Attachment A: ACT Health Submission to the Senate Community Affairs References Committee Inquiry into Suicide in Australia

Introduction

The ACT has recently launched its new suicide prevention strategy *Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014. Managing the Risk of Suicide* provides a collaborative and co-operative whole of government approach to preventing suicide across the lifespan in the ACT.

To maintain uniform objectives with national policy and to effectively capitalise on the public response to any national campaigns and promotions *Managing the Risk of Suicide* is strongly aligned with the LIFE Framework.

The specific objective of *Managing the Risk of Suicide* is to reduce the rates of suicide and self-harm in the ACT through:

- Access to a timely and integrated service response;
- Increased community awareness of and access to suicide prevention training, education, information, networking and postvention;
- Identification of specific at risk groups, risk and protective factors and interventions to support at risk groups;
- The development of future suicide prevention initiatives; and
- Improving the general well-being, resilience and connectedness of the ACT community by supporting the implementation of the *Building a Strong Foundation*[1] as appropriate.

Comments against Terms of Reference

ACT Health provides the following comments and recommendations against the Terms of Reference:

a) The personal, social and financial costs of suicide in Australia

The Affects of Suicide on those Bereaved

Suicide impacts on family and close friends, with an estimated 7–10 people being directly affected by each act of suicide.[2] This equates to approximately 20,000 Australians nationally or 450 Canberrans bereaved by a suicide every year.[3] This estimate considers close friends and families, but does not take into account the impact on other community members such as neighbours, school-mates or work colleagues who relied on or were otherwise connected with the person. Moreover, the impact of suicide may span several years.

A family history of suicide or suicidal behaviour may be associated with an increased risk of suicide. This distinct risk factor may arise from a contagion effect where the

[1] ACT Health (2009) *Building a Strong Foundation: A Framework for Promoting Mental Health and Wellbeing in the ACT 2009-2014*. Canberra.
[2] Commonwealth Department of Health and Ageing (2007) *Living is for Everyone: A framework for prevention of Suicide in Australia*. Commonwealth of Australia: Canberra.
[3] ACT Government. (2002) *Australian Capital Territory ACT Chief Health Officers Report*. Canberra.

individual is exposed to the person and the issues he or she experienced before ending their life.[2]

Support for those bereaved by suicide is necessary, not only to assist them in negotiating this painful life experience, but also as a strategy of reducing the risk of subsequent suicides.

Mental Health ACT (MHACT) offers independent counselling and support to family members of individuals who have ended their life by suicide who were registered with MHACT at the time of death. Not withstanding this service, there is a severe shortage of counselling and support services for those bereaved by suicide within the ACT. Previously, ACT residents have been referred to community organisations such as the National Association for Loss and Greif (NALAG). However, due to ongoing difficulties in securing sustainable funding, NALAG is no longer providing this service.

One potential source of support for those bereaved by suicide is through the Medicare Australia *Better Access* program. Many individuals face hurdles accessing this service. These include:

- Difficulties accessing a General Practitioner (GP) – with a GP shortage of 72 equivalent full-time GPs in the ACT, many individuals do not have a GP and those who do, find it difficult to obtain an appointment. Those who do not have an established relationship with a GP often find it difficult to discuss these details with a 'stranger';
- In order to access counselling services through the program, individuals must complete a mental health plan. This has the potential to pathologise the normal grief process and can be stigmatising at a time of intense grief and trauma;
- GPs may not be aware of counsellors with specific expertise and skill in the area of grief and loss. Anecdotal feedback from those involved in suicide support in Canberra report that referral to an inexperienced clinician may further traumatise individuals;
- The additional out of pocket expenses associated with seeking support, e.g. GP consultation fees and gap payments when accessing services through *Better Access*, may be prohibitive for some.

As part of *Managing the Risk of Suicide*, the ACT is committed to implementing a number of strategies to improve the care of those bereaved by suicide. These include:

- Liaising with the Australian Federal Police and ACT Ambulance regarding appropriate referral services available to clients and family affected by suicide;
- Ensuring that suicide prevention training provided to front-line workers includes information about postvention support services and strategies;
- Developing and monitoring postvention procedures for families and carers of registered MHACT clients who complete suicide; and
- Continuing to support families and friends bereaved by suicide.

Recommendations

- That the Senate enquiry give consideration to providing a scheme to subside counselling and support to those bereaved by suicide which does not link bereavement counselling with mental ill-health.
- That the Senate enquiry give consideration to increasing the number of bulk billing clinics providing counselling for those bereaved by suicide and/or modify Medicare schedules to reduce gap payments.

b) *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 accurate reporting of the incidence of suicide in Australia is fundamental to funding and implementation of programs to support prevention and post-vention.

The ACT is working to improve data consistency by:

- Working with the ACT Population Health Research Division Epidemiology Branch and other suitable agencies to develop improved data collection to provide reliable data to the community about suicide and suicide prevention and to increase understanding of risk factors and successful interventions in the ACT; and
- Improving the quality and consistency of data reported from hospital emergency department and other services on presentations involving attempted suicide and self-harm.

Initiatives such as the establishment of the National Coroners Information System (NCIS) have improved data collection, yet local feedback continues to indicate significant under-reporting of suicide. For example, emergency workers and others who are frequently first on the scene at motor vehicle fatalities report that indicators such as notes in single vehicles are frequently overlooked during coronial determinations.

Recommendation

- That the Senate enquiry give consideration to mechanisms for the establishment of coordinated and consistent data collection mechanisms across jurisdictions and in particular, clear definitions and guidelines on the circumstances defining a suicide.

c) *The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide.*

The ACT recognises the important role that each of these agencies and services has in assisting people at risk of suicide.

The ACT Government has recently committed an additional $100,000 per year for two years to provide mental health training to emergency services personnel particularly focused on the ambulance and police services.

As part of *Managing the Risk of Suicide*, the ACT will continue to provide training and support to health services providing assistance to people at risk of suicide. Specific actions include:

- Promoting and delivering a suite of training programs to ensure that all professionals and para-professionals working in the field of suicide prevention and postvention have the opportunity to gain the necessary skills in an appropriate time frame;
- Disseminating information to medical, clinical and allied health professional peak bodies on suicide prevention awareness and training opportunities;
- Hosting regular forums for professionals and para-professionals to promote learning and sharing of information and resources available to those working with at risk men; and
- Developing and promoting mental health and wellbeing programs in occupational groups whose members are subject to frequent traumatic events (e.g. Police, ACT Ambulance Service, Emergency Services, General Practitioners).

Recognising the crucial role that Emergency Departments (ED's) play in assisting people at risk of suicide, the ACT is currently constructing a Mental Health Assessment Unit (MHAU) which will be attached to the ED of the Canberra Hospital. The MHAU will be a 6 bed mental health assessment unit that will provide specialised mental health assessment, crisis stabilisation and treatment for all people presenting to the ED with an acute mental illness or disorder.

d) *The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide.*

While there are effective mental health promotion campaigns currently being delivered in various jurisdictions within Australia and information about suicide prevention is available via organisations such as Suicide Prevention Australia (SPA), specific programs focusing on suicide prevention which aim to enhance public awareness and encourage public discussion of suicide appear to be lacking.

Being a small jurisdiction, the ACT does not have the capacity to develop and deliver its own suicide prevention awareness campaign. The ACT would benefit from a suicide prevention campaign targeting the general public, lead by the Commonwealth.

e) *The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk.*

Professional development, via ongoing training and the effective use of supervision are two components necessary for the effective support of front-line health workers and community workers.

Within the ACT, mental health services and emergency services agencies provide consistent training and support for clinicians and staff. Such training and support is not as consistently provided for staff in the community sector. The community sector is invited to participate in many of the training opportunities offered by MHACT. Despite this, anecdotal feedback from the sector indicates that further training is required. Two factors consistently identified as barriers to the provision of training and support are:

1. Time restraints due to excessive case loads, which lead to an inability to release staff for training; and
2. Funding limitations.

ACT Health, in partnership with the OzHelp Foundation, will soon commence a project to map existing training programs, their effectiveness and gaps in training within the government and community sector and would be in a position to provide details on the outcomes of this towards the end of 2010.

Please see comments at action d for further information about strategies being used by the ACT to support workers.

f) *The role of targeted programs and services that address the particular circumstances of high-risk groups.*

One of the six action areas of *Managing the Risk of Suicide* is to provide targeted suicide prevention activities to high risk groups. The groups identified include:

- Young people;
- Men;
- Individuals who have been involuntarily detained, including:
  - Those with a mental illness;
  - Prisoners and young offenders in detention; and
  - People held in immigration detention centres and Refugees who have experienced detention.

Promotion and prevention initiatives for young people

Since the late 1990's, the death rate from suicide among young males has declined by almost 50 per cent from 31 deaths per 100,000 in 1997 to 12.5 per 100,000 in 2007. Female suicide death rates have remained relatively stable over the same period, at 7 per 100,000 in 1997 and 4 per 100,000 in 2007.[4] While overall suicide rates have dropped in this age group, the incidence of self-harm and psychological distress has

[4] Australian Bureau of Statistics (2008) *Causes of Death in Australia, 2006* ABS. Canberra.

increased. In the periods 1996 to 1997 and 2005 to 2006, the hospitalisation rate for intentional self-harm among young people increased by 43 per cent, from 138 per 100 000 to 197 per 100 000. The increase was greater among females than males, with the female rate being consistently at least twice as high as that for males over this period.[5] Similarly, the proportions of young males and females reporting high or very high levels of distress increased from 7 per cent and 13 per cent respectively in 1997 to 12 per cent and 19 per cent respectively in 2004–2005, an increase from 1997.[6] These data highlight the need for stable, evidence based mental health promotion, prevention and early intervention programs for young people.

Numerous programs and models of service have been developed to provide mental health support to young people. The ACT Government has recently provided funding, in addition to Commonwealth funding, to offer *MindMatters* and *KidsMatter*, to all ACT schools. Another youth mental health service currently available within the ACT is *headspace*. Consistent and stable funding is required to ensure the longevity of such programs.

Historically, there are many instances of mental health programs which have been developed on a 'pilot' basis. After an initial period of Commonwealth funding, funding may be withdrawn, despite evaluation results indicating positive outcomes. This can have significant impacts for clients who lose services and for service providers who become disillusioned or are unaware of available services due to ongoing changes.

Recommendation

- That the Senate enquiry give serious consideration to the ongoing funding of core youth mental health programs that have demonstrated a consistent, strong evidence base.

<u>Promotion and prevention initiatives for those displaying signs and symptoms of mental illness</u>

Having a mental illness has been shown to have a strong relationship with suicide-related behaviours.[7] Estimates of the percentage of people whose suicide is related to a mental illness vary considerably from study to study, ranging from 30 per cent to 90 per cent of all suicides. The disorders having the strongest links with suicide are depression, bipolar disorder, schizophrenia, alcohol and other drug abuse, borderline personality disorder, and behavioural disorders (e.g. conduct and oppositional disorders in children and adolescents).[8]

A previous episode of deliberate self-harm is a major predictor of suicide. While the intent of self-harm is not always suicide, the risk of accidental death is very high. The risk of suicide for people with a history of attempted suicide or deliberate self-harm

[5] Australian Institute of Health and Welfare (2008) Injury among young Australians. *Bulletin 60, May 2008*. Canberra: Australian Institute of Health and Welfare.
[6] Australian Institute of Health and Welfare (2007) *Young Australians: Their health and wellbeing 2007*.Cat No. PHE 87. Canberra: Australian Institute of Health and Welfare.
[7] Taylor R., Page A., Morrell S., Harrison J., & Carter G. (2005) Mental health and socio-economic variations in Australian suicide. *Social Science & Medicine*, 61(7), 1551–1559.
[8] Bertolote J. M., Fleischmann A., De Leo D., & Wasserman D. (2004) Psychiatric diagnoses and suicide: revisiting the evidence. *Crisis*, 25(4), 147–155.

persists and remains a potent risk factor for subsequent suicide, even if it occurred many years previously.

Contemporary literature indicates that effective treatment of a mental illness through medication, counselling or other methods may reduce suicide rates within these groups. For examples, one study estimated that if the three disorders most frequently associated with suicide-related behaviours (i.e. depression, alcohol/drug/substance abuse disorders and schizophrenia) were treated in 50 per cent of all people with these conditions, suicides would be reduced by approximately 20 per cent.[9]

These findings highlight the importance of early intervention for those experiencing signs and symptoms of mental illness and the provision of adequate, evidence based treatments for those with a diagnosed mental illness. Whilst this may be the philosophy that all mental health services aspire to, it is not always practical. For example, there is strong evidence that Dialectical Behavioural Therapy is effective in reducing rates of suicide amongst people with a borderline personality disorder;[10] [11] however, many jurisdictions do not have the resources to adequately deliver such intensive treatment programs.

Recommendations

- That the Commonwealth give consideration to the development and roll out of a national mental health and suicide literacy and help seeking campaign modelled on the successful campaigns, e.g. the *beyondblue* mental health and depression literacy promotional campaigns;
- That consideration is given to implementing a national curriculum for training mental health workers, which includes trauma and bereavement counselling and theory.

<u>Promotion and prevention programs for prisoners</u>

As the incidence of suicide is significantly higher immediately following release from prison[12], and with the opening of the first ACT prison, the Alexander Maconochie Centre (AMC), the focus on the provision of suicide prevention programs to prisoners has increased in the Territory.

Issues currently being faced include the provision of through care and connecting prisoners to social and emotional support services prior to discharge.

MHACT is currently undertaking a quality improvement program to provide follow-up to those people released from prison who have been identified as having a mental health problem by a follow up contact within seven days of release from the Prison.

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[9] Id bid.

[10] Linehan M. M., Dimeff L. A., Reynolds S. K., Comtis K. A., Welch S. S., Hagerty P. & Kivlahan D. R. Dialectical behaviour therapy versus comprehensive validation therapy plus 12-step for the treatment of opiod dependent women meeting the criteria fort borderline personality disorder. *Drug and Alcohol Dependence*, 67(1) 13-26.

[11] Linehan, M. M., Heard, H. L, & Armstrong, H. E. (1993). Naturalistic follow-up of a behavioral treatment for chronically parasuicidal borderline patients. *Archives of General Psychiatry*, 50, 157-158.

[12] Kariminia, A., Law, M. G., Butler, T. G., Levy, M. H., Corben, S. P., Kaldor, J. M., and Grant, L. Suicide Risk amongst Recently Released Prisioners in New South Wales, Australia. *MJA*, 2007; 187: 387–390

This initiative is in line with the Mental Health National Minimum Data Set reporting guidelines after discharge from a psychiatric inpatient facility.

Support for those bereaved by suicide
See comments at point *a)*.

g) *The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.*

The ACT considers this to be a national responsibility.

Recommendation

- Following on from comments about the accuracy of suicide reporting in Australia it is recommended that consideration be given to investigating mechanisms to increase the accuracy and reliability of suicide data.

h) *The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.*

As this title suggests, this is a national responsibility.

As indicated in the introduction to this submission, the ACT's new suicide prevention strategy, *Managing the Risk of Suicide,* is strongly aligned with National Suicide Prevention Strategy (the LIFE Framework). This was a deliberate decision aimed at increasing uniformity across jurisdictions. It is also anticipated that this alignment will allow the ACT to effectively capitalise on the public response to any national campaigns and promotions

Not withstanding this, the ACT notes that there is confusion amongst jurisdictions and within the community concerning the status of the National Suicide Prevention Strategy, specifically around whether or not there is a national strategy. Within the community, some view the *Living Is For Everyone: a framework for prevention of suicide in Australia* as 'the strategy'. However, the Commonwealth refers to this as a 'supporting resource'. This confusion is compounded on the Australian Government website which refers to the following 'The National Suicide Prevention Strategy website: www.livingisforeveryone.com.au'.

Advice from the Commonwealth Department of Health and Ageing indicates that the 'strategy' is the Commonwealth Government's 'program of funding' for suicide prevention, which is based on the principles of the *Life Framework*.

The lack of clarity concerning the content of the National Suicide Prevention Strategy is a significant barrier to its successful implementation.

Assuming that the *Life Framework* is 'the Strategy', its aims and objectives are clearly set out and are reflected throughout the principles for action. Unfortunately, the implementation strategy is not as clear. Information contained on various

websites outlines potential sources of funding for various types of initiatives, but no clear guidelines or mandate to jurisdictions is provided about how actions should be implemented. Similarly, despite an increased emphasis on evaluation, clear outcome measures which could be used to add consistent data collection across jurisdictions is not provided.

Recommendation

- It is recommended that the Commonwealth provide greater leadership and guidance surrounding strategies for national suicide prevention by developing a clear strategy document which sets out actions to be implemented, an implementation strategy and mechanisms for consistent data collection. This is the approach adopted by the recently released ACT suicide prevention strategy *Managing the Risk of Suicide: A Suicide Prevention Strategy for the ACT 2009-2014*.