NSW Whole of Government Submission

To the

Senate Community Affairs Committee
Inquiry into Suicide in Australia

November 2009

Contents

Introduction

Terms of Reference of Inquiry

On 10 September 2009 the Senate referred the following matter to the Community Affairs References Committee for inquiry and report by the last sitting day in April 2010:

The impact of suicide on the Australian community including high risk groups such as Indigenous youth and rural communities, with particular reference to:

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

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);

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;

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;

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

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

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; and

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

Role of the NSW Government

Suicide prevention is a whole-of-community issue, and is a priority for the NSW Government – it is “everybody’s business”.

The NSW Government is in the process of developing a new NSW whole-of-government five-year Suicide Prevention Strategy. This whole-of-government commitment continues from the 1999 NSW Suicide Prevention Strategy: *we can make a difference*, which addressed five key areas: communities, high risk groups, services, support and information.

As agreed by the Australian Health Ministers Conference on 4 September 2009, it intended the new NSW Suicide Prevention Strategy will align with the National Suicide Prevention Strategy and the *Living Is For Everyone* framework (LIFE), noting the requirement under Priority Area 2 of the *Fourth National Mental Health Plan, 2009-2014*, to:

> “Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.”

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

The NSW Government notes the 2007 Commonwealth LIFE report, *Research and evidence in suicide prevention* and its identification of the impact on particular groups, including that nationally:

- mental illness has been shown to have a strong relationship with suicide-related behaviours, and estimates of the percentage of people whose suicide is related to mental illness vary considerably from study to study, ranging from 30% to 90% of all suicide; noting, however, that only a small percentage of people diagnosed with mental illness ever attempt suicide and a diagnosis of mental illness cannot be relied on as a reliable predictor of suicide-related behaviour;

- the suicide rate for Indigenous people in specific communities is as much as 40% higher than that for the Australian population as whole;

- suicide accounts for more than 25% of all deaths among Australian men aged between 20 and 44 years;

- suicide rates in rural and remote communities have risen substantially in recent years, especially amongst men.

The new NSW Suicide Prevention Strategy will include further analysis of NSW-specific impacts of suicide. In the interim, the Committee's attention is drawn to the following from the 1999 NSW Suicide Prevention Strategy:

> "Suicide causes devastation among family, friends and the local community. The human and economic costs of suicide and suicidal behaviour are great and compounded for young people…
>
> It is estimated that between 60,000 and 90,000 people may show suicidal behaviour in NSW each year. Many may think about suicide but take no action. As many as 30,000 people may attempt suicide each year. Some who attempt suicide and live may have permanent disability.
>
> More than 700 people die from suicide in NSW each year. Over the next 20 years it is estimated that up to 18,000 people may die from suicide. This may include about 3,000 young people aged 15 to 24 years…
>
> More men than women die from suicide (21 suicide deaths per 100,000 men in NSW in 1996/97 compared to 5 suicide deaths per 100,000 women). Suicide death rates for men are higher than for women because men tend to use more fatal methods."

In addition, the following statistics are noted:

- Males accounted for almost 80% of suicides in NSW in 2006 (NSW Chief Health Officer's Report, 2008).

- Females accounted for 60% of hospitalisations for intentional self harm in NSW in 2006-07 (NSW CHO Report, 2008).

- In one study of methadone maintenance patients, 82% of suicide attempters reported a major life event that preceded their most recent suicide attempt: a relationship split (25%), impending/current incarceration (11%), a family or friend's death (8%), domestic violence (7%), and losing custody of children (6%) (Darke & Ross, *The relationship between suicide and overdose among methadone maintenance patients*, National Drug and Alcohol Research Centre, 2000).

- A strong association exists between opiate dependence and suicide. Opioid dependent individuals are 14 times more likely than their non-heroin using peers to die by suicide (Darke & Ross, 2000).

In relation to the financial cost of suicide, the following is noted:

- O'Dea & Tucker, *The Cost of Suicide to Society*, Ministry of Health, Wellington, 2005 estimated the following, based on 460 suicides in New Zealand in 2002 and 5095 attempted suicides in 2001/02:
  - economic costs (services used and lost production/absence from the workforce) per suicide: NZ $448,250 at 2002 values
  - economic costs per attempted suicide, NZ $6,350
  - non-economic costs (lost years of disability-free life and grief of family, whānau and others) per suicide: $2,483,000

  Noting that the non-economic costs do not take into account the value of emotional cost, and lost contributions for families and loved ones.

- Moller, *Estimated cost of injury by suicide or self-harm Australia 1995-96*, prepared using data supplied by the National Injury Surveillance Unit and a methodology developed by the Monash University Accident Research Centre, 1998:
  - direct costs (relating to the treatment of injury): $208.2 million
  - indirect costs (relating to the loss, or partial loss, to society of the productive efforts (both paid and unpaid) of injury victims and care-givers in the case of children): $344.6 million (morbidity) and $1,477.9 million (mortality)

  Noting that, whilst these figures include hospital costs, it is unlikely that they take into account costs such as Government prevention initiatives or training costs for clinicians and frontline workers.

- In terms of impact on the rail system, RailCorp NSW estimates that, on average, a suicide costs the passenger rail service operator $76,000, and an attempted suicide costs $6,021. This includes customer delay costs (train delays and cancellations), incident response, alternative transport, rolling stock repairs and medical costs including counselling for employees.

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 NSW Government notes the July 2009 Australian Institute of Health & Welfare review of suicide statistics, which found that Australian Bureau of Statistics (ABS) suicide rates may be higher than previously reported. The ABS also cautions that in recent years suicide data may be underestimated and "observed changes over time are likely to have been affected by delays in [coroners] finalising a cause." It is understood that the ABS has introduced changes to its cause of death processes, effective for deaths registered from 1 January 2007.

NSW will review the implications of this once further data is available, noting that the number of suicides in each State and Territory is small and subject to considerable fluctuation over time, and that it is therefore trend, rather than individual year data, which provides more helpful information to understand and address suicide risk, and the effectiveness of suicide prevention strategies.

In reporting on revised suicide statistics and a likely increase, it is important to consider the impact on how this information is communicated to communities. This should include ensuring that a national approach to communicating changes to data collection is in place before the release of data, with the media engaged as partners to ensure that the public receives accurate, but not sensationalist information about suicide rates.

Notwithstanding the above, the NSW Government notes in particular the following factors:

- The fact that high blood alcohol is reported in up to 71% of suicides suggests that the role of alcohol in suicide needs further attention.

- The role of alcohol in suicides and attempted suicides is concerning and especially an issue in the country due to access to country roads and firearms.

- Anecdotally, a significant proportion of firearm deaths and motor vehicle deaths may be attributed to suicide, even though they are officially classified as accidental deaths.

- The available data on suicide rates for Aboriginal and Torres Strait Islander Australians should be interpreted with caution. As with other data about health and wellbeing in Aboriginal and Torres Strait Islander communities, it is difficult to know the true extent of suicide. This is partly due to the limitations of official methods of collecting data about Aboriginal and Torres Strait Islander communities and difficulties in estimating the size of the Aboriginal population in each age group. The available data on population estimates, hospitalisation and mortality rates are likely to be an underestimate, which can introduce bias in the study results if it is systematic. Efforts are currently being made in NSW to improve the quality and completeness of Aboriginal identification in health data collections. The linkage of data from various health administrative datasets has the potential to improve 'identification' of Aboriginal records for statistical purposes.

- Suicide is likely to be under-reported in the elderly, with General Practitioners and other doctors more likely to records deaths in frail elderly people as being due to natural causes to avoid stigma or other difficulties for families. The majority of older people who commit suicide have a mental illness at the time of death, usually severe depression.

- The link between opiate dependence and suicide raises the issue of what extent heroin overdoses are de facto suicide attempts, noting that only 5% of fatal heroin overdoses that occurred in NSW over a five-year period were classified as suicides, and that an Australian study of non-fatal heroin overdose reported that only 1% of heroin users reported that their most recent overdose was deliberate.

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

Appropriate roles

Suicide prevention is a whole-of-government, whole-of-community issue, and not something that can be managed or responded to alone by the Health administration. A large cohort of people at risk of suicide does not come into contact with the mental health system.

This is reflected in the 1999 NSW Suicide Prevention Strategy which sets down a whole-of-government framework for addressing suicide, with agency responsibilities defined as follows:

ACTION	RESPONSIBILITY *
1. We can all make a difference – increasing communities' ability to prevent suicide	
Promote mental health in local communities	• NSW Health, including Area Health Services • Local councils • Department of Human Services (Community Services) • Other government departments • Community organisations • Consumers
The Families Program, for all families	• NSW Health, including Area Health Services • Department of Human Services (Community Services) • Communities NSW (Office for Children) • Department of Premier & Cabinet • Local councils • Community organisations • Consumers
Promote mental health in schools	• NSW Health • Department of Education & Training • Department of Human Services (Community Services, Housing) • Commonwealth Department of Health & Ageing
Reduce access to the means of suicide	• NSW Health, including Area Health Services • Other government departments • Private industry • Non-government organisations • Community groups • Consumers
Link telephone hotline services to relevant local health services	• NSW Health, in collaboration with telephone hotline services • Consumers • Carers
Local support for suicide prevention initiatives	• Area Health Services • Non-government organisations • Community organisations • Local councils • Consumers • Other government departments, such as Department of Premier & Cabinet (Local Government) • Suicide Safety Network (Central Coast)

ACTION	RESPONSIBILITY *
2. Connect and care – providing outreach and support for groups at higher risk	
Support vulnerable young people in the community	
Increase resilience of vulnerable young people in schools	• NSW Health • Department of Education & Training • Area Health Services
Support vulnerable young people in rural areas	• NSW Health • Rural and regional Area Health Services • Consumer groups and other organisations
Provide outreach to socially vulnerable young people	• NSW Health, including Area Health Services • Innovative Health Services for Homeless Young People program • Department of Human Services (Community Services, Juvenile Justice) • Department of Education & Training • Communities NSW (Youth Programs) • Youth, consumer and non-government organisations
Enhance local youth mental health and related services	• Young people • NSW Health, including Area Health Services • Department of Education & Training • Department of Human Services (Juvenile Justice, Community Services) • Aboriginal Health & Medical Research Council of NSW • Consumer groups and other organisations
Support vulnerable adults	
Support vulnerable adults in the community	• NSW Health, including Area Health Services • Other government departments • Professional bodies • Community and consumer organisations
Support vulnerable adults in the workplace	• NSW Health • Other government departments, such as the Department of Transport & Infrastructure (Roads & Traffic Authority), Communities NSW (Liquor, Gaming & Racing) • Department of Industry & Investment (Agriculture) • Area Health Services • Community and consumer organisations
Support vulnerable adults affected by drug and alcohol misuse	• NSW Health, including Area Health Services • Other government departments such as the Department of Transport & Infrastructure (Roads & Traffic Authority), Communities NSW (Liquor, Gaming & Racing) • Community and consumer organisations
Support other vulnerable adults	• NSW Health, including Area Health Services and the Ambulance Service • Communities NSW (Liquor, Gaming & Racing) • Department of Justice & Attorney General (Attorney General's) • Police & Emergency Services NSW (Police Force) • Professional organisations • Community and consumer organisations

ACTION	RESPONSIBILITY *
Support vulnerable older people in the community	• NSW Health, including Area Health Services • Department of Human Services (Ageing, Disability & Homecare) • Aged care services • Local agencies in contact with older people • Community organisations • Consumers
Support for Aboriginal and Torres Strait Islander people	• NSW Health, including Area Health Services • Aboriginal Health & Medical Research Council of NSW • Department of Human Services (Aboriginal Affairs) • Community organisations and consumers
Support people from culturally and linguistically diverse backgrounds	• NSW Health, including Area Health Services and the Transcultural Mental Health Centre • NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS) • Ethnic Affairs Commission
Support people in custodial facilities	• Department of Justice & Attorney General (Corrective Services) • Department of Human Services (Juvenile Justice) • NSW Health (Justice Health)
3. Suicide, an emergency – enhancing the effectiveness of services in suicide prevention	
Enhance the effectiveness of emergency services in suicide prevention	• Police & Emergency Services NSW (Police Force) • NSW Health, including Area Health Services and the Ambulance Service • Community based telephone support services
Enhance the effectiveness of health services in suicide prevention	
Improve education and training of primary health care workers and general practitioners	• Royal Australian College of General Practitioners • NSW Health, including Area Health Services • NSW Divisions of General Practice • Other primary care workers and their representative professional organisations
Establish best practice assessment, management and follow-up of people who attempt or are at risk of suicide	• NSW Health, including Area Health Services • Consumers
Enhance care and suicide prevention by mental health services	• NSW Health, including Area Health Services and Justice Health • Police & Emergency Services NSW (Police Force) • Non-government organisations • Consumers
Establish best practice assessment, management and aftercare of people who are at risk of suicide in correctional facilities	• NSW Health, including Justice Health • Department of Justice & Attorney General (Corrective Services) • Department of Human Services (Juvenile Justice)
Ensure each Area Health Service has appropriate core child and adolescent mental health programs	• NSW Health, including Area Health Services

ACTION	RESPONSIBILITY *
Encourage consumers, carers and non-government organisations to contribute to health services' suicide prevention activities	• NSW Health, including Area Health Services • Consumers • Carers • Non-government organisations
Enhance the effectiveness of other services in suicide prevention	• NSW Health • Other government departments including Police & Emergency Services NSW (Police Force) • Department of Human Services (Community Services, Juvenile Justice, Housing and related non-government organisations) • Department of Justice & Attorney General (Corrective Services) • Department of Education & Training and related non-government organisations
4. Care and support – providing support for people affected by suicide	
Enhance procedures for immediate management of suicide	• NSW Health, including Area Health Services • Police & Emergency Services NSW (Police Force) • Ambulance Service of NSW • Coroner's Office • Community groups, such as Central Coast Suicide Safety Network • Consumers
Enhance bereavement counselling and support services for people affected by suicide	• NSW Health • National Association for Loss & Grief • Bereavement Care Centre • Police & Emergency Services NSW (Police Force) • Department of Education & Training • Consumers and relevant non-government organisations
Enhance local community capacity to prevent and respond to increases in suicide	• NSW Health, including Area Health Services • Other government departments • Relevant non-government organisations • Local communities • Media
5. We need to know more – improving information on suicide prevention	
Establish suicide surveillance systems for NSW	• NSW Health, including Area Health Services • New Children's Hospital Data Register • Central Coast Coroner • Central Coast Police Service • Department of Transport & Infrastructure (Transport) • Child Death Review Team • Information and Data Services • Department of Human Services (Corrective Services) • Communities NSW (Liquor, Gaming & Racing)
Promote effective planning, management and evaluation of suicide prevention programs	• NSW Health, including Area Health Services • Consumer groups • Non-government organisations

ACTION	RESPONSIBILITY *
Provide leadership in quality information on suicide prevention	• NSW Health, including Area Health Services • Consumer groups • Education and training consultants • Research and academic institutions • Non-government organisations
Suicide prevention research	• NSW Health, including Area Health Services • Child Death Review Team

** Note that the above list reflects current NSW agency names (rather than those set out in the 1999 Strategy), as a result of the restructure of the NSW Government, effective from 1 July 2009.*

It is intended that the roles and responsibilities set out above will continue under the new NSW Suicide Prevention Strategy, although under different "themes", noting that it is clear that these roles are enhanced when there is collaboration across government. Examples if this are the cross-agency programs detailed at "(e)" (p.13), as well as a new joint NSW Health/RailCorp initiative currently under development to reduce the risk and incidence of suicide on the NSW rail system through a rail station campaign to provide support to people at risk of suicide, systems and protocols to respond quickly to high risk situations on the rail network, and training for RailCorp staff to support these initiatives.

Police and law enforcement
The NSW Police Force's core responsibilities in terms of managing emergency mental health issues are to ensure public safety, assess risk, and prevent and respond to criminal activity. Police have responsibility to provide initial on-site response to incidents in the community that pose a serious risk to the safety of individuals or the public. Police presence is to ensure public safety and should only be requested by health services and Ambulance staff if there is an assessed serious risk relating to the safety of the individual or other persons. The Police role in transport of mentally ill persons is limited to situations where there is assessed serious risk to the person or others such that Police presence (as escort or transport) is required. Where Police are involved in transportation this should be to the nearest declared health facility as defined under legislation.

The efficiency of NSW Police Force's role in the delivery of responsive emergency mental health is supported by robust mental health legislation and policy (for example, an interagency Memorandum of Understanding which promotes interagency coordination), good interagency relationships (for example via Local Protocol Committees), and appropriate education and training (for example, the NSW Police Mental Health Intervention Team).

Emergency departments and general health services
Contact with patients with possible suicidal behaviour or who are at risk of suicide may occur in health care settings such as community or hospital-based services, including Emergency Departments, general health or specialised mental health facilities. Regardless of the context, management of patients with possible suicidal behaviour must be integrated and coordinated across each health service and facility, with presentations of people with suicide risk treated as a medical emergency. NSW Health's *Framework for Suicide Risk Assessment and Management for NSW Health Staff* establishes the following roles for health services:

- Risk detection: Health workers play an important role in suicide risk detection and subsequent management or referral to appropriate, specialist services. All people for whom a suicide risk is detected should receive a comprehensive suicide risk assessment.

- Preliminary suicide risk assessment: All clinical staff who come into contact with people detected to be at risk of suicidal behaviour must be able to perform a preliminary suicide risk assessment and determine appropriate immediate management.

- Comprehensive suicide risk assessment: All people identified as being at risk of suicide are to receive a comprehensive suicide risk assessment conducted by mental health professionals. This includes a mental health assessment, a comprehensive suicide risk assessment including psychosocial issues and a corroborative history based on records, interviews with the family and other sources.

- Regular and ongoing assessments: Risk assessment needs to be an ongoing process continuing from triage, through assessment, review and discharge.

- Documentation: A thorough, well-documented assessment and management plan is essential to the effective management of suicide risk and is to be documented in the person's medical records.

- Collaborative partnership: Suicide risk assessments should be conducted within a collaborative partnership to maximise the involvement of the person at risk, family and other care providers including primary care services and general practitioners. Information gathered from a single source should be validated with other sources.

- Education and information: People at risk of suicide, their families and significant others should be provided with information to assist in their understanding of suicide risk, the actions being taken to minimise risk, contact details for 24-hour services, other support services and options for management.

Measuring effectiveness

Activity has been undertaken against all five of the 1999 NSW Strategy's strategic directions, and approximately 85% of its 100 commitments have been progressed. The 1999 Framework was subject to internal monitoring and evaluation, focusing on outcomes and the NSW suicide rate. It is noted that, based on the official ABS figures and notwithstanding the current review, this fell from 13.6 per 100,000 in 1998, to 7.3 in 2006, the lowest of Australian jurisdictions.

It is currently proposed that the new Strategy will be subject to annual progress reports, and mid- and end- term external evaluation.

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

The NSW Government notes the 2007 Commonwealth LIFE report, *Research and evidence in suicide prevention*, including that, "a wide range of general population and community-based suicide prevention programs may also lead to positive outcomes, although there is limited scientific evidence of their impact on suicide rates (Beautrais et al. 2007)".

Noting the risks around the reporting of individual cases, there is a strong argument that discussion of suicide in general terms can promote resilience, connectedness and support on a personal basis, noting that messages in mass campaigns may not have reached specific at-risk groups, for example, young people and especially young Aboriginal people. However, safe boundaries need to be developed for discussion, with consideration of

culturally appropriate messages and campaigns, with any media focusing on risk and protective factors rather than suicide explicitly.

Any communications about suicide should refer to the Mindframe (a National Media Initiative managed by the Hunter Institute of Mental Health) guidelines at www.mindframe-media.info.

Notwithstanding this, the increased visibility of clinical depression amongst high profile people in the Australian community, which has generally been handled sensitively and appropriately by the media, has led to increased public discussion about mental illness, safe and effective treatments, and how to get help/treatment. The sustained work of organisations like Beyondblue, which has high public recognition, has probably improved general awareness about depression and suicide related issues.

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

Under Strategic Direction 3 of the existing 1999 NSW Suicide Prevention Strategy, *enhancing the effectiveness of services in suicide prevention*, training and support programs for front-line health and community workers providing services to people at risk include:

- *Mental Health First Aid* (MHFA) training across a number of agencies, including specialised training for Ambulance workers, tailored culturally-appropriate and youth-focused programs, and specialised suicide and self-harm training for all Youth Officers in Juvenile Justice Centres. Training will also be rolled out to RailCorp station staff in 2010, as a part of a wider NSW Health/RailCorp initiative to address to reduce the risk and incidence of suicide on the NSW rail system.

  The NSW Government notes the various evaluations of MHFA, which have found it to be effective at improving course participants' knowledge of mental disorders, reducing stigma, and increasing the amount of help provided to others (www.mhfa.com.au/evaluation.shtml).

- NSW Police Force's *Mental Health Intervention Team* (MHIT) program, supported by NSW Health, was developed to reduce the risk of injury to police and mental health consumers during mental health related events. It aims to improve awareness by frontline police of the risks involved in dealing with mental health consumers and provide strategies to reduce injuries to police and consumers; improve collaboration with other government and non-government agencies in the response to, and management of, mental health crisis events; and reduce the time taken by police in the handover of mental health consumers into the health care system.

  An independent ongoing evaluation of the MHIT program is being undertaken by Charles Sturt University. The evaluation reports on the MHIT 18-month trial have been found to be positive. As a result, the MHIT was established as a fulltime unit in June 2009, and the team has been given a target of training a minimum of 10% (1,500) of all frontline NSW Police Force staff by 2015.

- A *Framework for Suicide Risk Assessment and Management for NSW Health Staff* – for clinical staff to enhance their capacity in assessing and managing persons who may be at risk of suicide, with policy directives to ensure that appropriate standards in the management of patients with suicidal behaviour are applied in all relevant treatment settings in NSW, with monitoring through seven-day follow up rates and

discussions underway to develop an indicator of death rates post contact/discharge from a mental health service.

This initiative extends beyond mental health professionals to clinical staff working in Emergency Departments, general hospitals and community health settings. A recent review of the Framework's implementation across NSW Health services identified some additional training and accreditation requirements, however, it also pointed to increased suicide risk assessment capacity within mental health services. The Framework is used in Area Health Services as a basis for suicide prevention training, and is also available individual learning. The Institute of Psychiatry also runs Suicide Prevention and Advanced Suicide Prevention training in Area Health Services.

- The period following discharge from an inpatient mental health service has been demonstrated to be a time of increased risk of self harm or harm to others. To ensure standardised discharge planning procedures and practices are in place across NSW a state-wide *Discharge Planning Policy for Adult Mental Health Inpatient Services* provides direction on the principles and practices that mental health clinicians must follow to promote the safe transition to the community for patients leaving mental health units.

  The policy provides guidance on actions that ensure continuity and coordination of mental care and ongoing support services for the person, their family and carers. Each mental health service is responsible for implementing and monitoring the policy's practical application. A review of the policy is currently being undertaken, with a revised and updated version to be released in 2010.

  A range of clinical audits and review processes are used to monitor local discharge planning standards, with quality assurance provided through a Mental Health Critical Incident Review Committee which is to come under the auspices of the Clinical Excellence Commission. Development of a Statewide Unique Patient Identifier will also allow tracking of individual cases and monitoring of service performance across sites.

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

There are clear circumstances where a targeted approach is much more effective because of specific community needs, consistent with the NSW 1999 Strategy's requirement that:

> "Effective strategies need to be tailored specifically for and in collaboration with people at higher risk of suicide, including young people, adults and older people. The vulnerability of these groups may be associated with isolation, lack of support and feelings of despair, hopelessness and depression, therefore the themes of connection and care are key elements of each strategy."

In addition, the NSW Government notes the strong association between suicide and mental illness, relationship breakdown, and drug and alcohol use, noting also the variation between genders in relation to suicide and suicide attempts. There needs to be further examination of the evidence base for where suicide happens, to provide an effectively targeted approach to suicide prevention. The new NSW Strategy will build on this approach.

Noting the Inquiry's Term of Reference, under Strategic Direction 2 of the existing 1999 NSW Suicide Prevention Strategy, *providing outreach and support for groups at higher*

risk, programs have been developed to provide specific support to Indigenous youth and rural communities:

- The *Drought Mental Health Assistance Package* has improved the delivery of mental health services throughout rural and regional NSW through the funding of additional mental health workers to support development of community initiatives, improved awareness of mental health issues and local service coordination, more efficient use of existing services, and working closely with front-line agricultural agencies that are most closely involved with farmers. Key target groups within the community include farmers and rural communities with an additional focus on women, young people, Indigenous communities, older farmers and General Practitioners.

- The *Housing & Accommodation Support Initiative* (HASI) provides stable and secure housing linked to support for people with a mental illness. A new model of HASI is being developed to more effectively target and respond to the needs of Aboriginal communities. This model will focus on implementing a more holistic approach that reflects the complex needs of the individual and their support networks including their family and community. This model will recognise the various social and cultural impacts on the individual's social and emotional wellbeing, while increasing access to services for Aboriginal people with a mental illness/disorder. It is currently planned that HASI 5A will be rolled out by the end of 2009/10 providing a mixture of high, medium and low support packages for Aboriginal clients.

- In addition, the *NSW Aboriginal Mental Health and Well Being Policy, 2006-2010*, recognises the increased risk of suicide amongst Aboriginal people and that, "New approaches to the promotion and enhancement of individual and community well being and safety are required in Aboriginal communities, with a specific focus on suicide prevention". There are a range of actions in the policy that support community development activities which promote and build upon the strengths of Aboriginal people, utilise cultural concepts to enhance motivation for change, and re-establish community sources of authority.

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 NSW Government notes the 2007 Commonwealth LIFE report, *Research and evidence in suicide prevention* acknowledgement of the limited evidence of what is effective in suicide prevention, and the challenges of evaluating the effects of suicide prevention programs. As such, further research into suicide and suicide prevention would benefit from a national approach. This is confirmed by Priority Area 4 of the *Fourth National Mental Health Plan* to, "develop a national mental health research strategy to drive collaboration and inform the research agenda".

In terms of sharing knowledge, emerging from a recent stakeholder forum convened in Sydney on 15 October 2009 to support development of the new NSW Suicide Prevention Strategy, the NSW Government will consider how "communities of practice" where research, knowledge and experience can be shared across different workforces as a method of collaboration, might be incorporated into the new NSW Suicide Prevention Strategy.

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

This is a complex issue which should take into consideration the fact that the National Strategy is intended as an overarching framework to provide guidance for action at local levels; and that suicide rates need to be recognised as part of wider trends related to broad societal phenomena, which fluctuate widely over very long periods and can be affected by significant events, e.g. global financial crises, depression, war, immigration, access to means of suicide and changes in the sale of medications (e.g. noting increased use of blister packs).

Given both of these points, it would therefore be difficult to assess the National Strategy's direct impact on individuals and on communities at the local level, especially in the context of policies and initiatives undertaken by the States, local government and the non-government sector. However, as a Commonwealth-led strategy, it would be appropriate to leave this question to that jurisdiction.

Notwithstanding this, NSW would support the Commonwealth in undertaking an independent evaluation of the Strategy.

Appendices

Glossary and Abbreviations

ABS	Australian Bureau of Statistics
CHO report	NSW Chief Health Officer's Report
HASI	Housing & Accommodation Support Initiative
LIFE	National *Living Is For Everyone* suicide prevention framework
MHFA	Mental Health First Aid training
MHIT	NSW Police Force Mental Health Intervention Team

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