
COMMONWEALTH RESPONSE TO

The Hidden Toll: Suicide in Australia

REPORT OF THE SENATE COMMUNITY AFFAIRS REFERENCE COMMITTEE

Commonwealth response to *The Hidden Toll: Suicide in Australia Report of the Senate Community Affairs Reference Committee*

ISBN: 978-1-74241-365-5

Online ISBN: 978-1-74241-366-2

Publications Approval Number: DO146

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Foreword



More than 2000 Australians take their lives every year – a tragedy for individuals, for families, for communities and for the whole nation.

The June 2010 report of the Inquiry into Suicide in Australia by the Senate Community Affairs References Committee is a timely reminder of the toll suicide extracts.

The Australian Government welcomes the Committee's report *The Hidden Toll: Suicide in Australia* and the hope expressed in the Report for increased public attention and support for prevention measures that reduce the damage suicide causes.

Suicide is a complex and multidimensional issue. An individual can experience suicidality due to an infinite number of personal circumstances, including issues relating to isolation, disengagement, or instability in employment, housing, financial stress or personal relationships.

We know that many service systems can influence what happens to people, and as this response shows, the Australian Government is committed to work hard across portfolios and with state and territory governments, local governments and non government organisations, community groups and individuals to reduce the damage that suicide causes.

This work needs to ensure Australians have access to targeted, effective and sustainable community-based mental health care with a strong focus on prevention and early intervention; that vulnerable families and young people are supported; that regional Australia has the services it needs.

And we are aware that more needs to be done.

The Prime Minister, the Hon Julia Gillard MP, in the recent election campaign, committed the Australian Government to redouble its efforts to prevent this tragedy, making clear that mental health is an important part of a second term agenda and announcing a \$274 million *Taking Action to Tackle Suicide* package.

This package focuses on many of the concerns voiced in the Senate Committee's report, including the need for better targeted interventions for at risk groups, better support for frontline workers and preventing suicides at notorious 'hotspots'.

The Australian Government is determined to use this new investment and to build on what we know works to make a difference to the lives of Australians, their families and their communities.

A handwritten signature in black ink, consisting of several stylized, overlapping loops and a long horizontal stroke at the end, representing the name Mark Butler.

Mark Butler
Minister for Mental Health and Ageing
November 2010

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List of Abbreviations

ABS	Australian Bureau of Statistics
ACE	Australian Cost Effectiveness study
AIHW	Australian Institute of Health and Welfare
AISRAP	Australian Institute for Suicide Research and Prevention
AHP	Allied Health Professional
ANFPP	Australian Nurse Family Partnership Program
ASPAC	Australian Suicide Prevention Advisory Council
ATAPS	Access to Allied Psychological Services
BTH	Bringing Them Home program
COAG	Council of Australian Governments
DOHA	Department of Health and Ageing
DVA	Department of Veterans' Affairs
DHS	Department of Human Services
FAHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
Fourth Plan	Fourth National Mental Health Plan: an agenda for collaborative action in mental health 2009-2014
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
GP	General Practitioner
ISWG	Indigenous Strategies Working Group
LIFE	Living Is For Everyone
MBS	Medical Benefits Scheme
MHSRRA	Mental Health Services for Rural and Remote Areas Program
NCESP	National Centre for Excellence in Suicide Prevention
NCIS	National Coronial Information System
NHHN	National Health and Hospital Network
NHMRC	National Health and Medical Research Council
NPAs	National Partnerships Agreements
NSPP	National Suicide Prevention Program
NSPS	National Suicide Prevention Strategy
PBS	Pharmaceutical Benefits Scheme
TCC	Targeted Community Care program
VVCS	VVCS - Veterans and Veterans Families Counselling Service
WHO	World Health Organization

Overview

Introduction

This response to the Senate Committee's report *The Hidden Toll: Suicide in Australia* outlines the Australian Government's new plan for suicide prevention in Australia. This approach is centred on the \$274 million *Mental health: Taking Action to Tackle Suicide* package announced in July 2010, but also articulates how the Government will work across service systems to prevent suicide and to support those at risk of suicide.

A summary of individual responses to each of the Committee's 42 recommendations is in Appendix C.

Suicide is a national tragedy that has a devastating impact on individuals, families and communities, an impact not always obvious or recognised.

People from all ages and from all walks of life take their own life and the causes appear to be a complex mix of adverse life events, social and geographical isolation, cultural and family background and supports, socio-economic disadvantage, genetic makeup, mental and physical health, coping skills and resilience.

While the causes and precipitating factors for every individual suicide are likely to be different, there are well recognised risk factors for suicide, and conversely, evidence based protective factors which reduce the likelihood of suicide for individuals and across the population.

As the Senate Committee's report *The Hidden Toll: Suicide in Australia* identifies, an effective suicide prevention response requires a sustained whole of government, whole of community response and a combination of universal, population based approaches and community-led responses that target those at particular risk of suicide, all underpinned by the best available evidence.

These at-risk sub-population groups include Indigenous Australians, men, young people, gay, lesbian, bisexual, transgender and intersex communities, those bereaved by suicide and those living with mental health disorders and people living in rural areas. Encouraging help seeking in these groups, and providing them with access to appropriate and accessible services, is often challenging but not insurmountable with the right approach.

Early intervention efforts, and efforts to promote good mental health and build resilience and resourcefulness in children and young people, reduces the incidence and seriousness of problems that develop later in life and are critical to an effective suicide prevention response.

A well educated, trained and supported workforce across many service systems is also a critical success factor, as is continuous improvement in the identification, data collection for and accurate reporting of suicides.

The Senate Committee has also highlighted the importance of effective public awareness programs that address stigma, provide information about crisis and other support services, and encourage help-seeking and social connectedness in people, families and communities to protect against the risk factors for suicide; and of reducing access to means of suicide.

Some key facts are:

- » More than 2,000 Australians each year take their own lives; more than one in eight Australians have thought about taking their own life; 4% have made suicide plans and 3% have attempted suicide during their lifetime.
- » Some groups are at much higher risk of suicide than others: men are much more likely to take their own lives than women: men account for around 75% of suicide deaths in Australia. Other groups, including Indigenous Australians, people in rural and remote areas, gay, lesbian bisexual and transgender people, and children and young people are also at greatest risk.
- » Men are at greatest risk of suicide but least likely to seek help: While men account for three-quarters of deaths from suicide, an estimated 72% of males don't seek help for mental disorders.
- » About one in seven children aged 4 to 14 years are estimated to experience a mental health condition in a year, with one in ten children having a long term mental or behavioural condition.

A new plan for suicide prevention in Australia: the *Mental health: Taking Action to Tackle Suicide* package

The Australian Government's plan to tackle suicide addresses these strategic challenges by increasing national suicide prevention efforts and providing better coordinated intervention and postvention support.

It aims to strengthen and build on proven approaches, 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.

The *Mental health: Taking Action to Tackle Suicide* package provides new funding of \$274 million over four years commencing in 2010-11. Four strategic actions are advanced:

- 1. More frontline services and support for those at greatest risk of suicide -** including people who have already attempted suicide or who have severe mental illness. This will mean more psychology and psychiatry services, as well as non-clinical support, to assist people with severe mental illness and their carers with their day-to-day needs (\$115 million);

- 2. More to stop suicide and support communities affected by suicide: providing** increased funding for direct suicide prevention and crisis intervention including through boosting the capacity of counselling services such as Lifeline, supporting communities - including Indigenous and school communities - affected by suicide, and to improve safety at suicide 'hotspots' (\$74.5 million);
- 3. Targets men who are at greatest risk of suicide - but least likely to seek help.** More targeted crisis support services, workplace programs and anti-stigma and help-seeking campaigns will better support men (\$23.2 million); and
- 4. Promotes good mental health and resilience in young people, to prevent** suicide later in life: providing more services for children with mental health problems, as well as in promoting resilience and good mental health in young people - so the children of today are less likely to develop problems later in life (\$61.3 million).

More detail on each of the components of the package is at Appendix B.

The Government's plan will be supported by broader social policy agendas and systems and service delivery reforms - in primary care and hospitals, in housing and schools, in better supporting youth and families and investing in Australia's infrastructure.

A key aim is to increase the number of individuals seeking help to support their emotional and social wellbeing and increase the identification, referral and treatment of at risk individuals by service systems and health and other professionals.

Work to date

This new package builds on the previous work by the Commonwealth, states and territories, local and non-government agencies to identify population groups at higher risk of suicide and put in place appropriate assistance for those affected by suicide.

Since 2000, the Australian Government's National Suicide Prevention Strategy (NSPS) has worked to reduce the incidence of suicide and self harm, and to promote mental health and resilience across the Australian population.

It has four inter-related components:

- » **The Living is For Everyone (LIFE) Framework**, which sets an overarching evidence-based strategic policy framework for suicide prevention in Australia. The framework has been adopted by all states and territories as the basis for their own suicide prevention policies, frameworks and strategies so that Australia has, for the first time, a nationally consistent approach.
- » **The National Suicide Prevention Strategy Action Framework**, which provides a time-limited work plan between the Australian Suicide Prevention Advisory Committee and the Australian Government for taking forward suicide prevention investment.

- » **The National Suicide Prevention Program (NSPP)**, which is the Australian Government's own funding program, dedicated to suicide prevention activities within the areas of its current roles and responsibilities. It supports broad population health approaches which have proven effective and provides targeted assistance to groups identified at higher risk of suicide.
 - Currently, the NSPP funds over 50 national and local community programs and projects directly aimed at reducing suicide. Australian Government investment in the NSPP has more than doubled from \$8.6 million in 2005-06 to \$23.8 million in 2010-11.
- » Mechanisms to promote alignment with and enhance state and territory suicide prevention activities, particularly through national frameworks such as the *COAG National Action Plan for Mental Health 2006-11*¹ and the *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014*² (the *Fourth National Mental Health Plan*).

The Australian Government also contributes extensively to suicide prevention through broader homelessness, employment, education, community welfare and mental health programs and services.

Since 2007, there have been significant effort to provide a sustainable and more evidence-based foundation upon which future national suicide prevention activity can be based - in particular, through a \$176 million new investment to fill service gaps in the mental health system; the establishment of new governance structures through the Australian Suicide Prevention Advisory Council; and the establishment of the National Centre of Excellence in Suicide Prevention to increase the emphasis on research and to share evidence and findings. Targeted research activities and project evaluations across a range of government portfolios, universities and communities are building the evidence base for suicide prevention and intervention activities in Australia.

Work ahead

The Australian Government will work as a priority to implement the 15 measures under the \$274 million *Mental health: Taking Action to Tackle Suicide* package detailed at Appendix B.

The Government recognises that to achieve long term reforms that provide improved outcomes for people at risk of suicide, and those living with mental illness, requires a strong commitment to whole-of-government collaboration and to working in partnership with state and territory governments, community organisations and consumers and carers.

1 <http://www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/coag-1p>

2 *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014*, Department of Health and Ageing, Canberra

The *Fourth National Mental Health Plan*³ further guides mental health reform outlined in the *National Mental Health Policy 2008*⁴. It also has a strong focus on social inclusion.

Finally through recent Council of Australian Governments (COAG) reforms to the health and hospitals system delivered through the 2010 Commonwealth Budget, the health system will be strengthened and reformed to enable improved efficiency and effectiveness, an increased number of sub-acute care beds - of critical importance to people affected by mental illness - better coordination and integration of services based on local and individual needs and clearer roles and responsibilities including for primary care with the Commonwealth assuming 100% policy and funding responsibility.

These structural, governance and financing reforms provide a foundation for further improvements in mental health and suicide prevention. In addition, there are targeted measures through the \$178.5 million expansion of the Access to Allied Psychological Services Program to address some specific gaps for at risk groups, through early intervention services for young people and tailored coordinated packages of care for those who are most vulnerable.

Additionally, the Government is actively working across Commonwealth portfolios toward Service Delivery Reforms which aim to improve the way in which the government agencies interact with and deliver services to Australian citizens.

Together this combination of existing and planned new work will provide a stronger platform on which to build effort to reduce suicides and improve resilience and access to effective and targeted services to enable sustained improvement in this area.

3 *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014*, Department of Health and Ageing, Canberra

4 *National Mental Health Policy 2008*, Department of Health and Ageing, Canberra

the 1990s, the government's health policy was based on the idea of universal health coverage (UHC) (Ministry of Health 1993).

UHC was defined as "the extent to which all people have access to needed health services without financial hardship" (Ministry of Health 1993, 1). The concept of UHC was based on the idea of equity, which was defined as "the absence of avoidable inequalities in health status and in the distribution of health care" (Ministry of Health 1993, 1). The government's health policy was based on the idea of UHC, which was defined as "the extent to which all people have access to needed health services without financial hardship" (Ministry of Health 1993, 1).

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A strategic approach to suicide prevention: Responding to the suicide inquiry recommendations

The Australian Government's suicide prevention efforts are not confined to the Health portfolio or the specific expenditure of the National Suicide Prevention Strategy (NSPS), through the National Suicide Prevention Program (NSPP).

Mental health services and programs, broader health initiatives such as Indigenous health programs, and drug and alcohol support also comprise an important platform from which Commonwealth programs across a range of portfolios contribute to efforts to prevent suicide. Commonwealth agencies administering programs for high risk groups and working in frontline service delivery also provide essential supports to people at risk of suicidal behaviour and protect against risk factors which may be associated with suicidality.

The following sections outline the Government's response to the 42 recommendations of the Senate Community Affairs References Committee report *The Hidden Toll: Suicide in Australia*.

Of the 42 recommendations the Government has already actioned six, has set in place initiatives to meet a further twenty, and will progress or consider the remaining recommendations in consultation with relevant stakeholders.

Recommendations and responses are grouped against six key themes, aligning with the key areas of consideration of the Senate Committee:

1. Funding and Governance in Suicide Prevention
2. Suicide Reporting and Statistics
3. Service and Initiatives to Tackle Suicide
4. Roles and Workforce Development
5. Reducing Stigma and Raising Awareness
6. Suicide Research

1 Funding and governance in suicide prevention

At an Australian Government level, the Department of Health and Ageing has primary responsibility for suicide prevention through the implementation of the NSPS and administration of the NSPP. The NSPS was developed in 2000 to reduce the incidence of suicide and self harm in, and to promote mental health and resilience across, the Australian population.

The Commonwealth also invests extensively in suicide prevention through broader homelessness, employment, education, community welfare and mental health programs and services.

In doing this, the Government is supported by established governance structures through the Australian Suicide Prevention Advisory Council and National Advisory Council on Mental Health to continue to strengthen policy development in suicide prevention and mental health. These groups have complementary terms of reference and work programs and collaborate to enhance and better target mental health and suicide prevention initiatives.

The Senate Committee indicated the need for increased funding of programs to support those at risk of suicide and called for a doubling of investment in suicide prevention activity as well as the establishment of new governance arrangements to encourage greater community and government investment. In this response the Australian Government highlights the doubling of investment under the National Suicide Prevention Program since 2005-06, the significant new investment in suicide prevention activity under the \$274 million *Mental health: Taking Action to Tackle Suicide* package, and the effective roles that various existing non-government organisations play (many fostered, encouraged and funded by the Australian Government) in drawing additional investment in suicide prevention and related activities

Recommendation 37

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.

Response

The Australian Government notes this recommendation and intends to consult with states and territories on a formal signatory commitment in further development of the NSPS. The Government notes that the LIFE Framework, which is the policy arm of the NSPS, is supported by all jurisdictions under the auspice of the Australian Health Ministers' Conference

Under the *Fourth National Mental Health Plan*, the Commonwealth is working with jurisdictions to progress Action 13 – “Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them”. An implementation strategy for all actions under the Fourth Plan was endorsed by the Australian Health Ministers' Conference on 12 November 2010.

Detailed implementation approaches for each of the actions under the *Fourth National Mental Health Plan* are being finalised by the Mental Health Standing Committee (an Australian Health Ministers' Advisory Council sub-committee).

In terms of funding allocations, the Australian Government investment in the NSPP has more than doubled from \$8.6 million in 2005-06 to \$23.8 million in 2010-11. In the Mid Year Economic and Fiscal Outlook Statement in November 2010, a further \$274m over four years (2010-2014) was committed for the *Mental health: Taking Action to Tackle Suicide* package.

Recommendation 38

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.

Response

The Australian Government notes this recommendation. A 2009 study of suicide prevention strategies found that Australia's approach is effective by international comparisons⁵.

The Australian Government is developing an overarching evaluation strategy for the NSPP to commence from July 2011. The evaluation strategy will include agreed

⁵ Martin, G., Page, A. *2009 National Suicide Prevention Strategies - A Comparison*. The University of Queensland, Brisbane

data collection, information sharing between different projects and appropriate performance indicators. It will support the implementation of the new National Report Card on mental health and suicide prevention, with new investment of \$9 million over three years from 2011-12.

The Government recognises and values the important contribution that organisations outside formal government structures can make to suicide prevention, mental health and wider health policy development and program implementation and provides support to these organisations through a range of initiatives delivered through the NSPP and the LIFE framework.

Recommendation 39

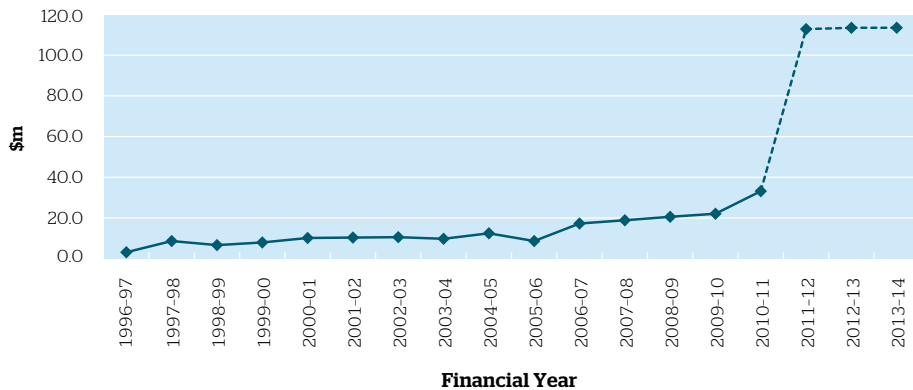
8.64 The Committee recommends that the Commonwealth government double, at a minimum, the public funding of the National Suicide Prevention Strategy, with further increases to be considered as the research and evaluation of suicide prevention interventions develops.

Response

The Australian Government supports this recommendation and has taken action to address it.

Funding for the NSPP has more than doubled from \$8.6 million in 2005-06 to \$23.8 million in 2010-11. The increase in investment through the *Mental health: Taking Action to Tackle Suicide package* will dramatically increase the funding available to universal and targeted interventions for high risk groups (Figure 1.)

Figure 1: Inclusive of Appropriations by Financial Year for National Youth Suicide Prevention Strategy (1996-97 to 1998-99), National Suicide Prevention Program (1999-00 to 2013-14) and the Mental health: Taking Action to Tackle Suicide package (2010-2011 to 2013-14).



The single biggest risk factor for suicide is the presence of a mental health disorder.

On top of funding for mental health under the MBS and PBS, funding for mental health specific programs (including Indigenous programs) in the period between 2010-11 and 2013-14 will nearly triple to \$1.4 billion compared to \$516.3 million provided between 2004-05 and 2007-08.

Comprising fifteen measures across four key areas, the investment under the Mental health: Taking Action to Tackle Suicide package will:

- » **Boost frontline services to support those at risk** to provide greater access to mental health services to those at greatest risk of suicide - including psychology and psychiatry services, as well as non-clinical support to assist people with severe mental illness and their carers with their day-to-day needs (\$115 million over three years from 2011-12);
- » **Take Action to Prevent Suicide and Boost Crisis Intervention Services** to increase funding for direct suicide prevention and crisis intervention services such as Lifeline and providing funding to improve safety at suicide 'hotspots' (\$74.5 million over four years from 2010-11);
- » **Target men who are at greater risk of suicide - but least likely to seek help** to provide more services and support to men, who are at greater risk of suicide but least likely to seek help (\$23.2 million over four years from 2010-11); and
- » **Promote good mental health and resilience in young people** to promote good mental health and resilience in young people, to prevent suicide later in life (\$61.3 million over four years from 2010-11).

Figure 1 shows the growth in funding for suicide measures since the introduction of the National Youth Suicide Prevention Strategy in 1996.

Recommendation 40

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.

Response

The Australian Government notes this recommendation and continues to work with non government organisations to provide services to the Australian population. Many of these organisations are foundations and not for profit bodies which draw additional resources through philanthropic funding sources. The Government will continue to foster and encourage collaboration of suicide prevention effort in the sector to complement its own investment in programs and research.

Recommendation 41

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.

Response

The Australian Government supports the recommendation in principle noting the four year budget cycles of Government and the need to ensure programs are sufficiently flexible to respond to emerging trends. Tax-payer funded projects also require progressive review and evaluation in line with current and emerging Government priorities.

Currently under the NSPP, fifty six projects are in contract with the Department of Health and Ageing until 30 June 2011. The good practice and outcomes of these projects will be documented and analysed under a broad scope NSPP evaluation, in conjunction with the *Mental health: Taking Action to Tackle Suicide* package.

Organisations currently funded under the NSPP will be offered project continuations in order for their efforts to be systematically evaluated as part of this broad scope evaluation.

Recommendation 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.

Response

The Australian Government notes this recommendation. The Government recognises the multitude of considerations which would need to be incorporated into the methodology when assessing the broad social impact of suicide in consideration of the economic and non-economic cost of suicide in Australia.

Consideration also needs to be given to the ongoing challenges relating to the accuracy of data collection and the actions being undertaken by Australian governments to support suicide data improvements, as outlined in Chapter 2 *Suicide Reporting and Statistics*.

The Australian Government would be prepared to consider this recommendation further in the future but is advised that the Productivity Commission's agenda is currently full.

Recommendation 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.

Response

The Commonwealth Government supports this recommendation in-principle noting experts have been unable to present a consistent view on the viability of a target as suicide is a multi-faceted societal issue.

Ongoing challenges relating to the accuracy of suicide data potentially impact on the efficacy of this recommendation at this time, noting that actions are being undertaken by Australian governments to support suicide data improvements, as outlined in Chapter 2.

As part of the *Mental health: Taking Action to Tackle Suicide* package, the Australian Government is providing \$9 million over three years to establish an annual National Report Card on mental health and suicide prevention. Along with nationally consistent local reporting by Medicare Locals on the performance of mental health services, including outcomes, these measures will give those who matter most (consumers and carers) direct input into monitoring the performance of services.

2 Suicide reporting and statistics

The Australian Bureau of Statistics (ABS) is the independent statutory authority responsible for the routine collation of data on suicide and other causes of death. The ABS adheres to strict coding rules for all data and no external parties are privy to any of the data or deliberations prior to public release of data through the annual publication *Cause of Death, Australia*.

The Australian Government recognised in 2008 the need to work with state and territory coroners to improve the timeliness and accuracy of suicide data and continues to support data improvements by the ABS through membership of the Mortality Statistics Advisory Group and other forums. The Commonwealth is also an active member of the National Committee for Standardised Reporting of Suicide.

The Senate Committee raised concerns in its report about the accuracy of suicide reporting in Australia and outlined the factors that may impede accurate identification and recording of possible suicides noting the consequences of any under-reporting on understanding risk factors and providing services to those at risk. This Response notes the many inter-related factors that contribute to possible under-reporting and outlines in this Chapter the ongoing Commonwealth activity to improve reporting quality and mechanisms, in particular through the work of the ABS.

Recommendation 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.

Response

The Australian Government supports this recommendation, noting recent improvements in data collection, and is working with the Australian Bureau of Statistics (ABS) and state and territory governments to achieve this objective.

Recommendation 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.

Response

The Australian Government supports this recommendation in principle, noting that states and territories have varied legislation relating to the reporting of deaths, coronial processes and rulings and that the reporting of suicides is secondary to these judicial processes.

The Commonwealth recognises that the Standing Committee of Attorneys-General (SCAG) would be an appropriate means for pursuing national coronial legislation at this time.

Recommendation 4

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.

Response

The Australian Government supports this recommendation, noting that most jurisdictions have introduced, or are in the process of introducing, police forms which contain the standardised items of the national police form. Support is being given by the National Coroners Information System staff to facilitate this process.

Recommendation 5

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.

Response

The Australian Government supports the dissemination of information within legislative constraints and as deemed fit by State and Territory Coroners and will work with States and Territories through the Standing Committee of Attorneys-General or other appropriate forum.

Recommendation 6

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.

Response

The Australian Government supports this recommendation in principle, noting such investment decisions would be a matter for state and territory governments.

The Commonwealth supports initiatives and investments to improve the completion of coronial cases and timeliness of data entry into the National Coroners Information System, such that the most complete set of data is available to the Australian Bureau of Statistics for processing for the annual *Causes of Death, Australia* publication.

Recommendation 7

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.

Response

The Australian Government notes this recommendation and will raise it with states and territories and through its participation in the National Committee for Standardisation of Reporting on Suicide.

In the majority of life insurance products 'suicide' as a cause of death has a 12-36 month exclusion period. It has been identified that, in a number of coronial cases, there has been reluctance to code deaths as 'suicide' because of the potential impact on those bereaved by suicide, including the fear of stigma and in relation to life insurance policies. The Government recognises this can be a difficult decision for coronial staff, particularly in smaller communities.

Recommendation 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.

Response

The Australian Government supports this recommendation in part.

The Government supports the continuation of annual reporting of national suicide data, noting that there are extensive and approved processes, including strict coding practices cleared by the World Health Organization for coding of all deaths and specific processes in relation to suicide deaths, which are undertaken by the Australian Bureau of Statistics for the publication of the yearly *Causes of Death, Australia* publication.

Poor data quality is largely due to the high proportion of open coronial cases at the time of cut-off for publication and less than optimal data entry by some jurisdictions. The incompleteness of available data would be considerably greater if reporting was undertaken on a biannual basis, and it would further compound issues of inaccuracy of reported data. As such, the Government does not support biannual reporting at this stage.

As part of the *Mental health: Taking Action to Tackle Suicide* package, the Australian Government is providing \$9 million over three years to make sure its investments deliver better outcomes through a new National Report Card on mental health and suicide prevention. The Commonwealth will ensure the launch of the Report Card incorporates information in relation to support services.

Recommendation 28

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.

Response

The Australian Government notes this recommendation and has referred it to the ABS.

The ABS notes in its *Causes of Death*⁶ publication that:

‘...Suicide deaths in children are an extremely sensitive issue for families and coroners. The number of child Suicides registered each year is low in relative terms and is likely to be underestimated. For that reason this publication does not include detailed information about Suicides for children aged under 15 years in the commentary or data cubes. There was an average of 10.1 Suicide deaths per year of children under 15 years’

⁶ ABS, 33030, *Causes of Death, Australia, 2008* Explanatory note

3 Services and initiatives to tackle suicide

The Australian Government and the Australian Suicide Prevention Advisory Council (ASPAC) have targeted efforts through the *National Suicide Prevention Action Framework 2009–2011*⁷ to support groups identified to be at higher risk of suicide. These groups include Indigenous Australians, men, young people, gay, lesbian, bisexual, transgender and intersex communities, those bereaved by suicide and those living with mental health disorders.

In its Report the Senate Committee noted the role of targeted programs and services that address the particular circumstances of high risk groups as well as receiving evidence regarding universal interventions, telephone services, 'suicide hotspots' and access to means of suicide. This Response highlights the role of the existing NSPP (which has more than doubled in size since 2005–06) in addressing the issues raised by the Committee, as well as the significant new investments that will target high risk groups through the Australian Government's recently announced \$274 million *Mental health: Taking Action to Tackle Suicide* package.

3.1 Targeted support for high risk groups

Recommendation 26

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.

Response

The Australian Government supports this recommendation and has taken action to address it.

The NSPP has men as a priority target group for funding with 12.6% of the total NSPP allocation for 2009/10–2010/11 invested in specific interventions that target men.

Recognising the social determinants that increase the risk of suicidality for men, and that men are least likely to seek help, the Government is providing \$23.2 million over four years to provide more support and services for men as part of the *Mental health: Taking Action to Tackle Suicide* package. These measures will expand successful workplace programs, increase the capacity of helplines to support men, and support targeted campaigns for men's mental health.

⁷ *National Suicide Prevention Action Framework 2009–2011*. Department of Health and Ageing. Canberra. www.livingisforeveryone.com.au

Further investment of \$22.6 million is provided through other elements of the package for community prevention activities for high risk groups, including men.

In May 2010, the Australian Government released the *National Male Health Policy - Building on the Strengths of Australian Males*⁸, the first of its kind in Australia. This policy is built from a social determinants framework which correlates with the evidence base of factors for heightened risk of suicidality, including employment issues, the strength of social networks and relationships.

A number of health-related initiatives and services will be developed under the Policy, for example:

- » \$16.7 million announced in May 2010 will target key activity areas, including:
 - \$3 million over four years for the Australian Men's Sheds Association (AMSA) to provide meeting places and social support for marginalised and isolated males and contribute to improvements in male health and wellbeing; and
 - \$6 million over three years to promote the role of Aboriginal and Torres Strait Islander fathers and partners, grandfathers and uncles, and encourage them to actively participate in, and connect with, their children's and families' lives, particularly in the antenatal and early childhood development years.

The Australian Government is focusing on better coordination of responses to men at risk of suicide. Work is currently underway to identify current funding and activities that promote male health and wellbeing in priority groups for Indigenous males, veterans and defence personnel.

Recommendation 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.

Response

The Australian Government supports this recommendation noting its comprehensive approach to 'Closing the Gap' of Indigenous disadvantage in health.

The rate of suicide in the Indigenous population is more than double that of the non-Indigenous population (4.2% compared to 1.5%).

In line with this recommendation, the Australian Government will develop an Aboriginal and Torres Strait Islander Suicide Prevention Strategy. This process will draw on the expertise of relevant advisory mechanisms, including the Indigenous Strategies Working Group (ISWG) through the Australian Suicide Prevention

⁸ *National Male Health Policy - Building on the Strengths of Australian Males*, Department of Health and Ageing, Canberra

Advisory Council, the National Indigenous Health Equality Council (NIHEC) and other targeted Indigenous mental health experts. In early 2011, a consultation process will be coordinated to recommend appropriate mental health and wellbeing approaches for Aboriginal and Torres Strait Islander communities. This will inform the implementation of the *Mental health: Taking Action to Tackle Suicide* package. This work will build on the former *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009*.⁹

The 2010 *Mental health: Taking Action to Tackle Suicide* package includes \$22.6 million for community prevention activities for high risk groups which target groups and communities at high risk of suicide, including Indigenous Australians. This community-based effort aims to encourage linkages and connections within and between communities. It could facilitate initiatives such as training community leaders to better identify and respond to suicide; or help establish networks between communities that have responded successfully to suicide clusters in the past and those communities currently experiencing high rates of suicide.

The NSPP has Indigenous Australians as a priority target group for funding with 22% of the total NSPP allocation for 2009/10-2010/11 invested in specific interventions for Aboriginal and Torres Strait Islander peoples.

In addition, the Commonwealth delivers a number of specific programs for Aboriginal and Torres Strait Islander peoples that contribute to suicide prevention, improved mental health and associated social outcomes, including:

- » the establishment of the Aboriginal and Torres Strait Islander Healing Foundation which empowers communities to cope with health and social issues arising through loss and grief;
- » the Link Up and Bringing Them Home (BTH) Programs support Aboriginal and Torres Strait Islander people separated from their families as a result of past governments' removal policies, institutionalisation and adoption or foster care. The Link Up program provides family tracing and reunions, and BTH provides support and counselling;
- » the 2010 *Closing the Gap* election package will invest \$20 million over four years into the *Breaking the cycle of substance abuse* program. This program will build on the 2007 COAG *Closing the Gap - Indigenous Drug and Alcohol Services* measure which provided \$49.3m over four years to expand holistic and culturally appropriate substance and alcohol treatment services nationally and encourage appropriate referral to mental health services and acute health services;
- » Social and Emotional Wellbeing Workforce Support Units; and
- » Mobile Outreach Service *Plus* (\$15.6 million over four years);

The Government's investment in broader population mental health initiatives such as the Kids Helpline Expanded Indigenous Services Project and the Mental Health Services in Rural and Remote Areas (MHSRRA) program also provides

⁹ *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009*. Office of Aboriginal and Torres Strait Islander Health: Canberra

support to Aboriginal and Torres Strait Islander peoples. The Kids Helpline Expanded Indigenous Services Project aims to improve the cultural competence of Kids Helpline counsellors to respond effectively to Indigenous callers. Kids Helpline is promoting access in collaboration with the elders within a number of remote Indigenous communities in Western Australia and Queensland.

The Targeted Community Care (TCC) program, delivered by the Department of Family, Housing, Community Services and Indigenous Affairs (FAHCSIA) allows for a culturally appropriate and family-centred approach to managing mental health and is well-placed to contribute to reducing the risk of suicide through early intervention and prevention. In addition, the Personal Helpers and Mentors Program (PHaMs) Remote Service Model is specifically designed to meet the needs of remote Indigenous communities, including providing assistance with suicide prevention and post suicide interventions.

The *National Male Health Policy – Building on the Strengths of Australian Males*, identifies risk factors for Indigenous males and funds targeted efforts to promote wellbeing in communities. The Policy also contains guiding principles that can be used in the development of policy and programs.

Recommendation 29

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.

Response

The Australian Government supports this recommendation in principle and will continue to review the evidence base for future consideration of this recommendation.

A number of components under the *Mental health: Taking Action to Tackle Suicide* package will improve community-based support for those who have attempted suicide and those who may intentionally self harm:

- » \$22.6 million over four years will be invested in community-led suicide prevention activities that target at risk groups, including those who have previously attempted suicide;
- » \$23.6 million will be provided over three years for *More psychological services for people who have attempted or are at risk of suicide*, 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. This will enable the national roll out of the Access to Allied Psychological Services (ATAPS) pilot program;
- » \$60 million over three years will support people living with severe mental illness by *Boosting non-clinical support services* through personal helpers to help manage daily activities, or respite services to provide carers with time off;

- » \$18.7 million over three years for the *Outreach teams to schools* program will provide intensive postvention and mental health targeted interventions for school communities at significantly higher risk, particularly those bereaved by suicide; and
- » \$21.6 million over four years will provide *Services for children with mental health and developmental issues*. Medicare Locals will also work with GPs, child and maternal health clinics, schools and other social services to improve linkages and support networks for children with severe behavioural problems or mental health issues, to prevent suicide later in life.

In addition the VVCS - Veterans and Veterans Families Counselling Service will continue to provide case management services in close consultation with treatment facilities, treating or consultant psychiatrist, general practitioner and other relevant community based agencies.

Recommendation 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.

Response

The Australian Government notes this recommendation.

The challenges in Mental Health are complex and require a coordinated and careful balance of services. The Government is looking across the age and illness spectrum to plan a connected mental health service for the future that works for all people affected by mental ill health, building on the achievements and investments to date including:

- » Australian Government funding for mental health specific programs (including Indigenous programs) over the next four years will almost triple to \$1.4 billion, compared to \$516 million in the four years to 2007-08;
- » \$175.8m allocated in April 2010 to improve gaps in the mental health system as part of the National Health and Hospital Network (NHHN). These measures focus improving services for disadvantaged groups, including significant expansion of early intervention services for young people and tailored coordinated packages of care for the most vulnerable in the community;
- » an extra \$274 million over four years to redouble efforts to tackle suicide through the *Mental health: Taking Action to Tackle Suicide* package;
- » including people with severe mental illness as a target group for the \$1.6 billion investment in sub-acute care places under the NHHN. Extra community-based residential mental health beds will ease transitions from hospital to the community and reduce the need for hospitalisation.

Recommendation 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.

Response

The Australian Government supports the recommendation.

The Living is for Everyone (LIFE) Framework¹⁰ recognises those in the GLBTI community as a group at high risk of suicide, and offers strategies for targeted suicide prevention activities to address the needs of individuals and prevent suicide under a number of key elements.

Targeted interventions and support networks for GLBTI people will be encouraged through the \$22.4 million *Community Prevention activities for high risk groups* component of the *Mental Health: Taking Action to Tackle Suicide* package.

Recommendation 33

6.151 The Committee recommends that the Commonwealth, State and Territory governments together with community organisations implement a national suicide bereavement strategy.

Response

The Australian Government notes this recommendation and will continue to take the needs of this identified high risk group into the broader NSPS.

In the five year period 2006/07 to 2010/11 the NSPP has allocated \$18.03 million to suicide bereavement projects, an average of 17.5% of the total NSPP allocation for that period. The vast majority of this funding (93%) is being provided directly to suicide bereavement service delivery projects around the country.

The LIFE Framework recognises those bereaved by suicide as a group at high risk of suicide, and identifies loss of a friend, family member or peer group as a tipping point for suicide. The framework offers strategies for targeted suicide prevention activities to address the needs of such individuals.

¹⁰ *Living is for Everyone. 2007a. A Framework for Prevention of Suicide in Australia.* Department of Health and Ageing. Canberra. www.livingisforeveryone.com.au

Recommendation 34

6.153 The Committee recommends the development of a National Suicide Prevention Program initiative targeting assistance to people recently released from correctional services.

Response

The Australian Government supports this recommendation in principle, noting that states and territories have primary responsibility for this recommendation through forensic mental health services.

The LIFE Framework recognises those who have recently been released from correctional services as a group at high risk of suicide, and offers strategies for targeted suicide prevention activities for these individuals.

The Australian Government will raise this recommendation with states and territories.

3.2 Improving access to non face to face support services

Recommendation 23

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.

Response

The Australian Government supports this recommendation and is taking action to address it.

The Government supports a range of quality crisis support services for those experiencing psychosocial crisis or suicidal ideation. The *Mental health: Taking Action to Tackle Suicide* package, will expand access to these services including:

- » \$18.2 million over three years for *Boosting the capacity of crisis hotlines*, to increase the capacity of existing support hotlines including Lifeline Australia. This includes funding to Lifeline to establish dedicated phone lines at suicide 'hotspots' so that people who are contemplating suicide have immediate help at hand and to enable calls to Lifeline from mobiles to be toll-free; and
- » \$3.2 million over four years for *Increasing the capacity of helplines for men*, to increase the capacity of the *beyondblue* information and assistance line.

The Government recognises the value of affordable calls to crisis counselling lines. The majority of crisis lines in Australia have established arrangements with service providers to offer calls for the 'cost of a local call' from a landline, regardless of the caller's location.

The Government will be *Expanding online mental health and counselling services* under the *Mental health: Taking Action to Tackle Suicide* package, which will provide \$21.3 million over four years to provide more avenues to mental health initiatives and counselling services, particularly for young people, and those who may be reluctant, or unable to access face to face services.

The Government provided, in the 2010-11 Budget, a further \$78.8 million over four years to deliver up to 30 new headspace youth friendly services, provide extra funding for the existing 30 headspace sites, and improve telephone and web-based support services for young people.

The Government also supports the Mensline Australia national telephone counselling, information and referral service for men through the Department of Family, Housing, Community Services and Indigenous Affairs and the Department of Veterans' Affairs also supports Veterans Line after-hours crisis service to veterans, who are experiencing social or psychological difficulties. Commonwealth Human Service agencies, such as Centrelink and the Child Support Program offer telephone assistance for those in crisis who seek their specific business services.

Recommendation 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.

Response

The Australian Government notes this recommendation.

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 Government invests in the sustainability and quality of these services including ensuring that counselling staff are well trained in a number of key areas, including assessment of risk of suicide, management of calls where someone is actively suicidal and triage for referral to appropriate specialist crisis counsellors if the caller needs more specialist assistance.

3.3 Reducing access to means

Recommendation 25

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.

Response

The Commonwealth Government supports this recommendation and has taken action to address it.

The *Mental health: Taking Action to Tackle Suicide* package includes:

- » \$18.2 million over three years for additional support to Lifeline Australia to place dedicated 24/7 Lifeline Emergency Telephone booths at notable suicide 'hotspots' so that people who are thinking about suicide have on the spot help. This builds on Lifeline Australia's two telephones already in place at The Gap, which are funded by the Australian Government. These two lines are directed to a dedicated 24/7 crisis support helpline manned by appropriately trained counsellors. Lifeline has been receiving calls from The Gap crisis phones since March 2010; and
- » \$9.0 million in capital funding over three years to improve safety and infrastructure at notable 'hotspots' by, for example, improving fencing barrier, night lighting and closed circuit television monitors.

In addition the Government is providing \$1.1 million from the NSPP to support the Woollahra Council five pronged approach to suicide prevention at The Gap Park in Sydney. The Gap is a notorious hot spot for suicide. Building on previous infrastructure funding from the Australian Government, Woollahra Council will:

- » Erect barriers at well-known 'jump points' to restrict access;
- » Establish dedicated 'suicide patrols' of volunteers or paid counsellors to patrol 'hotspot' areas;
- » Train non-health staff to recognise people and situations of possible risk;
- » Place signs at and near hotspots urging people to contact crisis lines and install telephone access points; and
- » Work more closely with the media on the reporting of suicides.

The Government, on the advice of the Australian Suicide Prevention Advisory Council, has commissioned a project to develop 'hot spots' guidelines for local government authorities and others with responsibility for infrastructure development. These will provide information on the evidence based and best practice methods in restricting access to known suicide 'hot spots' and how to prevent the creation of further hotspots through incorporating suicide prevention measures into infrastructure development, health and safety monitoring and environmental management practices. These guidelines are due in July 2011 and will inform the implementation of new Commonwealth initiatives including the \$9 million *Improving safety at 'hotspots'* measure.

the 1990s, the government's health policy was based on the idea of universal health coverage (UHC) (Ministry of Health 1993).

UHC was defined as "the extent to which all people have access to needed health services without financial hardship" (World Health Organization 1993, 10). The concept of UHC was developed by the World Health Organization (WHO) in the 1970s and 1980s. It was based on the idea that health care should be available to all people, regardless of their income or social status. The WHO's definition of UHC was based on two criteria: access and financial risk protection. Access refers to the availability of health services, and financial risk protection refers to the ability of people to pay for health services without suffering financial hardship.

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4 Roles and workforce development

Suicide prevention is everybody's business. Individuals, communities, businesses and governments all have roles and responsibilities in helping to keep vulnerable people safe from suicide and self harm.

At an Australian Government level, the Department of Health and Ageing has primary responsibility for suicide prevention through the implementation of the NSPS and administration of the NSPP, in addition to the provision of mental health services through primary care and significant NGO support for the provision of alcohol and other drug services. There are also population-wide and targeted programs administered by various Commonwealth agencies, particularly where their client groups are at higher risk of suicide.

The Senate Committee noted concerns about the appropriate role and effectiveness of services, such as emergency departments, law enforcement and general health services in assisting people at risk of suicide, as well as the efficacy of suicide prevention training and support for frontline health and community workers providing services to people at risk. In this Response the Australian Government highlights efforts to ensure suicide prevention activities across portfolios and jurisdictions are complementary and coordinated and emphasises the significant new investment in frontline training provided under the recently announced \$274 million *Mental health: Taking Action to Tackle Suicide* package.

4.1 Roles and responsibilities

Recommendation 9

4.79 The Committee recommends that Commonwealth, State and Territory governments mandate that hospital emergency departments maintain at least one person with mental health training and capacity to conduct suicide risk assessments at all times.

Recommendation 10

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.

Recommendation 11

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.

Recommendation 12

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. 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:

- » awareness by different personnel of suicide prevention roles;
- » expectations; and
- » handover procedures and continuity of care for persons at risk of suicide.

Response

The Australian Government broadly supports each recommendation in relation to the roles and responsibilities of the Australian workforce, noting:

- » that State and Territory governments have responsibility for the management of hospital emergency departments, including staffing levels and mix, and training; and
- » legislative limitations in relation to privacy.

Strengthening the system

The Commonwealth Government will continue to work with states and territories, with the exception of Western Australia, to build a better hospital system through the implementation of National Health and Hospital Network (NHHN) reforms.

As part of these reforms, COAG have agreed, with the exception of Western Australia, to undertake further work on the scope for additional mental health service reform for report back in 2011.

The inclusion of suicide prevention in the Action Areas of the *Fourth National Mental Health Plan* will ensure for the first time that Commonwealth agencies and states and territories align and support each other's suicide prevention efforts. The Commonwealth is working with states and territories to progress relevant actions under the Plan to undertake promotion, prevention and early intervention; improve information flow for integrated care; and develop protocols to guide transitions between services, sectors and jurisdictions. An implementation strategy for all actions under the Plan has been endorsed by Australian Health Ministers.

The Commonwealth is working with states and territories to implement the revised National Standards for Mental Health Services¹¹, which provide a blueprint for new and existing services to guide quality improvement and service enhancement. Consumers and carers can use the Standards as a checklist for service quality and as a guide about what to expect from mental health services. They cover public, private and non-government organisations and will be able to be applied in other places where mental health care is delivered such as emergency departments and primary care.

Supporting people on the ground

Specifically in relation to Recommendation 10, the Australian Government notes that professional supervision is a widely adopted policy principle and practice in many government and non-government organisations. For example, the Department of Immigration and Citizenship, and contracted service providers of this agency, have professional debriefing and counselling support available to staff exposed to critical incidents, including suicide and attempted suicide. Centrelink Social Workers are also available to help debrief and support local front-line workers who are exposed to suicide and attempted suicide in their day-to-day work.

Through Medicare Locals, the Government will address Recommendation 12 by expanding models of care which support linkages for improved safety and continuity of care.

Since 2008, the ATAPS *Additional Support for Patients at Risk of Suicide and Self Harm Demonstration Project* has provided intensive, prioritised service and post-discharge follow-up and coordinated care for those who have made a recent suicide attempt, have recently self-harmed, or have been identified by a General Practitioner to be experiencing suicidal thoughts. This project incorporates the services of the National Suicide Helpline and engages hospital emergency departments in both referral and continuity of care. It broadens the referral options of emergency department staff when patients assessed to be at risk of suicide are discharged from hospital. In addressing Recommendation 11, the *Mental health: Taking Action to Tackle Suicide* package will enable this pilot to be rolled out nationally through a \$23.6 million investment.

The package will provide \$115 million over three years to provide more clinical services for people with mental ill health, and those at risk of suicide. This includes: \$22.7 million for *More psychiatry services for people with severe mental illness* to improve access to specialist psychiatry services in the community; and \$60 million to *Boost non-clinical support services* for people with severe mental illness.

The Government also provides follow-up support and case management services for veterans and their families through the VVCS - Veterans and Veterans Families Counselling Service.

¹¹ *National Standards for Mental Health Services*, Department of Health and Ageing, Canberra.

The Complex Case Support program for humanitarian entrants to Australia aims to provide individualised intensive case management support to assist clients with complex needs to overcome the barriers in accessing mainstream services by advocacy, coordinating care and assisting mainstream providers deliver services to clients in a culturally sensitive manner. The funding to service providers includes interpreting costs associated with delivering services to clients.

Recommendation 13

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.

Response

The Australian Government notes this recommendation and is working with states and territories to implement a range of measures in this area.

The provision of affordable, safe and sustainable housing is key to enabling people to actively contribute within their communities, and achieve social, economic and educational participation and good health outcomes.

Reducing homelessness is a national priority. People experiencing, or at risk of homelessness, also have high levels of mental ill health. There have been significant reforms to Australia's housing and homelessness services, set out in the White Paper on Homelessness *The Road Home: A National Approach to Reducing Homelessness*¹², supported by unprecedented levels of investment and policy attention across governments.

The National Affordable Housing Agreement provides Commonwealth funding of \$6.2 billion for housing assistance to low and middle income Australians for the first five years from 2008-09. This is complemented by Commonwealth and state and territory funding through National Partnerships Agreements (NPAs), including \$1.1 billion joint funding from the Commonwealth and State and Territory governments for the NPA on Homelessness; \$400 million in Commonwealth funding for the NPA on Social Housing; and \$5.5 billion in Commonwealth funding for the National Partnership Remote Indigenous Housing.

The NPA on Homelessness included an additional output: 'Services to assist homeless people with mental health issues to secure or maintain stable accommodation'. There are various initiatives run by the states and territories under this initiative.

¹² *White Paper on Homelessness The Road Home: A National Approach to Reducing Homelessness*, Department of Family, Housing, Community Services and Indigenous Affairs: Canberra

Access to supported accommodation will also be improved by the Australian Government's \$1.6 billion commitment to expand sub-acute care services by more than 1,300 new sub-acute care beds and community-based equivalents nationally by 2013-14. This significant investment will increase access to palliative care, rehabilitation, geriatric care (comprising geriatric evaluation and management and psychogeriatric care) and 'step up, step down' mental health care in hospital and community settings. States and territories are currently developing their four-year Implementation Plans for the Commonwealth's consideration.

The Government is also providing \$25.5 million over four years to expand the Early Psychosis Prevention and Intervention Centre (EPPIC) model beyond Victoria as a best practice standard of care in partnership with interested states and territories. The model targets young people early in the cycle of severe mental illness by providing early detection and management of psychosis through holistic support, including help with managing housing, education and employment goals.

The VVCS - Veterans and Veterans Families Counselling Service (VVCS) provides a Crisis Assistance *Time Out* Program to provide short-term accommodation to Vietnam veterans in crisis for up to five days, allowing time for the individual to seek VVCS assistance to help address the issues that precipitated the crisis, and to reintegrate them into the family and/or community.

Recommendation 14

4.88 The Committee recommends that the Commonwealth Government 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.

Response

The Australian Government notes this recommendation and will raise it with states and territories through cross-jurisdictional mechanisms and, as appropriate, with the Australian Health Ministers' Advisory Council.

The Commonwealth's National Palliative Care Programs '*Respecting Patient Choices*' project has been successfully trialed in hospitals, community palliative care services and aged care homes. Building on this trial, the Australian Government is working with states and territories on a draft National Framework for Advance Care Directives. The Australian Health Ministers Conference has released a proposed outline in "*A National Framework for Advance Care Directives - consultation draft*" (2010)¹³.

¹³ *A National Framework for Advance Care Directives - consultation draft 2010*. Australian Health Ministers Advisory Council: Canberra www.hwlebsworth.com.au/acdframework/

4.2 Training

Recommendation 8

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.

Recommendation 15

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.

Recommendation 16

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.

Recommendation 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.

Response

The Australian Government supports each recommendation in relation to workforce training, noting that:

- » responsibility in some circumstances rests with states and territories; and
- » work in some areas has already commenced.

The Government has a strong commitment to providing Australian Public Service staff with relevant training around suicide and suicide prevention. A number of agencies that have direct engagement with clients provide training to staff. Some examples are:

- » Centrelink runs a Suicide Awareness Training Program, to ensure staff have a general understanding of suicide and suicide risk and can respond appropriately if a customer discloses suicide risk issues. This program was updated in July 2009 in conjunction with the Department of Veterans' Affairs, to include issues relevant to veterans and their families;

- » The Department of Education, Employment and Workplace Relations has a mental health awareness training package for contracted employment service providers;
- » Detention Health, managed by the Department of Immigration and Citizenship, has policies and procedures in place to identify and care for people at risk of suicide who are in immigration detention. Departmental and contracted staff receive training in all aspects of client care, including the management of suicidal clients in accordance with accepted policies and procedures;
- » The Child Support Agency is in the process of implementing an integrated Customer Risk Identification and Referral process to help staff identify risks to customer wellbeing and business outcomes, and to quickly identify the appropriate referral option. Staff will receive further training and support to identify customer cues such as distress or references to suicide and to make the most appropriate and immediate referral. Through the priority telephone referral service, 'Parent Support Service', program staff can transfer a customer to qualified telephone counsellors who will conduct a professional assessment, counselling and support;
- » The Department of Veterans' Affairs (DVA) training for peer support of suicidal veterans through Operation *Life* offers Applied Suicide Intervention Skills Training to veterans. DVA supports the Operation *Life* suicide prevention Framework including a range of workshops which aim to equip the veteran community with skills to identify peers who are at risk of suicide and help those at imminent risk to stay safe and seek further help. In 2009-10, 30 workshops were conducted across Australia.

In relation to the training of health professionals and in response to Recommendations 15 and 16, the NSPP has funded a range of quality mental health and suicide prevention training programs which are available to the public and promoted through initiatives such as World Suicide Prevention Day. These include Orygen's Mental Health First Aid, which has culturally sensitive adaptations for Aboriginal and Torres Strait Islander communities, Lifeline's ASIST training, and Wesley Mission's LivingWorks program.

Through ATAPS, the Australian Psychological Society has developed and delivered professional development training and materials to ensure that all Allied Health Professionals are adequately skilled and prepared to support people who have self-harmed, attempted suicide or have been assessed by a GP as at risk of suicide. This training is now available at any time and from any location through on-line training.

As not all people experiencing suicidality will look to health professionals for support, the Government is also committed to equipping other frontline workers to have the skills to identify and respond to people at risk of suicide. Consistent with the Committee's recommendations, the Government has committed a further \$6.1 million from 2011-12 for Mental Health First Aid' training for community workers such as financial, legal and relationship counsellors, and emergency services personnel.

The Commonwealth is reviewing the National Safe Schools Framework¹⁴ which emphasises the need for teachers to have appropriate training in positive student management. Following the review, the updated Framework will be made available in early 2011 for use by all schools to guide them through the development of policies and practices to manage proactively the incidence of violence, aggression and bullying in schools.

The *Mental health: Taking Action to Tackle Suicide* package will provide \$18.4 million over four years to the *KidsMatter Expansion*. Resources, professional development and training for teachers and parent associations will support them to build resilience and identify and respond to mental health problems in primary school children.

Findings of the 2007 Australian Institute of Health and Welfare (AIHW) report on rural, regional and remote health¹⁵ were that rates of death by suicide in regional Australia were about 20-30% higher than in major metropolitan areas (25-40% higher for males). In remote and very remote Australia, male rates of death by suicide were observed to be 1.7 and 2.6 times higher respectively.

In response, the Government has established the Rural Primary Health Services (RPHS) program, providing \$311.8 million over four years to 2012-13 to improve access to a broad range of primary and allied health care services, including mental health services, counselling, and social work or psychology services. The NSPP will provide \$7.42 million in 2010-11 for national and local community based suicide prevention projects that target rural and remote areas.

A large proportion of individuals with substance use issues have co-existing mental health issues and are often at higher risk of suicide, or accidental death. Drug and Alcohol services frequently deliver programs and make referrals to mental health services and acute health services. In 2007, an additional \$49.3m over four years was provided under the COAG *Closing the Gap - Indigenous Drug and Alcohol Services* measure to expand holistic and culturally appropriate substance and alcohol treatment services nationally, in an effort to improve services available to regional and remote Indigenous communities, including new services and new service types.

The Commonwealth has also established targeted initiatives to improve the understanding of suicide risk assessment and mental illness identification for primary care workers in high risk Indigenous communities, including:

- » \$34.59 million (2006-07 to 2013-14) for the *Improving the Capacity of Workers in Indigenous Communities initiative*. The measure supports development and delivery of mental health training to front-line staff in Aboriginal and Torres Strait Islander Medical Services, substance use services and social and emotional wellbeing services; and

14 *National Safe Schools Framework*, Department of Employment, Education and Workplace Relations: Canberra

15 Australian Institute of Health and Welfare. 2007. *Rural, regional and remote health: a study on mortality (2nd edition)*. AIHW: Canberra. <http://www.aihw.gov.au/publications>

- » \$37.4 million (2007-08 to 2010-11). *Australian Nurse Family Partnership Program (ANFPP)*. The ANFPP supports mothers of Indigenous children to access services providing targeted support around issues such as substance use, mental health and suicide.

The Government will continue to work with states and territories to address these recommendations and will refer them to the Australian Health Ministers' Advisory Conference for consideration where appropriate.

Table 1. The mean and standard deviation of the 1000 randomised noise signals used in the experiment. The noise signals were generated using the method described in Griffin and Whitham (1999)

Signal	Mean	Standard deviation
1	0.000	0.000
2	0.000	0.000
3	0.000	0.000
4	0.000	0.000
5	0.000	0.000
6	0.000	0.000
7	0.000	0.000
8	0.000	0.000
9	0.000	0.000
10	0.000	0.000
11	0.000	0.000
12	0.000	0.000
13	0.000	0.000
14	0.000	0.000
15	0.000	0.000
16	0.000	0.000
17	0.000	0.000
18	0.000	0.000
19	0.000	0.000
20	0.000	0.000
21	0.000	0.000
22	0.000	0.000
23	0.000	0.000
24	0.000	0.000
25	0.000	0.000
26	0.000	0.000
27	0.000	0.000
28	0.000	0.000
29	0.000	0.000
30	0.000	0.000
31	0.000	0.000
32	0.000	0.000
33	0.000	0.000
34	0.000	0.000
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37	0.000	0.000
38	0.000	0.000
39	0.000	0.000
40	0.000	0.000
41	0.000	0.000
42	0.000	0.000
43	0.000	0.000
44	0.000	0.000
45	0.000	0.000
46	0.000	0.000
47	0.000	0.000
48	0.000	0.000
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89	0.000	0.000
90	0.000	0.000
91	0.000	0.000
92	0.000	0.000
93	0.000	0.000
94	0.000	0.000
95	0.000	0.000
96	0.000	0.000
97	0.000	0.000
98	0.000	0.000
99	0.000	0.000
1000	0.000	0.000

1000 randomised noise signals used in the experiment.

of the noise signals used in the experiment. The noise signals were generated using the method described in Griffin and Whitham (1999). The noise signals were generated using a randomised noise signal generator. The noise signals were generated using a randomised noise signal generator. The noise signals were generated using a randomised noise signal generator.

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5 Reducing stigma and raising public awareness

The Senate Committee raised issues and concerns on the effectiveness of public awareness programs and their relative success in providing information, encouraging help-seeking and the related issues of the community stigma and the media reporting of suicide. In this Response, the Australian Government outlines its strong focus on promotion, prevention and early intervention across a range of portfolios, and highlights the continued investment in stigma reduction and the promotion of the help seeking behaviours at a population level and for high risk groups.

Recommendation 17

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.

This campaign should utilise a range of media, 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.

Recommendation 18

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.

Recommendation 19

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.

Recommendation 22

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.

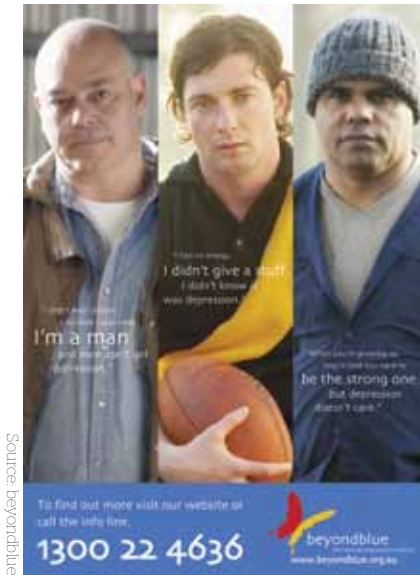
Response

The Australian Government supports these recommendations with qualification.

As articulated in its submissions to the Senate Inquiry, the Government funds a number of activities that reduce the stigma of suicide, raise awareness of suicide prevention and the support available and encourage help seeking. In the absence of substantial international and national evidence, and in light of a lack of consensus in the suicide prevention sector and among experts in the field, the Government is not convinced that a national, multi-media social marketing campaign is the best way to provide this targeted information.

The Government acknowledges the tension between a need for increased awareness and knowledge about suicidal behaviour, and a need to maintain duty of care in the way suicide is reported, discussed and communicated to minimise risk to vulnerable individuals. A further challenge is getting the balance right in allocating resources to suicide prevention between upstream population health approaches and more targeted efforts to provide services and support to individuals most at risk.

The emotional, social, health, genetic and environmental factors that result in an individual experiencing suicidal thoughts and behaviour vary enormously, and the causes and precipitating factors for every individual suicide are likely to be different. However there are well recognised risk factors for suicide, and conversely, evidence based protective factors which reduce the likelihood of suicide for individuals and across the population. Sustained and multi-pronged education and awareness activities, based on these accepted risk and protective factors, can encourage help seeking behaviours.



Source: beyondblue

The Australian Government will continue its focus on promotion, prevention and early intervention. A range of currently funded activities, including *beyondblue: the national depression initiative*, are raising awareness, breaking down stigma, promoting mental health literacy and encouraging help seeking through a number of grass roots and national social marketing activities.

The *Mental health: Taking Action to Tackle Suicide* package will provide an extra \$9 million over four years to *beyondblue* for *Targeted campaigns for men's mental health*. These campaigns will target men at heightened risk of suicidality and mental illness, including single men, fathers, older men, unemployed men, men living in rural Australia and Indigenous men.

The LIFE Communications project supports improved communication and capacity in relation to suicide prevention efforts and provides a national repository of readily available information and resources via the LIFE website www.livingisforeveryone.com.au, including on NSPP promotional and marketing activities and workshops on how to conduct evaluations of suicide prevention projects.

The Government uses satellite and local radio broadcasting to provide 24 hour suicide prevention, mental health and well-being messages via over 270 radio stations nationwide through the Community Broadcasting Association of Australia. Targeted messages focused on help-seeking and positive lifestyle choices are delivered to a wide and diverse network of communities, including a large number of Indigenous, rural and remote, and culturally and linguistically diverse communities.

Other significant Government funded community awareness activities include:

- » Support for World Suicide Prevention Day and RUOK? Day, a public awareness event which takes a whole of community approach to encourage Australians to connect with one another. RUOK? Day encourages public discussion of social isolation and its negative consequences, such as suicide.
- » As part of Government's commitment to improving the mental health of the veteran community, the *At Ease* mental health awareness campaign (including suicide prevention) was launched in May 2008. The Department of Veterans' Affairs is currently developing a comprehensive campaign to better integrate and publicise the range of current and proposed initiatives and increase mental health literacy around depression, anxiety, alcohol use and suicide prevention, as well as increasing awareness of the special needs of veterans amongst health providers. It is anticipated that the campaign will be conducted in 2011-12.



Source: Department of Veterans' Affairs

- » headspace runs a number of community awareness and marketing activities to reduce stigma and to promote help seeking behaviour, in young people aged 12-25.
- » The National Eating Disorders Collaboration brings together eating disorder experts in mental health, public health, health promotion, education and research.
- » The MindMatters and KidsMatter school programs provide resources for classroom use, training for teachers, support for school leadership to increase students' awareness of mental illness, reduce stigma and increase help-seeking behaviours.
- » The ResponseAbility Teacher Education initiative increases the coverage of mental health promotion, prevention and early intervention principles in the pre-service education of preschool, primary school and secondary teachers at university, and initial training of early childhood workers in the TAFE/VET sector.
- » A large proportion of individuals with substance use issues have co-existing mental health issues and are at a higher risk of suicide and accidental death. The 2010 Budget announced \$21 million in funding over four years for the continuation of the National Drugs Campaign which aims to reduce the uptake of illicit drugs among young Australians by raising awareness of the harms associated with drug use and encouraging and supporting decisions not to use.

These activities align with Action 1 of the *Fourth National Mental Health Plan - "Improve community and service understanding and attitudes through a sustained and comprehensive national stigma reduction strategy"*.

The Government will continue to review the evidence base in relation to these recommendations.

5.1 Media reporting

Recommendation 20

5.100 The Committee recommends that the Mindframe guidelines and current media practices for the reporting of suicide are reviewed. 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.

Response

The Australian Government supports this recommendation in principle, noting that actions to address many aspects of the recommendation are completed.

The Government supports a range of evidence-based, linked activities under the National Mental Health Strategy and the NSPS to encourage responsible, accurate and sensitive media portrayal of suicide and mental illness. This work is collectively known as the Mindframe National Media Initiative, which has been the subject of ongoing review and revision.

Mindframe aims to encouraging responsible, accurate and sensitive portrayals in the media of issues related to mental illness and suicide.

SANE Australia's StigmaWatch project has been funded \$670,000 (2009-10 to 2010-2011) to promote appropriate depiction of mental illness and suicide, exposing cases of media stigma to public scrutiny and educating those responsible to improve their practice. It advises the media and the mental health sector, raises awareness of the Mindframe National Media Initiative principles and available resources and provides a mechanism for the community to take action against media reporting that stigmatises mental illness.

The Australian approach, under Mindframe, is considered an international example of best practice in developing and disseminating media guidelines. The initiative has not discouraged media reporting. Rather, as media reporting on suicide has increased, its work has contributed to more responsible reporting with a focus on encouraging help-seeking and minimising harmful messages. This was supported by findings of a 2007 study¹⁶, that revealed:

- » News reporting of suicide in 2006/07 (8,363 reports) was much more extensive than compared to 2000/01 (4,813 reports); and
- » The quality of suicide reporting improved overall from 57% to 75%, bringing Australian reporting more in line with best practice evidence and *Mindframe* resources.

In December 2009, with Australian Government funding, the Hunter Institute of Mental Health commissioned the University of Melbourne to conduct an

¹⁶ Pirks, J, Blood, W, Dare, A, Holland, K, Rankin, B, Williamson, M, Burgess, P, Jolley, D, Hogan, N and Chandler, S. 2008. *The Media Monitoring Project: Changes in media reporting of suicide and mental health and illness in Australia 2000-01 to 2006-07*. Department of Health and Ageing, Canberra.

independent critical review¹⁷ of the international research evidence relating to suicide and the news and information media. This review found consistency between the Australian media resources and the review of the evidence; almost 100 international studies looking at the link between media reporting and suicidal behaviour; and concluded with a need for continued caution and careful reporting around reporting suicide deaths due to the risk of copycat behaviour. The review has led to the revision of the current Mindframe resources.

Further, the recent Australian Cost Effectiveness (ACE) study¹⁸ of mental health promotion and prevention activities demonstrated that Mindframe is a highly cost effective and efficient investment for the Government.

The Australian Government is considering the utilisation of social networking sites in consultation with Mindframe and SANE Australia. The Government will continue to review the evidence base for media reporting on suicide and suicide prevention.

17 Pirakis, J, Blood, W. *Suicide and the news and information media. A critical review*, 2010. Department of Health and Ageing, Canberra

18 Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE-Prevention Team (2010). *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report*. University of Queensland, Brisbane and Deakin University, Melbourne.

6 Suicide research

The Senate Committee reviewed the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy. The Australian Government's three pronged approach in responding to these concerns highlights the significant investments provided under the National Health and Medical Research Council, the expanded funding for research activity under the National Suicide Prevention Program and the work undertaken through the National Centre of Excellence in Suicide Prevention to provide advice and evidence of best practice of suicide prevention in Australia and overseas.

Recommendation 35

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.

Recommendation 36

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.

Response

The Australian Government supports these recommendations, noting there are various initiatives in place that address them.

The National Health and Medical Research Council (NHMRC) funds the full spectrum of health and medical research in Australia. All NHMRC funding is openly competitive and like all other disciplines, mental health research funding depends on high quality peer review of applications, including by other mental health researchers.

In 2010, NHMRC is providing 425 mental health research grants totalling \$72.5 million, which equates to approximately 10% of the annual NHMRC research budget. Over the last ten years, NHMRC has funded 1,079 mental health grants totaling of \$403 million, a more than seven-fold increase in expenditure.

In 2008, the Government established the National Centre of Excellence in Suicide Prevention (the Centre) through the Australian Institute for Suicide Research and Prevention (Griffith University), to provide advice on and evidence of national and international best practice of suicide prevention. The Centre supports governments, non-government organisations, academics and community groups in their work on suicide prevention. It offers direct support to stakeholders to undertake new and emerging suicide prevention activities, particularly where this pertains to selective interventions to individuals who have attempted suicide or self-harm. A publicly available half-yearly critical literature review outlines recent advances and promising developments in suicide prevention research. Research is disseminated via the Griffith University website at <http://www.griffith.edu.au/health/australian-institute-suicide-research-prevention>.

The Australian Government is strengthening research and case studies in the Australian context with a comprehensive *Evaluation Framework for the National Suicide Prevention Program*¹⁹ for the years 2006-11. This framework was introduced as a deliverable to all NSPP funded projects in 2007 and includes formal data collection requirements for all NSPP funded projects and external evaluations for all major projects. Evaluations and reviews of significant national projects funded under the NSPP are currently underway.

Additionally, the Government will continue to work with states and territories to implement Action 29 of the *Fourth National Mental Health Plan*, to “Develop a national mental health research strategy to drive collaboration and inform the research agenda”. This research strategy includes mechanisms for increased research into suicide and suicide prevention.

The LIFE Communications project and www.livingisforeveryone.com.au website provides a broad sector communication strategy and resources, facilitates sharing of expertise, knowledge and information between stakeholders, and conducts workshops on how to evaluate suicide prevention projects. Its LIFE Professional Development Network currently has 264 participants.

SANE Australia has also been supported to develop, and provide access to, a range of resources on suicide prevention, including the *SANE Guide to Staying Alive*²⁰.

The Commonwealth will continue develop better linkages between these above initiatives with a view to making them more visible to the sector and more user friendly.

19 *Evaluation Framework for the National Suicide Prevention Program*, Department of Health and Ageing, Canberra

20 *SANE Guide to Staying Alive*, SANE Australia

Endnotes

- ¹ www.health.gov.au/internet/mentalhealth/publishing.nsf/Content/coag-lp
- ² & ³ *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009–2014*, Department of Health and Ageing: Canberra.
- ⁴ *National Mental Health Policy 2008*, Department of Health and Ageing: Canberra.
- ⁵ Martin, G., Page, A. 2009. *National Suicide Prevention Strategies – A Comparison*. The University of Queensland: Brisbane
- ⁶ Australian Bureau of Statistics. 2010. *ABS 3303.0 Causes of Death, Australia, 2008*. ABS: Canberra.
- ⁷ National Suicide Prevention Action Framework 2009–2011, Department of Health and Ageing: Canberra. www.livingisforeveryone.com.au
- ⁸ *National Male Health Policy – Building on the Strengths of Australian Males*, Department of Health and Ageing: Canberra.
- ⁹ *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009*, Office of Aboriginal and Torres Strait Islander Health: Canberra
- ¹⁰ *Living is for Everyone*. 2007a. A Framework for Prevention of Suicide in Australia. Department of Health and Ageing: Canberra. www.livingisforeveryone.com.au
- ¹¹ *National Standards for Mental Health Services*, Department of Health and Ageing: Canberra.
- ¹² White Paper on Homelessness *The Road Home: A National Approach to Reducing Homelessness*, Department of Family, Housing, Community Services and Indigenous Affairs: Canberra
- ¹³ *A National Framework for Advance Care Directives – consultation draft.2010*. Australian Health ministers advisory Council: Canberra www.hwlebsworth.com.au/acdframework
- ¹⁴ *National Safe Schools Framework*, Department of Employment, Education and Workplace Relations: Canberra
- ¹⁵ Australian Institute of Health and Welfare. 2007. *Rural, regional and remote health: a study on mortality (2nd edition)*. AIHW: Canberra. www.aihw.gov.au/publications/phe/rrrh-som-2/rrrh-som-2.pdf

¹⁶ Pirkis, J., Blood, W., Dare, A., Holland, K., Rankin, B., Williamson, M, Burgess, P., Jolley, D., Hogan, N. and Chandler, S. 2008. *The Media Monitoring Project: Changes in media reporting of suicide and mental health and illness in Australia 2000-01 to 2006-07*. Department of Health and Ageing: Canberra.

¹⁷ Pirkis, J., Blood, W. *Suicide and the news and information media. A critical review, 2010*. Department of Health and Ageing: Canberra

¹⁸ Vos T, Carter R, Barendregt J, Mihalopoulos C, Veerman JL, Magnus A, Cobiac L, Bertram MY, Wallace AL, ACE-Prevention Team (2010). *Assessing Cost-Effectiveness in Prevention (ACE-Prevention): Final Report*. University of Queensland, Brisbane and Deakin University, Melbourne.

¹⁹ *Evaluation Framework for the National Suicide Prevention Program*, Department of Health and Ageing: Canberra

²⁰ *SANE Guide to Staying Alive*, SANE Australia: Adelaide

Appendix A

Senate inquiry into Suicide in Australia

On 10 September 2009, the Senate referred an Inquiry into Suicide in Australia to the Community Affairs References Committee.

The Senate Committee Membership included:

- » Senator Siewert (*Chair*) - Australian Greens, Western Australia;
- » Senator Moore (*Deputy Chair*) - Australian Labor Party, Queensland;
- » Senator Adams - Liberal Party of Australia, Western Australia;
- » Senator Boyce - Liberal Party of Australia, Queensland;
- » Senator Carol Brown - Australian Labor Party, Tasmania; and
- » Senator the Hon. Helen Coonan - Liberal Party of Australia, New South Wales.

Participating Members for this Inquiry included:

- » Senator Furner - Australian Labor Party, Queensland;
- » Senator Humphries - Liberal Party of Australia, Australian Capital Territory;
- » Senator Bilyk - Australian Labor Party, Tasmania;
- » Senator Marshall - Australian Labor Party, Victoria;
- » Senator Wortley - Australian Labor Party, South Australia.

The terms of reference for the inquiry were:

- a the personal, social and financial costs of suicide in Australia;
- b the accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk);
- c the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;
- d the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;
- e the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;
- f the role of targeted programs and services that address the particular circumstances of high-risk groups;

- g the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and
- h the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

The Community Affairs References Committee received 258 submissions from individuals, government and non-government organisations.

Hearings for the Inquiry commenced in Canberra on 1 March 2010 and were also held in each State and Territory between March and May 2010.

On 24 June 2010, the Senate Community Affairs References Committee released its report *The Hidden Toll: Suicide in Australia*. The report made 42 recommendations which span the responsibilities and activities of the Commonwealth, State and Territory Governments, Non-Government organisations, communities and individuals.

Appendix B

Mental Health: Taking Action to Tackle Suicide Package

The Australian Government has made an election commitment to redouble national efforts to prevent the tragedy of suicide in order to reduce the tragic toll it imposes on individuals, families and communities. As part of this commitment, the Government will invest \$274 million over four years to:

Key action area 1:

Provide more services to those at greatest risk of suicide - including psychology and psychiatry services, as well as non clinical support to assist people with severe mental illness and their carers with their day-to-day needs (\$115m)

Key action area 2:

Invest more in direct suicide prevention and crisis intervention, including through boosting the capacity of counseling services such as Lifeline and providing funding to improve safety at suicide 'hotspots' (\$74.5m)

Key action area 3:

Provide more services and support to men - who are at greatest risk of suicide, but least likely to seek help (\$23.2m)

Key action area 4:

Promote good mental health and resilience in young people, to prevent suicide later in life (\$61.3m)

Budget

	2010-11 (\$m)	2011-12 (\$m)	2012-13 (\$m)	2013-14 (\$m)	Total (\$m)
1. Boosting frontline services to support those at risk					
More community-based psychiatry services	0.0	7.3	7.5	7.7	22.7
More community-based psychology services	0.0	7.6	7.9	8.0	23.6
Non-clinical services for the mentally ill and their carers	0.0	20.0	20.0	20.0	60.0
Nationally consistent reporting	0.0	3.0	3.0	3.0	9.0
Sub-Total	0.0	37.9	38.4	38.7	115.0
2. Taking action to prevent suicide and boost crisis intervention services					
Boosting capacity of the crisis lines	0.0	6.1	6.1	6.1	18.2
"Mental Health first aid" training	0.2	1.2	2.4	2.4	6.1
Infrastructure for "Suicide hotspots"	0.0	3.0	3.0	3.0	9.0
Community Prevention activities for high risk groups	0.2	6.6	7.9	7.9	22.6
Outreach teams to schools impacted by suicide	0.0	6.2	6.3	6.3	18.7
Sub-total	0.4	23.0	25.5	25.6	74.5
3. Providing more services and support for men					
Expansion of the National Workplace Program	1.1	3.3	3.3	3.3	11.0
Increased helpline capacity	0.5	0.9	0.9	0.9	3.2
Targeted campaigns on depression and reducing stigma	1.5	2.5	2.5	2.5	9.0
Sub-Total	3.1	6.7	6.7	6.7	23.2
4. Promoting good mental health and resilience in young people					
KidsMatter Expansion	2.0	5.3	5.5	5.6	18.4
Additional services for children with problems	0.2	9.2	6.1	6.1	21.6
Online mental health and counselling services	3.8	6.5	5.4	5.6	21.3
Sub-Total	6.0	21.0	17.0	17.3	61.3
TOTAL	9.5	88.6	87.6	88.3	274

Note: Figures may alter due to rounding.

1 - Boosting frontline services to support those at risk

\$115 million over **three** years, commencing **1 July 2011**, will provide more frontline services - including psychology and psychiatry services, as well as non-clinical support services - for people with severe mental illness, and those at risk of suicide under the Providing more frontline services and support for those at greatest risk of suicide component of the package.

» **More psychiatry services for people with severe mental illness (\$22.7m)**

In addition to providing funding for more counselling services, targeted funding will be provided to improve access to specialist psychiatry services in the community for people with severe mental illness. Divisions of General Practice, transitioning to Medicare Locals as they become available, will be provided with funding to 'purchase' **around 20,000 services** from psychiatrists each year and work with primary and community mental health providers in their area.

» **More psychological services for people who have attempted or are at risk of suicide (\$23.6m)**

This funding will provide more psychological services for **up to 37,500 people** who have attempted or are at risk of suicide, to help reduce repeated attempts at suicide. This will be delivered through additional funding to the existing Access to Allied Psychological Services initiative (ATAPS), which will be delivered through Divisions of General Practice, transitioning to Medicare Locals as they become available.

» **Boosting non-clinical support services (\$60.0m)**

Services to be purchased will draw from programs such as Support for Day to Day Living in the Community, Personal Helpers and Mentors Program and Mental Health Respite Program. This boost will provide a 15 per cent increase to funding available under these programs - sufficient to provide the equivalent of an additional 15,000 Support for Day to Day Living places, 3,000 Personal Helpers and Mentors places, and around 800 episodes of respite.

» **Making sure our investments deliver better outcomes (\$9.0m)**

A National Report Card on mental health and suicide prevention will be established. Along with the establishment of nationally consistent local reporting by Medicare Locals on the performance of mental health services, including outcomes, giving those who matter most (consumers and carers) direct input into monitoring the performance of services.

2 - Taking Action to Prevent Suicide and Boost Crisis Intervention Services

\$74.5 million over **four** years, with some elements commencing **1 January 2011**, will expand direct suicide prevention activities - including counselling services, training for frontline community workers in suicide awareness, securing suicide 'hotspots', and supporting communities, including school communities, affected by suicide.

» **Boosting the capacity of crisis hotlines, including Lifeline (\$18.2m)**

Funding will be provided to Lifeline Australia to increase the capacity of their existing support hotlines. This funding will result in a 60% increase in call capacity to around **700,000 calls** being answered over time. Lifeline will also be provided with additional funding to establish dedicated phone lines at suicide 'hotspots' so that people who are actively contemplating suicide have help at hand.

» **'Mental Health First Aid' training for frontline community workers (\$6.1m)**

Funding will be provided to train frontline community workers such as financial, legal and relationship counsellors, and healthcare workers to better identify and respond to the needs of people at risk of suicide or who have attempted suicide. The funding will provide training in around **40 regions** in Australia.

» **Improving safety at 'hotspots' (\$9.0m)**

Capital funding will be provided to local governments to improve safety and infrastructure at notable 'hotspots' by improving fencing barrier, night lighting and closed circuit television monitors.

» **Community Prevention activities for high risk groups (\$22.6m)**

Funding will be provided to support community-led suicide prevention activities targeted at groups and communities which are at high risk of suicide, including indigenous people, men, gay, lesbian and bisexual people, and families bereaved by suicide.

» **Outreach teams to schools (\$18.7m)**

Funding will be provided to establish a nationwide network of mental health promotion officers, to provide outreach services from local headspace sites or local psychology services, to work with government and non-government school-based mental health workers and provide counselling and other support to school communities.

3 - Targeting men who are at greater risk of suicide - but least likely to seek help

\$23.2 million over **four** years, commencing **1 January 2011**, will 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.

» **Expanding the National Workplace Program (\$11.0m)**

Funding will be provided for the National Workplace Program currently delivered by *beyondblue*, which helps workplaces identify and support workers with depression who are not receiving treatment. An additional **350 workplaces each year** will benefit from being assisted to identify and support workers with depression. The expanded program will target blue collar work and trades and subsidise increased participation by small businesses.

» **Increasing the capacity of helplines for men (\$3.2m)**

beyondblue will be provided funding to increase the capacity of their helpline to provide information and assistance to **up to 30,000 more men each year**.

» **Targeted campaigns for men's mental health (\$9.0m)**

Funding will be provided for targeted campaigns on mental illness for men - to reduce stigma associated with mental illness and encourage more men to seek help. These campaigns will target high risk groups, including single men, fathers, older men, unemployed, rural and indigenous.

4 - Promoting good mental health and resilience in young people

\$61.3 million over **four** years, commencing **1 January 2011**, will provide more services for children with mental health problems, as well as in promoting resilience and good mental health in young people under the Promoting good mental health and resilience in young people component of the package.

» **KidsMatter Expansion (\$18.4m)**

Building on the existing KidsMatter program, around **1700 additional primary schools** will be provided funding to promote good mental health and improve children's resilience. This investment will assist schools to tackle issues like bullying, by helping children to develop social and emotional skills, and creating a supportive school environment. About **348,000 children** will benefit from developing greater resilience and positive mental health.

» **Services for children with mental health and developmental issues (\$21.6m)**

Medicare Locals will be supported to work with local GPs, child and maternal health clinics, schools and other social services to develop linkages and support networks with local mental health providers. Funding will also be provided to Medicare Locals to purchase services, such as psychological services for parents and children. Around **26,000 children** with severe behavioural problems or mental health issues will benefit.

» **Expanding online mental health and counselling services (\$21.3m)**

An investment will be made in online mental health and counselling services to provide more avenues through which people with mental health problems can access services. About **40,000 people**, particularly young people and people who are reluctant or unable to access face-to-face mental health services, will benefit from online treatment.

Appendix C

Summary of Response to recommendations of the Report, *The Hidden Toll: Suicide in Australia*

Recommendation	Summary Response	Page
<p>Recommendation 1</p> <p>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.</p>	<p>The Australian Government notes this recommendation. The Government recognises the multitude of considerations which would need to be incorporated into the methodology when assessing the broad social impact of suicide in consideration of the economic and non-economic cost of suicide in Australia.</p>	<p>13</p>
<p>Recommendation 2</p> <p>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.</p>	<p>The Australian Government supports this recommendation, noting recent improvements in data collection, and is working with the Australian Bureau of Statistics (ABS) and state and territory governments to achieve this objective.</p>	<p>15</p>
<p>Recommendation 3</p> <p>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.</p>	<p>The Australian Government supports this recommendation in-principle, noting that states and territories have varied legislation relating to the reporting of deaths, coronial processes and rulings and that the reporting of suicides is secondary to these judicial processes.</p>	<p>16</p>
<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>The Australian Government supports this recommendation, noting that most jurisdictions have introduced, or are in the process of introducing, police forms which contain the standardised items of the national police form.</p>	<p>16</p>

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<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>The Australian Government supports the dissemination of information within legislative constraints and as deemed fit by State and Territory Coroners and will work with States and Territories through the Standing Committee of Attorneys-General or other appropriate forum.</p>	<p>16</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>The Australian Government supports this recommendation in principle, noting such investment decisions would be a matter for state and territory governments.</p>	<p>17</p>
<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>The Australian Government notes this recommendation and will raise it with states and territories and through its participation in the National Committee for Standardisation of Reporting on Suicide.</p>	<p>17</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>The Australian Government supports each recommendation in relation to workforce training, noting that:</p> <ul style="list-style-type: none"> • responsibility in some circumstances rests with states and territories; and • work in some areas has already commenced 	<p>34</p>

Recommendation	Summary Response	Page
<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 training and capacity to conduct suicide risk assessments at all times.</p>	<p>The Australian Government broadly supports each recommendation in relation to the roles and responsibilities of the Australian workforce, noting:</p> <ul style="list-style-type: none"> • that State and Territory governments have responsibility for the management of hospital emergency departments, including staffing levels and mix, and training; and • legislative limitations in relation to privacy. 	<p>29</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. 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. 		

Recommendation	Summary Response	Page
<p>Recommendation 13</p> <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>The Australian Government notes this recommendation and is working with states and territories to implement a range of measures in this area.</p>	<p>32</p>
<p>Recommendation 14</p> <p>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.</p>	<p>The Australian Government notes this recommendation and will raise it with states and territories through cross jurisdictional mechanisms and, as appropriate, with the Australian Health Ministers' Advisory Council.</p>	<p>33</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>The Australian Government supports each recommendation in relation to workforce training, noting that:</p> <ul style="list-style-type: none"> • responsibility in some circumstances rests with states and territories; and • work in some areas has already commenced 	<p>34</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>		

Recommendation	Summary Response	Page
<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, 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>The Australian Government supports these recommendations with qualification.</p>	<p>39</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>		

Recommendation	Summary Response	Page
<p>Recommendation 20</p> <p>5.100 The Committee recommends that the Mindframe guidelines and current media practices for the reporting of suicide are reviewed. 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 supports this recommendation in principle, noting that actions to address many aspects of the recommendation are completed.</p>	<p>43</p>
<p>Recommendation 21</p> <p>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.</p>	<p>The Australian Government supports this recommendation in part.</p>	<p>18</p>
<p>Recommendation 22</p> <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 Australian Government supports these recommendations with qualification.</p> <p>As articulated in its submissions to the Senate Inquiry, the Government funds a number of activities that reduce the stigma of suicide, raise awareness of suicide prevention and the support available and encourage help seeking.</p> <p>The Government will continue to review the evidence base in relation to these recommendations.</p>	<p>40</p>
<p>Recommendation 23</p> <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 Australian Government supports this recommendation and is taking action to address it.</p>	<p>25</p>

Recommendation	Summary Response	Page
<p>Recommendation 24</p> <p>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.</p>	<p>The Australian Government notes this recommendation.</p> <p>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.</p>	<p>26</p>
<p>Recommendation 25</p> <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>The Commonwealth Government supports this recommendation and has already taken action to address it.</p>	<p>27</p>
<p>Recommendation 26</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 Australian Government supports this recommendation and has taken action to address it.</p>	<p>19</p>
<p>Recommendation 27</p> <p>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>	<p>The Australian Government supports this recommendation noting its comprehensive approach to "Closing the Gap" of Indigenous disadvantage in health.</p>	<p>20</p>
<p>Recommendation 28</p> <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>The Australian Government notes this recommendation and has referred it to the ABS.</p>	<p>18</p>

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<p>Recommendation 29</p> <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 Australian Government supports this recommendation in principle and will continue to review the evidence base for future consideration of this recommendation.</p>	<p>22</p>
<p>Recommendation 30</p> <p>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>	<p>The Australian Government notes this recommendation.</p>	<p>23</p>
<p>Recommendation 31</p> <p>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.</p>	<p>The Australian Government supports each recommendation in relation to workforce training, noting that:</p> <ul style="list-style-type: none"> • responsibility in some circumstances rests with states and territories; and • work in some areas has already commenced 	<p>34</p>
<p>Recommendation 32</p> <p>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>	<p>The Australian Government supports the recommendation.</p>	<p>24</p>
<p>Recommendation 33</p> <p>6.151 The Committee recommends that the Commonwealth, State and Territory governments together with community organisations implement a national suicide bereavement strategy.</p>	<p>The Australian Government notes this recommendation and will continue to take the needs of this identified high risk group into the broader NSPS.</p>	<p>24</p>

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<p>Recommendation 34</p> <p>6.153 The Committee recommends the development of a National Suicide Prevention Program initiative targeting assistance to people recently released from correctional services.</p>	<p>The Australian Government supports this recommendation in-part, noting that states and territories have primary responsibility for this recommendation through forensic mental health services.</p>	<p>25</p>
<p>Recommendation 35</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>Recommendation 36</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 Australian Government supports these recommendations, noting there are various initiatives in place that address them.</p>	<p>45</p>
<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>	<p>The Australian Government notes this recommendation and intends to consult with states and territories on a formal signatory commitment in further development of the NSPS.</p>	<p>10</p>
<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>The Australian Government notes this recommendation. A 2009 study of suicide prevention strategies found that Australia's approach is effective by international comparisons.</p>	<p>10</p>

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<p>Recommendation 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 supports this recommendation and has taken action to address it. Funding under the NSPP has more than doubled, from \$8.6 million in 2005-06 to \$23.8 million in 2010-11. In addition, \$274 million over four years (2010-2014) has been allocated for the Mental health: Taking Action to Tackle Suicide package.</p>	<p>11</p>
<p>Recommendation 40</p> <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 Australian Government notes this recommendation and continues to work with non government organisations to provide services to the Australian population.</p>	<p>12</p>
<p>Recommendation 41</p> <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>The Australian Government supports the recommendation in principle noting the four year budget cycles of Government and the need to ensure programs are sufficiently flexible to respond to emerging trends.</p>	<p>13</p>
<p>Recommendation 42</p> <p>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.</p>	<p>The Commonwealth Government supports this recommendation in-principle noting experts have been unable to present a consistent view on the viability of a target as suicide is a multi faceted societal issue.</p>	<p>14</p>

