup, Senior Counsellor

Government – Local

372
Glenorchy Outreach Centre

Description
The Glenorchy Outreach Centre was established by Glenorchy City Council to provide a base for several of its programs aimed at outreaching into the City of Glenorchy and the northern suburbs. It is also used as a base for other youth and family services not currently available in the northern suburbs. The Glenorchy Outreach Centre currently houses Glenorchy City Council's Street Youth Program and its Family Support Program. The Family Support Program offers parent support skills, groups and one to one counselling, and support for teenage siblings of young people. Many services for young people and their families are presently centred in Hobart. With adequate resources, it is hoped that key youth, family and health services will outreach from the Centre for the benefit of the people of Glenorchy.

Main Achievements
The Centre's primary achievement is the ongoing provision of support and outreach services for families, parents and young people in the City of Glenorchy.

Evaluation
Internal evaluation.

Outcome evaluation: Action Research.

Contact
Glenorchy City Council
PO Box 103
Glenorchy TAS 7010
Phone: 03 6274 0700
Fax: 03 6273 1056
Email: gccmail@glenorchycctas.gov.au
Contact person: Mr Ross Park, Youth Development Officer

373
Glenorchy Street Youth Program

Description
The Street Youth Program is an essential element of Glenorchy City Council's Youth Program, aiming to foster the development of young people by facilitating the development of appropriate and relevant services and resources. The key objectives of the Street Youth Program are: to work with at risk and/or high profile young people to encourage and support them to make ongoing positive life choices; to improve referral and follow up mechanisms for young people to agencies and programs; to further develop and establish the Glenorchy Outreach Centre as a venue for relevant programs and activities; and to improve and strengthen the relationship between young people and business, police and the wider community. Other strategies and objectives involve making contact with and assisting 'at risk' young people with their immediate and long term needs. This includes identifying young people who may be temporarily homeless and attempting to reconcile such
young people with their families or assisting them to
stabilise their situation.

**Main Achievements**
The Street Youth Program provides support, referral and
advocacy for young people at risk on the streets in
Glenorchy.

**Evaluation**
Internal evaluation.

**Outcome evaluation:** Action Research.

**Contact**
Glenorchy City Council
PO Box 103
Glenorchy TAS 7010
Phone: 03 6274 0700
Fax: 03 6273 1056
Email: gccmail@glenorchycctas.gov.au
Contact person: Mr Ross Park, Youth Development Officer

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**Glenorchy Youth Resource Centre**

**Description**
The Glenorchy Youth Resource Centre was established by
the Glenorchy City Council to provide young people who
live in and access the City of Glenorchy with social and
recreational opportunities and support. The Centre runs
programs and activities for young people aged 12–20
from Tuesday to Saturday each week and at times during
School holidays; provides options and facilities for young
people in need of support; and helps with referral of young
people to other support agencies if needed. Some support
and referral is available to young people outside of the
12–20 age limit.

**Evaluation**
Internal evaluation.

**Outcome evaluation:** Action Research.

**Contact**
Glenorchy City Council
PO Box 103
Glenorchy TAS 7010
Phone: 03 6274 0700
Fax: 03 6273 1056
Email: gccmail@glenorchycctas.gov.au
Contact person: Mr Ross Park, Youth Development Officer

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**Glenorchy Youth Task Force**

**Description**
The primary membership of the Glenorchy Youth Task
Force comprises 12 young people drawn from schools,
colleges and the youth community within the City of
Glenorchy, and young people who reside elsewhere but
spend considerable time in Glenorchy. A Youth
Development Officer bridges communications between
the young people and government bureaucracy. The main role
of the Task Force is to identify and represent the needs of
all young people and their cultural groups in the City of
Glenorchy and to consult with Council on a range of issues
and needs. A primary reason for the group’s success is the
inclusion of the Mayor of Glenorchy as a member of the
Task Force. This provides the group with the ability to
convey their concerns directly to a major decision maker,
and enables group members to see that their concerns are
taken seriously and that they are valued in the decision
making process.

**Main Achievements**
The Task Force provides an innovative way for local
government to encourage youth participation in decision
making. It is effective because it includes representation of
young people from a variety of backgrounds; is comprised
of a voluntary youth core membership; undertakes activities
chosen and valued by young people; targets issues on a
priority basis identified by young people; builds trust
and commitment through the work of the task force and
alderman participation; fosters the development of
leadership and skills among its youth membership;
includes a Youth Development Officer, who bridges
communication between the young people and the
bureaucracy of government.

**Evaluation**
Internal evaluation.

**Outcome evaluation:** Action Research.

**Contact**
Glenorchy City Council
PO Box 103
Glenorchy TAS 7010
Phone: 03 6274 0700
Fax: 03 6273 1056
Email: gccmail@glenorchycctas.gov.au
Contact person: Mr Ross Park, Youth Development Officer

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**Youth Suicide and Related Issues**

**Program – Huon Valley**

**Description**
The Council’s Youth Support Service is the only youth
specific community service available in the Valley.
Workers from the youth service support and assist young
people and families in relation to suicide and related issues
by providing early intervention strategies. Community
education is considered an important aid which will enable
contact to be made with as many people as possible on the
issues and needs that impact on the community. It is also
used to create and strengthen people’s networks, by
raising the awareness of the services available to provide
assistance within and outside of the community. During
1998 the Youth Service Unit initiated Young People and
Suicide Prevention Community Information Nights as a
community education project. The nights were held in
townships throughout the Huon Valley. Council’s Youth
Support Service considers the development of resources,
projects and programs that address youth suicide and
related issues an ongoing objective of their role in the
community.
Main Achievements
The main achievements of this program have been: as part of their role Youth Service workers have provided support, referral and assistance to young people at risk of suicide. They have also been successful in implementing early intervention strategies for young people who are at risk of suicide; community education programs have raised awareness of youth suicide and related issues, including prevention and intervention strategies through projects such as The Young People and Suicide Prevention Community Information Nights; raising community awareness and broadening networks of services within and outside of the community that can provide assistance to at risk young people and their families; encouraging relevant outreach services to the Huon Valley to assist community members.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.
Service providers who can provide assistance to young people at risk are often reluctant to outreach on a regular basis; Lack of services in the community: Values and attitudes of some community members. Community members are often resistant to contact services.
Problems could be assisted by funding to employ a youth specific counsellor (based in the community); provision of funding to services to provide ongoing outreach to rural communities; development of resources and programs that provide information in regards to youth suicide and related issues and addresses community attitudes towards certain services.

Evaluation
Process evaluation: Monitoring through routine documentation; Quality assurance methods.
Outcome evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Huon Valley Council Youth Service Unit
PO Box 210
Huonville TAS 7109
Phone: 03 6264 8416
Fax: 03 6264 8440
Email: huon@info.tas.gov.au
Contact person: Ms Trish Males, Youth and Family Worker

Main Achievements
Achievements of this very successful project have been many and varied because of its broadness. The project identified a climate of readiness in schools regarding mental health, and a need for professional development in this area. In spite of competing professional development demands, staff are requesting training in order to be better equipped to deal with an area that is impacting on the classroom and school grounds. A consultant psychiatrist with CAMHS has guaranteed provision of regular and ongoing professional development for specialist support staff. The screening questionnaires revealed a significant problem for children with both anxiety and depression, and were valuable in assisting schools to make informed decisions about students’ mental health needs and in implementing interventions. The early intervention programs (FRIENDS and Resourceful Adolescent Program) had excellent outcomes with pre and post testing establishing marked improvement in participants. Some schools will continue to provide this program; one school plans to give all students the opportunity to participate; another school is investigating changes to their curriculum to incorporate mental health issues; and a further school has requested that professional development and groups be conducted in their schools. Other education districts have been accessing training provided by Barrington Support Service and inquiring about project strategies for possible implementation in their district.

Government – State

377
Early Intervention in the Mental Health Problems of Children and Young People

Description
The Barrington Support Service (BSS) is a multidisciplinary team providing professional services and support to 28 schools in the Barrington district, Tasmania. As part of Stream II of the AusEinet project, the BSS conducted a one-year pilot project to assess the viability of re-orientation of service delivery to an early intervention model; it is believed that schools provide an obvious and logical place for an early intervention approach to mental health problems. Four primary schools (focus on anxiety) and two high schools (focus on depression) were selected as pilot schools. Key objectives, strategies and rationale for the project included: provision of professional development for teaching staff, to facilitate early recognition and management of mental health problems, and for specialist support staff, to provide more skilled intervention; identification and monitoring of students at risk of or exhibiting problems with anxiety or depression; trialling of early intervention programs for anxiety and depression; and strengthening of links between BSS staff and local health practitioners. Screening for anxiety and depression was undertaken using the Spence Children’s Anxiety Scale (SCAS) and Reynolds Adolescents Depression Scale (RADS); the FRIENDS program for anxiety was trialled in the four primary schools, and the Resourceful Adolescent Program (RAP) in the two high schools. A Consumer Consultative Committee was formed to gain information from people directly affected by mental health issues.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Short time lines.
Inadequate numbers of mental health practitioners and psychiatrists exist in North West Tasmania. There is no provision of funding for relief teachers to release teachers for professional development and involvement in EI groups. It is extremely difficult for support staff to absorb extra work from early intervention projects.

Schools need funding which is based on a calendar year and considerable prior warning of any new pending projects. Mainland psychiatrists could be accessed via telemedicine. Schools need to prioritise EI for both teaching and support staff and allocate time for these activities at the expense of other commitments. Schools also need to be involved in planning and have plenty of warning about proposed activities.

### Evaluation

**Internal and external evaluation.**

**Process evaluation:** Monitoring through routine documentation.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Non experimental repeated measures design.

**Outcome evaluation:** Descriptive statistics about clients; Non experimental repeated measures design.

### Contact

Barrington Support Service
c/- Devonport Primary School
Stewart Street
Devenport TAS 7310
Phone: 03 6423 2744
Fax: 03 6423 2746
Email: barrisup@postoffice.tased.edu.au
Contact person: Ms Pam Lehman

### Mental Health Service

#### 378 Department of Psychological Care – Royal Hobart Hospital

**Description**
The Department of Psychological Care provides the usual range of inpatient psychiatric services as part of an accredited tertiary referral and teaching hospital.

**Barriers/Needs**
Lack of backup services; Structural problems in services; Short time lines.

**Contact**
Royal Hobart Hospital
Hobart TAS 7000
Phone: 03 6222 8512
Fax: 03 6234 7889
Email: cora.muskett@dchs.tas.gov.au
Web Address: http://tas.gov.au
Contact person: Ms Coral Muskett, Clinical Nurse Manager

#### 379 Department of Psychiatry – Launceston General Hospital

**Description**
The Department of Psychiatry undertakes work with young people at risk as part of the general work as a psychiatric service. This work includes assessments and a range of biological and psychosocial interventions.

**Main Achievements**
A major achievement of this program is the provision of good service to individual clients/patients.

**Barriers/Needs**
Insufficient staff/time/resources.

The program is unable to offer a prevention program because the resources are fully utilised on intervention with identified patients.

Participation in statewide planning for Mental Health Services in Tasmania would assist in undertaking more prevention activities.

**Contact**
Launceston General Hospital
Launceston TAS 7250
Phone: 03 6332 7746
Fax: 03 6332 7773
Contact person: Dr Rosemary Sunneides, Head of Department

#### 380 Education in Life Stressors

**Description**
The educational and support programs offered by the Department of Psychiatry are systematic programs focusing on coping mechanisms, counselling, communication skills and self awareness. The programs offered include: education in life stressors; communication skills development; visual aids on developmental issues; and support groups. Relaxation and vocational counselling are also included. The programs operate on a daily basis for both individual and group attendance. A holistic approach is used.

**Main Achievements**
Clients discuss and identify stressors and lifestyle risks that were not previously identified.

**Barriers/Needs**
Insufficient funding; Attitudes of service providers; Structural problems in services.

More funding is required so that agencies can provide a wider and more comprehensive range of services. National or State initiatives need to ensure that adequate funding is provided, otherwise the funds have to be found from within the existing resources of the agencies.
Youth Suicide Prevention National Stocktake 1999

Evaluation
Internal and external evaluation.

Impact evaluation: Measurement of clinical outcomes; Qualitative methods.
Outcome evaluation: Non experimental repeated measures design.

Contact
Mental Health, North-North-West
Department of Psychiatry
Launceston General Hospital
Launceston TAS 7250
Phone: 03 6332 7748
Fax: 03 6332 7773
Email: Raelene.Tabor@dchs.tas.gov.au
Contact person: Ms Raelene Tabor, Program Manager

381 Activities for Everyone Project

Description
The Hobart Police and Citizens Youth Club (PCYC) Activities for Everyone Project aims to provide activities at the Mobile Activity Club for people of all ages, cultures and abilities. It also assists mainstream community and youth support agencies with affordable access to activities for their clients.

Main Achievements
Since the inception of the program there has been a huge decrease in arrest rates, substance abuse and violence. With a corresponding increase in stability, housing and participation in sports, which helps to relieve boredom and build self esteem.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Lack of community interest; Lack of understanding.

There is a dire lack of youth workers and youth agencies. There is no one working at street level or community level with the young people. Many facilities are not used or are barred to young people. There are no resources or programs running for young people in most areas, and many people are placed in the too hard basket.

There needs to be more people away from their desks and actively involved with young people. The program found that by using sport and recreation as a means to an end, it was able to assist with counselling, referrals and support. The workers make time to listen to the young people, and address their issues at the time rather than waiting until it is too late.

382 Mobile Activity Centre (MAC)

Description
The Mobile Activity Centre (MAC) is the main program offered by the Hobart Police and Citizens Youth Club. The Club offers a range of activities and programs for youth. Programs offered include: the RecLink Programme; the Hobart Police and Citizens Youth Club (PCYC) Activities for Everyone Project; the Teen Vacation Challenge; and the Streetwork Program.

See program 381 for details

383 RecLink Programme

Description
The RecLink Programme provides sporting activities for street youth, the homeless and unemployed.

See program 381 for details

384 Streetwork Program

Description
The Streetwork Program works in conjunction with the Outreach programs offered by the Hobart Police and Citizens Youth Club.

See program 381 for details

385 Teen Vacation Challenge

Description
The Teen Vacation Challenge provides challenging activities for teenagers, aged 12-16 years, during each school holiday period. Youth considered to be at risk are given first preference for these activities.

See program 381 for details
Youth care

386
Youthcare Shelter

Description
Youthcare’s primary focus is the provision of short term crisis accommodation to homeless and at risk young men under 25. It is part of the broader Southern Youth Services of Anglicare, Tasmania. While not providing a service that directly focuses on suicide prevention, Youthcare aims to eliminate some of the causal factors that may lead a young person to suicidality. Youthcare provides a case managed approach and referral to other services addressing need in relation to homelessness, access to affordable secure housing, drug and alcohol issues, mental health issues, counselling, unemployment, education and training. In addressing these issues and assisting in the stabilisation of young people in crisis, Youthcare is able to help reduce the risk of depression and suicide.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Other managerial methods: staff supervision.

Impact evaluation: Strategic planning processes; Monitoring by funding body.

Contact
Youthcare Shelter
199 Campbell Street
Hobart TAS 7000
Phone: 03 6234 6316
Fax: 03 6234 4718
Email: j.rostant@anglicare-tas.org.au
Contact person: Mr Jason Rostant, Coordinator

387
Bridges Program

Description
Bridges is an early intervention and support program for Don College and high school students who are homeless or at risk of leaving education through homelessness. The program’s primary focus is students under 18 years where there is a concern expressed by either the young person and/or parents/guardians and/or first to know agencies about imminent or recent early home leaving (within six weeks). A secondary focus is where a young person has applied for income support, and been refused due to insufficient data, or because the level of family breakdown is not considered extreme. Thirdly the service is available to those young people who are approved to receive income support, and who on receiving information regarding the pilot program, wish to access the available supports. The project will work to empower young people and their families to maximise the prospect of reconciliation and the continued involvement of young people and their families in education and prospect of reconciliation and the continued involvement of young people in education and training. Project staff include a Senior Officer who is the Bridges coordinator and the Family Conflict Resolution Counsellor, and two Social Workers. The Social Workers are available on site at the Don College and in some of the Barrington High Schools to provide greater accessibility and opportunity for self referral. Other schools are choosing to use the service as an additional community resource to which they can refer families and students. Workers are integrated within the school’s support structure to: develop mechanisms and strategies with appropriate school staff to make an early identification of young people at risk of homelessness; participate in a coordinated approach to meeting the needs of students; and establish clear and accessible bridges between schools and community support networks. Through this it is hoped to maximise the prospect of reengagement with family, education, training and community. Students will be linked into counselling and other support services offered by this and other community agencies, as well as the school’s services. This model of service delivery opens the prospect of identifying new ways for the community to respond to the wider needs of students at risk. The principle of placing access to services as close as possible to service users stands as a best practice principle in service delivery generally.

As part of the community support network the Bridges social workers utilise existing agency relationships, protocols and linkages to establish necessary supports for individual students. These supports range from early intervention with the family via parenting skills training, general case work, and conflict resolution, through to remedial supports such as assistance in reestablishing accommodation and stability. For families and students, the project aims to minimise the trauma and emotional dislocation experienced in times of family crisis. This provides greater prospects of family reconciliation and, from the young person’s perspective, it heightens the likelihood of maintaining school and/or work involvement.

Main Achievements
Information package at schools in Barrington District; statistical analysis of 100 families utilising the service; assessment by young people that family relationships had improved; community development education groups; development of links and broader awareness of first to know agencies – rapid response to service requests has been facilitated by recognising schools as key first to know agencies and placing service delivery as close to this point as possible; raised awareness of youth homelessness issues – indicators of youth homelessness.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services; Short time lines; Attitudes of service providers.

The lack of clarity around target group seems to have arisen from the different service focus of Bridges, and Department of Community Health Services (DCHS) staff. While Bridges is focused on early intervention in youth homelessness, the Child and Family Services section of DCHS have a high crisis focus, often in the area of later intervention when considered in terms of youth
homelessness. Due to limited resources and high demand, early intervention clients brought to the attention of DHCS often become a low priority for intensive intervention by Department workers who, by nature of their statutory responsibilities, focus on clients in immediate danger. If safely accommodated, depending on the presenting issues, a client within Bridges’ target group may then become low on the priority list for intervention in comparison to a child neglect case. However the pilot focus would always consider this a high priority if maximum opportunity for family reconciliation is to be attained. Another barrier appears to be that a competitive tendering environment hinders collaboration and cooperation.

More focus could be given to Bridges’ strategy: collaborative/cooperative work, offering early intervention for those families within the pilot target group who would otherwise fall through the gap in a service environment that due to limited resources is not able to prioritise such clients. If this strategy were to receive greater attention, it would require increased ‘education’ of DCHS staff regarding the target group and service opportunities as well as consistent contact to raise a service profile.

**Evaluation**

Internal and external evaluation.

*Process evaluation:* Action Research; Descriptive statistics about clients.

**Contact**

Anglicare North West Region  
Days Building, Cnr Rooke & Best Streets  
Devonport TAS 7310  
Phone: 03 6424 8581  
Fax: 03 6424 5753  
Web Address: http://www.anglicare-tas.org.au  
Contact person: Ms Alexandra Robinson, Social Worker
Victoria
Accommodation Service

388
Family Reconciliation Program

Description
The Family Reconciliation Program aims to help young people who are homeless or at risk of homelessness to work through the issues that caused them to leave home or want to leave. It is a free and confidential service. The rationale is to work through problems so that young people can return home and/or establish a different relationship with their family. Intervention strategies include: family therapy; support; advocacy; information; and resources.

Main Achievements
A major achievement of the program is allowing the young clients to be heard. Once young people have left home it is very difficult for them to return, especially when parents refuse to change in their attitudes. Often the young clients need their own time frame to effect positive change and allow their relationship with their family to improve.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines.

The program is only funded for 20 hours a week. A three month time line is too short to do lasting work in family reconciliation. More funding and longer time lines are needed.

Contact
Hope Street Youth Refuge
PO Box 129
West Brunswick VIC 3055
Phone: 03 9380 1403
Fax: 03 9387 0241
Contact person: Ms Kerry Morrison, Family Reconciliation Worker

389
Gippsland Family Reconciliation Project

Description
The Gippsland Family Reconciliation Project aims to: provide an early intervention service based on case management to reduce the incidence and negative consequences of early homeleaving; provide counselling and/or mediation to young people and families where there is a risk of, or recent, family breakdown; provide an immediate response (within 24 hours) and see people in their own locations (school, home) at a suitable time to engage all relevant parties (after hours appointments are available); provide educative programs in schools for youth and for parents to address the issue of resolving family conflict; research and trial best methods of practise in early intervention of youth homelessness.

Main Achievements
The program has identified that: immediate response and availability after hours influences enlargement and outcomes; work with young people and their families together is the most useful process in resolving conflict; community education programs for young people and parents are useful preventative strategies; networking is crucial to positive outcomes; early referral prior to homeleaving is most beneficial.

Barriers/Needs
Funding insecurity.

Insecurity regarding on going funding makes it very difficult to appoint and keep staff with the necessary skills/expertise. Insecure funding also impacts upon the future planning for the program and credibility in the community/service sector. Longer time frames for funding — five years instead of two years.

Evaluation
Internal and external evaluation.

Process evaluation: Action Research.

Contact
Central Gippsland Accommodation and Support Service
128 Commercial Road
Morwell VIC 3840
Phone: 03 5134 8555
Fax: 03 5134 8777
Contact person: Ms Margaret Wallace, Coordinator

390
Meerindoo Youth Accommodation Service

Description
Meerindoo is a 24 hour crisis/emergency service for young people aged 15–19 years. It exists in order to promote, develop and expand safe, secure housing to young homeless people and to act as an advocate. It endeavours to offer as many options as possible for employment, education and life skills through the process of reconciliation and mediation, and offers outreach and support to all young people in its area. Meerindoo is a cross cultural facility and promotes Koori cultural awareness, reconciliation, and a commitment to the local Koori community.

Main Achievements
Achievements of the Meerindoo facility include the provision of safe emergency accommodation for, and outreach to, homeless young people; and increased options for employment, education and life skills through the process of reconciliation and mediation.

Barriers/Needs
Insufficient funding.

Despite enormous success of the Integrated Life Skills Program, the lack of ongoing funding has led to the winding back of the Wilderness Program and the cessation of the Workshop Program after June 1999. Funding difficulties could be resolved, at least in part, by the
provision of recurrent funding based on the success of the program. An expansion of the program would lead to a greater provision of services to young homeless people.

Evaluation
Internal evaluation.

Outcome evaluation: Qualitative methods; Feedback from referral organisations.

Contact
Meerindoo Youth Services
PO Box 521
Bairnsdale VIC 3875
Phone: 03 5152 2188
Fax: 03 5152 3196
Email: m.y.a.s@net-tech.com.au
Contact person: Ms Tanya Croucher, Interim Coordinator

391
St Luke's Youth Housing Program

Description
St Luke's Youth Housing Services provides accommodation and support for young people aged 15-19 years who are homeless, or at imminent risk of becoming homeless. The service can purchase emergency accommodation and assist young people find safe, stable accommodation. Staff work with young people to develop an individual holistic case/support plan, which includes such aspects as: maximising family and community links; securing appropriate accommodation; health; living skills; opportunities for employment, education and training. The service is based on a solution focused, competency based framework and assists young people (and their families) develop choices in their lives.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Contact
St Lukes
PO Box 315
Bendigo VIC 3552
Phone: 03 5440 1100
Fax: 03 5440 1108
Contact person: Ms Elizabeth Lowery, SAAP Coordinator

392
Working with Homeless People At Risk of Suicide and Self Harm

Description
Research by Hanover Welfare Services has found that homeless people have a significantly higher level of suicidal behaviour and serious self harm. Service providers have a duty of care that requires effective intervention strategies. The aim of the project is to improve support service casework practice through implementation of service initiatives, which include: assessment procedure for predisposing factors that put clients at risk of suicidal behaviour; checklist for assessing the likelihood of harm; review agency policies and protocols; training for staff to improve skills and practice in working with at risk clients.

Main Achievements
The program has achieved: an increased understanding with agencies; an awareness of key issues relating to good practice; a revised casework guide for support; a reduced risk of harm for clients.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

The majority of the research is funded internally by the agency. Staff are too busy in direct client work to devote additional time to project issues. Which means that the project is taking longer to fully implement. An additional project officer would have enabled more focus and impetus to implement changes to service practice across the agency.

Evaluation
Internal evaluation.

Process evaluation: Action Research.

Contact
·Hanover Welfare· Services
52 Haig Street
South Melbourne VIC 3207
Phone: 03 9699 6388
Fax: 03 9699 6790
Email: mhorn@mira.net
Contact person: Mr Michael Horn, Research and Development Manager

Advisory Service

393
School Focused Youth Service

Description
The school focused program assists schools to take action appropriate for youth suicide prevention for their school. Programs may include anything from primary prevention to postvention. The program also aims to ensure that services are coordinated to ensure best use of resources. This may include encouraging collaboration or using brokerage funds to bring services to fill gaps.

Barriers/Needs
Limitations of model, for example, no direct service.

The School Focused Youth Service is aimed mainly at community development and collaboration of services. Many schools have indicated that they would prefer a direct service model. Allow workers to provide a direct service where applicable.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Qualitative methods

Impact evaluation: Qualitative methods

Outcome evaluation:
School Focused Youth Service

Description
The School Focused Youth Service is a new initiative jointly set up by the Department of Human Services and the Department of Education, which aims to strengthen the links between schools and their communities. Its target group is young people aged 10-18 and the schools and community services involved with them. The Service can assist with: direction to relevant community services for particular student welfare requirements; detailed information about services provided by agencies, eligibility criteria and costs; personal contacts to assist with school health and welfare, including presentations to students and staff on a range of topics; the organisation of a health or personal development program or event involving community resources and agencies; finance for an identified service for a young person, where there is no other available funding. Information is available on services relating to: youth support and counselling; family support and counselling; recreation and youth programs; behavioural issues; physical, sexual and mental health; drug and alcohol issues; abuse; accommodation; peer support and training; parenting education; ethnic support groups; employment and training; disability support services; legal services; grief programs; and special education support.

Main Achievements
Achievements include: community linkages to schools and to community organisations; identification of gaps in service provision (just beginning to emerge).

Barriers/Needs
Attitudes of service providers; Insufficient staff/time/resources.
There is a lack of understanding in some quarters as to the function or role of the Service. It is also a very large role for one worker.

Evaluation
External evaluation.

Process evaluation: Currently being designed.
Impact evaluation: Currently being designed.

Contact
MacKillop Family Services
Level 1, 123 Paisley Street
Footscray VIC 3011
Phone: 03 9699 9177
Fax: 03 9696 6496
Contact person: Ms Marwin Ausleberry, Program Manager

Community Organisation

395
‘Back up’

Description
The BACK UP pilot program targets young people aged 10–17 (and their families) who live in or have dealings in the City of Banyule and have received a caution or been charged by the Victoria Police. The program attempts to prevent recidivism among young people and builds on an earlier pilot which was limited to young people who had been cautioned (not charged). The program provides a coordinated service approach within an early intervention model in meeting the needs of ‘at risk’ young people and their families at the time of cautioning or charge. The model provides young people (and their families) with direct links into community support resources which are able to identify and respond to factors within families that may contribute to criminal behaviour and trends. The project aims to: provide an immediate response when a young person comes into conflict with the law; take remedial action in the period between interview and any court appearance; strengthen links between Victoria Police and local youth and family services in the City of Banyule, in order to promote positive and supportive outcomes for ‘at risk’ young people and their families; and reduce recidivism and risk taking behaviour among young offenders. The pilot is being monitored by a Project Management group comprising representatives from Victoria Police, Berry Street Inc., AlysKey Family Centre, Banyule Community Health Service, Department of Human Services, Extra Edge Project, Keeping in Touch with Schools project and Banyule City Council.

Main Achievements
Achievements include: creating a direct link between young offenders and support agencies within eight working hours of the caution or charge; follow up of the young person by the support agency (where permission is given); statistical monitoring of the number and type of activities of young people who get cautioned and charged by Victoria Police in Banyule.

Barriers/Needs
Lack of backup services.
Participants are often in need of ongoing one to one support. This is often not available in an ongoing basis. A major boost in the Big Brother/Sister type program would increase opportunities for young people’s involvement and the success of long term personal support. Family intervention supports organised on an individual basis, ongoing and available to be run in the home environment would also make a difference.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed; Descriptive statistics about clients.

Impact evaluation: Action Research.

Outcome evaluation: Action Research.
396 Advanced Suicide Intervention Skills Training (ASIST)

Description
The Suicide Intervention workshop (ASIST) is a two day intensive participatory course designed to help caregivers recognise and assess individuals at risk and master a model for effective suicide intervention.

Main Achievements
Establishing a common body of knowledge and skills regarding suicide assessment and intervention across different mental health program areas.

Evaluation
Internal evaluation.

Outcome evaluation: Non experimental repeated measures design.

Contact
Maroondah Hospital
Mt Dandenong Road
East Ringwood VIC 3135
Phone: 03 9817 3577
Fax: 03 9817 6117
Contact person: Mr Ivan Milton, Psychologist

397 Applied Suicide Intervention Skills Training (ASIST): LivingWorks Training

Description
The LivingWorks program is a two-day suicide intervention workshop. It helps participants move beyond suicide awareness to develop suicide assessment and intervention skills. It is well suited to community caregivers or professional workers seeking to enhance their ability to recognise and respond to a person at risk. It also helps participants identify relevant community resources and become more knowledgeable about suicide. Trained presenters can provide the program in interactive or lecture format to groups of 10-75 people. The LivingWorks program is now widely available in communities across Australia under Lifeline’s National Youth Suicide Prevention Program. This initiative has been funded by the Commonwealth Department of Health and Aged Care as part of its National Youth Suicide Prevention Strategy. Although LivingWorks is auspiced in Australia by Lifeline, trainers represent a wide range of service and professional backgrounds in health, counselling, education, youth work and community support. In Australia, over 4,000 people have participated in the two-day Intervention Workshop (ASIST) since its introduction in 1996 while more than 5,000 have attended Suicide Aware. This interactive workshop has practical applications for anyone seeking to enhance their ability to help a person at risk of suicide. Participants learn to recognise and estimate suicide risk and master a model for suicide intervention. The emphasis is on suicide first aid, how to make an initial response and become a link to further community help.

Main Achievements
The main achievement of this program is that there are more people with suicide intervention skills and practical skills that help them identify and respond to a person at risk of suicide.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Sometimes it is difficult for people to afford to pay for training and so it can be difficult to cover costs. As this organisation is under resourced and short staffed, this limits the amount of training that can be done. Extra funding is required.

Evaluation
External evaluation.

Impact evaluation: Field Trial.

Contact
Lifeline Gippsland Incorporated
9 Maryvale Crescent
Morwell VIC 3840
Phone: 03 5134 8278
Fax: 03 5133 0373
Contact person: Ms Libby Thompson, Director
of professional agencies with the general community. This process involves analysis of local community need, definition of effectiveness measures, linking agencies and involvement of community groups.

Main Achievements
Commenced December 1998, and as of February 1999 the program had established an interagency group, partial community involvement, and the beginning of information sharing.

Evaluation
Internal evaluation.
Process evaluation: Action Research.
Impact evaluation: Currently being designed.
Outcome evaluation: Currently being designed.

Contact
Bayside Community Youth Taskforce
Bayside Council
PO Box 27
Sandringham VIC 3191
Phone: 03 9599 4387
Fax: 03 9598 4474
Contact person: Ms Jacqueline Van Velsen, Youth Community Development Officer

399 Benambra Residential Units

Description
Benambra Residential Units caters for people who are experiencing the effects of a mental illness. The main aim of the program is to assist consumers to develop their capacity for more independent community living. This is achieved by teaching daily living skills and independent living skills. Group education includes: illness demystification; assertiveness skills; anger management; financial planning; medication education; social communication; social and sporting activities. For the individual the program offers: individual counselling for personal issues; ongoing monitoring of medication; medication management; regular Psychiatric consultation. The program also offers carer support and encourages the involvement of relatives and significant others within the treatment and individual service plans. The service is a component of a comprehensive mental health service in a community setting.

Main Achievements
Main Achievements of the program include: optimising independent living skills in individuals; providing individualised and collaborative service plans; assisting in the resocialisation and reconnection to the broader community for consumers.

Contact
Benambra Residential Units
Unit 2/11 Wilson Street
Wodonga VIC 3690
Phone: 02 6056 5803
Fax: 02 6056 5820
Contact person: Mr S Morton, Unit Manager

400 Creating New Choices

Description
Creating New Choices (CNC) works with secondary schools to assist in the development and implementation of policies and programs aimed at the prevention of violence and conflict. It is designed to create safe school communities and utilises a whole school approach to incorporate the support of parents, students, teachers and the wider community in the development of curriculum, workshops, policies and other educative forums. The strategies and frameworks utilised aim to strengthen the school community and provide a safe and secure learning environment in which all students can be offered a high quality educational experience. The project takes into consideration the needs of all students including the victims, perpetrators and all those who are affected by the adverse results of violence. A range of educational programs are targeted at students, parents, teachers and the wider community. For example, students are offered special educational programs to increase their knowledge and skills pertinent to violence and conflict resolution and access to critical information relevant to their welfare. Inservice training is undertaken by teachers to further their knowledge and understanding of violence and conflict and the use of non violent strategies to create peaceful learning environments. Parents also participate in a range of groupwork activities aimed at increasing their knowledge of adolescents and providing them with an opportunity to meet with other parents and share common concerns. The use of a broad inclusive definition of violence has been critical to the success of CNC. Such a definition challenges existing relationships based on domination and submission and facilitates an understanding of seeing violence as a continuum of behaviours. It also helps to educate school communities that violence is a complex issue which necessitates a critical examination of the whole school culture.

Main Achievements
Achievements of the program include: receiving a violence prevention award in 1997; the formation of a strong partnership with secondary colleges, which has been critical in the development of other important educational programs; successfully implementing the program in Diamond Valley Secondary College; becoming part of the school community and challenging the culture which can reinforce violent practices.

Barriers/Needs
Insufficient funding; Structural problems in services.

Having to apply for funding on an annual basis leads to uncertainty as to whether or not the programs will continue. Therefore planning can often be very difficult. The success of the program is based on long term partnerships. The development of training packages and programs so that schools can be equipped with the resources and skills to undertake the program. Additional monies to secure more staff. Funding periods need to be extended to a minimum of two years.

Evaluation
Internal and external evaluation.
401 Cyber Aesthetics

Description
Cyber Aesthetics is an outcome of Wingrove Cottages Psycho Aesthetics (PA) group, in turn the brain child of Doctor Daniel Kahans and is currently facilitated by Psychologist Ms Shalika Ranaweera. PA is available only to patients of Doctor Kahans, and meet 3 times a week for an hourly session. During the session attendees discuss any aspect of creative endeavour, usually of their own making. The creative endeavour ranges across poetry, performing arts, painting and singing. The class includes a wide range of patient types, especially suffers of affective disorders. Since PA begun it has had no suicides in 4 years. Both professional staff and patients of the program are taking PA to cyberspace as Cyber Aesthetics, this will be in place in a few months and open to everyone. The first chat rooms will be between Eltham, New Zealand, Canada and India.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Currently being designed.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Currently being designed.

Outcome evaluation: Currently being designed Strategic planning processes.

Contact
Wingrove Cottage Community Clinic
672–674 Main Road
Eltham VIC 3095
Phone: 03 9439 3055
Fax: 03 9439 7517
Email: yoorami@hotmail.com
Contact person: Dr Teri O’Brien, Cofounder and Organiser

402 Education: Information Dissemination, Events and Seminars

Description
Community education, community development and health promotion are three broad strategies/models which the Foundation uses in its aim to promote mental health, prevent mental illness and destigmatise mental illness.

Core activities and strategies to achieve these aims are: Mental Health Week; Telephone Information and Support Service; Mood Disorders Support Group; information dissemination; community information events; monthly public seminars and lectures.

Main Achievements
Major achievements include: increased involvement in mental health week activities by organisations, consumers, carers and members of the public; increased awareness about mental health and mental illness; input into local, state and national policy and planning for mental health promotion and mental illness prevention, intervention and treatment.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Currently being designed.

Outcome evaluation: Currently being designed Strategic planning processes.

Contact
Mental Health Foundation (Victoria)
270 Church Street
Richmond VIC 3121
Phone: 03 9427 0406
Fax: 03 9427 1294
Email: mentalh@mira.net
Contact person: Professor Graham Burrows, President

403 Getting Along

Description
The Getting Along program has developed a school based model of conflict resolution and aims to introduce a different discourse to schools that promote more peaceful ways to resolve disputes. The model uses training, groupwork and counselling to provide and enhance the skills of teachers and students, and to address family issues that are affecting young people at school. The core of the project is the development of a social and emotional skills groupwork program enabling young people to recognise, avoid and deal with conflict. Emphasis is on building young people’s strengths and skills in relation to a number of interpersonal qualities. Students are offered alternatives in how they manage conflict in their lives. Peer mediation and training for students and teachers is another important strategy utilised in this program. It is an innovative way of enabling young people in conflict to resolve their disagreements through a negotiation process that is mediated by their peers.

Main Achievements
Main Achievements include: the incorporation of the groupwork program for students into the curriculum at two
secondary colleges; establishment of a Peer Meditation Program at both colleges; successful integration of the programs into and with other school based programs offered at Berry Street; and broadening the school community knowledge about violence and conflict prevention strategies.

Barriers/Needs
Insufficient staff/time/resources.

The school communities have embraced this project because of its quality and the fact that Berry Street had already established a solid relationship. Therefore, the barriers are only related to resourcing and time. Teachers often have a multiplicity of demands; therefore, it is to be expected that timelines are not always met. However, additional staffing would assist in overcoming these hurdles.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Contact
Berry Street Inc.
Heidelberg Community Resource Centre
165 Burgundy Street
Heidelberg VIC 3084
Phone: 03 9458 5788
Fax: 03 9458 5825
Contact person: Ms Toula Filiadis, Project Worker

404
Here For Life Inc.

Description
After working 15 years with young people, Andrew Kay founded Here for Life in 1995. The organisation is staffed by part time and full time staff as well as volunteers. The council is comprised of professionals from a range of different fields who are all able to contribute to the development of the organisation. The mission of the organisation is to promote positive emotional health and wellbeing and prevent negative life outcomes for the youth of Australia. The association aims to: reduce youth suicide in Australia; and to improve the emotional health and wellbeing of youth. The objectives are: to improve community understanding and knowledge of at risk groups, detection methods, intervention strategies, and wellbeing; to mobilise local communities to be pro active in detection intervention; tp promote positive emotional health and wellbeing; to facilitate the empowerment and involvement of youth in the community; to improve peer communication among the youth of Australia; to promote a wholistic life view among youth; and to raise sufficient funds from multiple sources to cover all needs of the organisation. Currently, due to the deaths of such celebrities as Kurt Cobain and Michael Hutchence, there is a certain ‘sexiness’ about suicide amongst some youth today. For others, it is simply the last resort after a series of other options run out. The task of an organisation such as Here for Life is to curtail these perceptions about suicide and let teenagers today know that there is help available in order to combat this problem within society, and a concentrated effort is required. Here for Life has many educational programs in place to generate greater awareness in the community of the warning signs of youth suicide. However, obviously advertising, as demonstrated by such campaigns as the TAC, has the potential to play an enormous role in positioning suicide in such a way that teenagers will not view it as an option for their lives.

Main Achievements
Achievements include: education and awareness workshops with teachers and parents and other interested groups; life skills training and personal development programs with secondary students; regional projects conducted as a community wide intervention; forums, such as the inaugural Australian Youth Forum held in Canberra in 1997 and the first Australian People’s Forum on Youth Suicide advocacy and lobbying with the media and government; referral to appropriate support services; and community resource centre specialising in information about youth suicide.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

There is limited funding from State and Federal Governments. Additional funding is needed.

Evaluation
Internal and external evaluation.

Contact
Here For Life Inc.
317 Victoria Street
West Melbourne VIC 3003
Phone: 03 9329 1611
Fax: 02 9329 1565
Email: andrewkay@hereforlife.org.au
Web Address: http://www.hereforlife.org.au
Contact person: Mr Andrew Kay, Executive Director

405
Marketing Stepfamilies Work: A Course for Couples

Description
Making Stepfamilies Work is a six-session course. The course aims to: encourage an awareness of the need to forge new ways of being in a stepfamily, which demands different expectations and roles; provide participants with strategies for coping with difficult stepfarnily dynamics and relationships; promote an acceptance of each individual’s current situation no matter how complex or difficult these are; present a perspective which celebrates the viability and positives of stepfamily life.

Main Achievements
Achievements include equipping new stepfamily members with relevant skills and accurate knowledge to build sustainable relationships.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services.
The myth of the perfect family as a nuclear family leads to a sense of disqualification and invisibility of stepfamily experiences. This may lead them to isolation, despair, self-blame and into a failure inducing climate. Societal recognition of changing and complex shape of families; Adequate resourcing to minimise commonly held myths about stepfamilies and their effect on children, young people and adults may help overcome these barriers.

Evaluation
Internal evaluation.

Process evaluation: Action Research Strategic planning processes.


Contact
Stepfamily Association of Victoria Inc.
PO Box 322
Clifton Hill VIC 3068
Phone: 03 9481 1500
Fax: 03 9481 1700
Email: savic@vicnet.net.au
Contact person: Mr Steve Martin, Executive Officer

406 Mental Health Week

Description
Community education, community development and health promotion are three broad strategies/models which the Foundation uses in its aim to promote mental health, prevent mental illness and destigmatise mental illness. Core activities and strategies to achieve these aims are: Mental Health Week; Telephone Information and Support Service; Mood Disorders Support Group; information dissemination; community information events; monthly public seminars and lectures.

Main Achievements
Major achievements include: increased involvement in mental health week activities by organisations, consumers, carers and members of the public; increased awareness about mental health and mental illness; input into local, state and national policy and planning for mental health promotion and mental illness prevention, intervention and treatment.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Currently being designed.

Outcome evaluation: Currently being designed; Strategic planning processes.

Contact
Mental Health Foundation (Victoria)
270 Church Street
Richmond VIC 3121
Phone: 03 9427 0406
Fax: 03 9427 1294
Email: mentalh@mira.net
Contact person: Professor Graham Burrows, President

407 Mood Disorders Support Group

Description
Community education, community development and health promotion are three broad strategies/models which the Foundation uses in its aim to promote mental health, prevent mental illness and destigmatise mental illness. Core activities and strategies to achieve these aims are: Mental Health Week; Telephone Information and Support Service; Mood Disorders Support Group; information dissemination; community information events; monthly public seminars and lectures.

Main Achievements
Major achievements include: increased involvement in mental health week activities by organisations, consumers, carers and members of the public; increased awareness about mental health and mental illness; input into local, state and national policy and planning for mental health promotion and mental illness prevention, intervention and treatment.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Currently being designed.

Outcome evaluation: Currently being designed; Strategic planning processes.

Contact
Mental Health Foundation (Victoria)
270 Church Street
Richmond VIC 3121
Phone: 03 9427 0406
Fax: 03 9427 1294
Email: mentalh@mira.net
Contact person: Professor Graham Burrows, President

408 Oakleigh Youth Resource Centre

Description
The Oakleigh Youth Resource Centre has been operating since 1989 providing a range of formation, education, employment and recreation programs as well as individual support to young people and families within the Oakleigh area. The centre now services a geographical area, so
acknowledging the importance of networks and working closely with other service providers to ensure delivery is appropriate, efficient and effective. The centre operates as a one stop shop, offering a range of programs and activities that cater for both the immediate welfare needs of the areas disadvantaged and homeless young people, and the more long term needs of this group and other local young people. The service aims to be both preventative and reactive in meeting the needs of local young people, and is particularly concerned about and attuned to the needs of the areas most disadvantaged young people; in a sensitive and appropriate manner. Disadvantaged and homeless young people are assisted with both individual support and encouragement to participate in some of the group activities of the centre; mixing with a wider group of young people, learning appropriate ways of handling everyday living situations or problems. In these group activities, all young people are treated the same, and are expected to adopt reasonable norms of social behaviour. The service aims: to provide practical, effective assistance to unemployed and homeless young people to ensure their safety and security, and encourage their financial dependence; to provide crisis support to homeless young people, disadvantaged young people and victims of abuse; to provide an environment which values young people; and actively encourages their involvement in planning, organisation and running of the centre; to provide a range of educational and vocational training programs; to develop programs that are preventative in nature and meet and fill gaps in local youth and family needs; to provide a range of programs and services that directly reflect local youth needs. These programs and services are offered to all local young people, with special emphasis on programs that directly assist and support Oakleigh’s most disadvantaged; to foster in young people a positive sense of self esteem, and assist them to develop appropriate life skills which will allow them to become valued and productive members of their local community; to work in conjunction with to work in conjunction with local council and other local community agencies to ensure that local youth needs are met in a co-ordinated and efficient manner, maximizing both physical and human resources. Sharing of physical resources to minimise cost; to ensure that programs are accessible to all young people, particularly young women and young people from non-English speaking background; to support and encourage families to be actively involved in all aspects of their young peoples lives via it’s programs. Particularly, support is given to parents where young people are exhibiting anti-social or at risk behaviour.

Main Achievements

The development of a one stop shop for young people and their families. This enables the community to access a range of services from the one building, with people they trust and have built rapport with. This one stop shop approach also allows young people to take greater ownership of the centre and avoids them travelling to get the services required.

Barriers/Needs

Insufficient funding.

The service has been operating on the same amount of funds for many years. With the redevelopment of youth services taking place and in order for us to grow and increase the professionalism of the service we need a greater amount of funding for staffing, information technology.

More funds need to be put into smaller community based local services. Such services are more often the first point of call for community members who need information, and support. Such organisations are also a great way for the community to take ownership for its needs.

Evaluation

Internal and external evaluation.

Outcome evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact

Oakleigh Youth Resource Centre
PO Box 266
Oakleigh VIC 3166
Phone: 03 9569 0877
Fax: 03 9569 0877
Email: oyrc@infoxchange.net.au
Contact person: Ms Rachael Saade, Coordinator

409 Resilient Kids on Track through Optimism, Coping Skills and Personal Mastery

Description

Resilient Kids is a CD Rom program for primary and secondary students. It consists of lesson plans, discussion guides, prepared worksheets and computer based interactive activities for class and home. Resilient Kids, explores the key concept of encountering disappointment and thinking and acting positively. Through classroom and at home activities, students will be helped to develop the ability to confidently manage the set backs and failures that are part of growing up. By involving teachers and parents in complimentary activities, the whole school community can work together to encourage young people to adopt a more optimistic outlook while learning specific social and problem solving skills. They will learn how to strengthen their coping mechanisms and build a positive lifestyle. Resilient Kids, is designed for both individual and classroom application through the use of student workshops and interactive activities. It is suggested that the CD Rom stay in the classroom so that individual students, as designated by the teacher, may use specific interactive activities as valuable reinforcement to whole class work. For upper secondary students with a more pressured timetable, the program is structured for use in senior camp or retreat situations, or for home room/individual application.

Main Achievements

The program is too new in order to determine its achievements.

Barriers/Needs

Insufficient funding; Insufficient staff/time/resources.

A limited budget means that the agency does not even have staff available to make time consuming applications for funding which are more often than not unsuccessful. Greater government assistance to non profit organisations in accessing available funds. Less bureaucracy and red tape would free up staff to do the work for which they are trained.
School Focus Youth Service

Description
The School Focused Youth Service is a joint initiative between the Department of Education and the Department of Human Services. The aim is to encourage collaboration between the youth sector and schools in the community to enhance their responsiveness to the needs of young people, and to identify current gaps in service availability. The target group is 10 to 18 year olds who are at risk of developing behaviours that make them vulnerable to suicide, attempted suicide, or who are displaying behaviours which require support and intervention.

Contact
Kildonan Child and Family Services
10 Ruthven Crescent
Lalor VIC 3075
Phone: 03 9465 8122
Fax: 03 9464 1165
Email: varchdall@lalor.kcfs.org.au
Contact person: Ms Vivienne Archdall, Coordinator
School Focused Youth Services

School Focused Youth Service Program

Description
The School Focused Youth Service Program aims to connect young people at risk with community agencies. Also, to connect schools and community agencies. The Program aims to provide a more preventative focus. Brokerage funds ($50,000 per annum) will be used to help fill service gaps that have been identified in the community.

Main Achievements
The program has achieved acceptance by schools and community agencies. It has also successfully identified gaps in service delivery in the rural sector.

Evaluation
External evaluation.

Contact
Wonthaggi and District Hospital
Davey House Family Resource Centre
Graham Street
Wonthaggi VIC 3995
Phone: 03 5671 3278
Fax: 03 5671 3378
Contact person: Ms Margaret Wheeler, Coordinator

School Focused Youth Service – Merri 2 Cluster

Description
The aim of the School Focused Youth Service is to develop an integrated service response for young people who are at risk of developing behaviours that may make them vulnerable to self harm, suicide and attempted suicide, or who are displaying behaviours which require support and intervention. The major objectives of the Service are to: establish collaborative structures and mechanisms between schools and the relevant youth and community services which support young people; 2. Provide linkages for agencies and schools which have a client base of young people and which directly support young people; 3. Improve linkages, cohesiveness and integration of service provision for young people displaying ‘at risk’ behaviours who require support and intervention; 4. Purchase services to meet gaps in the current service system as identified at the local level. The service focuses on the development of a range of preventative and early intervention strategies to ensure that young people receive appropriate and timely support. These strategies are designed to enhance the resilience and connectedness of young people within their family, school and community context.

Main Achievements
Establishment phase achievements include: formation of facilitation networks; design of communications strategy (across and within local, regional and statewide structures); intersectoral collaboration; establishment of methodologies, for example, service mapping and needs analysis; building of key worker relationships.

Barriers/Needs
It is too early in the development of the project to accurately identify significant barriers.

Evaluation
External evaluation.

Process evaluation: Currently being designed; Action Research.
Impact evaluation: Currently being designed; Mapping and tracking of service linkages, service provision, qualitative and quantitative data collection, and worker processes.
Outcome evaluation: Currently being designed; Systems development monitoring, good practice development, and outcomes for young people and families.

Contact
Berry Street Inc.
Heidelberg Community Resource Centre
165 Burgundy Street
Heidelberg VIC 3084
Phone: 03 9458 5788
Fax: 03 9458 5825
Email: gspillane@berrystreet.org.au
Contact person: Mr Geoff Spillane, School Focused Youth Service Coordinator
413
Stepping Out Program

Description
The Stepping Out program is a joint project of Child and Family Services, Ballarat and the Ballarat Secondary College, Wendouree Campus and has been in operation for five years. The program is based on the school premises. The program has an early intervention focus and includes: casework; group work with young people; group work with parents/carers; professional development with teachers; liaison between the school and agencies; referral to agencies; and community development. The program follows best practice in that it takes an early intervention, holistic approach involving all aspects which impact on the life of a young person. By locating part of the agency within the school, the clash of the education and welfare cultures has been minimized. Stepping Out offers many programs to promote student and family connectedness in collaboration between the agency and the school and genuine efforts are being made at regional level in both State Government departments to ensure that what has been learned is expanded into the wider education/human services area.

Main Achievements
Main Achievements of the program include: selection as an Exemplary Practice Model in the Provision of Services to Adolescents by the Victorian Department of Human Services; cultural shift within the school; high rate of self-referral by young people and their parents/carers because of positive word of mouth.

Barriers/Needs
Insufficient funding; Culture clash between education and welfare; Pilot program – three evaluations in three years; Funded yearly.

Evaluation
There is a difference in the culture, language and ethics of the education and welfare sectors. There is much care and good will necessary to achieve genuine, effective collaboration. Time is wasted on the evaluation of service provision. Time is wasted on submission writing and long term program planning is impossible. Need to use people with an intimate knowledge of both sectors to liaise, anticipate potential problems, to translate and interpret. Use external, non intrusive evaluation. Need to negotiate with funding bodies to share information rather than evaluate again. Need three year funding cycles to be guaranteed rather than establish program, monitor and evaluate, submit written report, halt/interrupt service each year.

Contact
Child and Family Services Ballarat
Ballarat Secondary College Wendouree Campus
C/- 115 Lydiard Street North
Ballarat VIC 3350
Phone: 03 5332 1434
Fax: 03 5332 1724
Contact person: Ms Jennifer Coish

414
Telephone Information and Support Service

Description
Community education, community development and health promotion are three broad strategies/models which the Foundation uses in its aim to promote mental health, prevent mental illness and destigmatise mental illness. Core activities and strategies to achieve these aims are: Mental Health Week; Telephone Information and Support Service; Mood Disorders Support Group; information dissemination; community information events; monthly public seminars and lectures.

Main Achievements
Major achievements include: increased involvement in mental health week activities by organisations, consumers, carers and members of the public; increased awareness about mental health and mental illness; input into local, state and national policy and planning for mental health promotion and mental illness prevention, intervention and treatment.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Currently being designed.

Outcome evaluation: Currently being designed; Strategic planning processes.

Contact
Mental Health Foundation (Victoria)
270 Church Street
Richmond VIC 3121
Phone: 03 9427 0406
Fax: 03 9427 1294
Email: mentalh@rnira.net
Contact person: Professor Graham Burrows, President

415
Walk Against Youth Suicide (WAYS)

Description
The Walk Against Youth Suicide (WAYS) is held to raise community awareness of suicide. Walkers only pay an entry fee or collect sponsorship. Money raised is donated to community groups who work directly with youth in the local community or used to fund activities for youth.

Main Achievements
Achievements of the project include: awareness of suicide within the community was raised; large participation rate; money raised goes to local community groups.

Barriers/Needs
Attitudes of service providers; Lack of community interest.
Many service providers felt that concerned citizens had no place getting involved in the issue of youth suicide when they had no formal training. Need to work and liaise with service providers.

Contact
Portland and District Youth Association (PADYA)
PO Box 533
Portland VIC 3305
Phone: 03 5521 8113
Fax: 03 5523 6114
Contact person: Mrs Anne Barrett, President

Counselling Service

416 Counselling Service

Description
The Counselling Service offers ongoing counselling for individuals is offered around personal issues such as: anxiety or panic disorders; family violence; grief and loss; relationship breakdown; parenting; childhood abuse.

Main Achievements
The main achievement of Family Services is the consistent ability to meet the wide range of needs experienced by families and individuals within the Shire of Melton. For a service with a team of four it is able to provide an accessible and flexible response.

Barriers/Needs
Insufficient staff/time/resources.
There is a team of only four to cover the whole of the Melton Shire. Lobby for increased funding to provide outreach services in the Shire of Melton.

Evaluation
Internal and external evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

Contact
Family Services
Melton Shire Council
232 High Street
Melton VIC 3337
Phone: 03 9747 7200
Fax: 03 9747 7368
Contact person: Ms Tamara White, Family Services Team Leader

417 Suicide Prevention Counselling Using the Internet

Description
This is a project to develop a legal and ethical framework for the provision of counselling and support services online, with specific emphasis on suicide prevention. The framework is to be expressed in an easy to use handbook or toolkit which can be adapted to existing crisis counselling services. The project involves retaining a consultancy comprising lawyers and relevant ethics experts to advise on potential liability and other hazards in offering counselling services in suicide prevention. It will also highlight any potential areas for law reform and comment on the final forms that service delivery models could take. The implementation phase will be left largely to counselling organisations themselves, which have been closely involved with construction of the product. The handbook will be made available to any organisation with an interest in offering counselling and/or support over the internet or by email.

Barriers/Needs
Ethical problems; Legal issues.
Ethical issues: the project involves the appointment of an ethicist to advise on threshold ethical issues such as whether suicide prevention counselling should be offered at all, or to what extent, online. Legal issues: lawyers will need to be retained to resolve issues of potential liability for online counselling services and suggest approaches to service provision which minimise risks. The project is established solely to overcome barriers to online service provision. There are no significant barriers to obtaining relevant advice to address these issues.

Contact
Multimedia Victoria
Department of State Development
Level 10, 55 Collins Street
Melbourne VIC 3000
Phone: 03 9651 9065
Fax: 03 9651 8031
Email: michael.hudson@mmv.vic.gov.au
Contact person: Mr Michael Hudson, Project Manager

418 Wavecare Counselling Service

Description
Wavecare offers professional counselling to individuals, couples and families. It also provides personal development programs for all members within the City of Monash. Wavecare’s personal development programs are facilitated by professional staff and include: self esteem and assertiveness; stress management; parenting skills; motivation and goal setting (issues around returning to study of the workplace); communication skills; conflict resolution; and anxiety and phobia management.

Main Achievements
Achievements include the provision of an affordable, accessible -- General counselling service which is widely used by the community. It provides after hours service in response to demand. Major achievements lie in a demand for service (consistently high) and prevention of further personal and family disruption through timely intervention.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources
Service is limited by funding; waiting list could be reduced if there was additional funding to provide more
Evaluation

Internal evaluation.

Process evaluation: Quality assurance methods; Descriptive statistics about clients.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

Outcome evaluation: Action Research

Contact

Wavecare Counselling Service
155 Coleman Parade
Glen Waverley VIC 3150
Phone: 03 9560 6722
Fax: 03 9560 6861
Contact person: Ms Carol Kloober, Coordinator, Professional Practice

Drug/Alcohol Service

419
Assessment, Counselling, Support and Withdrawal Services

Description

Moreland Hall does not have a specific Youth Suicide Prevention Program. However, many clients have had previous suicide attempts and often present in crisis. Suicide risk assessment is part of the centre’s specialist drug and alcohol assessment, particularly for clients wanting withdrawal support (residential or non residential). The centre’s counselling and support services also work with clients in crisis, including suicide. However, there are times when the centre is not able to provide the secure environment required (physically or legally) in order to detain someone who is at risk of suicide and needs withdrawal support.

Main Achievements

The centre supports clients in crisis and offers services to young people with drug and alcohol problems, including drug withdrawal.

Barriers/Needs

Lack of backup services; Structural problems in services; Insufficient staff/time/resources.

Because there is not a specific, funded youth suicide program, it is often difficult to dedicate staff/resources to support these young people. There is a gap in service provision for people with a dual drug and alcohol/psychiatric problem. A specific withdrawal support program is required for people with both a psychiatric problem, including depression and personality disorders, and drug and alcohol problems. People at risk of suicide are often excluded from both of these services. Crisis support and management is an issue for drug intoxicated people.

Contact

Moreland Hall
Alcohol and Drug Centre
26 Jessie Street
Moreland VIC 3058
Phone: 03 9386 2876
Fax: 03 9383 6705
Email: progman@morelandhall.aust.com
Contact person: Ms Janet Farrow, Executive Director

Family/Parent/Children’s Service

420
Living Works: First Aid for Suicide Intervention

Description

Living Works is a two day training workshop to assist workers and parents identify behaviour leading to depression or an attempt to harm oneself. The ultimate aim is to combine carers, professionals and supports for young people in one group to devise a Disaster Plan in order: to assist those people who have attempted suicide; to help those people cope with the grief and loss associated with a successful attempt; to provide a greater appreciation of self harming behaviour; to assist young men with a greater ability to cope with depression and an inability to manage peer issues; and to enhance the links in those services assisting young people, rather than having workers coping in isolation.

Main Achievements

The program will be implemented in May. Previous experience with Living Works workshops in Echuca has seen the development of integrated approaches from Local Government, the Education Department and churches supporting young people prior/post suicidal experience. Furthermore, the incidence of ‘copy cat’ suicides have decreased.

Barriers/Needs

Insufficient funding; Lack of backup services; Other: there are few workers who have access to money for professional development or the time to spend in two day workshops.

Rural communities are separated by distance as well as attitude. It is hard to find the right location to offer suicide intervention and support to maximise the benefit. It would be of great benefit to offer additional training and support to more communities rather than attempting to reach all communities in a one off attempt. Each community among local government areas has its own demographic make up with different diversity, personality and sector of wealth. This area relies on Human Services support heavily as there is little money for services for young people from local government. As a result young people often miss out.

Evaluation

Internal evaluation.

Process evaluation: Action Research.
Personal Safety: a Protective Behaviours Program

Description
The program aims to empower all people to feel safe in all situations. The program aims to develop people who respect their own and other's rights. These aims are achieved through: training; education; networking; community development. The rationale behind the program is that everyone has the right to feel safe all the time. In the ideal world all adults would be responsible for children and their safety, however this is not the case and so this program provides skills and strategies for everyone to be able to identify and act on their feelings in any situation. Intervention strategies include: role modelling; brainstorming; empowering language; identification and use of helpful self talk; persisting and taking action; the use of networks; and the Protection of Innocence.

Main Achievements
The main achievements of the program are: the amalgamation of two smaller programs into a coordinated and focused program; introducing the program into Fiji and training Fijian workers in Australia to take back the skills to enable the program to continue in their home country; giving individuals the opportunity to experience the strategies and philosophies of the program prior to introducing it to their clientele.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Lack of community interest; Denial of problems by the community. Services work in isolation. Funding restrictions. Services overworked and unwilling to take anything else on, for example, training. Community in denial about abuse/suicide being an issue.

Statewide promotion of the program, and how it fits in with research and thinking about resilience, protective factors and keeping safe. Support through funding body for a new statewide evaluation.

Evaluation
Internal evaluation.

Sexual Abuse Counselling and Prevention Program

Description
This service is available to children and young people up to the age of 18 who have been sexually abused. Services are also provided to non offending parents and caregivers. Referrals will be accepted from residents of the cities of Darebin, Yarra, Banyule, Whittlesea, the Shire of Nillumbik and in some cases the Cities of Hume and Moreland. Services provided include: assessment; individual counselling; family counselling; groupwork for children, young people and parents/caregivers; assistance with the legal system; community and professional education.

Main Achievements
Evaluation shows that counselling has reduced trauma symptoms and behavioural problems for victims of sexual abuse, with reduced depression and anxiety. The adolescent sex offenders who have completed the entire groupwork program have shown reduced symptoms and behavioural problems such as anger and aggression, psychosomatic complaints and none have re offended sexually according to self reports, parental reports and police records.

Barriers/Needs
Insufficient funding; Attitudes of service providers.
There initially was some reluctance about the merits of working with young sex offenders in the context of working with victims of sexual abuse. The victims were very much in favour of the perpetrator being held accountable especially in the case of sibling incest. Barriers were overcome by consulting widely with key stakeholders, referrers, child protection workers, and with sexual assault services being open and honest about their philosophy and intentions for service delivery. It was found to be important to share practice wisdom and evaluation results, and to hold public meetings to answer questions.

Evaluation
Internal evaluation.

Outcome evaluation: Descriptive statistics about clients; Qualitative methods.

Contact
Children's Protection Society
204 Broadway
Reservoir VIC 3075
Phone: 03 9460 2811
Fax: 03 9460 3244
Email: 8fd@hotkey.net.au
Contact person: Ms Pat Jewell, Manager Parenting and Prevention
Youth Suicide Prevention National Stocktake 1999

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The Shed Programme

Description
The objectives of The Shed program are to provide an environment for young males 12-16 years to form friendships and gain a positive identity, confidence and build on self esteem. Also, to provide a safe and secure environment out of school/after school. The rationale behind the program is that a program for youth would be a positive approach with practical and creative outcomes.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources. The program has evolved from community need and is not a specifically funded program. Staff are balancing workloads to provide an important service.

To increase community involvement and participation; To seek patronage of an organisation/business, to assist in promotion of the services; To continue to lobby local Members of Parliament both State and Federal, in order to ensure government awareness of the realities in the community.

Evaluation
Internal evaluation
Outcome evaluation: Currently being designed.

Contact
Anglicare Family Services
1161 Point Nepean Road
Rosebud VIC 3939
Phone: 03 5982 2586
Fax: 03 5986 5470
Contact person: Ms Sue Boggan, Team Leader

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The Shop Programme

Description
The objectives of The Shop program are: to provide an environment for adolescent mothers to meet and establish friendship networks; to discover ways of parenting and mothering their children, importantly, how to play; for young mothers to explore and discover their own identity and to build on their own strengths and confidence. The rationale of the Shop program is based on the fact that the majority of young single parents presenting at the agency have no extended family and live in isolated conditions and the age range of parents is 15-24 years. Presenting identifying factors of this client base are: homelessness; have lived in institutions; received little or poor parenting as children; are victims of abuse/neglect.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources. The program has evolved from community need and is not a specifically funded program. Staff are balancing workloads to provide an important service.

To increase community involvement and participation; To seek patronage of an organisation/business, to assist in promotion of the services; To continue to lobby local Members of Parliament both State and Federal, in order to ensure government awareness of the realities in the community.

Evaluation
Internal evaluation

Contact
Dandenong Division of General Practice
PO Box 478
Dandenong VIC 3175
Phone: 0412 563 660
Fax: 03 9793 4050
Email: cimo@bigpond.com
Contact person: Ms Meredith Ciddor, Project Worker
Harm Minimisation Project

Description
Harm Minimisation, with particular reference to Adolescent Substance Abuse, was identified by the Division’s Needs Assessment as a priority issue. This program focuses on key harm minimisation issues from a General Practitioner's perspective. The outcomes identified reflect the need of General Practitioners to achieve effective collaboration with other service providers and to seek innovative solutions to complex health and social problems. The Harm Minimisation Project has two strategies: to research and trial General Practitioner service delivery models addressing substance abuse and adolescent health; and to establish protocols between General Practitioners and other service providers in the mental health system to ensure continuity of quality patient care. The goal of the Harm Minimisation Project is to respond to identified community needs and deliver high quality patient care.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Evaluation
External evaluation.

Process evaluation: Other quantitative methods.

Impact evaluation: Qualitative methods; Measurement of clinical outcomes.

Contact
Murray Plains Division of General Practice
PO Box 459
Cohuna VIC 3568
Phone: 03 5456 4086
Fax: 03 5456 4087
Email: manager@mpdgp.com.au
Web Address: http://www.medicineau.net.au/murrayplains/home/
Contact person: Mr Gareth Johnson, Manager

Government – Commonwealth

Progress Group

Description
The aim of the Progress Group is to help young people who have disabilities find employment. The rationale behind the program is that group members meet weekly for seven weeks and participate in a structured program of activities. The activities focus on helping young people become more ready for work. The topics covered are: self esteem; motivation; resume writing; and active job seeking. The group also has a work experience component where members complete two to eight weeks work experience in an area of their choice. The group aims to generate activity amongst unemployed young people and encourage them to see that they can make positive changes in their lives.

Main Achievements
The program has achieved the following: it helps the young people see that other people have problems and that they also feel isolated; it connects young people with a service that can help; the young people move onto other programs; the young people gain confidence and find jobs.

Barriers/Needs
Insufficient staff/time/resources.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Commonwealth Rehabilitation Service
PO Box 1748
Shepparton VIC 3630
Phone: 03 5831 1533
Fax: 03 5831 1345
Email: helene.kendall@crsrehab.gov.au
Contact person: Ms Helene Kendall, Case Manager

Case Management Program

Description
This program involves one on one support, counselling and advocacy. As generalist Youth Workers we offer short to medium term support and further referral (if necessary). The aims are to promote resiliency, support systems and to redevelop positive work, education, training and social activities as options for the future. Our style is to be available as positive role models with the aim to encourage young people to develop their own life aims and strengths to attain these.

Main Achievements
Main achievement is providing young people with a strong sense of their support systems, both internal and external, so that they do not feel so isolated or helpless. Also, ensuring that young people are linked into positive activities such as school, work, training, social, etc.

Barriers/Needs
Lack of backup services. Some people slip through the system and there are not enough services that support them, for example, appropriate training/learning options for those who do not fit into school and are not of school leaving age.

More ‘bridging’ style programs for young people younger than 15, who need specialised assistance in learning literacy and numeracy skills, social support and job preparation.

Evaluation
External evaluation.
Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Youth Services
City of Greater Bendigo
'Care on Mundy', PO Box 733
Bendigo VIC 3552
Phone: 03 5435 6434
Fax: 03 5434 6401
Email: c.nunan@bendigo.vic.gov.au
Contact person: Ms Cassy Nunan, Youth Development Officer

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Duty System

Description
The Duty System operates as a point of contact for: intake; assessment; crisis intervention; information; and referral. Appointments are available daily. There are four set appointments each morning so that people can book in but extra times can be negotiated with the duty worker. Duty appointments provide easy access to trained staff who can assist parents and/or young people with advocacy around issues associated with Centrelink, schools, utilities, mental health services, government departments. It also provides crisis counselling or assessment for family and individual issues including: family violence; relationship or family breakdown; child abuse; sexual assault or incest; communication; and parenting. Financial assistance at the minimal rate of $10.00 per person in the family, or $20.00 for young people living independently is available. Due to the limited amount of funds available financial assistance can only be accessed every six months.

Main Achievements
The main achievement of Family Services is the consistent ability to meet the wide range of needs experienced by families and individuals within the Shire of Melton. For a service with a team of four it is able to provide an accessible and flexible response.

Barriers/Needs
Insufficient staff/time/resources.

There is a team of only four to cover the whole of the Melton Shire. Lobby for increased funding to provide outreach services in the Shire of Melton.

Evaluation
Internal and external evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

Contact
Family Services
Melton Shire Council
232 High Street
Melton VIC 3337
Phone: 03 9747 7200
Fax: 03 9747 7368
Contact person: Ms Tamara White, Family Services Team Leader

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Family Therapy

Description
The Family Therapy service offers intensive therapy around family issues such as: family violence; parenting; communication; stereotyping; separation; divorce; grief and loss; step or blended family issues.

Main Achievements
The main achievement of Family Services is the consistent ability to meet the wide range of needs experienced by families and individuals within the Shire of Melton. For a service with a team of four it is able to provide an accessible and flexible response.

Barriers/Needs
Insufficient staff/time/resources.

There is a team of only four to cover the whole of the Melton Shire. Lobby for increased funding to provide outreach services in the Shire of Melton.

Evaluation
Internal and external evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

Contact
Family Services
Melton Shire Council
232 High Street
Melton VIC 3337
Phone: 03 9747 7200
Fax: 03 9747 7368
Contact person: Ms Tamara White, Family Services Team Leader

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High Wire Circus

Description
The HIGH wire Circus is a physical theatre performance group which assists young people to develop skills in trapeze, juggling, drama, acrobatics and more. The Circus aims to: provide 'at risk' young people with opportunities to participate in interactive activities that have an element of risk but are conducted in a safe, supportive environment; facilitate activities which promote participation, self-esteem and communication; provide young people with a social environment in which they can develop meaningful relationships with peers and adult coordinators, including police and youth workers; empower young people to make life choices; link young people into social and community networks.

Main Achievements
The following outcomes have been observed: the development of positive relationships between young people aged 10–21 years from different schools and backgrounds; the formation of meaningful relationships between young people and youth workers, resulting in young people with issues approaching youth workers for assistance; an increase
in the self-confidence and self-esteem of participants; development of stronger connections between young people, their families and the local community; learning of production and performance skills by young people.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines.

The High Wire circus needs additional funds to employ workers to assist with the implementation of a second group. External funding could be sourced from service clubs and trusts. However, recent contact with service clubs has indicated a growing concern that service clubs are being expected to meet the shortfall of Department funded initiatives, such as the School Focused Youth Service.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Melton Shire Council Youth Services
PO Box 21
Melton VIC 3337
Phone: 03 9747 7337
Fax: 03 9743 9970
Email: melanid@melton.vic.gov.au
Web Address: http://www.melton.vic.gov.au
Contact person: Mrs Melanie Doherty, Youth Services Team Leader

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Personal Development Programs for Young People

Description
Personal Development Programs for Young People offers a range of programs. These include: a program for first time offenders; anger management skills; and stress management. A drug and alcohol education awareness program is currently being developed.

Main Achievements
Achievements of the programs include: providing an accessible contact/referral point for young people, parents and schools; being available days/evenings and some weekends; taking services out to where young people are living and recreating.

Barriers/Needs
Lack of backup services; Waiting lists at referral agencies; Geographical distance between services and service areas. Some services can only take clients from a particular geographic area. Clients may live half an hour from an agency and the distance is a barrier. Waiting lists have been up to 8 months for non-crisis clients at one agency – during this time issues often compound into a crisis situation.

More services in high population growth areas. At least one appointment for all clients, not put them on a waiting list until the situation becomes critical.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
City of Casey Youth Services
PO Box 1000
Narre Warren VIC 3805
Phone: 03 9705 5200
Fax: 03 9705 5447
Email: jgreen@casey.vic.gov.au
Web Address: http://www.casey.vic.gov.au
Contact person: Ms Janette Green, Team Leader – Youth Services
Rural Suicide Prevention Strategy Group

Description
The Rural Suicide Prevention Strategy Group is currently working on: organising Life Line workshops; producing a pamphlet titled Coping with Stress in our Rural Communities; and assisting in the establishment of the Casterton Youth Centre, which is due to open in July 1999.

Main Achievements
Achievements of the program include: recognition and support of community/school involvement; networking of groups; and youth participation.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Short time lines.

Time is spent on looking for funding which could be more effectively spent on project work. Networking with a range of different organisations is often difficult. The community are not aware or choose to ignore issues that effect youth, especially youth suicide prevention. The project needs to promote, advertise, and educate the community about youth issues and the services available. Proactive youth are needed in the community, to encourage the community to support and to get involved with youth issues.

Evaluation
Internal evaluation.

Outcome evaluation: Action Research; Non experimental repeated measures design.

Contact
Glenelg Shire
PO Box 152
Portland VIC 3305
Phone: 03 5522 2326
Fax: 03 5522 2290
Email: jmarston@glenelg.vic.gov.au
Contact person: Ms Jayne Marston, Youth Services Officer

School Focused Youth Service (SFYS)

Description
The aims of the School Focused Youth Service are: to develop an integrated service response for young people who are at risk of developing behaviours that make them vulnerable to self harm, or who are developing behaviours which require support and intervention; to extend existing partnerships between schools and community service agencies; and to support young people and their families, where necessary, by providing limited funds to assist in the delivery of relevant services that address young people’s needs. Objectives of the School Focused Youth Service are: to establish collaborative structures and mechanisms between schools and the relevant youth services and community services which support young people, including welfare, health and mental health services; to provide linkages, cohesiveness and integration of service provision for young people developing at risk behaviours which require support and intervention; and to purchase services to meet gaps in the current service system as identified at the local level.

Main Achievements
The School Focused Youth Service has been operating for only four months in the Cities of Maroondah and Manningham. Part of that time has been while schools have been closed over December/January, and while they have been settling into a new school year. Another limiting factor at this point in time is that brokerage funds have not yet been allocated. The effectiveness of primary prevention programs cannot therefore be assessed. It is anticipated that there will be increased awareness and program activity during terms two and three of the current school year. Significant networking has been undertaken with both schools and community services agencies to raise awareness of the needs of young people. Information gathering, analysis and dissemination have been a major part of the work to date, and this will be refined and extended over the term of the project.

Evaluation
External evaluation.

Contact
Maroondah City Council
PO Box 156
Ringwood VIC 3136
Phone: 03 9871 0242
Fax: 03 9879 3534
Email: semloh@ozemail.com.au
Contact person: Mr George Holmes, SFYS Coordinator

School Focused Youth Service

Description
The objectives of the School Focused Youth Service are to: establish collaborative structures and mechanisms between school and the relevant youth services and community services which support young people; provide linkages for agencies and schools which have a client base of young people and directly support young people; improve linkages, cohesiveness and integration of service provision for young people displaying ‘at risk’ behaviours who require support and intervention; purchase services to meet gaps in the current service system as identified at the local level. The aim of the School Focused Youth Service is to develop an integrated service response for young people who are at risk of developing behaviour that may make them vulnerable to self harm, suicide and attempted suicide or who are displaying behaviours which require support and intervention.

Main Achievements
Main Achievements of the Service are: breaking down of barriers/needs; establish collaborative structures and mechanisms between school and the relevant youth services and agencies; and some protocol and policy development between schools and agencies. The main thing that has been learned...
is that it will be a long process in changing the general way in which schools respond to young people at risk — for example, calling in agencies at crisis stage rather than working collaboratively at the early intervention/prevention stage.

**Barriers/Needs**
Processes/strategies — length of time in being able to ‘show’ results.
Re-educating or changing the way schools and agencies traditionally operate is a long process. Results tend to be long term rather than short term, proactive instead of reactive. Therefore, service can often be perceived as not achieving much. Strategies have been developed/implemented to assist, including: promotion of what the service is; policy on brokerage is currently being developed; there is a brochure clearly outlining service aims and objectives and the worker’s role; face to face contact with all schools and agencies.

**Evaluation**
Internal and external evaluation.

**Impact evaluation:** Monitoring through routine documentation; Other quantitative methods.

**Contact**
Mildura Rural City Council
PO Box 105
Mildura VIC 3500
Phone: 03 5021 1750
Fax: 03 5021 1283
Email: jillj@mildura.vic.gov.au
Contact person: Mrs Jill Joslyn, Coordinator

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The role of the School Focused Youth Service is to create linkages and coordination between schools and the relevant youth and community services. Most schools appear to be aware of services but the delays in availability of services is inadequate with, for example, a three month wait for counselling. Increased funding to services to account for the increased need. Where risk factors exist which increase the risk of suicide, attempted suicide or other behaviours requiring support, it is vital that services are not only physically available but actually available within a realistic and appropriate time frame.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Monitoring through routine documentation; Currently being designed.

**Impact evaluation:** Currently being designed.

**Outcome evaluation:** Currently being designed.

**Contact**
Hobsons Bay City Council/Wyndham City Council
Corner Railway Avenue and Crown Street
Laverton VIC 3028
Phone: 03 9932 3012
Fax: 03 9932 3008
Contact person: Ms Rosaleen Chappell, School Focused Youth Services Coordinator

### 437
**School Focused Youth Service**

**Description**
The aim of the School Focused Youth Service (SFYS) is to develop an integrated service response for young people who are at risk of developing behaviours which may make them vulnerable to suicide, attempted suicide or who are displaying behaviours that require support and intervention. The objectives are to: purchase services to meet gaps in the current service system as identified at the local level; establish collaborative structures and mechanisms between schools and the relevant youth and community services which support young people, including welfare, health and mental health agencies; provide coordination between agencies which have a client base of young people and which directly support young people; and improve links and integration of service provision for young people displaying at risk behaviours who require support and intervention.

**Main Achievements**
As this is a relatively new program, (commenced 11/1/99), the achievements thus far are limited. Some of the achievements to date include: networking with community agencies and schools; presentations and information dissemination; commencement of service mapping; and needs identification.

**Barriers/Needs**
Lack of backup services; Insufficient funding.

The School Focused Youth Service (SFYS) is a three year joint initiative by the Department of Education and Human Services in response to increasing incidence of youth suicide in Australia. The initiative aims to reduce the number of young people at risk of suicide and other risk taking behaviours through the coordination of current support services into schools to prevent young people from falling through the gaps in the service system. The Glen Eira, Port Phillip and Stonnington SFYS is not a direct service and works from a systemic basis, developing systems in consultation with the community. The SFYS targets schools and agencies dealing with young people aged 10-18 years and aims to: improve the links and working relationships between agencies and schools; and create a supportive community network which caters for the needs of young people in the community.

**Main Achievements**
Anticipated benefits of the School Focused Youth Service include: improved links and working relationships between agencies and schools; the creation of a supportive community network which caters for the needs of young people in the community.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Short time lines.

It would appear that the School Focused Youth Service project requires funding specifically for the needs analysis component of each project area in order to respond to the...
needs and issues of the schools and agencies. External funding could be sourced from service clubs and trusts.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Action Research; Monitoring through routine documentation.

**Contact**
City of Glen Eira
Youth Services
PO Box 42
Caulfield South VIC 3162
Phone: 03 9524 3321
Fax: 03 9523 0339
Email: j.belyea@gleneira.vic.au
Contact person: Ms Jodie Belyea, Youth Services Coordinator

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### 439 Schools Programs

**Description**
This project involves facilitation of two school programs: Behaviour (Anger) Management and Personal Development. The aims are to provide an environment for young people to learn to recognise their personal strengths, and a sense of identity and place in the world. The programs provide activities which enhance communication skills, support systems, understanding of self and others, problem solving skills and techniques to manage inappropriate ways of communicating. The rationale is to enhance resiliency factors and promote a supportive peer group, through group activities and personal reflection opportunities.

**Main Achievements**
Though the program has no formal methods in place, communication is maintained with schools and information regularly gathered that the young people who have attended the programs display increased self esteem, more confidence in socialising, more able to control temper, less socially isolated and more aware of support systems.

**Barriers/Needs**
Insufficient funding; Short time lines; Lack of a follow up service.

Schools tend to have very limited resources and staffing when it comes to addressing the personal, mental health and social needs of students. It is the responsibility of external services to provide this and there are few such services. More of a supportive infrastructure in schools is needed. One welfare officer per school is not sufficient to cater for the wellbeing needs of an entire student population. There also needs to be more funding for establishing a follow up service.

**Evaluation**
Internal evaluation.

*Process evaluation:* Qualitative methods; Other quantitative methods.

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### 440 Youth Activity Service

**Description**
The Youth Activity Service is a federal and local government funded program that targets young people who are at risk of not completing their education and are experiencing difficulties in their lives. The aim of the service is to enhance resilience in young people and provide a supportive environment in which they feel "connected" to their school, family and community. The program moved into schools in June 1998 in order to service more young people, to give schools support in meeting the needs of young people in the education system and to act as a resource to parents and teachers. Programs delivered include: Anger Management; Social Skills Development; Young Women’s Group; Boy’s Leadership Group; Peer Education Health Project; Drama and art workshops to improve social skills and self esteem; Personal development through excursions to places of interest and recreational activities; Lifeskills Workshops addressing issues such as bullying, harrassment, discrimination, friendship, relationships, peer group pressure, conflict resolution and risk taking behaviour. Assistance to teachers is offered: by providing resources and contacts with community educators; by withdrawing disruptive students and addressing the relevant issues in a positive and productive manner; and by providing referrals to community agencies to help their students.

**Main Achievements**
This service works in the two most disadvantaged schools in Geelong area. It is also working with school teachers, welfare staff, other professionals such as youth workers, community health nurses and other organisations. Its main achievements lies in teaching life skills and educating students regarding bullying, harrassment, relationships and friendship.

**Barriers/Needs**
Attitudes of service providers.

Needed to convince federal funding body that the service was the most appropriate way in which to meet the needs of students and their families in the area. By proving that the program works.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Monitoring through routine documentation; Action Research.

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.
441
Youth Activity Services

Description
The Youth Activities Service Program targets a core group of young people deemed to meet the at risk criteria and provides these young people with the opportunity to participate in a recreational based personal development program which will effectively address their needs and interests. The service consists of nine programs that are held in schools within the Frankston municipality. In addition there are two after school programs, a young women’s group and mothers of teenagers group. Attached to the service is a family liaison position, which responds to the needs and issues of families who have young people involved in the Youth Activities Service. Objectives of the program are to: identify and address the needs of a diverse group of young people within the community; enable young people to develop a sense of responsibility within the group; promote the growth in young people of self esteem, self confidence, independence and social skills; provide young people with the opportunity to develop new friendships and recreational options; establish grounds for clear and open communication within a group setting; work in conjunction with other community agencies and services in order to provide a coordinated response to the issues surrounding young people in the community.

Main Achievements
Achievements of the program include: having contact with approximately 110 young people per week; providing youth at risk with a sense of belonging and acceptance within their own community; providing a point of referral and a place to go when important issues arise; creating opportunities for young people to make friends; providing access to recreational activities they may not otherwise experience.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
Extra time and resources are required for promotion and marketing of the program. Developing a program that is appealing to young people and can be run within the financial constraints. Need national support in terms of marketing and promotion.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

442
Youth Crisis Support Program

Description
Youth Crisis Support Program provides support, crisis intervention and a referral service on issues for young people and their parents. Issues include: housing; family conflict; suicide; unemployment; education; legal issues.

Main Achievements
Achievements of the programs include: providing an accessible contact/referral point for young people, parents and schools; being available days/evenings and some weekends; taking services out to where young people are living and recreating.

Barriers/Needs
Lack of backup services; Waiting lists at referral agencies; Geographical distance between services and service areas. Some services can only take clients from a particular geographic area. Clients may live half an hour from an agency and the distance is a barrier. Waiting lists have been up to 8 months for non crisis clients at one agency – during this time issues often compound into a crisis situation. More services in high population growth areas. At least one appointment for all clients, not put them on a waiting list until the situation becomes critical.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

443
Youth Enterprise Victoria

Description
Youth Enterprise Victoria aims to provide young people with the opportunity to be leaders and partners in the
economic and social development of their communities. The Youth Enterprise Victoria Strategy was developed with the assistance of national experts in youth affairs and regional development, and following extensive consultations with key stakeholders including young people, all levels of government, industry, small business, and education and training providers. The strategy is comprised of four integrated action areas which build on local strengths and complement current regional directions. By engaging young people in regional development and focusing on the role of young people in building the future, Youth Enterprise Victoria enables young people to be the catalyst for building a dynamic regional culture of entrepreneurship and innovation. Four action areas of ‘Youth Enterprise South West’ together form a holistic approach to raising the profile of young people in the development of their communities: Youth Leadership; Enterprising Communities; Regional Education, Employment and Training Partnerships; Communication and Information.

**Main Achievements**
Achievements include the following: refocusing of current regional resources; development of partnerships between government, industry, community and young people; demonstration of young people’s potential for leadership; funding commitments from three tiers of government; industry sponsorship; development of the South West Region as a model for rural Victoria.

**Evaluation**
External evaluation.

*Process evaluation:* Currently being designed.

**Contact**
Victoria Department of State Development
Level 13, 55 Collins Street
Melbourne VIC 3000
Phone: 03 9651 9272
Fax: 03 9651 9236
Email: martin.vantijn@dsd.vic.gov.au
Contact person: Mr Martin Van Tijn, Senior Adviser, State Development Policy

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## Health Promotion

**Health Access Workshop**

### Description
Health Access Workshops aim to improve the patterns of help seeking behaviour in the adolescent population. The four main objectives of the Health Access Workshops are to: foster in young people an awareness of what a healthy person is; increase their knowledge of health services; facilitate their ability to access services; and promote collaboration between health, education and welfare services. By nature of the developmental needs of adolescence, young people increasingly seek out their own independence. However they may not have the knowledge or skills necessary to become more self-reliant. Accessing health and welfare services let alone simply asking for help can present insurmountable challenges for a young person. When seeking help, young people may not know that their emotional and psychosocial health needs can be met by a health care service; may not know how to access health services including how to obtain a Medicare card or their Medicare number; may feel embarrassment about consulting someone about their health; may worry that who they confide in does not respect their right to confidentiality. The Health Access Workshop developed out of the recognition of the need for an adolescent friendly package of activities that addresses these barriers. The Health Access Workshop strategies focus on fun, and include: role-playing, games to brainstorm ‘what is health’, group discussions, anonymous questions and answering, an information session about local services, a show bag of local and generic services, and co-presentation by school and local health/welfare workers.

**Main Achievements**
Dissemination to thousands of young people from varying socio-economic and ethnic backgrounds throughout country and metropolitan Victoria. In those young people who have received the program: Improved understanding of social and emotional nature of health; Improved knowledge of local services; Improved confidence and abilities to access local services; Improved understanding of issues relating to confidentiality; Improved understanding of Medicare system including application age, bulk billing. Also achieved have been multiple collaborations between different sectors including, health, education and welfare.

**Barriers/Needs**
Insufficient staff/time/resources; Structural problems in services; Other packages prioritised over Health Access Workshops, for example, Turning the Tide State Government initiative. Schools where education philosophies emphasise academic achievement at the expense of professional and life skills development; curriculum processes that do not allow packages such as Health Access Workshop to be started on during the year; inadequate links and networks between adolescent services. Improved awareness of package by schools; improved availability to schools via optional curriculum material – supplementary packages are being developed such as video teaching and training material; increased emphasis on lifeskills in education.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Qualitative methods; Other controlled trial.

*Impact evaluation:* Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Centre for Adolescent Health
2–8 Gatehouse Street
Parkville VIC 3052
Phone: 03 9345 7986
Fax: 03 9345 6534
Email: maherj@cryptic.rch.unimelb.edu.au
Web Address: http://www.rch.unimelb.edu.au/adolescent/
Contact person: Ms Jane Maher, Community Development Worker
Paying Attention To Self (PATS) – Peer Support Group

Description
Paying Attention To Self (PATS) is a peer support program for young people aged 12–18 years who have a parent with mental health issues. Through the use of a peer support rather than therapeutic model, PATS strives to decrease the sense of isolation for young people who deal with the stigma and distress associated with serious psychiatric issues in the family. Participants are encouraged to: share their current coping strategies; investigate new ones; develop a better understanding of their parents condition; and maintain their own goals and dreams in spite of the challenges of family life.

Main Achievements
Achievements of the program include: development of a peer support program for adolescents whose parents have mental illnesses; availability for second consultation for workers needing ideas as to how to work with this target group; rural postage support pack for young people who cannot come to the group; facilitation manual and support for mental health professionals wanting to run their own groups.

Barriers/Needs
Lack of backup services; Lack of community interest.

There is no service for children under 13 years of age whose parents have a mental illness. There is still a stigma attached to coming out and saying there is mental illness in the family. The media are hard to interest in this topic. Mental Health Strategies could broaden to include families of the client. Universal interconnectedness like television advertisements could include the children and siblings of the mentally ill person. More money should be put into psychoeducation in schools. Funding a group specifically for children under 12 years of age would be a good idea.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.


Contact
Centre for Adolescent Health
Childrens Hospital
2 Gatehouse Street
Parkville VIC 3052
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Email: mahe1j@cryptic.rch.unimelb.edu.au
Contact person: Ms Helen Rimington, Youth Worker

Connect Project – South Gippsland

Description
This project was auspiced by the South Gippsland Division of General Practice, Gippsland Southern Health Services and the San Remo and District Community Health Centre. The Project aims to bring General Practitioners, allied health professionals and students ‘at risk’ together to support student health and wellbeing. Elements of community development strategies undertaken include community forums, networking days and the establishment of networks for agencies working with adolescents. Health and welfare concerns of young people were identified through a survey of young people in years 7–10 of secondary colleges in the South Gippsland region, and through a Youth Forum held in conjunction with the students and the Shire. General Practitioners were also surveyed regarding their perceptions of youth health and wellbeing. A series of multidisciplinary workshops addressing these concerns was then designed for attendance by allied health professionals, welfare teachers and general practitioners (a cohort of 22 participants). From these workshops Youth Friendly General Practitioners will be nominated who can be accessed by college students at their local practice; training of Practice Staff in recognising and dealing with adolescent health issues is also being undertaken. A series of health and welfare materials addressing issues such as depression, eating disorders and contraception was developed for use in colleges, along with a peer generated resources subprogram for college students.

Main Achievements
Achievements include: collaboration between multidisciplinary teams in order to train in adolescent health and wellbeing; provision to General Practitioners of adolescent health information that is accurate, current and relevant to the needs of their own communities; creation of a permanent network for professional support of allied health professionals; raised community awareness of youth health concerns.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services; Attitudes of service providers; Lack of knowledge/information; Rural conservatism and fear of the youth health issue through lack of information.

The project coordinator works only 20 hours per week and has a huge geographical distance to cover in servicing the seven secondary colleges. The program requires increased staffing hours and support staff for coordination. Staffing of such projects needs to be ongoing to ensure trust and continuity in rural areas.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.
Health Service – Community

447 Cocare Counselling and Community Education

Description
The Counselling and Community Education services are run in response to expressed needs in the following areas: depression; anxiety; suicide ideation; sexual health; relationships; family and domestic violence; sexual assault; body image/eating disorders; refuge experience; migration experience.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The demand for services is far greater than what can be provided for both individual counselling requests and educational programs. Increased funding and staff time.

Contact
Moreland Community Health Service
93 Bell Street
Coburg VIC 3058
Phone: 03 9350 4000
Fax: 03 9350 1518
Contact person: Ms Sue Mitchell, Counsellor

448 Confident Happy Adolescents Talking (CHAT): Social Skills Peer Support Program

Description
CHAT, Confident Happy Adolescents Talking, aims to assist young people who are lonely, shy, demoralised by victimisation, socially rejected and/or under-confident with peers to improve their social and emotional wellbeing so that they can utilise and develop their own abilities, optimise their level of control over their social interactions and enable them to be active participants in the community. The objectives of CHAT are: to improve participants social skills with peers; to improve social confidence with peers; to improve social networks with pro social peers; to enable emotional and psycho social adjustment in other areas of interest to participant example, school work, employment, and art. Rationale: Inadequate adolescent social competence has been identified as an important risk factor for poor adolescent wellbeing (Weisberg and Greenberg, 1996). Many young people are inadequately prepared to cope with the physical, social, emotional and psychological stresses of adolescence. For the young person experiencing loneliness, shyness, victimisation, social rejection and under confidence the demands can be overwhelming. The result can be an extreme experience of isolation, insecurity and inadequacy. The peer support model provides a social environment where there is maximum commonality, safety, empathy and the opportunity to share and develop problem solving strategies. Intervention strategies used include: a peer support model including peer support co leadership with a health professional; participants are grouped according to developmental stage, 13–15, and 15–17 year olds; activity based sleep over session early in the program; discussion topics according to areas of interest of the group; games, role plays, activities including art activities.

Main Achievements
Achievements of the project so far include the development of a peer support program for socially isolated adolescents and the participants report improvements in peer connectedness.

Barriers/Needs
No barriers. The program is a pilot and therefore is in a position to respond to and overcome barriers as they emerge.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Other controlled trial.

Outcome evaluation: Other controlled trial; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
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Web Address: http://www.rch.unimelb.edu.au/adolescent/
Contact person: Ms Jane Maher, Community Development Worker

449 Connect Up

Description
Connect Up provides a ten week support group for young women who self harm. The support group aims to: decrease isolation; provide/create a context for experiences and stories to be shared and heard; foster mutual support and validation; exploration of a range of coping mechanisms.
Further to the group program, and in conjunction with group participants, the program has developed resources on self harm to increase the understanding of health professionals, workers, and teachers.

**Main Achievements**
The program has achieved: the successful completion of the ten week support program for young women who self harm; on going participation for some group members; the development of resources for other young people who self harm, workers and health professionals, family and friends.

**Barriers/Needs**
- Insufficient staff/time/resources.

**Evaluation**
- Internal evaluation.

**Contact**
Northern CASA and Cocare
Moreland Community Health Service
93 Bell Street
Coburg VIC 3058
Phone: 03 9350 4000
Fax: 03 9350 1518
Contact person: Ms Sue Mitchell, Facilitator

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**451**

**Innovative Health Services for Homeless Youth Program**

**Description**
The Innovative Health Services for Homeless Youth Program aims to: identify the health needs of homeless or at risk young people and gaps to service delivery; develop appropriate responses to address these gaps; provision of direct services to homeless or at risk young people; provision of health education and training to youth service providers; and developing links, collaborative relationships and strategies to improve access to the health system for homeless or at risk young people.

**Main Achievements**
The Innovative Health Services for Homeless Youth (IHSHY) project worker chairs and facilitates the ongoing development of the Middle South Youth Health Action Network (MISYHAN). This group is a mechanism for the promotion and facilitation of collaborative intersectoral relationships and activities around youth health issues. A range of different agencies and different sectors have participated and contributed to the identification of important youth health needs and to the development of joint strategies and activities to address these. Collaborative intersectoral forums addressing important mental health issues have been conducted in 1998 as a result of positive working relationships and discussions at MISYHAN. The formation of a working group of MISYHAN has enabled the organisation of the forums. Further relevant cross sectoral forums are being planned for 1999. The HELP Project developed out of discussions at MISYHAN which identified a need to have a more coordinated, collaborative and accessible approach to the provision of health education programs for young people in schools. Such programs facilitate prevention and early intervention objectives and strategies. An intersectoral working group formed which became the HELP committee to work on this project. The first stage was successfully completed during 1998. The HELP Project has since been linked with the recently funded Schools Focused Youth Services Projects and is currently being developed further. A two day Suicide Intervention Workshop for youth service providers in this region was organised by the IHSHY worker and auspiced by MISYHAN in October 1998. A number of mental health education and secondary consultation sessions were organised during 1997. These covered a range of relevant topics, and were organised and facilitated by the IHSHY project worker and provided at East Bentleigh Community Health Centre.

**Barriers/Needs**
- Insufficient funding. Funding is only provided in the short term which impairs planning and implementation of systems level planning and activities. It also increases the probability of staff turnover when position funding is uncertain, which therefore has detrimental consequences on continuity and efficiency. Complexity of providing both direct and indirect services simultaneously on subregional level creates a further problem.
  - Increase funding time lines on projects to a minimum of five years to enable improved capacity to plan and
implement systems level activities and facilitate continuity. Take steps to ensure that the project is well supported to facilitate the complexity of the tasks.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Other quantitative methods: Statistics of contacts, numbers of sessions.

Impact evaluation: Regular external evaluation and review of program.

Contact
East Bentleigh Community Health Service
Gardener’s Road
East Bentleigh VIC 3165
Phone: 03 9579 2333
Contact person: Ms Denise Duivenvoorden

452
Innovative Services for Homeless Youth (ISHY) – Homeless Youth Counsellor Project

Description
The Innovative Services for Homeless Youth (ISHY) – Homeless Youth Counsellor Project aims to provide a professional, long term, flexible counselling service to the target group. The Project is based on an outreach model. It also provides secondary consultation to other professionals servicing the same target group and runs groups and community education initiatives for the target group and relevant others.

Main Achievements
The achievements of the Project include engaging young people of genuine high risk in a professional, supporting relationship which addresses client needs, and focuses on general personal growth and goal attainment.

Barriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Descriptive statistics about clients.

Outcome evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Darebin Community Health
Corner Blake and Crevelli Streets
East Reservoir VIC 3073
Phone: 0418 321 141
Contact person: Ms Cheryle Michael, JPET Worker

453
Job Placement, Employment and Training Program (JPET)

Description
The JPET (Job Placement, Employment and Training) Program is a Federal Government funded activity designed to help 15–21 year olds overcome the barriers to education, training or employment. The program offers an holistic approach and targets young people who are homeless or at risk of becoming homeless, ex offenders, refugees and wards of the state. The average time spent in the program is 13–26 weeks. Young people can access emergency accommodation, funds for accommodation, health facilities, counselling, legal support, financial assistance, education, training and job search assistance through the Banyule Community Health Service at no cost. Two JPET workers provide information, assistance and guidance on a one to one case management basis, but the young person’s goals and desired outcomes are treated as paramount.

Main Achievements
A quick response, practical strategies and follow-up of clients are critical elements in the provision of services to young people. Primary interventions include: Education/training and/or employment (63%); Safe accommodation (52%); Crisis intervention (33%); and Drug and alcohol referrals (48%).

Barriers/Needs
Insufficient staff/time/resources; Short time lines; Lack of emergency accommodation for 18–21 year old males
Males are often denied access to resources if they have either anger management or drug related issues. Agencies will not accept referrals if there is more than one issue. Dual or multiple diagnosis clients are missing out on available resources. Increased resources for drug and alcohol services and mental health facilities are required for young males.

Evaluation
External evaluation.

Outcome evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Banyule Community Health Service
1 Kalparrin Avenue
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Email: jpet@onthe.net.au
Contact person: Ms Cheryle Michael, JPET Worker

454
Rural Suicide Prevention Strategy Group

Description
The Casterton Rural Suicide Prevention Strategy Group aims to: promote health and wellbeing by reducing the suicide risk in the Casterton community; adopt an early intervention approach, raise awareness and encourage
knowledge and understanding within a Health Promotion framework; and target 'at risk' groups, such as families, young people and males. Intervention strategies include: establishment of a steering group initiating programs and services and comprising members of the general community and professional, welfare, religious, police and service organisations; increased awareness, knowledge and skills base targeting persons at risk, families/friends of those at risk and health, welfare, education and religious workers, via workshops, forums and brochure production; production of a Crisis/Counselling List of appropriate service providers and contacts; production of a brochure, 'Preventing Suicide: a community concern', distributed throughout the Glenelg Shire and community; distribution of Lifeline Cards and NH&MRC Youth orientated booklets, 'Blue Daze' and 'Getting up from Feeling Down'; surveys of community and specific groups for issues of concern; workshops/presentations; and linking with existing youth groups and assisting in the formation of a Youth Centre.

Main Achievements
Main Achievements include: distribution of a Crisis/Counselling List to service providers and community members; compilation and distribution of a brochure on preventing suicide to around 1200 households in Glenelg Shire; distribution of LifeLine Lifecards and NH&MRC booklets community-wide; increased community awareness of issues around suicide.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
No budget for programs: everything is undertaken on a shoestring. The Community Health Nurse works only three days a week, so lack of time is a barrier and the program relies heavily on volunteer input.

Evaluation
Internal evaluation.

Impact evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Casterton Memorial Hospital
Centre of Community Health
63–69 Russell Street
Casterton VIC 3311
Phone: 03 5581 1377
Fax: 03 5581 1051
Contact person: Ms Sheila Bramall, Community Health Nurse

455
School Focused Youth Service

Description
The aims of the School Focused Youth Service is to develop an integrated service response to support young people who are at risk of developing behaviours which require support and intervention. The objectives of the School Focused Youth Service is to establish collaborative structures and mechanisms between schools and the relevant youth and community services which support young people, including welfare, health and mental health agencies; to improve linkages, cohesiveness and integration of service provision for young people displaying at risk behaviours who require support and intervention; and purchase services to meet gaps in the current service system as identified at the local level.

Evaluation
External evaluation.

Contact
Moreland Community Health Service
93 Bell Street
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Email: morechs@vicnet.net.au
Web Address: http://www.mcs.org.au
Contact person: Ms Lynn Waters, School Focused Youth Service

456
School Focused Youth Service (SFYS)

Description
The School Focused Youth Service (SFYS) is targeted at 10–18 year olds. The aim of SFYS is to develop closer links between the school system and the community agencies so that there is a seamless service system for students at risk. Suicide prevention is the overall aim. This involves: prevention; early intervention; postvention. The service is aimed at providing service programs to groups of young people in schools and individuals out of the school system.

Main Achievements
Achievements to date include: the mapping of all youth services; contact with schools; brokerage funds used to assist students at risk.

Barriers/Needs
Attitudes of schools.

School principals feel that the schools should have received the funding directly. Schools want brokerage funds for professional development of staff, but the funds may only be used for students. Meeting with the district principal consultant to discuss a better working relationship.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Action Research; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Currently being designed.

Contact
Upper Hume Community Health Service
PO Box 173
Wodonga VIC 3689
Phone: 02 6056 1550
Fax: 02 6024 5792
Contact person: Ms Margaret Hunter, Coordinator
457
Understanding and Creating Your Own
(Life Skills and Creative Arts Program)

Description
The Understanding and Creating Your Own program is designed for young women attending school in Year 9 (13-15 years). The aim of the group is to provide an environment where members can explore a range of personal and social issues using discussion and various creative mediums. It is a life skills program that will enhance personal growth, confidence and quality of life. The program will assist and offer support to young women during the transition phases of adolescence. It is a closed group in order to promote trust and sharing with a maximum of ten young women. It runs for 7-10 weeks.

Barriers/Needs
Availability of a suitable room to run the program in schools.
The availability of another community professional to help lead the groupwork in a school setting
Advance planning.
Approaching agencies and professionals and discussing the program.

Evaluation
Internal evaluation.
Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Central Wellington Health Service
Wellington Community Care and School Social Work
Palmerston Street
Sale VIC 3850
Phone: 03 5149 6803
Fax: 03 5149 6889
Contact person: Ms Shirley Millard, School Social Work

458
Young Gays and Lesbians Around Moreland (Y-GLAM)

Description
Young Gays and Lesbians Around Moreland (Y-GLAM) aims to provide young gay, lesbian and transgendered people with a safe space where they can explore issues which have relevance to their lives.

Main Achievements
Achievements of the program include: the provision of an accessible, safe space; increased community awareness and understanding; referral and/or support; strengthening individual networks; obtaining several minor grants for the development of a theatre/video project.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service; providers; Structural problems in services; Ethical problems.

459
Youth Health Program

Description
The Youth Health Program aims to provide a professional, long term, flexible counselling service to the target group. The Project is based on an outreach model. It also provides secondary consultation to other professionals servicing the same target group and runs groups and community education initiatives for the target group and relevant others.

Main Achievements
The achievements of the Project include engaging young people of genuine high risk in a professional, supporting relationship which addresses client needs, and focuses on general personal growth and goal attainment.

Barriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal and external evaluation.
Process evaluation: Monitoring through routine documentation; Strategic planning processes.
Impact evaluation: Descriptive statistics about clients.
Outcome evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Darebin Community Health
Corner Blake and Crevelli Streets
East Reservoir VIC 3073
Phone: 03 9389 1388
Contact person: Ms Cheryl Gibson, Youth Health Worker

460
Youthbiz – Youth Support Services

Description
Youthbiz aims to promote young people’s wellbeing and social health status by improving their connectedness to family, school and community environments. Its objective is the provision of integrated prevention and early intervention services to at risk young people aged 10-25 years with a focus on those aged 12-18 years. Service improvement initiatives include: the development of links and appropriate protocols with relevant local networks of youth workers and schools, including the School Focused Youth Service; enhancing the participation of young people within the South West through fostering a link between the local youth committees/groups maintained by service with the South West Regional Youth Committee; further development of sexual health programs for young people; continuation of, and redevelopment of, Youthbiz drop in centre.
Main Achievements
Main Achievements include: regular attendance at the Youthbiz drop in centre; considerable raising of community awareness of the program over the past year; attendance of large crowds of young people at FReeZA events.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.
Insufficient time and funding means that staff do not have the time to develop more extensive programs. Time is often spent on administrative duties which could be completed by an administrative support person.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Qualitative methods.

Impact evaluation: Accreditation/Standards monitoring by accrediting agency; Strategic planning processes.

Contact
Western District Health Service
Community Services, Youthbiz
222–224 Gray Street
Hamilton VIC 3300
Phone: 03 5571 2233
Fax: 03 5571 2233
Email: youthbiz@wdhs.net
Web Address: http://www.wdhs.net
Contact person: Ms Nicole Crawford, Youth Support Worker

Interagency

461 Middle South Youth Health Action Network (MISYHAN)

Description
The mission of MISYHAN is to identify, by intersectorial collaboration, how existing specialised health services and allied youth support services can be more responsive, appropriate and accessible to the health needs of people aged 10-25 years, and to be proactive in addressing the identified health service needs of this group. Objectives, which are based on the key principal of the fostering of collaborative relationships between agencies and sectors, are: to improve communication between the specialised health services and the allied community support services for dealing with health issues of young people aged 10-25 years in the City of Bayside, Glen Eira and Kingston; to educate and disseminate information about the biopsychosocial factors influencing young people's health, and about health service availability; to improve existing specialised health and allied community support services for young people; to identify and investigate potential funding sources for improved response and new health related services; and, to maintain links with relevant services in adjacent areas, for example, Dandenong, Peninsula, Gippsland and statewide services as appropriate.

Main Achievements
The participation and collaboration of a broad range of agencies from different sectors who work with young people. Well attended and well received intersectorial forums addressing important mental health issues, the aim being to provide practical, realistic strategies and improved mutual understanding and communication between the different agencies. A two day Suicide Intervention Training Workshop was auspiced for workers in the field in this sub-region. The HELP Project was initiated and developed, and has produced a catalogue of Health Education and Learning Programs provided by a variety of community agencies in the sub-region, intended as a resource for schools. The HELP Project has now been linked with the recently funded School Focused Youth Services Projects in this sub-region. Further evaluation and development of the work initiated by HELP is currently being undertaken.

Barriers/Needs
Insufficient staff/time/resources; Structural problems in services.

Overcoming service providers' own cultural limitations in developing and maintaining collaborative partnerships; lack of recognition of the relevance of community development in competition with direct service delivery to clients - both for organisations, funding bodies and individual workers. Overt recognition of relevance of community development role by organisations, funding bodies and individual workers; working on developing positive interpersonal and working relationships; making mutual benefits overt; developing protocols and alliances where possible.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.


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East Bentleigh VIC 3165
Phone: 03 9579 2333
Fax: 03 9579 3623
Contact person: Ms Denise Duiven-Voorden, Innovative Health Services for Homeless Youth

Justice System

462 Distribution of Lifeline Information Cards

Description
The Information Cards contain the telephone number for Lifeline. By making the Cards available to women prisoners, it is hoped that should the women, post release, find themselves at risk of suicide or requiring assistance, then they have available to them the telephone number of Lifeline and therefore professional support and assistance.
is available to them. The women may also provide this information to their family and friends. The Information Cards are being given to all women in their personal belongings upon their discharge from the Metropolitan Women's Correctional Centre (MWCC). The Cards have also been distributed to key service providers in MWCC to promote the Card to the women.

Contact
Metropolitan Womens Correctional Centre (MWCC)
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PO Box 497
St Albans VIC 3021
Phone: 03 9217 8450
Fax: 03 9217 8450
Contact person: Ms Jenny Roberts, Program Coordinator

463 Fulham Correctional Centre Suicide Awareness Team and High Risk Assessment Team

Description
Two teams within Fulham Correctional Centre coordinate suicide prevention. These are the High Risk Assessment Team (HRAT) and the Suicide Awareness Team (SAT). The HRAT comprises a psychiatric nurse, psychologist and correctional manager. Its role is to develop a response plan when a prisoner is identified as being at risk of suicide or self harm. A response plan would typically include placing the prisoner under observation, providing follow up counselling, and referring the prisoner to an appropriate practitioner for treatment. The SAT comprises a psychologist, psychiatric nurse, correctional managers, Koori counsellor, case management officer and a representative from Community Corrections. It is responsible for planning and developing strategies for suicide and self harm prevention within the Centre, which include an informal presentation about suicide prevention and mental health issues as part of the prison induction process. Areas overseen by SAT include: training staff in identifying and responding to prisoners at risk of suicide; providing prisoners with information about suicide prevention; and developing strategies for managing ‘at risk’ prisoners, such as the use of ‘buddy cells’ and peer support. A further important tool in suicide/self harm prevention is the initial risk assessment of prisoners transferred to the prison. This involves a structured interview and a check of the prisoner’s individual Management Plan file for a history of self harm etc. When a prisoner is considered to be at risk, the appropriate observation regime is initiated and the HRAT notified.

Main Achievements
There have been no completed suicides at Fulham Correctional Centre over the two years of the Centre’s existence. This will be due, in part, to the policies and procedures implemented to date and the efforts of counsellors, psychologists and medical staff. The provision of services to prisoners has been comprehensive and of good quality. Every prisoner entering the prison is assessed both by a counsellor and a psychiatric nurse for risk of self harm and other mental health needs. In addition, each prisoner is provided with information about self harm prevention and services available.

Evaluation
Internal evaluation.

Outcome evaluation: Monitoring through routine documentation.

Contact
Australasian Correctional Management Pty Ltd
Fulham Correctional Centre
Private Bag 30A
Sale VIC 3850
Phone: 03 5142 3800
Fax: 03 5142 3801
Contact person: Mr Dominic Bakker, Senior Psychologist

464 Male Adolescent Program for Positive Sexuality (MAPPS)

Description
The main activity of the Male Adolescent Program for Positive Sexuality (MAPPS) is the treatment of young people who have committed sexual offences. The aim is to reduce the incidence of sex offending in the community. In the context of this treatment a wide range of other issues are at times addressed. On occasions the issues arising relate to self harm. The role of MAPPS in this is to assist in keeping the young person safe. However, if the risk is substantial a referral is made to the counsellor/practitioner to focus upon broader mental health issues.

Main Achievements
The program has achieved the development and implementation of a treatment program for sex offenders (this service did not exist five years ago). Also, the development of good networks with key juvenile justice agencies.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Ethical problems; Short time lines.

More funding is required for long term follow up of clients. There are many clients but only a small team which results in poor service provision for accommodation and other treatment services. Treatment on court ordered time lines. Increased funding. Greater awareness of accommodation issues for the clients (who are often placed out of home).

Evaluation
External evaluation.

Impact evaluation: Descriptive statistics about clients; Quality assurance methods.

Contact
Adolescent Forensic Health Service
900 Park Street
Parkville VIC 3052
Phone: 03 9389 4272
Fax: 03 9389 4365
Email: mapps@ozonline.com.au
Contact person: Mr Patrick Tidmarsh, Coordinator
Parenting Program for Womens Prisoners

Description
The aim of this program is to assist in breaking down the often generational cycle of disadvantage and dysfunction existing in multi problem families. Both insufficient parenting skills and poor modelling of life skills by mothers effects the mental and physical health of children and places them at a higher risk of depression, substance abuse, deliberate self harm and suicide. Primary prevention programs, like the parenting skills program, which provides support to families and assists parents to develop their knowledge, skills, and strategies about parenting, have been found to reduce difficulties with the whole family, and particularly with children. Recent research also indicates that teaching parenting skills to women with multi problems including drug use can have a positive effect, not only on their parenting but in terms of their drug use and offending behaviour.

Main Achievements
Providing information to women on appropriate parenting styles, community resources, various stages of childhood development, reestablishing relationships with children upon release; identifying resources which women and children can access in the absence of their mother; and supporting women in their role as mothers and their experience of grief and loss.

Barriers/Needs
Structural problems in services. The parenting program operated during key or important times during the normal prisoner day, when prisoners had the opportunity to purchase items from the prison canteen and during the time for the afternoon muster. This resulted in the women often being late for commencement of the program or the program being disrupted by numerous staff attempts to confirm numbers of women in the program.

Reschedule the program to run in an evening time slot; ensure priority is given to those women who are participating in the program to purchase their items from the canteen; and minimise the number of staff disruptions of the program during late afternoon ‘muster’ of prisoner count.

Evaluation
External evaluation.


Peer Support Program

Description
The aims of the project are to enhance the wellbeing of prisoners by providing them with a supportive environment in which they could express issues of concern and to increase the women’s participation in the regimes and prison environment. By providing offenders with supported opportunities to contribute to their environment and assist their peers improves their self worth. This philosophy attempts to reduce the likelihood of people becoming dependent upon the services they access and aims to help them develop a social identity and a genuine place in society. Two women prisoners were identified as suitable people to work as peer support workers. They received initial training and ongoing support throughout the 6 months of the project. They provided peer support to all women being received into custody who were experiencing their first period of imprisonment.

Main Achievements
Women recipients of the program reported that their involvement in the program left them feeling more positive. They expressed the view that the visits from peer workers became an integral part of prison orientation. If providing a level of support to newly received women – in the form of peer support – assists these women in the adjustment to the prison environment, then the benefits can be described as having a threefold effect – for the woman herself, for the peer worker and for the management staff of the Metropolitan Women’s Correctional Centre.

Barriers/Needs
Selection of peer workers. In an environment such as a prison, the selection of appropriate peer workers is a critical issue. The position of peer workers in such an environment can be open to abuse, so that if it is not managed appropriately could result in increasing the risk of a woman experiencing enormous difficulties adjusting to the prison environment.

Ensuring that a significant level of consultation occurs in the selection of peer workers; providing significant levels of monitoring and support to peer workers; continuing to interview recipients of the program to gauge any issues with the peer workers in particular.

Evaluation
External evaluation.

Process evaluation: Quality assurance methods.


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467

Suicide Awareness Training Program for Correctional Officers

Description
The training program was structured so that the first two days provided participants with a sound knowledge of the particular risk factors for women in the Victorian custodial setting and with an in depth explanation of the mental health issues for these women. The third day was set several days later to allow participants to reflect upon the material and understanding gained within their work context. This is an important factor for skills transfer from the training to the work situation. The third day focused upon the application of the skills and knowledge acquired on the first two days of training. This final day also provided a forum for participants to consider the overall management of suicide risk and identify any barriers to best practice management.

Main Achievements
Increased understanding of the population which participants supervise and support; enhanced understanding of suicide risk factors amongst all staff across all levels and service providers; and reinforced the importance of quality care management.

Evaluation
External evaluation.

Process evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Metropolitan Womens Correctional Centre (MWCC) Corrections Corporation of Australia
PO Box 497
St Albans VIC 3021
Phone: 03 9217 8450
Fax: 03 9217 8480
Contact person: Ms Jenny Roberts, Program Coordinator

468

Adolescent Recovery Centre/High Dependency Day Program

Description
The High Dependency Day Program operates as a multi disciplinary service for young people who are experiencing a high level of at risk mental health problems. The Adolescent Recovery Centre (ARC) program is staffed by clinicians from southern health care network's Child and Adolescent Mental Health Service. The conceptual framework utilised by the ARC program in working with young people is an eclectic systems theory. They understand and work with the important connections each young person has with their family, careers and wider environment. Within this framework, the program offers an intensive group program as well as support to individuals, their family and the wider system, whilst the young person is enrolled in the ARC program. It is the aim of the day program to offer an adolescent centred approach in the delivery of the service. If appropriate, the key workers will liaise with other adolescent specific services and advocate for the individual young person for the provision of community based supports. The length of the program may vary from time to time depending on the needs of the young people enrolled in the program. Attendance of the day program is voluntary and requires full time attendance. Individualised programs can also be designed with the adolescents and their family/careers in association with community case managers.

Main Achievements
Main Achievements have been the establishment of the Recovery Program and its relocation from Monash Hospital to a community focus in Dandenong. Also, the parent education group sessions are going well, so far 28 young people have come through the program. There have been only two young people who have been readmitted to hospital.

Barriers/Needs
Lack of backup services.

More back up services are needed in case of psychiatric emergencies. A duress alarm system would help solve these problems.

Evaluation
Internal and external evaluation.

Process evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Qualitative methods.

Contact
Child and Adolescent Mental Health Services, Southern Healthcare Network
43 Oswald Street
Dandenong VIC 3175
Phone: 03 9791 1301
Fax: 03 9793 9516
Contact person: Manager

469

Assessment Response Team

Description
The Team provides a 24 hour 7 day assessment/response service as a component of a regional community mental health service. They assess for both psychiatric illness and suicidal risk (with or without psychiatric symptomatology). If suicidal risk is present they arrange: a risk management strategy (with other appropriate persons or agencies as required); psychiatric care and treatment if required; referral to other agencies if required.
Main Achievements
Crisis intervention, to prevent self harm; maintaining safety of the client within the community.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources. Lack of back up services in rural setting; no primary service for suicidal prevention; having to balance resources and time with core business – psychiatric treatment and management; difficulty monitoring in community in a large rural setting.

Development of specific services for suicidal prevention; provision of after hours emergency accommodation; specific funding initiatives; specific strategy development.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Goulburn Valley Area Mental Health Service
Monash Street
Shepparton VIC 3630
Phone: 03 5832 9111
Contact person: Mr Michael Gibson, Manager Community Mental Health Service

470 Child and Adolescent Mental Health Services, Southern Healthcare Network

Description
The Southern Healthcare Network Child and Adolescent Mental Health Service is conducted by Cranbourne, Dandendong and Frankston Child and Adolescent Mental Health Services. The Service provides comprehensive assessment and treatment services for children and adolescents aged 0 to 18 years with serious mental health problems or at risk of developing these problems. The Service is committed to early mental health intervention in an effort to prevent or minimize the development of more serious problems. The Service provides assessment and intervention by a multi-disciplinary team at a number of levels including crisis assessment, suicide risk, bio psychosocial assessments, treatment for children, adolescents, parents and families, case management, community liaison and consultation. Suicide attempts presenting at the accident emergency departments are identified and assessed by the psychiatry registrar services. Follow up is provided for suicide attempts, self harm or significant signs of depression by the Service as a matter of priority.

Main Achievements
The main achievements of the program include: community based case management that coordinates assessment and treatment (treatment may include individual therapy, group therapy, family therapy, parental counselling, specialist intervention clinics, medication, and consultation with schools and other key agencies involved); crisis assessment response to young people; multidisciplinary team approach to service delivery; intensive case management services for high risk adolescents with complex needs; information and consultation services; community and professional development and education.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The demand for the service is greater than can be meet. In particular, the high frequency of crisis assessments means that the less urgent referrals have to wait for a service. There is insufficient time and resources to dedicate to clinical evaluation and research. Inadequate community services to refer clients to at discharge, if this service is inappropriate.

Additional funding for: more staff; to carry out research and comprehensive evaluation of the service; crisis assessment team for adolescents may aid in overcoming these barriers.

Evaluation
Internal and external evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency; Quality assurance methods.

Contact
Cranbourne Child and Adolescent Mental Health Services
City of Casey Complex
65 Berwick-Cranbourne Road
Cranbourne VIC 3977
Phone: 03 9594 1300
Fax: 03 9594 1333
Contact person: Dr Paul Lee, Director of Child and Adolescent Mental Health Services

471 Child and Adolescent Mental Health Promotion

Description
The purpose of this project is to supplement and extend the clinical services of Austin and Repatriation Medical Centre (A&RMC) Child and Adolescent Mental Health Service (CAMHS) in the directions of early intervention and prevention and positive mental health promotion. The project is concerned with the catchment population of A&RMC CAMHS, being the approximately 156 thousand 0–18 year old children and adolescents residing in northern and north eastern Melbourne. This catchment population contains sub populations which warrant targeting, that is, non English speaking background, refugee, Koori, and general risk/disadvantaged and marginalised young people.

Main Achievements
Extension of CAMHS cultural competence to better target non English speaking background, refugee, Koori and high risk/disadvantaged sub populations; extension of CAMHS community collaboration to include more non health systems, education and consumer groups; extension of CAMHS service provision to greater emphasis on prevention and mental health promotion.
Barriers/Needs
Lack of common languages/understandings concerning suicide prevention/mental health promotion.
Different cultural groups and Kooris have different understandings of the concepts ‘mental health’ and ‘mental disorder’ and different attitudes about how these should be approached. These concepts are even confused within Anglo-Celtic populations (reference Keys Young 1997).
Universal mental health promotion, coupled with ethno specific community consultation and education.

Contact
Austin and Repatriation Medical Centre (A&RMC) Child and Adolescent Mental Health Services Edward Wilson Building, Austin Hospital Campus Heidelberg VIC 3084 Phone: 03 9496 3620 Fax: 03 9496 3653 Email: rpawsey@austin.unimelb.edu.au Contact person: Mr Ric Pawsey, Project Worker

472 Child and Adolescent Mental Health Service

Description
The Child and Adolescent Mental Health Service is for children and adolescents, under 19 years of age, who display severe emotional or behavioural problems, which interfere with their general functioning. Types of problems which may indicate a referral to the service include: behavioural; emotional; relationship; and personal care. The service is free of charge.

Main Achievements
The program has achieved an increased awareness and availability of the service. Also a greater coverage of the area, through an increased presence in the region.

Barriers/Needs
Insufficient staff/time/resources. Increasing demands on the service cause increased case loads for the workers. Greater through put by using Brief Intervention Programs.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Austin and Repatriation Medical Centre (A&RMC) Edward Wilson Building Studley Road Heidelberg VIC 3084 Phone: 03 9496 3620 Fax: 03 9496 3653 Contact person: Dr Paul Denborough, Child Psychiatrist

473 Child and Adolescent Mental Health Service (CAMHS)

Description
Child and Adolescent Mental Health Services (CAMHS) offer specialist assistance for children and adolescents and their families who are experiencing social, emotional, psychological or psychiatric problems. Treatment may include: family therapy; parent counselling; individual therapy; group therapy; and mediation if required. The service provides a prompt crisis response. It provides: inpatient; outpatient; day program; and mobile outreach. It also provides secondary consultation to provide a coordinated approach to assisting a young person and enhance interagency linkages. The service has a mental health problems officer who provides developmental assessments as well as a consultative liaison service to the hospital.

Barriers/Needs
Insufficient staff/time/resources.
There is insufficient time to deal with early intervention/prevention, so end up having to deal with things when they have reached crisis point. The tendering process tends to lead to multiple small projects without any one agency being able to address the bigger picture.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Warrnambool and District Base Hospital Psychiatric Services Division PO Box 197 Warrnambool Vic 3280 Phone: 03 5561 9100 Fax: 03 5561 3813 Email: wbpsych@ansonic.com.au Contact person: Mr Russell Porter, Manager Child and Adolescent Mental Health Service

474 Children’s Support Centre

Description
Child sexual abuse is a prevalent and serious form of child maltreatment. The trauma associated with child sexual abuse may contribute to short term and long term problems which may include anxiety and fear, physical symptoms, sleep disturbances, eating problems, intrusive thoughts, guilt, depression, suicidal thoughts, problems with sexual adjustment, interpersonal difficulties, learning problems and behaviour problems. The trauma can also contribute to problems for parents and others associated with the child. Feelings of guilt or anger, together with uncertainty about how best to help the child, can lead to personal stress and family disharmony. The goal of this program is to help children to recover emotionally, socially and behaviourally following the trauma of sexual abuse. The program consists of three phases: Assessment, Treatment and Follow up. Children are screened to determine the suitability of the program. Information is collected from the family, school
and other relevant sources in order to specify the problem(s) and determine the appropriate form of assistance. Children and their caregivers are questioned about suicidal thoughts or attempted suicide as part of the assessment process. Children in the program receive either non directive supportive psychotherapy or cognitive behavioural therapy, aimed at equipping the child with skills for overcoming the negative repercussions of the trauma and providing education and focused behaviour management training for the child’s caregivers. Abuse focused cognitive behavioural therapy includes education, gradual exposure, coping and prevention skills training. Issues relating to youth suicide prevention are dealt with if and when they arise during treatment or in the post treatment period when progress reviews are undertaken with the child and caregivers.

Main Achievements
In the first stage of this program cognitive behavioural therapy outcomes were compared with a wait list control group and found to be effective in reducing levels of post traumatic stress and other anxiety disorders, depressive symptoms and problem behaviours. The cognitive behavioural program was found to be effective whether caregivers were involved in treatment or the child alone was treated. Treatment gains were generally maintained at a 3 month follow up.

Barriers/Needs
Attitudes of service providers; Structural problems in services; Lack of community interest. Community reticence about taking advantage of the treatment program offered by the centre as an alternative to services offered by centres against sexual assault.

Increased emphasis on interagency contact and collaboration.

Evaluation
Internal and external evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency; Measurement of clinical outcomes.


Outcome evaluation: Measurement of clinical outcomes; Randomised controlled trial.

Contact
Monash University
Centre for Developmental Psychiatry
246 Clayton Road
Clayton VIC 3168
Phone: 03 9594 1300
Fax: 03 9594 1333
Contact person: Ms Nicole Myerson, Coordinator

475
Crisis Assessment and Treatment Team (CATT)

Description
The aim of the Crisis Assessment and Treatment Team (CATT) is to assess and treat persons who contact the service and who may have an acute psychiatric illness, this includes suicidal youth.

Main Achievements
Achievements include the improved sensitivity to needs of youth by Emergency Department staff and the completion of first onset protocols for intervention.

Barriers/Needs
Structural problems in services.
Recruiting staff with sufficient skills and experience to provide effective intervention.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Peninsula Health Care Network Psychiatric Service
15–17 Davey Street
Frankston VIC 3199
Phone: 03 9784 6999
Fax: 03 9784 6900
Email: PBolt@PHCN.vic.gov.au
Contact person: Mr Paul Bolt, Manager Adult Psychiatry

476
Cultural Competence in Child and Adolescent Mental Health Service

Description
This project initiates a process of internal review and community consultation with the purpose of: improving the Child and Adolescent Mental Health Service responses to non English speaking background populations (NESB); improving mental health literacy of NESB populations; and improving early identification and early intervention of NESB young people with suicide related behaviour.

Main Achievements
Achievements of the program include: community consultation with two non English speaking background (NESB) communities in Melbourne; provision of a report which scopes quality enhancement issues; modelling a community consultation/quality enhancement implementation model.

Barriers/Needs
Lack of common languages and understandings concerning suicide prevention and mental health promotion.

Universal mental health promotion, combined with improved service access and ethno specific community consultation and education may aid in overcoming these barriers.

Contact
Child and Adolescent Mental Health Services (CAMHS)
Austin and Repatriation Medical Centre
Edward Wilson Building Austin Hospital Campus
Heidelberg VIC 3084
Phone: 03 9496 3620
Fax: 03 9496 3653
Contact person: Ms Jenny Luntz, Project Worker
477 Duty Worker

Description
The program provides a 24-hour, 7-day assessment and response service as a component of a regional community mental health service. Assessment takes place for both psychiatric illness and suicidal risk, with or without psychiatric symptomatology. If suicidal risk is present, arrangements are made for a risk management strategy, if appropriate, with other people or agencies, psychiatric care and treatment.

Main Achievements
Crisis intervention to prevent self harm and maintaining safety of the client within the community.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources. Lack of back up services in rural setting; no primary service for suicide prevention; having to balance resources with core business, that is, psychiatric treatment; and difficulty monitoring a community in a large sparsely populated rural setting.

Development of specific services for suicide prevention; provision of after hours emergency accommodation; specific funding initiatives; and specific strategy development.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Goulburn Valley Area Mental Health Service
Moyle Street
Seymour VIC 3660
Phone: 03 5792 3929
Fax: 03 5799 0946
Contact person: Mr Frank Haans, Team Manager

478 Emergency Department Liaison Program

Description
The Emergency Department Liaison Program consults and liaises with the Emergency Department to: improve the assessment of persons who present to the Emergency Department; improve follow up; increase sensitivity to the needs of young people; decrease repeat presentations to the Emergency Department; improve assessment of suicidal behaviour.

Main Achievements
Achievements include the improved sensitivity to needs of youth by Emergency Department staff and the completion of first onset protocols for intervention.

479 Enhanced Crisis Assessment and Treatment Service

Description
Enhanced Crisis Assessment and Treatment Team (CATT) was built on the current Crisis Assessment Team (CAT) service specifications and based on the ‘Key Service Requirements for Enhanced Crisis Assessment Team (CAT) Services’, Human Services, May 1998. The enhanced CATT service targets all persons presenting to the Emergency Department at the Northern Hospital, and referred from the Northern Area Mental Health Service (NAMHS) catchment area, who have intentionally inflicted self harm or are suicidal, or are identified as potentially at risk of suicide due to the presence of risk factors (including people who are intoxicated as a result of the consumption of alcohol and other drugs) by ensuring that one member of the Northern CATT (a psychiatric nurse, psychologist or social worker) remain on site with the Northern Hospital, and is therefore immediately available. The Northern CATT service has continued to be available 24 hours a day, 7 days a week, and has continued to develop linkages with other service providers, particularly around suicide prevention, but also facilitating transition between Child and Adolescent Mental Health Services, Aged Mental Health Services and Adult Mental Health Services. The Northern CATT has developed guidelines which detail contact numbers, referral processes and follow up procedures for the referral of people who are suicidal or have attempted suicide and distributed these to relevant local service providers. The Northern CATT is providing education/training programs for other health service providers.

Main Achievements
Increased responsiveness to consumers; Early intervention; Improved accessibility

Barriers/Needs
Attitudes of service providers.

Providers unsure that the activities would have an impact on suicide rates; adjustments to the new role and broadened
intake criteria produced resistance; fear of increased workload. Flexible timelines; adequate resources; feedback; incentives.

Evaluation

Internal evaluation.

Process evaluation: Monitoring through routine documentation; Other managerial methods: quantitative statistics.

Impact evaluation: Currently being designed.

Contact

Northern Area Mental Health Service
The Northern Hospital
185 Cooper Street
Epping VIC 3076
Phone: 03 9219 8890
Fax: 03 9219 8901
Email: jwhite@tnt.vic.gov.au
Contact person: Ms Jane White, Manager, Northern Crisis Assessment and Treatment Team (CATT)

480 Enhanced Crisis Assessment and Treatment

Description

The Enhanced Crisis Assessment and Treatment project aims to enhance the existing crisis assessment and treatment component of the community mental health service. The enhanced service will employ the following intervention strategies: develop position descriptions; employ suitably qualified mental health clinicians; change the roster to allow blending with existing team and ensure evenings and weekends are covered; the team will perform initial assessments (all ages) and initiate appropriate responses; the team will provide follow up with clients at risk; the team will liaise with other service providers; education and consultancy will be provided.

Main Achievements

The project has achieved: decreased response time (crisis response); increased accessibility to the service by being mobile – able to reach all outlying towns – and offering an after hours service; providing active follow up of clients assessed at risk (especially after hours, including weekends).

Barriers/Needs

Insufficient staff/time/resources; Sparse population, distance and remoteness. The area covered by the service includes a large number of small towns. It is very difficult to duplicate services in each municipality/small town. There are limited child and adolescent mental health services. Adult services provide all after hours service.

Continue with collaborative approaches with service providers in outreach towns. Continue to maximise use of available resources by blending functions such as: continuing care; crisis assessment and treatment; mobile intensive support and treatment. City models do not necessarily apply to rural settings.

Evaluation

Internal evaluation.

Process evaluation: Monitoring through routine documentation; Quality assurance methods.

Impact evaluation: Evaluations of crisis response times.

Contact

Wangaratta Community Psychiatry
Wangaratta District Base Hospital
Wangaratta VIC 3677
Phone: 03 5722 0347
Fax: 03 5722 0420
Email: wbhpsych@netc.net.au
Contact person: Mr Michael Nuck, Manager Community Psychiatry

481 High Dependancy Day Program

Description

Within this framework, our program offers an intensive group program as well as support to individuals, their family and the wider system, whilst the young person is enrolled in the ARC program. It is the aim of the day program to offer an adolescent centred approach in the delivery of the service. If appropriate, the key workers will liaise with other adolescent specific services and advocate for the individual young person for the provision of community based supports. Groups that are being offered are: goal setting; recreation and leisure; music and drama; gender; nutrition and cooking; health and psych ed; anger management; life skills. Recreational interests in the program consist of group outings, field trips, gym and sporting activities.

Main Achievements

The main achievement has been the establishment of the Recovery Program.

Evaluation

Process evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Qualitative methods.

Contact

Adolescent Recovery Centre
43 Oswald Street
Dandenong VIC 3175
Phone: 03 9791 1301
Fax: 03 9793 9516
Contact person: Manager

482 Homeless Agencies Resource Program (HARP)

Description

The Homelessness Agencies Resource Program provides support for homeless adolescents and the homelessness workers who support them through specialist resourcing of the homelessness services. Methods used include: consultation to homeless young people with mental health problems (primary consultation); consultation to
homelessness workers supporting young people with mental health problems (secondary consultation); education to homelessness workers concerning mental health and mental health problems in homeless adolescents.

**Main Achievements**
Achievements include: the formation and maintenance of durable intersectoral collaboration between Child and Adolescent Mental Health Services (CAHMS) and local homelessness services; the improvement of homeless young people’s access and utilisation of CAHMS; the development and maintenance of community education programs in mental health.

**Barriers/Needs**
Insufficient funding.

This initiative was originally funded by Innovative Health Services for Homeless Youth which was discontinued in 1995. It has been attempted to maintain the initiative from within internal budgets, at the cost of considerable internal disharmony and the depletion of clinical resources.

Innovative Health Services for Homeless Youth should have had a capacity to maintain efficacious initiatives, or Supported Accommodation Assistance Program should have been funded to maintain them.

**Contact**
Austin and Repatriation Medical Centre (A&RMCh) 
Child and Adolescent Mental Health Service (CAMHS) 
Edward Wilson Building Austin Hospital Campus 
Heidelberg VIC 3084 
Phone: 03 9496 3620 
Fax: 03 9496 3653 
Contact person: Ms Gabrielle Opashinis, Project Worker

### 483 Hospital Consultation and Liaison

**Description**
The aims and objectives of the program include the following: to develop and maintain a cooperative working program with paediatric services and other units that may require the service; to attend relevant hospital meetings and ward rounds to facilitate consultation with peers and to recommend further psychiatric assessment and management where indicated; to improve and maintain the image and respectability of Child and Adolescent Mental Health Services; to provide a service aimed at identifying and implementing the most suitable intervention for each patient; to be able to respond promptly to crisis situations that may occur with patients within the hospitals; to have a commitment to research and quality assurance in order to monitor the quality of care and treatment provided to patients; and to have an ongoing commitment to education, training and research. Treatments options offered include therapy for individuals, parents, family and group. Other treatments available where appropriate are: pharmacotherapy; sensory motor integration; speech therapy; and secondary consultation.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

Consultation liaison services to hospitals have been significantly reduced over the last five years. This has had a major impact on the ability to respond to the psychological or psychiatric needs of physically ill and at risk children. Many of these children are currently unable to be seen. Demand for service outstrips capacity to provide assistance, let alone treatment. this program is currently working actively to educate paediatric doctors, general practitioners and youth workers to better equip them with primary prevention, early intervention, intervention and postvention strategies. This is done on a minimal budget, but venues and staffing resources are donated or given voluntarily, which is not acceptable really and unlikely to be sustainable. More realistic funding arrangements from State and Commonwealth governments and respecting the rights and needs of physically ill children who have, or are at risk of having, serious psychological and psychiatric disturbance is essential.

**Evaluation**
Internal evaluation.

**Process evaluation:** Action Research.

**Outcome evaluation:** Non experimental repeated measures design; Action Research.

**Contact**
Child and Adolescent Mental Health Services, Southern Healthcare Network 
Monash Medical Centre 
Clayton Road 
Clayton VIC 3168 
Phone: 03 9594 1300 
Contact person: Ms Joe Hall, Team Leader

### 484 Inner West Crisis Assessment and Treatment Team (CATT)

**Description**
Inner West Crisis Assessment and Treatment Team (CATT) provides a 24 hour, 7 days per week community based assessment and treatment service for people located in the City of Melbourne and the City of Moonee Valley. CATT is part of an Area Mental Health Service (Inner West) which provides Case Management, Mobile support and Inpatient services for people with serious mental illness. Specialty services are also provided by the Eating Disorders, Homeless Persons and Neuro Psychiatry and Consultation Liaison Teams.

**Main Achievements**
Main Achievements include: connection of Intake and Triage Services to the Crisis Assessment and Treatment Team (CATT) to improve responsiveness; creation of a CATT service in Royal Melbourne Hospital Emergency Department.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards. monitoring by accrediting agency.
Impact evaluation: Reports – Key Performance Indicators; Accreditation/Standards monitoring by accrediting agency.

Outcome evaluation: Reports – Key Performance Indicators; Accreditation/Standards monitoring by accrediting agency.

Contact
Inner West Area Mental Health Service
Second Floor, 641 Mount Alexander Road
Moonee Ponds VIC 3039
Phone: 03 9377 3400
Contact person: Ms Mary Chester, Psychiatric Nurse

485

Intensive Mobile Youth Outreach Service (IMYOS)

Description
The aims and objectives of the Intensive Mobile Youth Outreach Service (IMYOS) are: to provide mental health assertive outreach to young people at high risk who would otherwise not engage with traditional mental health services; to normalise and mainstream with the broader system of health and welfare service for young people surviving extreme emotional and psychological distress. Rationale: responding to the needs of the community in proactive and preventative form. Intervention strategies: focusing on most integrated/receptive presentation of young person and working toward a healthy state of relatedness; creative client (and their systems) approach providing young people (and carers) with positive options to choose of their own volition, therefore rekindling the volitional state; constructive role modelling; networking and liaison, collaborative case management approach providing clear communication in active way and reinforcing a safe adult model.

Main Achievements
Filling a service delivery gap for young people; expansion of understanding through collaborative networking process.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Other: So many busy agencies of care; everyone rushing about creating programs; but there is a dearth of rehabilitation services meeting the needs of young people; dearth of community empowerment/sense of belonging; dearth of child and adolescent after hours treatment, response and crisis teams; dearth of health/welfare systems organisation meetings, forums, conferences being conducted in the open community setting (outside of buildings – young people like ‘village squares’).

Funding for more workers/research analysis/need for numbers on the street; more workshops across the networks presenting cultural, systems, developmental, group dynamics, process of change concepts. Consolidating across the networks, linkage and empowering community involvement; young people are biologically programed to need a sense of relatedness – if all the workers (management included) in each community/region met at the local square x 6 weekly to eat, play or debate, the young people couldn’t resist; funding market gardens, murals, mazes, ‘incentives for best designer’ for homeless youth and others – promoting positive community relatedness especially if in the heart of town; promoting innovative practice through example.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Non experimental repeated measures design.

Contact
Child and Adolescent Mental Health Services, Southern Healthcare Network
Dandenong Child and Adolescent Mental Health Services
145 Cleeeland Street
Dandenong VIC 3175
Phone: 03 9793 9501
Fax: 03 9767 8244
Contact person: Miss Lilly Hill, Team Leader/Manager

486

Mental Health Intensive Youth Support Service

Description
The Mental Health Intensive Youth Support Service (MHIYS), Southern Region, is funded by Psychiatric Services through Monash Medical Centre Child and Adolescent Mental Health Service (CAMHS). The service is outposted from CAMHS to Berry Street Intensive Case Management Service(ICMS). The aim of the service is broadly to create a collaborative relationship between the network of psychiatric services and youth support services to develop programs to better service the target clients. The target clients are 13 to 16 years olds who are subjected to statutory orders and identified as displaying or experiencing extreme risk taking behaviors, difficult to manage behaviours, multiple placements, transient across regional movement, and lack of success or appropriateness of services in engaging them. The Mental Health Intensive Youth Support Service provides the following services: Primary case management, specialised assessment and case planning on an intensive basis to clients of the Intensive Case Management Service (ICMS) team, working with young people to reduce the level of risk by providing treatment in the form of individual, and where appropriate, family therapy, crisis work in a therapeutic framework and other forms of appropriate treatment; Primary and secondary consultation to ICMS colleagues, other non government (NGO) staff and workers in the network around the young person including accommodation and school, with the aim being to maximise continuity of care across different service systems; Provision of mental health training, consultation and specialist input across non government organisation (NGO) programs, including accommodation...
services; Forging and maintaining strong links between the ICM5.NGO, and CAMHS (in and outpatient programs) and, where relevant, secure welfare care.

**Main Achievements**
The development of a mental health program provided to high risk adolescents in an outreach capacity. This has enabled mental health support and suicide prevention to be conducted with highly transient young people who have previously found it extremely difficult to access traditional mental health suicide prevention programs.

**Barriers/Needs**
Insufficient staff/time/resources. The program is staffed by one individual, outposted to a non government organisation. This often leads to difficulties in time management as the program is designed to work between two organisations.

Development of policy and procedures approved by both organisations.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Accreditation/Standards monitoring by accrediting agency; Quality assurance methods.

**Contact**
Southern Health Care Network (Berry Street Southern Youth Services)
54 Princess Highway
Dandenong VIC 3175
Phone: 03 9792 1110
Fax: 03 9792 1710
Contact person: Ms Justine Anderson, Team Manager

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**487 Mental Health Promotion**

**Description**
Mental Health Promotion aims to support schools and communities in catering for the needs of young people at risk of suicide across the continuum of care including prevention, early intervention, intervention and postvention. It does this by raising awareness in the community about mental health issues for young people, and by providing a link between the Child and Adolescent Mental Health Service (CAMHS) and the community for consultation, protocol development and understanding about access to CAMHS. Mental Health Promotion also aims to prevent suicide through the development of resilience projects and frameworks within schools and communities in the Loddon Campaspe Southern Mallee Region.

**Main Achievements**
Guidelines for schools in this region on suicide prevention; increased accessing of CAMHS by community; link between the youth sector and CAMHS; increasing understanding of mental health issues in schools; interagency planning on crisis management in schools.

**Barriers/Needs**
Insufficient staff/time/resources.

Lack of funds to develop education materials; lack of time to meet demand from community; lack of time to develop theoretical understanding. Establishment costs and yearly budget for materials; further resourcing to CAMHS in general.

**Contact**
Child and Adolescent Mental Health Service
Condon Street
Strathdale VIC 3550
Phone: 03 5440 6500
Fax: 03 5440 6502
Contact person: Ms Annette McHugh, Mental Health Promotion

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**488 Mental Health Promotion Southern Metropolitan Region**

**Description**
The Mental Health Promotion Officer (MHPO) is Part of Child and Adolescent Mental Health Services (CAMHS) across the Southern Region. The MHPO works through linkage and coordination with a range of community agencies to enhance accessibility, appropriateness and delivery of mental health services across the region in particular for young people at risk of suicide or mental health issues who normally would not access CAMHS. This is achieved through the MHPO working in a flexible manner to provide support and information sharing, local networking and linkage with community groups. The position provides: secondary consultation and/or primary consultation; policy development; education and training sessions with agencies and professionals working with young people whose behaviour or emotional states places them at risk. Also, the position assists with development of particular projects focused around young people's needs and participates in and assists facilitation of intersectoral collaborative forums. These approaches empower and support communities and enhance possibilities for improving the mental health of groups of young people in the community.

**Main Achievements**
Achievements of the program include: utilising the diversity of interconnections with program areas in other parts of the mental health program and the overall youth sector; highlighting gaps and barriers for young people in accessing services; providing specialist advice and consultancy in the area of mental health promotion and prevention in overall strategic developments for young people; facilitating access to professional development programs including speakers, intersectoral forums and suicide prevention programs for those involved with at risk young people; continuing to maintain and promote local, community based, youth suicide prevention networks within the region.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

The overall concepts of health promotion and prevention that underpin this program area are still new to the mental health field, especially how these various aspects link into program policy and development across and within sectors of health with young people. This affects how funding and
resources are distributed. Also there needs to be improved mechanisms for a more coordinated response across health prevention and health promotion to reduce suicide. More incentives to link with other program/sector areas so a more holistic model of health for young people can be developed. More resources so that services are better able to balance the demand for community development with direct service delivery. For means other than competitive tendering for funding, which cuts across collaborative practice and promotion, to be introduced.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.

Contact
Child and Adolescent Mental Health Services, Southern Healthcare Network
Monash Medical Centre
Locked Bag 29
Clayton VIC 3168
Phone: 03 9594 1317
Fax: 03 9594 1333
Contact person: Ms Julie Barlow, Mental Health Promotion Officer

489
Mental Health Promotion Officer

Description
The Mental Health Promotions Officer (MHPO) is part of the Northern Mallee Area Mental Health Services Child and Youth Mental Health Promotion Program aims to: provide opportunities for collaboration and program development; assist in the building of frameworks for service provision; provide innovation for intersectoral projects. Education and consultation are provided to youth services to resource their work with mental health issues. The focus is on early intervention/prevention, but also covers helping young people to access mental health services.

Main Achievements
Achievements of the program include: the establishment of liaison networks to promote collaboration between the mental health service and regional schools; the establishment of a health promoting schools strategy for secondary schools; the establishment of intersectoral secondary consultations conducted jointly by mental health and drug and alcohol services.

Barriers/Needs
Lack of backup services; Attitudes of service providers.
Youth clinical resources are too restricted and don’t contribute to training or secondary consultations to a degree that could facilitate program expansion. There is a shrinking in the area of community based counselling support services. Need better collaboration between Child and Youth Mental Health Programs. The Mental Health budget requires greater protection within the health care network. Child and Adolescent Mental Health Service (CAMHS) funded positions are required for the service to operate according to the Victorian Frameworks Document.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Monitoring through routine documentation.
Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Quality assurance methods.

Contact
Mental Health Service for Kids and Youth (MHSKY)
Locked Bag 10
Parkville VIC 3052
Phone: 03 9342 2800
Fax: 03 9387 3003
Contact person: Ms Anne Bescutti, Mental Health Promotion Officer

491
Mental Health Promotion Officer

Description
Purpose of the Mental Health Promotion Officer is to work with schools, primary care service providers and other agencies and within Child and Adolescent Mental Health Services to intervene early with mental disorders/behavioural problems, promote positive mental health and improve
access to services. It is believed that working within the mental health services system and with external providers and the schools system provides a collaborative response to mental health and improving protective factors/resources of 0-18 year old population. At times this position works with agencies involved with older age groups because of interface issues. Interventions include awareness training programs/projects within schools, working collaboratively with Department of Education (DOE) and other agencies on such projects, community education, public awareness programs, disseminating information regarding our agency, networking, liaising. Early Psychosis project.

**Main Achievements**

Major achievements include development of linkages with strategic agencies and planning/implementation of activities within school sector, and internally, for example, working with agencies to run an art/other medium competition on mental health issues in secondary schools. Attending several committees within region and actively working on several interventions. Planning workshop on Optimum. Completion of a Service Enhancement Questionnaire. Questionnaire to staff on Community Education processes. Auditing resources available for Community Education. Working with other workers internally to workshop follow up procedures with Emergency Department on suicide attempts.

**Barriers/Needs**

Insufficient staff/time/resources; Structural problems in services; Short time lines.

Mental Health Promotion is a broad term and many activities can be contained within it. Therefore as an individual worker, the position needs limits created. This is an integrated service which includes Adult, Aged and Child and Adolescent and the paradigm is adult. This can create pressures in that all areas have expectations of the role.

More staff; placing Child and Adolescent Services with generalist youth services might be helpful instead of with an integrated Mental Health Service. However I do believe the Mental Health Promotion role has applications across age groups. Unfortunately there is just one position.

**Evaluation**

Internal and external evaluation.

*Process evaluation:* Monitoring through routine documentation; Accreditation/Standards monitoring by accrediting agency.


**Contact**

Ballarat Health Services
Grampians Psychiatric Services
PO Box 577
Ballarat VIC 3353
Phone: 03 5320 4100
Fax: 03 5320 4028
Contact person: Mrs Anne Watson, Mental Health Promotion Officer

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**492 Mental Health Promotion**

**Description**

The Mental Health Promotion Officer's activities complement and supplement the work of clinical services staff at Maroondah Hospital Child and Adolescent Mental Health Service (CAMHS) through education, networking and intersectoral collaboration. The eastern region of Melbourne serviced by CAMHS is both suburban and rural, with populations of people from non English speaking backgrounds (NESB) and Koorie families living in parts of the region, and at risk and marginalised youth requiring collaborative services from youth and mental health agencies.

**Main Achievements**

The program has contributed to raising the level of understanding of both specific mental health issues and preventive measures to workers and families in the eastern greater Melbourne region.

**Evaluation**

Internal evaluation.

*Process evaluation:* Monitoring through routine documentation.

**Contact**

Maraoodah Hospital Child and Adolescent Mental Health Service
21 Ware Crescent
Ringwood East VIC 3135
Phone: 03 9870 9788
Fax: 03 9870 7973
Contact person: Ms Vicki Cowling, Mental Health Promotion Officer

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**493 Middle South Community Care Unit Rehabilitation and Treatment**

**Description**

The Middle South Community Care Unit is a twenty bed residential rehabilitation centre for people experiencing the disabilities of a major mental illness, poly substance abuse, or social issues such as homelessness and family disintegration. Two thirds of our residents are adolescent and young adults. Half of these would have entertained ideas of suicidality (past and existing) or made serious attempts. The program and activities are designed to enable the residents to reach their maximum level of independence progressing to the least level of assistance. Objectives are to: provide a stable environment in order to allow change to happen; assist residents to access permanent accommodation as part of their rehabilitation program; educate and assist residents to maintain compliance with medication and treatment; educate and assist residents with their daily living skills; assist residents to come to terms with their mental illness; provide a safe environment for residents to deal with risk taking behaviour; provide psycho education to residents and families; assist residents to access ongoing education and employment; through a clinical review of a resident's illness history gain a greater understanding of
which strategies have been or will be most effective for that resident; offer expert information on the management of people with high dependency needs in the mental health system; provide community education programs on mental health issues and treatment modalities. Strategies include: on-tap support in vulnerable times; individually designed programs; individual and family therapy; individual case management; medical backup; use of external community programs; family support and debriefing; weekly clinical resident reviews.

**Main Achievements**
The first twelve months of operation have allowed the Middle South Community Care Program to: identify structural needs; clarify criteria for appropriate admissions; define the program’s rehabilitation and treatment role within the system; provide education for other treating programs about the referral system; develop appropriate startup programs for residents; identify ways to achieve effective work practices through staff focus groups; consult with residents about what they would like in the rehabilitation program; build teams; review other residential rehabilitation programs; develop staff skills; create links with the inpatient facility in order to provide ongoing case management for residents who are in their care; develop formulae for work practice reviews; create policies and operational manual; review case management; establish links with non-government organisations to provide extensions to the program. In terms of what has been learned, perhaps the most significant and exciting aspect identified for staff is the growing together in collective knowledges of how psychiatric disability affects not only the residents but staffs’ response to this poorly defined aspect of the illness in its more chronic phases. The residential setting now facilitates putting some of the more disabling aspects under the microscope and trialling different strategies. In this setting residents are able to demonstrate just how difficult it is to raise their energy levels and live up to clinicians’ expectations. Staff have gradually learned from residents to walk a little in their shoes and mark time with them, ... to notice and appreciate the little building blocks to improvement.

**Barriers/Needs**
Insufficient staff/time/resources; Structural problems in services. These young people need access to staff time and suitable activities in the rehabilitation program but peer activities are limited by the lack of staff to provide a higher level of support.

More staff; improved facilities for active young people; more money to design programs and obtain resources to enable residents to become prepared to face life’s stresses and the world outside the residential unit may aid in overcoming these barriers.

**Evaluation**
Internal evaluation.

**Process evaluation:** Strategic planning processes; Qualitative methods.

**Contact**
Middle South Community Care Unit
1A Cardiff Street
East Bentleigh VIC 3165
Phone: 03 9928 8777
Contact person: Ms Sue Turss, Manager

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**494**

**Panic and Anxiety Disorders Association Victoria (PADA)**

**Description**
The aim of the Panic and Anxiety Disorders Association Victoria (PADA) is to prevent the risk of suicide which is high in people with anxiety disorders. The program provides counselling with clinical and registered psychologists for the treatment of anxiety disorders. Counselling is based on cognitive behavioural therapy. Specialist child psychologists work with children who have anxiety disorders.

**Main Achievements**
An achievement of the program includes the successful counselling of people with anxiety disorders.

**Barriers/Needs**
Insufficient funding

**Contact**
Tranquilliser Recovery and New Existence (TRANX) Incorporated
PO Box 186
Burwood VIC 3125
Phone: 03 9889 7355
Fax: 03 9889 1022
Email: tranx@alphalink.com.au
Contact person: Ms Gwenda Cannard, Director

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**495**

**PASS Program (Promoting Attendance and School Success): Intervention for Truancy**

**Description**
The main aim and objective of the Promoting Attendance and School Success (PASS) Program is to evaluate the efficacy of behavioural intervention for truancy and to assess the maintenance of therapeutic gains. The program aims to assist young people who are wagging school frequently to attend school regularly. Young people, their parents and their schools are helped with strategies to achieve voluntary full time school attendance for the young person. The efficacy of the program is measured via a group comparison design, whereby families are randomly assigned to one of three conditions: (i) a cognitive behavioural intervention; (ii) a supportive psychotherapy intervention or; (iii) cognitive behavioural intervention following period of time on a control waiting list. Elements of the program with the young person include: cognitive restructuring; social skills training; anger management training; and problem solving skills training. Work with the parents includes: family problem solving; communication skills; and behaviour management skills training. School staff are consulted regarding accommodations for the student at school, monitoring attendance and behaviour management.
Main Achievements
The Promoting Attendance and School Success (PASS) program is unique within the state of Victoria in its endeavour to deliver and evaluate, through a controlled study, a family based intervention for school truancy.

Barriers/Needs
Lack of community interest.
As a relatively new program, it has taken some time to attract new referrals and alert the community to the existence of the program.

Evaluation
Internal and external evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency; Measurement of clinical outcomes.
Outcome evaluation: Randomised controlled trial; Measurement of clinical outcomes.

Contact
Monash Medical Centre
Centre for Developmental Psychiatry
246 Clayton Road
Clayton VIC 3168
Phone: 03 9594 1300
Fax: 03 9594 1333
Email: Stephanie.Rollings@med.monash.edu.au
Contact person: Ms Stephanie Rollings, Coordinator

496

Personal Assessment and Crisis Evaluation Clinic (PACE Clinic)

Description
The Personal Assessment and Crisis Evaluation (PACE) is a clinic which caters for young people aged 14-30 (living in Metropolitan Melbourne) who are at high risk of developing a psychotic illness. By identifying and providing treatment for people who are at risk for psychosis PACE hope to reduce the early symptoms as well as delay or even prevent the development of more serious disorders in the future.

Main Achievements
Achievements of the program include the refinement of criteria for identifying young people at risk of psychosis and the commencement of a controlled trial of preventive interventions for young people at risk of psychosis.

Barriers/Needs
Short time lines.
Difficulty in designing service when funding is only assured for three years or so.

Longer funding periods from National Health and Medical Research Council (NHMRC) and other funding bodies would aid in overcoming these barriers.

Evaluation
Internal evaluation.

Outcome evaluation: Randomised controlled trial; Measurement of clinical outcomes.

Contact
Mental Health Services for Kids and Youth (MHSKY)
Parkville Campus
Locked Bag 10
Parkville VIC 3052
Phone: 03 9342 2800
Fax: 03 9342 2941
Email: l.philips@medicine.edu.au
Contact person: Ms Lisa Phillips, Coordinator

South West Area Mental Health Service Crisis Assessment and Treatment Program

Description
The Crisis Assessment and Treatment (CAT) Service triages for all referrals to South West Area Mental Health Service. It provides crisis assessment and suicide risk assessment for adults living in the municipalities of Maribyrnong, Hobsons Bay and Wyndham. The service aims at managing people in the community wherever possible either through CAT intensive home treatment, to manage a crisis, or through referral for community case management to the Continuing Care Service. The CAT Service will only admit to the In-Patient Unit where home treatment or community case management is not appropriate. The Service provides a centre-based triaging service and an outreach service. Telephone referrals are encouraged to determine the appropriate location for service provision and to ensure staff availability.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.
Although funding has been granted to enhance staff/time resources, it is not enough to enable the provision of in-situ staff in all emergency departments in the service area, or to increase the team’s capacity to do home treatment. Insufficient services exist in the area of Drug and Alcohol services, specifically, and existing services are not able to cater for suicidal people. The service would require an additional eleven E.F.T. positions to adequately address the lack of in-situ staffing in emergency departments and the team’s capacity to do home treatment; and increased Drug and Alcohol services and staffing resources, to enable services to provide medical and nursing staff who can deal with suicide. The Mental Health Act needs to be amended to cater for involuntary admission for suicidal people requiring treatment in Drug and Alcohol services.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.
Statewide Training and Education in Prevention (STEP)

Description

The Statewide Training in Education and Prevention (STEP) is a two year project which seeks to survey training and education resources currently available to those who work with three higher risk subpopulations of children and adolescents. These subpopulations are: indigenous young people; refugee young people; gay and lesbian young people. The project aims to pilot and evaluate suitable resources and to develop resources where gaps exist.

Main Achievements

The project has achieved statewide consultation and collaboration on subpopulations of concern to it.

Evaluation

External evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

Contact

Austin and Repatriation Medical Centre (A&RMC) Child and Adolescent Mental Health Services (CAMHS)

Yarra Health Services

283 Church Street

Richmond VIC 3121

Phone: 03 9429 1811

Fax: 03 9429 8536

Contact person: Ms Christine Farman, Project Worker

Stepping Stones Adolescent Unit

Description

Stepping Stones Adolescent Unit is an intensive residential mental health assessment and treatment centre for young people aged twelve to seventeen years inclusive. The unit accommodates both planned and emergency admissions, and intensive short to medium term treatment programs. Stepping Stones operates as one component of the wider child and adolescent mental health service (CAMHS) of the Southern Health Care Network, and services the inpatient needs of Melbourne’s southern metropolitan region and Gippsland area. Referrals to the unit are negotiated via the child and adolescent mental health service (CAMHS) of the Southern Health Care Network, and services the inpatient needs of Melbourne’s southern metropolitan region and Gippsland area. There is a capacity for emergency after hours situations, via the emergency department. The basis of the assessment and treatment process is a multidisciplinary approach providing a range of interventions within a residential environment. Milieu therapy is the mainstay of the day to day operations.

Main Achievements

Stepping Stones Adolescent Unit is in its eighth year of operation, and has provided hundreds of adolescents with assessment and treatment of severe mental illness and emotional disturbance. This unit has provided a safe environment that many young people have been able to use as a starting point to further community based treatment of therapy. It has also provided feedback to community mental health staff, welfare agencies and families, and strategies and interventions to assist in the management of young people. Other achievements include: assisting such people to contain their own anxieties in relation to young people and their acting out behaviours, which in turn helps them maintain a young person in the community; encouraging ongoing community based solutions, rather than a temporary hospital solution, which may lead to the young person learning more maladaptive behaviours, and in fact may become a destructive experience; risk assessments of young people who display risk taking behaviour and present with suicidal ideation, whose behaviour often causes others high anxiety; a clear identification of those at high risk of minor self harm, low risk of serious self harm and, those who are at high risk of serious self harm or suicide, assists community agencies to develop appropriate treatment plans; provision of community clinicians with comprehensive diagnostic assessments in an environment that is safe and supportive, at the same time providing a wide range of challenges; the ability to provide intensive twenty-four hour observation assists in developing a diagnosis and formulation from which treatment can either be initiated on the unit, or recommendations made to community staff and the young person’s family; adapting to enormous change in the area of child and adolescent mental health, which has had a large increase in size and resourcing of services over the past few years, including a transition to a more acute service, with increasing demand; the implementation of new initiatives in community treatment has opened up a greater number of interfaces with inpatient units; and the aim of a seamless transition from one component of the service to another is an area which the Stepping Stones is developing with new initiatives and directing resources, so as to prevent young people ‘falling between the gaps’ between different services and agencies.

Barriers/Needs

Lack of backup services; Insufficient funding; Insufficient staff/time/resources.
Often accommodation for young people is unavailable when they are ready for discharge from hospital. This is an ongoing concern. The organisation is currently operating at half of their original allocation of consultant psychiatrist cover, down on medical cover and down on allied health cover. Accommodation is an enormous problem facing most agencies working with disturbed and disadvantaged youth. An increase in funding into youth accommodation which is adaptable to meet varying needs, would be a start; An increase in funding to allow expansion to full staff cover for this unit would also be of great assistance.

**Evaluation**
Internal and external evaluation.

*Process evaluation:* Quality assurance methods; Accreditation/Standards monitoring by accrediting agency.

**Contact**
Monash Medical Centre
246 Clayton Road
Clayton VIC 3168
Phone: 03 9594 1328
Fax: 03 9594 6929
Contact person: Ms Kerry Hancock

### 500
**The Early Intervention and Prevention Youth Project**

**Description**
The Youth Outreach worker targets young people aged 15–25 who are at risk of developing a mental illness and live in the cities of Darebin or Whittlesea. The aim is to work with young people within a school environment or in the community in order to prevent the onset of a mental illness. Family work is also available. Psychoeducation is provided in a group work environment within schools. Individual support is also provided.

**Barriers/Needs**
Insufficient funding; Attitudes of service providers; Short time lines. Funding has been made available for one year only. It takes some months for the project to be established, including the development of networks and rapport with service providers and young people. It is not known if funding will continue, therefore it is not viable to plan for the continuation of the project. A commitment to a minimum of a two year funding period.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

*Impact evaluation:* Monitoring through routine documentation; Descriptive statistics about clients.

*Outcome evaluation:* Monitoring through routine documentation.

**Contact**
Neami (Whittlesea)
8 David Street
Lalor VIC 3075
Phone: 03 9464 6455
Fax: 03 9464 6425
Email: neamiwh@netspace.net.au
Contact person: Ms Carmen Pace, Program Manager

### 501
**West Grampians Community Psychiatric Service (Ararat/Stawell)**

**Description**
This service provides a needs assessment for people aged 16 to 65, with follow up and case management for those people suffering from a serious mental illness. Networking and referral to other generic services is offered as required in order to provide the most appropriate support for the individual concerned. Crisis intervention on a 24-hour basis including mental state assessments and assessment of risk is also provided. The focus is to provide the most desirable outcome of treatment in the least restrictive environment.

**Main Achievements**
The service does not specifically target this area with a specific program. Intervention is primarily crisis based, although networking with other agencies and professionals provides an early intervention and preventative role.

**Barriers/Needs**
Insufficient staff/time/resources.

Primary concerns in 15–24 year age group crosses two differing service providers, that is, Child and Adolescent and Adult services. There is a need for interested workers and professionals to target specific age groups, with training provision and staff resources for the younger target group.

**Evaluation**
Internal evaluation.

*Process evaluation:* Measurement of clinical outcomes; Weekly multidisciplinary team meetings.

*Impact evaluation:* Measurement of clinical outcomes; Strategic planning processes.

*Outcome evaluation:* Measurement of clinical outcomes; Strategic planning processes.

**Contact**
West Grampians Community Psychiatric Service (Ararat/Stawell)
PO Box 339
Ararat VIC 3377
Phone: 03 5352 1105
Fax: 03 5352 3094
Contact person: Mr Mark Robb, Community Psychiatric Nurse
502
Youth Suicide Prevention Project

Description
The aim of the Youth Suicide Prevention Project is to work with emergency department staff and community agencies to: improve assessment of persons who present to the Emergency Department; improve follow up; improve sensitivity to the needs of young people; decrease repeat presentations to the Emergency Department; improve assessment of suicidal behaviour.

Main Achievements
Achievements include the improved sensitivity to needs of youth by Emergency Department staff and the completion of first onset protocols for intervention.

Barriers/Needs
Structural problems in services.
Recruiting staff with sufficient skills and experience to provide effective intervention.

Evaluation
External evaluation.

Contact
Peninsula Health Care Network Psychiatric Service
15-17 Davey Street
Frankston VIC 3199
Phone: 03 9784 6999
Fax: 03 9784 6900
Email: PBolt@PHCN.vic.gov.au
Contact person: Mr Paul Bolt, Manager Adult Psychiatry

503
Police Schools Involvement Program (PSIP)

Description
The Police Schools Involvement Program is an initiative designed to combat rising crime rates, drug and alcohol abuse by children and the alienation of police from the community. The program is offered to primary and secondary schools and is designed to give a balanced approach to the issues of good citizenship, the consequences of crime, rights, rules and responsibilities. The program will give children an insight into the role of the police, how our legal systems works and assist them to resist peer pressure and other negative influences. The Police Schools Involvement Program aims to assist young people to make responsible choices and develop strategies to maximise their own and the community’s safety.

Main Achievements
We have begun to obtain information on changes in young people’s attitudes and behaviours as a result of our involvement. This relates to specific incidences as well as more generally.

Evaluation
Internal evaluation.

Contact
Victoria Police
Victoria Police Centre
637 Flinders Street
Melbourne VIC 3005
Phone: 03 9247 6914
Fax: 03 9247 5313
Contact person: Ms Laurel Sutton, Manager PSIP

504
Suicide Prevention

Description
This program aims to reduce the incidence of suicide by: erecting street signs on the access roads to all centres within the Alexandra police sub district with a message that would in some way convey that there is hope and it is only a telephone call away; place posters in telephone boxes to reinforce the message; provide information to people who were likely to speak with suicidal people, such as shopkeepers and petrol station attendants.

Main Achievements
Achievements of the program include: receiving donations from community groups and businesses; erecting signs on streets and in phone boxes; placing posters in shop windows.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Lack of interest from other agencies who should be involved. The small community had no back up services but the second highest suicide rate in Victoria. There was no one interested in stopping or reversing the trend. Funding was only available from service groups such as Lions and Rotary.
Encourage people to stop talking about suicide prevention and start acting. Need proactive programs that will do something other than talk about the problem.

Evaluation
Internal evaluation.

Contact
Alexandra Police Station
Grant Street
Alexandra VIC 3714
Phone: 03 5772 1667
Contact person: Detective Sergeant G Matthews, Organiser
Building Resilience in Children and Adolescents

Description
The activity 'Building Resilience in Children and Adolescents' is a professional development/training activity for professionals and parents. The term resilience has been used to describe a set of qualities that foster a process of successful adaptation and transformation despite risk and adversity, that is, the ability to bounce back. Much of the literature on resilience sums up a resilient child as one who works well, plays well, loves well and expects well. We are all born with an innate capacity for resilience, by which we are able to develop social competence, problem solving skills, a critical consciousness, autonomy and a sense of purpose. Bernard, B. (1995) identifies those characteristics of the family, school, and community environments that may alter or reverse expected negative outcomes and enable individuals to circumvent life stressors and manifest resilience despite risk. These 'protective factors' or 'protective processes' can be grouped into three major categories: caring and supportive relationships, positive and high expectations, and opportunities for meaningful participation. Teachers and those involved in the care of children and adolescents can be increasingly instrumental in the fostering of these protective factors. The Building Resilience in Children and Adolescents workshop will provide an overview of the recent research in the area of resilience and encourage practitioners and parents to identify how they do, or could, foster the protective factors in their practice and families.

Main Achievements
The main achievements of this activity, particularly in schools, has been the reinforcement for teachers of the crucial and critical role they play in the lives of their students. This workshop asks teachers to revisit not only what they teach, which has been the most recent major focus in schools in Victoria, but to consider how they teach. This 'how' element takes into consideration the beliefs and attitudes teachers hold of the students they teach and the nature of these relationships established with students. This workshop also stresses the importance of teaching children and adolescents the skills of social competence and coping. Not only should schools concern themselves with the 'three R's', but it is important for schools and their curriculum to consider the 'fourth R'—that of 'relationships'.

Evaluation
Internal evaluation.


Contact
Christine Daicos and Associates
820 Brunswick Street
North Fitzroy VIC 3065
Phone: 03 9482 4418
Contact person: Ms Christine Daicos, Social Worker/Consultant

The Epidemiology of Depression and the Scope for Preventive Intervention

Description
The aim of this project is to use data collected from the Victorian Adolescent Health Cohort Study (VAHCS) to examine the natural history, risk processes and associations for adolescent depression and non fatal suicidal behaviour. The intervention work covers a wide variety of projects including the Gatehouse Project, continuing medical education for GPs, some community based initiatives and research in general.

Main Achievements
Systematic literature review: Preventive Interventions for Youth Suicide; follow up of 21 year olds in the Victorian Adolescent Health Cohort Study (VAHCS); Gatehouse Project: follow up outcomes evaluation; personal and professional development, conferences and papers.

Evaluation
Internal evaluation.

Process evaluation; Impact evaluation; Outcome evaluation.

Contact
Centre for Adolescent Health
2 Gatehouse Street
Parkville VIC 3052
Phone: 03 9345 7978
Fax: 03 9345 6502
Email: burnsj@cryptic.rch.unimelb.edu.au
Contact person: Dr Jane Burns, Research Fellow

The Gatehouse Project: A Population Based Preventive Intervention for the Antecedents of Youth Suicide

Description
The key aims of the Gatehouse Project are: to better understand the perceptions of young people about the stresses and difficulties they face in their lives; to explore ways in which schools, families and peers can support the emotional wellbeing of young people; to develop, implement and evaluate practical ways schools can promote emotional health, through school policies and practices, as well as through curriculum programs. In 12 schools, the Gatehouse Project team began working collaboratively with staff to develop, trial and evaluate curriculum programs and whole school policies and practices. In these schools, the project operates through three interrelated elements of the school community: the classroom; the whole school; and the school as part of the community. Work within each of these elements is guided by three themes: security; social connectedness; and positive regard. The aim of this work is to promote emotional...
wellbeing in young people through the development of social environments which provide a sense of security and belonging, are responsive to and promote a positive regard for self and others. Also, to promote the skills and attitudes which allow an individual to promote security, effective communication and development of mutual regard in contexts within and beyond the school.

Main Achievements
The achievements of the project to date include: the establishment of an operating framework of representative Victorian secondary schools randomised to intervention and control status; attracting support from a broad range of bodies to ensure project viability; establishing the project reference group and key liaisons with the Departments of Education and Human Services and the Catholic Education Office. The Gatehouse Project has developed strong partnerships between health and education at all levels of practice. The project has also: successfully implemented a comprehensive intervention into mainstream curriculum programs; established adolescent health teams in each intervention school to coordinate implementation of the whole school intervention; developed whole of school intervention guidelines for adolescent health teams in intervention schools; established a strong commitment to the project from principals and teachers in study schools. Another achievement was the conducting of an extensive evaluation of the curriculum implementation in 1997. The project has also established the prevalence of depression and deliberate self harm in Year 8 students and identified prevalence of risk factors in school social environments. There has been extensive dissemination of the research findings through presentations and publications in professional and academic forums. A range of collaborative activities with researchers and other organisations locally, nationally and internationally has been developed, and the project has attracted media coverage.

Barriers/Needs
There are many different barriers at different levels of the projects operation. These are common and well documented in the intervention and education literature. Research of this nature takes time as does bringing about structural changes in organised environments. Therefore, research and interventions need to be planned over five year periods and funded accordingly.

Evaluation
Internal evaluation.

Process evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Centre for Adolescent Health
2 Gatehouse Street
Parkville VIC 3052
Phone: 03 9345 6249
Fax: 03 9345 6502
Email: glovers@cryptic.rch.unimelb.edu.au
Web Address: http://www.rch.unimelb.edu.au/adolescent
Contact person: Ms Sara Glover, Coordinator

508 Treatment of Depression in Adolescents

Description
The Berriga House program is research orientated and aims to assess the efficacy of cognitive behavioural intervention for adolescents with depression. Little research has looked specifically at effective therapies for adolescent depression, however a study by Lewisohn et al. (1990) found that cognitive behavioural therapy for young people in a group situation was effective. At Berriga House therapy is carried out on an individual basis, and aims to support young people who are experiencing depression, and provide strategies to help them and their families. A dual clinician model is employed whereby one therapist works with the young person while another works with the young person’s parents/primary caregivers. Participants are randomly assigned to one of three intervention conditions – cognitive behaviour therapy focusing on the young person, cognitive behaviour therapy focusing on the young person plus parental issues, and supportive educational therapy.

Main Achievements
Although the project is in its early stages, preliminary results from a small number of cases suggest that all intervention conditions have been effective in decreasing the level of depression experienced by the young people taking part in the program.

Evaluation
Internal and external evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency; Measurement of clinical outcomes.
Outcome evaluation: Randomised controlled trail; Measurement of clinical outcomes.

Contact
Berriga House Adolescent Depression Clinic
8 Beddoe Avenue
Clayton VIC 3168
Phone: 03 9905 1406
Fax: 03 9905 1554
Email: Helen.Shepherd@med.monash.edu.au
Contact person: Ms Helen Shepherd, Program Coordinator

School Program

509 Creating Better Futures – Pilot Program 1998

Description
During 1998, staff at Wheelers Hill Secondary College in outer eastern Melbourne were concerned about the behaviour and overall welfare of a number of students in...
the middle years (Years 8–10). Permission was gained to implement a targeted pilot program, with the aims of intervening to develop stronger motivation, more effective life skills, improved self-esteem and to prevent early school leaving. Criteria for inclusion were behavioural problems in and out of the classroom, problems with peers, decline in academic performance and lack of motivation. Of the 18 students invited, 17 responded initially and 10 completed all aspects of the program offered during terms 3 and 4; all were male and in year 9. Parents were invited to a briefing and gave their wholehearted support. The program comprised five components: a two-day personal development workshop, a week of work experience, counselling sessions offered with the visiting Social Worker, Student Welfare Coordinator or the Careers Teacher, opportunity for community service and an adventure camp at the end of the year. Due to time constraints the community service did not take place in 1998. The two-day workshop aspect of the program was partially based on the earlier work done at Boort Secondary College with the same age group. The other components were designed to respond to the needs of the participants as assessed by the staff involved, particularly the Middle School Coordinator and the Student Welfare Coordinator. Results indicate that most individuals now show improved classroom behaviour, greater control of aggression and anger, improved sense of purpose in education and increased hopefulness for their future.

**Main Achievements**
Most of the participants now show improved classroom behaviour, greater control of anger and aggression, improved sense of purpose in their schooling and hopefulness for the future.

**Barriers/Needs**
Insufficient staff/time/resources; Ethical problems.

The dilemma of targeting one sex, that is, boys and not providing a parallel program for girls. Staff resources were stretched to allow for end of year camp. Other staff expected radical improvements instantly. It was argued that the female students would benefit from improved/less aggressive behaviour on the part of the male students in their classes.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation.

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

**Contact**
Wheelers Hill Secondary College (WHSC)
Raphael Drive
Wheelers Hill VIC 3150
Phone: 03 9561 5811 ext 6
Fax: 03 9561 8227
Contact person: Mrs Joy Jackson, Student Welfare Coordinator

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**510 Catholic Education Office**

**Description**
In December 1998 the Catholic Education Office received advice that funding had been allocated to develop strategies consistent with the recommendations developed by the Victorian Suicide Prevention Task Force.

The Catholic Education Office submission outlined a response that focused on primary prevention (strategies designed to enhance the emotional and social health of large groups of students rather than individuals) and Early Intervention (strategies focused on students at higher risk of harm and seeking to improve their resilience through effective and appropriate support programs and treatment). The Catholic Education Office submission aimed to enhance the partnership between schools and service providers by providing professional training and support to schools.

In February, March and April 1999, 167 teachers were funded and enrolled in the Graduate Diploma in Educational Studies provided by the Department of Learning and Educational Development at the University of Melbourne. The program currently involves staff from nearly 80 Catholic primary and secondary schools across Victoria.

The decision to engage in a significant professional development program was based upon research which found that the most significant barriers to mental health promotion in schools was the lack of teacher confidence with mental health issues (Department of Health and Family Services 1996).

The investment in professional development seeks to equip large numbers of teachers with the confidence to both meet the needs of specific students and to implement links between learning and student welfare.

The Postgraduate Diploma in Educational Studies (Student Welfare) is a specialised program of professional development catering for the needs of experienced teachers wishing to undertake leadership roles in the development of student welfare programs and caring networks in the schools and colleges. Students having completed the course should be able to demonstrate a knowledge and understanding of recent developments in student welfare, make effective use of that knowledge and understanding in addressing problems and demonstrating leadership in the area of student welfare.

The philosophy of the professional development training and the youth services strategy is that student welfare demands a whole school approach; that school structures, school curriculum and increased teacher confidence are essential in the development of preventative and early intervention strategies promoting the wellbeing of all students.

**Contact**
Catholic Education Office
PO Box 3
East Melbourne VIC 3002
Phone: 03 9267 0300
Fax: 03 9415 9325
Contact Person: Mr. David Huggins, Chairperson Special Education
511

Operation Newstart

Description
Operation Newstart is an intensive program for students and youths aged 14-18 years, at educational risk in the City of Frankston. Each program covers a period of ten weeks and accommodates eight students. It involves participants in a range of activities with an outdoor focus, which aim to improve self esteem, develop individual and team skills, address drug related issues and allows for participants to gain swimming qualifications (Bronze Medallion or higher) and Level 2 First Aid certificates. Participants are also educated in basic seamanship, navigation and sailing, and mountaineering. The program also includes three days at the Police High Ropes Challenge course. In addition students spend time assisting local community groups. Through medium of seamanship and navigation and the various outdoor pursuits participants are assisted to realise their potential in literacy and numeracy. The purpose of this program is: to provide support for youth aged 14–18 years old who are at risk; to change behaviour and attitudes of youth at risk to allow them to make a more positive contribution to the community; to reduce the incidence of unacceptable behaviour and crime in the local community amongst young people; to provide a carefully structured program aimed at providing meaningful learning opportunities in a challenging environment; to assist applicants in acquiring skills that will promote individual achievement and the development of self confidence; through the medium of seamanship and navigation and various outdoor pursuits, assist applicants to release their potential in literacy and numeracy; to develop and practice social skills within a safe and supportive environment; and to provide opportunities for applicants to return to mainstream schooling, TAFE, apprenticeships/traineeships, general employment or service life (Army, Navy, Air Force).

Main Achievements
One graduate of the program has been nominated by the local Lions Club to participate in the Youth of the Year competition; About 90 per cent of participants successfully graduate and of these approximately 80 per cent pursue a successful pathway, whether this be returning to secondary school, TAFE or gaining an apprenticeship.

Barriers/Needs
Insufficient funding.

Funding and operational costs are a year by year proposition. Funding should be for a period of three years instead of yearly.

Evaluation
Internal and external evaluation.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

Contact
Mount Erin Secondary College
Robinsons Road
Frankston VIC 3199
Phone: 03 5971 1606
Fax: 03 5971 1421
Email: Burrell.JohnJA@edumail.vic.gov.au
Contact person: Mr John Burrell, Principal

512
CARE RING Suicide Prevention Program

Description
CARE RING provides a free, 24-hour, generalist telephone counselling, referral and information service for Victorians in personal crisis. Currently the service receives approximately five suicide related calls per day. Approximately 70 per cent of callers who are eventually identified as suicidal, do not initially present themselves in this way. Identification of such callers as being at risk of suicide, is facilitated by the presence of team leaders with suicide prevention expertise. Counsellors can access team leaders at any time for assistance in recognising suicide risk. One of the critical roles of CARE RING is to employ early intervention strategies for callers who are newly identified as suicidal, as well as offering support and containment in crisis situations and at times when other services are unavailable for chronic suicidal people. The current approach taken for suicidal callers is, where appropriate, to conduct a risk assessment, contain immediate crisis and offer brief counselling support and verbal referral. Direct intervention, such as actively linking callers with emergency services, only occurs where a high, immediate risk is assessed. The newly installed call centre technology enables CARE RING to organise triage and direct linkage with other services, providing a seamless service network for a larger range of suicidal callers. This proposed model has the benefit of preventing service duplication or multiple reassessment, by providing an effective initial assessment by CARE RING, followed by a direct linked referral. This model is particularly beneficial given the vulnerable state of those who are suicidal.

Main Achievements
A major achievement of the service is the streamlining and networking of services to enable a suicidal caller to be assessed and assisted immediately.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Short time lines.

Initial funding was insufficient to fully implement the program. Short time lines mean that not all volunteer telephone counsellors will have the additional training which is needed. The data collected for evaluation purposes will be limited. Protocol development has been difficult to implement with some services. New program
money, such as the suicide prevention money should be applied where there is a clear rationale and evaluation framework in place to ensure that the program is effective. The results of evaluation data and outcome material should be public. Collaboration needs to be encouraged by the provision of incentive funding.

**Evaluation**

Internal and external evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation:** Descriptive statistics about clients; Quality assurance methods.

**Outcome evaluation:** Currently being designed.

**Contact**

CARE RING (formerly Crisis Line)
PO Box 33
North Melbourne VIC 3051
Phone: 03 9326 8522
Fax: 03 9329 8826
Contact person: Ms Wendy O’Brien, Director

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**513**

**Peninsula Crisis Services**

**Description**

The Peninsula Crisis Services aim to optimise continuity of intervention between telephone counselling services and mental health services. Telephone counselling services are a critical point of contact for young people with deliberate self-harming behaviours. Telephone counsellors have the capacity to determine when a young person may benefit from referral to a mental health service. Assertive approaches of linkage to mental health services are highly beneficial to young people. It is important that the process of referral from telephone counselling services to mental health services should appear as seamless as possible to the young person.

**Evaluation**

External evaluation.

**Contact**

Peninsula Youth and Family Services
PO Box 1266
Frankston VIC 3199
Phone: 03 9783 8778
Contact person: Mr Neil Shaw, Program Manager

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**University – Academic Department/School**

**514**

**Rural Suicide (Postgraduate Subject)**

**Description**

Rural Suicide is a new subject tailored to the needs of health and human service professionals confronted with issues of suicide, self-harming and other suicide related ideas and behaviours. It can be studied as a single subject or within the Graduate Certificate or Postgraduate Diploma in Rural Health. The subject aims to explore the changing phenomenon of suicide throughout the life cycle in the rural context.

**Main Achievements**

The main achievements include: providing opportunity for local students, who are also often local practitioners, to share and critically analyse their practice in connection with relevant theories; increasing local knowledge regarding suicide factors, issues, prevention strategies and policy; and consolidating a connection between the university and the community it serves.

**Evaluation**

Internal evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

La Trobe University Albury/Wodonga
Rural Health and Human Services Unit
PO Box 821
Wodonga VIC 3689
Phone: 02 6058 3809
Fax: 02 6058 3818
Email: thazeleger@aw.latrobe.edu.au
Contact person: Ms Tricia Hazeleger, Lecturer

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**Youth Service**

**515**

**Adolescent Community Placement**

**Description**

Adolescent Community Placement aims to provide young people for whom home is no longer a safe place with supported, safe and secure accommodation with volunteer families in the community.

**Main Achievements**

The program provides early intervention and ongoing support to young people who are at risk.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Problems where young people with dual diagnoses, such as drugs and mental illness, need to receive treatment.

It is difficult to get other services to accept the referral of young people with dual diagnoses. The development of effective networks and establishment of protocols between agencies would aid the provision of services to young people at risk. The Department of Human Services in Victoria has a Working Together project that is developing...
strategies for effective collaboration between Juvenile Justice, Mental Health and Protection and Care services.

**Evaluation**

Internal evaluation.

**Process evaluation:** Action Research; Non experimental repeated measures design.

**Impact evaluation:** Non experimental repeated measures design.

**Outcome evaluation:** Non experimental repeated measures design.

**Contact**

Grassmere Youth Services  
A Division of Copelen  
53 Webb Street  
Narre Warren VIC 3805  
Phone: 03 9530 0666  
Fax: 03 9530 0899  
Email: grassmereys@infoxchange.net.au  
Contact person: Mrs Raelene Stockton, Manager

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### 517 Cobram Meals Program

**Description**

The Meals Program is an initiative of the Goulburn Valley General Practitioners (GVGP) - Division of General Practice Limited and was set up to give young people a program with a healthy eating/living focus. It encourages young people to learn healthy cooking skills, shop on a budget, develop good dental hygiene and communicate with doctors. This developed quickly to incorporate an expanded program of peer support, networking and access to other service providers. Group discussion is encouraged with a worker available to facilitate and liaise with other providers. Many of the participants have been supported to access other service providers such as: Centre Against Sexual Assault; Child Adolescent Mental Health Service; Community Policing Squad; Domestic Violence Out Reach worker; Centrelink; Regional Housing; Pregnancy Support Agency; and others. Some of the participants have been referred to the program by Department of Human Services. The program is based on group work, with time made available for one to one support. Young people are encouraged to act independently and to develop networks of support within the community. More direct support is available as required.

**Main Achievements**

The major achievement of the program has been providing the support for young people in remote rural areas to make linkages with service providers in the larger regional city of Shepparton. Many of the clients that participate in the program have not had the knowledge to access many of the services that they need, and the program has given them support in gaining the confidence to use the services available.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources. Insufficient funding has lead to insufficient staffing. This has meant that the program (and all associated support) is only available one day per week. The young people are displaying behaviours that do require a lot more support than is available. More funding for increased staffing numbers. The program needs to be expanded to at least two days a week or four half days per week, for after school programs. A permanent location is also required to give the young people ownership of the program.

**Evaluation**

Internal and external evaluation.  
**Process evaluation:** Monitoring through routine documentation; Quality assurance methods.
Community Adolescent Support Team (CAST)

Description
The Community Adolescent Support Team (CAST) provide outreach youth support via crisis, emergency and early intervention strategies to prevent youth homelessness. The Community Adolescent Support Team provide specific counselling aimed towards family preservation and reunification through skill development, individual parent education and generic counselling. The age range to access this service is 12 to 18 flexible and responsive service directed at maintaining the years. CAST aim to provide a flexible and responsive service directed at maintaining the young person within their own family or in alternative accommodation in the community. A significant focus of the Community Adolescent Support Team is to work towards the young persons further developing their life skills. The CAST team aims to meet the needs of young people and their families by using the least intrusive level of intervention necessary to provide such support.

Main Achievements
The program has been successful in facilitating family reunification when families and young person have been threatened with complete family relationship breakdown and the young person was previously at high risk of becoming homeless. The Community Adolescent Support Team maintain a strengths framework throughout their intervention with young people and their families. Maintaining young people within mainstream education is an ongoing concern and challenge when schools appear more focused on performance based outcomes than assisting students who fall below their criteria. Young people at risk of suicide are highly alienated from their community and schools do not appear to be able to recognize they play a significant role in creating/maintaining community links for the young person.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

There is often a lack of adolescent specific back up services, more so in rural areas. Insufficient funding affects staff performance and client casework as workers are stretched to meet demand. Uncooperativeness from schools can be a huge barrier to linking young people into their community.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Monitoring through routine documentation.
way. The dissemination of papers and workshops provides an ongoing contribution in informing the wider service system of the Connexions model.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Structural problems in services. Mainstream health and mental health services are not particularly well disposed to working with this client group. There are few places to refer to, and when staff do so, they have to provide ongoing support and consultancy to staff at the agency referred to. Also, drug and alcohol services and mental health services have different world views and find collaboration very difficult.

Increased establishment of multidisciplinary teams with clinicians coming from mental health and drug and alcohol sectors. Increased access to training so that dual diagnosis specialists can be developed. Interorganisational training so that awareness of dual diagnosis is increased and treatment enhanced.

**Evaluation**

External evaluation.

*Process evaluation:* Descriptive statistics about clients; Qualitative methods.

*Impact evaluation:* Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

Jesuit Social Services
PO Box 271
Richmond VIC 3121
Phone: 03 9427 7388
Fax: 03 9427 1819
Email: dmurray@mira.net
Contact person: Mr David Murray, Associate Director, Policy and Planning

520

**Girls’ Group**

**Description**

Girls Personal Development groups have been organised to run for two and a half hours for ten consecutive weeks, taking place from 6.00 to 8.30pm. The groups were initiated to fill an identified need in the local community to build resilience and coping skills, and to prevent depression and suicide. The activities are presented in a fun way and cover stress and anxiety management, assertiveness, social skills training, anger management, conflict resolution, body image issues, health and self care, sexuality, emotions, coping skills and community resources. The facilitators are experienced social workers and psychologists, with expertise in working with youth and groups.

**Main Achievements**

Low cost enabled youth from financially disadvantaged situations to access the program; an average of 16 participants enrolled in each group with an attendance rate of 100 per cent; feedback from participants, caregivers and parents was positive; word-of-mouth ensured two full groups the following year.

521

**Green Cross Project – Ken’s Bus**

**Description**

Ken’s Bus is an after hours information and referral service for young people experiencing homelessness or at risk of homelessness. The service operates four nights a week in the South East region, and is primarily staffed by volunteer workers. The bus parks on the street and provides a free BBQ, food parcels, tea/coffee and warm clothing. Young people access the bus for emergency relief and to obtain information on health services in the area. A registered nurse is available to take care of primary health problems and to provide information on health prevention. A needle exchange educator, youth worker and solicitor are also available for assistance and referral to appropriate agencies. Workers are supported by a Youth Work Assistant and a bus driver. The team thus provides a multidisciplinary approach and is able to deal with the immediate and underlying issues related to youth homelessness and health.

**Main Achievements**

The service provides a unique model which utilises 14 different agencies from different community sectors. These include housing, legal, cultural support, sexual assault counselling, needle exchange, drug and alcohol, recreation, primary health and employment. The health service is accessible to the homeless, young people and those most at risk.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources; Short time lines.

The Green Cross Program has been refunded annually for the past four years. This has not enabled sufficient time or energy to be put into expanding the program and working towards growth. The service operates with...
only one paid worker, which is not enough to cover coordination, recruitment, orientation, ongoing training, promotion/marketing, community awareness, operations and so on. If the program were to be funded on an ongoing basis resources could be directed towards its expansion. This would require several additional staff members. Current service providers and volunteers are very committed to the program. With additional funding, this model could not only continue but grow and be replicated.

**Evaluation**

Internal evaluation.

**Process evaluation**: Descriptive statistics about clients.

**Impact evaluation**: Monitoring through routine documentation.

**Contact**

Green Cross Program  
39A Clow Street  
Dandenong VIC 3175  
Phone: 03 9706 9905  
Fax: 03 9793 2166  
Contact person: Ms Sarah Hayes, Coordinator

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### Grief, Loss and Resiliency

**Description**

Grief, Loss and Resiliency has been incorporated into the Mental Health component of Year 9 Health Education. The program aims to promote the mental health and wellbeing of young people, while strengthening their resilience, and enhancing their knowledge of relevant community services and agencies; and enables the development of linkages between schools and services. Initial strategies involved the development and facilitation of the program to meet the curriculum requirements and developmental stage of young people. The program’s evaluation is completed both by teachers and participants, ensuring anonymity of young people’s responses.

**Main Achievements**

The program has enabled the following achievements: the normalisation of natural grief and loss processes; the emergence of positive attitudes to people with a mental illness; decreased stigmatisation of mental illness; increased awareness of community and services; increased personal skills development and resiliency for young people; opportunities for young people to share issues, concerns, and ideas; an increased sense of participation and choice for young people.

**Barriers/Needs**

Short time lines; Schools reluctant to take the program on.

There is currently only one secondary school that is committed to the implementation of the program, although there has been a shift in the way schools and agencies work together. The School Focused Youth Service has developed linkages/protocols between agencies and schools, with many, but not all schools are willing to access agencies at an earlier stage (early intervention/prevention). It is anticipated that this will lead to greater numbers of schools in the area accessing the program, with the restriction then being time/resources for program delivery.

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### Evaluation

Internal evaluation.

**Process evaluation**: Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

Mildura Youth Centre  
Youth Support Services  
PO Box 3470  
Mildura VIC 3502  
Phone: 03 5023 4058  
Fax: 03 5023 2019  
Contact person: Ms Michelle Mayes, Youth and Family Support Worker

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### Juvenile Justice (Supervision and Support)

**Description**

The Juvenile Justice program provides case management, supervision and support to young people on statutory orders from the Children’s Court.

**Main Achievements**

The program provides early intervention and ongoing support to young people who are at risk.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Problems where young people with dual diagnoses, such as drugs and mental illness, need to receive treatment.

It is difficult to get other services to accept the referral of young people with dual diagnoses. The development of effective networks and establishment of protocols between agencies would aid the provision of services to young people at risk. The Department of Human Services (Victoria) has a Working Together project that is developing strategies for effective collaboration between Juvenile Justice, Mental Health and Protection and Care services.

**Evaluation**

Internal evaluation.

**Process evaluation**: Action Research; Non experimental repeated measures design.

**Impact evaluation**: Non experimental repeated measures design.

**Outcome evaluation**: Non experimental repeated measures design.

**Contact**

Grassmere Youth Services  
A Division of Copelen  
53 Webb Street  
Narre Warren VIC 3805  
Phone: 03 9530 0666  
Fax: 03 9530 0899  
Email: grassmereys@infoxchange.net.au  
Contact person: Mrs Raelene Stockton, Manager
Kids Help Line 'Being There' Peer Skills Program

Description
Studies indicate that most young people do not use existing social agencies or counsellors to obtain help and information when they have a problem, but rely heavily on their peer network of friends. Peer Skills workshops aim to enable young people to further develop skills that will promote personal competence in coping with and responding to everyday issues. Specifically, these workshops aim to: create a fun, safe and constructive learning environment in which participants are introduced to the concept of Peer Helping and the operation of Kids Help Line; assist participants to understand the concepts of values and attitudes and relate these to a Peer Helping context; provide information about the basic Peer Helping skills of listening and responding; provide a framework for problem solving (the P O O C H model) which can be developed to suit Peer Helping situations; encourage participants to be aware of their own strengths and limitations and to develop strategies for Peer Helping situations; assist participants to gain knowledge about, and to access, their local professional and helping resources and services.

Barriers/Needs
Insufficient funding; Structural problems in services.

Evaluation
Internal evaluation.

Contact
Kids Help Line
Suite 3, 875 Glenhuntly Road
 Caulfield South VIC 3162
Phone: 03 9532 4344
Fax: 03 9532 4633
Email: khvic@ozemail.com.au
Web Address: http://www.kidshelp.com.au
Contact person: Ms Felicity Sloman, Manager

Knox Youth Services

Description
Knox Youth Services is a generic youth service offered to the young people of Knox, with the disadvantaged as a priority, and achieving prevention and early intervention as objectives. Of particular relevance as direct services are group programs and individual assistance, but all services and programs could be described as achieving an element of suicide prevention. Purposes are to: identify needs and issues and pursue effective and coordinated responses to them; provide access to information, services and resources for young people and their parents; assist young people in gaining the skills, confidence and resources to address their own needs and be active participants in their community. The range of programs offered includes General Programs, Group/Peer Educator Programs, and Community Development Programs.

Main Achievements
Outcome measurement for a service with a generic, wholistic approach is extremely difficult. Over the past six years of developing the current service model, some strong indicators of success can be claimed through evidence such as: surprisingly low figures for incidence of youth suicide, teenage parenting; positive service user surveys and surveys of those who deal with service users; increasing demand for services; professional recognition for many of the programs and their imitation by other services; a strong model for the continuous improvement of programs; a strong model for staff and volunteer development.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Reductionist and crisis or problem focused approaches to government funding, which militate against wholistic and self help models.

Influence government and be more entrepreneurial.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Quality assurance methods.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Outcome evaluation: Other quantitative methods.

Contact
Knox Youth Services
511 Burwood Highway
Wantirna South VIC 3152
Phone: 03 9298 8312
Fax: 03 9800 3096
Email: richard.hill@knox.vic.gov.au
Contact person: Mr Richard Hill, Coordinator

Limelight Productions

Description
Limelight Productions developed and trialled a model for youth health services, utilising creative arts and individual support for young people with a history of suicide attempts or ideation. Workers from a range of agencies were involved in the project which was based on these objectives: that a creative arts program is able to engage vulnerable young people; that workers will develop further expertise in working with this client group; that participation in Limelight Productions is a therapeutic experience; that the finished art products and the group's findings be tools for increasing the community's understanding of young people's struggles with mental health.
Main Achievements
The program's achievements include the following: engaging vulnerable young people; creation of interagency collaboration and building of skills in working with target groups; benefits to young people in terms of increased self esteem/life affirming values; arts products that reflect young peoples' perceptions of their struggles with mental health.

Barriers/Needs
Insufficient staff/time/resources.

Interagency collaboration and trialling of a new model required ongoing discussion and evaluation. Time for this was difficult to find on top of the actual program delivery hours required. Each participating agency needs to view the project as theirs, and the learning as collaborative.

Evaluation
External evaluation.

Process evaluation: Qualitative methods; Monitoring through routine documentation.

Impact evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Qualitative methods; Measurement of clinical outcomes.

Contact
The Bridge - Options For Young People
11B Edward Street
Shepparton VIC 3630
Phone: 03 5831 2390
Email: bridgesh@shepparton.net.au
Contact person: Ms Helen Keighery, Programs Coordinator

527
Local Support Program (LSP)

Description
The casework component of the Local Support Program (LSP) responds to referred young people between the ages of 12–18 years who are at risk of harm, homelessness, chronic instability or who are disadvantaged due to a lack of personal and practical supports. A caseworker provides preventative support through crisis response and counselling, ongoing support through case management, information and education, referral and advocacy for young people whose needs cannot or are not being met elsewhere.

Barriers/Needs
Insufficient staff/time/resources; Competitive tendering and centralisation of services. The major barriers are economic rationalism and competitive tendering within the youth/health sector.

A reduction in the competitive tendering of services and an increase in established and proven services/programs funded for longer periods of up to three years with extensive evaluations conducted externally. Improved community responses to youth specific issues and social support requirements. Increased employment opportunities and access to relevant community youth services. Placing more value on youth participation in service development and policy directions.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Impact evaluation: Strategic planning processes; Action Research.

Outcome evaluation: Steering committee meetings/consultations; Monitoring through routine documentation.

Contact
Barwon Association for Youth Support and Accommodation (BAYSA)
Youth Services Incorporated
PO Box 752
Geelong West VIC 3220
Phone: 03 5221 4466
Fax: 03 5221 1442
Email: baysgeel@g130.aone.net.au
Contact person: Mr Shane Murphy, Chief Executive Officer

528
Melbourne Youth Support Service (MYSS)

Description
The Melbourne Youth Support Service (MYSS) provides a statewide telephone and information service for accommodation and support issues. Also, case work services including emergency relief accommodation and counselling to young people who are homeless or at risk of homelessness. The centre responds to over 14,837 young people in crisis annually. MYSS is the only central referral agency of its kind in Melbourne's Central Business District and works with other agencies to provide efficient, compassionate and meaningful support to young people in need.

Main Achievements
Achievements include: locating suitable accommodation; identification/referral on a range of issues (income, training, health, legal and other); giving young people a sense that someone cares and that a better future is attainable. This gives them a sense of hope, a sense of a better tomorrow, rather than a sense of despair.

Barriers/Needs
Lack of backup services; Lack of community interest; Lack of short term accommodation options, drug treatment and detoxification facilities.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Action Research; Quality assurance methods.

Outcome evaluation: Epidemiological methods.
Contact
Melbourne City Mission
472 Nicholson Street
North Fitzroy VIC 3068
Phone: 03 9489 9666
Fax: 03 9489 5573
Email: rcleary@mcm.org.au
Contact person: Reverend Ray Cleary, Chief Executive Officer

529
Motivation and Retention of Students (MARS)

Description
The Motivation and Retention of Students (MARS) Program aims: to provide an immediate case management response with identification and assessment of needs, counselling, advocacy, mediation and service linkages to schools and their communities within the Bellarine district; to provide case management to young people at risk of early school leaving and social fragmentation; to provide assistance/support to young people and their families via responding to telephone and personal inquiries received; to provide schools and their communities with information in relation to resource accessibility and referral procedures to appropriate agencies or services; to establish and maintain multidisciplinary student support teams that provide coordinated health and welfare services to at risk students in the Bellarine district; to conduct needs accessed youth development courses/workshops/activities that focus on reducing risk taking behaviours and improving family, community connectedness.

Main Achievements
Achievements include: reductions in early school leaving; reductions in chronic truancy; reductions in homelessness; improved participation in school and community activities. Also, a reduction in suicide, suicidal ideation and attempts in the secondary schools involved. An increased awareness and access to local health, education and training and youth services has also been achieved. The benefits of school based early intervention and prevention programs are being realized.

Barriers/Needs
Insufficient staff/time/resources; Competitive tendering and centralisation of services. The major barriers are economic rationalism and competitive tendering within the youth/health sector.

A reduction in the competitive tendering of services and an increase in established and proven services/programs funded for longer periods of up to three years with extensive evaluations conducted externally. Improved community responses to youth specific issues and social support requirements. Increased employment opportunities and access to relevant community youth services. Placing more value on youth participation in service development and policy directions.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Impact evaluation:
Strategic planning processes; Action Research.

Outcome evaluation:
Steering committee meetings/consultations; Monitoring through routine documentation.

Contact
Barwon Association for Youth Support and Accommodation (BAYSA)
Youth Services Incorporated
PO Box 752
Geelong West VIC 3220
Phone: 03 5221 4466
Fax: 03 5221 1442
Email: baysgeel@gl30.aone.net.au
Contact person: Mr Shane Murphy, Chief Executive Officer

530
Nathalia Meals Program

Description
The Meals Program is an initiative of the Goulburn Valley General Practitioners (GVGP) – Division of General Practice Limited and was set up to give young people a program with a healthy eating/living focus. It encourages young people to learn healthy cooking skills, shop on a budget, develop good dental hygiene and communicate with doctors. This developed quickly to incorporate an expanded program of peer support, networking and access to other service providers. Group discussion is encouraged with a worker available to facilitate and liaise with other providers. Many of the participants have been supported to access other service providers such as: Centre Against Sexual Assault; Child Adolescent Mental Health Service; Community Policing Squad; Domestic Violence Outreach worker; Centrelink; Regional Housing; Pregnancy Support Agency; and others. Some of the participants have been referred to the program by Department of Human Services. The program is based on group work, with time made available for one to one support. Young people are encouraged to act independently and to develop networks of support within the community. More direct support is available as required.

Main Achievements
The major achievement of the program has been providing the support for young people in remote rural areas to make linkages with service providers in the larger regional city of Shepparton. Many of the clients that participate in the program have not had the knowledge to access many of the services that they need, and the program has given them support in gaining the confidence to use the services available.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources
Insufficient funding has led to insufficient staffing.

This has meant that the time allocated to the program, one day per fortnight, is insufficient to give the participants the support that they require. More funding for increased staffing numbers. Increasing community involvement in the program – to include some funding.
Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Quality assurance methods

Contact
Cutting Edge Youth Service
PO Box 655
Cobram VIC 3644
Phone: 03 5862 3490
Fax: 02 5862 3491
Email: ceys@cnl.com.au
Contact person: Ms Lynne MacDougall, Team Leader

531
OK3000

Description
Melbourne Citymission’s OK3000 is a preventative program, specifically targeting the increasing problem of youth homelessness in the community, while providing services to young people at a time of real and urgent need. The program provides two support workers to make contact with newly homeless young people within the City of Melbourne. These workers arrange appropriate accommodation and transportation. They also provide referrals for assessment and counselling and ensure that, where appropriate, adequate ongoing support is made available in their home environment. OK3000 is a partnership with the Lord Mayor’s Charitable Fund, the City of Melbourne and Melbourne Citymission.

Main Achievements
Achievements include: locating suitable accommodation; identification/referral on a range of issues (income, training, health, legal and other); giving young people a sense that someone cares and that a better future is attainable. This gives them a sense of hope, a sense of a better tomorrow, rather than a sense of despair.

Barriers/Needs
Lack of backup services; Lack of community interest; Lack of short term accommodation options, drug treatment and detoxification facilities.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Action Research; Quality assurance methods.

Outcome evaluation: Epidemiological methods.

Contact
Melbourne City Mission
472 Nicholson Street
North Fitzroy VIC 3068
Phone: 03 9489 9666
Fax: 03 9489 5573
Email: rcleary@mcm.org.au
Contact person: Reverend Ray Cleary, Chief Executive Officer

532
School Focused Youth Service

Description
The School Focused Youth Service aims to develop an integrated service response targeted at young people aged 10–18 years, who are at risk of developing behaviours that may make them vulnerable to suicide, attempted suicide, or who are displaying behaviours which require support and intervention. There are two components to the service. Firstly, the School Focused Youth Service will develop linkages/coordination between schools and community services to enhance their responsiveness to the needs of young people. This may include: community mapping; development of services; enhancement of effectiveness of existing services; provision of information about the service availability; and the establishment of protocols between services and schools. Secondly, there is a brokerage component, whereby the School Focused Youth Service can fund services to identify existing gaps in service availability. This will be done in close collaboration with schools and community services and with the participation of young people.

Barriers/Needs
Attitudes of service providers; Structural problems in services.
Some schools are relatively closed systems and it is necessary to develop ways to encourage some flexibility and openness to change in schools; Develop effective collaborative processes; Market the service well.

Evaluation
External evaluation.

Process evaluation: Strategic planning processes; Quality assurance methods.

Impact evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Outcome evaluation: Monitoring through routine documentation.

Contact
Brophy Family and Youth Services
150 Liebig Street
Warrnambool VIC 3280
Phone: 03 5561 8888
Fax: 03 5561 8816
Email: bfyswarr@standard.net.au
Contact person: Mr Francis Broekman, Director

533
School Focused Youth Services

Description
School Focused Youth Services assist schools and agencies to further develop collaborative approaches that will improve service delivery for young people. The focus is on young people at risk of developing behaviours which may make them vulnerable to suicide.
Main Achievements
The program provides early intervention and ongoing support to young people who are at risk. It has led to increased collaboration between schools and agencies in order to provide a continuum of service in the areas of prevention, early intervention, intervention and postvention.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Problems where young people with dual diagnoses, such as drugs and mental illness, need to receive treatment.

It is difficult to get other services to accept the referral of young people with dual diagnoses. The development of effective networks and establishment of protocols between agencies would aid the provision of services to young people at risk. The Department of Human Services in Victoria has a Working Together project that is developing strategies for effective collaboration between Juvenile Justice, Mental Health and Protection and Care services.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Non experimental repeated measures design.

Impact evaluation: Non experimental repeated measures design.

Outcome evaluation: Non experimental repeated measures design.

Contact
Grassmere Youth Services
A Division of Copelen
53 Webb Street
Narre Warren VIC 3805
Phone: 03 9530 0666
Fax: 03 9530 0899
Email: grassmereys@infoxchange.net.au
Contact person: Mrs Raelene Stockton, Manager

535
The Link Project

Description
The Link Project was established in July 1996 to case manage young people considering leaving school, early school leavers, and young unemployed people in the Bacchus Marsh area. Its principle aim is to encourage young people aged 14–19 years, particularly those in the 15–16 year age bracket, to remain at school, unless they have confirmed alternative employment, education and training options. It is the function of the Link Project to ensure that young people have been provided with all appropriate opportunities to further their career prospects, by means of advice and referral. The project provides information on services such as: vocational courses and enrolments; construction of resumes and application letters; interview techniques; and services that will enhance opportunities in securing employment. The projects objectives are to: work with young people to develop an individual plan and program that focuses on removing barriers to continuing or reentering education/further education, training and employment; establish links between young people and vocational further education course providers through information dissemination and direct introduction to course contacts and course counsellors; advocate for prevocational programs and youth services to be delivered locally; actively work with young people to assist them in securing employment, particularly apprenticeships and traineeships; offer a holistic support service by providing young people with information on relevant services, referral, advice, transport and other practical assistance; encourage the involvement of the client’s families or significant adults in the program and if requested, supply them with relevant information on community resources and services.

Barriers/Needs
Insufficient staff/time/resources.

There is a high demand for the service. An additional worker would enable more clients to be accessed.

Evaluation
Internal and external evaluation.

Process evaluation: Descriptive statistics about clients; Qualitative methods.

Contact
Djerriwarrh Employment and Education Services
239 Station Road
Melton VIC 3337
Phone: 03 5367 5786
Email: djerriwa@vicnet.net.au
Contact person: Ms Agnes Fenech, Link Project Worker
Youth Access and Support Services – Adolescent Community Placement (ACP) Program

Description
The Adolescent Community Placement Program (ACP) is an innovative accommodation and support program that aims to assist homeless young people in their own communities by matching them with a volunteer who can provide them with support and accommodation. ACP aims to assist homeless young people aged between 12 and 18 years. ACP workers provide: advice and where necessary, match young people with a person from the community who is able to provide accommodation; training and support to placement providers; and assists with financial reimbursement for costs incurred by providers. The ACP program aims to: keep young people in their own community; protect and support young people in existing household arrangements; use approved volunteer placement providers; offer training and support to providers by qualified staff; reimburse placement training providers at approved rates; develop placement agreements between the community provider and the young person; provide post placement support and referral.

Main Achievements
Achievements of the program include: continued growth and development; development and implementation of Case Management Policy and Practice; a growing pool of foster carers; developing protocols with other agencies; providing a training program for foster carers; developing a community profile.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Worker case loads are often full, demand for services by far outweigh the programs capacity; Lack of back up services is most apparent when service is full, it is often difficult to refer people to other services.

Continue lobbying for funding and community support; continue networking; continue identifying service gaps.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Central Hume Support Services Incorporated
PO Box 1490
Wodonga VIC 3689
Phone: 02 6024 2922
Fax: 02 6056 3411
Email: yass@albury.net.au
Contact person: Ms Dianne Glover, Manager Youth Programs

Youth Access and Support Services – Intensive Case Management Service (ICMS)

Description
Intensive Case Management Service (ICMS) is an intensive case management service for young people in the 12–18 year age group, who are subject to Protective Services involvement. The young person must be a client of Protective Services. They must present with multiple and complex behavioural and emotional difficulties including: challenging behaviours at home, in placement and at school; substance abuse; suicidal ideation; aggressive behaviour; prostitution; at risk of sexual exploitation; emerging or diagnosed psychiatric or psychological disorder; consistent, escalation of offending; estranged or non existent relationships with their family. ICMS offers: intensive outreach and support; flexible hours of availability; after hours crisis support and intervention; case management and coordination; consultation and specialist advice for professionals and family members; multi disciplinary staffing; and post statutory support. All referrals are made via Protective Services.

Main Achievements
Achievements of the program include: continued growth and development; development and implementation of Case Management Policy and Practice; a growing pool of foster carers; developing protocols with other agencies; providing a training program for foster carers; developing a community profile.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Worker case loads are often full, demand for services by far outweigh the programs capacity; Lack of back up services is most apparent when service is full, it is often difficult to refer people to other services.

Continue lobbying for funding and community support; continue networking; continue identifying service gaps.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Central Hume Support Services Incorporated
PO Box 1490
Wodonga VIC 3689
Phone: 02 6024 2922
Fax: 02 6056 3411
Email: yass@albury.net.au
Contact person: Ms Dianne Glover, Manager Youth Programs
538
Youth Access and Support Services – Youth Support Programme

Description
The Youth Support Programme operates within a Case Management model. The aim of this program is to assist young people who are homeless or at risk of becoming homeless, to achieve independence and stability for themselves within the community. The service will ensure that high levels of support will be provided to people in their own environment and that the use of community services is maximised. The program has been designed to provide support in any area where a young person may be experiencing difficulties. This support service is available to young people between the ages of 15–24 years, who are homeless or at risk of becoming homeless and requesting support.

Main Achievements
Achievements of the program include: continued growth and development; development and implementation of Case Management Policy and Practice; a growing pool of foster carers; developing protocols with other agencies; providing a training program for foster carers; developing a community profile.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources. Worker case loads are often full, demand for services by far outweigh the programs capacity; Lack of back up services is most apparent when service is full, it is often difficult to refer people to other services
Continue lobbying for funding and community support; Continue networking; Continue identifying service gaps.

Evaluation
Internal evaluation.

Contact
Central Hume Support Services Incorporated
PO Box 1490
Wodonga VIC 3689
Phone: 02 6024 2922
Fax: 02 6056 3411
Email: yass@albury.net.au
Contact person: Ms Dianne Glover, Manager Youth Programs

539
Youth Counselling

Description
Youth Counselling offers counselling, mediation, conflict resolution, outreach and referral services for young people (and their families) in those cases where the young person is experiencing significant interpersonal and social difficulties.

Main Achievements
The program provides early intervention and ongoing support to young people who are at risk.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Problems where young people with dual diagnoses, such as drugs and mental illness, need to receive treatment.
It is difficult to get other services to accept the referral of young people with dual diagnoses. The development of effective networks and establishment of protocols between agencies would aid the provision of services to young people at risk. The Department of Human Services in Victoria has a Working Together project that is developing strategies for effective collaboration between Juvenile Justice, Mental Health and Protection and Care services.

Evaluation
Internal evaluation.

Contact
Grassmere Youth Services
A Division of Copelen
53 Webb Street
Narre Warren VIC 3805
Phone: 03 9530 0666
Fax: 03 9530 0899
Email: grassmereys@infoxchange.net.au
Contact person: Mrs Raelene Stockton, Manager

540
Youth Outreach

Description
Youth Outreach is a crime prevention program designed to support young people aged 13–17 who are at risk of committing, or are involved in, offending behaviours.

Main Achievements
The program provides early intervention and ongoing support to young people who are at risk.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Problems where young people with dual diagnoses, such as drugs and mental illness, need to receive treatment.
It is difficult to get other services to accept the referral of young people with dual diagnoses. The development of effective networks and establishment of protocols between agencies would aid the provision of services to young people at risk. The Department of Human Services in Victoria has a Working Together project that is developing strategies for effective collaboration between Juvenile Justice, Mental Health and Protection and Care services.
Evaluation
Internal evaluation.

*Process evaluation:* Action Research; Non experimental repeated measures design.

*Impact evaluation:* Non experimental repeated measures design.

*Outcome evaluation:* Non experimental repeated measures design.

Contact
Grassmere Youth Services
A Division of Copelen
53 Webb Street
Narre Warren VIC 3805
Phone: 03 9530 0666
Fax: 03 9530 0899
Email: grassmerys@infoxchange.net.au
Contact person: Mrs Raelene Stockton, Manager

542 Youth Suicide Protocol

Description
The lack of follow up by any appropriate authority of young people admitted one or more times through the accident and emergency area of Colac Community Health Services was identified as an area of concern by the Service. The Service consequently initiated, through the Youth Suicide Protocol, assessment and data protocols to be used in the treatment of young people using the service. It aims to provide information and education to coworkers at Colac Community Health Services and then to the community at large.

Main Achievements
Main Achievements to date include: identifying young people at risk generally and through admission to the accident and emergency area of Colac Community Health Services; ensuring that the issues of young people are acknowledged and addressed professionally; and educating staff about the Protocol.

Barriers/Needs
Insufficient staff/time/resources.

Lack of staff/time/resources is an ongoing problem for the Service and is not viewed as an intense problem. Further changes to the program are likely to result from monitoring, and may have an impact on the resources available.

Evaluation
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Action Research.

Contact
Colac Community Health Services
Youth Development Service, Community Health Services
Corangamite Street
Colac VIC 3250
Phone: 03 5232 1144
Fax: 03 5230 0194
Contact person: Mrs Carolyn Gati, Youth Development Worker
Western Australia
Accommodation Service

543
Rockingham Youth External Accommodation Project

Description
The project provides four units in Rockingham, WA which are funded to provide long term (12 months) externally supported accommodation for young homeless people aged between 16–20 years. The project acts mainly as an exit point for Anglicare's refuge, for these young people who go to the refuge in crisis. The aim is to provide safe, secure, long term, independent accommodation with the support necessary to ensure a smooth transition from semi independence to successful independent living over a period of up to 12 months. The support and encouragement of the worker is aimed at ensuring that the young person learns the skills necessary so that the risk of future homelessness is largely removed, and successful independent living skills is the outcome.

Main Achievements
The major achievement has been the successful provision of secure accommodation for those young people who are homeless, unable to access private rentals because of age, but have the potential to succeed in independent living if given the support and opportunity needed. This gives them confidence, self esteem and hope.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources. There is a greater need for the service than can currently be meet, owing to lack of funding. There is a need for more properties and more staff hours. It is currently run on 15 hours per week with one worker.

Barriers may be overcome by an increase in funds; increasing community knowledge about the issues of homelessness.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Anglicare
1st Floor, Lotteries House
Rockingham WA 6168
Phone: 08 9527 3066
Fax: 08 9592 3504
Contact person: Ms Bev Bennett, External Support Worker

Advisory Service

544
Western Australia Youth Suicide Prevention Strategy

Description
This project is responsible for the implementation of the Western Australia Youth Suicide Prevention Strategy in Non Government Schools. It provides: professional support to schools and school communities; professional development of key personnel in schools; training opportunities, including an annual conference; the establishment and maintenance of the Youth Suicide Prevention (YSP) network for key personnel in non government education.

Main Achievements
The program has achieved an increased knowledge and awareness of youth suicide, with schools being more able to identify and assist at risk students. Also, it has helped enhance professional standards.

Barriers/Needs
Insufficient staff/time/resources. Non Government Schools are a conglomeration of multiple systems.

Evaluation
External evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency.

Contact
Non Government Schools Psychology Service (NGSPS)
Catholic Education Office of Western Australia
PO Box 198
Leederville WA 6903
Phone: 08 9212 9310
Fax: 08 9212 9298
Email: w.macneil@ceowa.perth.catholic.edu.au
Contact person: Mr Wilson MacNeil, Coordinator

AIDS Council

545
The Freedom Centre

Description
The Freedom Centre is a safe space open to all young people dealing with same sex attractions and gender issues, who may or may not identify as gay, lesbian, bisexual or transgender. The Centre provides STD, HIV and IDU information, sexuality referral and support, peer support, friendship and general self awareness courses. The centre is staffed by a team of peer volunteers who facilitate activities during opening hours. Clients can
access computer/internet, gay lesbian books, magazines and movies, and chat to staff or just hang out.

**Main Achievements**
Mainstream agencies referring clients; mainstream recognition; maintaining a volunteer based service that has at least 1000 clients a year, without any funding.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Ethical problems; Withdrawal of government funding for paid employee.

The Freedom Centre assists over 1000 clients per year, manages up to 30 volunteer staff and maintains its premises without a paid coordinator or funding.

Government has acknowledged the proven link between sexuality and suicide and acted on this knowledge by funding the Freedom Centre which has proven its ability to assist in the reduction of suicide and to increase the standards of mental health among young gay, lesbian, bisexual, transgender or questioning people.

**Evaluation**
Internal evaluation.

**Contact**
WA AIDS Council
134 Brisbane Street
Northbridge WA 6003
Phone: 08 9228 0354
Email: freedom@q-net.net.au or mturnbull@waaids.asn.au
Contact person: Ms Midge Turnbull, Project Officer

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Community Organisation

**546**

**Biala**

**Description**
The objectives of the Association are: to provide direct relief of poverty, sickness, destitution, misfortune, suffering, distress and helplessness by providing a safe place for people to have the opportunity to search for self-fulfilment; to provide limited residential care with necessary and proper board, lodging, medical attendances, appliances, nursing care and comfort. These facilities would be offered to persons discharged from either a psychiatric unit or from some psychiatric or psychological treatment and requiring further care and treatment or those persons whose emotional distress may be relieved by residential care; to provide an environment conducive to full vital health of members. Within the safety of the arms of the Association people on the same path may learn to live together in a group, following a therapeutic lifestyle. While pursuing with maximum endeavour their own personal growth, they may have the opportunity to experience a wide range of feelings and develop their non intellectual psychic powers. The community will allow for members to re experience the pain of abandonment, isolation, loneliness and emptiness as a necessary part of the healing experience. The aim is to give residents the opportunity to integrate back into society at their own pace.

**Main Achievements**
Biala has evolved over nearly 30 years. Members have completed tertiary education courses, developed successful businesses and in many ways gone on to lead productive lives, which may otherwise have been spent in hospitals or resulted in suicide.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

**Evaluation**
Internal evaluation.

**Contact**
Friends of Biala Incorporated
Biala, Lot 5
Mundaring Weir Road
Mundaring WA 6073
Phone: 08 9295 2487
Email: biala@iinet.net.au
Contact person: Mr Mick Kyd, Coordinator

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**547**

**Big Sister/Big Brother Program**

**Description**
The Big Sister/Big Brother Program targets young people aged 7-17 who lack a positive role model (other than a parent) or who are having difficulty developing self-esteem, self-confidence and the ability to make appropriate decisions. The purpose of the program is to provide young people with the opportunity to develop a positive and trusting relationship with an adult mentor, thereby gaining increased self-esteem, confidence and judgement. Volunteers aged over 18 are recruited, trained and matched with the young person (of the same sex) for a period of 12 months, and are expected to commit 2-6 hours per week to the program, usually on weekends. Support and additional opportunities for skills development are offered to the young person, family and mentors during this period. The service also assists in raising community awareness regarding the importance of positive role models in the lives of young people.

**Main Achievements**
The program's success is indicated by the following: demonstration of willingness by young people to develop positive relationships with youth workers, Big Brother/Big Sister and peers; increased self esteem, self confidence and ability to make appropriate decisions; development of effective communication skills.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.
It costs approximately $1000 to train, screen and provide support to volunteer mentors. Insufficient funding means that only 20 mentors each year can be recruited, and demand is constantly increasing. Increased funding is required for program promotion and for advertising to recruit more male mentors, who are in short supply.

**Evaluation**

*Internal evaluation.*

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

**Impact evaluation:** Monitoring through routine documentation; Descriptive statistics about clients.

**Contact**

Young Women's Christian Association (YWCA) of Perth Inc.
179 Main Street
Osborne Park WA 6017
Phone: 08 9440 3501
Fax: 08 9440 3502
Email: ywcapert@arach.net.au
Contact person: Ms Janet Deveney-Salmon, Program Manager

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**548 CY Counselling and Mediation**

**Description**

The counselling and mediation program has developed policies, procedures and specific intervention plans and methods of intervention which target youth at risk of self harm or suicide. The program aims to identify and support young people who present to the service and demonstrate any of the known risk factors. The program also informs and supports their families and parents. Intervention strategies include: individual and family counselling; parent/adolescent mediations; adolescent and parent group programs.

**Main Achievements**

The well trained staff are able to intervene regarding issues of self harm/suicide with the many young people and families who present to the service. Clients are helped develop other options through counselling.

**Barriers/Needs**

Lack of backup services (especially good mental health services for young people); Insufficient funding.

Funding is limited to provide counselling and mediation. Many programs are underfunded or rely on the goodwill of staff.

Barriers may be overcome by encouraging debate with government about the importance of funding agencies to carry out programs that aim to prevent and intervene in the early stages of young people’s mental health problems. Funding needs to be available on an ongoing basis. Short in and out projects do not meet this target populations’s needs over time.

**Evaluation**

*Internal and external evaluation.*

**Impact evaluation:** Accreditation/Standards monitoring by accrediting agency; Descriptive statistics about clients; Measurement of clinical outcomes.

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**Outcome evaluation:** Measurement of clinical outcomes; Descriptive statistics about clients.

**Contact**

Centrecare Marriage and Family Service
456 Hay Street
Perth WA 6000
Phone: 08 9325 6644
Fax: 08 9221 3631
Email: julia@centrecare.com.au
Contact person: Ms Julia Morrison, Team Facilitator

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**549 Family Crisis Anonymous**

**Description**

This is a voluntary community service that provides advice and support to people and families in crisis situations. There is an emphasis on helping single mothers with children and elderly women with intellectual disability find accommodation, but help is also given to women experiencing domestic violence, or young people in crisis who need to talk. If unable to help the caller directly, advice is provided about other agencies who may be better suited to their needs. An answering machine is always available to take phone messages which will be followed up.

**Main Achievements**

The major achievement of the service is the help provided to anyone in a crisis; if it is not possible to provide the necessary advice and assistance to someone, they will be helped to get assistance from another organisation.

**Contact**

Family Crisis Anonymous
PO Box 62
Nedlands WA 6909
Phone: 08 9386 7610
Contact person: Mrs Elizabeth FitzGerald, President

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**550 Family Mental Health Program; Relationship Counselling; Community Drug Service Team; Family Violence Programs**

**Description**

Goldfields Centrecare provides one to one counselling on suicidal issues to clients or other family or support persons; facilitates support groups for clients at risk of suicide; participates in the Suicide Prevention Group on a community level within Kalgoorlie; and is involved in the following prevention activities: education, training, and participating in community projects, for example, Regional Domestic Violence Prevention Committee.

**Main Achievements**

Working closely with Community Mental Health to provide a comprehensive service to clients, family and/or support persons with suicidal issues. Increasing community and professional awareness of the issues facing the community
551
Goldfields Suicide Prevention Group Inc

Description
The purpose of the Goldfields Youth Suicide Prevention Group Inc is: to provide community education and support in the area of suicide prevention; and to promote strategies to decrease incidence of suicide in the Goldfields. The strategies include: development of local strategies based on a needs analysis; networking; training; programs to raise self esteem/decrease depression; increasing community awareness through positive campaigning; overcoming stigma/labelling through education.

Main Achievements
Increasing community awareness.

Barriers/Needs
Insufficient staff/time/resources.

The transient nature of population means it is difficult to really get programs going. Most people in the Goldfields Suicide Prevention Group are full-time workers who have volunteered their time for this project. It is difficult, therefore to devote the time/energy that is needed. A person needs to be employed specifically to coordinate the group. The huge number of suicides in the region is indication enough that they are needed.

552
Youth Therapy Service

Description
The Youth Therapy Service (YTS) is a program funded by the Mental Health Division of WA. YTS is an innovative community based youth mental health program which focuses on the provision of counselling and community intervention of Aboriginal and non-Aboriginal young people aged 12 - 18 years. The service targets difficult to engage marginalised youth, who are at risk of suicide or who have significant mental health issues. The current team consists of a Clinical Psychologist, a Social Worker and an Aboriginal Liaison Officer. The goals of YTS are: to promote and provide accessible therapy and counselling programs to ‘at risk’ and suicidal young people, 12 - 18 years, within the Swan Region; to establish links and bridges with the Aboriginal familial communities and populations who reside in the Swan region in order to enhance the accessibility of mental health services to their young; to increase the accessibility of the YTS to its target population and referral agencies, that promote counselling and therapy to adolescents as a valid health intervention; to provide advice, support and consultation to members of the community, including government and non government agencies, who are involved in the delivery of services to at risk youth and their families; and to provide information, education and therapy groups, upon request and through recognised demand, to young people and their carers within the target population.

Main Achievements
The provision of face to face therapy aimed at treating mental health conditions to over 120 young persons per year aged between 12 - 18 years is one of the main achievements of the program. The average occasions of services per client is 6. Another achievement is the well established links with the Aboriginal communities in the Swan region and the inclusion of Aboriginal young people and their families in Youth Therapy Service mental health programs. Interagency links with at least 13 community agencies (not including schools) which provide services to youth in the local community and the provision of information and education programs on mental health and youth suicide to local populations who reside in the Swan region in order to improve the accessibility of mental health services to their young; and to increase the accessibility of the YTS to its target population and referral agencies, that promote counselling and therapy to adolescents as a valid health intervention; to provide advice, support and consultation to members of the community, including government and non government agencies, who are involved in the delivery of services to at risk youth and their families; and to provide information, education and therapy groups, upon request and through recognised demand, to young people and their carers within the target population.

Barriers/Needs
Insufficient funding; Insufficient staff/ time/ resources.

Funding is only yearly, and staff are on temporary contracts. This situation means that more intensive and longer term intervention programs cannot be put in place due to the uncertainty about funding. Staff are discouraged by the temporary nature of their employment.

Evaluation
Internal evaluation.

Process evaluation: Surveys/ questionnaires of satisfaction/ knowledge/ skill; Accreditation/ Standards monitoring by accrediting agency.

Impact Evaluation: Strategic planning processes; Surveys/ questionnaires of satisfaction/ knowledge/ skill.
Outcome Evaluation: Measurement of clinical outcomes; Strategic planning processes.

Contact
Swan Valley Child and Adolescent Mental Health Service
PO Box 394
Midland WA 6936
Phone: 08 9250 5777
Fax: 08 9250 5775
Contact person: Mr Russell Craig, Clinical Psychologist

553
Karawara Community Project

Description
The goal of this project is to identify mental health issues that may prevent a person functioning well and to offer guidelines on what to do after an issue is identified. It is not designed as a diagnostic tool, but as a helpful guide to improve the use of skills already acquired.

Main Achievements
Development of awareness, education or skills in the intervention and prevention of mental health issues in children and youth for adult workers caring for children and young people.

Barriers/Needs
Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Karawara Community Centre
Walanna Drive
Karawara WA 6152
Phone: 08 9450 3817
Fax: 08 9450 3819
Email: kcp@opera.iinet.net.au
Contact person: Mr Jamie Robson, Mental Health Worker

554
Lion Dance

Description
The Chinese Youth Association aims to relieve the pressure placed on youth by society through activities designed to encourage young people and relieve the stresses of every day life. The Lion Dance enables young people to have fun and socialise with other youth. Friendships are created which result in a sense of wellbeing, and help to relieve the stress that is placed upon young people.

Main Achievements
The program’s main achievement is its encouragement of youths to be active; for example, through their participation in recreational activities, such as the Lion Dance. This, in turn, leads to reduced stress, suicide, crime and so forth, and a greater sense of wellbeing among youths.

Barriers/Needs
Lack of community interest.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Impact evaluation: Qualitative methods.

Outcome evaluation: Review.

Contact
Chinese Youth Association
PO Box 200
North Perth WA 6906
Phone: 08 9242 3108
Fax: 08 9242 3108
Email: pk@iinet.net.au
Contact person: Mrs Juliet Hsu, President

555
Step 1 Joblink

Description
The aim of the project is to provide access to disadvantaged young people into employment, education or training and improve efficiency of the labor market. Some of the objectives of the program are to: assist disadvantaged job seekers to find sustainable employment; assist small business and industry to operate more effectively by efficiently matching job seekers to employment opportunities and provide post employment follow up support; improve employment options of disadvantaged jobseekers by encouraging them to explore enterprising options to employment including self employment and job/lifestyle packages. Strategies undertaken by the program include: providing a basic infrastructure for promoting young people to employers; facilitating the development of training programs; marketing research; liaising with industry and small business; marketing young people to business and industry as potential employees; gaining support for work experience placements and if necessary training placements to ensure employment skills are maintained; maintaining a working knowledge of Youth Enterprise Education and Training options; identifying industry skills training needs and areas of potential employment; the development and implementation of education and training programs which facilitate links into vocational or pre vocational training; assisting job seekers with job search techniques and strategies, including skills, rehearsal; providing careers counselling/advice where necessary; liaising and networking with schools to provide access to career counselling, job search and information on business enterprise and current labour
market trends; providing links for at risk students to seek options around employment, education and training.

**Main Achievements**
The program provides an avenue of support, skill development and enhancement that links people into employment.

**Barriers/Needs**
Insufficient funding; Lack of backup services.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Monitoring through routine documentation.

**Impact evaluation:** Monitoring through routine documentation.

**Outcome evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Anglicare Western Australia
1st Floor 517 Hay Street
Perth WA 6000
Phone: 08 9325 8544
Fax: 08 9321 1484
Email: itecper@wt.com.au
Contact person: Mrs Erika Anderson, Program Coordinator

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**557 The GROW Program for Growth to Maturity**

**Description**
GROW is a community mental health movement organised and led by people recovering, and recovered, from mental illness, or from various other personal inadequacies or problems in life. GROW is different things to different people: to a mentally ill person, GROW is a program of recovery; to a person suffering from the stresses and crises of life, GROW is a way of preventing breakdown and possible hospitalisation; to a person seeking personal growth and fulfillment, GROW is a school of adult education. Essentially however, GROW is a caring and sharing community of people who are using the GROW program and the GROW group method to help each other to overcome maladjustments and inadequacies, develop enduring friendships and grow towards maturity. Services provided include: (1) GROW groups in the city, metro area and country – weekly, 2 hourly meetings combine personal testimonies, progress, group work on problems and adult education about rebuilding lives; (2) friendship networks – between meetings support and friendship is encouraged through phone calls and other contact; (3) residential weekends and workshops for developing members' leadership and living skills; and (4) orientation talks at hospitals and to community groups. Other activities in GROW include: picnics/coffee get togethers; soup and video afternoons in winter; bush walkathon in spring; community weekend in summer and various fundraising events such as raffles, craft stall and street appeals. Members are invited and encouraged to take part in leadership activities and in outreach. Participation in the GROW community is a grounding for developing interests and involvements in the general community, as Grow’s main aim is to get people back to ordinary living.

**Main Achievements**
People who attend GROW improve their lives.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest.

Lack of community interest and attitudes of service providers are subject to change by education. GROW does not have the financial or staff resources to make more than a token educative effort. Attendance suffers as a result. Additional finance is required.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
GROW in Western Australia
142-146 Beaufort Street
Perth WA 6000
Phone: 08 9328 3344
Fax: 08 9328 4419
Contact person: Mr Bill Thornton, Program Coordinator
558
Young Active People (YAP)

Description
Young Active People (YAP) was designed as a fortnightly youth group to provide a service for young people aged 10-17 years on the waiting list for participation in the Big Brother/Big Sister program. These young people tend to exhibit low self esteem, poor self image, lack of confidence, poorly developed social skills or inappropriate decision making skills and behaviours, resulting from disruptive family life or other factors. The youth group provides a safe and non threatening environment in which young people can develop social skills, discuss issues, be supported in times of difficulty, test out appropriate behaviours and interact with peers who may share similar experiences. The program is based on recreational activities with focus placed upon group interaction, with the aim of further developing positive life skills.

Main Achievements
Performance indicators include: willingness of young people who participate in the program to form positive relationships with youth workers and peers; demonstration of effective communication skills; demonstration of new skills, i.e. ability to do school work, participate in a recreational activity or access information in the community.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Young Women's Christian Association (YWCA) of Perth Inc.
179 Main Street
Osborne Park WA 6017
Phone: 08 9440 3501
Fax: 08 9440 3502
Email: ywcapert@arach.net.au
Contact person: Ms Janet Deveney-Salmon, Program Manager

560
Youth Information Service

Description
The Youth Information Service provides information to those in contact with suicidal youth. Information includes a directory of youth services, and the Service offers talks to parents about youth suicide and youth stress awareness. Life support kits and youth cards are some of the materials produced. Information and support is also provided to parents or friends of young people who are at risk.

Main Achievements
Achievements include: the Samaritans directory of youth services; and youth cards - business sized cards with information on the main crisis centres available to young people. All publications are free or very inexpensive.

Barriers/Needs
Insufficient funding.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.
561 Youth Liaison Service

Description
The Youth Liaison Service links young people who have attempted, or are at risk of, suicide with the full range of Samaritan services, including an assigned befriending arrangement, with two Samaritan volunteers. Referrals can be accepted for assigned befriending from agencies, hospitals, schools and parents or self referral. Support is also available to the family and friends of the young person.

Main Achievements
Liaising with and informing young people of services provided; liaising with and informing agencies, hospitals, clinics, educators of services; linking community members who are feeling suicidal with services; development of strong links with agencies; confirmation of the importance of liaison and consulting directly with young people and listening to what they have to say; consistent support during office hours and after hours; and 24 hour availability.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of publicity of the service.

Performance and achievement could be enhanced with additional funding and staffing.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

562 Youth Outreach Team

Description
The team consists of younger Samaritans 18-30 years who wish to liaise more directly with young people out in the community. The youth outreach team attends music events, exhibitions, career days, agency visits. Displays are erected and Samaritan information is available for people to take. The aim of the outreach team is to: raise awareness of the Samaritans; befriend where appropriate; and provide suicide prevention awareness information.

Main Achievements
Providing information on Samaritans services and suicide directly to young people.

Barriers/Needs
Insufficient staff/time/resources.

Limited staff/time/resources.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Samaritans
60 Bagot Road
Subiaco WA 6008
Phone: 08 9382 3720
Fax: 08 9388 2368
Email: samarita@starwon.com.au
Web Address: http://www.samaritans.org.uk/
Contact person: Mrs Christine Rawson, Youth Liaison Officer and Information Services Officer

563 Youth Services Program (Incorporating Swan View Youth Centre and Hills Youth Centre)

Description
The Hills Community Support Group services are provided to people between the ages of 12 and 18 who may be at risk of a crisis (due to family conflict, truancy, substance abuse, conflict with authority figures, poor social skills and isolation from their peers). In some circumstances people under the age of 12 and over the age of 18 may be offered services. Services are centre based and include an outreach component when necessary. The Youth Services program incorporates two youth centres – Swan View Youth Centre and Hills Youth Centre. Both of these centres offer a range of programs that include: an urban art project; a music program; school holiday programs; a girls only group; safest sex project; a drop in centre; and outreach work.

Main Achievements
A major strength of the service is staff stability, which allows staff to develop and maintain supportive relationships with the young people. Another strength has been the ability to provide activities which merge young people from both Centres. Using the same staff in both Centres has consolidated this combined approach to service provision.
Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of community interest. General community and societal attitude towards issues related to suicide and depression is that of avoidance.

Need to provide more education on a wide community scale for both adults and young people on the issues of suicide and mental health.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Hills Community Support Group Incorporated
PO Box 123
Mundaring WA 6073
Phone: 08 9295 6155
Fax: 08 9295 1062
Email: hcsg@iinet.net.au
Contact person: Ms Helen Dullard, Chief Executive Officer

Youthline

Description
Youthline is a 24-hour emergency phone service for young people who need someone to talk to and/or are suicidal. The Youthline phone number is: 08 9388 2500. This service is also confidential and safe to use. The primary aim of the Samaritans organisation is to be available at any hour of the day or night to befriend those passing through a personal crisis and in imminent danger of taking their lives. The Samaritans also seek to alleviate human misery, loneliness, despair and depression by listening to and befriending those who feel that they have no one else to turn to who would understand and accept them. In appropriate cases the caller will also be invited to consider seeking professional help in such fields as medicine and social work, and material help from agencies.

Main Achievements
Youthline can offer young people a viable option of support in times of suicidal crisis.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

Promoting the service and insufficient staff levels are the major barriers. The service is concentrating on providing youth outreach services.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill
**Evaluation**

Internal and external evaluation.

*Process evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Monitoring through routine documentation.

*Impact evaluation:* Monitoring through routine documentation; Pre and post training evaluations.

**Contact**

Community and Youth Training Services  
Unit 7, Wellington Fair  
4 Lord Street  
Perth WA 6000  
Phone: 08 9221 4229  
Fax: 08 9221 4689  
Email: cyts@major.haycom.com.au  
Contact person: Ms Maxine McDonald, Project Coordinator

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**Counselling Service**

**566**  
**Counselling for Families, Youth and the Community**

**Description**

A generalist family counselling service is available to the whole community on an appointment basis. The psychologist of the counselling program acts as an adviser on other programs, specifically on the Job Placement, Employment and Training (JPET) program and as a supervisor to the JPET coordinator. Training, programs and workshops are available when requested.

**Main Achievements**

A valuable service is provided to the Geraldton Community. The service is free to those who cannot afford to pay. Consumer feedback to date has been extremely positive and other agencies state that they are grateful for the referral source for their clients, who need more in depth psychological counselling.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources.

With additional funds, another counsellor could be hired, and therefore the number of programs and projects could be expanded.

**Evaluation**

External evaluation.

*Process evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Other managerial methods.

*Impact evaluation:* Other managerial methods; Surveys/questionnaires of satisfaction/knowledge/skill.

*Outcome evaluation:* Other managerial methods; Surveys/questionnaires of satisfaction/knowledge/skill.

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**Contact**

Geraldton Family Counselling Service  
PO Box 50  
Geraldton WA 6531  
Phone: 08 9921 4477  
Fax: 08 9964 2634  
Contact person: Mr Bruce Stanger, Psychologist

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**567**  
**Suicide Intervention Counselling Service**

**Description**

The Suicide Intervention Counselling Service is offered to those people who are depressed or in crisis and appear to be at risk of suicide, and to people who have attempted suicide. The Suicide Intervention Counsellor works closely with Community Mental Health Staff (Nurses, Social Worker, Clinical Psychologists, Occupational Therapists) and General Practitioners to provide psychosocial assessment and follow up to those at risk. Services offered include support and counselling, either in hospital or at home for up to six weeks, for clients who have either attempted suicide or who have been identified as at risk; telephone counselling and referral; linking of clients into appropriate community based services for long term support; continuing liaison with hospital Accident and Emergency departments and medical practitioners to ensure that identified high risk clients are serviced and supported; educational programs and resources for schools, hospital staff and the community on suicide prevention strategies.

**Main Achievements**

The main achievement of the program is the provision of an acute response service to people at risk.

**Barriers/Needs**

Lack of knowledge/information.

One barrier is the lack of information about State/Commonwealth suicide policies. Such initiatives have an apparent lack of coordination/streamlining.

**Evaluation**

Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Descriptive statistics about clients.

**Contact**

South West Regional Mental Health Services  
South West Regional Mental Health Team, Bunbury Clinic  
PO Box 1993  
Bunbury WA 6231  
Phone: 08 9791 4355  
Fax: 08 9791 4385  
Email: anja.brok@health.wa.gov.au  
Contact person: Ms Anja Brok, Suicide Intervention Counsellor

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**Western Australia Prevention Programs and Activities**

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**Australian Institute of Family Studies 269**
Youth and Family Counselling

Description
The Youth and Family Counselling Service of the Young Men's Christian Association (YMCA) provides counselling for young people between 12-25 years and/or their relatives. The service deals with issues including: abuse; depression; anxiety; sexual problems.

Main Achievements
Achievements of the service include providing a low cost, high level, professional counselling service and an increased level of clients from all over the community.

Evaluation
Internal and external evaluation.
Process evaluation: Monitoring through routine documentation; Supervision.
Impact evaluation: Measurement of clinical outcomes; Quality assurance methods.
Outcome evaluation: Measurement of clinical outcomes; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Young Men's Christian Association (YMCA) of Perth
57 Short Street
Perth WA 6000
Phone: 08 9227 4111
Fax: 08 9227 6738
Email: wilhelm.hurtz@ymcaperth.asn.au
Contact person: Mr Wilhelm Hurtz, Manager

Youth and Family Mediation and Counselling Service

Description
The Youth and Family Mediation and Counselling Service conduct counselling and/or mediation where appropriate with young people (12-18 years) and their families or caregivers. Counselling may be individually or in groups, and may involve crisis situations (such as homelessness) or long term issues (for example, abuse). The philosophy of the service focuses on empowering young people to make informed choices and decisions. The main aim is to assist young people and their families or caregivers to improve their relationships within the family, and the community, utilising skills development programs to increase self esteem. A peer mediation training program in high schools, where students learn to mediate between their peers who are in conflict, is also conducted.

Main Achievements
The counselling and mediation program help young people to have a voice in decisions which affect them, and provides support and assistance to young people at risk (such as, homelessness, self harming behaviour, drug and alcohol abuse). The peer mediation program empowers students to resolve their own conflicts in a constructive manner, and improve their assertive communication skills.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of community interest
Counselling/mediation program does not have a good reputation with professionals and businesses due to supporting young people. The Peer Mediation Program has no funding, so schools have to pay. There is little time to run training or prevention when trying to deal with everyday issues and crises. Improvements could be to take young people to meet with professionals and businesses; keep them informed of organisations' programs and activities; and continued application for funding.

Evaluation
Internal and external evaluation.
Process evaluation: Action Research; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Qualitative methods.

Contact
Rockingham Youth Services
4 Hefron Street
Rockingham WA 6165
Phone: 08 9527 5624
Fax: 08 9527 5603
Contact person: Mr Gary Meyerhoff, Coordinator

Youth Therapy Service

Description
The brief for the Youth Therapy Service was to provide a counselling service to youth at risk of suicide. The client group was Aboriginal and non-Aboriginal youth aged 12-20 years who had either attempted suicide, or were at serious risk of engaging in self harm. The two main goals were to reduce the number of young people taking their own lives and whether possible to improve their general emotional wellbeing. The five main objectives are: to make this service as responsive as possible to the young people themselves, their families and other community agencies supporting them; to provide individual assessment, therapy and to ensure that clients are linked with appropriate accessible services; to develop a range of groups to meet the needs of the young people and their families; to provide advice, support and education to medical and non medical agencies involved in the delivery of services to young people in the client group; and community liaison and service coordination with other agencies.

Main Achievements
Ability to gain inroads into Aboriginal Communities and to achieve acceptance; development of strong linkages with local youth work agencies, which were initially very
suspicious; and good relationship with local general practitioners.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

No knowledge regarding ongoing funding of program from one year to the next. This creates staffing problems due to uncertainty. Funding not reflective of increases in salary levels, despite yearly submissions.

**Evaluation**
Internal evaluation.

*Process evaluation:* Monitoring through routine documentation; Quality assurance methods.

*Impact evaluation:* Qualitative methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Swan Health Service
36 Railway Parade
Viveash WA 6056
Phone: 08 9250 5777
Fax: 08 9250 5775
Contact person: Mr John Robson, Coordinator

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### Disability Service

#### 571
**Oat Street Rehabilitation Facility**

**Description**
The Oat Street Facility specifically caters for the young disabled, with the majority of residents having an acquired brain injury. The facility mission statement incorporates the three main goals of the facility which are that the people living and working at the Oat Street Facility aim to promote the optimal independence and community integration of residents with acquired disabilities, according to their individual needs and goals, in a home like environment, guided by valued community expectations and practices. Oat Street is a twenty four bed facility. The mean length of stay for a resident being eight months, with the maximum rehabilitation period being approximately two years. The facility aims to provide functional rehabilitation where the individual and family are at the centre of planning rehabilitative goals. Twenty four hour nursing care is provided, with an interdisciplinary team made up of: a physiotherapist; occupational therapists; speech pathologists; and a nurse who coordinates the rehabilitation program. Referrals to Oats Street come primarily from: the teaching hospitals; the State Head Injury Unit; families; general practitioners; and other allied health professionals. Service providers see the facility as being very selective in the type of client they consider eligible for their services, with the interdisciplinary team completing an assessment of the client before deciding on their suitability to undertake the rehabilitation program. Several of the clients of Oats Street will go into purpose built homes by Homeswest, which are funded through the Disability Services Commission.

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### Western Australia Prevention Programs and Activities

**Barriers/Needs**
Lack of backup services.

People with Acquired Brain Injury (ABI) are not catered for in drug/alcohol/ suicide prevention programs because, in some cases, their behaviour is associated with this condition. Service providers are hesitant to have these people participate in their programs. There should be a representative from the Head Injury Council of Australia (HICOA) as a part of any committee that addresses the issue of suicide/drugs and/or alcohol. In this way an understanding of the particular needs of this target group can be addressed, and appropriate preventative programs introduced and implemented.

**Evaluation**
*Impact evaluation:* Quality assurance methods; Measurement of clinical outcomes.

**Contact**
Brightwater
170 Swansea Street
East Victoria Park WA 6101
Phone: 08 9470 5255
Fax: 08 9362 5756
Contact person: Mrs Jan Bishop, Manager

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### Domestic Violence Service

#### 572
**Ave Maria House Women’s Refuge**

**Description**
The purpose of this program is to provide crisis accommodation to women and children experiencing domestic violence and life crises.

**Main Achievements**
Achievements include provision of safe, supported accommodation to women and children, as well as accessing housing, legal assistance, counselling and practical assistance.

**Barriers/Needs**
Insufficient funding; Attitudes of service providers.

**Contact**
Ave Maria House Women’s Refuge
PO Box 228
Mt Lawley WA 6929
Phone: 08 9227 6616
Fax: 08 9227 1994
Contact person: Ms Robyn Martin, Manager
Drug/Alcohol Service

573
Bunyap Youth Support Service, South West Youth and Family Support Service, and Drug Information and Counselling Service

Description
Bunyap Crisis Accommodation and Support Service offers transitional support for young people who are homeless or at risk of becoming homeless in Bunbury. A shop front operates with a youth worker to provide information and support. South West Youth and Family Support Service is part of the Youth Homelessness Pilot Program (YHPP) early intervention, counselling service and family mediation for young people and their families.

Main Achievements
Decrease in at risk behaviours due to resolution of conflict in the family.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Evaluation
External evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Agencies for South West Accommodation (ASWA)
PO Box 860
Bunbury WA 6231
Phone: 08 9791 3213
Fax: 08 9791 3287
Email: ann@aswa.org.au
Contact person: Ms Ann Mills, Manager

Family Fun Day: Action Day Against Youth Destructive Behaviour

Description
The aim of the Wyndham Youth Suicide Action Family Fun Day is to link with existing organisation and infrastructure to address the issue of high teenage suicide. The objective is to improve awareness of existing services for the town’s youth in order to encourage cohesion; to link in with underprivileged families not involved in existing youth services by targeting these families; to improve the general perception of problems associated with youth leading to suicide, and to promote a uniform approach to the problems; and to facilitate intergenerational exchange and collaboration. The day is intended to bring together the community of Wyndham to address the following issues: family feuds; youth suicide; truancy; domestic violence; drug and alcohol abuse. Strategies include: the performance of local bands and artists at the Family Fun Day; an attempt to involve all families in the Fun Day with the hope of evolving a well represented youth service committee; the creation of a positive sharing environment by involving all known organisations. It is the intention of the agency in a joint initiative with other agencies to hold Community Family Fun Days on a regular basis (every three months).

Main Achievements
The Wyndham community has become more aware of issues relating to youth suicide and to self destructive behaviour and thinking.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Ngnowar Aerwah Aboriginal Corporation
PO Box 250
Wyndham WA 6740
Phone: 08 9161 1496
Fax: 08 9161 1510
Email: gates@hobbit.com.au
Contact person: Ms Kim Gates, Administrator

Hanny Hunter Rehabilitation Centre

Description
The Hanny Hunter Rehabilitation Centre is a residential program providing a basic 13 week holistic course addressing the issues which underlay addictive behaviour. The program can be extended for up to one year. The program compromises: one to one counselling; support groups; group work; a 12-week 84 unit educational program. The educational program includes sessions on: self esteem; anger management; positive thinking; self determination; handling feelings; assertiveness; boundaries; relaxation; grief; stress management; drug and alcohol information; models of addiction. The Centre also offers assistance in the following areas: recreation/social programs; a spiritual program; medical attention; living skills; work therapy; referral, where appropriate; case management; post program support – not to mention nutritious food in copious quantities. The program is eclectic using all means possible for participants to move from hurt to recovery and overcome self defeating learned behaviours.

Main Achievements
Many participants have suicide issues and often report suicide ideation – the program gives many hope, and enables them to move away from at risk thoughts and behaviour to become positive, fully functioning individuals. Every year contact is made with hundreds of graduates and it is great!

Barriers/Needs
Lack of backup services.

Accessing the mental health system for at risk participants has become increasingly difficult – it seems at times that
one has to be hanging by the neck from a rope to gain assistance! Otherwise it is not an emergency.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Follow up.

Contact
Salvation Army
2498 Albany Highway
Gosnells WA 6110
Phone: 08 9398 2077
Fax: 08 9490 2376
Contact person: Major Bob McDonald, Manager

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Next Stop

Description
Next Stop does not have a specific youth suicide prevention project or activity. However, a significant aim of the agency is to minimise the risk of suicide and self-harming behaviour in young people 18-24 years. The target population of drug and alcohol users are frequently a very vulnerable and damaged population and often consider suicide as a viable alternative. The two main interventions used are clinical education and training and clinical treatment. The clinical treatment aspect provides inpatient (whilst in detox) and outpatient medical, social work and psychological interventions.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services.

The major barriers are a consequence of the lack of financial resources to expand the services currently provided.

Evaluation
Internal and external evaluation.

Process evaluation: Action Research; Non experimental repeated measures design.

Contact
Specialist Alcohol and Drug Treatment Service
Central Drug Unit
32 Moore Street
East Perth WA 6004
Phone: 08 9421 1833
Fax: 08 9221 3089
Email: tania.towers@health.wa.gov.au
Contact person: Ms Tania Towers, Senior Clinical Psychologist

577
Salvation Army Bridge Programme

Description
The Salvation Army Bridge Programme in WA delivers a range of services. The Sobering-Up Shelter is an alternative to lock up when intoxicated persons are found on the streets. They may also self refer. Beds are usually available without booking and may be accessed by presenting at the Wright Street premises. There is no charge to the client for this service. The Detoxification Service is a forty hour nonmedical detox and is offered for users of alcohol and other drugs. The detox period is flexible and beds are usually available without booking. Clients are not charged for this service. The Residential Program is where detoxified clients are offered a fifteen week residential program to address psychosocial issues associated with alcohol or other drug addictions. Some selection criteria apply. The cost to the client is usually around 75% of their pension. It is a total abstinence program. The Non Residential Service offers counselling and life skills training to those suffering from addictions and other drug related difficulties. This service is free to the client, and may offer total abstinence or harm minimisation strategies, according to the needs of the client. Selection criteria are minimal. The Community Housing program provides a number of supported accommodation units in the community for those recovering from addictions. Total abstinence strategies only are offered by this service. Selection criteria apply.

Main Achievements
The Salvation Army Bridge Programme has delivered addiction recovery services in Perth for many decades. Completion rates are high (48% for residential clients in 97/98) and the service is highly respected throughout the state. In recent years, the service has expanded to embrace an effective nonresidential component and to broaden its clients base across all types of addictions.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Monitoring through routine documentation; Strategic planning processes.

Outcome evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Salvation Army
15 Wright Street
Highgate WA 6003
Phone: 08 9227 8086
Fax: 08 9227 7302
Contact person: Captain Mike Coleman, Superintendent

578
Street Van Outreach Programme

Description
The Street Van Outreach Programme is a Mobile Referral Aid and Counselling Centre, which offers outreach and assistance to people who are homeless, in moral or physical danger, or addicted, or likely to be addicted, to legal or illegal drugs. The program's primary focus is on young people, but the centre responds to all those in need. It aims to: identify, make contact with, and assist disadvantaged youth; provide young people with information and referral assistance to suitable professional agencies; offer personal and emotional support; and assist young people towards a
healthier drug free lifestyle. Volunteers work to build rapport with the young people, assist with immediate physical matters, provide information and referral assistance, arrange transport and organise emergency accommodation (where relevant), and generally provide support. All personnel involved in the program are briefed prior to the commencement of the shift at a designated location. The policy of Drug ARM Street Van is for the van to be situated at a number of different locations throughout the night, such as parks, car parks and malls. Trouble areas receive particular attention. The program operates primarily on Friday and Saturday evenings; the overall hours of operation are reviewed constantly and amended to suit the needs of the young people and the area of patrol.

Main Achievements
Achievements include: consistent contact with a large number of at risk youth across the metropolitan area; training in excess of 250 volunteers in drug and related knowledge and skills.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Staff time and funding are constantly stretched, particularly in training and supervising volunteers and providing follow up services. Lack of back up services becomes a problem when Drug ARM is not able to provide them and an alternate service is not available through other agencies. Other programs are being established which will fill some of the gaps in back up services. The area covered by the service is currently being reviewed, and additional funding is being sought. A review of the referral network and training is planned in order to maximise use of existing services.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.
Impact evaluation: Currently being designed.

Contact
Drug ARM WA (Drug Awareness and Relief Movement)
PO Box 277
Kelmscott WA 6991
Phone: 08 9497 9498
Fax: 08 9497 9424
Email: drugarm@argo.net.au
Contact person: Mr Matthew Waldron, Project Coordinator

Family/Parent/Children's Service

579
Compassionate Friends

Description
Compassionate Friends is a mutual assistance self help organisation offering friendship and understanding to bereaved parents and siblings. The primary purpose is to assist them in the positive resolution of the grief experienced upon the death of a child and support their efforts to achieve physical and emotional health. The secondary purpose is to provide information and education about bereaved parents and siblings. The objective is to help those in their community, including family, friends, employers, coworkers and professionals, to be supportive.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Lack of community interest; Lack of awareness of group.

No one knows about our group until they need its services. Finances to allow an awareness campaign to the public would help.

Contact
Compassionate Friends
City West Lotteries House, Delhi Street
West Perth WA 6005
Phone: 08 9227 5698
Email: chuck@q-net.net.au
Web Address: http://www.angelfire.com/co/compassion
Contact person: Mr Chuck Rothwell, President

580
South West Youth and Family Support Service

Description
The South West Youth and Family Support Service aims to provide an early intervention approach to assist young people and their families in order to reduce the likelihood of early home leaving.

Main Achievements
The program has achieved a reduction in the number of young people leaving home early and has helped young people form better relationships with their families. It has also achieved a reduction in the number of incidents of self harming behaviour.

Barriers/Needs
Insufficient staff/time/resources; Short time lines.
Only a two year pilot program. An ongoing commitment to funding is needed.

Evaluation
Internal evaluation.

Process evaluation: Action Research; Progress reporting.

Contact
Agencies for South West Accommodation (ASWA)
PO Box 860
Bunbury WA 6233
Phone: 08 9791 3213
Fax: 08 9791 3287
Email: ann@aswa.org.au
Contact person: Ms Ann Mills, Manager
Youth Services, Association of Relatives and Friends of the Mentally Ill (WA) Inc.

Description
ARAFMI Youth Services Project aims to promote the awareness and understanding of the effects that mental illness has on young family members through the provision of age appropriate information, education and support services to young people and the wider community. Services include: individual and family counselling; psycho social education workshops for children and young people; age appropriate resource material; training programs for youth and family service providers; community development.

Main Achievements
This program has achieved a unique and age appropriate service, with workshops and relevant resource material, for young people who have a parent and/or sibling with a serious mental illness.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers.

It has been challenging to meet all the goals of the service given the limited human resources. Initially it was difficult to elicit the cooperation and collaboration of Adult Mental Health workers as it was felt ARAFMI was possibly encroaching on their 'territory'. More human resources to cope with the increased demand for counselling/community outreach work are needed.

Evaluation
Internal and external evaluation.

Outcome evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
ARAFMI (WA) Inc
1st Floor, 275 Stirling Street
Perth WA 6000
Phone: 08 9228 0577
Fax: 08 9228 0440
Email: arafmi@orach.net.au
Contact person: Ms Lani Kaszanski, Youth Services Officer

Gay and Lesbian Community Organisation

Groovy Girls

Description
Groovy Girls provides young women (generally 15–26) who are either lesbian, gay, bisexual, transgender or questioning their sexuality or gender, with an opportunity to meet and network with like minded people in a safe environment. The group generally provides activities which explore lesbian/gay culture and/or promotes friendships. Where appropriate or requested, the young women are referred to other agencies that have a proven track record in dealing with sexuality/gender issues, to explore their issues more deeply.

Main Achievements
Creating networks for young women to access friendship, support and information.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Groovy Girls is run only by volunteers and most of the funding is raised through fundraising activities. The time and effort spent on fundraising limits the time available actually working with the target group. Limited funds also limits promotion of the service. Secure, recurrent funding is required to finance administration/promotion/professional support.

Evaluation
Internal evaluation.

Outcome evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Gay and Lesbian Counselling Service of WA
GPO Box G406
Perth WA 6001
Phone: 08 9328 1345
Fax: 08 9328 1345
Contact person: Ms Midge Turnbull, Convenor
Youth Suicide Prevention National Stocktake 1999

**Evaluation**
Internal evaluation.


**Contact**
Gay and Lesbian Counselling Service of WA
GPO Box G406
Perth WA 6001
Phone: 08 9328 1345
Fax: 08 9328 1345
Contact person: Ms Midge Turnbull, Convenor

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**584 The Young Women’s Retreat**

**Description**
The Retreat offers a structured weekend away from the metropolitan area for young women dealing with sexuality or gender issues. Activities explore gender/sexuality, promote self esteem and awareness and allow participants to form friendships and networks. After the weekend the participants are invited to complete a Young Women’s Course to explore issues more deeply or Groovy Girls to continue friendship building.

**Main Achievements**
The main achievements of the Retreat are in the areas of: assisting young women with same sex attractions who also have children; offering support to young women with sexuality/gender issues.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

Advertising is limited due to insufficient funding. Volunteer resources are stretched to the limit due to time spent on fundraising activities. There are difficulties associated with organising/coordinating the Retreat because volunteers have other commitments. Having a single person/group coordinating the Retreat and other allied services.

Receiving sufficient funding so that volunteers don’t also have to spend time fundraising would greatly assist the program.

**Evaluation**
Internal evaluation.


**Contact**
Gay and Lesbian Counselling Service of WA
GPO Box G406
Perth WA 6001
Phone: 08 9328 1345
Fax: 08 9328 1345
Contact person: Ms Midge Turnbull, Convenor

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**General Practice**

**585 Adolescent Health Promotion Program**

**Description**
Goal: to facilitate improvements in the health of young people. Strategy: to break down barriers between young people and GPs. The program facilitates GPs presenting information sessions at high schools. Provides resource material to schools on how to access GP services. Provides ongoing liaison with high school staff. Supports ongoing GP collaboration with school nurses in the ‘Baby, Think it Over’ program.

**Barriers/Needs**
Politics between service providers.

**Evaluation**
Internal evaluation.

*Process evaluation*: Surveys/questionnaires of satisfaction/knowledge/skill; Action Research.

**Contact**
Rockingham Kwinana Division of General Practice
Youth Health Program
PO Box 810
Rockingham WA 6168
Phone: 08 9527 2901
Fax: 08 9527 2599
Contact person: Ms Toni Wain, Program Manager

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**586 National General Practice Youth Suicide Prevention Project**

**Description**
As part of the National Youth Suicide Prevention Strategy a two year grant was awarded to the Perth Central Coastal and Perth Divisions of General Practice to establish comprehensive educational training and support structures within the Divisions of General Practice throughout Tasmania, Victoria, and Western Australia. The principal objective of this project was to develop, implement and evaluate a national multi site educational project for General Practitioners. Utilising a ‘train the trainer’ model, geographically selected GPs were trained as peer educators in the project’s youth suicide prevention protocol. By training GPs as peer educators within 75% of the Divisions of General Practice in each of the three project States, it was the project’s intention to produce ‘in house’ resources, thereby increasing the potential long term training capacity within each region. The principal objective of the project was to determine the effectiveness of the training program in altering GPs’ recognition and management of psychological distress and suicidal ideation in young people ages 15-24. Due to a favourable analysis of the effectiveness of the training material, a long term objective is to establish components of the project for insertion into pre service and vocational training for GPs and allied health professionals.
The overall goal of the project is to enhance the physical and mental wellbeing of 'at risk' young people presenting to general practitioners.

**Main Achievements**
There are high prevalence rates of psychological disturbance and suicidal ideation in young people attending general practice. The project's educational material was found to have a significant effect on improving GPs' detection rates of psychological disturbance and suicide risk, providing these patients with the opportunity to receive timely treatment.

**Barriers/Needs**
Low participation rates in traditional forms of educational activities (for example, workshops and manuals).

**Evaluation**
External evaluation.

**Process evaluation:** Monitoring through routine documentation; Strategic planning processes.

**Impact evaluation:** Descriptive statistics about clients; Quality assurance methods (patient audits completed by GPs).

**Contact**
Perth Central Coastal Division of General Practice
PO Box 809
Subiaco WA 6008
Phone: 08 9389 9121
Fax: 08 9386 4093
Email: suicide@iinet.net.au
Contact person: Mr Jon J Pfaff, Project Manager/Clinical Psychologist

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**587 Quarry Youth Health Project**

**Description**
The project has two major aims: addressing the health needs of young people at risk; and training General Practitioners to work more effectively with young people. In addressing these aims the project has two primary activities: the operation of a health clinic for young people (Quarry Health); and a youth health training program for GPs. These two aspects interact through the opportunity for GPs taking part in the GP Youth Health Training Course. The course is run at Quarry for six months on a one session per week basis. Thus the GP training has both a practical and theoretical component. This has proved to be a very valuable experience in which GPs fine tune their skills in working with young people. This then enhances their work in a regular general practice setting.

**Main Achievements**
Training GPs in Youth Health Issues; providing a youth friendly medical service for young people.

**Barriers/Needs**
Lack of backup services; Insufficient staff/time/resources.

GPs may see a young person who is in need of referral to more specialised help, but there is nowhere to refer, especially for after hours help; expansion of the project to work more in areas such as schools would be worthwhile. An after hours emergency service for young people is needed.

**Evaluation**
Internal evaluation.

**Process evaluation:** Monitoring through routine documentation; Descriptive statistics about clients.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Fremantle Regional Division of General Practice
PO Box 798
Fremantle WA 6959
Phone: 08 9430 8655
Fax: 08 9430 8656
Email: annar@frdgp.com.au
Contact person: Ms Anna Roberts, Project Officer

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**588 Rockingham Youth Health Service**

**Description**
The goal of the Rockingham Youth Health Service (RYHS) is to facilitate improvements in the health of young people by encouraging general practitioners (GPs) to offer consultations at the RYHS, facilitate young people's access to GP services through RYHS and support an organisational structure for RYHS that meets the needs of young people and service providers. Activities include ongoing employment of a youth liaison officer to facilitate and support GPs to offer consultations from RYHS, regularly consult GPs about problems and concerns in providing sessions at the RYHS, and examine strategies to overcome problems and address GP concerns in providing sessions at RYHS. The RYHS is promoted to the young people in the area through newspaper advertisements, GP surgeries and the Adolescent Health Promotion Program.

**Barriers/Needs**
Politics between service providers.

**Evaluation**
Internal evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Descriptive statistics about clients.

**Impact evaluation:** Outcome evaluation.

**Contact**
Youth Health Program
Rockingham Kwinana Division of General Practice
PO Box 810
Rockingham WA 6168
Phone: 08 9527 2901
Fax: 08 9527 2599
Contact person: Ms Toni Wain, Program Manager
589
Suicide Intervention Programme

Description
The Suicide Intervention Programme has three components, focusing on the enhancement of GP's involvement with suicidal patients. The first component is the continuity of care between local hospitals and GPs following a self harm presentation to the hospital's emergency department. In liaison with hospital staff, the program coordinator disseminates patient information to GPs to enable them to provide support and optimal care at the community level. The second area of the program has concentrated on mental health education and training for GPs. This has taken the form of workshops on managing suicidal behaviour, depression, and anxiety, as well as producing and distributing guidebooks for managing suicidal behaviour in general practice. The program's final component has been the provision of psychological support services to those patients attempting suicide or deemed at risk of engaging in such behaviour, and who are under the care of a GP in the program's catchment area. Support services include home visits and telephone contact with patients for a maximum of three months, with referrals to specialised services and long term care where appropriate.

Main Achievements
Individuals engaging in non fatal suicidal behaviour, particularly young females, accessing general practice. Unfortunately, their manifestation of psychological distress may be presented in the form of somatic complaints, making it difficult for the GP to recognise.

Barriers/Needs
Insufficient funding.

The project has not received an increase to meet rising overhead costs, for example, staff salaries since the genesis of the project in 1995. An increase in project funds from WA Health Department is needed.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Perth Central Coastal Division of General Practice
PO Box 809
Subiaco WA 6008
Phone: 08 9389 9144
Fax: 08 9389 9797
Email: suicide@iinet.net.au
Contact person: Mr Jon J Pfaff, Project Manager/Clinical Psychologist

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590
School Psychology Service – Gatekeeper training provider

Description
Two professionals, one from the Education Department, the other from a community based program, were trained through the Youth Suicide Advisory Committee (YSAC) to provide regional training to other professionals working with ‘at risk’ youth. The regional training aims to provide the necessary skills in the area of youth suicide to professionals already working with youth. The training aims to increase awareness of best practice principles and to further link a wide range of community services. Professionals targeted will include agencies such as: Family and Children’s Services; Health Department; Centrelink; Education Department of WA; Schools; Hospitals; Youth Programs; and Child and Adolescent Mental Clinics.

Main Achievements
The school psychology service has been able to effectively support schools and individuals during times of crisis. School psychologists have worked further at a systems level and trained professionals to be able to provide further training to external agencies through the Gatekeeper course.

Evaluation
Internal evaluation.

Process evaluation: Accreditation/Standards monitoring by accrediting agency; Strategic planning processes.

Outcome evaluation: Accreditation/Standards monitoring by accrediting agency; Strategic planning processes

Contact
PEEL District Education Office
PO Box 1050
Mandurah WA 6210
Phone: 08 9550 2555
Fax: 08 9550 2500
Contact person: Mr Mike Redman, School Psychologist

591
School Psychology Service – Individual and School Management

Description
The School Psychology Service provides individual counselling and crisis management, as a link to external services. The Service works at a systems level in school in the area of crisis management.

For details see Program 590
592
Together Against Drugs

Description
Together Against Drugs is a comprehensive across government strategy with more than 70 initiatives, including responses through public education, health services, community support services, law enforcement and community action. It indirectly helps with suicide prevention associated with drug use, by health promotion, education and provision of drug related services to people with drug and alcohol issues. The WA Strategy Against Drugs provides support at a systemic level and funds direct intervention services.

Main Achievements
The main achievement of the strategy is the engagement of a range of individuals and organisations involved in alcohol and drug issues. These range from community organisations through to non government service providers and across governmental departments. The effect is increased understanding and cooperation, instead of a fragmented approach to the problem.

Barriers/Needs
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

There will never be enough funding to meet every community need; the challenge is to do better with what there is.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
WA Drug Abuse Strategy Office
Level 1, 6 Thelma Street
West Perth WA 6005
Phone: 08 9483 8244
Fax: 08 9483 8299
Email: terryrm@fcs.wa.gov.au
Contact person: Mr Terry Murphy, Executive Director

593
Youth Suicide Advisory Committee

Description
This intersectoral committee is charged with developing and implementing suicide prevention strategies for at risk youth. Funding covers administration and research for the committee, the development and implementation of education and training strategies, and the maintenance of the Coroners Database on Suicide in Western Australia. The Committee reports to, and advises, the Minister for Health on youth suicide prevention in Western Australia. It assists in the implementation of the 'Across Government Policy and Programs for Preventing Suicide and Suicidal Behaviour Among Aboriginal Youth in Western Australia', a policy document developed by the Committee.

Main Achievements
The Youth Suicide Advisory Committee (YSAC) has been extraordinarily successful in enabling agencies to share information on youth suicide prevention and in initiating cooperative programs between agencies. A major success in 1998 was the approval by the Western Australian Cabinet of the YSAC Aboriginal Policy Working Group policy document on preventing suicide among Aboriginal youth. This policy is now being implemented across all relevant Government agencies in Western Australia. The YSAC also provides Youth Suicide Prevention Training: more than 1200 people have participated in the two-day Gatekeeper workshops, and YSAC offers professionals the opportunity of becoming accredited Gatekeeper Trainers. Such training initiatives enable people living in rural and remote areas to access professionals trained in youth suicide prevention. YSAC has also developed, and maintains, the Western Australian Coroner's Database on Suicide, one of the most comprehensive epidemiological registers of this kind in Australia. It has also initiated and supported the development of Deliberate Self Harm databases at the three major teaching hospitals.

Barriers/Needs
Insufficient funding.

The Youth Suicide Advisory Committee’s funding is basically for staff salaries. This allows little for program expansion/development, travel and other expenses, such as staff development. Insufficient funding could be overcome by additional funding through grant applications, the introduction of a 'user pays' system for training, and sponsorship by private enterprise.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Outcome evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Western Australia Youth Suicide Advisory Committee
TVW Telethon Institute for Child Health Research
PO Box 855
West Perth WA 6872
Phone: 08 9340 7098
Fax: 08 9388 8414
Email: grietjeb@ichr.uwa.edu.au
Contact person: Ms Grietje Bossinga, Executive Officer

594
Youth Suicide Gatekeeper Training

Description
This program is modelled on the Youth Suicide Advisory Committee (YSAC) Gatekeeper Training Program in Western Australia. It aims to provide the necessary skills in the area of youth suicide to professionals already working with youth. The training aims to increase awareness of best practice principles and to further link a wide range of community services.
Main Achievements
One training program has been conducted to date. It was successful for the group who attended. However, it is difficult to get people to attend for two days.

Barriers/Needs
Insufficient funding.

It is difficult for hospital staff and teachers to attend a two day course, so participation is not as wide as we would desire. It can be overcome if it becomes a priority with the employing organisation.

Evaluation
Internal evaluation.

Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Education Department of WA
District Education Office
49 Rose Street
Manjimup WA 6258
Phone: 08 9771 7100
Fax: 08 9771 2474
Email: Kate.Dodson@eddept.eva.edu.au
Contact person: Mrs K Dodson, Student Services Coordinator

595 Youth Suicide Prevention Programs

Description
The Health Department of Western Australia spends approximately $1.2 million annually to purchase services to assist in preventing youth suicide. The majority of services focus on intervention after risk has been identified. The Department also sets Health Department policy on youth suicide and, through the Youth Suicide Advisory Committee (YSAC) assists development of state policy and strategies. An Aboriginal youth suicide prevention policy was endorsed by government in November 1998. Suicide intervention specialists are employed by some of the state's public mental health services to work with people at risk of suicide. People are identified through recent suicide attempt, self harming behaviour or suicidal ideation. Intervention staff may be based in adult or child and adolescent mental health services. The priority group for service provision is youth under the age of 25. However, older people are seen where the workload permits. All public mental health services provide intervention and support for people at risk of suicide, whether or not they have a psychiatric illness. However, it is not possible to provide a cost for these services where specialist positions are not purchased. People with a psychiatric illness are at increased risk of suicide and all services are aware of this risk. Identification and management of suicide risk is part of the day to day work of public mental health services. It is not possible to estimate the proportion of total service costs that are directed to this component of service. Specialist social workers are employed in the emergency departments of the major teaching hospitals to ensure that young people treated for deliberate self harm are thoroughly assessed and receive follow up attention from mental health services. A service also provides support to general practitioners managing suicidal youth. The Health Department is the major financial supporter of the Youth Suicide Advisory Committee. This is an interagency and intersectoral committee reporting to the Minister for Health to advise on prevention strategies and coordinate activity. YSAC also provides education and training for a broad range of professionals working with youth, monitors trends in youth suicide and conducts research. The Health Department also supports Samaritans so that it can provide telephone support to rural areas. The Health Department administers approximately $270,000 annually of National Youth Suicide Prevention Strategy (NYSPS) funding to purchase three rural youth counselling services. Services have been established in Kalgoorlie, Peel and the East Kimberley. Funding for these services is due to cease at the end of 1999/00. The Health Department also contracted the Youth Suicide Advisory Committee to implement NYSPS professional education and training (funding of $200,000 over two years) and national stocktake projects. Currently the Health Department is developing a youth health/mental health promotion program to prevent suicide and other adverse health behaviours. This will be a selective prevention strategy.

Main Achievements
State level: generally good cooperation across agencies; regular forums for discussion of issues; capacity to develop and monitor statewide policy and strategies; development of state policy; good system for monitoring and research; good training programs that have achieved good coverage across the state. Western Australia is beginning to specifically address Aboriginal youth suicide prevention. While strategies can be based on those used with the general population, much work is required to adapt processes so that they are culturally acceptable. Strategies to date have largely been focused on early intervention rather than intervention. As mental health prevention and promotion programs are developed this is expected to contribute to prevention of suicide. Service level: effective postvention local level coordination between agencies; responsive mental health services. As mental health services are expanded the ability to provide effective intervention will increase. However, it is likely that there will never be enough intervention services unless risk and resilience factors are effectively addressed. There is still a need to develop protocols for the management of suicidal individuals to ensure that service standards are maintained over time.

Barriers/Needs
Insufficient funding.

There is a limited budget for mental health and this limits the rate of growth for specialised suicide intervention services within the public mental health system. This also limits capacity for developing preventive programs.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Strategic planning processes

Outcome evaluation: Other controlled trial.
Youth Suicide Prevention Information Kit

Description
This project is comprised of an information kit with a range of fact sheets on the following topics: Statistics on Suicide among Young Western Australians; What Causes People to Commit Suicide; The Myths of Suicide; What are the Suicide Risk Factors; How Can I Help; Useful Contact Numbers (WA).

Main Achievements
Provision of clear information.

Youth Self Harm Social Worker

Description
The Youth Self Harm Social Workers role is to reduce the subsequent rate of self harm amongst young people aged between 13–24 years who present at the Emergency Department of the Royal Perth Hospital. This involves risk assessment and post discharge treatment planning. The Youth Self Harm Social Worker is also involved in a three month follow up of clients. An annual report is produced every financial year which gives details on: numbers seen; agencies referred to; numbers attending follow up appointments; demographics; attendance rates. The Youth Self Harm Social Worker is also involved in education and health promotion both within and outside the hospital.

Main Achievements
The project has achieved: an increased awareness of youth self harm by service providers; a greater impact on service delivery; a reduction in the number of subsequent attendances; increased support for young people at risk; greater efficiency in assessing services.

Barriers/Needs
Not available 24 hours.

The current Youth Self Harm Worker is only funded Monday – Friday, 8:30 am – 5:00 pm. Weekend Social Workers are available to do assessments if required, but this is not their only role. Increased staffing levels after hours and on weekends are needed.

Evaluation
External evaluation.

Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.
**599**

**Gatekeeper**

**Description**
Gatekeeper is a two day workshop aimed at the development of knowledge, skills and confidence in working with suicidal young people.

**Main Achievements**
Main Achievements have included the provision of pertinent information about suicide prevention and awareness. Staff now feel more comfortable in caring for at risk client and are able to monitor their conditions more accurately.

**Evaluation**
Internal evaluation.

**Impact evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill; Measurement of clinical outcomes.

**Contact**
Meredin Community Mental Health
Wyalkatchem Koorda and Districts Hospital
Honour Avenue, PO Box 142
Wyalkatchem WA 6485
Phone: 08 9681 1000
Contact person: Ms Lorna Wiggins, Clinical Nurse Manager

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**600**

**Interagency Youth Suicide Prevention Group**

**Description**
The Interagency Youth Suicide Prevention Group was initially set up to provide a global view of youth at risk and a network of people who could respond in a crisis. The Group ran two training forums for youth workers. The group has reformed with some of its members joining the Youth Forum group to look at positive, life enhancing programs and some to look at continuing the gate keeper training.

**Main Achievements**
Achievements of the program include raising awareness of agencies of the need for a collaborative community response, not just intervention, for mental health.

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**601**

**Suicide Prevention Two Day Workshop and Suicide Prevention Update**

**Description**
Youth suicide prevention two day gatekeeper workshop presentation to school health nurses: the aim is to give them the knowledge base and skills to recognise and assist students at risk of suicide, and to disseminate this knowledge within their role, for example, to teachers. A further one day update workshop is provided for those who have previously attended the two day course. The aim is to update their knowledge base and explore issues such as gender identity in relation to youth suicide.

**Main Achievements**
Training of three staff in Youth Suicide Prevention (Train the Trainer).

**Barriers/Needs**
Lack of backup services; Attitudes of service providers; Structural problems in services.

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**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Lack of community interest; Historical problems associated with government policies towards the indigenous population; Relentless sorrow, grief, loss and mourning, disempowerment and feelings of helplessness and hopelessness.

Deaths in Aboriginal communities often lead to professionals being under stress and in sorrow and unable to continue ongoing programs. Barriers include no time to participate in universal or selected prevention; not enough time to do core business, lack of coordinator to ease the pressure on clinicians to do paperwork; apathy and alcohol abuse over generations of a marginalised section of the community.

Possible solutions are to the need for youth/shop front/street workers; young people to work with young people; use indigenous therapies/narrative therapies; political intervention, for example reconciliation, to reduce racism; more alcohol and drug harm minimisation programs at an early age universal and selected prevention strategies, capacity building in communities, alternative activities in town to alcohol and drugs.

**Evaluation**
External evaluation.

**Impact evaluation:** Accreditation/Standards monitoring by accrediting agency; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Gascoyne Mental Health Service
PO Box 1006
Carnarvon WA 6701
Phone: 08 9941 4141
Fax: 08 9941 3187
Contact person: Ms Annie Campbell, Team Leader
In emergencies, there are not the services available as required. We are to review the present processes available in our area and present recommendations to the management of the health service.

**Evaluation**

Internal evaluation.

**Impact evaluation:** Quality assurance methods.

**Contact**

North Metropolitan Health Service
Staff Development, Community Health Program
Osborne Park Hospital
Osborne Park WA 6017
Phone: 08 9346 8069
Fax: 08 9346 8215
Email: lorraine.beaty@health.wa.gov.au
Contact person: Mrs Lorraine Beaty, Staff Development Nurse

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**Health Service – Community**

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**602**

**Depression Awareness Project**

**Description**

Studies in rural Western Australia reveal that one in four people suffer symptoms of depression at some time in their lives. World Health Organisation studies reveal that the incidence of depression is rising, and that by the year 2020, it is predicted that every second person will experience depression at some stage in their lives. The cost to communities is high, in terms of the pain of the illness, the impact on family and friends, and the cost in terms of reduced capacity to work and family functioning is impaired. This project aims to reduce the morbidity associated with mild to moderate depression in the Central Great Southern Health Region, by increasing the knowledge of community nurses, social workers, welfare officers, allied health workers and community members in the recognition of depression. This includes recognising signs and symptoms of depression, understanding approaches to depression (for example, medical, psychological, biopsychosocial) and methods of treatment for depression, and the effectiveness of treatment. It also involves an increase in positive community attitudes towards mild – moderate depression, an increase in the number of people seeking help for mild – moderate depression, an increase in the number of people in the community with the knowledge and skills to offer support to people who are at risk, or who become depressed, an increase in the number of community driven programs or initiatives focusing on mild – moderate depression, and an increase in the number of partnerships formed between agencies in the community as a result of planning community driven programs. Intervention strategies include workshop training in: the incidence of depression, recognition of depression, approaches to depression, treatment of depression and effectiveness of treatment of depression; supportive communication methods, including active listening, communication, assertiveness, and identifying needs; and presentations to staff of rural businesses, such as banks, accountancy firms, stock and station agents, about dealing with stressed or depressed clients.

**Main Achievements**

Main Achievements of the Depression Awareness Project to date are: training manual to suit a rural situation; workshop training of community and allied health staff; workshop training of community members depression support group; and presentations to staff of rural businesses about dealing with clients who are stressed or depressed.

**Barriers/Needs**

Attitudes of service providers.

In rural health services, where professionals visit a town on a one day a week or fortnightly basis, this service is the first to be missed when professionals are busy in their 'base centres'. The Depression Awareness Project has suffered due to this problem of distance/isolation/lack of communication. Rural areas are understaffed in mental health sectors.

**Evaluation**

Internal evaluation.

**Impact evaluation:** Other controlled trial.

**Contact**

Central Great Southern Health Service
Francis Street
Katanning WA 6317
Phone: 08 9821 2815
Fax: 08 9821 4232
Contact person: Ms Cynthia Warburton, Coordinator

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**603**

**Family Abuse Advocacy Support Team (FAAST)**

**Description**

The Family Abuse Advocacy Support Team (FAAST) aims to provide to people who are escaping from or being pursued in domestic violence/family abuse situations. FAAST provides: information; advocacy; legal information; and support in a confidential empowering, culturally supportive service. There is no fee for the service. FAAST is committed to making contact with the person or their referral source within two business days. FAAST also provides advocacy and support in non legal matters such as: housing assistance, either emergency or through Homeswest; working with Centrelink applications; medical referrals; counselling; maintenance advocacy; referral and support with any other organisation the women are working with.

**Main Achievements**

Achievements of the project include providing one to one counselling to women in abusive relationships and making the service available for women to access it in the Rockingham area. The unique aspect is that not only emotional health counselling is provided but a solicitor is also available to deal with the legal aspects of domestic violence.
Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

There is a lack of a coordinated approach in the Rockingham area among service providers to provide a very needed service to women and children. More funding would make it possible to provide an expanded service. Continue networking. Continue educative and awareness programs to increase understanding of the issues and what can be done to holistically manage occurrences and break the cycle of domestic violence.

Evaluation
External evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Monitoring through routine documentation; Quality assurance methods.

Outcome evaluation: Monitoring through routine documentation; Measurement of clinical outcomes.

Contact
Rockingham Women's Health and Information Centre
PO Box 709
Rockingham WA 6168
Phone: 08 9527 8221
Fax: 08 9527 8662
Email: womenhcr@access.com
Contact person: Ms Judith Davis

605 Youth Suicide Prevention for School Health Nurses in the North Metropolitan Health Service

Description
The community nurses employed in schools within the North Metropolitan Health Region expressed a need to be upskilled in the area of Youth Suicide Prevention. The workshop was conducted in response to the above request to develop skills in recognising and dealing with issues of Youth Suicide Prevention. The program was held over two days at Osborne Park Hospital, 21–22 April 1999. Knowledge and skills sessions were undertaken which looked at: the extent of the problem of youth suicide; the incidence of youth suicide among males and females in Australia; Aboriginal and non-Aboriginal rates of youth suicide in Western Australia; rates of attempted suicide for young people; and various other issues.

Main Achievements
The major achievement was that the program was able to be run within the Health Service, enabling excellent group interaction, continuing follow up and feedback, and consolidation of strategies learned.

Evaluation
Internal evaluation.


Contact
North Metropolitan Health Service (School Health)
Mirrabooka Community Health
Unit 12, 22 Chesterfield Road
Mirrabooka WA 6061
Phone: 08 9345 3800
Fax: 08 9344 7543
Contact person: Mrs I Redfern, Clinical Nurse Manager

Health Service – Inpatient

606 Self Harm Intervention Project

Description
The Self Harm Intervention Project provides services to patients who have harmed themselves or attempted suicide. These services include: assessment, counselling, follow up, referral. The Project also collects statistical information in relation to patients who have harmed themselves. This information is used to monitor trends and demographics.

Main Achievements
The main achievements of the Project include providing assessment and follow up to patients who have self harmed or attempted suicide. This is part of a project where patient progress is monitored after hospital discharge. Also, providing services to patients who present with situational crisis, and who do not fit into the traditional psychiatric stream.
Barriers/Needs
Structural problems in services.

If patients have not been advised about the Suicide Intervention Project and the Social Worker contacts them to offer outpatient counselling, patients are unlikely to accept follow up counselling. The Project is somewhat isolated from the rest of the hospital because the worker is not part of a medical team. Possible solutions to these barriers could be to increase knowledge of the Project and its availability, encourage other hospital staff to advise patients of the availability of the counselling service.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients.
Impact evaluation: Non experimental repeated measures design.
Outcome evaluation: Non experimental repeated measures design.

Contact
Fremantle Hospital
Social Work Department
B Block Alma Street
Fremantle WA 6160
Phone: 08 9431 2477
Fax: 08 9431 2228
Contact person: Self Harm Social Worker

607
Self Harm Intervention Project

Description
The Self Harm Intervention Program aims to ensure all presentations of deliberate self harm (DSH) have follow up available once the patient leaves hospital. Follow up is provided by the program if community resources are unavailable. All DSH presentations are monitored throughout their time in hospital. A central database of DSH presentations is maintained. The program liaises with general practitioners and community resources to alert them of their patient's presentation to the hospital.

Main Achievements
Development of a database; development of a test practice protocol; increased awareness of deliberate self harm within the hospital.

Evaluation
Internal evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Sir Charles Gairdner Hospital
Hospital Avenue
Nedlands WA 6009
Phone: 08 9346 4666
Fax: 08 9346 4906
Contact person: Mr Richard Majda, Coordinator

Indigenous Community Organisation

608
Bindi Bindi Community Juvenile Justice Prevention Program

Description
The aims and objectives of BINDI BINDI are: to nurture young people through the early stages of life; to educate families and mothers on domestic issues such as budgeting and nutrition; and education about domestic violence.

Main Achievements
Reduced crime; reduced violence against children; and better fed children.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services.

Departments are not interested. Cooperation between departments and sharing of resources is lacking.

Evaluation
Internal evaluation.

Contact
Bindi Bindi Community Aboriginal Corporation
PO Box 84
Onslow WA 6710
Phone: 08 9184 6187
Fax: 08 9184 6255
Contact person: Mr Alan Greenwood, Community Manager

609
Desert Acrobats

Description
Desert Acrobats is a mobile acrobatic theatre program targeting youth living in remote communities of the Kimberley region. The program uses the mediums of gym, dance and theatre to build the self esteem of the youth.

Main Achievements
The main achievement of the project is creating a program that is: stimulating; relieves boredom; builds confidence in movement; promotes health; provides physical awareness; and encourages exercise. The program also develops important life skills, which include: learning to work in group situations; communication; and public speaking. In this way the self esteem and confidence of the participants is raised and they achieve a sense of responsibility.

Barriers/Needs
Insufficient funding.

Finding funding that will support the programs for a long period of time, so that better results can be achieved. Ways must be found to prove to the government that there is a need for youth self esteem programs.

Australian Institute of Family Studies 285
Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Impact evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Kimberley Aboriginal Medical Services Council (KAMSC)
PO Box 1377
Broome WA 6725
Phone: 08 9192 1884
Fax: 08 9192 1937
Email: heatwork@comswest.net.au
Contact person: Ms Sita Duggon, Project Coordinator

610
HEATworks

Description
HEATworks is based on the rationale that, due to the high suicide rate amongst Aboriginal people aged 15–25 years, there was a pressing need to inform others of the warning signs for those at risk. As Kimberley Aboriginal people are visual learners, a pamphlet was designed relevant to their needs in photographic picture form. The pamphlet explains the behaviour of a person who is depressed, with information that encourages the user to seek medical help.

Main Achievements
A major achievement of the program is that the pamphlet has broken away from the written word to pictorial. The pamphlet has been readily accepted inside the community and outside this region.

Barriers/Needs
The pamphlet is aimed at a wide variety of people from different cultural/tribal backgrounds. The Kimberley consists of many tribal groups. Within these sections there are salt water, desert and fresh water tribal people. Pamphlets designed for all age groups would be more effective but more costly.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Monitoring through the pamphlet and other distributed printed material.

Contact
Kimberley Aboriginal Medical Services Council (KAMSC)
Health Promotion Unit – Graphics Section
PO Box 1377
Broome WA 6725
Phone: 08 9192 1884
Fax: 08 9192 1937
Email: heatwork@comswest.net.au
Contact person: Ms Sita Duggon, Project Coordinator

611
Koombah-Jenn Kadadjiny Program for Nyungah Youth

Description
The aims of the Koombah-Jenn Kadadjiny Program for Nyungah Youth are to help Nyungah/Aboriginal youth: learn; understand; identify; and maintain all aspects of Nyungah/Aboriginal culture. This will help them gain a sense of pride, self esteem and self worth in a culturally appropriate manner. The Nyungah youth are encouraged to develop and identify their own dreams, goals and lifeskills. In this way they can create a positive outlook for their future. The program consists of the following components: Nyungah/Aboriginal identity and culture; Nyungah language; family and kinship ties; Nyungah/Aboriginal history; The Dreaming and spiritual links to the land; law; dance; song; story telling; counselling; tutoring in maths and English; vocational skills; art and craft; community work; First Aid.

Main Achievements
An achievement of the program is the increase in self esteem, motivation and a sense of identity for the young Nyungah/Aboriginal youth. This goes a long way in preventing youth contemplating suicide.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Attitudes of community.

Due to lack of funding, a permanent venue is not available which youths can identify as their own place and which is culturally friendly and autonomous from other agencies, especially as the clients are from the Ministry of Justice and Police referrals, as well as youth at risk. Need to overcome unfair and unjust stereotyping by the community. Need to change the attitudes of agencies.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients.

Contact
Aboriginal Urban Services Incorporated
12 Montrose Avenue
Girrawheen WA 6064
Phone: 08 9342 1201
Fax: 08 9342 1201
Contact person: Mr Walter Eatts, Chairperson

612
South West Aboriginal Medical Service

Description
The South West Aboriginal Medical Service is an Aboriginal community controlled organisation. Service delivery is from a holistic and cultural appropriate approach. The service encompasses all aspects of underlying issues relating to Aboriginal health. Therefore at times primary prevention is the strategy used, while at other times intervention methods are used.
Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

There has not yet been the opportunity to be fully involved in a youth suicide prevention activity or program. Provision of funding and other resources, such as training avenues for interested staff are needed.

Evaluation
Internal and external evaluation.

Process evaluation: Monitoring through routine documentation; Other managerial methods: culturally appropriate methods.

Impact evaluation: Descriptive statistics about clients; Qualitative methods.

Contact
South West Aboriginal Medical Service
PO Box 1444
Bunbury WA 6230
Phone: 08 9791 2779
Fax: 08 9791 6476
Email: s.wamsinc@highwayl.com.au
Contact person: Mrs Shirley Bennett, General Manager

Interagency

613
Avon Suicide Prevention Group

Description
The objective of this program is to train facilitators to develop 'gatekeeper' workshops throughout the Wheatbelt of Western Australia. It is thought that by increasing the community's knowledge about some of the causal factors related to youth suicide and increasing their capacity to assess and make a referral, it is possible to reduce the actual rate of youth suicide in rural regions. It is also thought that by increasing sensitivity to causal factors, the community's willingness to play a role in furthering preventative programs of other kinds will be increased. The Gatekeeper Training is a two day workshop which informs and increases understanding through role play, discussion and teaching listening skills.

Main Achievements
One of the main achievements has been interagency cooperation. Other achievements include sensitising communities to issues surrounding suicide and giving them strategies to manage and the interest in developing preventative strategies.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources.

Minimal back-up resources in rural regions, which is exacerbated when staff are on leave because there is no one in the position for that time. This in turn leads to burn out. Increased staff numbers and community volunteers are required.
Justice System

615
At Risk Management System (ARMS)

Description
The policy of caring for the suicidal offender has developed primarily from a medical model of suicide prevention toward an integrated approach based on the responsibility of the whole prison community for the care of those in distress. Primary Care creates a safe environment and helps offenders to cope with custody; Special Care identifies and supports offenders at risk of self harm and treats them with dignity; and Aftercare, cares for the needs of those affected by suicide and self harm. A multidisciplinary Prisoner Risk Assessment Group (PRAG) undertakes the administration of the ARMS system at individual prison level with responsibilities for the formal identification and monitoring of offenders at risk of self harm and the designation of levels of risk; the formulation of risk management plans for these offenders; ensuring effective communication and cooperation between all staff disciplines, external agencies and offenders; support and advice to staff, including the development and ongoing review of policy and procedural instructions; maintaining staff and offender awareness; encouraging offender involvement in the support of at risk offenders; identifying and monitoring the training needs of staff and offenders; and monitoring the implementation of local procedure, in particular, the risk management process.

Main Achievements
The main achievement has been a prima facie reduction of deaths in custody in Western Australian prisons since the program’s implementation.

Evaluation
Internal evaluation.

Outcome evaluation: Epidemiological methods.

Contact
WA Ministry of Justice
Offender Management Division
PO Box F317
Perth WA 6001
Phone: 08 9264 1070
Fax: 03 9264 1583
Email: rossg@justice.moj.wa.gov.au
Web Address: http://www.justice.wa.gov.au
Contact person: Mr Glenn Ross, Manager, Forensic Case Management Team

Mental Health Service

616
Aussie Optimism

Description
The Aussie Optimism research project is coordinated by Curtin University and Public Health. The aims are to teach depression prevention strategies to pre adolescent children. The program has been adapted from the Penn Depression Prevention program run by Martin Seligman in the United States of America.

Main Achievements
Achievements of the program include: trialling the program in a remote area; helping school principals to focus on the need for more mental health prevention programs and their accessibility and outcomes; obtaining good outcomes for direct target group in pre and post program comparisons; interagency collaboration; improved communication with the Mental Health Service and Education Department.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

No specific prevention funding. No specific child and adolescent funding. The program was undertaken as part of generalist mental health funds for remote areas. Specialist funding is needed.

Evaluation
External evaluation.

Process evaluation: Randomised controlled trial.
Impact evaluation: Randomised controlled trial.
Outcome evaluation: Randomised controlled trial.

Contact
Gascoyne Mental Health Service
PO Box 1006
Carnarvon WA 6701
Phone: 08 9941 4141
Fax: 08 9941 3187
Email: sue.lucking@health.wa.gov.au
Contact person: Ms Sue Lucking, Senior Clinical Psychologist
assertive community based services and support; contributed to professional development regarding suicide risk awareness and interventions.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

A major barrier that continues to frustrate attempts to deliver timely and appropriate interventions are the knowledge and attitudes of staff such as emergency and inpatient staff at hospitals towards young people who regularly self harm, and individuals who experience problematic drug use. Possible solutions are; best practice protocols for assessing individuals at elevated suicide risk for hospital and mental health staff; continued education and awareness raising of suicide risk issues to primary health staff; dedicated suicide prevention positions in mental health settings and hospital emergency departments in order to identify at risk individuals, provide timely interventions and educate staff members.

**Contact**
Joondalup Community Mental Health
Joondalup Health Campus
PO Box 382
Joondalup WA 6027
Phone: 08 9400 9599
Fax: 08 9400 9590
Contact person: Mr Paul Buttigieg, Community Support Worker

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**618 Crisis Intervention (Suicide Prevention)**

**Description**
Clinical services offered provide interventions and short term case management to clients who are at risk of self harm or who are expressing suicidal ideation. Assessment and urgent counselling is provided for people identified as having attempted suicide within 48 hours of the incident, or as requested by medical staff. Urgent assessment and counselling is given for people at risk of self harm and suicidal behaviour. Program Plan and Review functions include the following: development of support mechanisms for clients and their carers; development of a program plan to implement suicide prevention, education and intervention strategies; participation in the identification of the target population to reduce the rate of completed suicides and self harming behaviours in the population catchment area of the Swan Health Service; identification of human, physical and technological resources required for the ongoing maintenance and possible expansion of the service; development and maintenance of an accurate statistical data base. The Adult Mental Health Service liaises with staff of the Swan Health Service, general practitioners and community and health care facilities, in addition to government, non-government and community agencies.

**Main Achievements**
Processes developed are now in place to ensure rapid pick up and assessment, intensive/assertive management of clients engaging in suicidal behaviour, and linkage back into community care teams or community agencies. Guidelines for managing suicidal and self harm behaviour have been made available to Emergency Department and hospital wards (SDH).

**Barriers/Needs**
Lack of backup services; Structural problems in services.

There exists a lack of clarity of role, that being, how the Crisis Intervention program links to other subprograms within the Mental Health Clinic. The role and direction of suicide prevention/intervention within Swan Adult Mental Health Service (SAMHS) is currently undergoing review.

**Evaluation**
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

**Contact**
Swan Adult Mental Health Service
Eveline Street
Middle Swan WA 6056
Phone: 08 9347 5540
Fax: 08 9347 5575
Contact person: Ms Marg Sayers, Crisis Intervention Officer (Suicide Prevention)

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**619 General Community Based Mental Health Care**

**Description**
Northwest Mental Health Services provides general community based mental health care in the Kimberley and Pilbara regions. The service liaises at clinical and administrative levels with the various government and non government organisations working in the area. Individual clinicians (usually senior Community Mental Health Nurses) liaise more often at an informal, rather than formal, level with individuals and community organisations, who are often in a better position to access target populations. Interventions may encompass the use of diverse media, such as music, to explore emotional, social and cultural aspects of the lives of adolescents and children in remote Aboriginal communities.

**Main Achievements**
Significant gains have been made in: community networking/linkages, particularly with the area's Indigenous peoples; raising the profile and, hopefully, accessibility of the Service (relevant because the majority of youth suicides have not been by clients of the service); and localising treatment. The main barrier, in terms of youth suicide prevention, is the lack of access to the service by the target population. Barriers can be overcome, at least in part, through increased networking/linkages and service profile, particularly with the area's Indigenous communities, and through localising treatment.
Youth Suicide Prevention National Stocktake 1999

**Contact**
Northwest Mental Health Services and Kimberley Drug Service  
PO Box 3475  
Broome WA 6725  
Phone: 08 9192 3322  
Fax: 08 9192 3623  
Contact person: Dr G Windsor, Director

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**620**  
**Mental Health Service (Community Based)**

**Description**
The Mental Health Service provides: assessment; liaison; referral; support; and education to persons with a diagnosed mental illness and their families and carers. Crisis intervention for persons that have been identified as being at risk of suicide is also provided. The service provides support for the family, carers and the community following unsuccessful and completed suicide. Stress debriefing of staff and professionals responding to crisis, including community members directly involved, is also offered. The service provides individual follow up and support.

**Main Achievements**
The main achievements of the service include: increased community awareness; improved networking and referrals; improved consumer awareness of supports; improved response to crisis.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

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**622**  
**Psychiatric Emergency Team**

**Description**
This is a centralised psychiatric emergency service, responsible for the metropolitan area (with 1.3 million people) after hours. Prioritising the needs of the acutely ill, who are at risk of harm to self or others is the central focus. The target population includes young people 16 and over. The aim is to provide assessment, support and interventions for primary consumers and their families. This is achieved through telephone counselling and community visits. The service has also provided a lead role in training, education and liaising, particularly to the police, with special emphasis on youth suicide/self harm. Documented clinical policies are provided to other agencies, and networking with other service agencies, particularly in the area of postvention is an important aspect.

**Barriers/Needs**
Lack of backup services; Insufficient staff/time/resources.

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**621**  
**Peel Community Child and Adolescent Mental Health Service**

**Description**
The objective of the service is to provide a direct assessment and treatment service (non emergency) to high risk children and adolescents to reduce other suicidal behaviour and ideation. The intervention strategy includes provision of a comprehensive, multi-disciplinary treatment service using a range of treatment strategies, such as individual and family therapy and a case management service for referred high risk youth which involves collaboration with local primary services.

**Main Achievements**
Provision of a high quality direct intervention service. The program has not been successfully integrated into a community youth suicide prevention approach. It is the aim of the project to achieve this over the next 12 months.

**Barriers/Needs**
Lack of backup services; Insufficient staff/time/resources. There is no youth accommodation service locally available. As part of a small general child and adolescent mental health service, there are barriers to being able to respond to all cases as urgently and comprehensively as would be liked; services are fragmented, and boundaries and expectations blurred as a result.

In youth accommodation, barriers can be overcome by identifying gaps and briefing the relevant youth affairs office. With resources, it is necessary to review current protocols, identify gaps and prepare a case for additional funds. It is also helpful to participate in community planning.

**Contact**
Peel Community Mental Health Service  
PO Box 162  
Mandurah WA 6210

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**Evaluation**
Internal evaluation.  
Process evaluation: Accreditation/Standards monitoring by accrediting agency; Strategic planning processes.
Impact evaluation: Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Psychiatric Emergency Team
PO Box 8172
Perth WA 6849
Phone: 08 9227 6822
Fax: 08 9227 6730
Email: jane.fitch@health.wa.gov.au
Contact person: Dr J Fitch, Clinical Director

623 Suicide Intervention/Prevention Program

Description
The aim of the service is to provide urgent follow up to clients who are displaying suicidal behaviours or reporting suicidal ideation. The adult and youth suicide intervention officers are based at the Armadale Mental Health Clinic and Kelmscott Child and Adolescent Mental Health Clinic. All patients attending the Armadale Health Service Emergency Department are followed up. Also, referrals from General Practitioners or other referrals to either clinic deemed appropriate will be followed up. Clients are assessed and then may be referred to community agencies, within the mental health service or followed up for support and counselling by the suicide intervention officer for up to three months. The rationale for this service is the high number of completed suicides who had previously attempted suicide, or contacted their local doctor. The service also focuses on community development and liaison. The workers see clients usually in their own home, or at their school. They are involved in a range of community initiatives. Education and information programs are provided for primary care givers such as hospital and school staff and community agencies.

Main Achievements
Main Achievements of the program include: developing a role within an Adult and a Child and Adolescent, Mental Health Clinic; developing strong community links with schools and other government agencies as well as non government organisations and the wider community; maintaining an urgent response to cases, making contact within 48 hours of referral, if possible; providing education and information sessions to a wide range of groups, with very positive feedback; being involved in developing an interagency plan for responding to a completed suicide in the community; and having a specific Youth Suicide Intervention Officer to improve access and appropriateness of services for young people.

Barriers/Needs
Difficulties liaising with General Practitioners; difficulties in informing General Practitioners of the service; working with the local Division of General Practitioners.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

624 Suicide Prevention Program

Description
The aims of the Suicide Prevention Program are: to reduce the incidence of completed suicide; to provide appropriate clinical services to identified individuals; to coordinate services within a geographical area. The program is based on the rationale that suicide is a pervasive and insidious part of Australian culture which needs to be reduced. Intervention strategies used include: coordination of services; enhancement of competencies of service; improved services to individuals and families at risk of suicide; the provision of postvention services.

Main Achievements
Achievements of the program include: the coordination of services; identification of best practice methods; the collection of data which shows the extent of youth suicide; early intervention.

Barriers/Needs
Structural problems in services; Staff as specialist workers.

A position dedicated to suicide intervention has been lost. Recruitment of staff with competencies has been difficult, and the service is reviewing whether a dedicated position is the best method. The structural issue in Western Australia is whether services can meet the objectives in the State Goals and Targets. Clarity is needed in relation to the role of the government agencies in Suicide Prevention and Intervention, particularly the Mental Health Division. This needs to be clearly articulated in the contractual arrangements and resourced appropriately.

Contact
Rockingham Kwinana Psychiatric Service
Peel Mental Health Services
PO Box 187
Kwinana WA 6966
Phone: 08 9527 9299
Fax: 08 9527 9956
Email: belinda.robinson@health.wa.gov.au
Contact person: Mr Warwick Smith, Director

625 Suicide Prevention – Youth

Description
One day workshops were conducted throughout the region in 12 target towns. These workshops are to be repeated each year. The material is drawn from the Gatekeeper Training Manual produced by the Western Australia Youth Suicide Advisory Committee (YSAC). The content
includes: Overview of youth suicide and setting the scene; Understanding the problem (including problems specific to Aborigines); Recognising the warning signs; Depression; Understanding needs; Linking and raising the issue. The objective is to increase knowledge of youth suicide among interested people, in order that their intervention skills and confidence would be increased. The program may include two day workshops in the future incorporating counselling skills, and role plays.

Main Achievements
Main Achievements include: increased knowledge and skills; increased networking; location of 'key people' for prevention in Mid West regional area; presentation and planning skills.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Lack of community interest; Lack of interest in the program on the part of some shires/schools and professionals; size of geographic area.

There is no funding for Mental Health Promotions.

Mental Health regions need to be given a specific budget for suicide prevention strategies/programs.

Evaluation
Internal evaluation.

Impact evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

Contact
Midwest Health Service
PO Box 175
Geraldton WA 6531
Phone: 08 9964 4953
Fax: 08 9964 4962
Contact person: Mr Graham Clarke, Community Mental Health Nurse

626 Suicide Risk Assessment

Description
This project has been developed as a service within the two Mental Health Programs of the site. Its objective is to provide acute response assessment and treatment for persons up to age 65 who are identified as being at moderately to high risk of suicide. The service type fits within the program’s general target group of persons with psychiatric illness. The objective is to be part of a coordinated Regional Plan and thereby identify, assess, treat and support at risk persons early. Assessment is face to face. Treatment is clinical, with psycho social and family support brokered with external agencies. Supporting the development of a coordinated regional approach is part of the intervention strategy, including the provision of risk assessment training for health professionals.

Main Achievements
Achievements include: realignment of Mental Health Service target group priorities; improved risk assessment skills of staff; and initial progress towards community partnerships.

Barriers/Needs
Lack of backup services; Insufficient staff/time/resources; Structural problems in services.

The Peel area has relatively few community agencies, therefore, referral/brokerage of support for individuals, peers and families is limited. Additionally, the current demands on the mental health service are large, so the prioritising of services for high risk suicidal individuals is yet another task.

Investment in community development for the region is needed.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Outcome evaluation: Currently being designed.

Contact
Peel Community Mental Health Service
PO Box 162
Mandurah WA 6210
Phone: 08 9531 8080
Fax: 08 9531 8070
Email: anthony.collier@health.gov.com.au
Contact person: Mr Anthony Collier, Service Coordinator

627 Swan Health Service

Description
The Swan Health Service employs a Suicide Intervention Officer to: provide interventions and short term case management to clients who are at risk of self harm or who are expressing suicidal ideation; provide assessment and urgent counselling for people identified as having attempted suicide within 48 hours of the incident, or as requested by medical staff; provide urgent assessment and counselling for people at risk of self harm and suicidal behaviour; and to develop support mechanisms for clients and their carers.

Main Achievements
There are two major achievements: (1) Integration of suicide prevention service as a part of mental health service by providing semi urgent assessment and assertive, intensive follow up to at risk clients with clear documentation and linking back into continuing care teams within the mental health centre. (2) Development of protocols for the broader health service on assessing and managing suicidal and/or self harming behaviour.

Barriers/Needs
Initial difficulty in clarifying role and responsibilities of suicide prevention program officer.

Difficulty ensuring adequate risk assessment occurring in general hospital setting has led to inappropriate referrals to the program. Lack of identified better practice guidelines
in a community mental health setting for suicide prevention
officers. Ways to overcome these barriers include;
development of accepted better practice guidelines
appropriate to the needs of staff and clients of community
mental health settings; and further work in ensuring that
the protocol document developed is followed across the
health services.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine
documentation.

Contact
Swan Adult Mental Health Centre
Eveline Street
Middle Swan WA 6056
Phone: 08 9347 5540
Fax: 08 9347 5575
Contact person: Ms Marg Sayers, Crisis Intervention
Officer for Suicide Prevention

628
The Mental Health Program: Early Intervention in Psychosis

Description
The Mental Health Program aims to provide primary
prevention, early intervention and treatment of those
people suffering with mental illness or mental health
related problems including depression, self harm and suicide.

Main Achievements
Achievements of the program include raising awareness of
agencies of the need for a collaborative community
response, not just intervention, for mental health.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient
staff/time/resources; Structural problems in services; Lack of
community interest; Historical problems associated with
government policies towards the indigenous population; Relentless sorrow, grief, loss and mourning,
disempowerment and feelings of helplessness and
hopelessness.

Deaths in Aboriginal communities often lead to professionals
being under stress and in sorrow and unable to continue
ongoing programs. Agencies all work business hours.

What is needed here is youth/shop front/street workers
and young people to work with young people, there is no
time to participate in universal or selected prevention; not
even enough time to do core business; lack of coordinator to
ease the pressure on clinicians to do paperwork; apathy
and alcohol abuse over generations of a marginalised
section of the community; There is a need to use indigenous
therapies/narrative therapies; need political intervention,
for example reconciliation, to reduce racism; more alcohol
and drug harm minimisation programs at an early age;
universal and selected prevention strategies, and alternative
activities in town to alcohol and drugs.

Evaluation
External evaluation.

Impact evaluation: Accreditation/Standards monitoring by
accrediting agency; Surveys/questionnaires of
satisfaction/knowledge/skill.

Contact
Gascoyne Mental Health Service
PO Box 1006
Carnarvon WA 6701
Phone: 08 9941 4141
Fax: 08 9941 3187
Contact person: Ms Annie Campbell, Team Leader

629
Western Australia Youth Suicide Advisory Committee Gatekeeper
Training Program

Description
Western Australia Youth Suicide Advisory Committee
Gatekeeper Training Program aims to raise community
awareness of youth suicide issues. Its objectives are: to
train community based and professional gatekeepers; to
promote the establishment of community based suicide
prevention and risk response groups; to provide ongoing
awareness of youth suicide and responses/remedies; and to
provide ongoing support of suicide prevention groups. The
Committee’s rationales are as follows: awareness may lead
to community response and call for appropriate resources;
community empowerment may lead to more effective local
response; and reduced suicide ideation may be identified
as a realistically achievable goal.

Main Achievements
The program’s main achievements to date include: four
two day workshops, which trained approximately 60
Gatekeepers; raised community awareness of youth
suicide issues and possible responses; a drawing together
of professionals and lay community members to identify
and discuss issues.

Barriers/Needs
Barriers/Problems include: Lack of backup services;
Insufficient funding; Insufficient staff/time/resources;
Attitudes of service providers; Structural problems in
services; Lack of community interest; Apparent reluctance
on the part of some community service agencies to support
local staff training and networking opportunities offered
by this program.

Realistic needs assessment is required for adequate
funding, with project demands greater than available
resources. While some areas/communities demonstrated
enthusiastic support, others showed little or no interest.
Some agencies demonstrated little or no interest despite
direct promotion; communities touched by suicide and/or
with a strong sense of community showed a high interest,
whereas elsewhere interest tended to be individual. It has
been suggested that metropolitan management/policy
setting curtail opportunities for rural staff training and co
working at a local/area/community level.

It is necessary to appoint an area/regional project
officer/coordinator; fund adequately and realistically;
seek cooperation and coworking at all levels – state/area/community; allocate funding for publicity and promotion.

**Evaluation**

Internal evaluation.

**Impact evaluation:** Quality assurance methods; Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**

Eastern Wheatbelt Health Service
9 French Avenue
Merredin WA 6415
Phone: 08 9041 2977
Fax: 08 9041 1192
Contact person: Mr Rob Casey, Community Mental Health Nurse

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630

**Youth Suicide Advisory Council (YSAC) Training**

**Description**

The Youth Suicide Advisory Council (YSAC) training provides Gate Keeper and Train the Trainer workshops for youth workers.

**Main Achievements**

Achievements of the program include running Youth Suicide Advisory Council (YSAC) Gate Keeper and Train the Trainer workshops. Also, raising awareness of agencies of the need for a collaborative community response, not just intervention, for mental health.

**Barriers/Needs**

Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Lack of community interest; Historical problems associated with government policies towards the indigenous population; Relentless sorrow, grief, loss and mourning, disempowerment and feelings of helplessness and hopelessness.

Deaths in Aboriginal communities often lead to professionals being under stress and in sorrow and unable to continue ongoing programs. Agencies all work business hours.

What is needed here is youth/shop front/street workers and young people to work with young people, there is no time to participate in universal or selected prevention; not enough time to do core business; lack of coordinator to ease the pressure on clinicians to do paperwork; apathy and alcohol abuse over generations of a marginalised section of the community; There is a need to use indigenous therapies/narrative therapies; need political intervention, for example reconciliation, to reduce racism; more alcohol and drug harm minimisation programs at an early age; universal and selected prevention strategies, and alternative activities in town to alcohol and drugs.

**Evaluation**

External evaluation.

**Impact evaluation:** Accreditation/Standards monitoring by accrediting agency; Surveys/questionnaires of satisfaction/knowledge/skill.

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631

**YSAC Gatekeeper Training**

**Description**

The aim of the YSAC Gatekeeper Training project is to generate interest in, and awareness of youth suicide and prevention strategies. The objectives are, by completion of the project, to: have trained a minimum of ten community gatekeepers; stimulated and encouraged communities to determine their response to those at risk; assisted communities to establish a response. The project rationale is that, statistically, rural youth are at a high risk of suicide; that this is a community ownership issue; that specific skills are needed; and that a local response is most likely more appropriate and more rapid.

**Main Achievements**

Main Achievements: planning for three 2 day gatekeeper workshops distributed throughout the service area; raised community awareness – positive responses from agencies and community groups; responses reasonably evenly spread across various community sectors. The main thing learned is that specific funding is necessary for advertising and promotion.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Lack of community interest; Short time lines; A non-holistic approach YSAC is primarily supported by Health and Education with little or no apparent support by Local Government, Family and Children’s Service, Sport and Recreation, or Employment, no funding specifically allocated at service/area level to conduct project; normal position workload had to be maintained; poor intersectoral cooperation; insufficient resources to advertise or promote; overall project directed from Perth with limited understanding of local logistics and issues.

Address barriers described above, after getting feedback and comment; make provision for longitudinal research and ongoing training and support of community organisations; part-fund community suicide response organisations; identify and actively address social issues such as rural decline and rural unemployment.

**Evaluation**

Internal and external evaluation.

**Impact evaluation:** Qualitative methods.

**Contact**

Gascoyne Mental Health Service
PO Box 1006
Carnarvon WA 6701
Phone: 08 9941 4141
Fax: 08 9941 3187
Contact person: Ms Annie Campbell, Team Leader
24 Hour Mental Health Crisis Line

**Description**
The 24 Hour Crisis Line is primarily for people with mental health problems who are in crisis and in need of immediate intervention. The aim is to assess and provide support until community services can be mobilised the following working day. Assessments can be undertaken and intervention by the on call psychiatrist arranged. The Crisis Line can be accessed by any member of the general public including community agencies and access is via a free phone number - 1800 768 591. The emphasis is on crisis intervention not supportive counselling. The Crisis Line is staffed by registered Mental Health Nurses.

**Barriers/Needs**
Insufficient staff/time/resources.

**Evaluation**
Internal evaluation.

**Outcome evaluation**: Monitoring through routine documentation.

**Contact**
Geraldton Mental Health Service
PO Box 22
Geraldton WA 6531
Phone: 08 9921 7833
Fax: 08 9964 2792
Contact person: Mrs Mary Connolly, Unit Coordinator

Police Service

School Based Police Unit

**Description**
The Western Australia Police Service, School Based Program is a crime prevention initiative based on early intervention. The main objectives are: to maintain a constant police presence in the designated module; to develop positive relationships with students, teachers and the wider community within the designated module; to improve the attitudes of students towards police and the law; to assist the school community in areas where the police service can provide support; to participate in school programs that will further enhance police/youth relations; and to raise the awareness of students and the wider community in their civic rights and responsibilities.

**Main Achievements**
Three Youth Suicide Workshops in 1998 attended by all school based police officers and police branch managers.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Attitudes of service providers.

Workshop for Police Recruits on Youth Suicide Prevention

**Description**
The Suicide Prevention Workshop runs for four hours and involves a mixture of didactic and experiential exercises. The lecture aims to highlight the issues which cause
distress for young people and which can lead to suicide. There is an emphasis on developing the communication skills which are critical for police officers to deal effectively with young people at risk. On completion of this workshop participants; will be able to understand the risk factors associated with youth suicide; have developed and practised skills in assessing the level of risk; understand their role and responsibilities; be aware of self care strategies.

**Main Achievements**
The Workshop provides relevant information to assist recruits in dealing with the difficult issue of young people at risk.

**Contact**
Western Australia Police Service
Albert Facey House
469 Wellington Street
Perth WA 6000
Phone: 08 9424 4200
Fax: 08 9424 4202
Contact person: Ms Dora Volleman, Acting Manager
Health and Welfare Branch

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**Professional Association**

**636 Providing support and professional development for health professionals working with young people**

**Description**
This program aims to provide collegial support for those working with young people’s health. This is done through meetings, seminars on relevant topics, responses to relevant policies and lobbying on significant health issues. It is hoped that a coordinating function is developed so that all aspects of the health of young people are recognised and that all those working in this area can hear about the work of others. This can be achieved through activities such as the development of a web site and other information sharing activities.

**Main Achievements**
Bringing people together from a wide range of professions and work experience; developing strategies and supportive networks.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

Lack of community interest – people are very committed to their individual programs and have little time or energy for collaboration. Lack of resources – the Young People’s Health Australia (YPHA) works via a voluntary committee with limited time and resources.

Funding of an executive officer to carry out the functions of YPHA (WA), especially regarding information sharing, networking, policy and lobbying functions is needed.

**Public Health Unit**

**637 Access to Means of Suicide with Firearm Project: The Firearm Injury Prevention Project**

**Description**
The Firearms Injury Prevention Project is unique in that it is the first program in Australia to trial the development of materials and procedures for preventing firearm suicide in selected country areas of Western Australia known to have high rates of suicide involving firearms. The Health Department of Western Australia’s Coastal and Wheatbelt Health Region was identified as having more than double the proportion of firearm suicides in comparison with state average over the same period (33.5% vs 16%). The crude rate of firearm suicide for the Wheatbelt (Midlands) health zone over the period 1986 – 1995 was 43 per 1,000,000 population. By contrast the rate of firearm suicide for the Perth metropolitan area was 14 per 1,000,000, and the comparable rate for all other country areas of WA was 30 per 1,000,000. The project aims to reduce easy access to firearms and to prevent firearm injury by promoting gun safety knowledge and the safe storage of firearms and ammunition. It also aims at improving community awareness of the risks associated with keeping a gun in the home and the risks associated with unsupervised children having access to a firearm. A number of strategies devised in consultation with community members are being undertaken. These strategies are being evaluated for their community acceptability and effectiveness with a view to their transferability and wider application throughout the State and elsewhere in Australia. Programs and activities of the project include: a media campaign aimed at gun owners and their families; the television advertisement – Lock it and Secure the Key being broadcast on the Golden West network; a series of four firearm safety articles being placed in local community papers; production of firearm safety information brochures and magnets, which are being sent out with the annual firearm licence renewal; suicide prevention training with a focus on firearm safety for general practitioners in the region; investigation of the issues associated with alternative storage of firearms; development of policies and protocols in relation to attempted suicide and access to means for hospitals; encouragement of agricultural colleges and district high schools to implement firearm safety into their existing programs; and a firearm safety package containing fact sheets and presentation material for local community groups. The program is being developed by the Coastal and Wheatbelt Public Health Unit working in collaboration
with local farmers' organisations, local gun (firearm) clubs, firearms' dealers, injury prevention organisations, general practitioners, the police and the education department.

**Main Achievements**
Collaboration with a number of organisations; development of materials and procedures for preventing firearm suicide; community education.

**Barriers/Needs**
Short time lines.

Because of short time lines, some of the activities were rushed. There was not enough time to pay proper attention to details on all aspects of the project.

These barriers can be overcome by increasing time available for project and flexibility of time lines.

**Evaluation**
Internal and external evaluation.

**Process evaluation:** Surveys/questionnaires of satisfaction/knowledge/skill.

**Contact**
Coastal and Wheatbelt Public Health Unit
PO Box 337
Northam WA 6401
Phone: 08 9622 0127
Fax: 08 9622 5752
Email: jill.officer@health.wa.gov.au
Contact person: Ms Jill Officer, Project Coordinator

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**Western Australia Prevention Programs and Activities**

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**638 Eastern Perth Youth Suicide Prevention Committee**

**Description**
The purpose of the local level youth suicide prevention committee is to bring together a group of like-minded people to focus on successful strategies in order to decrease the risk factors associated with suicide attempts and to disseminate that information. The objective is to find out what programs/strategies are working in the area of youth suicide prevention and youth self harm and share this with others working in the youth field.

**Main Achievements**
The committee's main achievements include: the sponsoring/support of samaritans; development and update of youth services directory; dissemination of media articles to local community newspapers and universities; linking agencies and networking on a regular basis.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources.

All committee members are full time professionals and have limited time to devote to suicide prevention. Employment of a project officer.

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**Mental Health Promotion Avon Suicide Prevention Group Inc.**

**Description**
The Coordinator of Mental Health Promotion in the Central Wheatbelt region promotes mental health through community development and education programs. Key responsibilities also include facilitating professional development, and liaising with health, welfare and education professionals in promoting mental health in the community. The key areas of involvement for the Avon Suicide Prevention Group include lobbying, updating, and improving personal knowledge and skills. A group of presenters meets on a monthly basis in Northam. This improves intersectoral communication and links to improve mental health and reduce suicide. Work has also included rural support for a school based program aimed at building resilience. There has also been work aimed at assisting hospitals with protocol and policy development and progress towards addressing social ills which produce morbidity.

**Main Achievements**
Coordinating suicide prevention activity in the Wheatbelt region; ongoing collaboration with state body youth suicide advisory committee (YSAC); successfully applying a regional intersectoral approach to suicide prevention activity; arranging for training of accredited trainers and resultant community education throughout the region; currently working on developing a systematic community response post suicide (postvention) for the Avon Health Service; steering committee is necessary to nurture this work in the regions for it to be successful.

**Barriers/Needs**
Insufficient staff/time/resources; Attitudes of service providers; Structural problems in services; Lack of community interest; Short time lines.

Inappropriate staff selected to undertake train the trainer; some minor organisational problems – however Avon Suicide Prevention Group is progressing well; people are trained in accredited Gatekeeper Training, lack of time for them to undertake this community work outside their usual role; some managers reluctant to free up staff to address this issue; the nature of the topic so that in some rural communities suppression of its existence prevails with the attitude, 'I don't want to think about this problem'; some difficulties experienced in getting people to undertake a full two day Gatekeeper Training.

These barriers can be overcome through future emphasis on mental health promotion; problems addressed at a national level as well as at the regional and local level; approaches tailored to suit the needs and level of rural...
communities, health and welfare professionals in the locality, with, for example, shorter sessions over a few weeks; avoiding a rigid approach in terms of program delivery and training; suicide prevention work should be included as part of the 'wider picture'.

**Evaluation**

Internal and external evaluation.

*Process evaluation:* Monitoring through routine documentation; Other managerial methods: review at monthly meetings of the group, with questions such as: Who was reached? To what extent? What program features were effective?

*Impact evaluation:* Surveys/questionnaires of satisfaction/knowledge/skill; Accreditation/Standards monitoring by accrediting agency.

**Contact**

Coastal and Wheatbelt Public Health Unit
PO Box 337
Northam WA 6401
Phone: 08 9622 0125
Fax: 08 9622 5752
Email: john.sylwestrzak@health.wa.gov.au

Contact person: Mr John Sylwestrzak
Coordinator Mental Health Promotion

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**Religious Organisation**

640

**Chaplaincy/Pastoral Care Programme in Government Schools**

**Description**

The Churches' Commission on Education provides pastoral care in Government schools through chaplains in Senior High, District High and Primary schools; composite Special Religious Education in Primary schools; and advice on General Religious Education to the Education Department and the Curriculum Council. It also enables local churches to work together in schools. Chaplains are employed to offer support and pastoral care to members of the school community. The Chaplaincy (Pastoral Care) Program offers students an adult presence in the school as friend, advocate and mentor. Chaplains support students at risk through their presence and through specific programs, such as anger management, self-esteem enhancement, and the Wilderness Intervention Program (WIP), an adventure and mentoring scheme for the most at-risk students. They also collaborate with other school staff in a range of programs, and with Principals in providing a healthy whole-school environment.

**Main Achievements**

The main achievements of the program have been the provision of a useful service; growth in the number of Chaplains employed by the Program; collaboration by churches on a program for young people; and anecdotal evidence that chaplains have seen young people through difficult years.

**Barriers/Needs**

Insufficient funding; Insufficient staff/time/resources.

There is greater school and community demand for Chaplains than can be funded by the churches. Barriers might be overcome by greater reliance on corporate funding; developing new partnerships with the government; and more effective professional development of chaplains and field staff.

**Evaluation**

External evaluation.

*Impact evaluation:* Quality assurance methods; Other managerial methods: Performance management.

**Contact**

The Churches' Commission on Education Inc.
PO Box 4046
Wembley WA 6014
Phone: 03 9383 9377
Fax: 03 9383 9355
Email: cce@ozeinfo.net.au

Contact person: Rev. Ted Witham, Executive Director

641

**Dalwallinu Baptist Youth Group**

**Description**

This service is a regular church youth group activity. Activities are conducted on a fortnightly basis and are directed towards youth aged between 12 and 17 years. The goals of the group are designed to encourage young people to be balanced in their approach to life, by addressing their physical, emotional and spiritual needs in a non-threatening environment.

**Main Achievements**

Participants becoming more socially adept at interacting with peers. Participants are made aware of the spiritual dimension to life that vitally affects all other areas of life.

**Barriers/Needs**

Insufficient funding.

**Contact**

Dalwallinu Baptist Church
PO Box 88
Dalwallinu WA 6609
Phone: 08 9661 1085
Fax: 08 9661 1621

Contact person: Mr Ian Davie, Pastor/Youth Leader

642

**Highway Church Youth Group**

**Description**

The Highway Church Youth Group offers activities which provide a safe and positive environment for young people to attend. The church also provides support systems for young people who are at risk, as well as promoting positive behaviours. Workshops and educational training are provided to encourage positive self image.
Main Achievements
An achievement of the service has been the provision of support to young people who showed suicidal tendencies.

Contact
Highway Church
Lot 402 Bluegum Road
Beechboro WA 6063
Phone: 08 9377 5477
Fax: 08 9377 5377
Contact person: Pastor Sharon Vemeulen, Religious Minister

643 Holiday Activity Club

Description
The purpose of the program is to instill in young people a sense of self esteem and worth as a community member. This is achieved through activities, music and counselling.

Main Achievements
Those attending the program have a better outlook on life and group participation is more readily accepted.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Short time lines.

As usual, volunteers are slow in coming forward and funding is always a concern.

More volunteers are needed and more funding is required from the government, without strings attached.

Contact
Armadale Congregational Church
150 Forrest Road
Armadale WA 6112
Phone: 08 9497 9079
Fax: 08 9497 4290
Email: armcong@swannes.com.au
Contact person: Pastor Paul G Fricker, Minister of Religion

644 Mukinbudin Community Youth Group

Description
The aim of the organisation is to provide opportunities for young people to interact in an enjoyable and supportive environment. Specific issues are dealt with each week, such as youth suicide, drugs, alcohol abuse, self esteem. The organisation is also active in the community by organising activities such as quiz nights, camps, and youth quakes for between 200 – 300 young people from surrounding towns.

Contact
Mukinbudin Church of Christ
c/- Post Office
Mukinbudin WA 6479
Phone: 08 9047 1051
Email: phil5051@bigpond.com
Contact person: Mr Philip Sprigg, Youth Pastor

645 Mukinbudin Friday Night Youth Group

Description
The Friday Night Youth Group aims to provide an opportunity for young people to interact, learn and have fun in a positive environment. Suicide prevention is not the specific goal of the Youth Group; rather, one of the spin offs. Anecdotal evidence indicates that the Youth Group gives young people something to look forward to, a sense of belonging and a place where they can be themselves.

Main Achievements
The main result of the Youth Group has been the interaction of young people from all aspects of the community. This is significant as people in small communities tend to stay in their groups. Both parents and teachers have indicated a more positive attitude in some of the young people as a result of the youth program.

Barriers/Needs
Insufficient funding.

Insufficient funding is compensated for by excellent community support. The Community Youth Group makes the most of limited funds by making its own fun. The Group is looking into ways of extra fundraising and possible grants.

Contact
Mukinbudin Church of Christ
Philip Sprigg c/- Mukinbudin Post Office
Mukinbudin WA 6479
Phone: 08 9047 1051
Email: phil5051@bigpond.com
Contact person: Mr Philip Sprigg, Community Youth Worker

646 New Ideas for Youth Ministry

Description
New Ideas for Youth Ministry is a resource and training calendar which is circulated to Anglican, Catholic and Uniting Church Youth Leaders, clergy and lay leaders. The calendar provides information about readily available and published resources and training programs in the youth area. There is close collaboration with similar departments/units to ensure resources and training is made available to all people in mainstream churches.

Main Achievements
The calendar has raised awareness that such resources and support are available through churches as well as professional/government services.

Barriers/Needs
Lack of community interest.

High levels of apathy unless it has happened to someone close. There is substantial blaming of the victim.

To overcome these barriers it is necessary to; maintain a concerted public awareness program, and encourage service providers to engage in community development projects.
These barriers can be overcome by; choosing leaders who are familiar with Northside Youth and to gain high levels of trust and appreciation. There have also been many instances where the program has assisted in the rebuilding of youth’s lives from a point of hopelessness to a point of future vision and improvements in self worth.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Structural problems in services.

Throughout the many years of running Northside Youth, funding has been a continual problem which has restricted the organisation in providing a better service. Also because of the voluntary aspect of Northside Youth it has been hard to maintain strong leaders that can carry the vision of Northside Youth.

These barriers can be overcome by; choosing leaders who carry the vision of Northside and putting these leaders into positions in which they will feel comfortable working; applying for more funding at the State, National and corporate levels; running the youth programs at a pace that will not burn out leaders.

Evaluation
Internal evaluation.

Process evaluation: Strategic planning processes; Non experimental repeated measures design.
Aussie Optimism Program, ie. conducted in rural areas, run by local mental health professionals during school hours as part of their normal job. Intervention Strategies: 1. The target group for the Aussie Optimism Program is Year 7 students at risk of developing depression, on the basis of elevated subclinical depressive symptomatology. For the study, eighteen schools from 6 education department districts were selected on the basis of their being representative of Western Australian rural primary schools and their access to trained facilitators. Children were screened for depression and anxiety. Children with elevated levels of depressive symptomatology were invited to participate in the intervention program. Children with parental consent were given a battery of pre-tests and post-tests (depression, attributional style, self-esteem, social skills, anxiety). Parents and teachers were asked to fill in Achenbach Child Behaviour Checklists. The Aussie Optimism Program consists of 12 2-hour weekly sessions, the first half of the program involves cognitive restructuring and disputation: challenging negative thoughts, practising more optimistic, realistic thinking, looking for evidence and evaluating thoughts, and decatastrophising, then applying these techniques to interpersonal conflict. The second half focuses on social skills: assertiveness and negotiation, coping strategies (eg relaxation) graded task training, decision making and problem-solving. Games, role-plays, skits, worksheets and discussion are used to develop these concepts. 2. The target group for the Resourceful Adolescent Program is Year 8 students from rural high schools. The program has been offered to all Year 8 students in participating schools. The Resourceful Adolescent Program consists of eleven 45 minute to 1 hour sessions, to fit within a high school timetable. The program focuses on strengthening self-esteem through building on existing personal strengths. The CBT component provides techniques for keeping calm, cognitive restructuring and problem-solving, and the IPT component stresses the importance of promoting harmony and dealing with conflict by developing an understanding of the perspective of others. Analogies, games, discussion and role-play are used to reinforce these concepts.

Main Achievements

The Aussie Optimism Program was implemented in school time and facilitated by school staff. Education and Health Department personnel worked collaboratively to implement the program. Schools have recognised the need for such interventions and many further schools have requested involvement with the project. The programs have been recognised as valuable by personnel at all levels of both the Education and Health Departments of WA. There has been a general recognition of the value of mental health promotion and lifeskills programs. The randomised controlled trial of the Aussie Optimism Program has found that the program was effective in reducing internalising symptoms (depressive and anxious symptoms) at home and at school, and reducing self-reported anxiety symptoms, parent reported internalising and externalising problems, at post-test (Roberts et al., 1998). These students are currently being followed for two years to assess long-term impact. Data from two controlled pilot studies conducted in 1996 with 6 month follow ups in 1997 indicate that the program has been successful in reducing depression and increasing self-esteem in two urban primary schools (Quayle et al., 1997). A total of 29 Education and Health Department personnel, primarily school psychologists and school nurses, have now been trained and have received ongoing supervision during the implementation of the Aussie Optimism Program. These people will be able to run the program more widely in their communities in future. Schools in the districts targeted have incorporated mental health promotion objectives into their school plans. The preliminary results have been used by an inter-agency committee (Departments of Health, Education, Family and Children's Services, and Universities) on child and adolescent mental health promotion, which aims to develop policy and strategies to make similar programs available to all children in need. Plans are currently under way to develop the program universally within the state Health and Physical Education curriculum, and to add a family component. An incorporated non profit organisation has been established to facilitate a network for professionals interested in mental health promotion programs. Approximately 100 newsletters are forwarded 4 times yearly to professionals in WA and interstate. Also, a website has been set up to facilitate access of information relating to The Aussie Optimism Project and the promotion of resilience in young people. The effectiveness of a universal intervention program (Resourceful Adolescent Program) in reducing the experience of school alienation and enhancing the experience of school connectedness, and attitude towards school, was evaluated (Drake-Brockman, 1998). No significant effects of the program on alienation, school connectedness and attitude towards school were found at post-test or eight-week follow up. However, students who participated in the program reported a significantly more positive attitude towards school after an eight week period compared to students in the usual care control group.

Barriers/Needs

Insufficient funding; Insufficient staff/time/resources.

Funding must be attracted from national and state competitive granting bodies. Hence it is not secure or recurrent for more than the life of each individual project. This barrier is being addressed by seeking other sources of funding and by collaboration with government departments who provide local services.

Evaluation

Internal evaluation.


Outcome evaluation: Randomised controlled trial.

Contact

Curtin University of Technology
School of Psychology
GPO Box U1987
Perth WA 6845
Phone: 08 9266 7992
Fax: 08 9266 2464
Email: c.roberts@psychology.curtin.edu.au
Contact person: Dr Clare Roberts, Chief Investigator
School Program

649
Adolescent Coping with Depression Groups

Description
Adolescent Coping with Depression Groups are run in high schools by a school psychologist. The program is a modified version of the cognitive behavioural program devised by G. Clarke, P. Lewinsahn. and H. Hops, (1990) Oregon University. Year 10 students are screened for depression, and undertake a clinical interview before being offered a place in a ten session program. The program teaches coping skills to deal with depressive symptoms. Evaluation is carried out post treatment with a follow-up. Participants have shown improvement in classroom participation as well as a decrease in depressive symptoms.

Main Achievements
The screening of a whole year level in a high school picks up at risk young people who may go unnoticed until they are at extreme risk. Generally at the conclusion of the group program approximately 60% of students no longer display depressive symptoms. These figures improve at 2 months and follow-up. The young people are comfortable attending group programs in a school setting. Some modifications of the program were needed for the Australian setting, socioeconomic status area and sex differences.

Evaluation
Internal evaluation.


Contact
Education Department of WA
Cannington Education District
1480 Abany Highway
Cannington WA 6107
Phone: 08 9311 0500
Fax: 08 9356 2538
Email: 10hn.Hesketh@eddept.wa.edu.au
Contact person: Ms Linda Nicholson, School Psychologist

650
Awareness Raising Workshops on Mental Health Issues

Description
The Awareness Raising Workshops on Mental Health Issues were conducted with Years 10, 11 and 12 at the Derby District High School. The objectives of the workshops were: to provide factual information, personal experience and relevant resources needed to educate students, staff and parents on mental health and mental illness issues; to assist students in clarifying their values and attitudes, as well as society’s attitude to people who are different; to assist students to develop an understanding and awareness of issues that exist for people with mental health problems; to assist students to recognise their behaviours and emotions in regard to mental health and mental illness; to assist students to identify and use existing support systems within the school environment and local community to encourage early intervention. The methods used in the workshops involved the use of personal experience and story telling, to put a personal face on mental illness, and provide real life examples that students can relate to, and small group work to encourage peer support and discussion.

Evaluation
Internal evaluation.

Outcome evaluation: Measurement of clinical outcomes.

Contact
Association of Relatives and Friends of the Mentally Ill (ARAFMI)
Unit 6/32 Endeavour Road
Hillarys WA 6025
Phone: 08 9402 7022
Fax: 08 9402 7620
Email: afafmi@arafmi.net.au
Contact person: Ms Megan Byrne, Education Officer

651
Human Relationships – Stress Management – Drug Education

Description
The project has several components. Teachers provide a knowledge based program on drug and alcohol issues and, more moderately, sexual issues with the school nurse assisting; the school psychologist provides a stress management component; and the school nurse and chaplain, along with some teachers, provide a component designed to foster the decision making skills which enable young people to make informed choices about their relationships. The latter provides a controlled, caring and trusting classroom environment where students may air their opinions, test their views and assist students to clarify their values and be accepting towards others’ values and cultures. A self defence instructor continues the process of building students’ self esteem through enabling them to look after themselves.

Main Achievements
The program enables students to explore different values and allows them to feel more comfortable in communicating their feelings in group situations.

Barriers/Needs
Insufficient staff/time/resources.
More funding is needed as there are many teachers who are keen to become more involved in these areas but are restricted due to staffing allocations.

Evaluation
Internal evaluation.

Process evaluation: Action Research.
School Counselling Programme – Bunbury Catholic College

Description
The School Counselling Programme aims to provide support, counselling and intervention to students, parents and staff of the school community. The program also provides education to all groups within the school system. Individual counselling is provided for students, parents and staff; group counselling (intervention and education on several topics) is provided for students and their families, or within the classroom. The counsellor works with the students, their families and staff whenever necessary, and closely networks on their behalf with other professionals and agencies. The counsellor also works with school administration bodies to bring about policy changes to benefit the students and their families.

Main Achievements
A primary achievement has been lowering the incidence of self harming behaviour within the school student community. Students seek help in the early stages of crisis and self refer easily; parents are more aware of the service and also contact for help in the early stages of distress; staff/professionals within the school community direct or refer students for early help.

Barriers/Needs
Insufficient funding; Attitudes of service providers; Structural problems in services; Ethical problems.

It has taken a long time for the role of the Social Worker/School Counsellor to be established and understood within the education system. Greater involvement with policy and staff development issues is needed in order for the role of the Social Worker/School Counsellor to be fully understood.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
Bunbury Catholic College
PO Box 414
Bunbury WA 6231
Phone: 08 9721 0000
Fax: 08 9721 0044
Contact person: Mrs Maria de Lima, Social Worker/School Counsellor

School Counselling Programme
For details see Program 652
655
Suicide Prevention Drumming Program

Description
Drumming/didge: the objective of this program is to create a rhythm in kids through a drumming program. This rhythm/beat is developed and the students take this to a larger forum, that is, 'Drum', a techno, tribal rave with other agencies. The idea of connectedness through this program is for several reasons: to develop new skills; promote music as a healer; work towards a common goal; build self-esteem.

Main Achievements
The students enjoyed the workshops and an increase of self-esteem can be seen as they learn new rhythms. Performing in public is something the students are not as confident about, but that is a large step for anyone.

Contact
Fairbridge Star Program
PO Box 340
Pinjarra WA 6208
Phone: 08 9531 2762
Fax: 08 9531 2762
Contact person: Mr Paul Boon, Youth Support Worker

656
Service For Survivors of Torture and Trauma

657
Child Counsellor Service

Description
The Geraldton Sexual Assault Resource Centre aims to provide effective and confidential crisis intervention, counselling, advocacy and support services to people within the Midwest Region. The Sexual Assault and Domestic Violence Counselling for Children and Teenagers provides: 24 hour crisis counselling; telephone counselling; face to face counselling which uses play therapy and a psychoeducational model.

Main Achievements
Achievements include: the redevelopment of existing services to children who are experiencing domestic violence; the provision of education focusing on domestic violence and sexual assault; training teachers on the effects of domestic violence on children.

Barriers/Needs
Insufficient funding.

Evaluation
External evaluation.

Outcome evaluation: Surveys/questionnaires of satisfaction/knowledge/skill; Other managerial methods: service review by government department.

Contact
Geraldton Sexual Assault Resource Centre
PO Box 2153
Geraldton WA 6530
Phone: 08 9964 1853
Fax: 08 9964 1838
Contact person: Ms Peta Barry, Child Counsellor
658
Individual Counselling

Description
Individual and group counselling therapy deal with post traumatic stress disorders resulting from emotional/physical/sexual assaults in childhood. Unresolved issues arising from premature sexual involvement with adults can often lead to guilt and severe depression which may result in a variety of self destructive behaviours such as self mutilation, suicidal attempts, anger and sometimes homicidal ideation. Through exploring relevant issues in therapy, it is hoped that clients will come to a deeper understanding and awareness of their situation, including family dynamics. This will hopefully result in clients being able to absolve themselves from guilt and be able to develop improved interpersonal relationships that are free from abuse. Clients frequently comment on how glad they are to have sought help and how they are now more able to cope with life in general, as well as the parenting role they often find themselves in.

Main Achievements
The main achievements include: raising of community awareness of intrafamilial and extrafamilial sexual abuse. Clients have been able to make significant lifestyle changes which allow them to cope with their lives better. There is no evidence that any clients of the Incest Survivors' Association (ISA) have successfully completed a suicide.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

ISA is a non profit organisation which limits its ability to introduce innovative new programs. The organisation is struggling to support its existing operation even though it desperately wants to expand and extend the program it offers. It is solely reliant on government funding. Extra funding is desperately needed. Perhaps the corporate sector could take more responsibility for social problems in community. Extra funding from any source, government or otherwise would be greatly appreciated. ISA is planning to increase its applications for grants.

Evaluation
Internal evaluation.

Process evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.
Impact evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Incest Survivors' Association (Inc)
PO Box 8311
Perth Business Centre WA 6849
Phone: 08 9227 8745
Fax: 08 9227 1510
Contact person: Ms Patricia O'Brien, Coordinator

659
Parenting Skills Group

For details see Program 658

660
Women's Therapy Group

For details see Program 658

Telephone Counselling Service

661
1800 Toll Free Telephone Line

Description
The 1800 Toll Free Telephone Line is a 24 hour emergency phone service for all ages. The main target group is young people under 25 years of age who live in rural areas of Western Australia. The telephone counselling provides emotional support confidentially and anonymously, if the caller so wishes. The primary aim of the Samaritan organisation is to be available at any hour of the day or night to befriend those passing through a personal crisis and in imminent danger of taking their lives. The Samaritans also seek to alleviate human misery, loneliness, despair and depression by listening to and befriending those who feel that they have no one else to turn to who would understand and accept them. In appropriate cases the caller will be invited to consider seeking professional help in such fields as medicine and social work, and material help from agencies.

Main Achievements
Achievements of the program include: raised awareness of the service over the last year; an increasing number of requests for publicity and information about the service from country centres; call rates are in proportion to the population distribution rural/urban.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources.

The service is based in the metropolitan area. There is a need to strengthen links with rural organisations and explore ways of developing rural drop in centres as an adjunct to the telephone service. There is also a need to concentrate on providing outreach services, with a focus on rural outreach.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Samaritans
60 Bagot Road
Subiaco WA 6008
Phone: 08 9381 5725
Fax: 08 9388 2368
Email: samarita@starwon.com.au
Contact person: Ms Lane Chaloner, Branch Secretary
Youth Service

662
Belmont Programme
Description
The Belmont Programme is a long term group learning and living environment under the auspices of Parkerville Children's Home. It is designed for up to six young people with difficult or challenging behaviours. The program provides the young people with support, encouragement and practical strategies geared to improving their quality of life. Aims of the program include: reinforcement of family responsibility; maintenance of links between the young person and family members; restoration of parental responsibility; improvement of family relationships; provision of skills necessary for a possible transition to independent living; support to individual young people in setting realistic goals for their future and in working towards attaining these goals; establishment of links with community groups which may be long term supports for the young person; and provision of aftercare.

Main Achievements
Family reunification is higher than the national average for this client group. Socialisation, that is, schooling or employment as an outcome has been achieved. There has been a reduction in at risk behaviour and an increased awareness of drug and alcohol effects.

Barriers/Needs
Insufficient funding; Attitudes of service providers. Stereotyping of young people in care. Resources available are limited by funding.

More funding and community education are needed.

Evaluation
Internal and external evaluation.
Impact evaluation: Monitoring through routine documentation; Quality assurance methods.

Contact
Parkerville Children's Home Incorporated
Beacon Road
Parkerville WA 6081
Phone: 08 9277 4692
Fax: 08 9479 4312
Email: pchbel@q-net.net.au
Contact person: Mr Graeme Jarred, Program Manager (Social Work)

663
Boyup Brook Teen Scene Incorporated
Description
The aims of this program are: to raise self esteem and confidence in youth as they realise their potential and start to believe in themselves through education and encouragement; and to provide spiritual guidance and practical assistance and show a caring attitude at all times. The program teaches through enjoyment and challenges, as young people realise that with support and encouragement they can achieve the goals they set themselves. The program teaches that it is possible for young people to enjoy themselves without substances, and it attempts to address their need for substances. The centre addresses various problems and situations when they arise. Structure and consistency is important as many of the youth attending the centre lack that in their families. The centre also trains youth leaders as this assists their belief in themselves.

Main Achievements
Achievements of the program include: raising confidence and self esteem; helping others to remove their blinkers and thereby reducing tunnel vision and negative self destructive beliefs, lifestyles and behaviours; to have hope in the future and themselves; to believe that change is possible; and to teach young people that they are important and valuable.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

Because of the type of families the program deals with, many offer no support or help, and especially if there is a problem, they prefer to blame the program rather than to make changes. Because of lack of funding and being isolated, the program could achieve much more if it had its own transport as well as more assistance. Because of lack offunding and being isolated, the program could achieve much more if it had its own transport as well as more assistance. It is also necessary to spend more time with individual families; involving them more by showing them that the centre cares about them personally as well as their problems, and assisting them where possible. More funding for youth work is needed. Numerous funding organisations say they assist with youth issues, until an application is made and then rejected. Out of approximately 30 groups the program has applied to over the years, only 5 positive results have been achieved.

Evaluation
Internal evaluation.
Process evaluation: Monitoring through routine documentation; Surveys/questionnaires of satisfaction/knowledge/skill.
Outcome evaluation: Action Research; Seeing, discussing, making changes.

Contact
Boyup Brook Teen Scene Incorporated
27 Railway Parade
Boyup Brook WA 6244
Phone: 08 9765 1492
Fax: 08 9765 1110
Contact person: Mrs Sandie Blakiston, Coordinator
objectives are: to organise and develop recreational skills programs with at risk and dispossessed young people; to encourage and facilitate trust, self-worth and sociability in young people; to promote and encourage good relationships between young people of different backgrounds; to seek Government and Community funds for the program; to improve community awareness of the needs of young people; to liaise with other agencies to develop skills training for employment and survival. The program has won several prestigious awards: National Australian Violence Prevention Award, WA State Winners; The Aboriginal Affairs Department NAIDOC Award – Aboriginal Organisation Category; and Jessie Street Trust Grant Award (work with the Bundi Nyalu Models). The program also offers Distance Education and a Night Outreach Component, which provides youth at risk of harm with transport from known trouble spots directly to their homes on Thursday/Friday nights. Other initiatives include: staff representation on the Substance Abuse Committee, Cyclic Offending Task Force and Youth Council; recreational trips and camps; a recycling project (G-SAC); pre-employment skills courses; and the appointment of an Aboriginal Economic Employment Development Officer.

Main Achievements
The program’s achievements have been recognised in several prestigious awards: National Australian Violence Prevention Award, WA state winners; Aboriginal Affairs department NAIDOC award – Aboriginal organisation category; Jessie Street Trust Grant Award. A new Youth Centre has also been built.

Barriers/Needs
Insufficient funding; Insufficient staff/time/resources; Lack of community interest; Short time lines.

Government cutbacks have resulted in the Corporation’s major funding source (ATSIC) severely cutting funding for programs that the Corporation had intended to run. Geraldton is very ‘small business minded’; community organisations, other than those with ‘good’ reputations are often ignored or shut out of the town centre.

Community education is the key to changing attitudes like, ‘out of sight out of mind’, and ‘if it’s not happening in my backyard, I don’t care’; an increase in cultural awareness leads to an understanding of a multicultural society, and that racism cannot be tolerated; through community/agency consultation/self-determination, it is possible to find out what the people want for themselves and let them determine how they can achieve this.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation.

Impact evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill Outcome evaluation.

Contact
Geraldton Streetwork Aboriginal Corporation
PO Box 1320
Geraldton WA 6531
Phone: 08 9921 2890
Fax: 08 9921 8589
Contact person: Mrs Merrilyn Green, Manager

665
Newman YMCA Youth Services Inc.

Description
Newman YMCA Youth Services Inc is a generalist youth agency providing drop-in services, recreation, camps, holiday programs and personal development projects. All of these projects/programs aim at developing young people, nurturing them into becoming responsible adults and providing preventative options to drug/alcohol abuse/suicide. The Newman YMCA is part of the larger international YMCA movement, which promotes development of a person’s body, mind and spirit. Therefore, the rationale for providing recreation is to prevent boredom and improve one’s self esteem. Through approaching a young person with a casual conversation referrals are made. If intervention has occurred via Kids Help Line, referrals are made and clients are accompanied by staff to the appropriate agency.

Main Achievements
Young people feel more relaxed and excited towards life as a result of the program. YMCA occurs in a non judgemental environment and young people are able to discuss their problems openly. Thus, the recreation programs can be tailored to address these concerns and have successfully done so.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources; Structural problems in services; Lack of backup services; Short time lines.

The YMCA is the main/only youth service in Newman; back up services are limited to Family and Children’s Services and the Community Drug Services Team. There is insufficient funding so YMCA always struggles to break even; only one full time staff member and casual support staff.

Increased funding would enable the employment of more staff; structural problems in services, management committee and strategic planning.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Strategic planning processes.

Contact
Newman Young Men’s Christian Association (YMCA)
PO Box 57
Newman WA 6753
Phone: 08 9175 1020
Fax: 08 9175 1273
Email: nwymca@benet.net.au
Contact person: Ms Sara Kane, Centre Manager

666
Northam Youth Outreach

Description
The Northam Youth Outreach service has a strong focus on case management and has a contracted counsellor to deal with family mediation, sexual assault and substance abuse.
Some of the services offered are: court support; adult witness if arrested; counselling; an Aboriginal youth worker; school support program; referral information. Ongoing programs include: a drop in centre; activities; camps; sporting activities; and interpersonal skills. Funding for specific programs include: a youth development program for young people who offend or who are at risk of offending, funded by the Ministry of Justice; accommodation for homeless young people, funded by Supported Accommodation Assistance Program (SAAP); school support program, funded by Family and Children’s Services.

Main Achievements
The Northam Youth Outreach program is the major youth service in the Wheatbelt. The work is direct and as such breaks down barriers with young people that others find difficult to do. The program has run many innovative programs and has an excellent case management approach.

Barriers/Needs
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

The program is generic, with limited resources and not many professionals. There is a need for an adolescent mental health worker and more funding.

Evaluation
Internal and external evaluation.

Process evaluation: Action Research.
Outcome evaluation: Action Research.

Contact
Avon Youth Services
PO Box 576
Northam WA 6401
Phone: 08 9622 2612
Fax: 08 9622 7022
Email: nyo@avon.net.au
Contact person: Ms Clare Allen, Executive Officer

667
Northcliffe Family Centre Drop-In Space

Description
The aim is to provide a space for positive recreation where young people feel comfortable, are able to have a voice and make things happen for young people in their town. The rationale is that youth participation builds ownership, self esteem and positive skilled people who get more access to information on education, health, job, suicide, AIDS. The strategies are to provide the space, staff it with a part time youth worker who knows and understands the kids, and can direct them to information and advice, and provide a forum for alternative positive recreation.

Main Achievements
Young people know that information or advice is there if needed. Since there has been no evaluation, general self esteem enhancement and maintenance may or may not be considered prevention.

Barriers/Needs
Insufficient staff/time/resources; Lack of community interest.

Contact
Northcliffe Youth Voice
PO Box 142
Northcliffe WA 6262
Phone: 08 9776 7241
Fax: 08 9776 7221
Email: normalup@yahoo.com
Contact person: Donna Livingstone, Youth Development Worker

668
Police and Citizens Youth Club, South Hedland

Description
The Aboriginal Health Worker works with Police on the Desert Patrol in remote Communities, and assists with activities run by the Police and Citizens Youth Club (PCYC), South Hedland. The aim is to educate young people about alcohol, drugs, road and other health and safety issues through talks, health promotions, Blue Light Discos and various sporting and recreational activities.

Main Achievements
Main Achievements are: working with youth and giving them something to do, keeping young people happy; developing skills and fitness, so that young people keep away from crime, drugs and alcohol.

Barriers/Needs
Insufficient funding; Not many parents are supporting their children.

Parents would rather send their kids to PCYC, so they can drink or have time to themselves. Talking to parents, trying to get them involved with their kids in sport or school, might help overcome some of the problems.

Evaluation
Internal and external evaluation.

Contact
Pilbara Public Health
Police and Citizens Youth Club (PCYC)
PO Box 2542
South Hedland WA 6722
Phone: 08 9140 2377
Contact person: Mr Rodney Monaghan, Aboriginal Health Worker

669
Rockingham Kwinana Youth Skills Training Scheme Incorporated

Description
This program is aimed at young offenders, youth at risk and school refusers, aged 12-18 years of age. It is a training program in automotive, welding, metal fabrication and is used by Juvenile Justice and the Education Department as
a time out or a place to complete community service orders. There is a high school teacher on the premises, so compulsory school aged students can maintain their literacy and numeracy skills. Courses in life skills, cooking, cleaning, budgeting and recreational activities are also offered. The program liaises with other youth organisations to provide counselling to the young people and also to provide other information. Self esteem camps are run once a year in conjunction with an outdoor activities organisation.

**Contact**
Rockingham Kwinana Youth Skills Training Scheme Incorporated
5 Crompton Road
Rockingham WA 6168
Phone: 08 9527 3494
Fax: 08 9527 8589
Contact person: Mrs Denise Marciniak, Program Coordinator

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**670**

**Rural Youth Development Council**

**Description**
The aim of the Rural Youth Development Council is to facilitate the training and development of all youth, particularly rural youth in Western Australia, and to assist the Western Australian Federation of Rural Youth to achieve its aims and objectives. The Rural Youth Development Council strives to: coordinate training and development programs for youth, both at an individual and a group level; provide guidance and assistance to the Western Australian Federation of Rural Youth; and coordinate community support for the Western Australian Federation of Rural Youth and youth generally in rural Western Australia.

**Main Achievements**
Main Achievements of the Council include: facilitating and supporting training and development programs for youth; providing a central point for community service providers to communicate and support each other; providing freely available contact information through the network database; providing support and advice to individuals and service providers.

**Barriers/Needs**
Insufficient funding; Insufficient staff/time/resources; Lack of community interest.

Members of the public are apathetic to the idea that prevention is better than cure. It is necessary to provide health promotion campaigns.

**Contact**
Rural Youth Development Council
Claremont Showgrounds
2 Waylen Avenue
Claremont WA 6010
Phone: 08 9284 4002
Fax: 08 9385 1796
Email: wafryhq@vianet.net.au
Contact person: Mr Michael MacKenzie, Executive Officer

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**671**

**Workright WA Incorporated**

**Description**
Workright Inc. is an employment agency for people with mental illness, but many are youth/at risk, or both. Staff receive training in Youth Suicide Prevention in order to recognise early warning signs and link clients with more appropriate services.

**Main Achievements**
Achievements have been limited by a lack of time and resources. The service provides employment opportunities for people with mental illnesses, and links clients identified as 'at risk' with appropriate agencies and services.

**Barriers/Needs**
Lack of backup services; Insufficient funding; Insufficient staff/time/resources.

A lack of funding and time has resulted in limited opportunities to provide education in youth suicide prevention to other staff members and external disability employment agencies. Increased structure and better financing would help overcome the barriers.

**Contact**
Workright WA Incorporated
62 Eighth Avenue
Maylands WA 6931
Phone: 08 9300 0087
Fax: 08 9300 2925
Email: workrite@omen.com.au
Contact person: Ms Joanne Tetlow, Employment Coordinator

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**672**

**Youth Focus Plus**

**Description**
Youth Focus Plus is a new program offered by the Youth Charities Trust which will commence in mid 1999. The program will provide intensive support for teenagers at high risk of suicide, self harm and other psycho-social problems. The program aims to: offer young people opportunities to share their experiences without judgment or blame; provide both peer and professional support to youth; empower young people to make positive changes in their lives; and work with other services to ensure that the most appropriate levels of support are provided to young people at high risk. Services include: an initial intake session for each young person to determine an appropriate program of support; an intensive program of weekend camps and follow up therapy sessions where young people can safely talk about their issues and access support in both small groups and one on one activities; opportunities to move from Youth Focus Plus to other services offered by the Trust such as the Youth Focus Program and Leadership Training; encouragement from both peers and professionals to help young people establish effective links within the community.

**Evaluation**
External evaluation.
Youth Focus Program

Description
The Youth Focus Program provides peer and professional support and leadership training to youth at risk aged 14-18. It also provides support to families and information on youth issues to other community organisations and schools. The program aims to: offer young people opportunities to share their experiences without judgment or blame; to provide both peer and professional support to youth; to empower young people to make positive changes in their lives; to provide leadership training to young people, and to provide support, advice and encouragement to caregivers and others working with youth at risk. The issues dealt with include: suicidal and self harming behaviour; drug and alcohol misuse; sexual, physical and emotional abuse; family conflict; low self esteem; feelings of isolation; and grief. Services provided include: an initial intake session for each young person to determine an appropriate program of support; supervised weekend camps for youth at risk who participate in group discussions and activities to explore topics such as communication, self esteem, trust, families and relationships, drug and alcohol use, abuse and grief; regular follow up support sessions to access support and to develop effective life skills; ongoing access to counselling, special interest workshops and referral to other services; leadership training where young people who have completed the program can develop their own leadership skills to support other teenagers entering the program.

Main Achievements
The Youth Focus Program has helped hundreds of young people cope with their issues and move forward. Examples of the Program’s successes include young people returning to school after a long period of truancy; getting on better with family/friends; reducing or stopping drug/alcohol use; moving into education/employment/training; getting on with life after attempting suicide. Much of the success of the program can be attributed to its unique combination of peer and professional support. It has been learned that by empowering teenagers to make their own choices, with the support and encouragement of both professional staff and trained teenage volunteers, young people can confidently make positive changes in their lives.

Barriers/Needs
Insufficient funding.

As a non profit organisation, with only 50 per cent of running costs government funded, much staff time is spent on fundraising. Lack of funds also means difficulties in raising awareness of the program (no money for advertising/promotion). A range of fundraising activities are undertaken to meet this shortfall, however further support from all levels of government would help.

Evaluation
Internal evaluation.

Impact evaluation: Descriptive statistics about clients; Surveys/questionnaires of satisfaction/knowledge/skill.

Contact
Youth Charities Trust Inc.
PO Box 25440 St George’s Terrace
Perth WA 6831
Phone: 08 9325 3322
Fax: 08 9325 3320
Email: yf@bekkers.com.au
Contact person: Ms Jane Fry, General Manager

Youth Program

Description
The Onslow Youth Centre provides both structured and informal activities for youth, including camps. The Centre also runs a school bus for school – lunch – home (with contributions from the Department of Youth Affairs). It links the school and shire with juvenile justice to provide a broad base of assistance for young people in the town.

Main Achievements
Achievements include reduced crime, reduced violence and reduce substance abuse.

Barriers/Needs
Lack of backup services; insufficient funding; insufficient staff/time/resources; unrealistic age guidelines from funding body (now reduced to eight years).

Limited money to employ enough staff in order to operate the program the way it should be. Few resources available at sensible, workable levels in Onslow. An increase in money, resources and acknowledgement of the problems in a small remote town would assist in overcoming these barriers.

Evaluation
Internal evaluation.

Process evaluation: Monitoring through routine documentation; Descriptive statistics about clients.
Impact evaluation: Monitoring through routine documentation; Descriptive statistics about clients.
Outcome evaluation: Monitoring through routine documentation; Descriptive statistics about clients.

Contact
ONSLOW Youth Centre
PO Box 84
Onslow WA 6710
Phone: 08 9184 6187
Fax: 08 9184 6255
Contact person: Mr Alan Greenwood, Chairperson
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