

By email: community.affairs.sen@aph.gov.au

Dear Committee Secretary

The Health Quality and Complaints Commission (HQCC) welcomes the Senate Community Affairs References Committee *Inquiry into suicide in Australia*, and the opportunity to comment on this important social and public health issue.

a. the personal, social and financial costs of suicide in Australia

The HQCC notes that, conservatively, around 1,900 Australians take their own lives each year, accounting for approximately 1.4% of all deaths in 2007¹. Actual rates are likely to be greater still, and for every completed suicide it is estimated that another 10-20 attempts have been made. Further, it is estimated that for each suicide, another six people will suffer intense grief². While suicide is often considered relatively uncommon compared to death by other causes, the HQCC is of the view that the rate remains unacceptably high with each tragic loss having far-reaching personal, social and financial consequences which remain largely unstudied and underestimated 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)

The HQCC recognises that suicide reporting in Australia continues to be inaccurate and inconsistent due to a number of factors³. One consequence of this is a lack of accurate baseline data, which makes it difficult to evaluate suicide prevention efforts, such as the National Suicide Prevention Strategy. Under-reporting of suicide may contribute to the issue receiving a lower level of public and political attention than is warranted. The HQCC considers that the accuracy of suicide reporting could be improved through coordinated national action, such as homogenised definitions and reporting procedures, and we are encouraged by the work of the *National Committee for Standardised Reporting on Suicide*⁴.

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

In its oversight of healthcare providers in Queensland, the HQCC receives reports of suicides by individuals who have had contact with health services or are inpatients of healthcare facilities. A preliminary analysis of these reports suggests some recurring issues:

- inadequate risk assessment, often due to unreliable tools or lack of training
- incomplete or poor quality documentation and clinical records
- insufficient involvement of family and carers, particularly in collecting collateral information
- poor communication, coordination of care and clinical handover
- lack of follow-up.

The HQCC encourages health services to review suicides to identify and implement service improvements. This includes ensuring that review recommendations are implemented and followed up in a timely manner, and that important findings and effective strategies are shared with others to address systemic or common issues.

¹ Australian Bureau of Statistics. Causes of Death 2007, Catalogue 3303.0. Canberra; 2007

² Clark SE, Goldney R. The impact of suicide on relatives and friends. In: Hawton K, Van Heeringen K, eds. *The international handbook of suicide and attempted suicide*. Chichester: Wiley; 2000. 467-84.

³ de Leo D. Suicide mortality data need revision. *MJA* 2007; 186 (3): 157-158

⁴ Suicide Prevention Australia; 2009

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

The HQCC has no specific comment on public awareness programs to date, however we are encouraged by the reported success of international mental health 'social inclusion campaigns', which aim to reduce stigma and discrimination, increase economic prosperity, encourage help-seeking and promote mental health in the whole community⁵. Such campaigns are valuable in their own right but may also contribute to preventing suicides generally, and specifically in individuals with a mental illness. The HQCC notes that around 12% of Australians with a mental illness take their own life; this is substantially higher than the rate of 1.4% for the general population⁶.

e. the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk

The HQCC's information indicates that front-line health and community workers would welcome access to effective suicide prevention training. Such training is commonly requested by, or recommended for these workers following a review of a suicide in Queensland healthcare facilities. The HQCC also supports basic education in mental health or suicide prevention for the broader community to facilitate wider dissemination of knowledge and skills, and encourage a whole-of-community approach.

f. the role of targeted programs and services that address the particular circumstances of high-risk groups

The HQCC supports a diverse approach to suicide prevention initiatives, utilising multi-modal and complementary programs and services that address the issue universally, as well as address the particular circumstances of high-risk groups, including men, Aboriginal and Torres Strait Islander people, people in rural or remote communities, people being treated for a mental illness, people who have previously attempted suicide or self-harmed, people bereaved by suicide, people from culturally and linguistically diverse backgrounds, and young people. The HQCC is also concerned about the increased risk associated with suicide contagion and clustering and suggests that this could be another avenue for targeted services, for example, delivering free or subsidised suicide prevention training to communities identified as being at increased risk.

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

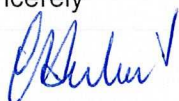
The HQCC promotes evidence-based clinical practice and policy making⁷ and encourages researchers, practitioners and the government to work together to achieve this end.

h. the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress

The HQCC would support a comprehensive, independent evaluation of the National Suicide Prevention Strategy and the Life framework to determine whether it has been effective in achieving its aims and objectives, and to inform future direction.

We wish the Committee well with its endeavours and trust that this inquiry will galvanise decisive and coordinated action on suicide prevention in Australia.

Yours sincerely



Cheryl Herbert
Chief Executive Officer
20 November 2009

⁵ Cheverton J. Global madness: A Journey of policy influence, fundraising and social inclusion in New Zealand, USA, Canada and the UK. Churchill Fellowship report (unpublished); 2008

⁶ Mindframe; 2009 (http://www.mindframe-media.info/client_images/807892.pdf)

⁷ G. Banks. Challenges of evidence-based policy-making. Australian Government. Canberra; 2009