

CHAPTER 1

INTRODUCTION

Terms of reference

1.1 On 10 September 2009 the Senate referred the following matter to the Senate Community Affairs References Committee (the Committee) for inquiry and report by the last sitting day in April 2010 (the reporting date was later extended to 24 June 2010):

The impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities, with particular reference to:

- (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.

Conduct of the inquiry

1.2 The inquiry was advertised in *The Australian* newspaper and on the Committee's website, inviting submissions from interested parties. Due to the considerable interest in the reference subject matter, the Committee undertook to continue to receive submissions up to 17 June 2010. The Committee also wrote to relevant organisations and individuals notifying them of the inquiry and inviting submissions.

1.3 The Committee received 258 public submissions, which were made available through the Committee website.¹ Due to the nature of the reference subject matter the Committee determined that a number of these would be published with the name of the submitter(s) withheld, or with material of a sensitive nature (such as information identifying unrelated third parties) removed. A number of submissions were also accepted as confidential submissions. A list of individuals and organisations that made submissions or provided other information authorised for publication by the Committee is contained in Appendix 1.

1.4 A joint submission to the inquiry was funded by Lifeline Australia, Suicide Prevention Australia (SPA), the Inspire Foundation; OzHelp Foundation; the Salvation Army; the Mental Health Council of Australia (MHCA), and the Brain and Mind Research Institute (BMRI) and supported by many other organisations and individuals. This joint submission (*Submission 65*, referred to in the report as the Suicide is Preventable submission) was presented to the Chair and Deputy Chair of the Committee at Parliament House, Canberra, on 23 November 2009.

1.5 The Committee held 12 public hearings over the course of the inquiry. These were:

- 1 March 2010, Canberra
- 2 March 2010, Brisbane
- 3 March 2010, Sydney
- 4 March 2010, Melbourne
- 24 March 2010, Canberra
- 25 March 2010, Canberra
- 30 March 2010, Perth
- 31 March 2010, Perth
- 4 May 2010, Adelaide
- 17 May 2010, Darwin
- 18 May 2010, Canberra
- 20 May 2010, Hobart

1.6 Witnesses who appeared at these hearings are listed in Appendix 2.

Acknowledgements

1.7 The Committee wishes to thank the many people who gave evidence in person or in writing regarding their experiences in relation to suicide which were often

1 Public submissions available at:
http://www.aph.gov.au/senate/committee/clac_ctte/suicide/index.htm

personal and distressing. Much of this evidence was received confidentially and the Committee would like to record its appreciation for the time and effort made by these persons to assist the inquiry.

1.8 The Committee would also like to thank the managers and staff of the Understanding & Building Resilience in the South West Project and Lifeline Hobart for allowing the Committee to visit their offices in Perth and Hobart respectively.

1.9 The Committee is also grateful to the members and secretariat of the Australian Suicide Prevention Advisory Council (ASPAC) who made time to meet with Committee members in Canberra on 28 May 2010.

Appropriate language

1.10 The Committee recognises that suicide is a subject that needs to be discussed carefully and sensitively. Inappropriate discussion and reporting of suicide can be distressing for those bereaved by suicide and can have negative influences on those at risk of suicide. Nonetheless the Committee also has a responsibility to clearly and accurately report on this significant issue. While the Committee has made efforts to use appropriate language in this report, evidence and quotations from submissions and witnesses have not been edited where inappropriate language may be used. This may include descriptions regarding methods of suicide and locations where suicides have taken place.

Suicide and euthanasia

1.11 During the course of the inquiry the Committee received a substantial number submissions linking the terms of reference to the issue of self, voluntary and assisted euthanasia.² While the issue of euthanasia has several linkages with some of the topics covered during the inquiry, the Committee has made a decision not to focus on the issue of euthanasia in this report.

1.12 The Committee acknowledges that there are strong views on both sides of this issue and the decision may be disappointing to those who have made submissions addressing this topic. However the Committee considers suicide is the focus of the terms of reference of the inquiry. The evidence received in relation to euthanasia has been noted by the Committee and will be tabled as part of the final report of the inquiry.

Structure of the report

1.13 The structure of this report broadly follows the terms of reference (ToR) provided by the Senate. Chapter 1 includes a brief background to the issue of suicide in Australia. Chapter 2 deals with the personal, social and financial costs of suicide in

2 For example Exit International, *Submission 68*, p. 1; FamilyVoices Australia, *Submission 115*, pp 2-3.

Australia ToR (a). Chapter 3 addresses the suicide reporting issues in ToR (b). Chapter 4 combines ToR (c) and (e) to examine the appropriate role, effectiveness and training of agencies, frontline personnel and others in assisting persons at risk of suicide. Chapter 5 covers ToR (d), public awareness campaigns as well as the many issues concerning stigma covered during the inquiry. Chapter 6 deals with groups at high risk of suicide in ToR (f), the programs and services which support them, and the balance between universal and targeted approaches to suicide prevention. Chapter 7 addresses ToR (g), the adequacy of current suicide research and the dissemination of research results to practitioners and policy makers. Chapter 8 focuses on the National Suicide Prevention Strategy (NSPS), addressing ToR (h). Chapter 9 concludes the Committee's comments and summarises the recommendations made.

Background to suicide and suicide prevention

1.14 A suicide occurs when a person dies as a result of a deliberate act intended to cause the end of his or her life. The World Health Organisation (WHO) has estimated that around the globe approximately 1 million people die from suicide every year. In Australia, suicide is a leading cause of death with over 2000 persons dying every year, three quarters of these deaths are men. Attempted suicide is also an important issue with estimates that in Australia over 60,000 people a year attempt to take their own lives, the majority being women. It is recognised that the number of suicides and attempted suicides is likely to be underreported for a number of reasons including the practical problems of determining a person's intentions, reporting problems and the stigma around suicide and self harm.

1.15 A completed suicide often has many complex causes and motivations. It may be an impulsive, irrational act or a carefully planned choice. Biological, cultural, social, economic and psychological risk and protective factors have been identified, which reduce or increase the likelihood of suicidal behaviour. People who attempt to take their own life usually have many risk factors and few protective factors. Risk and protective factors are often at opposite ends of the same continuum. For example, while social isolation is a risk factor for suicide, social connectedness is a protective factor. In Australia links have been recognised between suicide and geographic location (regional, rural and remote) and socio-economic disadvantage (low socio-economic status).³ However there is not always a clear relationship between a particular risk or protective factor and suicide. For example mental illness is a frequently cited risk factor, but not everyone who takes their own life will be mentally ill.

1.16 While completed suicide can be considered a low prevalence event, when it occurs it has devastating and wide spread impacts on those connected to the person who has died and their community including personal, social and economic costs.

3 DoHA, *LIFE: A framework for prevention of suicide in Australia*, 2007, p. 12.

Suicide prevention in Australia

1.17 Australia was one of the first countries to develop a dedicated national strategy to address suicide. The initial focus of suicide prevention was on youth suicide following international, government and community concerns raised during the 1980s and 1990s. The National Youth Suicide Prevention Strategy (NYSPS), introduced in 1995, was administered and coordinated through the Mental Health Branch of the then Commonwealth Department of Health and Aged Care.⁴

1.18 In 2000, the NYSPS was expanded into the NSPS with a broader focus preventing suicide over the whole life span. The first iteration of the LIFE Framework, *Living Is For Everyone: A Framework for Prevention of Suicide and Self-harm in Australia* was also developed to provide a strategic framework for national action to prevent suicide and promote mental health and resilience.

1.19 In 2006, the Council of Australian Governments (COAG) agreed to a National Action Plan on Mental Health 2006-2011 which included a commitment from the Commonwealth Government to double funding for the NSPS (from \$62 million to \$127 million) to enable the expansion of suicide prevention programs, particularly those targeting groups at high risk.⁵ These funds have been directed to programs and projects through the National Suicide Prevention Program (NSPP). A new LIFE Framework suite of resources was commissioned, developed and made available after consultations in 2006-07.

1.20 In 2008 the ASPAC was established to provide national leadership and strategic advice to Minister for Health and Ageing on suicide prevention issues.

4 Australian Institute of Family Studies, *Valuing young lives: evaluation of the National Youth Suicide Prevention Strategy*, 2000, pp 29 – 35.

5 DoHA, *LIFE: A framework for prevention of suicide in Australia*, 2007, p. 8.

