

SUBMISSION TO THE SENATE COMMUNITY AFFAIRS COMMITTEE INQUIRY INTO SUICIDE

Creative Ministries Network
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Introduction

This submission from the Creative Ministries Network addresses the term of reference of the Community Affairs Committee inquiry into Suicide in Australia related to “the accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk)”.

The Creative Ministries Network (CMN) is an agency of UnitingCare Victoria and Tasmania, with a focus on healing, justice and reconciliation for those affected by trauma, violence and injustice. The CMN (formerly Urban Ministry Network) published its research on *Work Factors in Suicide* in 2002, and a copy of this research is included with this submission.

This study reported work factors contributed to 109 cases of suicide in Victoria between 1989 and 2000, with the main factors identified being:

- Work stress (21%).
- Unspecified work problems (19%).
- An argument or disagreement with a work colleague or boss (13%).
- Fear of retrenchment (12%)

Other factors included performance pressure (9%), job dissatisfaction (7%), long hours (6%), being investigated over a work matter (6%) and retrenchment (5%). In 34 cases (31%), a work injury or work-related mental illness was reportedly related to the person’s suicide. The report’s findings also illustrate the inter-relationship of work with health and family or relationship factors.

The focus of this submission is on the need for improved data collection on work factors in suicide as a contribution to suicide prevention. This need is integral to a better understanding of the contributing factors in suicide, and especially to critically evaluate the tendency to psychologise and medicalise the causes of suicide.

The tentative evidence in our 2002 study suggests that work factors can contribute to both family relationship breakdowns and mental illness prior to the onset of suicidal thoughts, but these causal factors have been largely ignored by traditional occupational health and safety approaches, and the traditional medical model. Without improved data collection on the causes of suicide, it will be difficult to challenge conventional wisdom that tends to blame the victim by locating the problem of suicidality in the individual’s mental state.

Discussion

The CMN followed up our 2002 study with an analysis of data collected by the Victorian WorkCover Authority (VWA) and made available for a yet to be published study. The data provided information on 21 cases of compensable suicide (that is, where a workers' compensation claim for death had been made by a dependant) between 1985-86 and 2006-07.

The data identified a number of risk factors for suicide for eleven injured workers on workers compensation. These included the length of time on compensation, the vulnerability of younger workers, the emergence of psychological symptoms of mental illness for those initially presenting with physical injury, and the possibility that workers from blue-collar occupations may be more at risk of suicide than other occupations.

The data reveals a tendency for some people who come on to workers compensation with a physical injury to later develop a mental illness. Of the eleven workers who committed suicide after an earlier compensation claim for injury, eight first came onto the system with a compensation claim for a physical injury.

The data also suggested that among those who committed suicide after a previous workers compensation claim, the length of time on compensation was positively correlated with increased probability of suicide. However, the data is not able to indicate what it is about the length of time on compensation that may be critical to whether an injured worker commits suicide. It is likely that the length of time on the system may not be as important as what happens in the person's life history during that time.

The data on these 21 cases in the VWA data base was then cross-checked with the coronial data for these 21 suicide cases to discover whether this provided further insight into the impact of work factors on these 21 cases. A draft of our findings from this analysis has been forwarded to the State Coroner for review, so the following discussion remains tentative until our consultation with the Coroner is concluded.

Of the twenty-one WorkCover claims for work-related suicide, four could not be identified on the Victorian Coronial data base for suicide. The Coronial data base record of findings for the remaining seventeen suicide WorkCover claims revealed:

- In seven cases, neither work factors in general nor work injuries in particular were mentioned as contributing factors to the person's suicide.
- In nine cases work factors in general or work injuries in particular were mentioned as contributing factors to the person's suicide.
- In one case, it was ambiguous as to whether factors at the person's place of employment contributed to his suicide.

The coronial data source was in agreement in less than half the WorkCover cases (that is, nine out of 21 cases) that work factors contributed to the person's suicide.

Conversely, the 21 work-related suicides reported for the 21 years period covered by the WorkCover data is less than one-fifth of the 109 cases in the eleven years period 1989-2000 where work factors were identified in the Victorian coronial data base as contributing factors to suicide (Bottomley, Dalziel, Neith, *Work Factors in Suicide*, 2002, p. 4).

This research has highlighted the difficulty of using data from either data base for researching work factors in suicide. While this difficulty is not surprising as their data is not collected for social research purposes by either WorkCover or the Coroner, it indicates the importance for prevention of suicide that work factors are systematically documented.

Conclusion

Because the Coroner records all suicide deaths in Victoria, it is proposed that this data collection become the foundation for meeting this need for data to inform social policy. However, to ensure improved data collection on a national basis, it is suggested the Commonwealth government fund the development and coordination of a data collection model that would have efficacy on a national basis through State-based coronial services.

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