

RECOMMENDATIONS

Recommendation 1

2.28 The Committee recommends that the Commonwealth government commission a detailed independent economic assessment of the cost of suicide and attempted suicide in Australia, for example by the Productivity Commission.

Recommendation 2

3.3 The Committee recommends that Commonwealth, State and Territory governments, in consultation with the National Committee for Standardised Reporting on Suicide, implement reforms to improve the accuracy of suicide statistics.

Recommendation 3

3.63 The Committee recommends that the Standing Committee of Attorneys-General, in consultation with the National Committee for Standardised Reporting on Suicide, standardise coronial legislation and practices to improve the accurate reporting of suicide.

Recommendation 4

3.65 The Committee recommends all Australian governments implement a standardised national police form for the collection of information regarding a death reported to a coroner.

Recommendation 5

3.66 The Committee recommends that the Commonwealth, State and Territory governments enable timely distribution of suicide data from coroners' offices regarding suicides to allow early notification of emerging suicide clusters to public health authorities and community organisations.

Recommendation 6

3.67 The Committee recommends that State and Territory governments provide additional resources and training to staff in coronial offices to assist in the accurate and timely recording of mortality data.

Recommendation 7

3.69 The Committee recommends the National Committee for Standardisation of Reporting on Suicide liaise with peak insurance and financial associations, such as the Insurance Council of Australia, regarding exclusionary conditions in contracts which may deter the reporting of suicides.

Recommendation 8

4.78 The Committee recommends that Commonwealth, State and Territory governments ensure that staff in primary care, law enforcement and emergency services receive mandatory and customised suicide risk assessment, prevention

and awareness training as part of their initial training and ongoing professional development.

Recommendation 9

4.79 The Committee recommends that Commonwealth, State and Territory governments mandate that hospital emergency departments maintain at least one person with mental health training and capacity to conduct suicide risk assessments at all times.

Recommendation 10

4.80 The Committee recommends that Commonwealth, State and Territory governments review debriefing procedures and counselling support available to frontline workers regularly exposed to suicide and attempted suicide related incidents.

Recommendation 11

4.82 The Committee recommends that Commonwealth, State and Territory governments establish mandatory procedures to provide follow up support to persons who have been in psychiatric care, have been treated following an attempted suicide or who are assessed as being at risk of suicide.

Recommendation 12

4.84 The Committee recommends that Commonwealth, State and Territory governments provide funding for programs to identify and link agencies and services involved in the care of persons at risk of suicide. These programs should aim to implement agreements and protocols between police, hospitals, mental health services, telephone crisis support services and community organisations and to improve:

- awareness by different personnel of suicide prevention roles and expectations; and
- handover procedures and continuity of care for persons at risk of suicide.

Recommendation 13

4.86 The Committee recommends that Commonwealth, State and Territory governments provide additional funding for graded accommodation options for people at risk of suicide and people with severe mental illness.

Recommendation 14

4.88 The Committee recommends that the Australian governments oblige health care staff to offer prior consent agreements, such as advance health directives and standing medical powers of attorney, to patients at risk of suicide.

Recommendation 15

4.91 The Committee recommends that Commonwealth, State and Territory governments provide accredited suicide prevention training to all 'front line' staff, including those in health care, law enforcement, corrections, social security, employment services, family and child services, education and aged care.

Recommendation 16

4.94 The Committee recommends that the National Suicide Prevention Strategy promote and provide increased access for community organisation and the general community to appropriate suicide prevention training programs.

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 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.

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.

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.

Recommendation 23

6.127 The Committee recommends that the Commonwealth government ensure telecommunications providers provide affordable access to telephone and online counselling services from mobile and wireless devices.

Recommendation 24

6.129 The Committee recommends that the Commonwealth government commission an implementation study for a national toll-free crisis support telephone service to assist those at risk of suicide.

Recommendation 25

6.132 The Committee recommends that the National Suicide Prevention Program include funding for projects to reduce access to means of suicide and prevention measures at identified 'suicide hotspots'. These interventions should be evidence based and in accordance with agreed guidelines.

Recommendation 26

6.134 The Committee recommends that the National Suicide Prevention Program should increase the funding and number of projects targeting men at risk of suicide.

Recommendation 27

6.137 The Committee recommends that the Commonwealth governments develop a separate suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy. This should include programs to rapidly implement postvention services to Indigenous communities following a suicide to reduce the risk of further suicides occurring.

Recommendation 28

6.141 The Committee recommends that the Australian Bureau of Statistics and other public agencies which collect health data record and track completed suicides and attempted suicides of those under 15 years of age.

Recommendation 29

6.143 The Committee recommends that targeted programs be developed to provide community support group assistance for people who have attempted suicide and those who self harm.

Recommendation 30

6.145 The Committee recommends that additional resources be provided by Commonwealth, State and Territory governments to mental health services. These services are recognised as functioning to reduce the rate of suicide and attempted suicide in Australia.

Recommendation 31

6.147 The Committee recommends that additional 'gatekeeper' suicide awareness and risk assessment training be directed to people living in regional, rural and remote areas.

Recommendation 32

6.149 The Committee recommends that lesbian, gay bisexual, transgender and intersex people be recognised as a higher risk group in suicide prevention strategies, policies and programs, and that funding for targeted approaches to assist these groups be developed.

Recommendation 33

6.151 The Committee recommends that the Commonwealth, State and Territory governments together with community organisations implement a national suicide bereavement strategy.

Recommendation 34

6.153 The Committee recommends the development of a National Suicide Prevention Program initiative targeting assistance to people recently released from correctional services.

Recommendation 35

7.35 The Committee recommends that the Commonwealth government provide funding in the National Suicide Prevention Program for research projects into suicide prevention, including detailed evaluations of suicide prevention intervention.

Recommendation 36

7.39 The Committee recommends the Commonwealth government, as part of the National Suicide Prevention Strategy, create a suicide prevention resource centre to collect and disseminate research and best practice regarding suicide prevention.

Recommendation 37

8.57 The Committee recommends that following extensive consultation with community stakeholders and service providers, the next National Suicide Prevention Strategy include a formal signatory commitment as well as an appropriate allocation of funding through the Council of Australian Governments.

Recommendation 38

8.60 The Committee recommends that an independent evaluation of the National Suicide Prevention Strategy should assess the benefits of a new governance and accountability structure external to government.

Recommendation 39

8.64 The Committee recommends that the Commonwealth government double, at a minimum, the public funding of the National Suicide Prevention Strategy, with further increases to be considered as the research and evaluation of suicide prevention interventions develops.

Recommendation 40

8.65 The Committee recommends that the Commonwealth, State and Territory governments should facilitate the establishment of a Suicide Prevention Foundation to raise funding from government, business, community and philanthropic sources and to direct these resources to priority areas of suicide prevention awareness, research, advocacy and services.

Recommendation 41

8.67 The Committee recommends that, where appropriate, the National Suicide Prevention Program provide funding to projects in longer cycles to assist the success and stability of projects for clients and employees.

Recommendation 42

8.69 The Committee recommends that the Commonwealth government as part of a national strategy with State, Territory and local governments for suicide prevention set an aspirational target for the reduction of suicide by the year 2020.