

# CONVERSATIONS MATTER

*resources for discussing suicide*

## *Focus Group Report* Community needs and views about discussing suicide

**Outcomes Report:**

Focus Group Report

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**Developed by:**

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# Chapter 1: Background and Methods

## 1.1 Background

Suicide, the act of intentionally taking one's own life, represents one of the leading preventable causes of death in Australia, and is a major public health concern. In recognition of this concern, in 2010, the NSW Ministry of Health released the NSW Suicide Prevention Strategy 2010-2015. The primary aim of this strategy is to actively reduce both the suicide rate and the number of people engaging in suicidal behavior. One potential mechanism for implementing change is by strengthening the capacity of individuals, families, schools, workplaces and the local community to identify signals associated with suicide, and their self-efficacy to intervene. One strategy directed towards achieving this outcome is the development and dissemination of community guidelines on how to appropriately discuss both suicide and attempted suicide.

The Hunter Institute of Mental Health has been contracted by the NSW Ministry of Health (Mental Health and Drug and Alcohol Office) to work in consultation with a state-wide steering committee to develop such guidelines. The purpose of the guidelines is to provide a resource to facilitate safe and effective discussion of suicide. This includes broad conversations about suicide and its prevention (prevention-focused), conversations that occur when someone is believed to be at risk of suicide (intervention-focused) and conversations that occur following a suicide death (postvention-focused). The guidelines also need to consider relevance to educational settings, workplaces, families, communities and the online environment.

The development of the guidelines involves a multifaceted approach. Firstly, the project involved an extensive review of both the evidence within the current literature, and a systematic analysis of the approaches used by current programs, in order to establish evidence-based recommendations on which to base the content and format of the guidelines. The second phase of the project has been designed to ensure consultation and engagement with key stakeholders within: (a) target settings; and (b) target groups; that may benefit from the final resource. The content of the final guidelines will subsequently be developed using what is known based on available evidence, in combination with expert opinion and the views expressed by those from high-risk target groups.

To ensure the widespread relevance of the guidelines, the project team at the Hunter Institute of Mental Health sought to obtain the views of community members in NSW. In the present qualitative study, a series of focus groups and key informant interviews were conducted with identified target groups in NSW that may be the end users of the guidelines. These target groups included: individuals bereaved by suicide; older people (65+ years of age); young people (18-25 years of age); males; people who identify as lesbian, gay, bi-sexual, transgender or intersex (LGBTI); people from culturally and linguistically diverse (CALD) backgrounds; people living with mental illness (consumers); carers of people living with mental illness (carers); mixed adults; and individuals who reside in rural areas.

This study obtained ethical approval through the Hunter New England Human Research Ethics Committee (HNEHREC reference No: 12/03/21/4.02; HREC reference No: HREC/12/HNE/70). The study was conducted to inform the development of the guidelines in NSW and to contribute to the national and international research on suicide.

Practical limitations surrounding the study meant that focus groups and interviews were unable to be conducted among Aboriginal people in NSW, however, a subsequent study investigating conversations about suicide among this population is in planning.

## *1.2 About the Focus Groups and Key Informant Interviews*

The focus groups were planned by the Hunter Institute of Mental Health in consultation with a steering committee. The aim of the focus groups was to engage relevant community members within each of the target populations to collect information about their personal views on discussing suicide.

Despite two attempts to recruit participants, we were unable to secure sufficient numbers to proceed with focus groups for the two target populations 'people living with a mental illness' (i.e. consumers) and 'carers for people living with a mental illness'. As input from these sources was considered important for the project outcomes, the focus groups were substituted for key informant interviews conducted via telephone for both of these groups. Importantly, the questions asked in the structured informant interviews were the same as those asked of participants within the focus groups.

Prior to participation in the focus groups and key informant interviews, all participants were screened to ensure that they fit the criteria for inclusion. People under the age of 18 years, people currently experiencing acute symptoms of a mental illness, and people who have been bereaved by suicide within the last 12 months were excluded from participating.

Before the commencement of the focus groups and key informant interviews, all participants were provided with an information statement outlining the purpose of the research, including a summary of what participation would entail, and the potential risks of participating. Researchers also explained the nature of the study openly and honestly in a way that was understandable to the participants, and gave them the opportunity to ask any questions that they may have. Participants were told that their participation in the research was voluntary, that there were no consequences for refusing to take part, and that they were free to withdraw at any time. If they agreed to participate, they were asked to provide informed consent to be part of the project.

The focus groups were conducted with a maximum of 12 participants per group. Participation in the focus groups involved one 90-minute session conducted by a trained facilitator. Specifically, participants were asked to indicate whether or not they think it is important to talk about suicide, the types of conversations that they think are already occurring, the types of conversations they think might be the most important to have, the reasons why people might not be able to talk about suicide, and the things that they think would assist people to have conversations. All focus groups were recorded and subsequently transcribed for qualitative analysis.

Given the nature of the content discussed within the focus groups, a counselor was available for debriefing, and to accommodate any participant within the focus group if they became distressed at any time. At the conclusion of the focus group, participants were provided with contact details for a complaint person in case they had any concerns about the way the focus group was conducted, and also a range of 24-hour support lines they could contact should they feel distressed. Participants were recruited with the assistance of organisations with strong connections to each of the target groups (see Table 1.)

## 1.3 Participation

A total of 10 focus groups and eight key informant interviews were conducted. Collectively, 87 community members attended either the various focus groups or participated in the key informant interviews. Table 1 shows a breakdown of the numbers of participants in each target group and the corresponding partners that assisted in the recruitment of participants.

**Table 1: Focus group and key informant interview participation**

Target Group	Recruiting Partner	Method	Sample
Bereaved by suicide	<i>Lifeline Newcastle and Hunter</i>	FG	7
Older people (75+)	<i>St Vincent de Paul Society</i>	FG	11
Young people (18-25)	<i>BoysTown</i>	FG (x2)	10
Men	<i>NSW Farmers</i>	FG	5
Mixed Adults	<i>Port Stephens Suicide Prevention Network</i>	FG	7
Rural	<i>Centre for Rural and Remote Mental Health</i>	FG	12
LGBTI	<i>ACON NSW</i>	FG	10
CALD	<i>NSW Transcultural Mental Health Centre</i>	FG (x2)	17
Carers	<i>ARAFMI NSW</i>	KI	4
Consumers	<i>Mental Health Association NSW</i>	KI	4

*Note: FG = Focus group; KI = Key informant interview.*

Prior to participation in either the focus groups or key informant interviews, all participants were required to undertake a screening interview. This initial screening process was undertaken to: (1) ensure that the participants met the inclusion criteria and were eligible to participate in the study; and (2) to collect some key demographic information.

After careful consideration of the risks and potential harm to participants, a predetermined criteria was set precluding the following from participation: people under the age of 18 years; people currently experiencing acute symptoms of a mental illness; and people who have been bereaved by suicide within the last 12 months.

Of the 87 community members who participated within the focus groups and key informant interviews, the following key demographic information was collected: gender; age; sexual orientation; whether the participant had been diagnosed with a mental illness; whether the participant had experienced a death by suicide in their close network of friends or family; if they were born in a country outside of Australia; if they spoke a different language at home; marital status; living arrangements; and whether they were currently employed and/or studying. Statistical information regarding participant demographics are provided in Tables 2 and 3 below.

**Table 2: Descriptive statistics of the focus group and key informant interview participants.**

Descriptive Statistic	Number	Percentage
Age		
<i>Range</i>	18-83	
<i>Average</i>	45	
Gender identity		
<i>Male</i>	44	51%
<i>Female</i>	43	49%
Sexual orientation		
<i>Heterosexual</i>	62	71%
<i>LGBTI</i>	15	29%
Diagnosed with a mental illness		
<i>Yes</i>	23	26%
<i>No</i>	63	72%
<i>Not Provided</i>	1	1%
Death by suicide of family or close friend		
<i>Yes</i>	46	53%
<i>No</i>	41	47%
Born in Australia		
<i>Yes</i>	60	69%
<i>No</i>	27	31%
Speaks another language at home		
<i>Yes</i>	19	22%
<i>No</i>	68	78%

**Table 3: Key demographics of the focus group and key informant interview participants.**

Key Demographic	Number	Percentage
Marital status		
<i>Single, never married</i>	26	30%
<i>Married</i>	45	52%
<i>Defacto</i>	4	5%
<i>Separated</i>	2	2%
<i>Divorced</i>	6	7%
<i>Widowed</i>	4	5%
Who do you live with?		
<i>Alone</i>	13	15%
<i>Parents/relatives</i>	13	15%
<i>Spouse or defacto partner</i>	45	52%
<i>Children without partner</i>	4	5%
<i>Friends</i>	6	7%
<i>Other</i>	4	5%
<i>Not provided</i>	2	2%
Do you work or study?		
<i>No, I do not work or study</i>	17	20%
<i>Yes, I study</i>	4	5%
<i>Yes, I work (full-time or part-time)</i>	42	48%
<i>Yes, I work and study</i>	22	25%
<i>Not provided</i>	2	2%

## 1.4 Analysis

The transcripts of the focus groups and key informant interviews were analysed using thematic analysis techniques. One researcher initially coded the transcripts. The analysis and emerging themes were discussed in regular meetings with the research team.



# Chapter 2: Outcomes

The information derived from the focus groups and key informant interviews was thematically analysed, with the key findings discussed below. For a summary of the key themes for each target group, please refer to Appendix 1.

## 2.1 Conversations taking place in the community

Participants were asked to describe the types of conversations they thought were already occurring in the community about suicide. With few exceptions, participants in the focus groups and key informant interviews revealed that conversations about suicide do not occur frequently within the community. Participants noted that the topic of suicide is commonly ignored and avoided in conversation, and that if conversations about suicide do occur, the topic is not addressed directly.

*I keep saying it's not talked about; you say what types of conversations people have?... They don't, they don't have them. (Bereaved focus group)*

*I mean you don't hear much about it, it's all hush hush. I think it should be out there... It's not spoken about, is it really? People are either embarrassed or they don't want people to know the problems they've got so it's sort of under the mat. (Older people focus group)*

*It's not happening. I have worked in my community for many, many years, never ever heard about that kind of a problem, or they weren't interested to have any information about it. In my community, no! (CALD focus group)*

*I actually think the word suicide is said extremely rarely. Even myself when interpreting your questions I'm very comfortable, I'm thinking mental health, I'm not thinking suicide. Now I think the term mental health is really getting normalised (Rural focus group)*

An exception to this was discussions that occurred following a suicide death (termed 'postvention' discussions in this report). Participants across the focus groups and key informant interviews felt that conversations about suicide were common after someone had died by suicide. However, participants felt that the increased frequency of conversations that occur following a death is only temporary.

*I think the talk tends to happen after there has been a suicide... something happens and people do talk about it and it becomes a discussion amongst groups... and then the discussion over it diminishes until next time something happens and then it goes up again. (Rural focus group)*

*You only really talk about it if you hear about it happening to someone, someone you know or have heard of. No one really talks about it. (Young people focus group)*

*I don't really know of any conversations that are happening. The only, if it was brought up, it would only be a case of, "I know of somebody that suicided" and then that would be the only time it would come up through people knowing somebody or people that have tried it. (Consumer key informant)*

Many participants described that while conversations about suicide are rare in the community, they are more common now than they once were. As a result of improved knowledge and awareness of suicide, participants perceived that it has become more acceptable to talk about suicide and mental health issues.

*It's more publicised... I'm not saying there wasn't suicide when we were growing up, we didn't hear about it, we didn't talk about it. Today, I mean every second person will know*

*some kid who's [died by] suicide, we didn't grow up like that, but today we do and that's what our kids are growing up with. (Older people focus group)*

*I think the subject of suicide itself is out there. There is always a celebrity or someone who had taken their own life and people are, unless they are completely cut off from the world, they know it's out there.... It's not really the taboo it used to be because there is more information out there about it, whereas my grandmother [died by] suicide and I didn't find out until I was 14. It was a shame and that sort of thing. (Mixed adults focus group)*

*Well I guess it's getting more, well, I mean back when mum attempted suicide it was seen very differently and now there is more of I guess a level of, I don't know. A lot of people just think they're more preventable now due to the fact that there is support out there and people are talking about it more (Consumer key informant)*

When questioned about where they thought conversations about suicide were occurring in the community, the adult, young persons and older people focus groups reported that conversations about suicide occur primarily in informal settings, between acquaintances and friends.

*It's like going to the hairdresser; you tell your hairdresser all your problems. (Older people focus group)*

*So from my experience some of them are having them at the local pub... so those conversations are happening in the pub, and from those men, I guess the men filter it to their families as well, so that's one example of where the conversations are happening. (Mixed adult focus group)*

Participants also reported that conversations about suicide are common online.

*There was a recent add on YouTube of a young teenager saying goodbye simply because she couldn't cope with the issue of bullying and didn't know how to express herself in any other way and the family were completely oblivious to it. (Carers key informant)*

*Some of my clients are sort of way out in Western NSW where they don't speak to anyone probably hardly except me. It's also quite anonymous through the computer to some extent as well...there is someone they can talk to as well without fear. (Rural focus group)*

While participants in a number of focus groups and key informant interviews reported that conversations about suicide often occur within families, a few participants in the young people group disagreed.

*So as far as my experience goes, there has been a fair amount of discussion in the family about suicide, it's just family discussion. (Older people focus group)*

*And I know many families have had the conversation around the dinner table with their young person. I don't know how the quality is, but it's certainly going on. (Mixed adult focus group)*

*But sometimes in family occasions they don't want to talk about that stuff. It's a sensitive subject and you have to sort of in a way find the right time to talk about it... My cousin killed himself, but we never spoke about it. I'm just saying I can talk about it, but no one else in my family says like '[Name] killed himself blah, blah, blah'. No one talks about it because no one wants to. (Young people focus group)*

Focus group participants and key informants discussed that different age groups of people are likely to have different types of conversations regarding suicide. Specifically, young people were perceived to talk about suicide more.

*I don't know if it's the right thing, but I would say age [influences the types of conversations people have about suicide] cause some older people might find it really hard to talk about it cause it signifies as a young person's issue. (LGBTI focus group)*

*I think with young people are talking with other young people, which is, they have the mentality and also the same as them... If you old enough, you think 'it's taboo, I can't talk about it' and that's also not good to talk about it. (CALD focus group)*

*Yes, well, I could imagine young people talking about it. My daughter is 21 and I am sure her friends talk about and I mean the only reason [name] is aware of it is because of myself (Consumer key informant)*

Participants felt that only people who have experienced suicidal ideation or who have been affected by suicide talk about suicide in the community. People who have not had any personal experience of suicide were perceived to be unlikely to talk about it.

*I think it's just people who know someone in their family who has a mental illness, I think they're possibly the only ones that seem to be having the conversations. (Carer key informant)*

*When we did go to the high school at the beginning of the year, in the groups that [name] spoke to, the only kids who were willing to put their hand up and actually talk about it were the ones that had been affected or have felt like it...everyone else just sat there, didn't want to talk about it, it was too frightening to say anything. (Mixed adult focus group)*

Despite the perception that it is rare for conversations about suicide to occur within the community, participants identified a number of individuals and groups who are actively talking about suicide and trying to increase awareness of suicide. The 'R U OK day' campaign and other national organisations were mentioned as examples.

*I liked that campaign about 'R U OK?' because it started to chip away at this, but then it didn't tell you what to do, if somebody said "No". You know what I mean, it was like check in and that was great and it was getting us off Facebook and saying to do it in person, but I think the next step is now to go, "here's some stuff that you can help with". (LGBTI focus group)*

*They have that 'R U OK?' day which is great. I think it is an excellent way of promoting it. (Consumer key informant)*

*There are some conversations from headspace, from Lifeline, from Kids Helpline. (Carer key informant)*

*I think a lot of that's been done by beyondblue and different ones up until now. (Male focus group)*

Existing suicide prevention activities were discussed in a number of focus groups and interviews. However, many perceived that these programs may not be reaching their target audience.

*But unfortunately, the younger, I saw many advertised about them, anxiety, mental health on the TV, but unfortunately the young ones, they are not watching TV, they are on the internet and you know, sending messages. (CALD focus group)*

*What's already happening in the [region] is that Suicide Prevention Day. Usually that is an open forum, unfortunately it does not get advertised enough in the public arena, but at least that is a starting point. (Carer key informant)*

Similarly, when discussing the types of conversations that occur when you are worried someone may be at risk (intervention-focused conversations), focus group participants and key informants noted

that talking about suicide with someone experiencing suicidal ideation may not be effective. There is sometimes nothing you can do to prevent someone from attempting or taking their own life. This view was particularly expressed by participants in the bereaved focus group.

*I do think it is important but, I don't believe it would make any difference to the person who suicides. I've had three experiences so I can talk from experience and I don't think... well most people won't talk about it anyway, that I know, so I don't know that any sort of talk would help somebody that was thinking about suicide. (Bereaved focus group)*

*We had had the conversation because [name] had attempted suicide so we had that conversation, we had it with her, we had it with our other three children and still it didn't stop her from suiciding in the end... we had that conversation quite regularly and it didn't stop her. As [name] was saying, once they get it their head, it won't stop them. (Bereaved focus group)*

*People who talk about it very rarely do it. It's the silent ones who die by suicide, they've made up their mind to do it and they go and do it. (Older people focus group)*

Young people, and one key informant, were the only participants to discuss in detail the types of conversations that occur after someone has died by suicide. They noted that postvention conversations primarily aim to determine the reasons why a person suicided, how it could have been prevented and to place blame.

*I think the ones [conversations] that are occurring is that it's selfish and it's a lot of a blame game. To me there doesn't seem to be people looking further than that there was a problem and that this person thought that this was the only way out. (Carer key informant)*

*Why it happened... what they could have done to stop it. (Young person focus group)*

*It's all "oh, I should have been there for you". They feel bad and make you feel more bad because "oh s\*\*t, I should have talked to them"... after someone dies other people go and do it because they feel like it's their fault. (Young person focus group)*

## **2.2 Types of conversations they think are most important**

Across all focus groups and key informant interviews, there was a general consensus amongst participants that it is important that suicide be discussed in the community. They identified the need for greater discussion around the topic and the need for conversations about suicide to become more acceptable and mainstream.

*I think it is very important. Both really, before and after suicide has occurred. I think it is important to discuss it, particularly with the person if you feel like you are worried about them and also it is important afterwards to talk, very much so, because I think it only gets worse if people don't talk. (Carer key informant)*

*I think it's very important because there is not enough help out there these days for people, for instance other people wanting to take their lives, there is not enough help out around so people can reach out and grab... I think it's very important. (Young person focus group)*

*Well I think it has to be very important, like the old cliché, it has to be dragged out of the closet, like with cancer in people, cancer use to be spoken in very harsh terms, where suicide needs to be brought out. It's a result of an illness, it shouldn't be hidden away. (Consumer key informant)*

*Unless people talk about it, unless more people know about it, it keeps on getting hidden away and put in to the too-hard basket and it needs to be brought out and talked about as all mental health issues do. (Mixed adult focus group)*

*It also needs to be openly to be able to be discussed without being uncomfortable amongst everyone you know. (Carer key informant)*

Focus group participants and key informants identified a need to increase awareness of suicide within the community. Participants felt that increasing people's knowledge regarding the prevalence of suicide, the signs that someone may be at risk of suicide and how to give and seek assistance, could be an effective suicide-prevention measure.

*I think it needs to be spoken about in the same way you speak about the risk of when you go out on the road. You know that everybody when they get in their car is at risk of having an accident... But with suicide, until it happens to you it's a sense of that it only happens to other people and it wouldn't happen to me. It's not a general risk but when it happens to you and you find out all the other people who are touched by suicide you realise that it is a risk for people that you know. (Bereaved focus group)*

*Communication is the prevention, if people started talking about it. (Older people focus group)*

*Education is very important because we are coming from the Middle East and we haven't got the facilities to educate the people about anything, you know? If they have support and educated the people I think maybe it can be preventable, it's very important. (CALD focus group)*

*I guess one thing you kind of touched on right at the very beginning was the statistics and I believe that statistics are a pretty powerful tool, all the things that you see, one in this, one in that, it makes you actually think of the numbers and the ages that are most affected by it. I think statistics, maybe it's the line of work I'm in, but statistics, we are looking at numbers all the time but I think it's a pretty powerful tool to use in some way. (Rural focus group)*

*It's a lack of understanding of what the drivers are and what the consequences are and what the remedies are. I think that's why I made the point that you need to firstly, as a member of the community, you need to be able to identify stress in people and you need the skill base... It's just ordinary people, you don't need a degree. The skill base to be able to assist people to cope and that may be as simple as actually getting to professional help. (Male focus group)*

*So that education or common topic in the community, then we can increase our awareness, the signal of people who have that kind of behaviour that may be an alarm bell you have to pay attention to. Maybe we cannot help but we at least can give him some advice or refer to other service and then hope he will become aboard with these kind of difficulties. (LGBTI focus group)*

The mixed adults, the CALD groups and the LGBTI group described that governments had an important role to play in increasing awareness of suicide in the community and in turn preventing it. It was felt that governments should devote extra funding toward suicide prevention activities and should enact policies that would facilitate conversations about suicide in the community.

*It needs to be more a government thing that the whole of Australia [has], cause it seems that people like [name] have got the... Suicide Prevention Network, they're the ones that have to, when they want to put things in the paper for the community to see, they have to fund that and that's wrong because it's a community health issue and it should be government funded for people to be able to get and know how to get it. (Mixed adults focus group)*

*But that is how a government could help with a mental health plan and actually say this is open to all people, you don't have to a big reason, you don't need to be suicidal you can just be doing it tough, you might just want to try it out and see if it's for you. (LGBTI focus group)*

Participants highlighted the need for greater awareness and education around where and how people experiencing suicidal ideation can access support. While participants were aware of a range of different organisations and services available to help people experiencing suicidal ideation, they were unsure which services were the most appropriate to refer people to and perceived a need for clear and simple information regarding the various support services that are available.

*The question is do people know how to get help? Do they know that there is going to be confidential? You don't want to be sitting in a waiting room with three other of your mates because you think you might want to keep it to yourself initially that you are having problems. (Rural focus group)*

*So once they feel lonely they don't know that there are people out there they can talk to. If there were more people out there that they could talk about their problems and stuff, life would be better on the community. (Young people focus group)*

*I thought that I was stronger than I was, but I found out that I wasn't and I didn't realise that there was so much help available... I didn't realise the support out there, was out there.... Awareness, that's all I can think of because I wasn't aware of facilities that were available to me, if I was aware I may not of gone down that particular road. (Consumer key informant)*

*Make it not so hard, I mean 15 numbers, 15 different organizations, 15 different times is this serious enough to go straight into care or am I ok. I mean, I had some money donated on behalf of somebody who died and I ended up like I was bewildered as which company to give it to. Imagine if I had somebody who was suicidal and they're sitting next to me... So I think it would be really helpful if somebody in charge made some sense of what's out there and so I knew where to send [someone who was self-harming], you know this organisation specialises in this. So a really clear referral pathways. And 24-hour numbers. I don't know why but everything bad usually happens at three o'clock in the morning. (LGBTI focus group)*

Many of the focus groups and key informant interviews highlighted the need for greater awareness of how people can help someone else experiencing suicidal ideation. Many felt they, and others, would not know what to do if they were concerned about someone. In particular, knowing what to say, what their responsibility might be and where to refer them for specialised assistance.

*I don't know how to approach someone if they were going through it. I would feel crap, helpless. (Young people focus group)*

*Checklist, tell us what to do. So someone say "Yes I am suicidal, give me three options, one that does not cost no money and one that is available at three o'clock in the morning when everyone is trashed." You know, tell me what to do to make me feel skilled in how I can be a good person but also help me know the ends of my responsibility. Do I drop her off at the hospital and do I have to keep checking in, they said it once do I have to come back three times or give me some basic pointers on what is a citizens responsibility is. And then maybe tell me what to do. (LGBTI focus group)*

*I would like to see the mental health first aid course be like a normal St Johns first aid course. I did mental health first aid a few years ago when they just started bringing it out because I was working with farmers, we got a free course and it was so good, I was like 'why isn't everyone doing this? It is so important'. One in five people are going to get a mental illness; it should be part of a normal first aid system as the resuscitation and things like that so that would be my recommendation how to get it out there perhaps. (Rural focus group)*

Various ways in which the awareness of suicide could be increased were also commonly mentioned. Participants in the Rural, CALD and LGBTI focus groups, and two key informants, described that

sharing personal experiences with suicide could be an effective way to raise awareness of suicide and to potentially prevent suicide.

*I think talking about recognizing peoples experiences, so reducing the stigma and shame, so that people are willing to talk about their experience with suicide; so that in turn will help the people feeling about suicide to know what the warning signals are because I think perhaps, the person who is in depth of that despair may not actually realize what's going on because they do feel disorientated, alienated or in this kind of surreal world so they might not be acknowledging what's going on. So I think by I guess creating a language around it will help identify, raise the awareness and it would be easier to see that it's there. (LGBTI focus group)*

Public health campaigns and promotion activities, such as incorporating the topic of suicide into popular television shows, were also suggested by a number of focus group participants and key informants as potential ways to improve community awareness and knowledge of suicide. Adults and young people even recommended the development of advertisements regarding suicide, in a style similar to that of the anti-tobacco advertisements or campaigns.

*Just going back to the media, allowing them to do things, maybe an advertising campaign, saying like the same things about anti-smoking, like put up ads that have where you can go and what you can do for example, put those things out there so people know there is help. (Mixed adults focus group)*

*If it was possible to do some regular promotion through media or whatever just to include what services people can get before getting to the end stage. SBS TV or radio, promotes how to get the service. (CALD focus group)*

*Maybe if it was televised like a commercial or something... Maybe at community centers, like a little seminar there for everyone... Even in the shows like Home and Away and that, they've got a bit of stuff that teaches them a little bit about it in the storyline and that but they need more stuff like that, how to deal with it. (Young people focus group)*

*TV ads as well like you see the smoking ads on the TV; they pull out someone's lung and squeeze all that tar and stuff out. You're thinking in the back of your head 'should I be doing this'... But if you're going to make an ad on TV don't make it boring, you've got to make it out there... sometimes we come to work and say 'did you see that ad about, for instance VB or something', imagine if you saw an ad out there about suicide, you'd be like 'did you see that ad?' and that gets us talking. You've got to get that one big thing that will hit some people because that's what people do these days, they talk... It just gets the ball rolling. (Young people focus group)*

A number of focus groups and key informants also suggested that celebrities could play an important role in suicide prevention activities, as well as promoting awareness and knowledge of suicide.

*It's only good when famous people tell kids stuff because then they listen, so you need to go to famous people... if like Chris Brown or Justin Bieber, all the girls would be like 'Oh my god, I'm not going to kill myself because Justin Bieber told me not to'. (Young people focus group)*

Participants felt that people in the community would be more likely to talk about suicide if they were confident in knowing what to do, i.e. how to talk about suicide with someone who is experiencing suicidal ideation or has been bereaved by suicide. To instill this confidence, participants suggested that community guidelines regarding how to appropriately communicate about suicide would be useful, as would widespread mental health training.

*Of course, because if we are not confident enough, we ignore it. Even if somebody says things and to get to the problem, we are not confident enough to let them continue talking about it,*

*we are just ignoring that [as if] it's not happened. Maybe we say its taboo; it's not going to help anything. It's just so important. (CALD focus group)*

*I still think it would be important to have some guidelines there... There would be people in the community that could use that resource... To be able to have a resource where you could say 'ok, conversation could go like this and on that resource document it says where you could refer or who you could contact for help', if you thought someone was serious in going along that path. (Bereaved focus group)*

*Shareable content, give us some conversation starters, give us some stuff that we can put on our Facebook's and things that might start conversations with our own friends that are not ? but are interesting that are kind of hip. Like let's not make it so medical. (LGBTI focus group)*

*I also think, going down your path of different mediums for information, I do think having an easy to read one pager that goes far and wide. Obviously you can't say a lot on one page, but you can alert to other things and have a couple of simple messages, but also offering the mental health first aid far more widely and just a combination with the St John's first aid... so just having those two go together is a really good idea. (Rural focus group)*

While the importance of increasing both the awareness and the frequency and acceptability of conversations about suicide was highlighted by all focus groups and key informant interviews, the adult group also expressed that they felt it was important not to normalise suicide.

*You have to be aware that we don't make it so it seems it's blasé about it, you know. We have to make sure that we don't make it the normal thing, that it's not normal like getting cold or something, so it's not treated seriously. (Mixed adults focus group)*

The focus groups and key informant interviews also identified the importance of destigmatising mental health problems in order to make it more likely that people will seek help, before considering suicide.

*And I think too, just pointing out to the public that it's a passing thing, it doesn't [have] to stay with you for the rest of your life. It can be cured... Mental [illness] can be cured. Modern medication, all these sorts of things. It's not like it was 30 years ago, where you got locked up. It can be managed a lot better now with modern medication, you don't have to be locked away. (Mixed adults focus group)*

*Try to de-stigmatise to get help, trying to look at alternative ways of people when they get into that strife, that there is help out there, all they have to do is pick up the phone. (Carer key informant)*

It was generally perceived to be most important for conversations about suicide to occur with people experiencing suicidal ideation. Participants highlighted that active listening was an important feature of these conversations.

*I think it's important if someone is going through that period where they are entertaining sort of suicidal ideation and that's where they can at least talk about it or be directed to outside help, medications or other solutions out there. (Consumer key informant)*

*I was going to also add the ability to listen, actually hear what the other person is articulating. So often in a conversation, there are two separate conversations. It's a skill in itself to be able to understand what the other person is actually saying rather than you busily thinking about what you're going to say in response to them. (Male focus group)*



*And making sure that the other person who is actually talking about suicide or not feeling well and that they do actually get heard. (CALD focus group)*

Participants also highlighted the need to have the right person to talk to, especially when conversations were intervention-focused. A trusting relationship between those in need and those offering support was perceived to be particularly important.

*For me, it was really important to find a good match for her in terms of psychologists. Because for me, in terms of when talking about teens, what I find is really important is that they find a good match with someone that they can build a good relationship with and it has worked out worthwhile for me, because she is now seeing a psychologist who she gets on so well with and she comes back to me saying "I just don't know how I could have gotten on without ever knowing [psychologist], she has just helped me so much". She says "I don't know how, but I know that things are so much better". So I think just creating that dialogue within the home is really important as well. That trust. (LGBTI focus group)*

*I think it is such an intimate issue, an intimate dialog, and it is quite sacred as well, so I think to have that type of a discussion it really can only be done through either a soul mate or a trusted GP and not everyone has that. (LGBTI focus group)*

*It's important to talk to the right person. Otherwise we end up with more sickness or mental health. (CALD focus group)*

Some participants (older people, males, mixed adults, younger people and one key informant) identified that talking about suicide directly may be neither appropriate or the most effective way to increase awareness and knowledge of suicide. Instead, they believed talking about related issues such as health and mental health was a better way to approach the subject.

*I think you would have to talk about a variety of subjects, not just suicide. If someone is going to be interested, talk about a few things and then bring suicide in it to it. A direct conversation on suicide, I don't believe you would get anyone... They would clam up. (Older people focus group)*

*I think it is important to talk about the issue of stress and depression, I think beyondblue does that well and other organisations, but I'm not necessarily so sure that you want a banner in the sky saying 'suicide'. (Male focus group)*

*At our presentation at the school... the myths that were presented to the class of kids was much more easily discussed. So it was a very good way to present things about suicide. They readily spoke about those myths rather than just asking a question about suicide. (Mixed adults focus group)*

*I don't know how you would actually go about doing that. I don't think, if you had a seminar on suicide, I don't think people would go to it, because they would think "if it doesn't happen to me, I don't have to worry about it". It would have to be a very subtle thing to start with and then sort of get people thinking about it and then build on that as their awareness grows and then start to talk, but you have to start very slowly I think. (Consumer key informant)*

In contrast, other participants felt that is important that suicide be addressed directly in the community. That using the word and discussing the specific topic of suicide should be encouraged.

*I find the lack of the use of the word suicide. People say 'have you ever thought of harming yourself?' they don't use and won't use 'have you ever thought of committing suicide?' That's what needs to be brought forward. The word suicide needs to be used and it's not being used... It can be hidden in some areas, where I live it can't be because it's pretty damn obvious, someone's dead and they ought not to be. (Male focus group)*

*This whole de-humanising aspect of political correctness which makes us not want to talk about it and say well 'ok, they took their own life, they [died by] suicide', that's what it is, it's what it is. I think we need to be straight down the line and say the word and not weasel words and not try and brush over it and try not to offend anybody. We are so afraid of offending anybody. (Mixed adults focus group)*

The CALD focus groups highlighted specific issues for people coming from a CALD background. In particular, they felt that because experiences of traumatic events and difficulties adjusting to life in Australia are common within this population, then CALD communities may be at a greater risk of suicide. This group also felt that targeted prevention activities are needed for CALD communities as language differences may mean many people in this population miss out on the suicide prevention messages promoted to the general population.

*It's extra important to talk about suicide in CALD groups. Greater experience of trauma. Difficulties fitting in. More at risk of suicide (CALD focus group)*

*It is very important because most people like us, we have migrated...some of them, they are having trauma, torture and that's why they end up with suicide. That's why we need to talk about it to them and help them to prevent the suicides. (CALD focus group)*

*What comes to my mind is when they have those community announcements and things like that it would be interesting to actually have those in different languages like SBS that kind of thing. Because there is a whole pocket of people who miss out on that awareness campaign... So I kind of thought I was marginalized for that. (CALD focus group)*

The CALD focus groups also highlighted the specific issues for young people who may be struggling to balance their culture of origin and the Australian culture.

*I think one of the big things for young people, usually if they come from overseas I just think their life in this society because they are struggling between two cultures because if their parents want one thing and the society wants something else, they are between two cultures. They can't cope with the parents, and they can't cope with society and they just want to finish their life. (CALD focus group)*

Similarly the LGBTI focus group perceived that LGBTI individuals often have less access to a strong support network, meaning conversations and awareness of suicide is particularly important within this group of people.

*Stats tell us that we should be looking at our gay and lesbian friends pretty highly and also that I don't know if this is anyone else's experience, but when I was a teen I went to the city as fast as I could, we get isolated from our family's so we don't have those strong support networks that actually make it hard, it makes it easier to [die by] suicide because you don't have all those ties to the community at times. And our community can be a little bit associated around drugs alcohol, big nights out, and you always come down on Tuesday by yourself. (LGBTI focus group)*

Rural and remote communities, due to the fact that many people in these communities are quite isolated, were also identified as a community in which more discussions around suicide would be particularly important. Issues for rural communities were highlighted across focus groups and not just in the focus group with rural-based people.

*Anyone who is isolated in anyway, whether they're living in the city isolated or living in rural regional [areas] and isolated... Any of those kind of circumstances I think can make you feel suicidal and not have a peer group to share with. We could have been having programs for*

*farmers to talk to other farmers in drought, like those kind of things are really important rather than letting them all endure this on their farm alone. (LGBTI focus group)*

*There are social workers; there are people there because it's a recognised situation and the same with drought. From experience, we know that in those circumstances the likelihood of suicide and self-harm increase, so people prepare for that, and we have systems in place to deal with, but just in the day to day as (name) was saying, people become isolated and we don't have a system that is necessarily as robust in that circumstance. (Rural focus group)*

Finally, participants across the focus groups and key informant interviews emphasized the importance of postvention-focused conversations, and identified the need for greater support for people bereaved by suicide. The bereaved focus group also highlighted that most people find it difficult talking about suicide following a death.

*And obviously the people after the suicide has happened, I think it is vitally important that it's discussed with them and I just can't imagine what it must be like for the people that are left behind with it and the things that they have to deal with. (Carer key informant)*

*It wasn't until probably maybe two months [after] my boyfriend had taken his own life and I was all over the place, I was not in a good way. It was probably two months later that someone finally had the guts to say to me 'Are you suicidal?', and I looked at them and said 'yes, of course I am, you would be too'. I think if you're talking about what you can say to the bereaved person, you always need to recognise that that bereaved person, that's a prime candidate for intervention right there because they are very, very likely to go and do the same thing. I think that's something that we kind of neglect. (Bereaved focus group)*

*There is none. The same as you said earlier, no one offered you counseling, no one offers support. No one has that conversation with you about 'I realise that something really terrible has happened to you, you must be in a really dark place right now, what can I do to help?' No one has that conversation with you for one reason or another and then you're sent home to clean up the physical or theoretical mess. (Bereaved focus group)*

## **2.3 Appropriate settings and formats for discussions about suicide**

Participants were asked where they thought discussions about suicide should take place and the most appropriate format for these discussions. While a number of different settings and formats were discussed (e.g. within schools, the workplace and online), participants across a number of focus groups and key informant interviews highlighted that the appropriate setting for a discussion about suicide will be different for different people and that it is important that discussions about suicide occur whenever and wherever the topic arises.

*Everywhere and anywhere. It can be part of an online thing, it can be down at the pub, at a restaurant over dinner, it can be at school, it can be at work, on the bus or train travelling to and from work. It can be anywhere at all where an opportunity arises. And to be able to speak openly about it, that's what breaks down stigma. (Carer key informant)*

*All of them, where ever you meet people that might be feeling these things. It doesn't really matter where. Work. You meet someone, they're a human being, and you deal with it. (LGBTI focus group)*

Consistently, participants identified that a safe environment is important when talking to someone experiencing suicidal ideation. This safety comes from having the right physical environment, as well as the right emotional environment, by having the right person to have the conversation with.

*Safe sort of environment for someone to talk. (Bereaved focus group)*

*You've got to have the confidence that the person that you are talking to in a conversation before you can actually broach the... 'Hey [name], have you thought of suicide?' (Male focus group)*

*I think it's best if it's one on one. (Consumer key informant)*

CALD participants identified the church as an appropriate setting for discussions about suicide, although, others recognised the attitudes of some churches to this issue may also make that challenging. One participant from the mixed adult focus group reinforced the challenges approaching the church, citing it as a setting that may be inappropriate.

*In my opinion, I think the church. A lot of teenagers and kids that go to high school go to church, so I think 100%... the place of worship where you go. In that environment you do tend to listen and get the vibe of the environment and kind of drop your guard and be open to ideas. (CALD focus group)*

*One of the first things my psychiatrist said to me all those years ago was 'don't mix, don't mix your religiosity or your spirituality, with your health issues'. (Male focus group)*

Across the board, participants felt an important setting for discussions about suicide at all stages was within the family. However, having good communication was seen as an essential element to ensure that could happen.

*I think even in the home is quite important. (LGBTI focus group)*

*In the young people, I believe a good relation with the parent is very important. If they can communicate with the parent and talk about what's going on around then you can prevent it. (CALD focus group)*

*I think prevention can only occur in a family setting if there is a good level of communication and a lot of trust and that's the ideal. In that situation then the family can plant the seeds 'you know if you have a problem, you can come and talk to me'. (Bereaved focus group)*

Participants in the CALD focus groups described that it is particularly important for fathers to address the issue of suicide with their children.

*The conversations to the number one person is the father, this is very important fathers talk. Mothers talk too but because usually in the practice of real life.... Father figure is very, very, important. Father tends to talk even if he sees any signs of suicide or not, the father must talk. (CALD focus group)*

*In my culture, fathers they have strong voice and if for example my father was talking to me in a strong voice I would be thinking he is starting to get angry... The father must talk first because the father, because the mother, the kids are not scared of their mother but the father they are very stressed, very scared to their father... It doesn't matter what father what age, even if I'm 60 years old and he is 90 years old, it's still very effective. (CALD focus group)*

Schools were identified as potentially appropriate settings for discussions about suicide to occur by most focus groups and key informants. Because people believed young people needed the information, schools were sighted as a place where conversations should occur. Young people also identified the transition between primary school and high school as an important time to talk about suicide.

*I think particularly for young people, I think they need to discuss it in a school setting, even though it is a hard topic, I think it needs to be discussed. 15 to 16 year olds, when they're trying to sort themselves out, trying to decipher who they are, where they're heading, and all those kind of big pressures, going out with girls and guys and all the big things that seem to be big when you're that age. (Carer key informant)*

*This is something I've seen before because there is a subject in both primary and high school level that is health, it's got a fancy name instead of saying health it's called something else. I think it's excellent. I would suggest that you're quite right; I bet they talk about your teeth, your hygiene, blood pressure, cholesterol and all that. My guess would be that there is something on your mental health. I think that's an excellent suggestion from [name], if it's not in there it could be grounds to work with the national curriculum and others looking at that subject that's in there and incorporating mental health. (Male focus group)*

*I think education needs to start from school, from the school they will learn if they need help or if they feel something change or tell them to express their feelings to mother, to school, to their teacher, someone, I think the community is going to grow up with better mental health. (CALD focus group)*

*It probably should be discussed at school, I reckon... There should be programs or something because it's a problem that happens a lot in schools. (Young people focus group)*

*I think also Year Six kids going in to high school because high school is such a big thing and they get bullied and stuff so they need to be aware of that before they go. (Young people focus group)*

On the other hand, participants in the adult, bereaved, older people and LGBTI focus groups and two key informants identified schools as potentially inappropriate settings for discussions about suicide. They highlighted the need to discuss suicide in age-appropriate ways.

*It's really difficult, I am a primary school teacher and I know that it's something that we don't discuss in primary school and yet we have children who do have mental illness within our primary school. I think that's a really tricky one because I know that people would be concerned about discussing it in schools, they think that it would be, they don't want to put this thought in children's minds. I think in high schools, I think it's really important to start the discussions there. I really do. (Carer key informant)*

*I'm a little bit dubious about the school, conversations in schools. Definitely there needs to be conversations about mental health but I think to centre it around suicide at a young age, unless there has been a suicide and you need to put that in context for a developing young adult, I think that any kind of conversation happening in school should be around positive psychology, self-esteem, around how to auto-regulate all those feelings of anger and fear and all those feelings you have as a kid. I don't know what the evidence base is but I'm a little bit skeptical. (Bereaved focus group)*

*This particular thing though, suicide you're talking about, I don't know that it should be put on to the school as such but there's got to be somewhere for them to be discussing it. As you say, it's just an extra on top of... it's not really a school type thing when you think, but then again, it needs to be discussed. (Older people focus group)*

The workplace was identified by all focus groups, except for the CALD groups, as an appropriate and helpful place to discuss suicide. Participants believed that the workplace could be a setting for prevention-focused, intervention-focused as well as postvention-focused conversations. Despite this, participants admitted that discussions about suicide within the workplace are rare. The idea that

mental health should be incorporated into existing occupational health and safety plans was raised by a number of focus groups.

*In an ideal world, the workplace... you would, if you had a workmate that [has]... broken up with a partner, is having financial issues or looked depressed to be able to say to them 'how are you going? Are you feeling alright? Have you ever thought of harming yourself? Do you need to chat?' that would be great. So to have some guidelines around that, that would be nice. (Bereaved focus group)*

*If you could reach employers of large numbers of people and have them onside as far as accepting the fact that it will be better for the community to talk about suicide and if we can get them onside I think we'll be much better off too. (Mixed adults focus group)*

*Well they do courses in everything else in the work place, don't they? Don't trip over that... don't this, it's an OH&S issue. (Mixed adults focus group)*

*Maybe it should be an OH&S plan, it was raised before and I thought it was a good idea that employers have some responsibility, and one of their responsibilities is to make sure that they are not suicidal. (LGBTI focus group)*

The internet, in particular social networking websites (e.g. Facebook, Twitter, and YouTube) was also identified as an appropriate setting for discussions about suicide. The internet was perceived to be an important platform for the delivery of information and support, particularly for young people, as well as an outlet for discussions about suicide that do not occur elsewhere.

*Thank god there is the internet... finding out the information... and everything because there is different symptoms and everything like mental illness, suicide. (Young people focus group)*

*I think we got stunted because the media wasn't able to talk about suicide and then the very fact that Facebook basically started all these conversations means that we wanted to talk about it. (LGBTI focus group)*

*Some people struggle to speak with real people about suicide, it would be better off with someone close, someone they know because at the end of the day you don't know what they are going through until something does happen to them. (Young people focus group)*

While some focus groups talked about the potential benefits of engaging young people online, other participants, particularly participants in the young people focus group, discussed the potential negative consequences of discussing suicide online.

*With the lady, remember the one that [made the] YouTube video and then [died by] suicide afterwards? Because she had a Facebook and got bullied and the only way to express herself was to do it online, it had like one million hits. She [died by] suicide like two days after because.... It was all over Facebook and she couldn't deal with it no more because she had no one to talk to and her parents didn't know about it so... people need to talk to them, like the randoms and that because if they don't talk to their parents about it, who else can they talk about it to? (Young people focus group)*

*I think with technology these days with kids and technology there is a lot of non-face to face that takes place these days and a lot of people can do things via technology to other people that they wouldn't probably have the guts to do it face to face and then the repercussions of doing that. I worry for that reason that technology that side of it is so dangerous I believe. This Facebook and all of that, I think it's dangerous, dangerous, dangerous. (Rural focus group)*

Participants described that informal settings, particularly among close friends, are well suited to discussions about suicide. Many participants talked about the value of having someone you trust, and for young people someone their own age, to talk through the issues with.

*Maybe the best place to discuss this is in the pub. It would normally be men only but these days there are both sexes down there. People tend to open up, their inhibitions tend to disappear a bit. (Older people focus group)*

*It's more like a mate sort of subject; you talk to your mates about it. I wouldn't go to my family about it; I've got good mates that I go to.... Just with your friends I reckon like you're out chilling with your mates, you could always bring it up. If you have got good mates you might be ok with it. (Young people focus group)*

*I reckon around the same age, someone that you know and you're good friends with, you've known them for a long time. Someone that you can relate to I guess. (Young people focus group)*

*I think when someone feels lonely they don't tend to broadcast it but they might be more inclined to sort of talk to an outside third party which provides some anonymity or they might like divulge it with a trusted member of their inner circle. (Consumer key informant)*

Participants in the young people and adult focus groups and one key informant mentioned that one-to-one conversations are the most appropriate format for discussion about suicide.

*To me it's a one-on-one exercise, that's really important. (Males focus group)*

## **2.4 Barriers to talking about suicide**

Participants in all focus groups and all key informant interviews discussed a range of barriers to people in the community talking about suicide. The fact that it is difficult and uncomfortable to talk about suicide was raised across focus groups as a significant barrier. Participants described that while it is difficult to talk about death in general, many people find it particularly uncomfortable to talk about suicide.

*It's not a nice topic. It's the same that we don't have conversations about bowel cancer, because no one wants to talk about it. (Bereaved focus group)*

*As a society we don't deal well with death. It's the same as if you know someone's that's died in a car accident, you go and say 'I'm really sorry'. With suicide, it magnifies it. There are all these other... guilt and shame and blame and confusion, there is always that undercurrent of who upset them enough to make them do that? (Bereaved focus group)*

*I don't think there is anything you could do to overcome that. It's just one of those things that people don't like to talk about. (Older people focus group)*

*I've actually tried to make conversation with friends about it and been shut down, so that will tell you something. (Mixed adults focus group)*

Some participants, particularly in the older person's group, reflected that sometimes it was people bereaved by suicide who did not want to, or found it too difficult to talk about suicide.

*A friend of ours, their son [died by] suicide. They couldn't talk about it; they were too wrecked to even contemplate it. It took them years before they even got over it but they didn't want to talk about it. That's only one person that I know but we tried to talk to them, we tried to help them... you can't force somebody to talk about something they don't want to. (Older people focus group)*

A self-reported lack of knowledge was identified as a barrier to conversations about suicide across the focus groups and key informant interviews. Participants commented that the lack of awareness meant that people didn't know how prevalent suicide is, how many people may be affected or if it was an important issue to talk about.

*It's not widespread about the knowledge of how many suicides occur. There are a lot more suicides than car accidents... It was really surprising that Lifeline were the people that came out with that ad that was just. I watch that add and I cry every time. The young guys, they had young guys, it was like "I'm more likely to die by suicide than die by a car accident", It was really touching. You need to see it and that's the sort of thing that... because people don't realise this. We know that smoking gives you cancer, we know that you should wear sunscreen out in the sun but we don't know that the thing that is killing most of our people, our young people is suicide. (Bereaved focus group)*

*It's a tough one because people don't see it affecting them... most people can't think of themselves ever getting mental illness because it's not visible it's not in the public face, so I guess it comes down to more education information to get out there. (Mixed adults focus group)*

*I think because it hasn't been talked about a lot there is an assumption that it's somewhat rare and then... suddenly you find that there would [be] very few around the table here that haven't been touched by it... I suppose if we take it as just another illness and we are prepared to talk about it, we can probably go some way towards preventing it or saving some people from a life of misery. (Rural focus group)*

*Coming from a Philippine background, we have to talk about it because it's something that people are aware of, but they don't think it happens to them and they don't think that's the thing that happens to your own society, so it's very important. (CALD focus group)*

Participants described that many people do not know how to talk about suicide appropriately and sensitively. Some participants reflected how suicide can still be referred to in slang or as a joke.

*Sensitivity in the community is not there at all in relation to off-the-cuff remarks people make about, 'just give me a gun and shoot me in the head'. Things are so bad, 'I could just slit my wrists' or I could... people just make these remarks all the time. (Bereaved focus group)*

Participants also commented that people in the community generally lacked the skills needed to talk about suicide effectively. Some reflected that they felt personally ill-equipped to talk about suicide

*My sister in-law asked me the other day, she said "OK, you want to talk about it, but how do you know if someone is just having a bad day and someone is suicidal?" And I just looked at her and thought "oh I am not even sure how to answer that question myself". (Mixed adults focus group)*

*I think it's because we are lacking in skills about what to do if somebody says that, so when they look like they're not taking it seriously, it doesn't always mean that... they're floundering for a response, because we're not told what an appropriate response is. And we need to have these conversations to start to get the skills so that we're good at it. (LGBTI focus group)*

Across the focus groups and key informant interviews participants expressed that they found it particularly difficult to determine if someone is depressed or experiencing suicidal ideation.

*Or if you have a mental illness it's not obvious to anybody but yourself, because if you've got a broken arm obviously someone is going to say how did you break your arm, if you're got a*



*broken head they're not going to say what's going on inside your head. (Mixed adults focus group)*

*Yeah but it can be very hard to know when you know someone is suicidal, because someone could be very, very, very depressed but never [attempt] suicide, and never think of it, someday they think of coming back up and some people who are depressed, you know they are going to be ok and then the next day you find them dead in their bedroom, they've taken tablets. So, how do you know if someone is suicidal? You just don't know. (LGBTI focus group)*

Participants also felt that some threats may not be serious, but that they felt ill-equipped to distinguish between a 'serious' and 'idle' threat of suicide. Young people commented that this was even more challenging when the communication occurred online.

*But I don't think they are skills that are widely held to distinguish between people who are making an idle threat and somebody is real. (LGBTI focus group)*

*Sometimes it's people who do talk about it, you never know if they are serious or they just want to be an attention seeker. On Facebook I knew this one girl, she was like "I want to commit suicide, I want to commit suicide" and everyone was there just laughing at her like as if they would take her seriously. She was thinking about it too and at the end of the day all she wanted to be was an attention seeker. (Young people focus group)*

Knowledge of how to appropriately talk about suicide with someone bereaved by suicide was perceived to be particularly low. Participants believed people generally did not know the best way to respond to someone affected by suicide. People bereaved by suicide confirmed this, by describing the unhelpful ways that people had responded to them following the death of family member or friend.

*I just don't think people know how to respond to something like that. (Carer key informant)*

*We could just give you a big list of what not to say.... Conversations not to have, please don't tell me that I'm beautiful and that I'll find someone else. Please don't tell me that they've gone to a better place. Please don't tell me that he didn't really love you because if he really loved you he wouldn't have killed himself.... Just don't be a f\* wit, that's probably the first rule. (Bereaved focus group)*

For many participants, across the focus groups and key informant interviews, fear of making a situation worse was commonly identified as a barrier to having a conversation about suicide. People talked about the risk of 'copycat' behavior if the conversation was not handled well.

*There is a lot of taboo talking about suicide, the fear that by you even talking about that, people might have the suggestion that you might increase that person's risk. (Carer key informant)*

*I think maybe the general public are a little bit afraid of talking about it because of maybe this copycat type thing, if they talk about it and somebody could be a bit edgy or could be on the edge then it might cause them to do it whereas, I don't know what the research is about this, whether if talking about suicide is going cause suicide, you know what I mean? (Mixed adults focus group)*

*I think sometimes people are reluctant to talk about it too, cause of a fear of making the situation worse somehow. (LGBTI focus group)*

*Young people in particular expressed anxiety related to not responding appropriately to someone experiencing suicidal ideation. They talked about the guilt you may feel or the blame that may be attributed if you talk to the person and then they take their own life.*

*You don't want to give advice to that person because maybe it might have been the wrong advice... and then everyone will look for a reason to blame... When something happens, everyone looks for a person or something or someone to blame it on. You don't want to tell this person, "oh you shouldn't do it and you should try and get around it". Maybe if they try to get around it and it doesn't work and they end up [dying by] suicide then you'll feel really guilty on yourself... (Young people focus group)*

Participants in all focus groups and key informant interviews identified a degree of stigma associated with suicide, and perceived this stigma as a barrier to discussing suicide. Participants described that negative judgments of people who have died by suicide are very common, with these judgments perpetuating the stigma, which in turn contributes to the difficulty talking about suicide following a death.

*I think it's people's view that the person who has killed themselves is this bad awful person and I can't imagine what that must be like for the people who are close to these family members, whatever, who has [died by] suicide. It must be just awful. I don't think that they would feel that they would be able to discuss it, out in the open, without someone, if not saying to them, then saying to someone in the family "how selfish, what an awful person". Yeah I just think it would be difficult for people to discuss it with anybody else unless you were in a suicide help group I think that would probably be perhaps the only way that people might be able to discuss. (Carer key informant)*

*People don't blame you for dying of cancer and that's because you've got a disease I mean mental illness is a disease that can kill by suicide that's my belief anyway. (Consumer key informant)*

*I think stigma too. People still don't really like that conversation because there is a lot of stigma around. If I say 'someone I love has [died by] suicide' then you think well they're crazy, rabbit ears, drug addict, alcoholic, come from a bad home... all these misconceptions and beliefs about the kind of people that take their own lives. (Bereaved focus group)*

*So you think as a society they're given permission to talk about if you died in a car and not talk about the friend that suicided because of the stigma associated with it and because it's not widely communicated. (Mixed adults focus group)*

While present in the community at large, the stigma associated with suicide more broadly was perceived to be particularly strong in communities with certain cultural backgrounds, such as Indigenous communities and specific religious communities.

*So if [you] have grown up in a particular culture which doesn't respect suicide as a health issue and more of a criminal issue or set against god. That's going to take a while to break down and can only be done by changing the current culture... That's the cultural background whether it's coming from a different country or religion. (Mixed adults focus group)*

*Depends also where you are, culture plays a role. In some cultures they don't mention it, they don't talk about it, it's a family problem and other families don't talk about it. In societies like Australia for example, people can talk about it, there are also the people who lost their loved ones, they come out and say and get a group of people to discuss about it and create forums and share ideas. In some other cultures it's not like that... I feel in this society people can talk about it which is positive, it reduces it, it can't eliminate it. (CALD focus group)*

*From what I have read there are some taboo's about mentioning the dead, which I don't know how that would be gotten around if you were talking to people who had just recently been bereaved by somebody or I suppose you could generally mention. Yes taboo's, the Catholics think its mortal sin, so there is not just indigenous taboos or cultural taboo's I think. (Consumer key informant)*

*I'm from Samoa, with this, when people in families' suiciding I always hear this saying from the oldies, they are always saying 'that's not your life, that's not your father's life, that's god's life'. Why would you want to deal with it? Those families, it's putting shame in to that family. (CALD focus group)*

Apart from the stigma associated with suicide, focus group and key informant participants commented that the stigma associated with mental illness and mental health problems more broadly was also a barrier to discussing suicide at the community level.

*Too many people are in denial about mental health. That is improving, stigma is slowly being broken down, but it is still there strongly. Unfortunately it's strong within the health services. It is very unfortunate, it's strong within the pharmacy industry as well. Pharmacist express certain levels of stigma towards consumers. Presenting their scripts for their mental health medication. Some GP's fall into that category as well. Although there is a lot more education happening now with GP's. So that is going to be a definite improvement. (Carer key informant)*

*It's not something that blokes like to think... if you were depressed, you wouldn't want to tell your mates you're depressed when in fact you should be. (Rural focus group)*

*I think it's important because we have to talk. In some culture or communities they just keep it quiet and they're not talking. Even they see the sign of like mental illness or something in somebody, they deny it or just want to ignore it until it's too late. (CALD focus group)*

Participants in the both LGBTI and rural focus groups, and one key informant, also described the stigma associated with seeing a mental health professional.

*I think the problem with the whole counselor and psychologist or psychiatrist thing is that I know that people my age, or at least when I was in high school. The second you mention something like that, you are put in a corner and it was like, "No, that kid's crazy, no you don't associate with them anymore". And so of the people that I knew that were extremely depressed, if you like just go talk to the counselor or something like that it was almost like an insult to go there, it was just not something that you wouldn't do, it kind of confirmed the fact that you really were feeling that certain way and so no one went to it, when it was really necessary. (LGBTI focus group)*

*I know a lot of farmers don't want to be seen coming in to my office, they sneak in the back door or I have to go to them. Others tell everyone and they don't worry, there is a huge difference in perception but there are especially, if it is a mental illness... I guess going to GP quite acceptable because you could be there for anything. (Rural focus group)*

Five key informants and participants from the adults, young people and rural focus groups also highlighted that the stigma associated with suicide and mental health problems may be greater among men. Many participants believed that it is socially unacceptable for men to experience mental health issues, to talk about these issues and to seek assistance from health professionals.

*I think definitely men have trouble talking deeply about their issues. I think females for some reason can talk to their friends more, or in their group, whatever they do whether it's a craft class, which I go to and we discuss all the problems of the world, which if someone had a*

*problem, every one listens in. I think that it's definitely a male's component of putting on a brave face and coping with the world even if they're not coping. (Carer key informant)*

*The only other thing is, is to say that gender is with males, is you've got typical characteristic Aussie males, you don't go to the GP, you don't have health problems, everything's hunky dory – you know, 'nothing wrong with me' and especially out in rural areas, that's an area that is a significant barrier and evidence that they don't talk about it at all. (Mixed adults focus group)*

*Probably males I reckon. It's pretty emotional to talk about and guys don't really want to talk to their own mates or say to their own wife even that they going through something just because it's so emotional and they don't want to feel like a lesser person by talking about it. (Young people focus group)*

*I guess males don't have the opportunity as much as females to have that verbal support and also from the perspective of being tough and I think males are expected to have a certain level of strength emotionally so I could see that as a hindrance definitely. (Consumer key informant)*

The level of stigma associated with suicide was also perceived to differ according to age. Specifically, participants from the CALD, rural, mixed adults and LGBTI focus groups felt that older people are more likely to perceive mental health problems and suicide as either taboo or associated with weakness. They also felt that many older people would not be able to change this opinion.

*With some age groups, it's too late. My mum and my dad honestly I don't think it's going to... You could spend a lot of time and resources up that end but I don't think it would make a huge change. I think we could make a huge difference at the younger end of the spectrum where we may not see immediate results but they will be 25, 30, 35-year-old people, more tolerant understanding and picking up symptoms. (Males focus group)*

*I probably just think that maybe younger people, it's easier to change their perceptions than the older generation, what (name) was saying about the voodoo of it. Probably younger people might be a bit more open to it. (Rural focus group)*

*I think with young people are talking with other young people, which is, they have the mentality and also the same as them and they are not getting anything from them. If you old enough, you think 'its taboo, I can't talk about it' and that's also not good to talk about it. (CALD focus group)*

Participants described how this 'stigma' that exists can be reflected in how people who are experiencing suicidal ideation are perceived. Participants explained that feeling suicidal can be perceived as a weakness, leading to the person feeling 'embarrassed'.

*Often suicide is looked as a way of escaping instead of actually dealing with things. (Carer key informant)*

*It's something that people don't like to talk about because it's viewed as 'you're too weak or you can't handle it'. (CALD focus group)*

*Well there is embarrassment, fear, weakness, seen to be weak, unable to handle life. It's embarrassing, you know. Everybody likes to think of themselves as stronger than they actually are, to actually suicide or attempt suicide is a pretty noticeable way of showing that you are not as perfect as you think you are or as the person you are trying to portray to everybody else around them you don't want that you don't want to be seen as being weak or people minded or whatever. (Consumer key informant)*

*And I think a lot of people think, whether it's wrong, that it's a cowardly act, to take your own life is sort of, you've given up on society, you've opted out, you've dropped out and therefore you didn't have enough courage to stand up to your problems. (Mixed adults focus group)*

Two key informants and all focus groups, with the exception of the older people group, identified that for people experiencing suicidal ideation, a number of additional and significant barriers to talking about suicide and seeking help exist. Participants from the LGBTI group identified fear of being forced into hospital as a significant barrier preventing people experiencing suicidal ideation from talking about it.

*I think the fear of being locked up would have a lot to do with it... When you start having conversations, you know when you hear about doing that risk assessment if you say to someone you are feeling desperate, that fear of that they are going to take you to the Hospital. So fear of that control is going to be taken away from you. You might build up the courage to actually say something and then you may not because you think people are going to take it to the extreme. You are at that stage where you are probably having those feelings but you know you don't want to go through with it but that fear that someone is going to take it to the extreme. (LGBTI focus group)*

On the other hand, fear of not being taken seriously when they approach someone to talk about their suicidal thoughts was also identified as a factor that stops people who are experiencing suicidal ideation from talking about it.

*Fear of being seen as someone who is attention seeking. (LGBTI focus group)*

*Not being believed if you have said it before and not been believed and you had somebody doubt you. (LGBTI focus group)*

*You might have mates that laugh it off or wouldn't think you're serious. (Young people focus group)*

Young people and people from the LGBTI focus group also identified the risk of discrimination and judgment as a barrier to talking about suicide and seeking help.

*Well I guess they feel like their position in the work place will be at risk as well. I think that happens a lot as well, that people are too scared to voice what's going on because they fear of losing their job or connection with family. (LGBTI focus group)*

*But if it was in all those mainstream things, like if you were reading it every time you got a new job that it's not ok to discriminate against someone if they have those periods in their life, that workplaces have an obligation. If sick pay started to include mental health. Because you know how everyone looks at you like you are faking it, if you say I need a mental health day. And I mean well someone I say well I am sorry but I need a mental health day. A big component of being sick is not being able to come to work, it does not have to be a virus. (LGBTI focus group)*

*They are scared people are going to judge them. They are just afraid that people are just going to judge them for who they are. (Young people focus group)*

Participants in the mixed adults, CALD, LGBTI and young people focus groups also felt that the desire not to be a burden on someone was another reason people experiencing suicidal ideation might not seek help or want to talk about suicide.

*You know when I've spoken to people who have had thoughts of suicide it's around fear of yet again being a burden on someone, I am already a burden and now I'm a burden again. (Mixed adults focus group)*

*Yes, I think I agree with that the pace of life. Like, I know with experience not stopping myself from ringing other people at times thinking I am just dumping all my sh\*t onto them and that they don't need me ringing them. And we can get into that thought pattern where you just feel like you don't deserve others peoples time or that you feel like you are intruding peoples valuable time. (LGBTI focus group)*

*Some young people they don't want their parents to worry about them, they think they will 'I will handle it' but up until then it will be too late to handle it. (CALD focus group)*

Finally, the risk that other people might find out about their mental health problems was described as a barrier for people experiencing suicidal ideation to talk about it and seek help.

*I think with suicide, another difficulty would be if you are saying it to someone they might tell others. (CALD focus group)*

## **2.5 Additional themes**

While not the focus of the groups or key informant interviews, participants frequently described that they felt official systems, such as the health system, health professionals and police, had let them down. Participants, particularly in the bereaved focus group, described that greater and more effective services are needed to support people experiencing suicidal ideation and that they were dissatisfied by the assistance received from health professionals and police before and after a suicide had occurred. In some cases health professionals were perceived to have lacked the skills needed to assist someone experiencing suicidal ideation.

*You get other people who are crying out for help, despite all the help around them that the help still isn't adequate. (Carer key informant)*

*My son was mentally ill for seven years before he died and I sort of went with him to a lot of the mental health visits and so it's not just the fact of his suicide, it's also the way people are treated by mental health in an acute episode, how they are treated when they go to hospital, that was one of my big issues. (Carer key informant)*

*I found with my daughter, I presented at the hospital on Monday night before she self-harmed and no one did anything about it, they just stitched her up and sent her home and she suicided on the Wednesday morning. Even when you do present with symptoms, people just gloss it over, she's going home with mum and dad, she's in a safe environment but it still ended the same. There's a big gap there. (Bereaved focus group)*

*We are putting the power in the hands of the people that we expect to save someone that we love and their not stepping up to the plate to be able to do it. That's the frustrating thing for us, community guidelines here, fantastic but when we take our daughter saying 'she's threatening to kill herself, these are x, y, z the risk factors, this is what's happened in the past', to be sent home, what's another conversation with the neighbour about the Uncle that suicided a year ago, what's that going to do for us? Nothing. (Bereaved focus group)*

People in the bereaved group also commented on the inadequate response following the death of their family member.

*No one met us at the house, no one said "this is what you're going to find when you get back to the house". We rang the mental health team to come over, they never showed up. It was just these little thing of just let downs. I would have liked just the smallest thing. Even if just a policeman met us at the house and said 'this is the room it happened in, this is what you're going to see'. (Bereaved focus group)*

## Chapter 3: Conclusions

The 10 focus groups and eight key informant interviews that were conducted generated a wealth of rich data regarding discussions of suicide within the community. The qualitative analysis revealed that, for the most part, conversations about suicide do not occur within the community. Limited conversations regarding suicide were described to occur online and within families, and young people were perceived to discuss suicide more frequently than older generations. Additionally, participants believed that conversations regarding suicide may temporarily increase directly following a suicide.

Discussions of suicide, at all stages, were consistently described to be very important and a pressing need to increase and improve discussions about suicide within the community was identified. Conversations to improve the community's knowledge and awareness regarding the prevalence of suicide, the signs and risk factors associated with suicide, how to respond to and help people experiencing suicidal ideation and how to seek help, were perceived to be particularly important. Additionally, a need to destigmatise mental health issues so that someone experiencing suicidal ideation will be more likely to seek help and talk about their problems was identified.

While there was an acknowledgement that the appropriate setting for discussions about suicide may be different for different people, participants did identify the church, within the family, schools, the workplace and online as appropriate settings for discussions about suicide. However, a number of participants also expressed concern regarding conversations about suicide in schools and online.

A range of barriers to talking about suicide were identified by participants. Participants indicated that it is particularly difficult and uncomfortable to talk about suicide and this was a prominent reason many people in the community were perceived to avoid addressing the topic. Lack of knowledge regarding suicide, especially a lack of understanding of how to help someone else experiencing suicidal ideation or how to identify someone in need, was also recognised as a significant barrier to talking about suicide. Among young people in particular, fear of making a situation worse by giving the wrong advice to someone experiencing suicidal ideation or upsetting someone bereaved by suicide was another barrier to talking about it. Participants also believed that a great deal of stigma is associated with suicide, experiencing mental health problems and seeking help from a mental health professional. Finally, participants also recognised that those who are personally experiencing suicidal ideation are themselves presented with a range of barriers, such as the fear of being a burden, in addition to the barriers experienced by the rest of the community.

The outcomes of this series of focus groups and key informant interviews will be used with sector consultations, and a review of the literature to inform the development and dissemination of community guidelines for discussing suicide.

## *Appendix 1: Key outcomes by target groups*

### **People bereaved by suicide**

#### **Conversations taking place in the community**

- Suicide is not talked about in the community.
- Talking about suicide in the interventions phase may not work.
- Existing community support groups for people bereaved by suicide were perceived to be very helpful.

#### **Types of conversations they think are most important**

- It is important to talk about suicide in the community in all phases (prevention, intervention and postvention).
- It is important to increase awareness about suicide in the community:
  - There is a general need to increase awareness about suicide in the community;
  - Need to increase awareness of how people can help others e.g. through education about the risks and signs of suicide.
- Need to de-stigmatize mental illness so that people will seek treatment and address issues before someone attempts suicide.

#### **Barriers to talking about suicide**

- Lack of knowledge regarding suicide and how to address it.
- It is difficult and uncomfortable to talk about suicide.
- Stigma exists around suicide.
- Fear of making a situation worse.

#### **Appropriate settings and formats for discussion**

- Schools are not an appropriate place to talk about suicide. Instead mental health should be discussed.
- The workplace would be a good place to have discussions about suicide. But it doesn't happen.
- The family context is an important place to talk about suicide at all stages (prevention, intervention and postvention). Guidelines on how to do this would be useful.
- The Internet could be an important place to talk about suicide. It is a place people, especially young people, could access support.
- Providing a safe environment is important when talking to someone experiencing suicidal ideation.

#### **Additional themes**

- Official systems and health care professional let people down.

### **People over 65 years (older people)**

#### **Conversations taking place in the community**

- Suicide is not talked about in the community.



- Suicide is discussed within the family context.
- Conversations about suicide occur in informal places in the community e.g. hairdressers and in the pub.
- There are support groups talking about suicide in the community.
- Conversations about suicide are more common now.
- Young people talk about suicide after it has occurred (postvention).

#### **Types of conversations they think are most important**

- Need to increase awareness of how people can help others. e.g. through education regarding the risk factors for and signs of suicide.
- It is important to talk about suicide in the community in all stages (prevention, intervention and postvention).

#### **Barriers to talking about suicide**

- It is difficult and uncomfortable to talk about suicide.
- Stigma exists around suicide.
- Lack of knowledge about suicide and how to deal with it.
- Fear of making a situation worse.

#### **Appropriate settings and formats for discussions of suicide**

- The family context is an important place to talk about suicide.
- The workplace would be a good place to talk about suicide, but it doesn't happen.
- Conversations about suicide should take place among friends.
- Some participants thought schools would be a good place to talk about suicide while others felt schools were not appropriate places to talk about suicide.
- The Internet could be an important place to talk about suicide. A place for young people in particular to access support.
- Providing a safe environment is important when talking to someone experiencing suicidal ideation.

### **Mixed Adults**

#### **Conversations taking place in the community**

- Some participants perceived that suicide is not talked about in the community. Others felt conversations about suicide are very common.
- Postvention discussions are common.
- Discussions about depression and suicide are more common now.
- People talk about suicide in the family context.
- Conversations about suicide occur in informal places in the community like hairdressers and in the pub.
- Conversations were perceived to be less common among certain groups e.g. older people
- Talking about suicide at the intervention phase may not work

### **Types of conversations they think are most important**

- Some participants thought it would be better not to address suicide directly, while others perceived a need for more direct discussions about suicide.
- It is important to talk about suicide in the community to prevent it. There is a need for greater discussion about suicide in the community in all stages (prevention, intervention and postvention).
- It is important to have the right person to talk about suicide with.
- The Government should play a role in suicide prevention.
- It is important to increase awareness of suicide in the community:
  - Need for greater awareness on how people can help others;
  - How people experiencing suicidal ideation can seek help;
  - Greater promotion and education about suicide would make it easier to talk about.
- Need for more sensitive discussions of suicide.
- Need to de-stigmatize mental illness and suicide.

### **Barriers to talking about suicide**

- Stigma exists around suicide.
- There are barriers to talking about suicide for people experiencing suicidal ideation.
- It's difficult and uncomfortable to talk about suicide.
- Lack of knowledge of suicide and how to deal with it.
- Fear of making a situation worse.
- Distance is a significant barrier to seeking help about suicide. Rural communities therefore are less likely to talk about suicide or mental health problems and address them.

### **Appropriate settings and formats for discussions of suicide**

- The Internet could be an important place to talk about suicide.
- The workplace would be a good place to have discussion about suicide. But it rarely happens.
- The family context is an important place to talk about suicide at all stages.
- Important to talk about suicide in schools, but in an appropriate way for each age level.

## **Male Adults**

### **Conversations taking place in the community**

- Suicide is not talked about in the community
- Discussions about depression and suicide are more common now
- Less discussions about suicide occur in rural communities
- Postvention discussions about suicide are common
- Talking about suicide in the intervention phase may not work
- People talk about suicide online
- People only talk about suicide if they have been personally effected by it

- Some people are trying to increase awareness of suicide in the community

### **Types of conversations they think are most important**

- It is important to talk about suicide in the community in all phases
- Need to destigmatise mental illness
- Need for greater education about suicide risks and signs
- Some participants thought it would be better not to address suicide directly, while others perceived a need for more direct discussions about suicide.
- Active listening to people experiencing depression or suicidal ideation is important
- Support for people affected by suicide is especially needed in rural and remote communities

### **Barriers to talking about suicide**

- It's difficult and uncomfortable to talk about suicide
- Lack of knowledge about suicide and how to deal with it
- People don't want to listen or talk about suicide
- Stigma exists around suicide
  - Older people are more likely to associate depression and suicide with stigma

### **Appropriate settings and formats for discussions of suicide**

- Appropriate settings for discussions about suicide will be different for different people
- The church may not be an appropriate place to talk about suicide
- Schools would be a good place to talk about suicide
- The workplace would be a good place to talk about suicide
- The internet could be an important place to talk about suicide
- One to one discussions about suicide may be helpful
- Providing a safe environment is important when talking to someone experiencing suicidal ideation

### **Other themes**

- Official systems let them down. Dissatisfied by the help received from health professionals

## **Lesbian, Gay, Bisexual and Transgender**

### **Conversations taking place in the community**

- Postvention discussions are common.
- Shame and stigma around sexuality can lead someone to suicide.
- Some people and groups are trying to increase awareness of suicide and promote suicide prevention.
- Different age groups have different types of conversations about suicide. Young people talk about it more.
- There is less stigma around seeing a mental health professional now.
- It is not acceptable to talk about suicide at work.

### **Types of conversations they think are most important**

- Important to talk about suicide in the community in all stages:
  - Important to talk about suicide at all stages among gay and lesbian people. They often have less support;
  - Important to have the right person to talk about suicide.
- Need for greater awareness of suicide:
  - Just important to increase the number of conversations about suicide;
  - Need for greater awareness of how you can help others and how someone experiencing suicidal ideation can seek help.
- Need to de-stigmatize mental illness so that people will seek treatment before they attempt suicide.
- The government should play a role in suicide prevention

### **Barriers to talking about suicide**

- Stigma exists around suicide.
- Lack of knowledge of suicide and how to deal with it.
- Fear of making a situation worse.
- Barriers to talking about suicide among people experiencing suicidal ideation.
- It is difficult and uncomfortable to talk about suicide.

### **Appropriate settings and formats for discussions of suicide**

- Online forums such as Facebook are outlets for discussion of suicide that don't happen elsewhere.
- Schools would be a good place to talk about suicide. Need for greater discussion about suicide in schools.
- The workplace would be a good place to have discussion about suicide but it doesn't often happen.
- The family context is an important place to talk about suicide in all stages. Guidelines would be useful.
- Discussion about suicide should happen wherever it comes up. Needs to be addressed then and there. There is never a good time.
- Providing a safe environment is important when talking to someone experiencing suicidal ideation

### **People living in rural areas**

#### **Conversations taking place in the community**

- Postvention discussions are common.
- People don't talk about suicide directly in the community.
- Conversations about suicide are more common now.

- There are some people and groups are trying to increase awareness of suicide and promote suicide prevention.
- Talking about suicide in the intervention phase may not work.
- Different age groups have different types of conversations about suicide.
- People talk about suicide online.

#### **Types of conversations they think are most important**

- It is important to talk about suicide in the community at all stages.
- Important to increase awareness of suicide in the community:
  - Need for greater awareness of how people can help others and how people experiencing suicidal ideation can seek help.
- Need to promote good mental health as opposed to focusing on mental ill health and suicide.
- Social support and social interactions are important ways to promote discussion about suicide and improve mental health.
- Support is needed in rural and remote communities. Especially people who are isolated.

#### **Barriers to talking about suicide**

- Stigma exists around suicide and mental health issues.
- Isolation is a barrier to talking about suicide and mental health issues.
- It's difficult and uncomfortable to talk about suicide.
- Lack of knowledge of suicide and how to deal with it.
- Fear of making a situation worse.
- People experiencing suicidal ideation are unlikely to talk about it

#### **Appropriate settings and formats for discussions of suicide**

- There needs to be both direct public discussions of suicide and private discussions about suicide and mental health.
- It's easier to talk about suicide if anonymous.
- Providing a safe environment is important when talking to someone.
- Online forums such as Facebook could be a dangerous place for discussions about suicide to occur.

### **Culturally and linguistically diverse**

#### **Conversations taking place in the community**

- Suicide is not talked about in the community.
- Postvention discussions about suicide are common.
- There are support groups talking about suicide.
- It is more acceptable to talk about suicide now.
- Different age groups have different types of conversation about suicide.

- Suicide may be more of a problem in developed countries.
- Online forums are common places to talk about suicide. They reduce the barriers to talking about suicide because they can be anonymous.

### **Types of conversations they think are most important**

- Important to talk about suicide in the community in all stages:
  - Need for more direct discussions about suicide;
  - Discussion of mental health and suicide should be mainstream;
  - It is extra important to talk about suicide in CALD groups. There is often greater experience of trauma, difficulties fitting in. Perceived to be at more risk of suicide.
- It is important to increase awareness of suicide in the community:
  - Need for greater awareness that mental illnesses can be treated;
  - Greater promotion and education about suicide would make it easier to talk about;
  - Need for guidance on how to talk about suicide at all stages;
  - Need for greater discussion about suicide in the media;
  - Need for greater awareness of how people can help others and how someone experiencing suicidal ideation can seek help.
- Need for greater suicide prevention activities for CALD groups.
- The government should play a role in suicide prevention.

### **Barriers to talking about suicide**

- Fear of being a burden and the risk of other people finding out.
- It is difficult and uncomfortable to talk about suicide
- Stigma exists around suicide.
- Language differences and reading difficulty is a barrier to talking about suicide at all stages.
- Lack of knowledge of suicide and how to deal with it.
- Fear of making a situation worse.
- Isolation is a barrier to talking about suicide and mental health issues.

### **Appropriate settings and formats for discussions of suicide**

- The family context is a particularly important place to talk about suicide.
- Schools would be a good place to talk about suicide.
- The church is a good place to talk about suicide.
- Online forums like Facebook are an outlet for discussion about suicide that don't happen elsewhere.
- Discussions about suicide should happen wherever it comes up. Needs to be addressed then and there.
- Appropriate setting for discussions of suicide will be different for different people.

## **Additional Themes**

- Official systems and health professionals let people down.
- Many different stressors can lead someone to suicide

## **Young People (18-25 years)**

### **Conversations taking place in the community**

- Suicide is not talked about in the community.
- Postvention discussions are common.
- People talk about suicide online.
- Different age groups have different types of conversations about suicide.
- Conversations about suicide occur in informal places in the community e.g. hairdressers the pub.
- Some participants said that discussion about suicide do take place within the family context, others said suicide is not commonly talked about in the family setting.
- People talk about suicide at work.
- People may attempt suicide for attention.

### **Types of conversations they think are most important**

- It is important to talk about suicide in the community in all stages.
- It is important to increase awareness of suicide in the community:
  - Need for greater awareness on how people can help others and how people experiencing suicidal ideation can get help.
- Greater promotion and education about suicide would make it easier to talk about it.
- Providing the right environment to talk about suicide is important.
- Social support and social interactions are an important way to promote discussion about suicide.

### **Barriers to talking about suicide**

- Stigma is associated with suicide.
- Fear of not being taken seriously, fear of discrimination and being judged and fear of being a burden stops people who are experiencing suicidal ideation from talking about it.
- Lack of knowledge of suicide and how to deal with it.
- It is difficult and uncomfortable to talk about suicide.
- Fear of making a situation worse.

### **Appropriate settings and formats for discussions of suicide**

- Online forums are an outlet for discussions about suicide that don't happen elsewhere. But this could be dangerous.
- Schools would be a good place to talk about suicide.
- The workplace would be a good place to have discussion about suicide.

- Conversations about suicide should take place among friends and between people who are very close.
- The church is a good place to talk about suicide at all stages,
- The appropriate setting for discussion about suicide to take place will be different for different people.

## **Carers of persons living a mental illness**

### **Conversations taking place in the community**

- Suicide is not talked about in the community.
- Some people and groups are trying to increase awareness of suicide.
- Talking about suicide in the intervention phase may not work.
- Postvention discussions look for reasons why, and how it could have been avoided.
- People talk about suicide online.
- Suicide is addressed in schools.
- Existing suicide prevention programs don't go far enough.

### **Types of conversations they think are most important**

- Important to talk about suicide in the community in all phases:
  - Need for more direct discussions about suicide.
  - Need to talk about suicide in the community in a safe way.
- Need to increase awareness about suicide in the community:
  - Need to increase awareness of the prevalence of suicide, how you can help others and how someone experiencing suicidal ideation can seek help.
- Need for greater support to help people experiencing suicidal ideation.
- Need to destigmatise mental illness so people will seek treatment.

### **Barriers to talking about suicide**

- It's difficult and uncomfortable to talk about suicide.
- The stigma around suicide and mental health problems and seeking help.
- Lack of knowledge regarding suicide and how to address it.
- Fear of making a situation worse.

### **Appropriate settings and formats for discussions of suicide**

- Discussions about suicide should happen wherever the topic is raised.
- Schools would be a good place to talk about suicide. However it is important to talk about suicide in an age appropriate way.
- Providing a safe environment is important when talking to someone experiencing suicidal ideation.
- Online forums such as Facebook are outlets for discussions about suicide that don't happen elsewhere.



## **Additional Themes**

- Official systems let people down.

## **Persons living with a mental illness**

### **Conversations taking place in the community**

- Suicide is not talked about in the community.
- Postvention conversations are common.
- Conversations about suicide are more common now
- Some people are trying to increase awareness of suicide in the community.
- Different age groups have different types of conversations about suicide.
- People talk about suicide in the family context.
- People talk about suicide online.

### **Types of conversations they think are most important**

- Important to talk about suicide in the community in all phases:
  - Need for greater discussion about suicide in the community.
- Need to increase awareness of suicide in the community:
  - Need for greater awareness about suicide risks and signs and how someone experiencing suicidal ideation can seek help.
- Celebrities could play an important role in suicide prevention activities.
- It may be important to target suicide prevention activities to at risk groups.

### **Barriers to talking about suicide**

- It's difficult and uncomfortable to talk about suicide.
- Stigma exists around suicide:
  - In some cultures more stigma is associated with suicide.
- Lack of knowledge regarding suicide.
- People experiencing suicidal ideation are unlikely to talk about it.

### **Appropriate settings and formats for discussions of suicide**

- Discussions about suicide should happen wherever the topic is raised.
- Conversations about suicide should take place among friends.
- One to one discussions about suicide are helpful.
- Providing a safe environment is important when talking to someone experiencing suicidal ideation.
- Schools would be a good place to talk about suicide,
- Online forums such as Facebook are outlets for discussion about suicide that don't happen elsewhere.



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