



**The Secretary
Senate Community Affairs Committee
PO Box 6100
Parliament House
Canberra ACT 2600**

Submission to the Senate Community Affairs Committee

**With regard to the
Inquiry into Mental Health Services in Australia**

Efforts to improve mental health services in Australia are commendable, and examining ways to deliver enhanced mental health services - including equitable access to those services for all sectors of the Australian community - is a necessary step for social wellbeing.

One aspect of this procedure is an assessment of the efficacy of programmes designed to reach out to members of the community who are experiencing difficulties. This submission seeks to highlight a simple yet vital component of the assessment process; namely, the need to collate accurate data in order to implement best-practice, evidence-based policy towards mental healthcare.

For example, it has recently been found that publicly available information held by the Australian Bureau of Statistics (ABS) – a leading source of data for researchers - does not accord with Coronial records. Specifically, the number of suicides recorded by the ABS in recent years appears to be substantially lower than the actual number of suicides recorded in Coronial files.

In Queensland alone, there was a discrepancy between ABS and Coronial records of 127 suicides in just one year, with ABS figures ‘under-counting’ suicide numbers. Reanalysis of suicide trends based upon updated data ameliorated the apparent decline in suicides shown by previous analyses using ABS data¹.

For ABS data concerning the incidence of suicide in Australia to contain notable inaccuracies has clear implications for evaluation of programmes such as the National Suicide Prevention Strategy. Consequently, careful crosschecking of ABS suicide data against Coronial records and revision of ABS data where necessary would be highly beneficial, particularly for those undertaking research in the field of suicide prevention.

Rectification of potential inaccuracies in ABS data will enable improved assessment of the impacts of current mental health strategies aimed at suicide prevention, and will facilitate the development of a sound empirical basis to guide future interventions.

I respectfully request that the Committee take the need for accurate and accessible data, and its relationship to assessments of the impacts of suicide prevention strategies and other mental health initiatives, into consideration during its deliberations.

It would be my pleasure to appear before the Committee to discuss any of these issues in greater detail.

Yours Sincerely,

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¹ See: De Leo, D. (2007). Suicide mortality data need revision. *Medical Journal of Australia*. 186(3): 157-158.