



## **Submission to Joint Select Committee on Preventative Health Care**

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***Suicide is the leading cause of death for Tasmanians aged 15 to 45.***  
***Suicide is a tragic event that can be prevented in almost all cases.***

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## **Summary of Lifeline Tasmania recommendations to Committee**

1. Encourage discussion of the impact of suicide in our community to assist in breaking down stigma, but do so in a calm manner without discussing means of suicide.
2. Note that suicide is leading cause of death for Tasmanians aged 15 to 44 years.
3. Note that low SES populations experience higher rates of suicide.
4. Note that low SES populations require more specialised preventative health actions.
5. Note that suicide numbers in Tasmania are not improving.
6. Note that despite suicide being the leading cause of death for Tasmanians aged 15-45, funding is only a very minor component of government budgets.
7. Note that not all people who are suicidal have a mental illness.
8. Note that suicide is largely preventable and increased funding will make a difference.
9. Support and lobby for increased funding for suicide prevention services in Tasmania, and raise its level of priority.

## Discussing suicide in the public sphere

Many people feel uncomfortable discussing the topic of suicide at an interpersonal and community level. The topic is not often raised with Parliamentarians because affected constituents do not have the capacity to lobby as others do. Opinion makers may want to discuss the impact of suicide but feel unsure how to go about it, and fear impacting vulnerable people.

Lifeline Tasmania seeks to remove stigma associated with suicide and provide parameters for its discussion so that more effective suicide prevention strategies with adequate funding can be pursued.

Communities *can* safely discuss the impact of suicide without heightening risk of vulnerable people. Quick tips for politicians and media are:

- Public figures such as politicians are well positioned to increase public awareness of suicide and advocate for suicide prevention.
- It is important to ensure that all public messages and comments are safe and life affirming and do not sensationalise suicide.
- Before publicly speaking about suicide consider whether your comments will increase community understanding of suicide in a safe, positive and non alarmist way.
- Most importantly, encourage people at risk to seek help and provide information about where to get help.

(Lifeline Australia 2013)

It is also important not to promote discussion of methods of suicide used by people.

For further information regarding how to publicly discuss suicide please see the Mindframes guidelines available at [www.mindframe-media.info](http://www.mindframe-media.info).

*Recommendation 1: Encourage discussion of the impact of suicide in our community to assist in breaking down stigma, but do so in a calm manner without discussing means of suicide.*

## The extent of suicide in Tasmania

Suicide is the leading cause of death for Tasmanians aged 15 to 45 years. The following table illustrates how suicide compares to other mortality events in 2010 for people under the age of 55 in Tasmania (ABS 2012A).

Age of person when they died	Cause of death	Number of persons in Tasmania
15–24 years	Intentional self-harm	7
	Car occupant injured in transport accident	7
25–34 years	Intentional self-harm	10
	Accidental poisoning by and exposure to noxious substances	3
35–44 years	Intentional self-harm	16
	Ischaemic heart diseases	7
	Accidental poisoning by and exposure to noxious substances	5
45–54 years	Malignant neoplasms of digestive organs	24
	Ischaemic heart diseases	24
	Malignant neoplasms of respiratory and intrathoracic organs	16
	Intentional self-harm	14
	Malignant neoplasm of breast	11

Please note:

- Actual suicides may be higher as there can be a lag time with some coronial reports.
- The ABS does not report cases of intentional self-harm of people under 15 years due to the sensitivities involved.

*Recommendation 2: Note that suicide is leading cause of death for Tasmanians aged 15 to 44 years.*

## The social determinants of health and suicide

Limited analysis has been conducted of Tasmanian suicide data. Lifeline Tasmania is drawing on analysis available at a national level to inform the Committee of links between the social determinants of health and suicide.

Work by Page, Morrell, Taylor, Carter and Dudley (2006) confirms trends in socio-economic status (SES) differentials and suicide in Australia. People from low SES backgrounds experience higher rates of suicide, particularly young males aged 20 to 34 years.

In the early to mid 1990's Australia experienced a large increase in suicide rates. In response the Australian Government implemented its first National Youth Suicide Prevention Strategy (1995-2000). By 1998 suicide rates peaked and then began to fall. The strategy was labelled a success. However, quite concerningly, Page (et al) found that suicide rates only dropped amongst people in the middle to upper SES quintiles. Suicide rates amongst low SES continued to increase.

For example:

- High SES young males experienced a decrease in the suicide rate of 33.0 per 100 000 in 1994-1998 to 27.9 per 100 000 in 1999-2003 (a 15% decrease).
- Middle SES young males experienced a decrease in the suicide rate of 37.3 per 100 000 in 1994-1998 to 33.5 per 100 000 in 1999-2003 (a 10% decrease).
- Low SES young males experienced an increase in the suicide rate of 44.8 per 100 000 in 1994-1998 to 48.6 per 100 000 in 1999-2003 (an 8% increase).

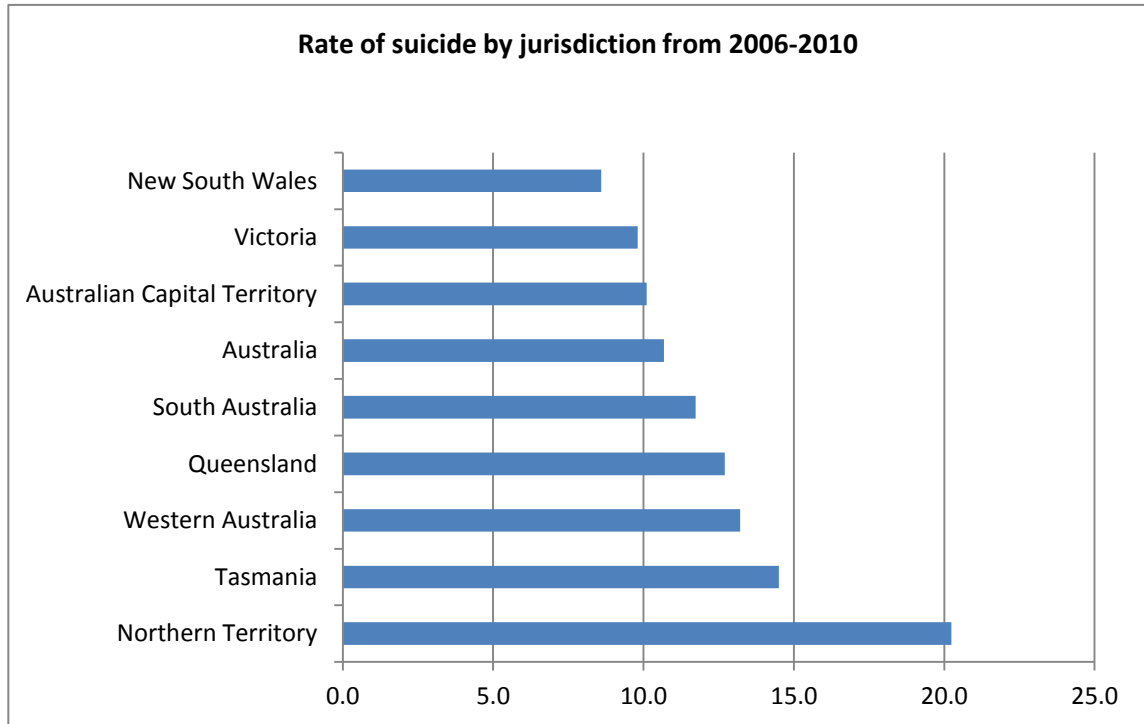
Page (et al) also found similar statistical divergences, but on a smaller scale, for males of all ages, and for young women aged 20–34 years.

*Recommendation 3: Note that low SES populations experience higher rates of suicide.*

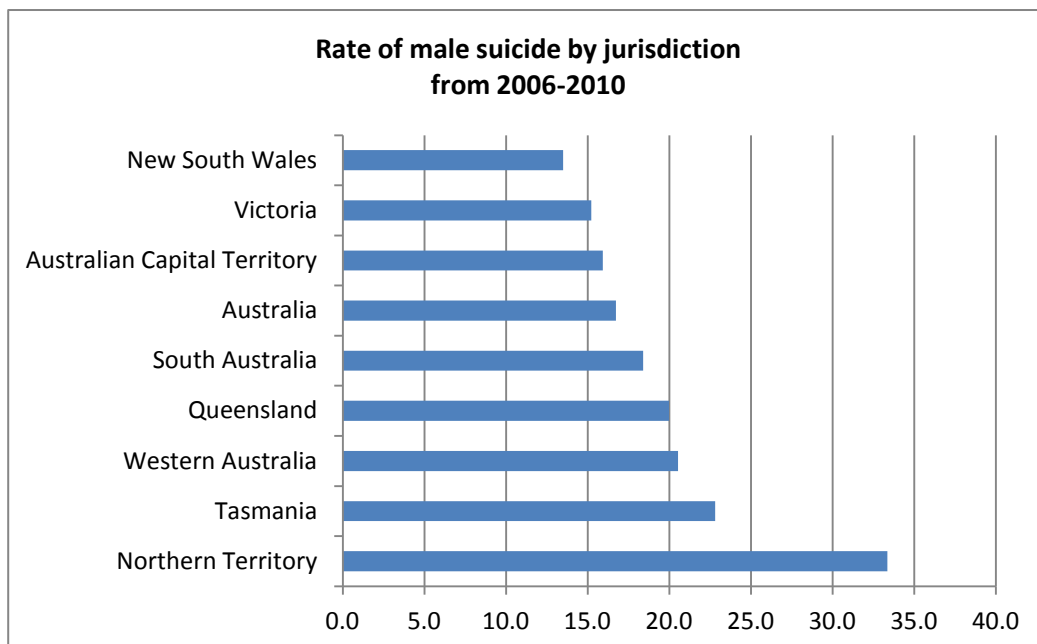
The impact of suicide preventative strategies on SES quintiles is relevant to Tasmania because while suicide rates have decreased across Australia they have not decreased in Tasmania, likely due to our large proportion of our population which is low SES.

The tables below indicate the rate of suicide for each Australian jurisdiction, based on ABS data (ABS 2012B).

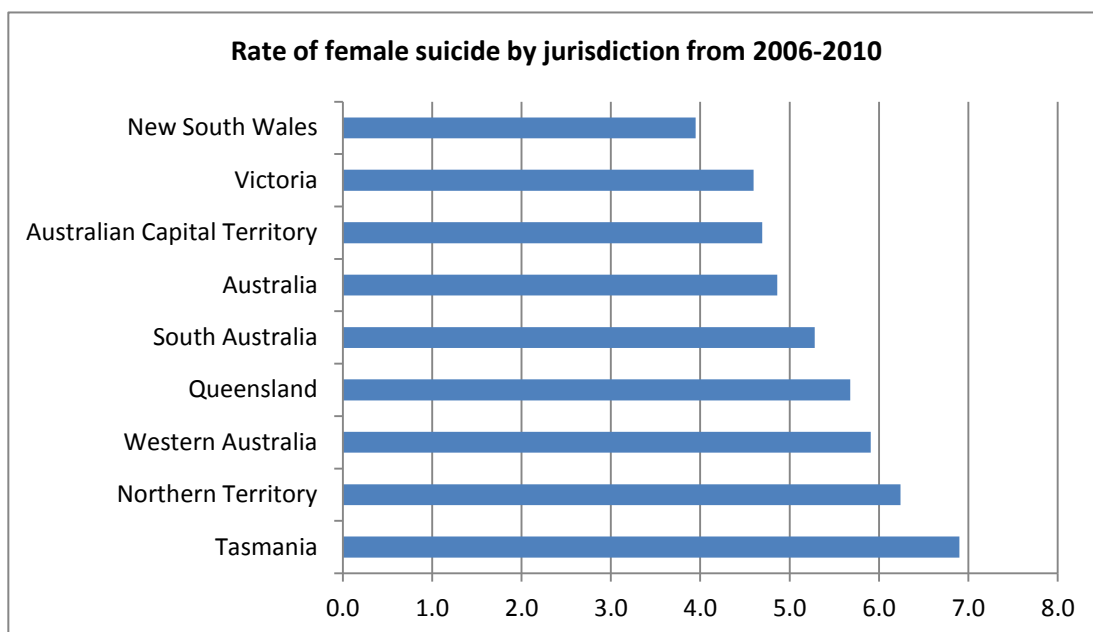
Tasmania has the second highest rate of suicide in Australia.



Tasmania has the second highest rate of male suicide in Australia.



According to this ABS data, Tasmania has the highest rate of female suicide in Australia. While figures for female suicide across Australia are low, Tasmania has recorded the highest rate of female suicide in Australia across 2000-2005 and 2006-2010.



Note: further information regarding trends in Tasmanian suicide rates is available at Appendix A.

Lifeline Tasmania notes that preventative health strategies in other fields have had similar impacts on different SES. For example, anti-smoking campaigns have had great success amongst middle to upper SES with little impact on lower SES. Only in very recent years have smoking rates amongst lower SES started to decrease. This change is most likely due to the recent funding of specific anti-smoking initiatives that target low income groups (Cancer Council Victoria 2011).

The challenge for Tasmania is to access and provide suicide prevention services that cater to a population that has a significant proportion of low SES.

*Recommendation 4: Note that low SES populations require specialised preventative health actions.*

## Suicide prevention

Suicide prevention activities occur at three levels.

1. Universal interventions are activities that apply to everyone in the community and include:
  - reducing access to means of suicide;
  - altering media coverage of suicide;
  - providing community education about suicide prevention; and
  - creating stronger and more supportive families, schools and communities.
2. Selective interventions are for communities and groups potentially at risk. They include building resilience, strength and capacity and an environment that promotes self-help and help seeking and provides support.
3. Indicated interventions are for individuals at high risk. They include:
  - building strength, resilience, local understanding, capacity and support;
  - being alert to early signs of risk; and
  - taking action to reduce problems and symptoms.

Lifeline Tasmania delivers various services at all three levels. We:

- provide education and training to the community;
- engage with local media;
- deliver social inclusion programs to older people at risk;
- manage the Access to Allied Psychological Services (ATAPS) for south Tasmania, funded by the Tasmanian Medicare Local, which provides intensive assistance to a suicidal person over two months;
- deliver the 13 11 14 telephone crisis line 24 hours a day 7 days a week; and
- provide the StandBy Response Service for south Tasmania, a 24/7 outreach crisis service which assists family and friends bereaved by a suicide with their recovery.

Other Tasmanian groups which have received suicide prevention funding or deliver suicide prevention services include:

- Rural Alive and Well;
- OzHelp;
- Headspace;
- CORES;
- Phoenix Migrant Resource Centre;
- Relationships Australia; and
- Tasmanian Government Mental Health Services.



Members of the community and Parliament may believe that there are a number of suicide prevention services available in Tasmania. Lifeline Tasmania is currently undertaking an assessment of government funding for suicide prevention and treatment services which are being delivered in Tasmania by both state and nation-wide organisations. We intend to identify if there are gaps in services that Lifeline Tasmania or any other organisations should fill. The Tasmanian Government's Suicide Prevention Community Network will also be undertaking a mapping project of suicide prevention services in Tasmania, which Lifeline Tasmania is assisting. Our findings to date lead us to believe that fewer services are provided than what would be expected.

Lifeline Tasmania cannot yet publicly advise which specific actions Tasmania should pursue next in suicide prevention, but we will have that information shortly.

We can advise the Committee that adequately funded and well designed suicide prevention strategies can work, as evidenced by the National Youth Suicide Strategy of 1995 - 2005. Suicide is not inevitable in all situations. Many suicides can be prevented if the right action is taken. Suicides in rural areas of Tasmania for example appear to be decreasing because of well funded and targeted actions.

Suicide numbers in Tasmania are however increasing (ABC 2012). Total expenditure on specific suicide prevention services by the Tasmanian and Australian Government in Tasmania is likely to be under \$3 million a year. Compared to total Australian and Tasmanian government health budgets for our state each year (which is in the order of billions) funding for suicide prevention is incredibly minor despite it being the leading cause of death for people under the age of 45.

*Recommendation 5: Note that suicide numbers in Tasmania are not improving.*

*Recommendation 6: Note that despite suicide being the leading cause of death for Tasmanians aged 15-45, funding is only a very minor component of government budgets.*

At this point it is important for the Committee to note that only a proportion of people who suicide have a mental illness. Many are people who have had a series of very difficult life events and are feeling they they cannot cope. Assuming all people who are suicidal can be treated by the mental health system leaves a large gap in suicide prevention services. Indeed, anecdotal evidence locally is that people who are suicidal can be turned away from emergency mental health inpatient units because they do not have a mental illness. What some people who are suicidal need is counselling, emotional support, and a sense of social inclusion, which can be provided by more low-key non-clinical services. Public mental health services most definitely have their place and are

requisatory for people with a mental illness, but mental illness and suicide do not sit as neatly together as the community believes them to.

*Recommendation 7: Note that not all people who are suicidal have a mental illness.*

If we as a community are to taper the growth rate in suicide, let alone achieve a decrease in numbers, adequate funding must be delivered to suicide prevention strategies and services. Lifeline Tasmania believes sources of funding are available for a wide range of health services, the question for parliamentarians and governments is which areas should receive priority in annual budgets. Adequate funding of suicide prevention services that are delivered in a tailored way to young to middle aged low SES Tasmanians in our urban areas *will* make a difference in our suicide rate.

*Recommendation 8: Note that suicide is largely preventable and increased funding will make a difference.*

## Further work

Lifeline Tasmania is committed to ensuring any suicide prevention programs we design or support are based on evidence and an informed opinion.

As mentioned, we are currently undertaking analysis to determine where gaps in suicide prevention services and treatment exist, and where service providers should next target their efforts. For example, there does not appear to be a great level of universal suicide intervention in Tasmania in the form of anti-stigma campaigning. In the realm of selective suicide intervention, people who have had contact with the correctional system are a high risk socially isolated group who have received little attention to date from suicide prevention providers and funding bodies.

Lifeline Tasmania is working through these issues and hopes soon to be able to provide clear advice on where Tasmanian suicide prevention services should focus next.

Lifeline Tasmania is also awaiting work by the Tasmanian Government that analyses Tasmanian suicide data beyond the basic level of gender and age. Such work may confirm how different risk groups are progressing.

Lifeline Tasmania believes the numbers of suicide in our community can be reduced. We will never be able to eradicate suicide from our community completely, but we can dramatically reduce suicide deaths if our strategies are targeted and adequately funded.

*Recommendation 9 : Support and lobby for increased funding for specific prevention services in Tasmania, and raise its level of priority.*

## References

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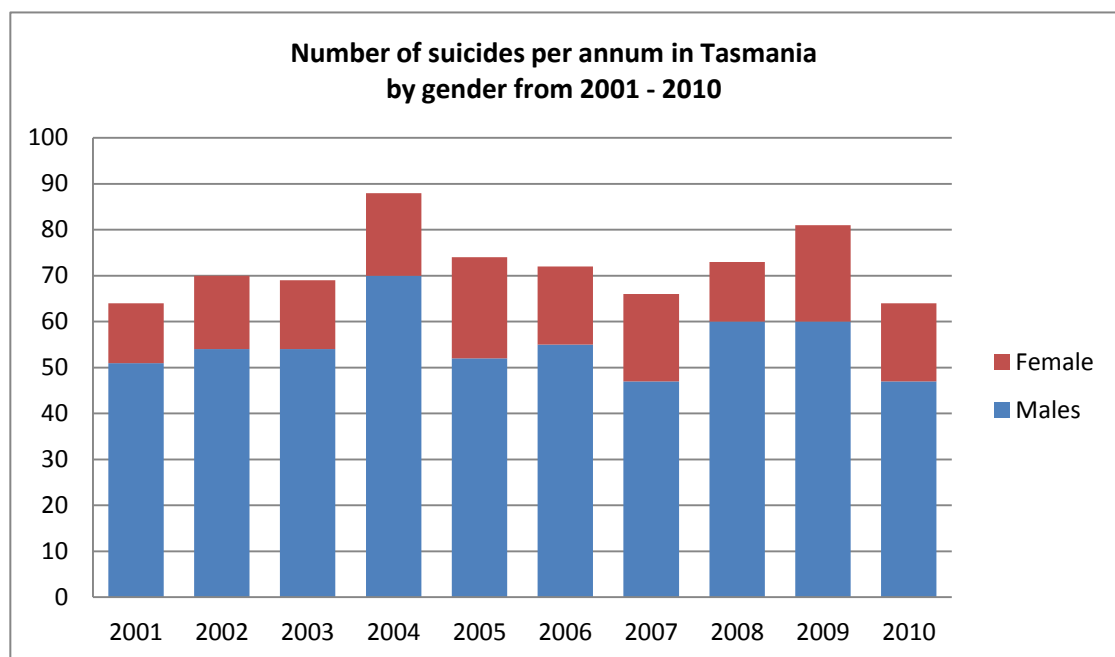
## Appendix A: Tasmania's Suicide Statistics

The following tables provide information about numbers of suicide in Tasmania from 2001 to 2010 (ABS 2012B). The data has been obtained from the National Coronial Information System and analysed for gender, age, and general location.

The information may contradict some popular beliefs about suicide statistics. For example, young people under the age of 20 do not experience the highest rate of suicide, rather it is adults in the 25-44 year age group. Also, while suicide rates for rural areas are high, there are a large number of suicides in urban areas that have not been adequately addressed.

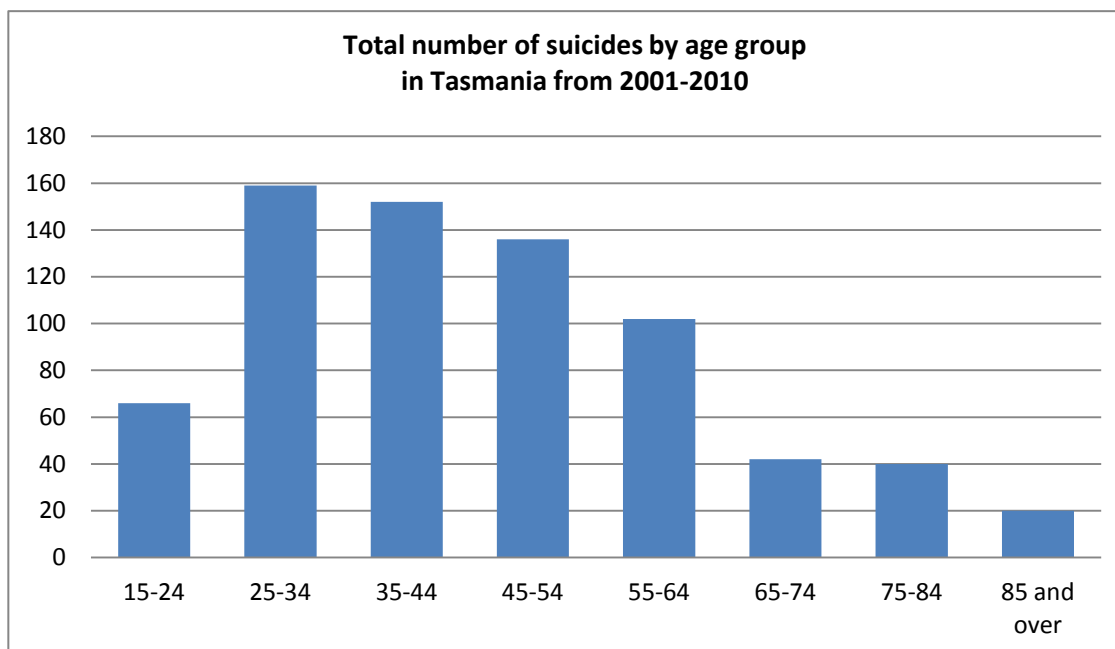
### *Gender*

Around three-quarters of suicides that occur in Tasmania are male, and one-quarter female (ABS 2012B).

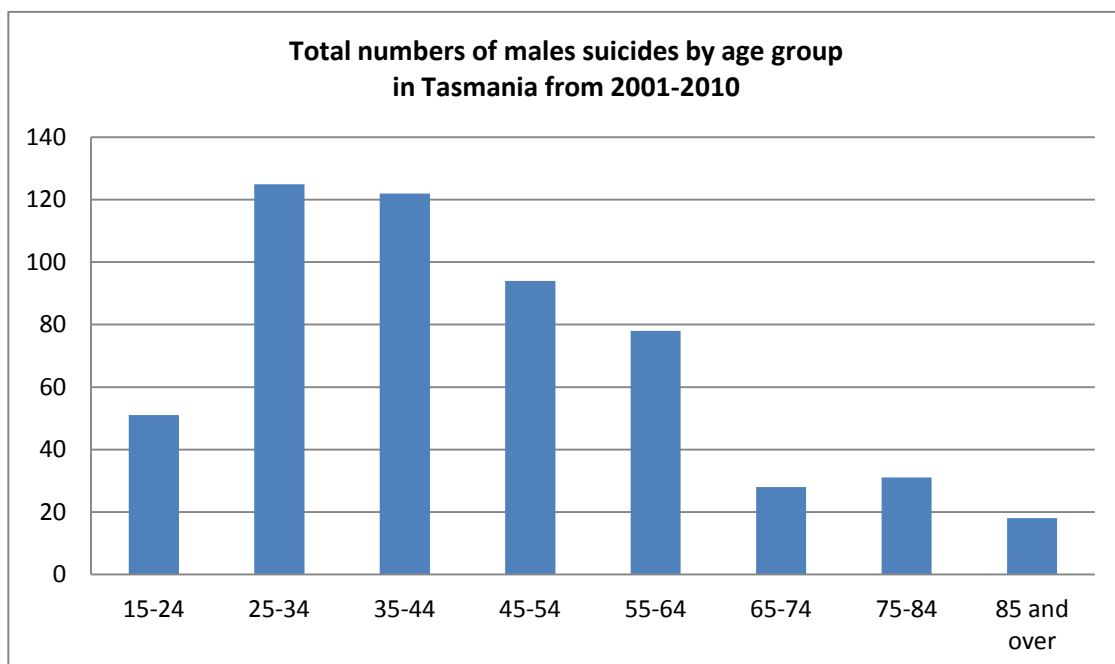


## Age

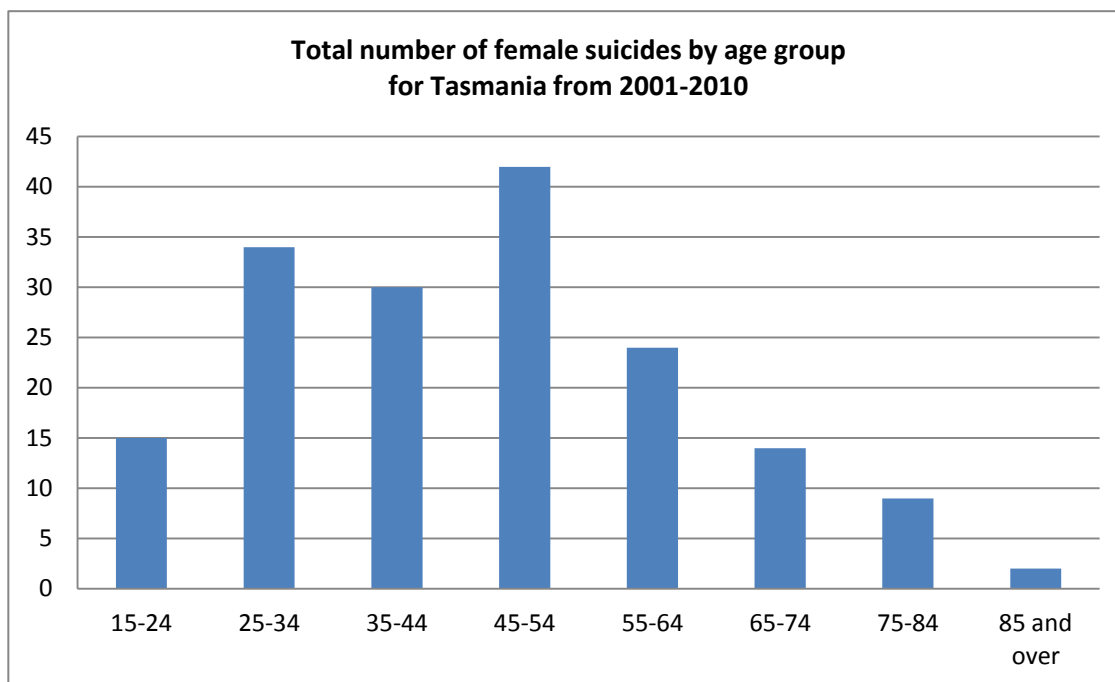
The largest number of suicides have occurred amongst people aged 25-34, followed by 35 to 44 and then 45 to 54.



The largest number of male suicides have occurred amongst men aged 25-34, followed by 35 to 44 and then 45 to 54.

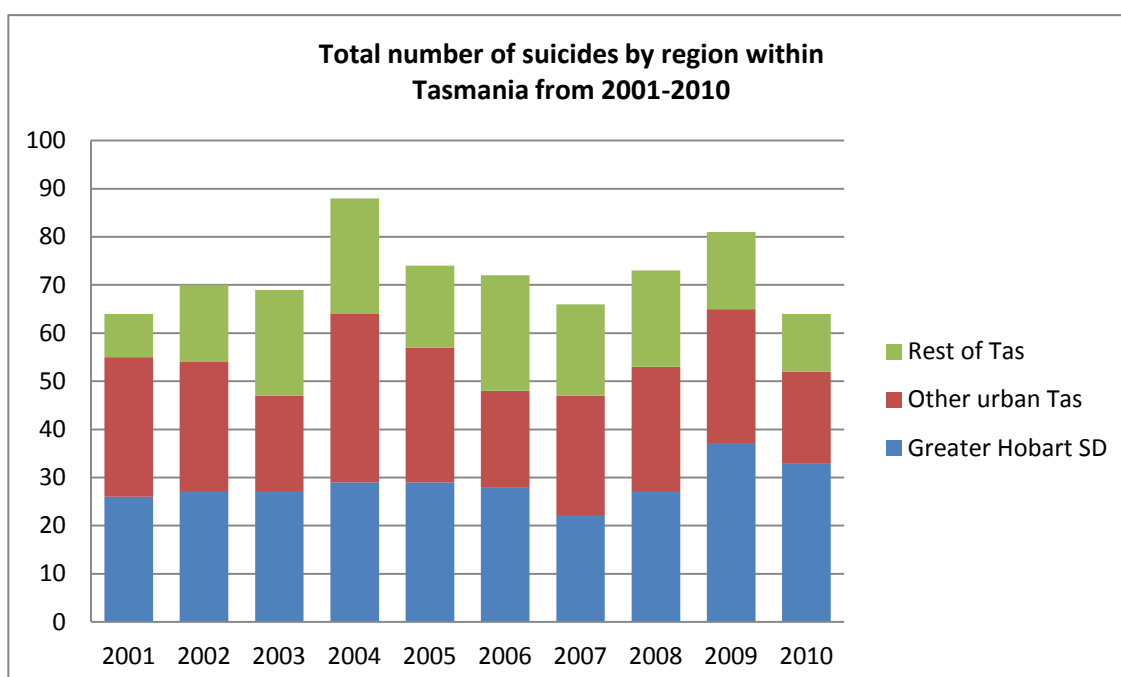


The largest number of female suicides have occurred amongst women aged 45-54, followed by 25 to 34 and then 35 to 44.

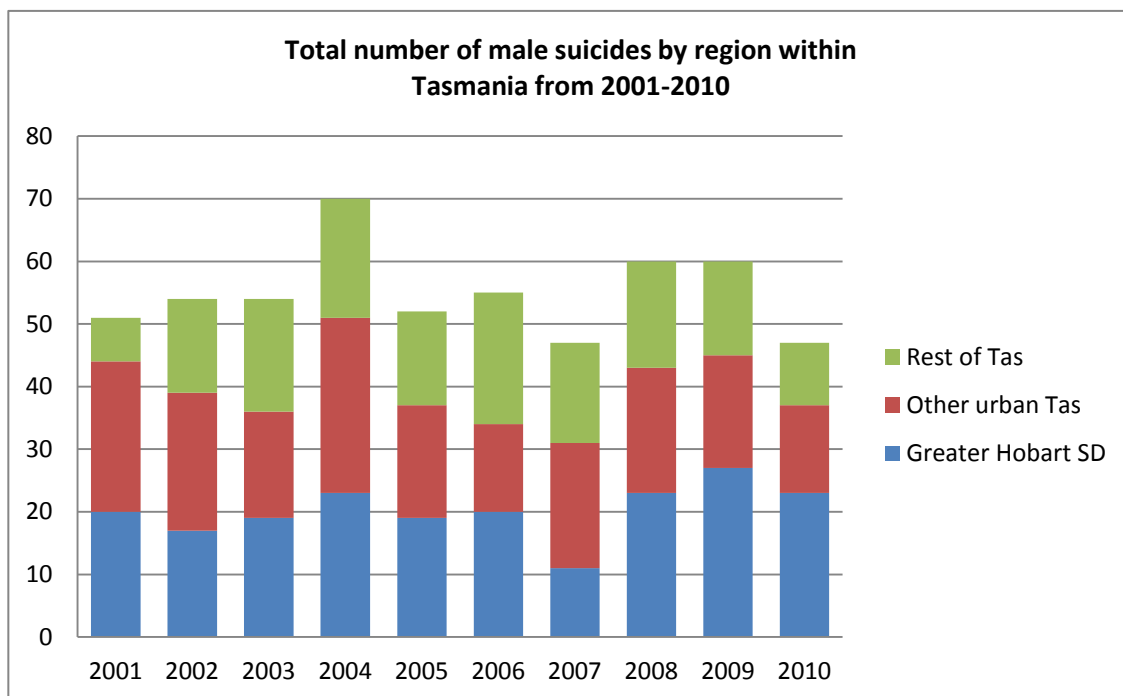


### *Urban vs rural*

A majority of Tasmania's suicides occur in urban areas. However rates of suicide amongst rural areas are higher than urban areas.



A majority of male suicides occur in urban areas. However rates of suicide amongst rural areas are higher than urban areas.



Most female suicides occur in urban areas.

