SUBMISSION TO THE SENATE AFFAIRS REFERENCE COMMITTEE. INQUIRY INTO SUICIDE IN AUSTRALIA

Dr Glenys Dore Clinical Director, Northern Sydney Drug & Alcohol Service
Dr Myfanwy Webb Senior Research Officer, Northern Sydney Central Coast Health Services
John Arms Registrar, Coroner, Gosford Court

SUMMARY

We are currently carrying out an audit of Hospital and Coronial files of people who have taken their own lives during the past decade in one regional area of NSW. So far, we have collected data from more than 100 people. This data collected describes these peoples' lifestyles and the contact they experienced with health services. Of these people, 72 received hospital services.

Our preliminary results highlight several strategies for preventing suicides. These opportunities involve the areas of Suicide Risk Assessment, Referral to other Health Services and Follow-up. Our recommendations suggest improving recognition of suicide risk, reviewing risk factors to determine if a person is at risk, and knowing what action to take if a person is recognized as at risk of suicide. Other recommendations include Assertive Referral and Follow-up strategies.

Recommendations from the preliminary findings of our study include:

1. **Recognition of Potential Suicide Risk.** All staff in hospital and community based services should receive training in the identification of individuals potentially at risk for suicide (e.g. those with a history of suicide attempt/s; current mental illness) who may need referral for more detailed risk assessment.
2. **Suicide Risk Assessment**. Staff in Mental Health Services and Drug and Alcohol Services should be trained in the assessment of risk factors and protective factors for suicide. Use of standardized screening and assessment tools can be useful as part of this process.
3. **Flag High Risk Patients:**. High risk patients within services should be identified and the risk issues highlighted in a summary sheet at the front of the patient's file.
4. **Development of a Risk Register**. Relevant services should develop a registrar of high risk patents, and prioritise clinical care for this patient group.
5. **Referral to Mental Health Services**. When a patient is identified as being of significant risk for suicide, referral to Mental Health Services should be arranged in a timely fashion. The referring service should track the referral process and maintain contact with the patient until

appropriate transfer of care or dual care is able to be arranged. Verbal referrals should ideally be supported with relevant documentation.

6. **Referral to Drug & Alcohol Services**. When substance misuse is identified as a contributing issue to suicide risk, appropriate referral to D & A Services should be facilitated.
7. **Assertive Follow-up.** Services should develop policies to ensure assertive follow-up of patients deemed to be at high risk for suicide.