CHAPTER 2

COSTS OF SUICIDE

Introduction

2.1 This chapter will address term of reference (a) the personal, social and financial costs of suicide in Australia. The circumstances surrounding each suicide will vary, and so too will the consequences, the personal, social and financial costs.

Personal costs

2.2 The inquiry received a large number of submissions outlining the personal experiences of people who had attempted suicide, who cared for someone who had attempted suicide or who had been bereaved by suicide. Often these people described how their lives had been profoundly and negatively affected by a suicide attempt or the completed suicide of someone close to them. The Suicide is Preventable submission commented that those close to a person who has completed suicide will often blame themselves for the decision of the individual to take their own life and the 'combination of grief, guilt and remorse can remain for years'.[1] One submission received by Committee described the feeling of personal loss from a completed suicide as an 'emptiness in your very existence that will never be filled again'.[2]

2.3 Many submissions argued that suicide bereavement is different from bereavement associated with other forms of death.[3] The Australian Institute of Family Studies commented:

> Suicide-bereaved people tend to have more difficulties understanding the meaning of the death, and can experience guilt and blame (from self and others) for not preventing the death, feelings of rejection … isolation and abandonment, anger towards the deceased …complicated grief… and slower recovery. [4]

2.4 The Private Mental Health Consumer Carer Network Australia stated that in addition to grief those bereaved by suicide often experienced 'emotions of guilt, blame, anger and frustration'. They stated:

> People find it hard to fathom why someone chooses to take their own life. Both grief and guilt are often heightened for those left after a suicide

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1 Suicide is Preventable, *Submission 65*, p. 41.

2 Name withheld, *Submission 22*, p. 2.

3 For example, Salvation Army, *Submission 142*, p. 39.

4 Australian Institute of Family Studies, *Submission 80*, p. 3.

> because of their belief that the death could have been avoided and that in some way some responsibility rested with them and their inaction. Research shows that people affected by the death by suicide of someone close to them are at a greater risk of suicide themselves.[5]

2.5 Many people who provided submissions to the inquiry described the personal consequences of their experiences in losing a loved one to suicide. These consequences included losing their employment, needing to seek counselling, requiring medication such as antidepressants, becoming drug or alcohol dependent, the destruction of relationships with partners, family and friends and contemplation of suicide themselves.

2.6 The Lifeline Australia submission included a large number of confidential personal stories from persons who had been affected by suicide. Lifeline Australia noted there were common themes in relation to personal costs experienced:

> In many instances, the bereaved by suicide left their employment when the suicide occurred, and reported feeling as though they could no longer live in the home they shared with the loved one, or even the same city or town.
>
> Some reported that close relationships with their own support networks also suffered, often due to a friend not knowing what to say, and avoiding the bereaved person. Having to grieve the often sudden and unexpected loss of their loved one, paired with having to rebuild almost every aspect of their lives, meant that many who were bereaved by a family member's suicide expressed that they began feeling suicidal themselves with the weight of the burden.[6]

2.7 The lack of community awareness and stigma around suicide can also be an additional burden for those recovering from an attempted suicide or bereaved by suicide.[7] The bereaved may face community perceptions that the suicide resulted from a failure, weakness or shortcoming of the deceased or their family. A common situation in the stories received was that families would hide the fact a suicide had occurred and invent another cause of death. A submission the Committee received described how this stigma could also influence behaviour in less obvious ways:

> My relationships with friends were affected but I could not describe how. My close friends knew about my experiences, but even then they preferred not to talk about the incident believing it would make me sad. The contrary was in fact true, I needed to speak with someone who I trusted and could open up to… Whilst my family are not very traditional, the stigma associated to suicide is hard to shake and the lack of support from family and friends did not help.[8]

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5 Private Mental Health Consumer Carer Network (Australia), *Submission 10*, p. 2.

6 Lifeline Australia, *Submission 129*, p. 23.

7 Suicide is Preventable, *Submission 65*, p. 42.

8 Name withheld, *Submission 236*, p. 4. The issues of public awareness and stigma will be discussed further in Chapter 5.

Social costs

2.8 It was made clear during the inquiry that each completed suicide has a ripple effect on the family and friends of the deceased as well as on work colleagues, neighbours, school mates and the rest of the community. The number of people estimated to be immediately affected by one completed suicide is six. [9] The Suicide is Preventable submission noted that this 'measure probably underestimates the number of people grieving each suicide death, the ramifications of which are likely to extend more broadly'.[10]

2.9 Ms Dulcie Bird of the Dr Edward Koch Foundation argued that whole communities are often affected when a suicide occurs and described low estimates of the number of people effected by suicide as 'a load of nonsense'. She gave the example of the suicide of a 16-year-old boy in a small town and noted her organisation had completed '43 face-to-face interventions for that one suicide'.[11] The Foundation commented that suicide results in the loss of the deceased person's contribution to society as a whole. They argued:

> This loss to society is then compounded through the impact of that loss on the ability to function at an optimum level of productivity (both within the home and the workplace) when people are massively impacted by someone near to them suiciding. Also there is the wider impact on the broader community's psyche following an individual's loss. There is as well, the fear for the wellbeing of that person's social network as this group has been identified as being at greater risk of suicide in the postvention period.[12]

2.10 The Australian Institute of Health and Welfare (AIHW) has assessed causes of death in Australia according to potential years of life lost (PYLL) between the age of death and 75. In this calculation suicide ranks second for males and fourth for females as a leading specific cause of PYLL. The AIHW noted that in 'contrast to the basic mortality measures where all deaths are counted equally, PYLL highlights deaths (such as suicide) that occur at younger ages'.[13]

2.11 The Australian Institute for Suicide Research and Prevention (AISRP) also suggests PYLL may be a more appropriate measure to assess the social cost of suicide. They argued:

> The PYLL measure incorporates two quantitative measures (the number of suicides and the age of suicide) into a single metric (or measure), and is the more relevant measure when making social judgments. These two variables, number of suicide and age at suicide, are easy to understand, and

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9 Peer Support Australia, *Submission 25*, p. 6.

10 Suicide is Preventable, *Submission 65*, p. 43.

11 Ms Dulcie Bird, Dr Edward Koch Foundation, *Committee Hansard*, 2 March 2010, p. 31.

12 Dr Edward Koch Foundation, *Submission 94*, p.1.

13 AIHW, *Australia's Health*, 2008, p. 50.

> most people who look at suicide data know there is a connection. It is commonplace to hear people say something like the following: "Yes, the suicide rate is staying much the same, but it is very worrying that there is so much youth suicide." The PYLL measure quantifies this unease with the headcount measure.[14]

2.12 Ms Collen Krestensen from the Department of Health and Ageing (DoHA) also noted that the AIHW studies have suggested that suicide comprises 2.2 per cent of the total burden of disease in Australia.[15]

Financial costs

2.13 A number of submissions suggested that the financial cost of suicide could not be estimated until the number of suicides and attempted suicides in Australia was accurately reported. Lifeline Australia's submission stated that attempts to estimate the financial costs of suicide are hampered by debates about the statistical value of life. They stated:

> There continues to be robust debate amongst economic theorists as to how to most accurately estimate the Value of a Statistical Life (VoSL). In recent years, there has been heightened interest in the development of health outcome measures that combine morbidity (quality of life) and mortality (quantity of life) in a single measure. Proposed indices include the Quality of Life Years, QALYs and Disability–adjusted Life Years, DALYs. Discounting is commonly employed to reflect society's preference for health gains that accrue sooner rather than later in time, and costs that occur later rather than sooner in time. A variety of methods have been used to value life and health or the cost of illness. Examples include human capital (foregone earnings), willingness-to-pay (WTP) estimated through indirect market methods and cost–or-illness.[16]

2.14 Lifeline highlighted recent research re-evaluating the cost of human lives lost in car accidents in 2009 which estimated the average cost of a life lost in a car accident at $6 million.[17] If a similar cost value was assumed for each of the approximately 2000 deaths by suicide each year in Australia the total cost would be around $12 billion per year.

2.15 The Suicide is Preventable submission noted that there are no reliable national estimates available on the financial costs associated with suicide and suicide attempts in Australia. It argued that more work was required to more accurately and fully cost

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14 AISRP, *Submission 237*, pp 29 -30.

15 Ms Colleen Krestensen, DoHA, *Committee Hansard*, 1 March 2010, pp 77-78.

16 Lifeline Australia, *Submission 129*, p. 26.

17 Lifeline Australia, *Submission 129*, p. 27; David Hensher et al, 'Estimating the willingness to pay and value of risk reduction for car occupants in road environment', *Transportation Research Part A: Policy and Practice*, August 2009, p. 692.

the economic impact of suicide and suicidal behaviour on the Australian economy. Dr Michael Dudley from SPA also stated that:

> We believe that suicide needs to be comprehensively costed in Australia and that resources need to be allocated to do this.[18]

2.16 The Suicide is Preventable submission suggested a number of possible components for costing suicide and self harm in Australia. These included the total number of suicides, lost production value, the cost of ambulatory services, years of life lost due to premature mortality, productivity losses for survivors, cost of insurances and superannuation claims, the cost of prevention and intervention programs. They proposed that 'a conservative estimate for the economic cost of suicide and suicidal behaviour in the Australian community is $17.5 [billion] every year'.[19]

2.17 In 1998, Jerry Moller estimated the cost of injury by suicide or self-harm Australia in 1995-96 using data supplied by the National Injury Surveillance Unit and a methodology developed by the Monash University Accident Research Centre for estimating injury costs. These study estimated direct costs of injury by suicide or self harm (relating to the treatment of injury) were estimated at $208.2 million while the indirect costs (relating to the loss to society of the productive efforts (both paid and unpaid) of injury victims) were estimated to be $344.6 million (morbidity) and $1,477.9 million (mortality).[20]

2.18 In 2005 the New Zealand Ministry of Health commissioned a report titled *The Cost of Suicide to Society*. It estimated in 2004 (in New Zealand dollars) that the economic cost per suicide was $448,250 and the economic cost per suicide attempt was $6,350. It also attempted to estimate non-economic costs and values for lost life and quality of life. It judged the non-economic cost per suicide was $2,483,000. It noted that on the calculations used it was 'the value of life component that dominates all others'.[21]

2.19 A study assessing the cost of injury in California between 1999 and 2003 found that the cost of individual suicides based on costs incurred by individuals, families, employers, government programs, insurers and tax payers could be calculated at $4,781 (US) for the average medical cost and more than $1.2 million (US) for the average lifetime productivity loss. The average medical cost per hospitalisation for a suicide attempt was more than $12,000 (US), and the average

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18 Dr Michael Dudley, SPA, *Committee Hansard*, 1 March 2010, p. 26.

19 Suicide is Preventable, *Submission 65*, p. 48.

20 NSW Government, *Submission 136*, p. 5.

21 Des O'Dea and Sarah, Tucker, *The Cost of Suicide*, 2005, p. 26, http://www.moh.govt.nz/moh.nsf/pagesmh/3347 (accessed 31 May 2010).

work-loss per case was over $14,000. Based on these assumptions the combined cost of suicides and attempted suicides in California was $4.2 billion (US) per year[22]

2.20 The economic costs of suicide identified during the inquiry were not always in expected areas. The NSW Government noted that RailCorp estimated that on average each suicide on the NSW railways costs the passenger service operator $76,000 and an attempted suicide $6,021.[23] It was also noted that some research studies suggest that the premature deaths resulting from suicide may actually derive savings to society from the avoidance of having to treat the depressive and other psychiatric disorders of some of those who complete suicide as well as the avoidance of other costs such as pensions, social security and nursing home care costs.[24]

2.21 While SPA outlined their concerns that some economic approaches to the cost of suicide may be 'uncomfortably close to seeing human value in terms of productivity', it also noted that estimates of the economic cost of suicide can be useful in providing guidance as to where the burden is greatest and where 'research on developing new interventions might be best focused to give greatest potential gain'. Consequently they recommended increased funding towards research into the economic cost of suicide, including detailed assessments of the burden of suicide by postcode to assist in advocating and determining funding priorities by geographic need.[25]

2.22 The limited nature of existing Australian research on the impact of suicide was confirmed during the inquiry. AISRP indicated that they had recently started to apply for research grants to examine the personal, social and financial cost of suicide in detail.[26] DoHA acknowledged the Commonwealth government had previously not done any economic modelling on the cost of suicide in Australia. Ms Rosemary Huxtable commented:

> To do a proper body of work on this issue would take significant time. It would need to be allocated a priority from within a government and the normal way this would occur would be through the engagement of a body like the Productivity Commission that can apply the appropriate robust methodologies to work like this.[27]

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22 RANZCP, *Submission 47*, p. 11; Suicide is Preventable, *Submission 65*, p. 46; Phaedra Corso et al, 'Medical costs and productivity losses due to interpersonal and self-directed violence in the United States', *American Journal of Preventive Medicine*, 2007, vol. 3, no. 3, p. 265.

23 NSW Government, *Submission 136*, p. 5.

24 Suicide is Preventable, *Submission 65*, p. 43; Freemasons Foundation for Men's Health, *Submission 52*, p. 4.

25 SPA, *Submission 121*, pp 30 -32.

26 Dr Kairi Kolves, AISRP, *Committee Hansard*, 18 May 2010, p. 17.

27 Ms Rosemary Huxtable, DoHA, *Proof Committee Hansard*, 18 May 2010, p. 29.

Conclusion

2.23 The personal and social impacts of suicide and attempted suicide on those affected cannot be quantified but are clearly enormous. For some of those writing their personal stories to the Committee, it was the first time they had recorded their experiences with suicide. It was apparent many struggled to find the words to convey their feelings of personal loss and grief following the suicide of a family member, partner or friend. In describing their experiences with suicide, submitters described their lives as being 'scarred' and 'changed irrevocably'.

2.24 Others who had attempted suicide, or cared for someone who had attempted suicide, often expressed their feelings of confusion, shame and frustration at the difficulties in finding assistance. While the financial impact of suicide in Australia appears to be large, the Committee agrees with several of the submissions which argued that the personal and social cost of suicide would always be more significant than the financial cost. No matter what the economic cost of suicide is calculated to be, a moral or a human obligation exists to assist those at risk of suicide and those who have been bereaved by suicide.

2.25 The Committee also heard many stories from people who had come through their experiences of suicide and had devoted themselves to assisting other people at risk.[28] For example Ms Joanne Riley of SPA told the Committee:

> In the months after Dad died, I made a personal commitment to take some action. I thought that, if I could just stop one person from taking their own life by drawing on my own experiences, while it would never bring Dad back it would in some way honour his life.[29]

2.26 Similarly Ms Lyn Mahboub described her 'journey of recovery' from mental illness which had involved hospitalisation with suicidal ideation. She now assists other people at risk through the Hearing Voices Australia Network.[30] The Committee was inspired to hear the personal stories of individuals who now worked assist others at risk.

2.27 The financial cost of suicide in Australia is significant. Suicide clearly imposes economic costs in a broad range of areas including health care, law enforcement, emergency services and insurance. The Committee will not engage in the economic debate about the statistical value of life. However the Committee considers that a study of the financial cost of suicide would assist suicide prevention activities in Australia. It would serve to identify areas where suicide and attempted suicide have an economic impact, it would highlight the cost of suicide to the

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28 Lifeline Australia, *Submission 129*, p. 23; Ms Lyn Mahboub, Hearing Voices Network Australia, *Committee Hansard*, 30 March 2010, p. 23.

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

30 Ms Lyn Mahboub, Hearing Voices Network Australia, *Committee Hansard*, 30 March 2010, p. 23.

community and would encourage policy makers to allocate appropriate resources to the prevention of suicide.

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.