

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

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OUTCOME: 2 - Health Access and Support Services

Topic: Suicide Prevention

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Senator: Roberts, Malcolm

Question:

Senator ROBERTS: That goes to the next question I have. Has there been, or is there, a comprehensive cost-benefit model that demonstrates which sorts of programs are most effective in suicide prevention?

Ms Cole: The answer on that is: not really. There are a number of accepted methods of reducing suicide, in particular community-based prevention trials. I can find out for you whether there has been a specific cost-benefit analysis. But, essentially, the consensus is that you need a system-wide approach to suicide prevention, which includes eight or nine factors being addressed within a high-risk community at once in order to bring those numbers down to a more acceptable level.

Senator ROBERTS: It is certainly a complex issue. I have been to quite a few places where people have volunteer that if we could fix basic systems like tax systems, farmers' property rights and family law, then things improve. Even simply improving the economy again and getting jobs moving in rural Queensland will help to reduce the suicide rate. So I understand it is complex. Is there any comparison of, or any evaluation of, different programs whose targets vary—for example, in family law or custody disputes versus farmers in rural areas. In other words, geographical—I guess not, because of your previous answer.

Mr Cormack: That is very good question. I think we will just need to take that on notice and give you a considered response to that.

Answer:

The Department of Health is not aware of any specific cost-benefit analysis of suicide prevention programs. There is accumulating evidence about the effectiveness of a number of suicide prevention strategies, and the benefits of combining effective strategies in a multifactorial approach. Referred to as the systems approach, this involves simultaneous implementation of a range of evidence-based strategies within a localised region.

Suicidal behaviour results from complex interactions between many risk factors across an individual's life span. The Department is not aware of any evaluation that specifically compares programs focusing of different risk factors or target groups.

In 2012 the Australian Government engaged Australian Healthcare Associates to undertake an evaluation of activities funded under the National Suicide Prevention Programme and selected elements of the Taking Action to Tackle Suicide package over the period 2006-07 to 2012-13. The evaluation's final report was released in January 2014 and provides insight into some of the project activity supported by the Commonwealth and its effectiveness. The final report can be found at www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-e-valsuic

In November 2016 the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) final report, *Solutions that work: what the evidence and our people tell us*, was released. The ATSISPEP report summarises the evidence-base for what works in Indigenous community-led suicide prevention, including responses to the social determinants of health that are risk factors for suicide.

The Australian Government has committed \$12 million for a Suicide Prevention Research Fund that will support targeted research to increase our knowledge about the prevention of suicide.