

CHAPTER 5

PUBLIC AWARENESS CAMPAIGNS

Introduction

5.1 This chapter deals with term of reference (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. It will also address the related issues of the community stigma concerning suicide and the reporting of suicide in the media.

Awareness in the community

A mother whose daughter died by suicide, talked about her anger at seeing everything turning pink in October. “Why can’t the community have the same reaction and response to suicide?”¹

5.2 The Committee heard great concern about the lack of awareness about suicide that currently exists in the Australian community. For example, the State Coroner of SA, Mr Mark Johns, was one of a number of persons who commented on the common lack of awareness of the 'reality' suicide in the general public.²

5.3 The Salvation Army outlined the results of a Roy Morgan survey commissioned to examine the level of community awareness about suicide and to gauge knowledge levels in the community regarding how to help a person who may be contemplating suicide. While 80 per cent of the survey respondents were not aware of the level of suicide in Australia, over 64 per cent stated they had known someone who had died by suicide. Around 24 per cent did not know any services or organisations in the community that provide support for people who are suicidal.³ The Salvation Army therefore commented:

The results of the survey confirm our belief that there is still a sense of ignorance about the full extent of suicide in Australia. We know that more people die by suicide in a single year than through road trauma and yet the awareness levels of the issues surrounding these two social issues in Australia is vastly different. We are constantly reminded through public awareness campaigns about the extent of the road toll and how we can remain safe on our roads and yet the issue of suicide remains shrouded in

1 Referring to October which is National Breast Cancer Awareness Month, and pink ribbons which are used to signify breast cancer awareness; Lifeline Newcastle Hunter, *Submission 8*, p. 4.

2 Mr Mark Johns, *Proof Committee Hansard*, 4 May 2010, p. 1.

3 Salvation Army, *Submission 142*, pp 31-32.

mystery and seems to be seen as an individual issue and not fully recognised as the public health issue that it is.⁴

5.4 SPA submitted to the Committee that a lack of awareness in the community has also resulted in the existence of damaging misconceptions about suicide. These include 'if they talk about it, they won't do it'; 'talking about it gives people ideas'; 'not much can be done to prevent it, as people who are serious about it will do it no matter what anyone tries to do'.⁵ SPA also directed the Committee to literature and stakeholder consultations that indicate a perception that suicide is only a medical problem or a response to mental illness. SPA stated that this misconception ignores the complexities of suicide, and the many 'social determinants of suicide and self-harm in Australia'.⁶

5.5 The Committee heard that improved awareness about suicide is important to ensure that suicidal cues are identified and support can be provided:

A person who is suicidal may not be in the best position to be seeking the help...As a community, Australians need to ensure that when someone does reach out for help, they are linked with someone who is equipped to provide them with appropriate support. In order to do this, the Australian community needs a basic knowledge of what signs of suicidality to look out for, how to have safe conversations around suicide, and how to access appropriate help.⁷

5.6 Dr Darryl Watson from the RANZCP told the Committee that good awareness about suicide was particularly important in some occupations:

People working in education, social security and community services often see people in distress. Improved awareness of suicide risk factors and education to reduce stigma can be broadly targeted in this area. Mental health literacy should be a key skill.⁸

5.7 Submissions also presented a strong view that there is a need to 'promote openness, acknowledgement and understanding of suicide in the community',⁹ in order to overcome misunderstandings and encourage the Australian community to become involved in suicide prevention.

We need to break down the barriers so that the community will get involved, so that it will start taking an interest or offer its support or its

4 Salvation Army, *Submission 142*, p. 32.

5 SPA, *Submission 121*, p. 45.

6 SPA, *Submission 121*, p. 44.

7 Lifeline Australia, *Submission 129*, p. 18

8 Dr Darryl Watson, RANZCP, *Committee Hansard*, 4 March 2010, p. 4.

9 Lifeline Australia, *Submission 129*, pp 10-11.

help. Breaking down the barriers will by definition reduce the rate of suicide in Australia.¹⁰

5.8 Improving public awareness was not necessarily seen as straightforward however, with submissions highlighting research by Professor Robert Goldney and Ms Laura Fisher which examined initiatives in Australia between 1998 and 2004 to enhance public and professional knowledge about mental disorders, particularly depression. This study found that while these initiatives had improved mental health literacy and help seeking, there was less change for those most in need of intervention (those with major depression and suicidal ideation).¹¹

Stigma

5.9 A number of submissions presented serious concerns about the lack of conversation, the "silence" and the stigma that exists around suicide in the Australian community. Many submissions consider that the lack of awareness and understanding about suicide contributes to this stigma:

Across Australia, there is poor awareness and understanding of the risk factors and warning signs for suicide and the most appropriate responses or actions to take to prevent suicide or following a suicide event. This can lead to feelings of stigma and shame for people bereaved by suicide and reduce their capacity or willingness to seek help and support.¹²

5.10 Lifeline Australia also commented that 'ignorance, stigma, fear and uncertainty about what to say or do clearly remain barriers to the provision of support by community members when a suicide occurs'.¹³ Ms Kate Matherson provided an insight into the stigma that exists for people who experience suicidal ideation:

The stigma that surrounds depression and suicide makes it hard for one to ever return to the somewhat normal life that they may have had before, it makes them feel ashamed, unworthy, disgusting, different and alienated all things I have experienced recently.¹⁴

5.11 Similarly, SPA presented to the Committee a large number of alarming personal stories they had received that were associated with the experience of social stigma around suicide.

10 Mr Darrin Larney, SOS Survivors of Suicide Bereavement Support Association Inc., *Committee Hansard*, 2 March 2010, p. 30.

11 Robert Goldney and Laura Fisher, 'Have Broad-Based Community and Professional Education Programs Influenced Mental Health Literacy and Treatment Seeking of those with Major Depression and Suicidal Ideation?', *Suicide and Life-Threatening Behaviour*, 2008, p. 129.

12 United Synergies, *Submission 141*, p. 4.

13 Lifeline Australia, *Submission 129*, p. 21.

14 Ms Kate Matherson, *Submission 194*, [p.1]

For a long time I felt intense embarrassment... about attempting to commit suicide...I found that suicide was still very much a taboo issue within society and I felt guilt and shame associated with it. It would be great if we could be more open and honest about this issue within society as it affects many people. Perhaps if we could speak more freely and honestly, we could prevent the devastation caused by suicide.

We live a daily horror that we can't share or discuss with anyone else... I feel like I am on a merry-go-round that will not stop and I cannot get off.¹⁵

5.12 Queensland Alliance further argued that stigma, particularly that which is associated with mental health issues, is not only about attitudes in the broader community but also self-stigma and 'internalised discrimination':

...they identify themselves as an illness. 'Hi, I've got schizophrenia and my name's John.' They are very focused on what their diagnosis term is and forget that there is a human being in there that is valuable and can contribute to a community.¹⁶

It is internalised discrimination. There are a lot of people with mental illness out there running the country, but they are not going to tell us. That is discrimination, that is stigma. Similarly, in business and with people who you are working with, as soon as you start going down that mental health path, men, and I think women as well, are just like, 'No way, I might be a bit odd, or I might be feeling down, but I'm not crazy!' It acts as a barrier to people seeking help and telling their wife, husband, friends, workmates.¹⁷

5.13 Submitters noted considerable efforts to increase mental health literacy in the Australian community, recognising the significant relationship between mental health issues and suicide. However, it was presented to the Committee that despite large-scale mental health awareness-raising campaigns such as Beyondblue, there have been far fewer attempts to raise community awareness about suicide.¹⁸

5.14 Professor Diego De Leo, in discussing the approach of the Life house project for suicide prevention, further outlined the need to focus awareness-raising efforts on suicide, not just mental health. He stated:

One of the key issues is that when a suicide attempter...If I mingle with people like me I can hope to be understood. But if I am with other people – a psychotic guy, a bipolar a panic attack and severely disordered et cetera – I will be the most stigmatised of the patients.¹⁹

15 SPA, *Submission 121*, p. 20.

16 Ms Judith Bugeja, Queensland Alliance, *Committee Hansard*, 2 March 2010, p. 22.

17 Mr Jeffery Cheverton, Queensland Alliance, *Committee Hansard*, 2 March 2010, p. 22.

18 SPA, *Submission 121*, pp 18 & 44; Ms Joanne Riley, SPA, *Committee Hansard*, 1 March 2010, p. 28.

19 Professor Diego De Leo, AISRP, *Proof Committee Hansard*, 18 May 2010, p. 18.

Stigma and help-seeking

5.15 Many submitters expressed a strong view that the stigma that is associated with suicide acts as significant barrier for people to seek help, and contributes to an experience of discrimination from health professionals, community members and peers.²⁰ The Suicide is Preventable submission also argued that the fear of being stigmatised contributes to many who attempt suicide failing to seek help from health care professionals, and less than half receiving medical attention.²¹

5.16 Mr David Crosbie from the MHCA also commented:

It is my belief that there are many suicide attempts that we do not see, we do not record and we do not intervene in. I am not sure of the exact number; I know there are estimates, but I think there is still very much a stigma, a barrier, to people acknowledging that they are experiencing mental health issues or feeling suicidal, which means that people can go through a process of making a decision to suicide, attempting suicide, recovering from that suicide and people around them do not know...It is really frightening that people can go through that whole process and there is no point of intervention, no service or acceptance that that is needed.²²

5.17 Clinical Associate Professor David Horgan from the Australian Suicide Prevention Foundation also noted that given the effect of stigma in discouraging people to seek help and the difficulty in overcoming this stigma, treatment and intervention should be sensitive to this issue, and provide people with support that 'does not stigmatise them any further'.²³

Stigma and bereavement

5.18 The Committee heard that the stigma and "taboo" that exists around suicide significantly affects the bereaved and their recovery process, including cases of 'complete isolation of individuals during the period immediately following the suicide or suicide attempt'.²⁴

5.19 SPA told the Committee that the misunderstandings about suicide, and the isolation, shame or social stigma experienced by those who have been bereaved by suicide 'can detrimentally impact a bereaved person's sense of self-worth and can result in a general reluctance towards help-seeking and any discussion of their clinical

20 For example SPA, *Submission 121*, p. 7; Suicide is Preventable, *Submission 65*, p. 71.

21 Suicide is Preventable, *Submission 65*, p. 71.

22 Mr David Crosbie, MHCA, *Committee Hansard*, 1 March 2010, p. 19.

23 Clinical Associate Professor David Horgan, Australian Suicide Prevention Foundation, *Committee Hansard*, 4 March 2010, p. 3.

24 Suicide is Preventable, *Submission 65*, p. 42; See also SPA, *Submission 121*, p. 54.

needs, concerns and emotional experiences, which can have a number of negative follow-on effects'.²⁵

5.20 The Committee heard a number of stories about suicides that have been "kept secret" or "covered up" because of shame or social stigma, and the inability of the bereaved to talk about it. Lifeline Australia further highlighted cases of suicide that have been labelled 'as "a heart attack" or similar, to prevent their community from knowing the real cause of death',²⁶ and cases discussed with local funeral directors where 'the families of people who have died by suicide have the funeral notice request funds to the "Cancer Foundation or Heart Foundation", so that the general public thinks that the person died as a result of these causes, and not from suicide'.²⁷

Public discussion of suicide

...my view is we must keep the conversation alive to keep the person alive. Peer support is critical; those that have attempted suicide and are here to share the experience of coming back from that choice are essential weapons of the power of their story to be given to those that believe there is no choice.²⁸

5.21 The Committee received concerns about the difficulty that exists for people who have thoughts about or attempt suicide and those around them to talk about their experience, due to a lack of awareness and social stigma. It was recommended to the Committee that suicide prevention should include as a central element efforts to make it easier for 'future generations to discuss and address suicide', and to provide the community 'with the tools to recognise, acknowledge and prevent suicide'.²⁹

5.22 The Suicide is Preventable submission noted that a Newspoll Omnibus Survey commissioned by Lifeline Australia had found a low proportion of respondents believe that those who were suicidal would tell someone about it. It was argued that this showed an investment needs to be made in suicide awareness education and campaigns within Australia.

A significant segment of the community are unable to talk about suicide or suicidality. It could also be argued that many respondents are not empowered to 'read-the-signs' of someone who is suicidal and trying to communicate their sense of hopelessness.³⁰

25 SPA, *Submission 121*, p. 54.

26 Lifeline Australia, *Submission 129*, pp 20-21.

27 Lifeline Australia, *Submission 129*, p. 30.

28 SPA, *Submission 121*, p. 18.

29 Lifeline Australia, *Submission 129*, pp 20-21.

30 Suicide is Preventable, *Submission 65*, pp 13-14.

5.23 RANZCP, while recognising that reducing stigma associated with suicide and self-harm remains controversial, stated:

Suicide should be able to be discussed without fear and, as part of public awareness programs, there is a need for debate on how to talk about suicide. This includes the need for those bereaved through suicide, and also suicide attempt survivors, to talk openly about their experiences.³¹

Suicide awareness programs

5.24 The NSPS, which is guided by the LIFE Framework adopts a 'whole of community approach to suicide prevention to extend and enhance public understanding of suicide and its causes'. Funding is provided through the NSPP for a variety of programs, many of which include suicide awareness raising activities.³² For example, the Life Matters project delivered by Lifeline Newcastle Hunter (LLNH) conducted 36 suicide awareness presentations and two community forums provided to 465 participants.³³

5.25 DoHA has informed the Committee that Commonwealth Government investment into suicide prevention activities has included training for frontline staff, early intervention and the promotion of help-seeking. DoHA also given evidence of other Commonwealth Government programs which 'play a significant role in upstream support for people who may be at risk of suicide'. This includes investment in mental health promotion and prevention activities such as Beyondblue, mental health programs targeting groups at high-risk of suicide such as the Mental Health Services for People in Rural and Remote areas initiative, Indigenous specific mental health programs and the Victorian bushfire mental health response.³⁴ DoHA informed the Committee that the NSPS and the NSPP have had 'significant and positive' impacts, and have included the creation of mental health programs which have lead to programs such as the Headspace Youth Mental Health Initiative.³⁵

5.26 The NSPP also provides funding for the R U OK? Day which encourages Australians to connect with family and people in the community if they have concerns about their mental health and wellbeing through coordinated promotion and advertising.³⁶

31 RANZCP, *Submission 47*, p. 15.

32 DoHA, *Submission 202*, pp 25 & 28.

33 DoHA, *Submission 202*, Appendix D, p. 3.

34 DoHA, *Submission 202*, pp 22 & 74

35 DoHA, *Submission 202*, p. 72.

36 DoHA, *Submission 202*, Appendix D, p. 28.

5.27 SANE Australia commented to the Committee that programs that encourage help-seeking as soon as possible such as MindMatters, KidsMatters and the Headspace Youth Mental Health Initiative are also showing encouraging results.³⁷

5.28 The Department of Veterans' Affairs (DVA) has informed the Committee of programs run for veterans and their families such as At Ease mental health awareness campaign which focuses on increasing awareness and education about the importance of mental health and self help management strategies, and The Right Mix health and alcohol promotion strategy that provides information to assist with choices around alcohol consumption and opportunities to reduce alcohol-related harm in the veteran community.³⁸

5.29 Queensland Alliance also highlighted the VicHealth *Mental Health Promotion Framework* as a local example of a strategy that acknowledges the complexity and context of mental health issues for individuals.³⁹

5.30 A strong feeling presented by submitters and witnesses was that DoHA and the programs implemented and funded under the NSPS did not adequately focus on raising public awareness about suicide through a coordinated approach, and that the Commonwealth Government had not taken a lead role in such matters to date.⁴⁰

5.31 DoHA made the following comments:

I will just say that the work plan – or what we call the action framework for what we and ASPAC (Australian Suicide Prevention Advisory Council) are doing does not have a specific heading around community awareness at the moment. I suppose it is not on our agenda to take forward in that respect. Clearly issues about reducing stigma and promoting help seeking – those kind of issues – are right there on the agenda and it overlaps with those issues.⁴¹

5.32 RANZCP commented that while there were some good campaigns that focus on suicide prevention, '...these are rarely supported by meaningful ongoing community supports other than crisis telephone lines'. They argued that suicide prevention awareness campaigns should not only focus on prevention, but also increase community awareness regarding treatment and support options, including the role of different mental health practitioners, in order to be beneficial for consumers, carers and their families.⁴²

37 SANE Australia, *Submission 97*, p. 3.

38 DVA, *Submission 215*, [p. 3]

39 Queensland Alliance, *Submission 122*, p. 3.

40 For example, Ms Jenna Bateman, Mental Health Coordinating Council, *Committee Hansard*, 3 March 2010, p. 1.

41 Ms Colleen Krestensen, DoHA, *Proof Committee Hansard*, 18 May 2010, p. 44.

42 RANZCP, *Submission 47*, p. 15.

5.33 The Kentish Regional Clinic recommended that a 'public awareness program is developed which directly addresses the issue of suicide and is not "hidden" under any other name and is treated as a stand alone issue'.⁴³

Media guidelines and reporting

5.34 DOHA has told the Committee that as part of NSPS activities, the Commonwealth Government has worked with the media to improve the communication of key messages about mental illness and suicide prevention, in particular to develop media reporting guidelines through the MindFrame initiative that reduce the stigma of mental illness, encourage help-seeking and reduce copycat suicide.⁴⁴ The Committee received a significant amount of comment regarding media guidelines for the reporting of suicide.

5.35 The Suicide is Preventable submission notes that the way a suicide is reported can influence increases or decreases in suicide rates:

The “toning down” of media reports of suicide has previously been highlighted by the World Health Organisation as being one of six elementary steps for suicide prevention...Similarly, there is strong evidence to suggest that the media may be an important influencer of community attitudes towards mental illness. In particular, negative media images can result in the development of further negative beliefs about mental illness, which may in turn lead to stigma and discrimination.⁴⁵

5.36 The MindFrame initiative was developed in 2000 and is funded through the NSPP. MindFrame is the primary source of guidance for media professionals and those who interact with the media. MindFrame aims to 'encourage responsible, accurate and sensitive media representation of mental illness and suicide, and to advocate on behalf of community concerns about media depictions that stigmatise mental illness or promote self-harm'.⁴⁶

5.37 The key elements of the MindFrame initiative include: the Hunter Institute's MindFrame resources for media and other professionals; the SANE Australia Stimgawatch which monitors the Australian media to ensure accurate and respectful representation of mental illness and suicide; and the National Media and Mental Health Group which brings together media representatives with mental health professionals and the Commonwealth to develop strategies for improving media understanding and reporting of suicide and mental illness.⁴⁷

43 Kentish Regional Clinic, *Submission 40*, p. 7.

44 DoHA, *Submission 202*, p. 74

45 See Suicide is Preventable, *Submission 65*, p. 89.

46 DoHA, *Submission 202*, p. 37.

47 DoHA, *Submission 202*, p. 37.

5.38 The Committee was told by various witnesses that the MindFrame initiative is a well respected, important, and successful collaboration between the Australian Government, mental health advocates and the media industry 'to de-stigmatise mental illness and to influence public discussions about suicide and self harm'.⁴⁸

5.39 DoHA also outlined two studies of the Media Monitoring Project to track reporting of suicide and mental illness in the Australian media, the first in 2000-01 and the second in 2006-07. The second study found a significant improvement in the quality of media reporting of these matters.⁴⁹

As a result of this engagement and the guidelines developed voluntarily with the media sector, Australia has seen significant improvements in both the quality of media reporting in these areas and the volume of publicly reported suicide cases. For example, recent research has shown that, between 2000-01 and 2006-07, there was a twofold increase in the number of media reports about suicide. Importantly, the study found that the quality of those reports also improved greatly, with significant reductions in the use of inappropriate language, details of method and images of the location or the body of the deceased and significant improvements in the provision of help-seeking information'.⁵⁰

5.40 A tension has developed, however, between the recognised need to ensure responsible and accurate media representation of mental illness and suicide, and to increase public awareness and knowledge about the incidence of suicide in Australia.⁵¹

5.41 For example, the SA Coroner related the lack of public awareness about suicide to underreporting in the media, noting that 'the media is very nervous about the risk of copycatting and as a result...it (suicide) tends to be underexposed in the popular press'.⁵² Similarly, SPA expressed concern that media guidelines could be 'interpreted as not to refer to suicide at all or to avoid suicide reporting' and that any reporting about suicide, including information about research, is avoided by popular media.⁵³

5.42 Professor Patrick McGorry from Orygen Youth Health Research Centre told the Committee that underreporting of suicide in the media is linked to the stigma that exists within the community, and may impede efforts to reduce rates of suicide:

48 Professor Ian Webster, *Submission 239*, p. 9; See also Ms Barbara Hocking, SANE Australia, *Committee Hansard*, 24 March 2010, p. 47.

49 DoHA, *Submission 202*, p. 38.

50 Ms Georgie Harman, *Committee Hansard*, 1 March 2010, p. 66.

51 DoHA, *Submission 202*, p. 75.

52 Mr Mark Johns, *Proof Committee Hansard*, 4 May 2010, p. 1; See also Consumer Advisory Group NSW, *Submission 85*, p. 15.

53 Dr Michael Dudley, SPA, *Committee Hansard*, 1 March 2010, p. 32; SPA, *Submission 121*, p.63.

I think the fundamental problem with the suicide issue in Australia is the tremendous taboo and silence that surrounds it still. That is evident in...the issue of the media guidelines....

But no-one has measured the death toll that arises from not talking about suicide and not reporting it in an active way, in the way that we report on the road toll...⁵⁴

5.43 Similarly Mrs Jennifer Allen from Youth Focus Inc. argued that the restrictions on the media, and on educators, in discussing suicide could further the associated stigma:

So I do understand why the media is nervous about addressing the issue of suicide, but not to talk about it all, pretty much, I think only reinforces the belief that it is wrong to talk about suicide. It makes people feel like they are alone...When we go into schools at the present time, we cannot mention the word suicide and we certainly cannot talk about self-harm even though that is what we really need to do, because there is a lot of fear around: "Gosh, you're going to actually create it; you're going to encourage people to go and try self-harm". But how can we break down those stigmas if we are not actually hitting it head on?⁵⁵

5.44 While recognising that some styles of reporting could result in "copy cat" acts or increased suicide, the Suicide is Preventable submission also argued that appropriate reporting can help to reduce incidences of suicide, citing evidence that '(r)eporting that positions suicide as a tragic waste and an avoidable loss, and focuses on the devastating impact of the act on others, has been linked to reduced rates of suicide'.⁵⁶

5.45 Ms Barbara Hocking noted therefore that 'we have to keep with our message that media presentation should be done responsibly and balanced against the public's right to know'.⁵⁷ The Committee was also told that the NCSRS have identified the need to more effectively 'communicate the positive actions being undertaken and the true state of suicide prevention' as a key area for future investigation, with a view to 'develop a communications strategy in consultation with the Mindframe Initiative. This strategy will ensure accurate, non-sensationalised information is provided to the media and all key stakeholders'.⁵⁸

54 Professor Patrick McGorry, Orygen Youth Health Research Centre, *Committee Hansard*, 4 March 2010, p. 79.

55 Mrs Jennifer Allen, Youth Focus Inc., *Committee Hansard*, 31 March 2010, p. 21.

56 Suicide is Preventable citing Australian Government, *Mindframe National Media Initiative*, 2006; and J. Purkis et al 'Changes in Media reporting of Suicide in Australia between 2000/01 and 2006/07', *Crisis: Journal of Crisis Intervention & Suicide*. 2009, vol. 30, no. 1, pp. 25-33.

57 Ms Barbara Hocking, SANE Australia, *Committee Hansard*, 24 March 2010, p. 48

58 NCSRS, *Submission 229*, p. 19.

5.46 Similarly, Orygen Youth Health Research Centre noted the intention and importance of media guidelines for the reporting of suicide, however recommended that the MindFrame initiative and current media reporting practices should now be reviewed to ensure that public discussion about suicide is not being inhibited. In particular, Orygen Youth Health Research Centre recommended that:

Social networking sites such as My Space and Facebook are the means by which young people communicate. Such communication should not be discouraged; rather, healthy ways of using the internet for communication and information sharing need to be found and promoted. Such investigations need to form part of a national suicide prevention research agenda and the findings should inform a review of the current practice around media reporting.⁵⁹

A National Suicide Awareness Campaign

5.47 A number of submitters and witnesses recommended to the Committee that a well-funded, long-term, national community awareness, anti-stigma and suicide prevention campaign should be developed and implemented.⁶⁰ The Suicide is Preventable submission recommended that a five-year national anti-stigma and suicide prevention awareness program (with a minimum budget of \$10 million per year) was required 'to address existing community knowledge deficits and attitudes towards suicide'.⁶¹

5.48 Lifeline Australia suggested that such campaign should focus on reducing stigma by encouraging safe, open discussions of suicide, providing the Australian community with awareness about suicide warning signs, and providing information about options for seeking and providing help.⁶²

5.49 It was strongly argued by submitters that there should also be a focus on overcoming public misunderstandings about suicide in an effort to reduce stigma.⁶³ Submissions noted the success of other health promotion and social awareness campaigns, including those for heart disease, breast cancer, diabetes, smoking related illnesses, HIV/AIDS, road trauma and Beyondblue which have made these issues

59 Orygen Youth Health Research Centre, *Submission 82*, [p. 7].

60 For example Suicide Prevention Taskforce, *Submission 59*, pp.7-8; Suicide is Preventable, *Submission 65*, p. 135.

61 Suicide is Preventable, *Submission 65*, p. 134.

62 Lifeline Australia, *Submission 129*, p. 12.

63 Inspire Foundation, *Submission 101*, [pp 7 & 15]; SPA, *Submission 121*, p. 11.

'visible'.⁶⁴ As noted by one submitter these awareness campaigns 'also provide basic information to the community such as early warning signs and where to seek help'.⁶⁵

5.50 The Committee was advised that in order to be effective, such a campaign must be sustained over time, well-funded, appropriately resourced and delivered through innovative and targeted mediums, including through new technology, to ensure comprehensive coverage.⁶⁶

5.51 Mr Jeff Kennett, Chairman of Beyondblue told the Committee:

You do not want a campaign just because it is an easy recommendation; you would want a campaign because you know that it was going to be consistently delivered – not just a media campaign but a campaign that is backed up by people who are out in the field, going to the town hall meetings and talking to media – for 10 years. It is a hard ask, and then you have to have people who are absolutely committed to it and for the right reasons.⁶⁷

5.52 Recognising the complex social, cultural, economic, psychological and familial factors that can contribute to suicide, SPA identifies the need for a suicide awareness campaign to 'engage with and form connections with other relevant social agenda issues, including homelessness, bullying, and substance abuse (drugs and alcohol), and the impacts of ongoing challenges such as the global financial crisis and climate change'.⁶⁸

5.53 SPA also recommended to the Committee that a way in which to address the social stigma associated with suicide, without glamorising suicide itself, is to give suicide a 'face' and encourage the personal stories of those involved in suicide prevention or postvention, including suicide attempt survivors and those bereaved by suicide.

Maybe a way to demystify suicide is by telling real stories of how suicide affects people or an awareness of why suicide occurs in the first place? I think there is a tendency to want to ignore the specific grief and loss from suicide and I think these truths are not made apparent on a societal level...

The topic of suicide needs to be taken out of the shadows. Make the people who die this way, come alive by telling their stories. Make them more than a statistic. Doing so would help to alleviate the unspoken sense of shame about [this] way of death...⁶⁹

64 For example, SPA, *Submission 121*, p. 45.

65 Frances, *Submission 18*, p.2;

66 Beyondblue, *Submission 48*, p.1; Suicide Prevention Taskforce, *Submission 59*, p. 6; *Committee Hansard*, Wednesday 31 March, p. 3.

67 Mr Jeff Kennett, Beyondblue, *Committee Hansard*, Thursday 4 March, p. 27.

68 SPA, *Submission 121*, p. 46.

69 SPA, *Submission 121*, p. 20.

Examples of suicide awareness programs

5.54 The Committee was directed to the LivingWorks program SuicideTALK as an example of life-promotion and suicide prevention activities for communities.⁷⁰ LLNH also submitted that feedback received for the LivingWorks, ASIST and safeTALK programs, Building Personal Resilience workshops and Seasons for Growth Adult workshop has clearly demonstrated a need for these programs, with participants grateful for the knowledge and skills they attained.⁷¹

5.55 Many submissions and witnesses referred the Committee to an overseas example of an 'exemplary' suicide awareness and prevention strategy: the *Choose Life: a national strategy and action plan to prevent suicide in Scotland*, developed as part of the *National Programme for Improving Mental Health and Wellbeing in Scotland*.⁷²

5.56 Launched in December 2002, *Choose Life* is a ten year plan aimed at reducing suicides in Scotland by 20 per cent by the year 2013. The objectives of *Choose Life* include:

- Promoting greater public awareness raising and encouraging people to seek help early; and
- Supporting the media in reporting of suicide.⁷³

5.57 The *Choose Life* website is designed to be a central portal of information about suicide prevention in Scotland, and helps to raise awareness among the general public about when and how to seek and provide support, and to correct misconceptions about suicide. The *Choose Life* strategy also includes the national 'Suicide. Don't hide it. Talk about it.' campaign which specifically targets the stigma associated with suicide. This campaign includes advertising and information materials, as well as advice about speaking to someone who may be suicidal.

5.58 The *Choose Life* strategy identifies that in order to reduce rates of suicide, action must take place across areas of disadvantage in society, including eradicating poverty, addressing social exclusion and inequality, and improving health and education opportunities.⁷⁴

5.59 The *Choose Life* strategy particularly aims to reduce suicide and improve awareness about suicide and mental health from a community perspective. There are

70 Lifeline Australia, *Submission 129*, pp 12-13

71 LLNH, *Submission 8*, p. 5.

72 Mr Jeffery Cheverton, Queensland Alliance, *Committee Hansard*, 2 March 2010, p. 21; MHCA, *Submission 212*, p. 10.

73 Choose Life: the national strategy and action plan to prevent suicide in Scotland, *About Choose Life*, <http://www.chooselife.net/AboutChooseLife/AboutChooseLife.asp> (accessed 2 June 2010)

74 Scottish Executive, *Choose life: A national strategy and action plan to prevent suicide in Scotland*, 2002, p. 14, Available: http://www.chooselife.net/web/FILES/Choose_Life.pdf

Local Choose Life Plans in 32 local areas, each implemented under the supervision of local Choose Life Coordinators.⁷⁵

5.60 The Committee was also told that the US Air Force Suicide Prevention Program demonstrates the potential effectiveness of a comprehensive suicide prevention strategy that aims to reduce stigma within a community:

the program's implementation was associated with a 33 per cent reduction in risk for suicide. Importantly, training was embedded in a whole-of-community strategy that targeted stigma (making it 'career enhancing' to seek help). It aimed to strengthen social networks, increase help-seeking behaviours and improve understanding of mental health. The initiative had an early intervention focus to identify problems before they escalated to potentially include suicide risk. It adopted community based, stress management strategies alongside medical services. Leadership support from all levels of the organisation was enlisted.⁷⁶

Targeted awareness-raising programs

5.61 The Committee also heard strong evidence supporting the need for awareness-raising to be targeted to high-risk groups and communities that requires the consideration of particular sensitivities, including young people, people in rural and remote areas, men, Indigenous populations, the LGBTI and CALD communities.⁷⁷

Young people

5.62 SPA told the Committee that a range of mental health issues and disorders present during adolescence and young adulthood.⁷⁸ Further, the Inspire Foundation refers to an 'almost-two-fold increase in rates of intentional self-harm, the increase of female youth suicide in 2007, and the even higher levels of male youth suicide' as evidence of the need to target efforts to reduce stigma and encourage help-seeking among young people.⁷⁹

5.63 Inspire Foundation also presented to the Committee views from young people that community attitudes and stigma remained a major barrier in their help-seeking

75 MHCA, *Submission 212*, pp 10-11; Choose Life: the national strategy and action plan to prevent suicide in Scotland, *Local Action Plans*, http://www.chooselife.net/xLCLP/LCLP_Home.asp (accessed 2 June 2010)

76 Lifeline Australia, *Submission 129*, p. 30.

77 See for example Suicide is Preventable, *Submission 65*, p. 19; SPA, *Submission 121*, p. 43

78 AMA, *Submission 65*, p. 3 citing Suicide Prevention Australia, *Position Statement on Mental Illness and Suicide*, 2009, <http://suicidepreventionaust.org/PositionStatements.aspx#section-12>

79 Inspire Foundation, *Submission 101*, p. 9.

behaviour.⁸⁰ In further evidence, it was highlighted to the Committee that the Office for Youth's report on the State of Australia's Young People national survey identified that social considerations including fear, embarrassment, stigma, confidentiality and self-perception created barriers that inhibited young people from seeking help with 'only one-fifth of teenagers with mental health problems seeking professional support'.⁸¹

5.64 As explained by the Inspire Foundation, the internet is 'a way of life' for young people, and the Committee particularly acknowledges the Inspire Foundation's ReachOut.com which 'looks to the internet for health promotion and prevention' and aims to 'provide young people with access to and online community and trusted information'.⁸²

5.65 The Committee also notes research conducted by the Inspire Foundation, 'Breaking the Digital Divide', which found that many youth service providers 'lack the skills and confidence to provide support to young people using technology', and 'have a poor understanding of the role technology plays in young people's lives'. Recognising this, the Inspire Foundation's Reach Out Pro 'provides access and advice for health care professionals on a range of technologies and online resources that can be used to enhance the effectiveness of the psychosocial support and mental health care provided to young people'.⁸³

People in rural and regional Australia

5.66 The Australian Medical Association told the committee:

In Australia, rates of suicide and suicide attempts are higher in rural and remote populations, with very remote regions having suicide rates more than double that of major capital cities...social stigma appears to be a major inhibiting factor to seeking help in rural and remote communities...⁸⁴

5.67 The Committee also repeatedly heard stories of stigma and concerns about confidentiality as a particular barrier to help-seeking in rural and remote communities. This was recognised in addition to a shortage of medical and health professionals in rural areas.

Even where appropriate services are available, there may be a reluctance to seek help because it is seen as a sign of weakness...confidentiality cannot always be guaranteed in small communities to the same extent it can in the city and this is a major disincentive to seek help...⁸⁵

80 Inspire Foundation, *Submission 101*, [pp 19-20].

81 WA Commission for Children, *Submission 103*, [p.2]

82 Inspire Foundation, *Submission 101*, pp 22 & 25-26

83 Inspire Foundation, *Submission 101*, pp 25-26

84 AMA, *Submission 55*, p. 4.

85 HCRRA, *Submission 46*; [p.2]

They (callers from regional and country areas) often report being afraid that others in their small communities ‘find out’ eg. ‘My boss is the doctor and everyone says I’m strong and reliable’, ‘My friends might see me if I go to the doctors’ ...⁸⁶

Men

5.68 The Committee heard a great deal of evidence that the incidence of suicide in men outnumbers suicide in women, and that men are more reluctant to seek help.⁸⁷

5.69 For this reason, it was presented to the committee that there is a particular need to increase awareness and understanding about suicide among men in order to change attitudes towards seeking help.

Given that one of the most significant risk factors associated with male suicide is a lack of support and the reluctance and/or inability of men to recognise and identify their own risks...it is essential that the concept of ‘help-seeking’ is normalised among Australian men – starting at school and continuing across the lifespan.⁸⁸

Indigenous Australians

5.70 The Committee heard that efforts to raise awareness about suicide in Indigenous communities will require particular cultural sensitivity. Ms Laurencia Grant from the Mental Health Association of Central Australia told the committee:

The other issue is that suicide is a recent problem for Indigenous people here...it seems that it has been difficult for Aboriginal people to fit suicide into their cultural understanding.⁸⁹

5.71 Ms Grant described to the committee the Life Promotion program that she manages, which aims to encourage discussion about suicide in Indigenous communities:

Life Promotion...began to focus on developing resources that would be useful to work with Aboriginal people on the issue of suicide. Suicide Story is a training resource that was developed over time through this program and as a result of input from local people...It was driven from awareness that we needed to listen to how Aboriginal people understood this problem and what they were currently doing to support one another.⁹⁰

86 SOS Survivors of Suicide Bereavement Support Association Inc., *Submission 106*, [p. 1]

87 Beyondblue, *Submission 48*, p.8; Inspire Foundation, *Submission 101*, [p. 13]

88 SPA, *Submission 121*, p. 52.

89 Ms Laurencia Grant, Mental Health Association of Central Australia, *Proof Committee Hansard*, 17 May 2010, p. 3.

90 Ms Laurencia Grant, Mental Health Association of Central Australia, *Proof Committee Hansard*, 17 May 2010, p. 3.

CALD communities

5.72 A number of submitters told the committee that stigma around suicide is a particular issue in CALD communities and 'is a significant barrier to seeking help by those who may need suicide interventions and prevents family members left behind from being able to seek help within their own community...'⁹¹

5.73 According to Multicultural Mental Health Australia (MMHA), the high degree of stigma that is associated with suicide and mental health in some cultural and religions communities can lead to 'shame', and social rejection for a person who has attempted suicide or bereaved persons, which can have further consequences for these individuals. This social pressure could result in, for example, family conflict or breakdown.⁹²

5.74 The Public Advocacy Centre also submitted that people from refugee or non-english speaking backgrounds in Australia 'are likely to have come from countries where investigations of deaths may be conducted in an entirely different way to the model that Australia has inherited from the UK', and may therefore have a very different view about coronial processes, police and the criminal justice system.⁹³

LGBTI communities

5.75 The committee has heard that it is also necessary to provide culturally sensitive and culturally specific support in order to improve suicide prevention and awareness in the LGBTI community.

5.76 SPA told the Committee that health and community services do not always have the appropriate awareness and training to deliver programs and health promotion to this group, and received the following personal story:

Obviously, for me the counsellor or service I am dealing with needs to be open to my sexuality...My sexuality is not something I am prepared to hide in order to access help. This needs to be taken into account across all services. They need to be open to a variety of backgrounds and the staff need to leave their prejudices at the door.⁹⁴

Issues for consideration

5.77 The Committee heard from a number of submitters that the use of internet-based technologies to increase public awareness about suicide could enable access to

91 MMHA, *Submission 93*, [p. 11]. See also TMHC, *Submission 76*, [p. 3]; Australian Federation of International Students, *Submission 135*, p. 2.

92 MMHA, *Submission 93*, p. 6.

93 Public Interest Advocacy Centre, *Submission 34*, p. 12.

94 SPA, *Submission 121*, p. 50.

'hard to reach' groups, and could be of particular benefit in targeting young people.⁹⁵ The Committee particularly notes the work of the Inspire Foundation with ReachOut.com and Research Pro in this area. The Committee also heard that the internet enables the opportunity for convenient and anonymous access to information and support, including for those in geographically isolated areas.⁹⁶

5.78 The Committee also received some concern about the incidence of 'cybersuicide' (attempted or completed suicide influenced by the internet), and the risk of young people seeking attention or recognition by referring to suicide and suicide ideation online.⁹⁷ Submitters noted that this risk of "glamorising" suicide must be managed carefully.

5.79 DOHA further told the Committee that there are some significant risks associated with efforts raise awareness about suicide:

It is imperative to emphasise that, in the area of suicide prevention, there is the capacity to do harm – to unintentionally cause harm to those bereaved by suicide or even increase rates of suicide...⁹⁸

5.80 SANE Australia also raised concerns that 'some well-intentioned projects to "raise awareness" have the capacity to engender anxiety, stress and thoughts of suicide and self harm'.⁹⁹ It was seen as important that efforts to raise community awareness and deliver a public message about suicide should be considered carefully, and there should be clarity about what that message should be, in order to avoid any adverse effects.¹⁰⁰

5.81 The Committee further examined the fear that by raising awareness about suicide that it could become "normalised" or "glamorised", and considered as an acceptable thing to do. However, Lifeline explained to the committee:

The clear evidence now is that talking about suicide does not people at risk of suicide, as long as the discussion and the conversation is done in a sensitive and careful way, that we are not sensationalising suicide, we are not glorifying it, we are not glamorised in it, because there is certainly nothing glamorous about it, but that it is spoken about in terms of how we keep people safe, that the impact of suicide is incredibly negative on family

95 For example Suicide is Preventable, *Submission 65*, p. 135; Inspire Foundation, *Submission 101*, p. 22; Mr David Crosbie, MHRC, *Committee Hansard*, 1 March 2010, p. 21.

96 Suicide is Preventable, *Submission 65*, p. 135; See also Beyondblue, *Submission 48*, p.1.

97 See Suicide is Preventable, *Submission 65*, p. 88; Ms Barbara Hocking, SANE Australia, *Committee Hansard*, 24 March 2010, p. 50.

98 Ms Georgie Harman, DoHA, *Committee Hansard*, 1 March 2010, p. 66.

99 SANE Australia, *Submission 97*, p. 10.

100 Ms Colleen Krestensen, DoHA, *Committee Hansard*, 18 May 2010, p. 44; Mr Jeff Kennett, Beyondblue, *Committee Hansard*, 4 March 2010, p. 25.

and friends and that every life is worth living and as a society we must do everything we can to help a person living and to find reasons to live....¹⁰¹

The emphasis needs to be on normalising human experience, including misery, and normalising help-seeking and creating a community that promotes help-seeking.¹⁰²

5.82 Professor McGorry from Orygen Youth Health Research Centre used the example of reporting road tolls:

We do not report the road toll in a sensationalist way; we report it factually. We show the actual damage that is done to people's lives and to the lives of survivors.¹⁰³

5.83 Similarly, the Inspire Foundation recommended that, like the release of statistics of road tolls that raises the public and political attention regarding road deaths, regular public reporting of statistics about suicide could help raise awareness about the extent of suicide in Australia and reduce stigma.¹⁰⁴

5.84 Ms Leonie Young from Beyondblue recommended that one way to overcome the risk of glamorising suicide in an awareness-raising campaign would be to avoid calling it a suicide prevention antistigma campaign. Referring to advice she had received during involvement in a campaign to reduce petrol sniffing in the Northern Territory, Ms Young explained:

We had some funding for petrol sniffing, and she absolutely decried calling it 'petrol-sniffing' prevention or 'suicide prevention'. She said it is like a club; if you call it that, people will want to be part of it.¹⁰⁵

5.85 It has been further submitted to the Committee that while there may be possible risks and social adjustment associated with raising awareness and attempting to increase public discussion about suicide, these risks must be considered against the impacts of stigma, that will continue to exist if the Australian public remain 'silent' on the issue:

This silence around suicide inhibits our ability to teach people what to do when faced with a suicidal crisis, including where and how to seek effective help...To break this silence we believe we need to create not only an

101 Ms Dawn O'Neil, Lifeline Australia, *Committee Hansard*, 1 March 2010, pp 11-12.

102 Mr Alan Woodward, Lifeline Australia, *Committee Hansard*, 1 March 2010, p. 12

103 Professor Patrick McGorry, Orygen Youth Health Research Centre, *Committee Hansard*, 4 March 2010, p. 79.

104 Inspire Foundation, *Submission 101*, [p. 15]

105 Ms Leonie Young, Beyondblue, *Committee Hansard*, 4 March 2010, p. 26; See also Professor Robert Donovan, Ministerial Council for Suicide Prevention, WA, *Committee Hansard*, 31 March 2010, p. 7.

awareness of suicide but also a safe environment to talk openly and debate the issues...¹⁰⁶

Very well-meaning people say things that are inappropriate. There is risk, and we do need to be cognisant of that. But I think silence breeds stigma and stigma breeds silence and we have to break through that and be able to talk about suicide in a way that encourages people to understand it better, to seek help and to become more informed.¹⁰⁷

Conclusion

5.86 The Committee notes the extensive evidence received about the stigma that exists around suicide in Australia, particularly as a result of a lack of public awareness and understanding about suicide and its risk factors.

5.87 The Committee further recognises that this stigma can have a detrimental impact on people's help-seeking behaviour, and the process of recovery for people who have attempted or considered suicide, or bereaved persons.

5.88 The Committee notes the considerable effort in recent times to increase mental health literacy in the Australian public through initiatives such as Beyondblue. The committee also notes programs and projects initiated through the NSPS such as Headspace.

5.89 The Committee considers that a national suicide awareness campaign which appropriately avoids stigmatising or sensationalising suicide, developed in consultation with community groups, would be beneficial in raising the profile of the issue of suicide and encouraging help-seeking behaviour by those at risk.

5.90 The Committee recognises that a national suicide awareness campaign should be a long-term and ongoing project that will require the commitment of significant resources for development, implementation and evaluation.

5.91 The Committee notes that risks associated with "normalising" or "glamorising" suicide must be carefully managed, and close consultation with stakeholder groups will be necessary.

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

106 Ms Joanne Riley, SPA, *Committee Hansard*, 1 March 2010, p. 29

107 Ms Susan Beaton, Lifeline Australia, *Committee Hansard*, 1 March 2010, p. 12

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.

5.95 The Committee notes the evidence received regarding media practices for reporting suicide, and particularly the MindFrame initiative. The Committee recognises evidence of the important contribution of MindFrame media guidelines in ensuring the accurate and respectful reporting of mental health and suicide.

5.96 It is the Committee's view that the media has a critical role in raising community awareness and reducing stigma associated health and welfare issues such as suicide. The Committee therefore encourages that issues associated with the reporting of suicide and guidelines such as those of MindFrame are well-identified throughout the media industry, including in the education and training of media workers. The Committee welcomes initiatives such as the SPA Life Awards which recognise organisations or individuals in print and non-print media who accurately and effectively report matters associated with suicide, and contribute to public awareness and education about suicide prevention.¹⁰⁸

5.97 However, the Committee is concerned by suggestions from witnesses that the media may avoid the reporting of suicide and related issues including such as research, and this lack of media reporting may inhibit public discussion of suicide.

5.98 The Committee notes evidence of a need to identify better and more "active" ways to report and inform the Australian public about suicide, including the appropriate use of mainstream news media, the internet and social networking sites.

5.99 The Committee also recognises suggestions to provide better information to the Australian public about the extent of suicide in an effort to raise awareness. The Committee considers that the release of national suicide statistics, on a biannual basis

108 SPA, Awards, <http://suicidepreventionaust.org/Awards.aspx> (accessed 22 June 2010)

could be useful to focus the attention of governments and the public on the incidence of suicide in the community. This would also present an opportunity for targeted dissemination of information about the services and support that are available to those who may be affected.

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.

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.

5.102 The Committee recognises the evidence received regarding the particular circumstances and needs of high-risk groups, notably young people, people in rural and remote areas, men, Indigenous populations, LGBTI and CALD communities.

5.103 The Committee notes suggestions for reaching young people through schools and via the internet. The committee also recognises the need to ensure that culturally appropriate services and information are available to Indigenous and CALD communities, and that the dissemination needs of men, people in rural and remote areas and the LGBTI community are identified in order to best target these high-risk groups.

5.104 It is the Committee's view, therefore, that the development of a national suicide prevention and awareness campaign should also identify the most effective, culturally sensitive, and situation appropriate methods to encourage awareness and understanding about suicide within these groups.

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.

