

Senate Community Affairs Reference Committee Inquiry into Suicide in Australia

Additional Information Further to Public Hearing, 1 March 2010

Department of Health and Ageing

1. ADDITIONAL INFORMATION SOUGHT IN RELATION TO APPENDIX A TO THE DEPARTMENT'S SUBMISSION

[Relevant Hansard extracts]

SENATOR MOORE:

At the back of the submission you have put a detailed table of all programs that have been funded, and I would very much like to have more detail on that list. I have never seen it before. This committee has had a long-term interest in this area and it came as a bit of a surprise to us that we had never had this information prior to your submission. That apart, I would very much like to know, with this particular document, the terms of the funding. It does not say when, for how much and for what period they were funded. In fact, when you read the whole thing, you do not know whether things have concluded or not; I think a couple have concluded, but you would not know until you read all the detail. I would like to know the evaluation strategies that have been put in place and also whether they are public. (CA67)

We are referring to appendix A, 'Summary of key Department of Health and Ageing programs that support suicide prevention outcomes through social inclusion and improved access to mental health and general health services'. (CA68)

Response

The Department of Health and Ageing has updated two appendices to its submission to include the amount of funding provided to the program or project, the period of funding and comments on evaluation processes. An updated Appendix A "Summary of key Department of Health and Ageing programs that support suicide prevention outcomes through social inclusion and improved access to mental health and general health services" and an updated Appendix D "Projects currently funded under the National Suicide Prevention Program" are attached.

2. LIFE COMMUNICATIONS PROJECT – WHEN DID THE PROJECT COMMENCE?

[Relevant Hansard extracts]

Senator MOORE:

How long have they been funded?

Ms Krestensen:

They have been funded since 2008, and their funding runs out in June this year. We have made it public that we will be going to tender for the next phase of that project. We propose to continue a communications project and we will be going to tender to find an organisation to host that project beyond June this year.

SENATOR MOORE:

Is that on the premise that CSS do not want to do it, or do they have to compete again in 2010?

MS KRESTENSEN:

On the premise of good practice. Big projects which are originally subject to a procurement process do generally go to a further procurement process when a particular period of time has lapsed.

SENATOR MOORE:

Two years.

MS KRESTENSEN

I think it is coming up to three years. I beg your pardon, I think it was in 2007 that they were originally funded.

SENATOR MOORE

I do not have that detail. Can we get that date confirmed. (CA 72).

Response

CSS were appointed through a competitive tender process in June 2007.

3. LIFE COMMUNICATIONS PROJECT - EVALUATION

[Relevant Hansard extracts]

MS KRESTENSEN

The evaluation of the LIFE project is due in March and the evaluation of the CSS is due towards the end of June this year.

SENATOR MOORE

Who is doing the evaluation?

MS KRESTENSEN

We will find that out and let the committee know through the secretariat.

SENATOR MOORE

Can we also get the skeleton of the process—are they actually talking to the people they think might be using the hub to find out whether it is working?. (CA 73)

Response

The LIFE Communication project is being externally evaluated by Pacific Strategy Partners. The evaluation framework will review performance against the specific contract requirements and will also include key stakeholder consultation.

The evaluators will conduct structured consultation with members of the Australian Suicide Prevention Advisory Council, members of the National Advisory Council on Mental Health, a randomised selection of staff across projects funded under the National Suicide Prevention Program, State and Territory Directors of Mental Health and representatives from relevant professional groups such as the Australian General Practice Network, the Australian Psychological Society and the Royal Australia New Zealand College of Psychiatry. In addition, there is a plan to survey users of the LIFE Communications website through a voluntary questionnaire made available on the website for a period of time.

Preparation for this evaluation commenced in March 2010 and the report from this evaluation is expected to be available in July 2010.

4. NATIONAL BEREAVEMENT STRATEGY

[Relevant Hansard extracts]

Senator ADAMS:

I would like to ask you about the National Suicide Bereavement Strategy 2006. It has come up in evidence today that this project has not seen the light of day as far as the public are concerned. Why has it not been released, and when might it be released? (CA73)

Senator ADAMS:

It seems a long time. It has obviously been buried. I would think the people who did it would have talked about a lot of very practical issues that are still relevant today. I would be very interested in it. Could you take that on notice and let the committee know what the status of it is? (CA74)

Response

On 8 June 2005, the then Prime Minister announced the establishment of a National Bereavement Reference Group (NBRG) as part of a larger package of activity under the National Suicide Prevention Strategy.

NBRG membership consisted of experts in postvention from a range of backgrounds, organisations, services, indigenous and multicultural groups. Membership did not provide jurisdictional representation at senior levels.

The purpose of the NBRG was to oversee the development of national activities targeting people bereaved by suicide that would:

- Undertake an evaluation of the *Information and support pack for those bereaved by suicide and other sudden death* which had been developed under Community LIFE;
- Undertake a scoping study of existing bereavement literature, supports, resources and activities; and
- Explore options for national coordination of suicide bereavement activities.

On 26 March 2006 the Department contracted a consortium led by Corporate Diagnostics Pty Ltd to undertake the *National Activities on Suicide Bereavement Project* regarding a range of activity in line with the purposes of the NBRG. This included the requirement to: “inform future planning through reporting options for national coordination of suicide bereavement activities to the NBRG for consideration” [extract from funding agreement]. The contract did not require the provision of a national suicide bereavement strategy for consideration.

Notwithstanding this, the Department has used the report provided under this contract as a practical guide in taking forward significant activity targeted for those bereaved by suicide.

In the five year period 2006-07 to 2010-11 over \$18m will have been expended on suicide bereavement projects. This is equivalent to an average of 17.5% of the total NSPP allocation over that period. Major projects have included:

- The development of two national resources:
 - Suicide Bereavement Support Group Standards and Practice released at the Second National Postvention Conference held on 21-23 May 2009 (\$710,000)
 - Redevelopment of the *Information and support pack for those bereaved by suicide and other sudden death* (\$74,040) which was distributed through National Mailing and Marketing on 11 February 2010 and made available electronically through the LIFE Communications website on 22 February 2010.
- National Postvention Conferences in 2007 and 2009 (\$200,000)
- Funding of \$16.78m for 13 direct suicide bereavement service delivery projects.

To achieve genuine engagement with States and Territories, any national strategy requires involvement of States and Territories in scoping the need for, development of and endorsing of the strategy. The NBRG did not offer this level of input and so was not able to formally recommend the final outline for a national bereavement strategy that was put to it.

Discussion with senior officials of States and Territories through the new National Suicide Prevention Working Group of the Mental Health Standing Committee will provide opportunity to develop a more strategic and aligned approach to suicide prevention activities including bereavement support.

5. LINKS BETWEEN MINDMATTERS AND REACH OUT; INSPIRE

[Relevant Hansard extracts]

SENATOR ADAMS

This morning we had Inspire speaking about their Reach Out dotcom website, and we asked about MindMatters and whether there was a link from MindMatters to Reach Out. They said that in some states there was and in others there was not. Are you aware of that? You must be aware of the website because you partially fund it. Some states have a link and others do not. It seems to be a very vital component of the website and I would think there would be a tie-up with MindMatters.

SENATOR ADAMS

The comment was made that some states have and others have not.

MS KRESTENSEN

That is probably where the state education sector has picked up issues around Inspire on its own website. We fund MindMatters as a national project.

SENATOR ADAMS

I realise that, which is why I was asking you the question because you are the funders of it, and I wondered if there was any direction that these links should be made? (CA 76-77)

Response

Through the funding contract with Principals Australia for the Mindmatters Program to deliver MindMatters in each state and territory, Principals Australia is required to link to a range of programs including ReachOut. On the MindMatters website there are clear links to ReachOut and other activities as required under the contract.

While there are not individual state and territory MindMatters websites, the Department is aware that state project officers for MindMatters in their activities with schools promote a range of youth initiatives, including ReachOut.

6. ECONOMIC COST OF SUICIDE

[Relevant Hansard extracts]

SENATOR ADAMS

Earlier on Suicide Prevention Australia made a comment that each year \$17.5 billion—which is their account—is what suicide is costing. That is with people that do suicide and all the other issues that go with it. So could you comment on that? It is an awful lot of money, even as a ballpark figure, and I just wonder if you realise just how serious this is in terms of the effects it has—and this is work that that organisation has done independently.

SENATOR ADAMS

Hopefully, we will see you again towards the end of this inquiry, so would you be able to look at that issue and come back to us then with some modelling as to the actual cost.

SENATOR ADAMS

So is there any chance that you might be able to give us a better answer than that by June?

SENATOR ADAMS

We are very interested in it. It is just that many people have come up with some sort of modelling, so we just wanted to know where you sit as far as that ballpark figure goes. Thank you. (CA 77-78)

Response

There has not been a formal economic modeling study of the cost of suicide in Australia. The Department notes that in the Queensland Government submission to this Inquiry, it is suggested that the results of the report produced by the Ministry of Health New Zealand, ‘the Costs of Suicide to Society 2007’ if repeated in an Australian context would be very similar.

The following is the relevant excerpt from the Queensland Government submission:

'The Costs of Suicide to Society 2007', a report produced by the Ministry of Health New Zealand, calculated the cost of suicide to New Zealand. The average economic cost of services used per suicide, in 2004 dollars excluding GST was, NZ\$10,200. The average economic cost of services used per attempted suicide in 2004 dollars excluding GST was, NZ\$3,750.

Lost production costs were calculated by multiplying years lost from potential workforce participation by average market income. This formula indicates an economic cost per suicide of NZ\$448,250; and an economic cost per attempted suicide of NZ\$6,350. Taking account of non-economic costs, including loss of life years and disability-free life years, the average value of lost life years per suicide was about NZ\$2.25 million. Costs such as emergency services, courts and funeral expenses are small by comparison. It is highly likely that if this costing was repeated in Queensland very similar costs would be found. The evidence presented by the New Zealand study provides a compelling reason for Queensland (and Australia) to maintain its whole of government investment in suicide prevention.

The relevant social and economic costs and driving factors would need to be considered in the Australian context and could vary from those in New Zealand. To undertake an Australian study of this nature would be possible. However it would require an investment of dedicated resources to ensure the appropriate expertise. As with any major Australian Government modelling exercise of this kind, it would require the lead involvement of the Treasury and possibly the Productivity Commission.

Future activities in suicide prevention including research are a matter for Government and will be informed by the evaluation of the National Suicide Prevention Program, advice of key stakeholders such as ASPAC and the outcomes of the current Inquiry.

7. UNIVERSAL (HEALTH PROMOTION) APPROACHES TO SUICIDE PREVENTION

[Relevant Hansard extracts]

CHAIR:

That is, essentially, health promotion. What proportion of funds do you spend on that element of your strategy? (CA84)

Response

Universal suicide prevention interventions aim to engage the whole of a population to reduce access to means of suicide, reduce inappropriate media coverage of suicide and to foster stronger and more supportive communities and schools. Universal approaches take a broad, health promotion focus.

Successful suicide prevention also needs to address targeted suicide prevention interventions. Targeted interventions can be selective or indicated. Selective suicide prevention interventions aim to work with groups and communities who are identified as being at higher risk of suicide due to a clustering of risk factors, in order to build resilience, strength and capacity. Indicated interventions target individuals who are showing signs of suicidality, present symptoms that are strongly associated with suicide (eg depression or other forms of mental illness) or are in circumstances that place them at highest risk of suicide.

A breakdown of funding provided under the NSPP by universal and targeted programs is provided at Figure 1.

Figure 1 NSPP Funding at 31 January 2010, by Universal and Targeted Programs.

Universal	2006-07	2007-08	2008-09	2009-10	2010-11 ¹	Program Totals
Total Universal	4,021,036	5,115,627	3,726,866	3,492,795	2,373,015	18,802,065

Targeted	2006-07	2007-08	2008-09	2009-10	2010-11 ¹	Program Totals
Total Targeted	21,496,157	25,233,292	24,631,178	24,597,272	18,311,644	114,342,270

NOTES:

1. 2009-10 and 2010-11 include Actual expenditure and Committed funds as at 31 Jan 2010. Not all funds in 2010-11 have been committed.
2. All amounts are GST Exclusive
3. The table does not include funding for research and broader national activity
4. The overall amounts will not balance as:
 - a number of programs are included in both universal and targeted
 - a large number of Targeted programs are included in more than one Target Group
5. 2006-07, 2007-08 and 2008-09 record Actual expenditure

8. EVALUATION OF NSPP PROJECTS

[Relevant Hansard extracts]

MS KRESTENSEN

For each of the projects that we fund we give a very detailed instruction guide on evaluation, and I am happy to make that available to the committee, which requires them basically to give us information about what they have done, for whom, at what cost and to what effect. If they have any available information that can link it to outcomes, they provide it to us. They do their very best to address the specific evaluation questions that we provide in that. It is like a template that we provide to every project to give us some data to help us, at the end of the day, draw some information together.

CHAIR

If you could provide us with that document that would be very much appreciated because I think this goes to the issue that we were talking about earlier rather than just measuring activity, how we are measuring outcomes. (CA 85)

Response

The National Suicide Prevention Strategy Evaluation Data Reporter Tool documentation was provided to the Committee Secretariat on 8 April 2010.

9. EFFECTIVENESS OF THE NATIONAL YOUTH SUICIDE PREVENTION STRATEGY

[Relevant Hansard extracts]

MS KRESTENSEN

Graham Martin has done some very interesting work where he has taken lots of little projects like this and the data that they collect and put them into a meta-analysis and then you can actually draw out some information.

MS KRESTENSEN

Graham Martin and one of his collaborating researchers in Queensland did that particular piece of research specifically looking at the Youth Suicide Prevention Strategy and suggested that there had been some improved outcomes from that particular investment. That looked at the long-term impact of that strategy. We will also provide that reference to you. (CA 85)

Response

Document provided to the Committee Secretariat on 8 April 2010.

10. YOUTH ACCESS TO ATAPS

[Relevant Hansard extracts]

CHAIR

Do we have an idea of how many young people are accessing ATAPS services? (CA 87)

Response

Since the commencement of the Access to Allied Psychological Services (ATAPS) program in 2003 to 4 Feb 2010:

- 36,663 (19.8%) referrals have been made for young people aged 12-25 years. This is in line with the proportion of the population aged 12-25 compared to the whole population;
 - 4,676 or 2.6% referrals have been for children under the age of 12 years; and
 - the remainder of services have been provided for people aged over 26 years.
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11. FOURTH NATIONAL MENTAL HEALTH PLAN

[Relevant Hansard extracts]

SENATOR MOORE

Ms Harman, can we all get a copy of your fourth national plan? (CA 90)

Response

Copies of the Fourth National Mental Health Plan were provided to the Committee Secretariat on 8 April 2010.

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