

# Towards a National Suicide Prevention Strategy

*Asia Pacific Coroners Conference  
November 2016*



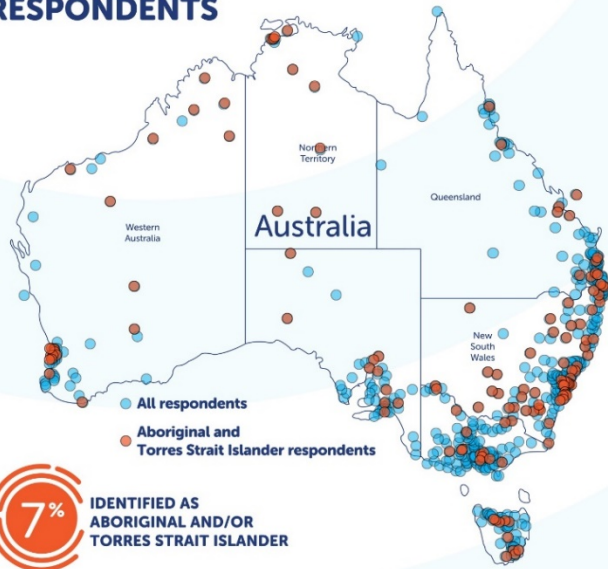
Suicide Prevention  
Australia





# DEMOGRAPHICS

## 3,220 RESPONDENTS



## GENDER

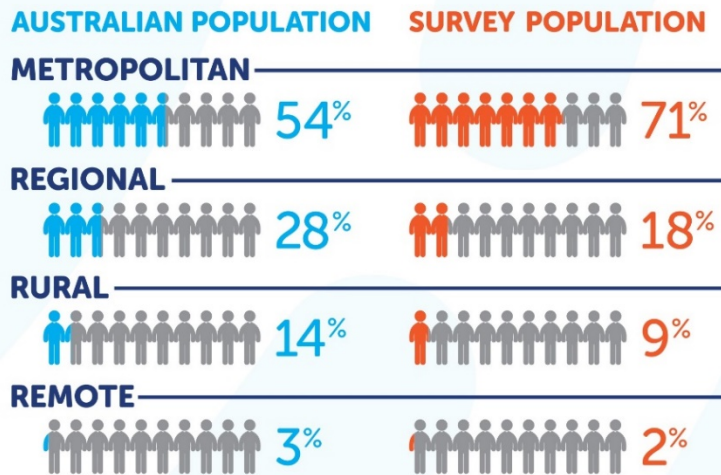


78%  
FEMALE

21%  
MALE

1%  
IDENTIFIED AS  
'OTHER' OR  
PREFERRED NOT  
TO SAY

## GEOGRAPHIC DISTRIBUTION



# EXPOSURE TO SUICIDE



**89%** exposed to at least one suicide attempt

**85%** exposed to at least one suicide death

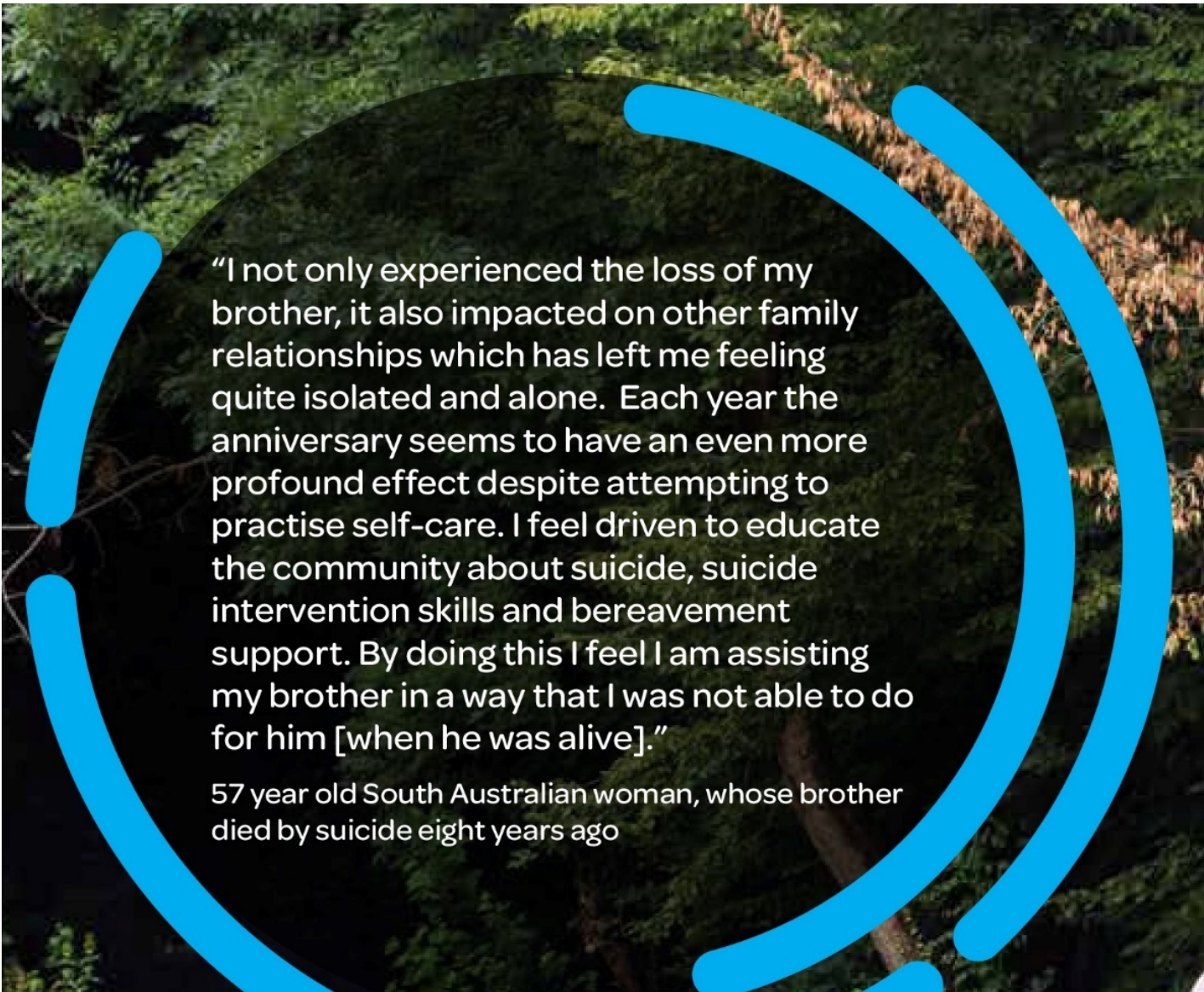
**80%** exposed to both suicide death and attempt \*

**2%** reported suicide attempt on **self**

\*suicide attempt and death may have occurred to the same person.

# RELATIONSHIP TO PERSON WHO DIED





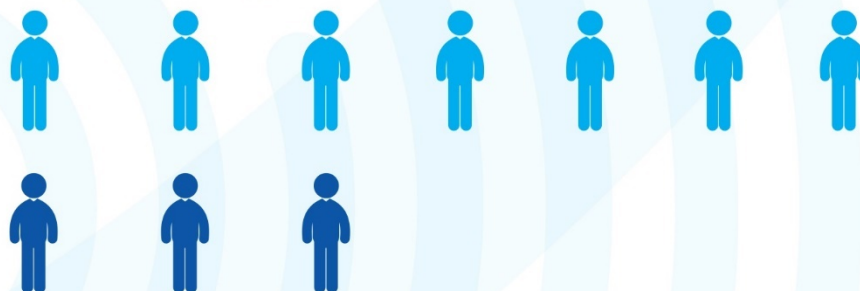
“I not only experienced the loss of my brother, it also impacted on other family relationships which has left me feeling quite isolated and alone. Each year the anniversary seems to have an even more profound effect despite attempting to practise self-care. I feel driven to educate the community about suicide, suicide intervention skills and bereavement support. By doing this I feel I am assisting my brother in a way that I was not able to do for him [when he was alive].”

57 year old South Australian woman, whose brother died by suicide eight years ago




# ABORIGINAL AND TORRES STRAIT ISLANDER EXPOSURE TO SUICIDE

Aboriginal and Torres Strait Islander respondents experienced a higher number of suicide exposure compared to the non-Indigenous population



Aboriginal and Torres Strait Islander respondents knew an average of **7 people** who had died by suicide compared to **3 people** for non-Indigenous respondents





“In the Indigenous community we hear of somebody weekly associated with our mob. My cousin brother went to get help from the hospital and because they wanted him to see a psychiatrist which many Indigenous people associate with being mad or crazy he left. Sometimes it’s about having appropriate places to go in times of need. Sometimes it’s about terminology.”

38 year old Aboriginal and Torres Strait Islander woman  
from Western Australia

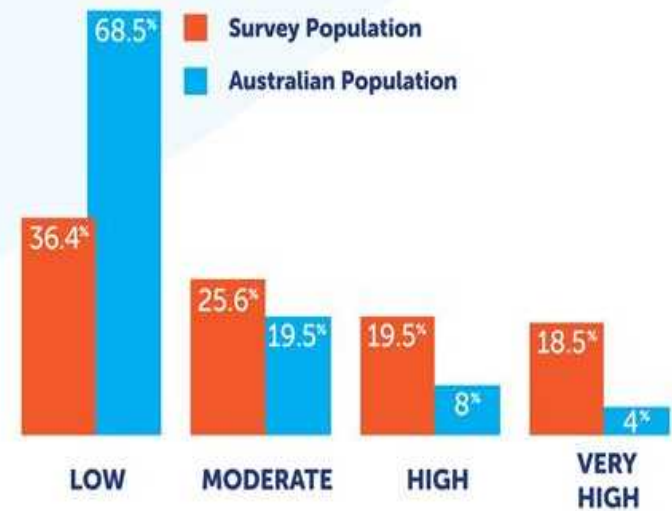


# IMPACT OF SUICIDE DEATH



# LEVELS OF DISTRESS

## Survey Population Compared to Australian Population\*



\* based on 2014 National Health survey data





# ACCESS TO HEALTHCARE SUPPORT 6 MONTHS PRIOR TO DEATH\*

## Was Support Accessed?

Yes 36%

No 19%

Don't Know 26%

No Response 21%

\*reported by respondents based on their knowledge about the person's healthcare use.

## What Type of Support was Accessed?



# Recommendations

1. Increase community awareness & education
2. Recognise lived experience as a significant public health issue.
3. Develop & support a National Suicide Prevention Strategy
4. Prioritise Aboriginal & Torres Strait Islander suicide prevention
5. Comprehensive discharge plans developed & implemented
6. Productivity Commission for independent assessment of the cost of suicidal behaviour













# National Government Priorities

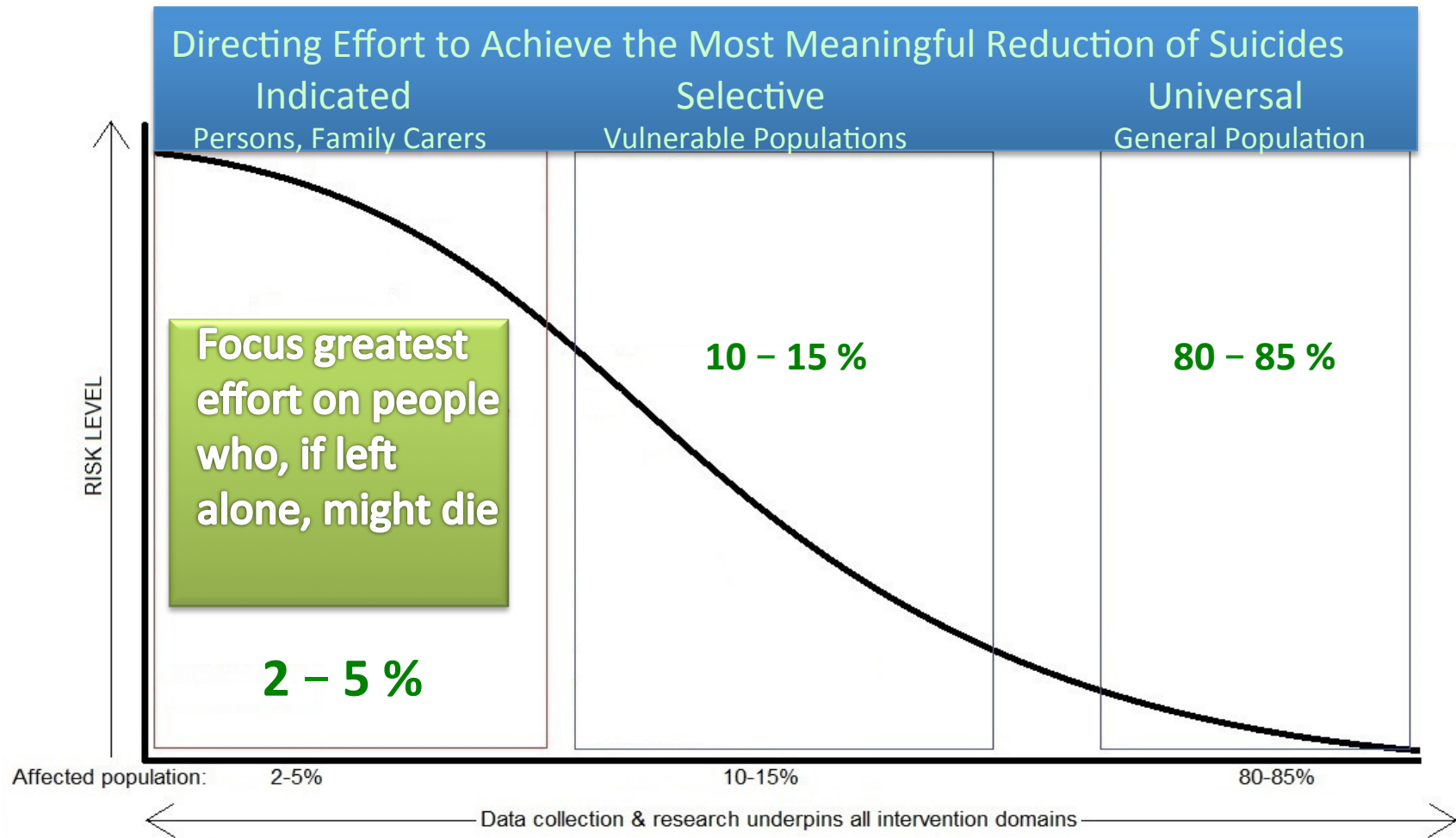
1. National infrastructure & leadership
2. Regional community-based suicide prevention
3. Refocusing efforts to prevent Indigenous suicide
4. Effective discharge follow-up support for people who have attempted suicide



# Australia's response to WHO

- |  |   |
|--|---|
|  Strategy, oversight & coordination |  Access to service             |
|  Data & Surveillance                |  Treatment                     |
|  Means restriction                  |  Crisis intervention           |
|  Media                              |  Postvention                   |
|  Training and education            |  Awareness & stigma reduction |





# SPA Partners involved in NCSRS

- Australian Institute for Suicide Research and Prevention
- ABS and its Mortality Statistics Advisory Group
- Australian Institute of Health and Welfare
- Australian Government's Department of Health and Ageing
- Australasian Mortality Data Interest Group (AMDIG)
- Chief Coroners, the Australasian Coroners Society and interested individual coroners
- Funeral directors
- Key university researchers
- National Coroners Information System
- NMHC Advisory Group on Suicide Prevention
- NSW Attorney General's Department and Criminology Research Council
- Registry of Births Deaths and Marriages
- Representatives of Police Mental Health Projects in Victoria and NT
- Victorian Institute of Forensic Medicine



# Aims of the NCSRS

- Achieve cross-jurisdictional & multi-party agreement on reporting formats
- Work collaboratively addressing this issue towards systemic reform.
- Identify gaps & priorities to further the broad agenda of standardized reporting on suicide.
- Establish working groups & pilot projects to implement these projects.
- Collaboratively develop recommendations for changes.
- Identify resource implications
- Develop implementation strategy to pilot & then implement national reform in standardized reporting on suicide.



# Priorities for NCSRS

## Recommendation 3

3.63 The Committee recommends that the Standing Committee of Attorneys-General, in consultation with the National Committee for Standardised Reporting on Suicide, standardise coronial legislation and practices to improve the accurate reporting of suicide.

### **PRIORITY PROJECT 1 – LAW REFORM**

## Recommendation 4

3.65 The Committee recommends all Australian Governments implement a standardised national police form for the collection of information regarding a death reported to a coroner.

## Recommendation 5

3.66 The Committee recommends that the Commonwealth, State and Territory governments enable timely distribution of suicide data from coroners' offices regarding suicides to allow early notification of emerging suicide clusters to public health authorities and community organisations.

### **PRIORITY PROJECT 2 – NATIONAL POLICE FORM**

## Recommendation 2

3.3 The Committee recommends that Commonwealth, State and Territory governments, in consultation with the National Committee for Standardised Reporting on Suicide, implement reforms to improve the accuracy of suicide statistics.

### **PRIORITY PROJECT 3 – SUICIDE REGISTRIES**





# Law Reform

## Context of project

- Critical role of coroners; legislative variation; no explicit requirement to report on intent
- The Coronial Council of Victoria current review of legislation, expected to result in greater consistency in coronial practice across Victoria
- Legal or policy reforms implemented in Victoria could form a model for reform in other States and Territories.

## Progress to date and proposed approach

- Consultation paper on the agenda of Standing Council of Justice, Crime and Community Safety.
- The State and Territory Attorneys-General agreed to explore the potential for policy reforms
- NCIS had task of preparing a plan for reviewing the reforms within each state.
- Wide consultation with coroners and completed the report for presentation at the November
- Waiting for feedback from that meeting on the proposed plan for implementation



# Police Form

## Context of Project

A detailed & standard police form would improve reporting:

- Improved data for coronial investigations reduced NOK impact
- Opportunity for trend / cluster analysis and real time response

Significant evidence of improved data in regions since implementation

## Progress to date and proposed approach

- Queensland has agreed to review national template for reporting death to a coroner (including suspected suicide).
- As with coroners, police also operate under State/Territory jurisdictions
- Four of eight jurisdictions using a version of the National Police Form



# State Registries

## Evidence of issue to be addressed

- Incompleteness, inconsistency, lack of detail and inaccuracy in suicide data
- Queensland Suicide Registry shows designated registry can produce more complete (than current ABS), detailed, accurate and useful suicide data.

## Progress to date

- Queensland Suicide Registry fully operational since the early 1990's
- Victorian Suicide Registry created in 2011 & fully implemented in 2013
- WA Registry being updated
- Other states made commitments to implement a Suicide Registry
- Establish a draft minimum dataset solution (NMDS) for registries to establish a national collection and to ensure compatibility of core data items.



# Take action

To join SPA and to get involved email:  
[admin@suicidepreventionaust.org](mailto:admin@suicidepreventionaust.org)

- The movement to reduce suicides in Australia by 50%
- Participate in NCSRS consultations
- Refer others to the national Lived Experience Network