

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Budget Estimates 2011-2012, 30-31 May and 1 June 2012

Question: E12-183

OUTCOME 11: Mental Health

Topic: Suicide Prevention

Type of Question: Written Question on Notice

Number of pages: 11

Senator: Senator Wright

Question:

The 2010 Senate Inquiry into Suicide produced the report *The Hidden Toll: Suicide in Australia* and made 42 recommendations. Can you tell me what work, if any, has been undertaken to implement recommendations of this report?

Answer:

The Commonwealth Response to *The Hidden Toll: Suicide in Australia* was tabled on 24 November 2010. The Commonwealth Response was drafted in consultation with relevant Commonwealth agencies, in recognition that a range of portfolios have a strong interest in mental health and suicide prevention.

At the time of its tabling, this response outlined that:

- Six recommendations had already been addressed:
 - Recommendations 20, 25, 26, 35, 36 and 39

- A further twenty recommendations were being progressed through existing government activity and addressed initiatives under the 2010 Mental Health: Taking Action to Tackle Suicide election package:
 - Recommendations 2, 3, 7, 8, 9, 10, 11, 12, 15, 16, 17, 18, 19, 23, 27, 31, 32, 37, 38 and 41

Since 2010, as part of the implementation of the Mental health: Taking Action to Tackle Suicide package, five additional recommendations have been considered or addressed in the implementation of Commonwealth activities in this period:

- Recommendations 22, 29, 30, 33 and 40

In addition, six recommendations fall within the Portfolio responsibility of other Commonwealth agencies.

Questions in relation to these recommendations should be directed to the relevant Agency.

- Recommendations 4, 5, 6, 13, 28 and 34

A further five recommendations are the subject of ongoing Government consideration.

- Recommendations 1, 14, 21, 24 and 42

A table setting out each recommendation and its status is attached.

The Commonwealth Response to The Hidden Toll: Suicide in Australia is publicly available at www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-c-toll-toc

Status of Recommendations
Commonwealth Response to The Hidden Toll: Suicide in Australia

At the time of tabling the Response (November 2010):

Recommendations that had been addressed at the time the Response was tabled		
20	<p>5.100 The Committee recommends that the Mindframe guidelines and current media practices for the reporting of suicide are reviewed.</p> <p>Research should be undertaken to determine the most appropriate ways to better inform the Australian public about suicide through the media, including mainstream news reporting, as well as through internet and social networking sites.</p>	<p>The Australian Government's Mindframe guidelines (or sometimes referred to as resources), are a suite of practical resources developed in consultation with the media industry and are subject to ongoing review and revision.</p> <p>In addition:</p> <p>The Australian Suicide Prevention Advisory Council (ASPAC) also recognises that it would be timely to again review the guidelines with a view to more pro-actively encouraging responsible reporting of suicide as well as continuing to provide guidance on the harm caused by negative reporting of suicide.</p> <p>A workshop, hosted by ASPAC, to discuss the issues and inform future activity was held on 6 March 2012. A follow-up working group has met on matters raised during this workshop and advice will be provided the Minister for Mental Health and Ageing, the Hon Minister Mark Butler, following the ASPAC meeting of July 2012.</p>
25-26	<p>6.132 The Committee recommends that the National Suicide Prevention Program include funding for projects to reduce access to means of suicide and prevention measures at identified 'suicide hotspots'. These interventions should be evidence based and in accordance with agreed guidelines.</p> <p>and,</p> <p>6.134 The Committee recommends that the National Suicide Prevention Program should increase the funding and number of projects targeting men at risk of suicide.</p>	<p>The Commonwealth provided \$1.1million (GST excl.) in funding to Woollahra Municipal Council for infrastructure to reduce suicide and self-harm at The Gap Park, Watson's Bay in Sydney.</p> <p>In addition:</p> <p>The Mental health: <i>Taking Action to Tackle Suicide</i> package includes \$15 million over five years to improve safety and infrastructure at notable 'hotspots'. An Invitation to Apply process is currently being finalised.</p> <p>The National Suicide Prevention Program has identified men as a priority group and has committed \$6.7 million to target this priority group specifically in 2011/12-2012/13.</p>

		<p>In addition:</p> <p>The Mental health: <i>Taking Action to Tackle Suicide</i> package includes \$33.7 million over five years to provide more support and services for men under the Targeting men who are at greater risk of suicide but least likely to seek help component of the package.</p> <p>For example, the Australian Government recently announced funding of \$5.2 million over four years to 2014-15 for Mates In Construction to work with other organisations to establish national coverage for workers in the building and construction industry.</p> <p>Increased funding is being provided to beyondblue which incorporates this commitment to provide more services for men.</p>
<p>35-36</p>	<p>7.35 The Committee recommends that the Commonwealth government provide funding in the National Suicide Prevention Program for research projects into suicide prevention, including detailed evaluations of suicide prevention intervention.</p> <p>and,</p> <p>7.39 The Committee recommends the Commonwealth government, as part of the National Suicide Prevention Strategy, create a suicide prevention resource centre to collect and disseminate research and best practice regarding suicide prevention.</p>	<p>The National Centre of Excellence in Suicide Prevention, located in the Australian Institute of Suicide Research and Prevention (AISRAP) – Griffith University, Queensland, has been established since 2008. The Centre is recognised as a key element in supporting the sector, the Department and NSPP funded projects to achieve the current NSPS Action Framework’s objectives.</p> <p>In addition:</p> <p>The Commonwealth is continuing to improve linkages between these above initiatives with a view to making them more visible to the sector and more user friendly.</p> <p>The University of New South Wales has been provided funding under the strategic investment in mental health research priorities through the National Health and Medical Research Council. The funding will help better identify strategies which encourage people to seek help and gives evidence on the appropriate mix of services and supports.</p>
<p>39</p>	<p>8.64 The Committee recommends that the Commonwealth government double, at a minimum, the public funding of the National Suicide Prevention Strategy, with further increases to be considered as the research and evaluation of suicide prevention interventions develops.</p>	<p>The Australian Government’s Delivering Mental Health Reform package will see a \$2.2 billion investment over five years to make fundamental reforms in Australia’s mental health system. Funding</p>

		<p>between 2011–12 and 2015–16 for suicide prevention specific activities under the Mental Health: <i>Taking Action to Tackle Suicide</i> package and the existing <i>National Suicide Prevention Program</i> combined totals \$292.8 million.</p> <p>In addition:</p> <p>In recognition of increased Australian Government investment in suicide prevention, an evaluation of the National Suicide Prevention Program (NSPP) and initiatives under the Mental Health: <i>Taking Action to Tackle Suicide</i> package has commenced.</p>
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Recommendations that were being progressed through existing government activity and/or addressed initiatives under the 2010 Mental Health: *Taking Action to Tackle Suicide* election package.

2	3.3 The Committee recommends that Commonwealth, State and Territory governments, in consultation with the National Committee for Standardised Reporting on Suicide, implement reforms to improve the accuracy of suicide statistics.	Refer to Question: E12-184
3	3.63 The Committee recommends that the Standing Committee of Attorneys-General, in consultation with the National Committee for Standardised Reporting on Suicide, standardise coronial legislation and practices to improve the accurate reporting of suicide.	Refer to Question: E12-184
7-12	<p>Recommendation 7</p> <p>3.69 The Committee recommends the National Committee for Standardisation of Reporting on Suicide liaise with peak insurance and financial associations, such as the Insurance Council of Australia, regarding exclusionary conditions in contracts which may deter the reporting of suicides.</p> <p>Recommendation 8</p> <p>4.78 The Committee recommends that Commonwealth, State and Territory governments ensure that staff in primary care, law enforcement and emergency services receive mandatory and customised suicide risk assessment, prevention and awareness training as part of their initial training and ongoing professional development.</p> <p>Recommendation 9</p> <p>4.79 The Committee recommends that Commonwealth, State and Territory governments mandate that hospital emergency departments maintain at least one person with mental health</p>	<p>The Department will raise this issue through its participation in the National Committee for Standardisation of Reporting on Suicide.</p> <p>There are currently a number of training programs funded under the NSPP that are accessible to these sectors and the community more broadly.</p> <p>The Mental Health: <i>Taking Action to Tackle Suicide</i> package includes \$10.9m over five years to frontline training. Funding (to 2013-14) has been provided to three registered training organisations for national coverage of targeted sectors such as</p>

	<p>training and capacity to conduct suicide risk assessments at all times.</p> <p>Recommendation 10</p> <p>4.80 The Committee recommends that Commonwealth, State and Territory governments review debriefing procedures and counselling support available to frontline workers regularly exposed to suicide and attempted suicide related incidents.</p> <p>Recommendation 11</p> <p>4.82 The Committee recommends that Commonwealth, State and Territory governments establish mandatory procedures to provide follow up support to persons who have been in psychiatric care, have been treated following an attempted suicide or who are assessed as being at risk of suicide.</p> <p>Recommendation 12</p> <p>4.84 The Committee recommends that Commonwealth, State and Territory governments provide funding for programs to identify and link agencies and services involved in the care of persons at risk of suicide.</p> <p>These programs should aim to implement agreements and protocols between police, hospitals, mental health services, telephone crisis support services and community organizations and to improve:</p> <ul style="list-style-type: none"> • awareness by different personnel of suicide prevention roles and expectations; and • handover procedures and continuity of care for persons at risk of suicide. 	<p>financial, legal and relationship counsellors to better identify and respond to the needs of people at risk of suicide or who have attempted suicide.</p> <p>The Government will continue to work with states and territories to address these recommendations and will refer them to the Australian Health Ministers' Advisory Council for consideration where appropriate.</p>
<p>15-19</p>	<p>Recommendation 15</p> <p>4.91 The Committee recommends that Commonwealth, State and Territory governments provide accredited suicide prevention training to all 'front line' staff, including those in health care, law enforcement, corrections, social security, employment services, family and child services, education and aged care.</p> <p>Recommendation 16</p> <p>4.94 The Committee recommends that the National Suicide Prevention Strategy promote and provide increased access for community organisations and the general community to appropriate suicide prevention training programs.</p> <p>Recommendation 17</p> <p>5.92 The Committee recommends that the Commonwealth government fund a national suicide prevention and awareness campaign that provides information to all Australians about the risks and misconceptions of suicide, and advice on how to seek and provide help for those who may be dealing with these issues.</p> <p>This campaign should utilise a range of media,</p>	<p>As per recommendations 7-12</p> <p>As per recommendations 7-12</p> <p>Support has been provided to various initiatives which have the aim of raising community awareness, reducing the stigma associated with mental illness and providing support for Australians experiencing mental health issues and for those at risk of suicide. The emphasis has been on raising awareness and increasing help-seeking behaviour.</p>

	<p>including television, radio, print and online, and other methods of dissemination in order to best reach the maximum possible audience. This campaign should also create links with efforts to alleviate other public health and social issues, such as mental health, homelessness, and alcohol and drug use.</p> <p>Recommendation 18</p> <p>5.93 The Committee recommends that the development of a national suicide prevention and awareness campaign should recognise the risks of normalising and glamorising suicide, and draw on wide consultation with stakeholders and a solid evidence base.</p> <p>Recommendation 19</p> <p>5.94 The Committee recommends that a national suicide prevention and awareness campaign, once developed, should operate for at least 5 years, and with adequate and sustained resources. This should include the provision of additional resources, support and suicide awareness training for health care professionals.</p>	<p>With this in mind, the Australian Government funds a range of national initiatives such as beyondblue, SANE StigmaWatch and the Community Broadcasting Suicide Prevention Project, in addition to programs such as headspace and the school based programs MindMatters, KidsMatter and ResponseAbility Education.</p> <p>The Government also provides support for initiatives such as R U OK? Day which aims to promote awareness of mental health and suicide and encourage Australians to reach out to those at risk in their community.</p> <p>The Mental Health: <i>Taking Action to Tackle Suicide</i> package includes \$12.5 million over five years for targeted campaigns on mental illness for men – to reduce stigma associated with mental illness and encourage more men to seek help.</p> <p>In a tight fiscal environment the Government's focus is on the provision of services to people in crisis and at-risk groups. In the light of a lack of consensus in the suicide prevention sector and amongst experts in the field the Government is not convinced that a national, social media campaign is the best way to provide targeted information.</p>
23	<p>6.127 The Committee recommends that the Commonwealth government ensure telecommunications providers provide affordable access to telephone and online counselling services from mobile and wireless devices.</p>	<p>The COAG Telephone counselling, self-help and web-based support services measure has been supporting the expansion of non-face to face services since 2006.</p> <p>These services will be substantially expanded by the Mental Health: <i>Taking Action to Tackle Suicide</i> package, which includes:</p> <ul style="list-style-type: none"> • \$30.3 million over five years to boost the capacity of crisis hotlines, including Lifeline • \$4.7 million over five years to increase the capacity of helplines for men • \$29.0 million over five years to expand online mental health and counselling services <p>From 1 July 2011, calls to Lifeline's 13 11 14 crisis line from mobile telephones have been toll free.</p>

27	6.137 The Committee recommends that the Commonwealth government develop a separate suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy. This should include programs to rapidly implement postvention services to Indigenous communities following a suicide to reduce the risk of further suicides occurring.	<p>The Mental health: <i>Taking Action to Tackle Suicide</i> package includes \$38.1 million to support community-led suicide prevention activities targeted at groups and communities which are at high risk of suicide, including Indigenous people.</p> <p>On 14 April 2011 the Minister for Mental Health and Ageing, the Hon Mark Butler MP jointly announced with Minister for Indigenous Health, the Hon Warren Snowdon, that funding of more than \$6m will be quarantined to support new projects from the Taking Action to Tackle Suicide package, to target those Indigenous Australians who are at high risk of suicide</p> <p>On 1 June 2012, Minister Butler jointly announced along with Ministers Macklin and Snowdon the appointment of the Menzies School of Health Research to undertake the development of Australia's first national Aboriginal and Torres Strait Islander Suicide Prevention Strategy.</p>
31	6.147 The Committee recommends that additional 'gatekeeper' suicide awareness and risk assessment training be directed to people living in regional, rural and remote areas.	As per recommendations 7-12 and 15-19.
32	6.149 The Committee recommends that lesbian, gay bisexual, transgender and intersex people be recognised as a higher risk group in suicide prevention strategies, policies and programs, and that funding for targeted approaches to assist these groups be developed.	<p>The Mental Health: <i>Taking Action to Tackle Suicide</i> package includes \$38.1 million to support community-led suicide prevention activities targeted at groups and communities which are at high risk of suicide, including gay, lesbian, bisexual, transgender and intersex (LGBTI) people.</p> <p>The Department has provided \$1.1 million over two and a half years to the National LGBTI Health Alliance for strategic mental health and suicide prevention activity for the lesbian, gay, bisexual, transgender and intersex population.</p>
37-38	<p>Recommendation 37</p> <p>8.57 The Committee recommends that following extensive consultation with community stakeholders and service providers, the next National Suicide Prevention Strategy include a formal signatory commitment as well as an appropriate allocation of funding through the Council of Australian Governments.</p>	In September 2011, the Australian Health Ministers Conference endorsed the adoption of the LIFE Framework as the National Framework for Suicide Prevention in Australia.

	<p>Recommendation 38</p> <p>8.60 The Committee recommends that an independent evaluation of the National Suicide Prevention Strategy should assess the benefits of a new governance and accountability structure external to government.</p>	<p>In recognition of increased Australian Government investment in suicide prevention, an evaluation of the National Suicide Prevention Program (NSPP) and initiatives under the Mental Health: <i>Taking Action to Tackle Suicide</i> package has commenced.</p>
41	<p>8.67 The Committee recommends that, where appropriate, the National Suicide Prevention Program provide funding to projects in longer cycles to assist the success and stability of projects for clients and employees.</p>	<p>Under the NSPP, 54 projects are currently in contract until June 2013.</p> <p>This will enable their efforts to be systematically evaluated as part of the broad scope evaluation of the NSPP in conjunction with the Mental Health: <i>Taking Action to Tackle Suicide</i> package.</p>
<p>Since 2010 recommendations that have been considered or addressed in the implementation of Commonwealth activities:</p>		
22	<p>5.105 The Committee recommends that a national suicide prevention and awareness campaign should include a targeted approach to high-risk groups, in particular young people, people in rural and remote areas, men, Indigenous populations, lesbian, gay, bisexual, transgender and intersex people and the culturally and linguistically diverse communities. This approach should include the provision of culturally sensitive and appropriate information and services.</p>	<p>The Mental Health: <i>Taking Action to Tackle Suicide</i> package includes \$12.5m over five years for targeted campaigns on mental illness for men – to reduce stigma associated with mental illness and encourage more men to seek help.</p> <p>These campaigns are currently being finalised and will target high risk groups, including single men, fathers, older men, unemployed, rural, LGBTI men and indigenous.</p> <p>The Government will continue to review the evidence base in relation to these recommendations.</p>
29	<p>6.143 The Committee recommends that targeted programs be developed to provide community support group assistance for people who have attempted suicide and those who self-harm.</p>	<p>The Government continue to review the evidence base for future consideration of this recommendation.</p> <p>A number of components under the Mental Health: <i>Taking Action to Tackle Suicide</i> package will improve community-based support for those who have attempted suicide and those who may intentionally self-harm:</p> <ul style="list-style-type: none"> • \$38.1 million over five years will be invested in community-led suicide prevention activities that target at risk groups, including those who have previously attempted suicide; • \$40.5 million over five years will be provided for ATAPS Suicide Prevention Services to help reduce repeated

		attempts at suicide and to provide holistic support to people on discharge from hospital after a suicide attempt or after an event of self-harm.
30	6.145 The Committee recommends that additional resources be provided by Commonwealth, State and Territory governments to mental health services. These services are recognised as functioning to reduce the rate of suicide and attempted suicide in Australia.	<p>Fundamental reforms of the Australian mental health system are currently being implemented through a Commonwealth investment of \$2.2 billion over five years from 2011-12.</p> <p>Through this Budget, the Government will deliver:</p> <ul style="list-style-type: none"> • \$571.3 million for more/better coordinated services for people with severe and persistent mental illness and complex needs; • \$491.7 million for services for children and young people; • \$220.3 million to strengthen primary care and better target services to those most in need; • \$201.3 million to encourage the states and territories to invest more in mental health priority areas; and • Strengthened transparency and accountability through National Mental Health Commission. <p>Funding between 2011–12 and 2015–16 for suicide prevention specific activities under the Mental Health: <i>Taking Action to Tackle Suicide</i> package and the existing National Suicide Prevention Program combined totals \$292.8 million, will strengthen and build on proven suicide prevention initiatives, through a combination of universal, population-based approaches and direct and immediate investments in community-led responses that target high risk groups and stop suicides taking place.</p>
33	6.151 The Committee recommends that the Commonwealth, State and Territory governments together with community organisations implement a national suicide bereavement strategy.	<p>The National Suicide Prevention Program has identified those bereaved by suicide as a priority group and has committed \$11.3 million to target this priority group specifically in 2011/12-2012/13.</p> <p>This has been further expanded by the Mental Health: <i>Taking Action to</i></p>

		<p><i>Tackle</i></p> <p><i>Suicide package including:</i></p> <ul style="list-style-type: none"> • \$6.9m over four years to StandBy Suicide Bereavement Response Service; and • \$4.78m over four years to Wesley LifeForce program
40	<p>8.65 The Committee recommends that the Commonwealth, State and Territory governments should facilitate the establishment of a Suicide Prevention Foundation to raise funding from government, business, community and philanthropic sources and to direct these resources to priority areas of suicide prevention awareness, research, advocacy and services.</p>	<p>The matter has been referred to the National Suicide Prevention Working Group, a sub-committee of the Mental Health Standing Committee, auspiced under the Australian Health Minister Advisory Council.</p>
<p>Recommendations have been referred to other Commonwealth or Jurisdictional agencies for consideration</p>		
4-6	<p>Recommendation 4</p> <p>3.65 The Committee recommends all Australian governments implement a standardised national police form for the collection of information regarding a death reported to a coroner.</p> <p>Recommendation 5</p> <p>3.66 The Committee recommends that the Commonwealth, State and Territory governments enable timely distribution of suicide data from coroners' offices regarding suicides to allow early notification of emerging suicide clusters to public health authorities and community organisations.</p> <p>Recommendation 6</p> <p>3.67 The Committee recommends that State and Territory governments provide additional resources and training to staff in coronial offices to assist in the accurate and timely recording of mortality data.</p>	<p>Refer to Question: E12-184</p>
13	<p>4.86 The Committee recommends that Commonwealth, State and Territory governments provide additional funding for graded accommodation options for people at risk of suicide and people with severe mental illness.</p>	<p>Referred to FaHCSIA for consideration</p>
28	<p>6.141 The Committee recommends that the Australian Bureau of Statistics and other public agencies which collect health data record and track completed suicides and attempted suicides of those under 15 years of age.</p>	<p>Referred to the Australian Bureau of Statistics for consideration.</p>
34	<p>6.153 The Committee recommends the development of a National Suicide Prevention Program initiative targeting assistance to people recently released from</p>	<p>This matter will be referred to state and territory governments for consideration through the Mental</p>

	correctional services.	Health Standing Committee.
Recommendations that require ongoing government consideration		
1	2.28 The Committee recommends that the Commonwealth government commission a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia, for example by the Productivity Commission.	The Government is currently considering this recommendation.
14	4.88 The Committee recommends that the Australian governments oblige health care staff to offer prior consent agreements, such as advance health directives and standing medical powers of attorney, to patients at risk of suicide.	The Australian Health Ministers Conference released the proposed outline in " <i>A National Framework for Advance Care Directives –consultation draft</i> " (2010).
21	5.101 The Committee recommends that national figures on suicide should be released to the Australian public, at a minimum, biannually, in an effort to raise community awareness about suicide, and should be provided together with information about available services and support.	As detailed in the Commonwealth Response, if reporting were to be undertaken on a biannual basis, it would further compound the problems of data inaccuracy.
24	6.129 The Committee recommends that the Commonwealth government commission an implementation study for a national toll-free crisis support telephone service to assist those at risk of suicide.	The Government supports a range of telephone based crisis support services and respects the individual brands of the organisations who run them, and a caller's choice in the service from which they wish to seek support. The work being done under Recommendation 23 will be used to inform future opportunities in relation to this recommendation. Calls to Lifeline's 13 11 14 crisis line and Kids Helpline from mobile telephones are now toll free.
42	8.69 The Committee recommends that the Commonwealth government as part of a national strategy with State, Territory and local governments for suicide prevention set an aspirational target for the reduction of suicide by the year 2020.	The matter has been brought to the attention of the National Suicide Prevention Working Group, a sub-committee of the Mental Health Standing Committee, auspiced under the Australian Health Minister Advisory Council.