



**Tasmania Suicide Prevention Steering
Committee**
‘Voices of Tasmanians on Suicide Prevention’
April 2009

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- Helping to organise and promote forums in their area
- Providing input into the consultation process in their region
- Writing a written submission
- Attending a community forum
- Completing and returning a survey

Your input and support is greatly appreciated and has contributed in assisting to direct the way forward for suicide prevention strategies in this state.

The members of the Advisory Committee and the three Regional Working Groups are also gratefully acknowledged for their support and contribution in the planning and implementation of the statewide community consultation forums.

I Executive Summary

While suicide is a relatively uncommon event in Australia (occurring at a rate of 1 death per 10,000 population per year) it remains a major public health issue resulting in substantial human and economic costs (*Australian Bureau of Statistics, 2005*). Within Tasmania the suicide rate for 2006 (including unconfirmed cases) was 14.70 per 100,000 (*Australian Bureau of Statistics, 2008*) compared with 15.46 per 100,000 for 2005.

At a state and federal level the need to increase and support suicide prevention initiatives in Tasmania has been recognised. The federal government provides funding to Tasmanian service providers to implement suicide prevention initiatives consistent with the National Suicide Prevention Framework, while the state government provides over \$80 million to fund mental health services in Tasmania. Recent state government initiatives such as the Tasmanian Drought Taskforce have also generated a focus on suicide prevention activities in rural communities as part of the drought assistance package. In particular the Rural Alive and Well project, which is funded by the state and federal government and aims to build resilience and collaborative partnerships to prevent suicide in the Central Highlands and Southern Midlands areas.

The Tasmanian Suicide Prevention Steering Committee (TSPSC) is an important part of the commitment to suicide prevention in Tasmania. Since 1995 this Committee has acted as a clearing house and central reference point for suicide prevention initiatives at a local, state and national level.

The TSPSC is working to reduce the incidence and impact of suicide on the Tasmanian population and is focussed on increasing suicide prevention activity within the Tasmanian community. To inform its work the TSPSC has undertaken a statewide community consultation which commenced in July 2007 and completed in March 2008. The intention was to find out the key issues that contributed to people attempting to take, or taking their own lives; to find out what was known about suicide prevention and its importance to communities; and to hear what Tasmanians thought should be done.

This report has had input from more than 900 Tasmanians, as well as key organisations. During the consultation period over 600 people attended 42 forums, in addition 360 surveys were completed and 12 written submissions received. Meetings were also held with key stakeholder groups.

The information gathered in this statewide community consultation was collected from a broad range of people throughout the state. This report is therefore titled 'Voices of Tasmanians on Suicide Prevention'. It summarises the key information that was gathered and provides a strong foundation for the future planning of suicide prevention activities and strategies in the State. As a whole, the findings of this consultation have highlighted the need for a statewide suicide prevention strategy which includes specific regionally focussed strategies for suicide prevention. It is anticipated that this revised approach will help to increase the focus on suicide prevention throughout Tasmania.

The key findings of the consultation centred on the need to increase community connectedness, reduce social isolation and facilitate greater acceptance of diversity within communities. Findings also suggested efforts needed to be focussed on; targeted suicide prevention policies and programs including after hours crisis support for people at high risk of suicide; community education in relation to suicide prevention including identification of someone at risk of suicide, promotion of help-seeking behaviour, responding to a family member, friend, neighbour or colleague experiencing crisis; improved access to GP services in rural and urban areas; improved access to confidential counselling services, especially in rural areas; and improved provision of information in relation to suicide prevention services and programs that are currently available. The consultation key findings are provided on page 16.

A series of recommendations (page 21) have been developed in response to the key findings specified in this report. The recommendations aim to generate a greater focus on suicide prevention activities across a range of areas encapsulated within a statewide suicide prevention strategy.

As the causes of suicide are complex and multi-faceted it is important not to look at this report in isolation but to view it in context with other reports, programs and strategies at the state and national level. For example, some of the areas that have been identified as issues around suicide were also identified as areas needing attention in the Tasmania Together process. The *Health Indicators Tasmania 2008* report identifies key social indicators that contribute to Tasmania's suicide rate.

Tasmania's Parliamentary Joint Standing Committee on Community Development *Report on Strategies for the Prevention of Suicide (2007)* recommends developing a statewide strategy for suicide prevention.

The *Tasmania's Health Plan Summary Report 2007* also provides some direction in relation to issues raised in this consultation through expanded roles for rural health centres.

This report will provide a strong foundation for the development of an operational plan for the TSPSC and forms a basis for a statewide strategy for suicide prevention.

The TSPSC anticipates that the information and recommendations in this paper will provide valuable information to inform communities, local, state and federal government on what the participants see is needed in suicide prevention.

The consultation team greatly appreciates the support and participation of those involved in the consultations.

2. Introduction

2.1 Background

The Tasmanian Suicide Prevention Steering Committee (TSPSC) was established as an inter-departmental taskforce, within the Department of Health and Human Services (DHHS), in 1993, in response to growing national and state concern about the high rate of youth suicide.

The scope was broadened beyond youth to a whole of population approach to suicide prevention. The TSPSC committed to adhere to the framework underpinning the *LIFE Framework (Living is for Everyone) 2000-2006* and the *LIFE Framework 2007*.

In June 2006 the governance of the Committee was transferred to Mental Health Services and the Director became the Committee Chair. As part of this change the Committee considered there was a need to get a clearer picture of suicide prevention activities in the state and to focus on building improved links between national, state and community activity. To do this the Committee decided to undertake a statewide consultation in relation to suicide prevention. The information gathered from the consultations would then be used to inform the development of a statewide strategy for suicide prevention and an operational plan for the TSPSC.

A consultation project plan was developed in March 2007. The statewide consultations were conducted using a community development model to encourage local communities to help 'own' the process and be actively involved in the consultations. An Advisory Committee was formed as well as three regional working groups to provide local ownership of the consultation in their regions. Community forum questions were tested on a focus group of service providers in the Huon Valley in April 2007. The consultation was launched in July 2007 with a webpage on the DHHS website, on-line survey, advertisements for written submissions in the three major papers and surveys mailed out to key stakeholders.

The consultation was completed at the end of March 2008.

2.2 International Picture

The World Health Organisation (WHO) has identified that approximately one million people world wide took their own life in 2000 and based on current trends estimates this figure to rise to 1.53 million in 2020. WHO estimates that 10-20 times more people attempt suicide each year.

This current rate equates to one death every forty seconds.

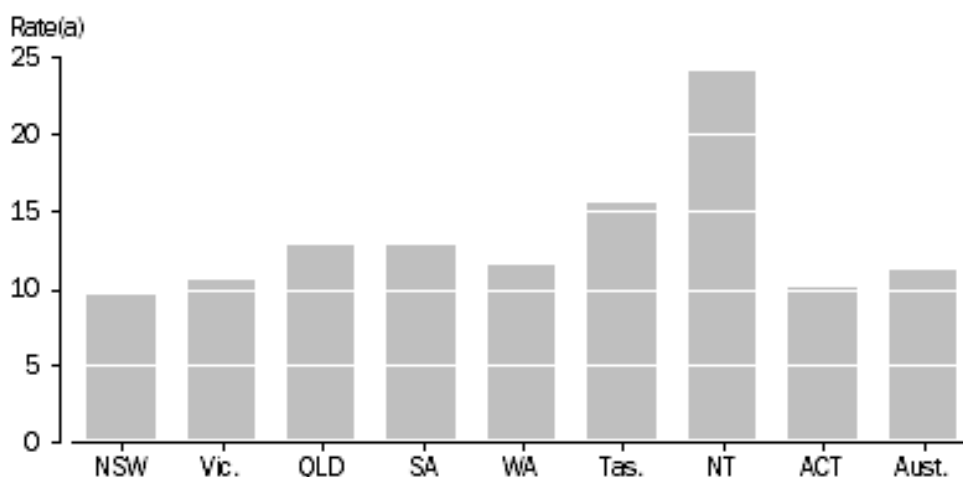
Globally the largest age group in which most suicides are currently completed is 35-44 years for both men and women.

2.3 National Picture

As outlined in the *Living is for Everyone (LIFE) – A Framework for Suicide Prevention in Australia (2007)*, Australia was one of the first countries to develop a national strategic approach to suicide prevention through its *National Youth Suicide Prevention Strategy (1995)*. This was expanded to a whole of population approach in 2000 under the *LIFE Framework for 2000-2006* which provided a national strategic framework for preventing suicide and promoting mental health and resilience. This strategy has recently been revised with the development of LIFE resources as part of the *LIFE Framework 2007*. This plan will be monitored against nationally agreed progress measures and will be independently reviewed after five years.

The document *Living is for Everyone (2007)* identifies that in 2005 2,101 deaths were registered as suicide in Australia which equates to an age-standardised rate of 10.3 per 100,000 people with 80% of these deaths being male. This compares with 1,638 deaths by motor vehicle accidents in the same period.

The state comparison of age-standardised rate per 100,000 by the Australian Bureau of Statistics (ABS) is as follows:-



(a) Age-standardised rate per 100,000. Standardised using direct method and estimated resident population for Australia (persons) at 30 June 2001 as standard population

Figure 1 – ABS State comparison of age-standardised rates per 100,000 for suicides

Currently the two key national strategies that influence suicide prevention programs and activities in Tasmania is the *National Mental Health Plan 2003-2008*, the *LIFE Framework 2000-2006* and the revised *LIFE Framework 2007*.

The *LIFE Framework* is based on the following assumptions:

- The responsibility for suicide prevention rests with individuals, professional groups and services across the community and that intervention should be provided in a co-ordinated and integrated way according to the needs of the individual and the community.
- To reduce the loss of life through suicide, activities will occur across eight overlapping domains of care and support. These include:
 - universal interventions – over the whole of population
 - selective interventions – with groups and communities identified as ‘at risk’
 - indicated interventions – targeting people showing early signs of risk

2. Introduction

- symptom identification – knowing and being aware of signs of high risk or tipping points
- finding and accessing early care and support
- standard treatment when specialised care is needed
- longer-term treatment and support
- ongoing care and support
- ‘Safety nets’ should be provided to support people moving between treatment options and back into the community including through:
 - community-based services
 - effective client hand-over practices; and
 - cooperation and communication between health professionals, community support services, families, workplaces and community groups.

The *National Mental Health Plan 2003-2008* also adopts a population health framework approach. Similar to the *LIFE Framework 2007* the Plan recognises that the determinants of mental health status comprise a range of psychosocial and environmental factors, including income, employment, poverty, education and access to community resources, as well as demographic factors and their influences throughout the lifespan. The Plan recognises that an effective approach to mental health identifies the need for effective linkages and collaboration that needs to occur across all sectors of the government and the community.

2.4 State Picture

Suicide prevention is seen as an important issue in communities throughout Tasmania as reflected in the feedback received from the statewide community consultation. The Tasmanian Parliament Joint Standing Committee on Community Development (2007) also recognised the importance of suicide prevention in the state, with their investigation and report in November 2007 on ‘Strategies for the Prevention of Suicide’. The recommendations from this report are listed in Appendix 2. The Parliamentary Report together with the information contained in this document provides a broad picture of the issues relating to suicide and suicide prevention in Tasmania and the current suicide prevention activities occurring in the state.

Suicide is a rare event, however the Tasmanian rate is the second highest in Australia. The national *LIFE Framework 2007* identifies the strong relationship between suicide rates, geographical area and socio-economic factors ‘...suicide rates tend to be much higher in regional, rural and remote locations and in areas of higher socio-economic disadvantage.’ (*LIFE Framework 2007*, p 12)

In the latest *Health Indicators Tasmania 2008* report, Tasmania is described as a highly decentralised state with almost 60% of the population living outside the greater Hobart area, of all states and territories Tasmania has the smallest population living within a capital city. Tasmania also had the lowest median weekly individual income of any State or territory in 2006 with the unemployment rate 1.4% above the national average. *Tasmania’s Health Plan Summary Report 2007* also identifies that Tasmania has the second highest level of disadvantage of any Australian jurisdiction and that out of 29 local government areas in Tasmania only seven scored average or above average in socio-economic status in 2001.

The factors influencing the complex causes of suicide extend beyond health outcomes and health service delivery. *Tasmania’s Health Plan Summary Report 2007* in addition to *Tasmania Together 2020* provides goals and indicators that influence the health and well-being of the Tasmanian community.

2. Introduction

Tasmania's Health Plan Summary Report 2007 recognises that where services can be provided safely, effectively, efficiently and cost effectively they should be delivered locally. The current Plan includes strategies which address some of the issues raised in this report. For example, the Plan includes strategies to increase access to mental health and alcohol and drug programs in rural areas as well as increasing day respite services. The Plan includes expanding the role for rural health centres to have more of an emphasis on health promotion and increased access to visiting services such as allied health or mental health services. A more co-ordinated approach to service delivery is planned with the development of primary health partnerships between all sectors.

The *Tasmania Together 2020* is a 'living' document with reviews occurring every five years involving community consultations. The plan sets out future directions for Tasmania under five key themes: community; culture; democracy; economy and environment all of which influence, to varying degrees, the well-being of Tasmanians. The twelve broad goals and 143 benchmarks provide updated indicators on key factors that influence the well-being of Tasmanians and provide directions across all government sectors for service delivery and future planning.

3. Consultation Management

3.1 Governance

The diagram below shows the consultation governance structure and project design.

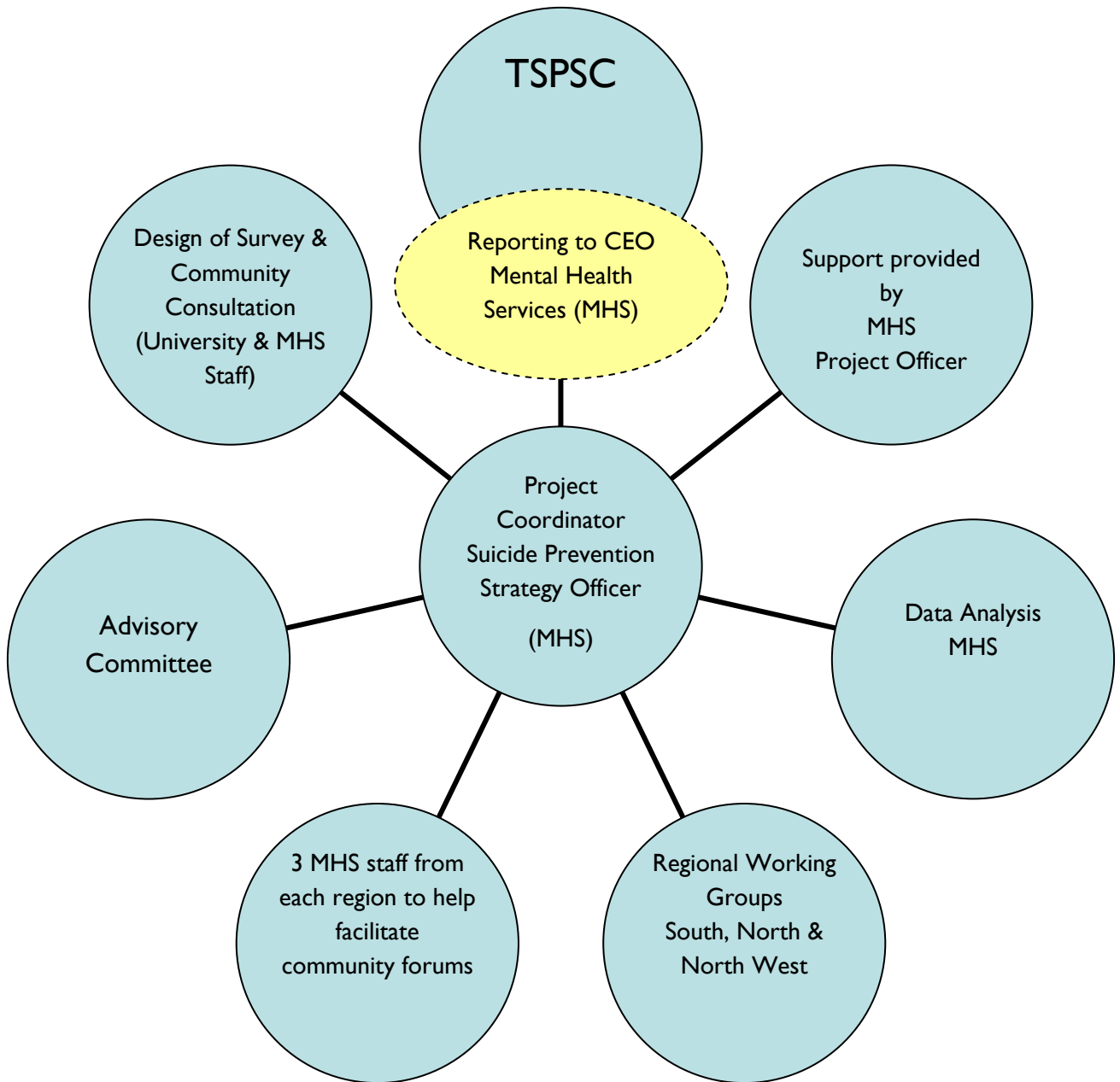


Figure 2 - Governance structure for the consultation process

3. Consultation Management

Advisory Committee

An Advisory Committee was established to provide guidance and direction in planning and implementing the statewide consultations. Members were as follows:

- Chair of the TSPSC & CEO of MHS or proxy (Chair of Advisory Committee)
- Former Manager of the Officer of the Director, MHS
- Project Officer, MHS
- 3 MHS staff representatives from each region
- Community representative from TSPSC
- Representative from Population Health (DHHS)
- Representative from University of Tasmania (UTAS)
- Department of Health and Ageing (DoHA) representative from TSPSC
- School or local Government representative
- Police representative
- Mental Health Council of Tasmania (MHCT) representative
- Tasmanian Community Advisory Group on Mental Health (TasCAG) representative

The Advisory Committee met three times during the consultation period.

Regional Working Groups

Working groups were set up in the South, North and North West regions. The role of the regional working groups was to:

- provide advice to ensure a regional localised approach to engaging their local communities;
- provide advice and information on how to engage key high risk groups in their region in the consultation;
- encourage local ownership of the community forums; and
- provide regional knowledge and expertise into the community forums.

The composition of regional working groups varied between regions and included members from key stakeholders from non government and government organisations.

The regional working groups met twice in each region during the consultation period and will meet a final time to receive information from the final report.

3.2 Aims

The goals of the consultation were to:

- gather information from a broad range of community members and key stakeholders to identify current activities in relation to suicide prevention and to inform future direction of suicide prevention;

3. Consultation Management

- record the key issues relating to suicide prevention relevant to community areas; and
- identify participant needs and expectations in addressing these issues.

The terms of reference for the consultation encapsulated primary prevention, early intervention, intervention and post-vention activities as outlined in the national *LIFE Framework* and excluded voluntary euthanasia.

Potential benefits of the community consultation were seen to include:

- identifying existing knowledge, support and involvement in suicide prevention throughout the State;
- increasing awareness of suicide as an issue and awareness of current suicide prevention activities in local communities;
- improving the TSPSC's understanding of suicide prevention activities currently available to local communities;
- increasing knowledge in building community resilience and increased knowledge of the principles, concepts and benefits of increasing community resilience;
- developing a network of key stakeholders throughout the state;
- increasing community knowledge of the state activity of the TSPSC and the national *LIFE Framework 2007*; and
- expanding membership of the TSPSC Reference Group and the development of two way communication methods.

4. Methodology

A multi faceted approach was taken to ensure optimum community feedback was received. It was recognised at the planning phase that people at risk of suicide were less likely to participate in the community consultations. As a result, it was identified that it was vital to also consult as widely as possible with individuals and organisations who were involved in supporting and advocating for individuals and groups at risk of suicide. Taking this into account, the following methods of collecting information were undertaken.

Community Forums

Community forums were held across the state, targeting key stakeholder organisations, service providers community groups and individuals. The forums were based on a community development model. Approaches were made to local Councils to assist in facilitating the forums and promoting it locally. This ensured local knowledge of the most suitable location and times for the forum. In many cases local health service providers were also approached and assisted to facilitate forums.

Advertisements were placed in local papers at least two weeks before the consultation forums. A full list of forums, locations and dates were also available on the consultation website.

Local councils and health service providers helped to promote the forums in their community. A mail-out of invitations occurred before each forum to local private, government and non-government service providers, community and sporting groups and churches.

A health professional facilitated each forum to ensure that messages were delivered in a safe way in an effort to reduce the risk of harm to anyone attending who was at risk or had lost someone to suicide.

Other key organisations such as the Mental Health Council of Tasmania and mental health consumer and carer bodies, Migrant Resource Centres in the north and south, Tasmanian Ambulance Service, Divisions of General Practice and Correctional Primary Health were also consulted separately. It was decided however to keep separate service consultations to a minimum, as the consultation was based on a community development model that provided for service providers and the community to come together to discuss issues, share information on what was happening and discuss possible further action or outcomes.

4. Methodology

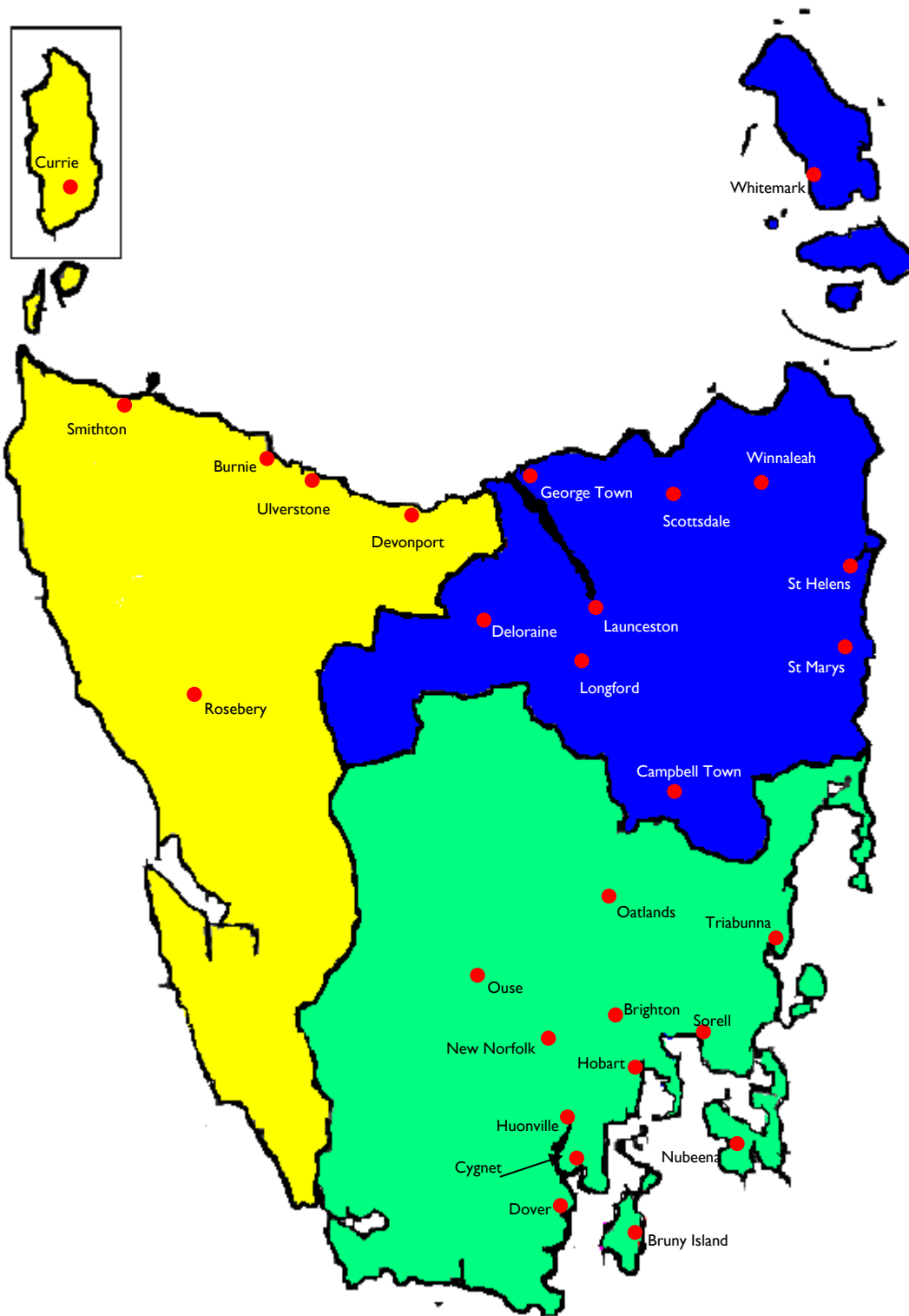


Figure 3 – Map showing where the community forums were held.

4. Methodology

Surveys

Surveys were developed for schools, local councils, non government organisations and individuals so as to extend the reach of the consultation. Surveys were also available at every community forum for those people who felt more comfortable providing input in this way.

Surveys were designed with the input of members of the TSPSC and community forum facilitators and Mental Health Services technical information staff.

Surveys were sent out via the Department of Education to all schools, mailed out to all local Councils and as many relevant non government organisations as possible.

On-line surveys were available on the consultation website and promoted through advertisements, invitations and discussion at the forums.

Written Submissions

Advertisements were placed in the three regional papers calling for written community and stakeholder submissions.

Reporting

This report identifies the key issues in relation to suicide and suicide prevention in local communities and the key actions considered to be important to help address the identified issues.

5. Findings

5.1 Summary of Key Findings

Community Forums

Between July and March 2008, 42 community forums were held throughout the state, with over 600 people attending. Meetings and focus groups were also held with key stakeholders.

Forums considered three key areas:

1. What are the issues in your area?
2. What is occurring in your area to address these issues?
3. What is missing or needed in your community to address these issues?

Key Findings

- Rural / remote areas identified isolation, lack of public transport, reduced services and in particular the costs and difficulties for students and families when students need to study away from home as key issues relevant to suicide prevention. Increasing costs of petrol and associated difficulties in young people getting their license was mentioned in some areas. Another issue involved mainlanders moving to regional and rural communities for low cost housing. The increased burden on services by this growing population and their impact on affordable housing were also raised. Some 'mainlanders' having difficulty in becoming part of the community was identified as a particular concern.
- Urban areas also identified financial issues, community issues such as breakdown of support networks and lack of cohesiveness as key issues around suicide prevention in their communities. Attendees also identified difficulties accessing GP's and lack of trauma support. The lack of support for people after they have left hospital after being admitted for being at risk of suicide was also an issue of concern. Lack of community based suicide prevention / mental health training was also raised.
- In urban and rural areas there was a strong awareness of activities and programs that were available in people's communities. Information on services and programs available in the community was shared at the forums with many participants acknowledging that they had gained a broader knowledge of what was available in their area.
- Participants at the community forums had a broad understanding of what was occurring in their community to address the issues contributing to suicide and suicidality. These included services, programs, activities, websites and community groups and are listed in Appendix I.
- Activities that were identified as initiatives that could be happening to address issues of concern were similar in nature to the responses in the individual surveys. Both urban and rural areas saw the need to increase information within communities in relation to what services were available (including suggestions on how this could be done). The need for community based training in suicide prevention, increased community based activities and programs that brought people together, provision of post-suicide support, after-hours crisis care, support groups and programs specific for men were all recognised as priorities.

5. Findings

Surveys

Separate surveys were prepared for organisations such as schools, councils and non government organisations (NGOs) and for individuals (available on-line and hard copies were available for community forums). Information from the organisation and individual surveys are therefore recorded separately.

Organisational Surveys

Surveys were sent out to over 200 NGO's, all schools and local councils. 17 NGO surveys, 10 councils and 15 school responses (many from education cluster areas) were received.

Similar to the community forums and individual surveys, the primary questions were aimed at gathering information in relation to:

1. How important is suicide prevention as an issue?
2. What is happening to help prevent suicide in your community?
3. What are the major issues in your community and/or for your client base?
4. What was needed to address some of these issues?

Key Findings

- Suicide prevention was considered to be an important issue for communities.
- The key themes for issues areas are factors that contribute to isolation such as transport, disengagement from the community / school, family or relationship breakdowns, stigma around being different, and the cultural attitudes of soldiering on and not seeking help or counselling when difficulties arise. Financial difficulties were also raised due to the drought, unemployment and the effects of homelessness and gambling.
- There were a lot of suggestions for reducing isolation and helping to build resilience of young people whilst at school. Respondents identified a need for more information on what services and programs were available and the need for more community based training in recognising depression and how to respond, as well as improved training for health service professionals in suicide prevention. Many people also identified the need for more GPs, social workers and counsellors to help provide greater support for people at risk.
- Information provided in relation to what was happening to help prevent suicide focussed on services being provided by DHHS; NGO services and programs; school social workers and psychologists; private counselling and psychology services as well as GPs.
- A larger proportion of the responses also listed the telephone help lines such as Lifeline, Lifelink, Kids Help Line and Men's Help Line as a service that was available. Beyond Blue was also listed in the majority of responses under this area.

Individual Surveys

A total of 318 individual surveys were received. These included 259 on-line and 59 hard copies submitted.

Key Findings

- A majority of respondents strongly agreed that suicide prevention was an important issue in their community.

- Many respondents had knowledge of numerous services available although approximately one third of respondents did not know what services were available. In particular, GPs, counselling services, NGO programs and telephone help services were identified as services occurring in the community to help prevent suicide.
- The majority of respondents stated that talking with a counsellor / local social worker would be the most effective action when at risk of suicide.
- The following were identified as the main activities that could be occurring in communities to prevent suicide:
 - Increased number of community events that brought people together thereby helping to reduce social isolation and improve community connectivity
 - Campaigns to help address the stigma around suicide, attempted suicide, depression and mental illness
 - More education and training, both in the community and for health professionals on suicide prevention and identifying and managing depression
 - Increased awareness and knowledge of services available
 - More support groups
 - Increased counselling services, especially out of hours
- Concern was raised with regards to how hospitals dealt with people attending emergency departments whilst at risk of suicide and people being discharged due to pressures on the health system. Lack of specific youth based in-patient mental health facilities was also raised.
- The importance of increasing resilience development programs at schools was also raised as was the need to increase men's programs and support services.

Written Submissions

Twelve written submissions were received from individuals and stakeholder organisations. This report does not reproduce all information contained in the submissions. Information recorded here focuses on issues raised and suggestions for increasing awareness of suicide prevention and reducing suicide in Tasmanian communities.

Key Findings

- Concern was expressed in relation to difficulty accessing GP appointments in some areas.
- It was considered communication on what health and support services are available in local communities was limited.
- It was suggested there was a need for on-going activities that help to address cultural change with regards to attitudes to groups who are seen to be different such as the GLTBI community.
- There was a need to increase social opportunities for communities.
- More funding for crisis care to support those people who are in crisis and/or suicidal was required.
- More support was required for post-vention services.
- Effort needed to be focussed on increasing awareness of mental health in the community.

Additional Key Findings

In conducting the consultations there were some matters raised by participants that were considered important inclusions to the report. A summary of these include:

- The identification of people with acquired brain injury or traumatic brain injury as a risk group for suicide and the needs identified around this group.
- The effects on people's well-being from environmental noise.
- The identification of GLTBI community as a risk group for suicide and addressing the needs identified around this group.

5.2 Key Conclusions

The following are conclusions taken from the summary of findings and outlined under key themes; they are in alphabetical order, not in order of need or importance.

Community

- The need to reduce isolation through improved transport and to increase community connectedness through community-based social opportunities, programs and activities.

Cultural

- The need for programs, activities and awareness campaigns that:
 - help reduce the stigma associated with depression and mental illness
 - promote help-seeking behaviour; and
 - promote greater acceptance of differences in our society, in particular racial and sexual orientation.

Information

- The need to increase promotion in local communities of services and programs that have a role to play in suicide prevention and which are currently available.
- The need to promote awareness of how to identify, respond to and support a family member, friend, neighbour or colleague experiencing depression or crisis.

Services / Programs

- The need for specifically targeted suicide prevention policies and programs for groups identified to be at risk of suicide.
- The need for after-hours crisis support services and programs for people at risk of suicide.
- The need for more support programs or support groups particularly for men, youth, people who have lost someone to suicide and those experiencing financial difficulties.
- The need for improved access to GP services in rural and urban areas.

- The need for revision of public hospital emergency department admission and discharge policies and processes for individuals identified to be suicidal or in crisis.
- The need for improved access to confidential counselling services, especially in rural areas.

Training / Education

- The need to raise awareness of suicide prevention and depression and to increase training for health and service providers.
- The need for low-cost or no-cost training in suicide prevention and mental health for members of the community.

7. Recommendations

The recommendations are made in response to the “Key Conclusions” of the report.

Community and Cultural

- Tasmanian Suicide Prevention Steering Committee to encourage and support greater awareness of the links between social isolation and suicide, and the activities that help decrease social isolation and promote greater acceptance of differences in our society, in particular racial and sexual orientation. This should be informed by the Tasmanian Social Inclusion Strategy which is currently under development.
- Tasmanian Suicide Prevention Steering Committee to work with Mental Health Services to incorporate a localised media campaign, into Mental Health Services’ communication strategy, that assists in the promotion of help-seeking behaviour and in the reduction of societal stigma towards depression and mental illness.

Information

- Tasmanian Suicide Prevention Steering Committee to develop closer links with local government to help identify opportunities to increase local knowledge of services and assistance available to people in their communities.
- Tasmanian Suicide Prevention Steering Committee to work with key groups to help facilitate forums regularly throughout the state to raise awareness of depression, mental illness, suicide prevention and appropriate action.

Services / Programs

- Tasmanian Suicide Prevention Steering Committee, in conjunction with the Coroner’s Court, to review the collection and analysis of relevant statistics to inform suicide prevention activity in Tasmania, and to facilitate accurate and timely reporting of suicide statistics and associated trends.
- Tasmanian Suicide Prevention Steering Committee to facilitate the development of a regionally focused statewide strategy for suicide prevention that incorporates national, state and local needs and activities. This strategy is to be informed by the information contained in this report and other relevant national and state government initiatives such as the *LIFE Framework 2007*, and the Tasmanian Social Inclusion Strategy and Mental Health Services’ Promotion Prevention and Early Intervention Strategy which are currently under development.
- Tasmanian Suicide Prevention Steering Committee to develop a strategy for working more closely with organisations that represent, or work with, groups considered to be at risk of suicide.
- Tasmanian Suicide Prevention Steering Committee to work with the three regional hospitals and Mental Health Services, to review admission and discharge policies and procedures for regional public hospital emergency departments and in-patient adult psychiatric wards to ensure appropriate consideration of people identified as being at risk of suicide.
- Tasmanian Suicide Prevention Steering Committee to work with Mental Health Services to examine opportunities to provide appropriate in-patient services specific for youth with a mental illness or at risk of suicide.
- Tasmanian Suicide Prevention Steering Committee to work with Mental Health Services to further promote the 24-hour helpline in the community and develop closer linkages with on-call crisis support services and other telephone crisis services.

- Tasmanian Suicide Prevention Steering Committee to develop a 'post-vention' strategy (in the event of completed suicides) to ensure equitable and sustainable access to post-vention support throughout the state.
- Tasmanian Suicide Prevention Steering Committee to support the Department of Health and Human Services to continue working with the Divisions of General Practice to improve access to GPs both in rural and urban areas.

Training / Education

- Tasmanian Suicide Prevention Steering Committee to encourage and support National, State and Local Government to invest in community-based suicide prevention training. This training should occur in conjunction with the establishment of local networks aimed at bringing people together, to work together, to reduce suicide through training and education.
- Tasmanian Suicide Prevention Steering Committee to work with postgraduate and undergraduate training organisations in the areas of medicine, nursing, pharmacy, allied health, paramedics and teaching to encourage and support training and awareness of suicide prevention.

8. References

The following reports / articles are referred to in this report:

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9. Glossary

CORES	Community Response to Eliminating Suicide
DHHS	Department of Health and Human Services (State Government agency)
DoHA	Department of Health and Ageing (Federal Government department)
TSPSC	Tasmanian Suicide Prevention Steering Committee
LIFE Framework	<i>Living is for Everyone framework 2000 – 2006</i> . The National suicide prevention strategic framework
UTAS	University of Tasmania
MHCT	Mental Health Council of Tasmania
MHS	Mental Health Services
TasCAG	Tasmanian Community Advisory Group on Mental Health
GLBTI	Gay, lesbian, transsexual, bisexual and intersex
Community Support Unit, DHHS	A unit operating in DHHS pre June 2006 that incorporated Mental Health Services, Alcohol and Drug Services, Disability Services and Correctional Health Services. The Director of the Community Support Unit was the Chair of the TSPSC prior to the reorganisation of DHHS. In June 2006 the Director Mental Health Services became the Chair of the TSPSC as part of the DHHS reorganisation.

10. Appendices

1. List of services, programs, activities, websites and community groups that were identified as occurring in communities to address the issues contributing to suicide and suicidality
2. Recommendations from the Tasmanian Parliamentary Joint Standing Committee on Community Development Inquiry into Suicide Prevention
3. List of community forums held throughout Tasmania and whether the information collected from them were recorded under Urban (U) or Regional / Rural / Remote (R)
4. On-line survey example

Appendix I

List of Services, programs, activities, websites and community groups that were identified as occurring in communities to address the issues contributing to suicide and suicidality

<ul style="list-style-type: none"> • Anglicare – My Place & financial counselling 	<ul style="list-style-type: none"> • General Practitioners
<ul style="list-style-type: none"> • Centacare 	<ul style="list-style-type: none"> • Psychologists/social workers/counsellors and the Medicare rebate scheme for counselling
<ul style="list-style-type: none"> • Centrelink Counselling services 	<ul style="list-style-type: none"> • Mens Sheds / Community Sheds
<ul style="list-style-type: none"> • Mission Australia – Stay on Track program, Youth Beat 	<ul style="list-style-type: none"> • Neighbourhood / Community Houses
<ul style="list-style-type: none"> • Mental Health Services 	<ul style="list-style-type: none"> • On-Line Centres
<ul style="list-style-type: none"> • Community Health centres and staff 	<ul style="list-style-type: none"> • Education Department social workers and guidance officers
<ul style="list-style-type: none"> • Parakaleo 	<ul style="list-style-type: none"> • Oz Help Foundation
<ul style="list-style-type: none"> • Life Line 	<ul style="list-style-type: none"> • Kids Help Line
<ul style="list-style-type: none"> • Chaplains 	<ul style="list-style-type: none"> • Sisters of Charity
<ul style="list-style-type: none"> • Grans Van 	<ul style="list-style-type: none"> • The Zone
<ul style="list-style-type: none"> • Salvation Army 	<ul style="list-style-type: none"> • Society of St Vincent De Paul
<ul style="list-style-type: none"> • PCYC 	<ul style="list-style-type: none"> • Council Youth Activities & support
<ul style="list-style-type: none"> • Dept of Veterans Affairs – veterans counselling services 	<ul style="list-style-type: none"> • Red Cross Mental Health First Aid courses & Mates program
<ul style="list-style-type: none"> • Time Out house 	<ul style="list-style-type: none"> • Steps Employment
<ul style="list-style-type: none"> • Voluntary emergency services groups such as CFS, SES, Ambulance 	<ul style="list-style-type: none"> • Senior Citizens
<ul style="list-style-type: none"> • Family Support program 	<ul style="list-style-type: none"> • ARAFMI
<ul style="list-style-type: none"> • GROW 	<ul style="list-style-type: none"> • Good beginnings program
<ul style="list-style-type: none"> • Job networks 	<ul style="list-style-type: none"> • Alcoholics Anonymous
<ul style="list-style-type: none"> • Visit Me 	<ul style="list-style-type: none"> • Meals on Wheels
<ul style="list-style-type: none"> • Compassionate Friends (from Victoria only) 	<ul style="list-style-type: none"> • City Mission Crisis support
<ul style="list-style-type: none"> • Inter Agency Support Panels 	<ul style="list-style-type: none"> • Colony 47 Housing Assist
<ul style="list-style-type: none"> • Communities for children program 	<ul style="list-style-type: none"> • Adult education classes (very limited in some areas)
<ul style="list-style-type: none"> • Richmond Fellowship of Tasmania Inc 	<ul style="list-style-type: none"> • Lifelink Samaritans

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<ul style="list-style-type: none"> • ASCA (Adult survivors of child abuse) 	<ul style="list-style-type: none"> • ASPIRE
<ul style="list-style-type: none"> • Road Trauma Support Group 	<ul style="list-style-type: none"> • Teenage mums programs
<ul style="list-style-type: none"> • Kids in Mind program 	<ul style="list-style-type: none"> • Oakleigh House
<ul style="list-style-type: none"> • Fusion 	<ul style="list-style-type: none"> • World Vision (new to Tasmania)
<ul style="list-style-type: none"> • Kids Hope Australia – mentors one on one • Adopt a School – Montello – 15 mentors 	<ul style="list-style-type: none"> • Schools – breakfast programs
<ul style="list-style-type: none"> • Visiting psychologist & wellness group 	<ul style="list-style-type: none"> • Male workers with Mens sheds
<ul style="list-style-type: none"> • Outreach caravan in some areas 	<ul style="list-style-type: none"> • Sexual Assault Services
<ul style="list-style-type: none"> • Police 	<ul style="list-style-type: none"> • Probus
<ul style="list-style-type: none"> • Financial Counselling 	<ul style="list-style-type: none"> • Carers support program
<ul style="list-style-type: none"> • Seniors Groups 1 x month 	<ul style="list-style-type: none"> • New Horizons for the disabled
<ul style="list-style-type: none"> • Respite Care 	<ul style="list-style-type: none"> • Busy Bees service for people with a mental illness (S-A)
<ul style="list-style-type: none"> • Council child care services 	<ul style="list-style-type: none"> • SETAC
<ul style="list-style-type: none"> • Cancer Support groups 	<ul style="list-style-type: none"> • Mind Matters in schools
<ul style="list-style-type: none"> • Suicide survivors groups 	<ul style="list-style-type: none"> • Masonic Lodge
<ul style="list-style-type: none"> • Rural Youth 	<ul style="list-style-type: none"> • Pulse
<ul style="list-style-type: none"> • Tasmanian Farmers and Graziers Association 	<ul style="list-style-type: none"> • Green Corps
<ul style="list-style-type: none"> • Laurel House (N) 	<ul style="list-style-type: none"> • Sexual health
<ul style="list-style-type: none"> • Wyndarra (NW) 	<ul style="list-style-type: none"> • Drug and Alcohol outreach services
<ul style="list-style-type: none"> • Increase in male counsellors (NW especially) 	

The following websites were identified as being useful:

<ul style="list-style-type: none"> • Alliance 64 	<ul style="list-style-type: none"> • Mood Gym
<ul style="list-style-type: none"> • Beyond Blue 	<ul style="list-style-type: none"> • Sane
<ul style="list-style-type: none"> • Black Dog 	

Most communities identified the following groups, with some communities, especially in rural areas pointing out that many of these groups had now folded or were in danger of folding.

<ul style="list-style-type: none"> • Art groups 	<ul style="list-style-type: none"> • League of Gentlemen
<ul style="list-style-type: none"> • Book clubs 	<ul style="list-style-type: none"> • Lions

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<ul style="list-style-type: none"> • Churches and support from church personnel and groups 	<ul style="list-style-type: none"> • OMNI (Older men new ideas)
<ul style="list-style-type: none"> • Craft groups 	<ul style="list-style-type: none"> • Play Groups
<ul style="list-style-type: none"> • CWA 	<ul style="list-style-type: none"> • Rotary
<ul style="list-style-type: none"> • Dad and kids groups 	<ul style="list-style-type: none"> • RSL
<ul style="list-style-type: none"> • Dance classes 	<ul style="list-style-type: none"> • Sailing clubs
<ul style="list-style-type: none"> • Eating with friends 	<ul style="list-style-type: none"> • Sport Centres
<ul style="list-style-type: none"> • Guides 	<ul style="list-style-type: none"> • Sporting groups – primarily football, cricket, netball, hockey, tennis, golf, indoor and outdoor bowls.
<ul style="list-style-type: none"> • Historical Societies 	<ul style="list-style-type: none"> • Walking groups
<ul style="list-style-type: none"> • Hospital Auxiliary 	

Activities that were identified included:-

<ul style="list-style-type: none"> • Community gardens 	<ul style="list-style-type: none"> • Beyond Blue forums
<ul style="list-style-type: none"> • Community house men's programs 	<ul style="list-style-type: none"> • Councils have welcome packs of information (but only to rate payers)
<ul style="list-style-type: none"> • Party safe programs 	<ul style="list-style-type: none"> • Men's nights (with GP) (for example 200 attended on East Coast)
<ul style="list-style-type: none"> • Mens groups 	
<ul style="list-style-type: none"> • Community dances 	

Specific Suicide prevention community run programs that were identified include:

<ul style="list-style-type: none"> • CORES – Sheffield and Smithton 	<ul style="list-style-type: none"> • Suicide Support Groups were identified in Hobart, Launceston and a women's group in the Triabunna area.
<ul style="list-style-type: none"> • Rural Alive and Well Incorporated (Oatlands / Ouse area) 	

Appendix 2

Recommendations from the Tasmanian Parliamentary Joint Standing Committee on Community Development Inquiry into Suicide Prevention

The Joint Standing Committee on Community Development Inquiry into Suicide Prevention made the following recommendations:

1. The Tasmanian Government urgently needs to put in place a suicide prevention strategy for Tasmania. Such a strategy should have the flexibility to be relevant to local communities and the general population, and should also aim to change community attitudes.
2. A framework should be adopted to provide a useful strategic performance indication of suicide prevention progress for Tasmania, in absolute and comparative terms, and according to broad objectives.
3. The State Government must seek to expand its suicide prevention role beyond its present scope as an area of priority if it wishes to address the unfortunate high prevalence of suicide in Tasmania.
4. The distribution and allocation of funding for suicide prevention in Tasmania has to be improved. The TSPSC may be able to assist and advise how governments at all levels could find solutions to this problem.
5. NGOs and community organisations should consider establishing a body independent of the TSPSC to service as a point of coordination, strategic cohesion and leadership for non-government suicide prevention efforts, and also to provide a second opinion to governments on how to reduce suicide in Tasmania.
6. NGOs should be encouraged to expand their suicide prevention services, and measures should be taken to reduce and overcome unnecessary impediments to suicide prevention activities, including through the provision of:
 - (a) Government funding for long-term (rather than short-term) periods of time for suicide prevention activities;
 - (b) Improved access to resources, current research, and training opportunities; and
 - (c) Increased promotion and recognition of organisations and the suicide prevention services they offer.
7. Efforts of employers to care for the wellbeing of employees should be intensified. Suicide prevention must be treated as a higher priority workplace safety issue. Unions should also make a contribution.
8. Suicide prevention and awareness education in schools should continue in terms of professional development for teachers, but should be approached very carefully if directed at students.
9. Graduates need to be encouraged into the mental health field in Tasmania, and in particular for research into suicide. Incentives, such as a scholarship for high-level research into suicide prevention, ought to be offered for Tasmanian graduates.
10. The Tasmanian media must ensure that the reporting of suicide is responsible, and as a standard practice contact details of counselling and support services should always be cited. The media should also ensure that content presented relating to suicide themes in general programming is also suitable.

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11. Services that specifically aim to prevent suicide among men should be increased.
12. Men need to be encouraged to seek help if they are enduring emotional and personal problems.
13. Any future suicide prevention strategy (or strategic planning) in Tasmania must seek to address the prevalence of male suicide and male attitudes to approaching personal problems.
14. More research into suicide in Tasmania, whether funded by government or non-government sources, would be useful, though it should not be excessive and overshadow actual suicide prevention activities.
15. Funding should be specifically provided for research into suicide and periodic analysis of suicide data in Tasmania, which should be conducted by a body independent of the TSPSC that would provide an alternative Tasmanian-based source of research and data analysis. The TSPSC could continue to produce its own research and data analysis.
16. Tasmania should work to achieve greater consistency of data collection across all jurisdictions in order to enhance data collection capabilities to improve research into suicide prevention.

Appendix 3

Locations of community forums throughout Tasmania

The following are locations where community forums were held and corresponding classification as urban (U) or Regional/Rural/Remote (R). Some areas hosted more than one forum.

Location	Urban (U) or Regional / Rural / Remote (R)
Brighton	U
Bruny Island	R
Burnie	R
Campbell Town	R
Cygnet	R
Deloraine	R
Devonport	R
Dover	R
Flinders Island	R
George Town	R
Glenorchy	U
Hobart	U
Huonville	R
Launceston	U
Longford	U
King Island	R
New Norfolk	U
Nubeena	R
Oatlands	R
Ouse	R
Rosebery	R
Rosny	U
Scottsdale	R
Smithton	R
Sorell	U

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St Helens	R
St Marys	R
Triabunna	R
Winnaleah	R
Ulverstone	R

Appendix 4

On-line survey example

The Tasmanian Suicide Prevention Steering Committee is conducting a statewide consultation on suicide prevention.

This on-line survey is part of this community consultation and your time and input in completing the survey is greatly appreciated.

The community consultation is designed to:

- Find out what is happening at the 'grass-roots' level in Tasmania's communities
- Share this information
- Help to promote and facilitate community action
- Build strong communication links between the community and the government around suicide prevention activities

The information gathered will provide input into the next operational plan for the TSPSC.

Depending on the detail of the answers you provide, it is expected that this survey will take between 5 and 10 minutes to complete.

All information provided by you will be treated in strict confidence and the survey will not identify individual responses.

[Click here to complete the survey](#)

If you would prefer to submit a written response a hard copy of the survey is available for downloading by clicking [here](#).....

This survey can be posted to:-

Janette Papps

Suicide Prevention Strategy Officer

Mental Health Services

PO Box 125

HOBART TAS 7000

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Would you like to receive final feedback from the statewide consultation?

Yes/No

If so – please provide your contact details (please note that this information will be stored separately from the data received from this survey)

Name / address / e-mail (if available)

.....

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2.3 What do you see are the issues most closely linked to suicide in your community? (please detail or list)

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2.4 If a person was at risk of suicide, do you think talking to a general practitioner would:

Help a lot help a little; have no effect be a little unhelpful be considerably unhelpful

2.5 If a person was at risk of suicide, do you think talking to Lifeline or similar service would:

Help a lot help a little; have no effect be a little unhelpful be considerably unhelpful

2.6 If a person was at risk of suicide do you think talking to a counsellor / local social workers would:

Help a lot help a little; have no effect be a little unhelpful be considerably unhelpful

2.7 If a person was at risk of suicide do you think talking to a friend / mate / family member would:

Help a lot help a little; have no effect be a little unhelpful be considerably unhelpful

2.8 What is happening in your community that would help improve people's ability to cope with difficulties in life, and to feel good about themselves and their life.

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2.9 What do you think **could be happening** in your community that would help improve people's ability to cope with difficulties in life, and to feel good about themselves and their life?

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2.10 Are there any additional comments and or issues that you would like us to be aware of with regard to suicide prevention activities in your community?

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Thankyou for your time and input into this survey