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ISBN 0724658033

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<http://www.dhhs.tas.gov.au/agency/pro/suicideprevention/index.php>

MESSAGE FROM THE CHAIR



Since 1993 the Tasmanian Suicide Prevention Steering Committee (TSPSC) has acted as a clearinghouse and central reference point for responding to prevention initiatives at a local, state and national level. Although focus and priorities for action have changed over time as new research facilitates a better understanding of suicide and its prevention, the Committee has remained dedicated to reducing the prevalence of suicide and self-harm in Tasmania and helping to reduce the impact of both on the community. The Committee is not a funding body. It is an active advisory group dedicated to promoting awareness and shared responsibility, and facilitating cooperative effort across government, community and business sectors.

This report provides an overview of activity undertaken by the Committee for 2004-2005 and 2005-2006 financial years. Coronial data is always released in calendar years. Comprehensive statistical information is provided for 2004, with a summary of 2005 Coronial data included to accommodate requests for the most recent statistics.

Current trends show that men of all ages in Tasmania are more likely to die by suicide than women, with the most deaths occurring in working age men. This is consistent with national trends. The complex nature of suicide points to a series of potential contributing factors. For example, separation and divorce are significant events that involve one or more life altering losses: the loss of a spouse, child custody disputes resulting in reduced access to children and division of property and financial reserves.

However researchers are increasingly considering the role of masculinity and the potential for it to inhibit open communication, making them more vulnerable than women to compounding life stresses. A complex series of factors can contribute to young men's attitudes and behaviours towards help-seeking, emotions, mental health and suicide. An English study found it to be a common perception among participants that men should deal with their own problems and should show little emotion.¹ Further to this was a common perception that 'talking' would not solve anything.

Early help seeking is vital in reducing suicide risk among all people. In recent years the TSPSC has strongly emphasised the value of promotion and

¹ Men's Health Forum SOLDIER IT! 'Young Men and Suicide', London, 2002.

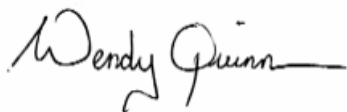
prevention activity such as workplace support programs, including ASIST and Gatekeeper Models, the *beyondblue* workplace program, Red Cross Mental Health First Aid and the OzHelp Program. The Committee has also worked to produce media features to promote community awareness about risk factors and how to recognise when someone may need help.

This will be my final TSPSC Report. In May 2006, the Secretary of the Department of Health and Human Services Tasmania, Dr Martyn Forrest and Minister Giddings announced changes to the governance structure of the Department and the commencement of the *fit* program.

As a consequence of the announcement, as of the 9 June 2006 I commenced in my new role as Director, Disability Services, Human Services Group. While I look forward to the challenges of this role, my movement from Director of Community Support means relinquishing direct involvement in some areas of particular interest, including my role as Chair of the Tasmanian Suicide Prevention Steering Committee which I have held for the past seven years.

Despite this, suicide prevention will continue to be an area of ongoing interest. The past seven years have provided me with the opportunity to form very rewarding connections with people from a variety of backgrounds, who have been brought together by a common goal of assisting in reducing the incidence and alleviating the burden of suicide on the Tasmanian community.

Associate Professor Des Graham, Director of Mental Health Services will assume the role as Chair of the TSPSC. I am confident that the Committee will continue to work towards promoting community awareness, collaborative activity and shared responsibility to help reduce the incidence and impact of suicide in our State.

A handwritten signature in black ink that reads "Wendy Quinn". The signature is written in a cursive style with a long horizontal flourish at the end.

WENDY QUINN

Chair Tasmanian Suicide Prevention Steering Committee

Director Community Support

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EXECUTIVE SUMMARY

This is the fourth report of the Tasmanian Suicide Prevention Steering Committee, covering activity for the 2004-2005 financial year. Statistical data is presented in calendar years. Comprehensive data is provided for 2004, with supplementary information also made available for 2005.

Part 1: About the Committee

The TSPSC seeks to fulfil two broad functions. The first is to provide leadership and facilitate suicide prevention activity in Tasmania by identifying areas of concern, recommending areas for action, and providing a coordinated focus for government activity within Tasmania. The TSPSC promotes a collaborative approach to suicide prevention that extends to all levels of government, community organisations and individuals. The TSPSC strives to maintain a quality of membership that brings together a variety of experts from service delivery, policy and academic spheres.

Secondly, the Committee monitors Tasmanian suicide data to identify groups that exhibit high risk and determine where greater effort needs to be invested. The Committee supports the development of specialist data as a tool for gaining more comprehensive knowledge of risk factors and identifying an appropriate response.

Part 2: Suicide Prevention Activity

The Tasmanian Suicide Prevention Steering Committee has a commitment to provide guidance and support to suicide prevention activity across the state. The foundation of work completed by the TSPSC over the period was derived from the revised Terms of Reference developed for the Steering Committee and the new Reference Group.

The Committee supports the LIFE Framework's policy of whole of government, whole of community responsibility for suicide prevention across the promotion, prevention, early intervention and postvention continuum.

Major work undertaken includes the first Tasmanian Suicide Prevention Forum, a stocktake of suicide prevention services and activities within the State, the inaugural Tasmanian LIFE Awards, ongoing statistical analysis of

state suicide trends, facilitating public education through responsible media, and providing expert advice to stakeholders on a range of issues related to suicide and its prevention.

Part 3: Statistics

While tragic, suicide is essentially a rare event. Identifying trends from a statistically low level of incidence is difficult and caution should be observed. Nonetheless, the Report provides some analysis of suicides in Tasmania for the period 1978-2004. A summary of statistics for 2005 has also been included, with a comprehensive analysis to feature in the next TSPSC Report.

Tasmania 1978-2004

- Between 1978 and 2004 suicide was recorded as the cause of death for 1838 people in Tasmania (7 unconfirmed).
- The overwhelming majority of cases were male, representing 80% of the total number of deaths for the period.
- 17.7% of cases were people aged between 15 and 24, 32% were aged between 24 and 39, 35.9% were aged between 40 and 64 and people over 65 accounted for 13.7% of cases.
- Regional breakdown indicates that 50.3% of cases occurred in the Southern Region, 28.8% of cases in the North and 20.9% in the Northwest.

Tasmania 2004

- In 2004 there were 83 cases of suicide in Tasmania (including 5 unconfirmed) There is a strong gender bias toward males, which represented 79% of cases.
- The largest group determined by age and gender was Male 40-65, representing 36% of cases.
- The most common cause of death was carbon monoxide poisoning, representing 35.4% of all cases.

Part 4: Future Directions

The governance of the Tasmanian Suicide Prevention Steering committee has changed as part of the '*fit*' realignment of The Department of Health and Human Services and is now auspiced under Mental Health Services. As a result, the Chair of the Committee was changed to Associate Professor Des Graham, Director, Mental Health Services and is facilitated by Suicide Prevention Strategy Officer, also a member of Mental Health Services staff.

Whilst based at Mental Health Services, the committee will still maintain a commitment to the national strategic *LIFE* framework with a whole of community coordinated approach to suicide prevention.

These changes, combined with the review of the National Suicide Prevention strategy provides the Committee with a good opportunity to review it's terms of reference and develop an operational plan which will feed into a future Tasmanian Suicide Prevention Strategy.

It is envisaged that this operational plan will be targeted at the grassroots levels, with measurable and deliverable outcomes, which will be based on the *LIFE* framework from a regionalised Tasmanian perspective.

The operational plan and the Tasmanian Suicide Prevention Strategy will be the result of an intensive state-wide community consultation process which will be started late 2006 and continue into 2007.

PART 1: ABOUT THE COMMITTEE

Background

The Tasmanian Suicide Prevention Steering Committee (TSPSC) was established in 1993 in response to growing national and state concern about the high rate of suicide among youth. The primary function of the Committee initially was to monitor statistics and determine appropriate courses of action to address the suicide rate. What has become increasingly clear, particularly following evaluation and research conducted around the National Youth Suicide Prevention Strategy (1995-1999) and current National Suicide Prevention Strategy (2000-2006), is that cause and effect in suicide is exceptionally difficult to measure. While research has isolated many factors that could be targeted to help reduce the likelihood of suicide risk presenting in individuals, there is no single solution to eliminating suicide as a social problem. Given the nature of risks and the obvious difficulties associated with assisting individuals directly, particularly as risks compound, the Committee has adopted the view that the best opportunity for success lies in activity that is life affirming. This means empowering communities, families and individuals to develop and preserve a level of wellbeing to reduce the likelihood of vulnerability to risk factors associated with suicide mortality.

The role and function of the TSPSC has become increasingly more extensive, founded upon shared responsibility across government and community sectors. The overriding mission is to reduce the incidence and overall impact of suicide on the community and reduce the prevalence of self-harming behaviours among Tasmanians of all ages. The Committee aims to:

- 1 Provide leadership for suicide prevention activities for Tasmania, by:
 - Identifying areas of concern, in collaboration with other organisations
 - Recommending areas for action, within state, national and community contexts
 - Providing a coordinated focus for government activity within Tasmania.
- 2 Provide and coordinate specialist expertise in suicide and suicide prevention.

- 3 Promote the collaborative development and support of suicide prevention activities in partnership with others with an interest and expertise in this area.
- 4 Promote and support research activity that will contribute to suicide prevention and minimisation of the adverse effects of suicide.
- 5 Support a sound evidence base for the development of programs and for use in practice, through:
 - Overseeing the maintenance and development of the specialist data base for suicides in Tasmania
 - Providing an annual report on the data, comparing national and state trends and epidemiological data, for the Minister for Health and Human Services
 - Acting as an exchange for information on suicide, suicide prevention activities and research findings.
- 6 Advise the Australian Government of specific Tasmanian issues relating to suicide prevention as requested.
- 7 Work collaboratively with the National Advisory Council on Suicide Prevention (NACSP) Board.

Membership

The TSPSC strives to maintain a quality of membership that brings together a variety of experts from across government and community. Suicide and its prevention is invariably complex and to a great extent illusive. Although recognised as an important social issue in Tasmania and nationally since the early 1990s, a shared government and community agenda founded on a sound evidence base is still relatively young. It is therefore vital that strategic development is guided by individuals with experience in the area.

In July 2004, the TSPSC underwent a restructure to capture a broader membership base. This has enabled the Committee to consider a more diverse range of issues and initiate cooperative activity across a range of sectors. The Committee created a two-tier structure: the Steering Committee (TSPSC) and a Reference Group. This change resulted in an increase in government membership and more diverse community representation to allow the Committee to consider a more extensive range of issues.

Representation now includes:

- Alcohol and Drug Service, Department of Health and Human Services
- Community Support Subdivision, Department of Health and Human Services
- Mental Health Services, Department of Health and Human Services
- Acute Care Settings, Department of Health and Human Services
- Department of Premier and Cabinet
- Department of Police and Public Safety
- Department of Education
- Magistrates Court, Coronial Division
- The Australian Government Department of Health and Ageing

Provision was also made for the election of three non-government representatives for a 12 month period. To be eligible for election, community representatives are required to support the broad principles of the *LIFE (Living is For Everyone)* Framework:

1. Suicide prevention is a shared responsibility across the community, professional groups, non-government agencies and the government sectors.
2. It requires a diversity of approach, targeting the whole population, specific population subgroups and individuals at risk.
3. It must be evidence-based and outcome-focused.
4. It must incorporate community and carer involvement and expert input.
5. Activities must be accessible to those who need them, and appropriate and responsive to the social and cultural needs of the groups or populations they serve.
6. They must be sustainable, to ensure continuity and consistency of service for communities, and evaluation must be an integral part.

Committee Members 2004-2005 and Committee Members for 2005-2006 are listed under Attachment A.

PART 2: SUICIDE PREVENTION ACTIVITY

Suicide: what are the risks?

Suicide risk has many factors including external influences and individual circumstances. These can include poor mental health, drug and alcohol dependence, family breakdown, unemployment, legal issues, limited education and poverty. Determining the effect of risk factors on an individual is made even more difficult by the fact that some people are more resilient to life stresses than others.

The national suicide prevention agenda

Living Is For Everyone (LIFE) is the national framework for prevention of suicide and self-harm in Australia and forms the evidence and strategic base for the current National Strategy. It aims to address suicide, reduce the incidence of suicide and promote mental health and resilience across the Australian population. The Framework provides a context for planning and action, with a strong emphasis on building partnerships to strengthen, focus and integrate existing programs and organisations across many sectors, and to enhance the effectiveness of existing services.

The LIFE Framework identifies six areas for action:

- Promotion well-being, resilience and community capacity across Australia
- Enhancing protective factors and reducing risk factors for suicide and self-harm across the Australian Community
- Services and support within the community for groups at increased risk.
- Services for individuals at high risk.
- Partnerships with Aboriginal and Torres Strait Islander peoples
- Progressing the evidence base for suicide prevention and good practice

LIFE advocates a whole of government, whole of community approach to suicide prevention, emphasising the importance of shared responsibility as the best opportunity for reducing suicide and self harm in communities. Government services play a vital role in facilitating good outcomes in educational, correctional and clinical settings. Local communities are

strongly encouraged to participate and activity within this context can be supported by local government and community organisations, which have the ability to identify community needs and opportunities for social participation. Social connectedness is a vital aspect in supporting the wellbeing of individuals. Families and friends are in a unique position to identify when a significant other is not coping or has recently been exposed to a life stress that may have protracted effects. Encouraging open communication and advice-seeking can be the first step in assisting an individual in need of support.

A needs-analysis conducted into suicide in 1999 indicated that the actions proposed by the LIFE Framework were responsive to the needs of Tasmania at the time. Accordingly, the Tasmanian Suicide Prevention Steering Committee adopted the framework as the overarching approach in Tasmania.

The Tasmanian Suicide Prevention Steering Committee has a commitment to supporting suicide prevention activity across the state. The foundation of work completed by the TSPSC is derived from the LIFE Framework, the Committee's Terms of Reference and undertaking to encourage more widespread community participation through a Reference Group network.

What type of suicide prevention activity works?

It is now widely accepted that suicide prevention activity extends beyond clinical intervention. It is a broad continuum of activity that consists of health and wellbeing promotion, suicide prevention training and education, early intervention, crisis intervention and postvention work with individuals, families, communities and social groups.

In a recent review of evidence of risk and protective factors and points of effective intervention, Professor Annette L Beautrais and others state that the recent focus on a public health approach to suicide prevention has largely been motivated by parallels drawn between cardiovascular disease and suicide, pointing out that the prevention of cardiovascular disease became successful only when it moved from a clinical focus on treating high-risk patients who have already manifested the disease, to a population-based approach focusing on changing knowledge, attitudes, behaviours and cultural norms to prevent the development of cardiovascular disease in within the population (Knox et al 2004). The report also acknowledges the need for more targeted and intensive programs for high risk groups.

Research suggests that preventative strategies targeting families, schools and communities have the potential to help reduce the prevalence of risk factors such as harmful drug use and diagnosed mental illnesses such as depression.² The TSPSC has accordingly adopted an approach founded on positive life affirmation. Helping people to maintain physical, mental and social wellness can reduce the likelihood of individuals becoming vulnerable to serious and compounding risk factors during their lifetime.

Early intervention aims to address specific risk factors where an individual is at increased risk of suicide. For example, early diagnosis and treatment of mental illness is very important as depression is common among individuals who complete suicide.³

Whilst risk factors can help to identify people who may need assistance, suicide often leaves families devastated and unsure of what specifically led the person to end their life. Invoking strategies to assist people to cope with personal grief is very important to ensure that their own wellbeing is not seriously threatened by the death of another.

Major Areas of Activity

1. Provide leadership for suicide prevention activities in Tasmania

In 1999, the TSPSC in partnership with the Department of Health and Human Services (DHHS) conducted a state wide needs analysis into suicide and self-harm and its prevention. Subsequent comparison with LIFE indicated that the Framework's Action Areas go far to meet identified Tasmanian needs.

The TSPSC supports a comprehensive suicide prevention strategy that seeks to pursue a broad continuum of health promotion/prevention, early intervention, intervention and postvention activity.

² Department of Health and Ageing (Cth). *LIFE: A framework for prevention of suicide and self-harm in Australia* 'Areas for action' 2000, p.30.

³ Department of Health and Ageing (Cth). *LIFE: A framework for prevention of suicide and self-harm in Australia* 'Learnings about suicide' 2000, p. 30.

The TSPSC has played a significant role in informing government action and implementation plans of components of LIFE as is appropriate and uses LIFE as the basis to inform other policy developments within Tasmania.

Additionally, the suicide prevention strategy in Tasmania continues to be developed within the context of broader State policies and frameworks. These include:

- ‘*Tasmania Together*’: a 20-year social and economic plan for the State developed by community and whole of government input;
- DHHS Strategic Priorities: In particular, Priority 2: *Strengthening Primary Health and Community Care*.

The TSPSC also aims to provide guidance and support to community organisations in developing activities that target local populations and specific groups. This is largely achieved through support given to state based projects funded under the National Suicide Prevention Strategy.

The Tasmanian Life Awards

The inaugural Tasmanian LIFE Awards were held at the Henry Jones Art Hotel Friday 2 December 2005. The awards are a recognition of people, who without fuss or fanfare, encourage positive attitudes and provide life affirming support to others in the area of suicide prevention within the state. Based on the very successful National LIFE Awards hosted annually by Suicide Prevention Australia (SPA), the inaugural Tasmanian Awards were an initiative of the Tasmanian Suicide Prevention Steering Committee, Suicide Prevention Australia, the Tasmanian Government, the Department of Health and Ageing (Australian Government) and the local branches of AAMI and Red Herring Surf. LIFE: *Living is for Everyone* is both an acronym which refers to the National Framework on Suicide Prevention as well as the philosophy of the Awards of promoting a positive 'life affirming' approach to suicide prevention. Preventative activity is a whole of government, whole of community responsibility.

The recipient of the AAMI Responsible Media Award was local ABC Radio presenter Mr Tim Cox. In June 2005 Tim undertook to present a series of on air interviews and an online feature that explored a number of men's health issues that would help to direct affected men to appropriate help. The series of topics addressed issues such as why men hardly ever see a General Practitioner, physical health and sexual health, prostate cancer and suicide prevention.

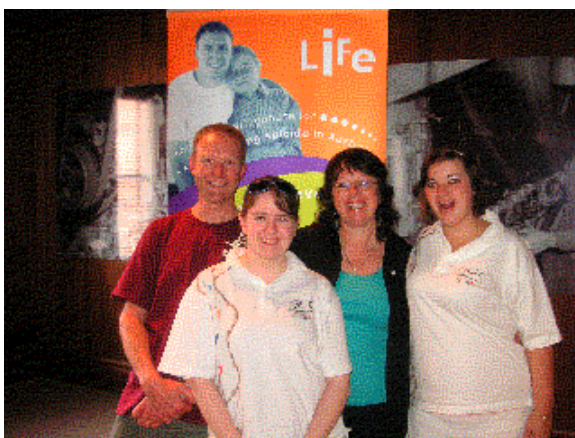
Aired on 15 June 2005, the segment titled 'Stayin' Alive' addressed the issue of depression and suicide risk in men. The interview tackled the issue of why men seem to have a disregard for their physical and emotional wellbeing through a common absence of help-seeking behaviours.



The recipient of the Red Herring Surf Healthy Communities Award was founding Director of the Sisters of Charity Outreach Service in Devonport, Dr Colleen Jackson. Dr Jackson's service is unique to the state, providing support to people suffering emotional hardship through grief and trauma, as well as community education & training.

Dr Jackson is the Vice-President of the *Australian Society for Traumatic Stress Studies* and an accredited community educator.

The high quality of nominations in the category also resulted in the naming of a Runner-up and Honourable Mention. The Runner Up was Mr Tim Johnson of P.O.S.I.T.I.V.E. (Prevention of Suicide Involving Tasmanians in Vital Education). Tim has been providing community based suicide prevention workshops across the State for over seven years. Tim's workshops are based on the nationally accredited *Gatekeeper* model of suicide prevention training and the latest research and strategic guidelines set out in the *LIFE* Framework.



An Honourable Mention went to the Glenorchy On Track (GOT) program. GOT, managed by a group of young people from the Glenorchy City Council and the Foundation for Young Australians were charged with identifying a priority issue for young people in Glenorchy. The group's vision was to promote positive state of mind and enable

young people to inform other young people of how to recognise the early signs of depression.

Nominations for the 2006 Tasmanian LIFE Awards will open in the second half of the year.

National Suicide Prevention Strategy Evaluation

In August 2005, the Australian Government commissioned Urbis Keyes Young to undertake an evaluation of the National Suicide Prevention Strategy. The evaluation sought to determine the appropriateness, effectiveness and efficiency of the strategy, which commenced in 1999. The Australian Government has committed approximately \$10 million per annum to the National Suicide Prevention Program since 1999.

Approximately 50% of the funding was allocated for national initiatives and 50% to fund community based initiatives. The TSPSC met with the consultants to provide feedback on various aspects of the strategy.

LIFE Framework Consultations

In 2005, the Australian Government initiated consultations to determine the effectiveness and appropriateness of the LIFE (*Living is for Everyone*) Framework, a set of resource documents that have informed suicide prevention both at a national level and within Tasmania for the past five years. The purpose of the consultation was to obtain feedback on the relevance of the documents for people and organisations dedicated to providing safe and effective support to individuals and families, enhancing community resilience and promoting positive life affirming activity. The Tasmanian event, facilitated by Auseinet (The Australian Network for Promotion, Prevention and Early Intervention in Mental Health) was held in Launceston in September 2005 and was the result of a partnership between the Tasmanian Suicide Prevention Steering Committee, the Tasmanian Department of Health and Human Services and the Australian Government Department of Health and Ageing. The event was well supported by community stakeholders and provided participants with an opportunity to share their valuable knowledge and experience in suicide prevention work and network with others engaged in relevant occupations or voluntary assistance.

2. Provide and coordinate specialist expertise in suicide and suicide prevention.

Suicide Prevention Strategy Officer

While suicide prevention requires proactive effort from across government and community sectors, the Department of Health and Human Services (DHHS) has assumed responsibility for facilitating cooperative effort between Government agencies with the community sector.

DHHS employ a Suicide Prevention Strategy Officer to coordinate and manage all suicide prevention issues for the Department of Health and Human Services and provide executive support to the TSPSC. This position is available to seek expert advice from members of the Committee and other key stakeholders to accommodate requests from individuals and organisations. From June 2006 this position was transferred to Mental Health Services and is held by Janette Papps.

Media Reporting

Great sensitivity needs to be shown by the media when reporting on suicide or attempted suicide. Significant research has been dedicated to determining whether a correlation exists between reporting on the subject and actual recorded deaths. The bulk of evidence suggests that blatant reporting can contribute to suicide risk in vulnerable people (Perkis & Blood, 2001). Media and artistic communication channels may also influence community attitudes about mental illness and suicide and discourage positive help seeking behaviours.

It is important that individuals, families and communities receive current information on risk factors associated with suicide and self harm, media coverage on the issue must account for evidence that some reporting has the potential to impact upon vulnerable people. In the most extreme examples, media portrayals of suicide among celebrity figures and the general public have been linked to actual suicide (Perkis & Blood, 2001). It is understandable that media find themselves in conflict between the duty to report on an issue deemed to be of public interest and the need to protect an unknown section of the community from certain information. However, media outlets need to adopt an approach based on caution.

The Mindframe Media and Mental Health (MMMh) project is one of a suite of projects on suicide and mental illness developed under a National Media Strategy. The MMMh project is coordinated by the Hunter Institute of Mental Health in partnership with the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet), SANE Australia and two Indigenous consultants. MMMh aims to build a collaborative relationship with the Australian media and mental health systems to enable a more accurate and sensitive portrayal of suicide and mental health issues across all news media in Australia.

The Tasmanian Suicide Prevention Steering Committee has taken a lead role in offering ongoing advice and providing accurate and appropriate information to media professionals on the issue of suicide, to assist them in

practical application of reporting guidelines. This includes providing media organisations with pathways for obtaining expert opinion on suicide and suicide prevention as well as considering issues.

Promotional Media Activity

The Department of Health and Human Services Media Unit, Suicide Prevention Strategy Officer and *beyondblue: the national depression initiative* collaborated to produce a special feature on Depression and Suicide Prevention, published in the Department of Primary Industries, Water and the Environment quarterly publication *Tas Regions*. An agricultural magazine, the publication has a readership in excess of 11,000 statewide. Appearing in the December 2005 edition, with a follow up in March 2006, the features considered the issue of depression as a serious risk factor associated with suicide and its effect on families and particularly men in rural and regional settings. The articles included practical information on signs of depression, what to do if a friend or loved one is depressed and where to get help. *beyondblue* are seeking to encourage other states and territories to develop similar features.

Parliamentary Inquiry into Suicide Prevention in Tasmania

In April 2005 the Tasmanian Parliamentary Joint Standing Committee on Community Development announced its intention to conduct an Inquiry into Suicide Prevention Services and Activities in Tasmania. The terms of reference were to examine the effectiveness of current national and local strategies in addressing the issue of suicide and suicide prevention in Tasmania in a range of settings with particular attention to:

1. The role of non-government organisations and other community and business partners in progressing suicide prevention in Tasmania;
2. The investigation of strategies to address the needs of the highest risk group in Tasmania - Men aged 25-44 years.
3. Determining the availability of data collection resources and opportunities for research to identify State specific trends;
4. The role of the Tasmanian media in suicide prevention;
5. The opportunities in the workplace to promote wellness and suicide prevention.
6. And any other relevant matters.

The TSPSC provided expert advice to the Committee before and during the period of inquiry. Due to State Parliament elections, it is anticipated that the results of this will be made public in the latter half of 2006.

3. Promote the collaborative development and support of suicide prevention activities in partnership with others with an interest and expertise in this area.

Tasmanian Suicide Prevention Forum

In May 2005, the TSPSC held the first Tasmanian Suicide Prevention Forum. The forum, 'Suicide Prevention in 2005: Addressing the Risks' aimed to accommodate a broad interest in the event. Attendance was registered from a range of backgrounds, including workers unions, correctional health services, education, mental health and police.

Interstate guest speakers included Professor Ian Webster, Chair of the National Advisory Council for Suicide Prevention and Barbara Hocking, Executive Director of SANE Australia and Tasmanian Representative on the National Advisory Council on Suicide Prevention in 2005.

Keith Todd of the OzHelp Foundation provided some valuable insight into the work of the ACT based organisation in supporting young workers. The OzHelp Foundation is an early intervention work based suicide prevention program designed to target building industry apprentices and support persons engaged in an industry mentoring role. OzHelp is currently working in partnership with dedicated Tasmanian industry stakeholders to implement a similar program within the state.

The Forum also included a planning workshop which gave attendees the opportunity to identify priorities for suicide prevention strategic planning for Tasmania. These priorities are being used to develop a new workplan for the TSPSC.

Reference Group Update

A key component of the Committee restructure in 2004 was the formation of the TSPSC Reference Group. The purpose of this development was to promote broader participation in suicide prevention in Tasmania.

Reference Group membership is open to a wide range of sectors, organisations and individuals who have experience or skills in suicide and its prevention and/or a genuine interest in working collaboratively to prevent suicide in Tasmania.

The Reference Group is best described as an information-sharing network to enable government and non-government organisations and individuals to

stay up to date with developments in suicide prevention in Tasmania and beyond. As a minimum Reference Group membership provides the opportunity to receive regular electronic updates on TSPSC meetings and suicide prevention issues, without obligation to participate in TSPSC activities.

Suicide Prevention Australia (SPA)

A non-government national organisation, SPA continues to establish networks between academics, health professionals, consumers and the community, which progress community capacity building in suicide prevention. TSPSC members were state representatives on SPA during this period, nominated for their expertise in consumer and research fields.

SPA hosted the 11th National Suicide Prevention Conference from 30-31 October 2004 in Sydney at the University of New South Wales. The aim of the Conference was to emphasise evidence-based practice and practice-based research and evaluation, linking research to practice. Delegates were able to actively participate in the formulation of recommendations through a number of workshops. A number of TSPSC members attended the Conference and contributed to recommendations for the development and continuation of suicide prevention activity nationally.

4. Promote and support research activity that will contribute to suicide prevention and minimisation of the adverse effects of suicide.

Tasmanian Suicide Prevention Services Audit

Suicide prevention services and activities in Tasmania are provided through a diverse range of organisations, including health care practitioners, non-government, government and professional organisations. Up to date information on the nature and location of SP services and activities is limited. This situation is compounded by the fact that many services are operating within short funding cycles and with limited resources. In addition a number of agencies providing suicide prevention related services do not necessarily self identify as suicide prevention services.

In 2005 the Department of Health and Human Services engaged the University of Tasmania to complete an Audit of Suicide Prevention Services. The purpose of the audit was two-fold: (1) to map services and activities currently operating within Tasmania; and (2) make key service information

available in the Department of Health and Human Services' online service directory.

The LIFE Framework was fundamental to the project and was used to determine the scope of activity considered to constitute suicide prevention services. The scope includes:

1. Any service or activity that has determined suicide prevention as its key goal or objective.
2. Any service or activity, that includes in its Mission Statement / Terms of Reference / Defining Principles or Constitution, suicide prevention as a specific goal or objective.
3. Any service or activity that is *substantially* based upon enhancing the wellbeing of individuals or communities, such that it fits within the scope of promotion, prevention, early intervention or postvention activity that is the defining spectrum of suicide prevention under the LIFE Framework.

The latter definition accommodates the Committee's view that positive life affirming activity provides the best opportunity for enhancing overall population health and wellbeing and therefore reducing suicide risk. While many services within this definition may not consider suicide prevention to be within the scope of their activity, the audit is another opportunity to raise awareness of the broad scope of suicide prevention as outlined under the Life Framework.

NCIS Research

The National Coroner's Information System (NCIS) is a national database containing information on every death reported to a Coroner since July 2000 (and from January 2001 for Queensland). The database is accessible by third party users with a bona fide interest in death and injury prevention and has been used to compile national reports to inform a range of prevention strategies.

The TSPSC utilised the findings of NCIS reporting to inform the current evidence base and promote key messages within the state on suicide prevention.

5. Support a sound evidence base for the development of programs and for use in practice

Specialist database

A database of completed suicides within Tasmania has been established and continues to be modified in line with continual quality improvements.

The database is auspiced by the TSPSC with the data supplied by the Magistrates Court, Coronial Division. Collation and basic analysis is conducted by Mental Health Services. Both the Department of Health and Human Services and the Department of Justice and Industrial Relations remain supportive of the maintenance and appropriate use of the database.

6. Advise the Australian Government of specific Tasmanian issues relating to suicide prevention as requested.

Community and Expert Forum

The Community and Expert Forum was established as part of the National Suicide Prevention Strategy (NSPS) Governance structure to provide advice to the National Advisory Council on Suicide Prevention (NACSP) Board on issues relating to community needs and activities and the progress of the communication and evaluation of strategies for the NSPS. Membership is considered by the NACSP Board and approved by the Prime Minister.

Membership includes two representatives from each state and territory and four representatives on national initiatives. Both Tasmanian representatives are longstanding members of the TSPSC. Wendy Quinn, Chair of the TSPSC and Martin Harris, Community Representative, University of Tasmania, were selected as state representatives in 2005, with the first meeting held in November of that year. Associate Professor Des Graham as the newly appointed Chair of the TSPSC will take on this role from from the second half of 2006.

PART 3: STATISTICS

Introduction

The focus of this section is the analysis of suicides in Tasmania, principally for the period 1978 to 2004. The section updates information provided in the previous *Tasmanian Suicide Prevention Steering Committee Annual Report*.

For the purpose of this publication 'suicide' is defined as *the act of voluntary and deliberately taking one's own life*. However, in the findings of Coronial inquests, it is usual for the Coroner to report that death was *self-inflicted*. Cases that are under investigation by the Tasmanian Coroner as possible suicides are included in the data.

Scope and Limitations of the Data

Suicide is essentially a rare event and there are difficulties inherent in attempting to interpret trends involving low levels of incidence. Where the number of cases is lower, annual variation, as well as variation within sex, age cohorts and geographical boundaries causes difficulty with some comparisons. For Tasmania, where the annual number of cases is reported between 60-100, the data needs to be interpreted cautiously. Trends are discernable and robust only for types of analysis where the number of cases is sufficiently high.

Suicide numbers for Tasmania from 1992 refer to the findings of coronial inquests and may vary from other published figures (specifically Australian Bureau of Statistics figures for Tasmania). Numbers based on the Coroner's findings occasionally vary from previous reports as new evidence comes to light and verdicts are overturned.

Overview

Tasmania 1978-2004

- Between 1978 and 2004 suicide was recorded as the cause of death for 1838 people in Tasmania (7 unconfirmed).

- The overwhelming majority of cases were male, representing 80 per cent of the total number of deaths for the period.
- Measuring the number of suicides within defined age groups between 1978-2004 produced the following results:
 - 28.4% of cases involved people aged between 15-29.
 - 30.6% of cases involved people aged between 30-44.
 - 21.4% of cases involved people aged between 45-59.
 - 13.4% of cases involved people aged between 60-74.
 - 6.2% of cases involved people aged 0-14 or over 75 years.
- Regional breakdown indicates that 50.3% of cases occurred in the Greater Hobart/Southern Region, 28.8% of cases in the North and 20.9% in the Northwest.

Tasmania 2004

- In 2004 there were 83 cases of suicide in Tasmania (including 5 unconfirmed).
- Males accounted for 79% of cases.
- Calculating the number of suicides within defined age groups for 2004 and representing the figures as a percentage of the total produced the following results:
 - 18.7% of cases involved people aged between 15-29.
 - 37.3% of cases involved people aged between 30-44.
 - 27.7% of cases involved people aged between 45-59.
 - 7.2% of cases involved people aged between 60-74.
 - 9.6% of cases involved people aged 0-14 or over 75 years.
- The largest group determined by age and gender was Male 30-44, representing 29% of all cases in 2004.
- In 2004, the South accounted for 50.3% of cases, the North 28.8% of cases and the North West 20.9% of cases.
- The most common cause of death was carbon monoxide poisoning (35.4%) followed by hanging/asphyxiation (34.9%) and gunshot (10.9%).

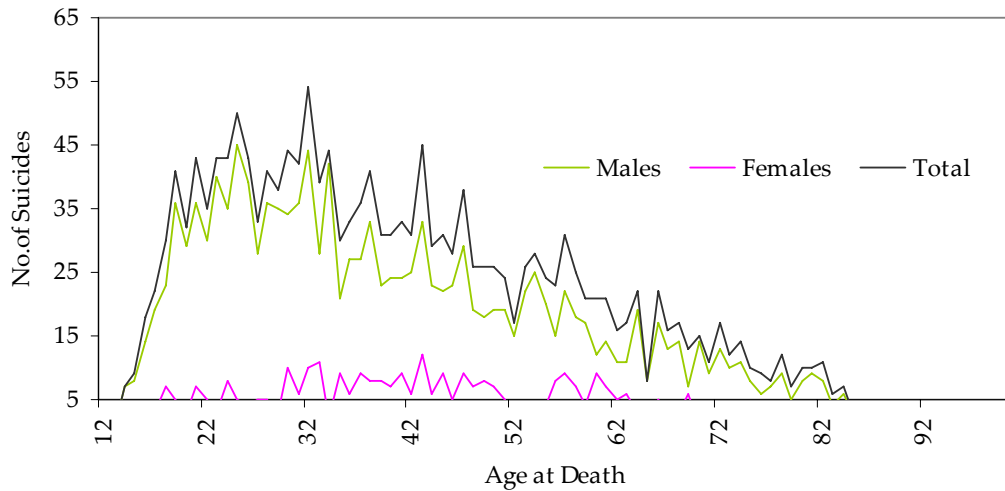
Suicide Rates

General Population

The Tasmanian suicide rate for 2004 including unconfirmed cases was 17.22 per 100,000, which is 65% above the national rate of 10.43 per 100,000.. Since

1980 the Tasmanian rate has fluctuated between 65% above the national average and 26% below the national average.

Figure 1- Suicide by age for Tasmania 1978-2004



Source: Office of the Coroner (Hobart).

For the period 1978 to 2004 the majority of suicides occurred in the 25 to 35 year age range, with a steady decline in older age groups (Figure 1). Male suicides dominate figures for the period 1978-2004. The distribution of suicide by age for males is very similar to distribution total of suicides in Tasmania. Figure 1 tends to suggest that suicides among females are greatest between the ages of 30 to 50 years of age.

N.P Any age groups where the number of suicides is less than 5 are omitted from this graph to ensure anonymity.

**Figure 2 - Three Year Moving Averages of Suicide Rates,
Tasmania and Australia 1981-2004**



Source: ABS; Office of the Coroner (Hobart).

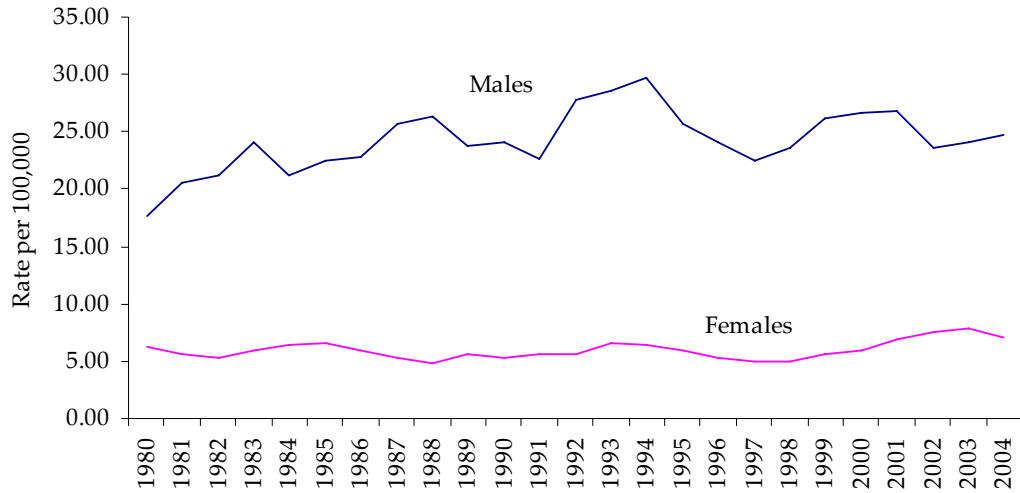
Suicide in Tasmania has remained above the national average since 2000. For the period 1980 to 2004, Tasmania consistently reported figures higher than the national average, only falling below for a brief period in the late 1990s.

N.B. The previous TSPSC Report 2002-2004 provided an estimate of the Australian suicide rate due to the unavailability of figures prior to the Report's publication. In this report, Australian suicide rates for 2003 and 2004 are based on figures published by the Australian Bureau of Statistics (cat no.3309.0).

Sex

Suicide rates for males remain considerably higher than those for females. In 2004 the three year moving average female rate decreased from 7.87 per 100,000 in 2003 to 7.03 per 100,000. However, the female three year moving averages for the past three calendar years are the highest recorded since 1980. A small increase can be seen in the three year moving average for males in 2004, sustaining its upward trend since 1980.

Figure 3 - Three Year Moving Average of Suicide Rates by Sex, Tasmania 1980-2004

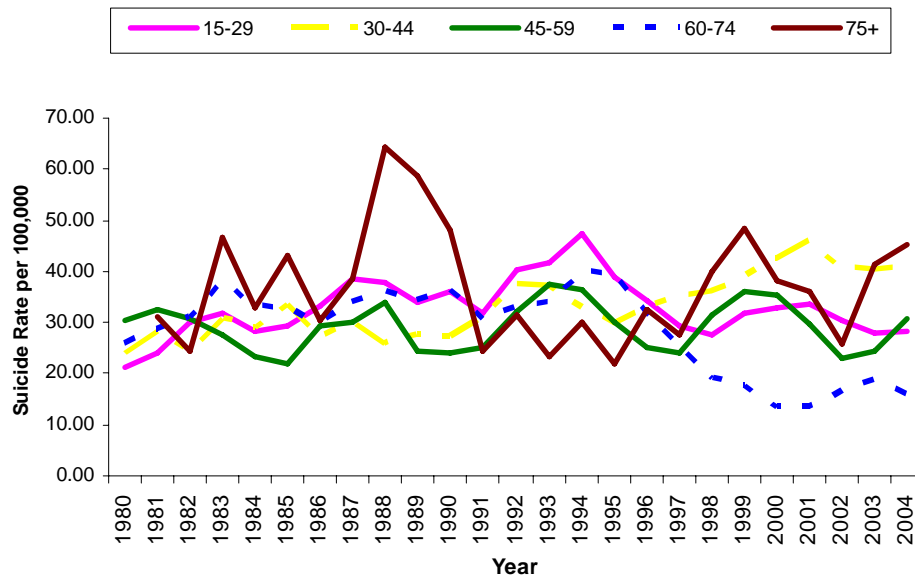


Source: ABS; Office of the Coroner (Hobart).

Male Age Groups

In 2004, the three year moving average for male age groups 75 and over, 15-29, 30-44 and 45-59 all indicated an increase from the previous year. 60-74 age group has indicated a decrease from the previous year.

Figure 4 - Three Year Moving Average of Suicide for Male Age Groups in Tasmania 1980-2004



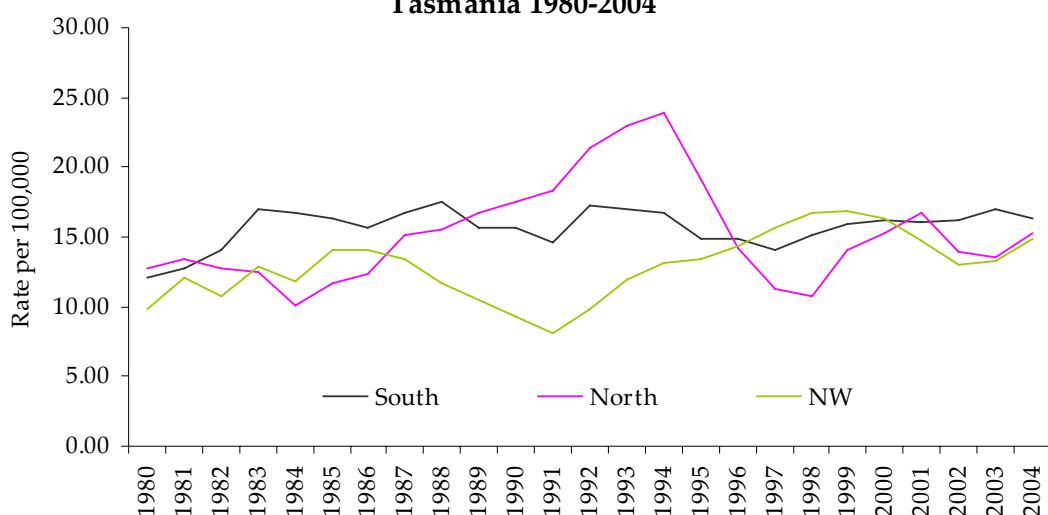
Source: ABS; Office of the Coroner (Hobart).

In 2004 the three year moving average rate among men aged 75 and over was 45.37 per 100,000, which has continued to increase from a low of 25.70 in 2002. The three year moving average of 30-44 age group has remained relatively stable since 2002 however, the current three year moving average rate of 40.69 does sustain the steady upward trend in the 30-44 suicide rate since 1980. The rates for 15-29 and 60-75 age groups remains relatively low compared to those age group figures recorded in the mid 1990s.

Region

In 2004, suicide was most prevalent in the southern region, registering a three year moving average of 16.32 per 100,000. The northwest region registered the lowest rate with 14.92 per 100,000 and the northern region recorded 15.26 per 100,000. The southern suicide rate has shown a small decrease from last year, whereas both the northern and northwest regions have shown an increased suicide rate from the previous year. However it should be noted that based only on the annual suicide rate per 100,000 of the population, the highest rate in 2004 was recorded in the northern region (19.76), the lowest in the southern region (15.15) and the northwest recorded a rate of 18.54 per 100,000. It is important to note that due to the overall small numbers of suicides any small increase or decrease in numbers result in dramatic statistical changes.

Figure 5 - Three Year Moving Average of Suicide Rates by Region, Tasmania 1980-2004



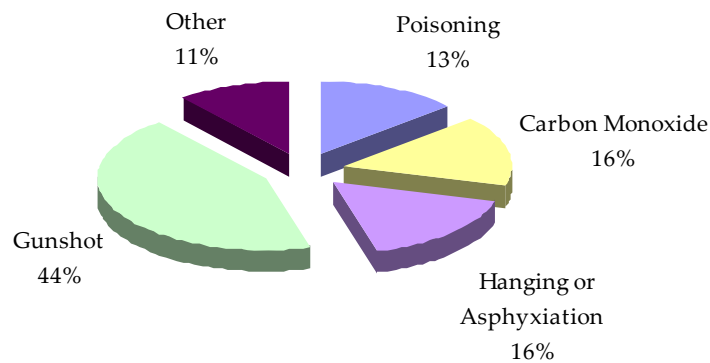
Source: ABS; Office of the Coroner (Hobart).

Methods of Suicide

In 2004 the most common cause of death was carbon monoxide, followed by hanging or asphyxiation, gunshot and poisoning.

The data shows a significant change in the method of suicide over the past decade. Since 1995, carbon monoxide and hanging or asphyxiation have featured as the most common form of suicide among both males and females. Prior to 1995 carbon monoxide poisoning represented only 16% of the cause of all recorded deaths.

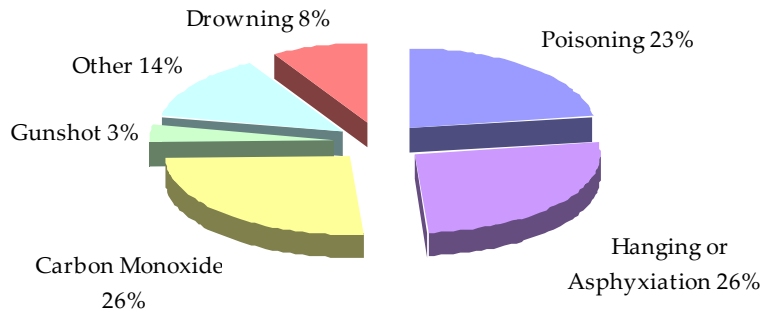
Figure 6 - Principle Cause of Death of Males and Females, 1978-1994



Source: ABS; Office of the Coroner (Hobart)

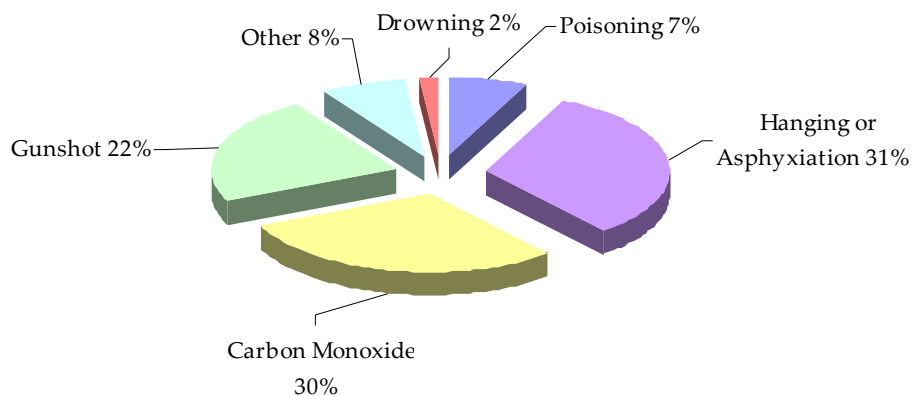
The principle cause of death among males post 1995 are hanging or asphyxiation, carbon monoxide and gunshot, which represent 83% of all recorded male suicide from 1995-2004. Both carbon monoxide and hanging or asphyxiation are commonly recorded as principle causes of death amongst males and females, however gunshot represents a significant number of suicides among males (22%), while poisoning is relatively low (7%). In females poisoning is common (23%), whereas gun shot is quite rare (3%).

Figure 7- Principle Cause of Death for Females, 1995-2004



Source: ABS; Office of the Coroner (Hobart)

Figure 8 - Principle Cause of Death for Males, 1995-2004



Source: ABS; Office of the Coroner (Hobart)

In regard to difference in male and female cause of death, poisoning is more common among females and there is a wider variation in principle cause of death. The three most common principle causes of death among females post 1995 have been carbon monoxide, hanging or asphyxiation and poisoning, which collectively represented 75% of all cases.

Table 1: Average Suicide Rates, Tasmania 1978-2004
(Rate per 100,000 of the Tasmanian population)

| Year | Tasmania | Males | Females |
|----------------|-----------------|--------------|----------------|
| 1978 | 11.73 | 17.30 | 6.24 |
| 1979 | 13.31 | 19.13 | 7.63 |
| 1980 | 10.62 | 16.61 | 4.70 |
| 1981 | 15.21 | 25.87 | 4.66 |
| 1982 | 13.73 | 21.06 | 6.48 |
| 1983 | 15.94 | 25.11 | 6.89 |
| 1984 | 11.65 | 17.51 | 5.90 |
| 1985 | 15.81 | 25.02 | 6.73 |
| 1986 | 15.45 | 25.72 | 5.34 |
| 1987 | 15.14 | 26.47 | 3.98 |
| 1988 | 15.96 | 26.82 | 5.28 |
| 1989 | 12.96 | 18.17 | 7.84 |
| 1990 | 14.93 | 27.04 | 3.01 |
| 1991 | 14.35 | 22.90 | 5.95 |
| 1992 | 20.65 | 33.49 | 8.02 |
| 1993 | 17.40 | 29.52 | 5.84 |
| 1994 | 15.45 | 26.04 | 5.39 |
| 1995 | 13.74 | 21.32 | 6.74 |
| 1996 | 14.15 | 24.70 | 3.77 |
| 1997 | 12.88 | 21.39 | 4.59 |
| 1998 | 15.68 | 24.94 | 6.69 |
| 1999 | 18.24 | 32.33 | 5.44 |
| 2000 | 13.79 | 22.46 | 5.86 |
| 2001 | 15.26 | 25.54 | 9.50 |
| 2002 | 14.81 | 22.77 | 7.09 |
| 2003 | 15.30 | 23.80 | 7.03 |
| 2004 | 17.22 | 27.74 | 6.96 |
| Average | 14.87 | 24.10 | 6.06 |

Source: ABS; Office of the Coroner (Hobart).

Table 2: Male Suicide Rates by Age Group, Tasmania 1978-2004(Rate per 100,000 of the respective age groups)

| Year | 15-29 | 30-44 | 45-59 | 60-74 | 75+ | Total |
|--------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1980 | 21.06 | 24.14 | 30.46 | 25.76 | - | 17.61 |
| 1981 | 23.94 | 28.32 | 32.69 | 28.57 | 31.27 | 20.49 |
| 1982 | 29.99 | 24.48 | 30.65 | 31.23 | 24.52 | 21.17 |
| 1983 | 31.89 | 30.71 | 27.52 | 38.25 | 46.80 | 24.01 |
| 1984 | 28.29 | 29.13 | 23.23 | 33.14 | 32.89 | 21.21 |
| 1985 | 29.23 | 33.71 | 22.09 | 32.35 | 43.04 | 22.54 |
| 1986 | 33.20 | 27.22 | 29.18 | 30.06 | 30.51 | 22.74 |
| 1987 | 38.56 | 29.90 | 30.00 | 33.89 | 38.57 | 25.74 |
| 1988 | 37.71 | 25.84 | 33.90 | 36.02 | 64.27 | 26.33 |
| 1989 | 33.84 | 27.41 | 24.39 | 34.13 | 58.76 | 23.82 |
| 1990 | 35.96 | 27.15 | 23.92 | 36.41 | 48.23 | 24.01 |
| 1991 | 31.94 | 31.05 | 25.19 | 30.60 | 24.27 | 22.70 |
| 1992 | 40.39 | 37.45 | 32.08 | 32.84 | 31.55 | 27.82 |
| 1993 | 41.64 | 37.14 | 37.41 | 33.79 | 23.40 | 28.66 |
| 1994 | 47.30 | 32.77 | 36.27 | 39.98 | 29.97 | 29.87 |
| 1995 | 38.93 | 29.71 | 30.22 | 39.73 | 22.04 | 25.81 |
| 1996 | 34.22 | 32.98 | 25.02 | 31.94 | 32.43 | 24.21 |
| 1997 | 29.38 | 35.04 | 24.19 | 25.50 | 27.42 | 22.50 |
| 1998 | 27.67 | 36.13 | 31.40 | 19.00 | 40.09 | 23.68 |
| 1999 | 31.72 | 38.72 | 36.02 | 17.57 | 48.50 | 26.18 |
| 2000 | 33.05 | 42.29 | 35.39 | 13.60 | 38.08 | 26.37 |
| 2001 | 33.57 | 46.00 | 29.54 | 13.26 | 36.17 | 25.95 |
| 2002 | 30.53 | 40.52 | 23.09 | 16.56 | 25.70 | 22.79 |
| 2003 | 27.80 | 40.21 | 24.51 | 18.62 | 41.49 | 23.40 |
| 2004 | 28.38 | 40.69 | 30.68 | 15.98 | 45.37 | 24.76 |
| Average | 32.81 | 33.15 | 29.16 | 28.35 | 36.89 | 24.18 |
| Average 1978-86 | 28.23 | 28.24 | 27.97 | 31.34 | 34.84 | 21.40 |
| Average 1987-94 | 38.42 | 31.09 | 30.40 | 34.71 | 39.88 | 26.12 |
| Average 1995-2004 | 31.52 | 38.23 | 29.01 | 21.17 | 35.73 | 24.56 |

Graph with 0-14 age group removed

Table 3: Suicide Rates by Region, Tasmania 1978-2004
(Rate per 100,000 of the regional population)

| Year | South | North | Nth-Wst |
|--------------------------|--------------|--------------|--------------|
| 1978 | 12.69 | 12.25 | 9.53 |
| 1979 | 13.67 | 13.03 | 13.23 |
| 1980 | 11.55 | 12.85 | 6.52 |
| 1981 | 14.91 | 14.46 | 16.63 |
| 1982 | 17.79 | 11.00 | 9.15 |
| 1983 | 20.15 | 11.78 | 12.74 |
| 1984 | 13.13 | 7.48 | 13.48 |
| 1985 | 15.83 | 15.65 | 16.03 |
| 1986 | 17.93 | 13.73 | 12.64 |
| 1987 | 16.39 | 16.02 | 11.73 |
| 1988 | 18.17 | 16.74 | 10.81 |
| 1989 | 12.44 | 17.33 | 8.99 |
| 1990 | 16.28 | 18.55 | 8.06 |
| 1991 | 15.20 | 19.07 | 7.14 |
| 1992 | 20.41 | 26.50 | 14.26 |
| 1993 | 15.46 | 23.38 | 14.24 |
| 1994 | 14.07 | 21.78 | 10.74 |
| 1995 | 14.44 | 12.02 | 14.36 |
| 1996 | 15.71 | 9.00 | 17.12 |
| 1997 | 12.17 | 12.71 | 14.59 |
| 1998 | 17.43 | 10.51 | 18.35 |
| 1999 | 18.35 | 19.55 | 18.45 |
| 2000 | 12.66 | 17.28 | 12.93 |
| 2001 | 19.58 | 14.77 | 15.63 |
| 2002 | 18.48 | 10.48 | 12.22 |
| 2003 | 15.33 | 15.55 | 14.00 |
| 2004 | 15.15 | 19.76 | 18.54 |
| Average 1978-2004 | 15.75 | 15.31 | 13.04 |
| Average 1987-1994 | 16.05 | 19.92 | 10.75 |
| Average 1995-2004 | 15.93 | 14.16 | 15.62 |

Source: ABS; Office of the Coroner (Hobart).

PART 4: FUTURE DIRECTIONS

NEW CHAIR - ASSOCIATE PROFESSOR DES GRAHAM

Associate Professor Graham was appointed Director of Mental Health Services in Tasmania in August 2005. Over the last 12 months he has overseen significant service development progressing the alignment of Tasmania's mental health services to strong fundamental principals including consumer-focused, community-based, integrated and comprehensive service delivery in partnership.

Associate Professor Graham has held senior positions within mental health in New South Wales, the ACT and South Australia and as such brings a wealth of information and knowledge in the development of mental health services. Des was also the inaugural Chief Executive Officer of the Mental Health Council of Australia, Australia's peak non-government body.

Associate Professor Graham was born and raised in a small remote town in far western New South Wales and worked as a clinician within a number of remote settings. He also completed a Masters of Science (Mental Health) and completed a major research component on youth suicide in rural settings. These studies and his clinical experience, combined with his life experience, has provided Des with a great insight into issues surrounding factors associated with not only suicide but life promotion.

Associate Professor Graham has also been a member of Suicide Prevention Australia, during which he was instrumental in progressing the National Suicide Prevention Australia LIFE Awards.

More recently Associate Professor Graham has assumed the role of Chair of the Tasmanian Suicide Prevention Steering Committee along with the portfolio responsibility of suicide prevention.

Associate Professor Des Graham sees this committee continuing it's collaborative approach to working across the community to reduce the incidence of suicide and self harm in Tasmania. He sees that the changes that are occurring both on a state and national level however, provide the committee with a great chance to review it's operations, communications and work together to develop a revised terms of reference and new work plan that will feed into a future Tasmanian Suicide Prevention strategy.

He looks forward to following Wendy's excellent steering of the TSPC into the future with an emphasis on community participation and ownership of the *LIFE* framework with a strong Tasmanian regionalised approach to these national directions.

The following are planned activities and priority action areas for the second half of 2006.

TSPSC Terms of Reference & Workplan

The current Terms of Reference (TOR) and workplan were due to be reviewed and developed at December 2005 but were put on hold for action in the second half of 2006 so that they could incorporate the anticipated state changes and the national review of the *LIFE* framework.

These documents based on measurable and achievable outcomes will be developed with broad feedback and input sought from the Reference Group and broader community consultation. These documents and community consultation will provide the foundation for the development of a Tasmanian Suicide Prevention Strategy.

The operational plan will provide a clear direction and identify timelines and resources for the future work of the TSCPC. This plan will be developed through state-wide community consultations.

TSPSC Reference Group

A key component of the restructure in late 2004 was the formation of the TSPSC Reference Group. The purpose of this development was to promote broader participation in suicide prevention in Tasmania. Reference Group membership is open to a wide range of sectors, organisations and individuals who have experience or skills in suicide and its prevention and/or a genuine interest in working collaboratively to prevent suicide in Tasmania.

In 2006-2007 the TSPSC will more actively engage Reference Group expertise to progress specific projects and promote suicide prevention services, initiatives and strategies statewide. As per the TSCPSC, the TOR for the Reference Group will be reviewed and an outcomes focussed forum will be held in late 2006.

Sudden and Traumatic Loss Support Resource

Reducing the social impact of disaster and sudden or traumatic loss is a core component of responsible risk management. Helping to alleviate grief and suffering after a tragic event is vital in reducing the likelihood of long term social harm to affected individuals and communities. Studies show that people who have suffered the loss of a loved one or have been exposed to traumatic events may also be at increased risk of suicide (De Leo et al, 1999; Beautrais et al, 2005).

In late 2005, the Department of Health and Human Services made application under the Tasmanian Risk Mitigation Fund to develop a resource which provides information on the effects of trauma, grief management and when and where to seek help.

The resource will be developed in close consultation with the TSPSC and its Reference Group, the State Community Recovery Committee and service provider networks.

NEXT REPORT

Due to demand for most recent statistics for suicide in Tasmania, a short summary of information for the year 2005 is provided below. Please note that a significant number of this data is still to be confirmed.

Tasmania 2005

- In 2005 there were 82 reported cases of suicide, of which the Coroner has confirmed 40.
- Of the total number 69.5% were male.
- The 30-44 age group represented 33% of cases, the 45-59 age group represented 31%. The 15-29 age group recorded the third highest number of suicides and represented 19% of all cases in 2005. The 60-65 age group and the 75 and over age group both represent 8.5% of all suicides cases 2005.
- 40% of all female and 30% of all male suicides were in the 30-44 age groups.
- In 2005 49% of suicides of all suicides were recorded in the Southern region whereas the North represented 24% and Northwest represents 27% of all Tasmanian suicides in 2005.
- The most common method of suicide in 2005 was Hanging/Asphyxiation representing 37% of all recorded suicides.
- 78% of all 2005 suicides recorded no reading for blood alcohol level.

Following on the two previous reports, the next TSCPSC report will also be bi-ennial and is expected to be produced in June 2008.

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ATTACHMENT A

Committee Members 2004-2005

Government Representatives

Wendy Quinn

**Community Support, Department of Health and Human Services
Chair TSPSC, Director Community Support**

Wendy has over 27 years of experience and knowledge gained from working within the health and community services field across a broad range of settings. These include hospitals, community and residential settings, rehabilitation, correctional health facilities and mental health services. She has professional qualifications as an Occupational Therapist and post-graduate qualifications in management and leadership. Wendy continues to be actively involved in strategies to reduce suicides in custody following involvement in the Tasmanian Deaths in Custody Ombudsman's Enquiry and Coroner's Inquest in 2000. This includes Chairing the Steering Committee establishing the Secure Mental Health Facility as part of the Tasmanian State Government Prison Infrastructure Redevelopment Program.

Wendy has been Chair of the TSPSC since August 1999. Wendy has also been an active participant in the National Advisory Council for Suicide Prevention State and Territory Forum and the National Mental Health Working Group.

Malcolm Direen

**Department of Police and Public Safety
Welfare Officer**

Sergeant Mal Direen has over 30 years of experience within the field of policing. He currently performs the role of Welfare Coordinator for Tasmanian Police. As a member of the TSPSC, Mal provides expert advice in regard to the important synergies that exist between policing and suicide prevention in Tasmania.

Chris Fox

**Mental Health Services, Department of Health and Human Services
Southern Manager**

Chris has worked in the health area as a nurse since 1983 and has experience across the general, intellectual disability and mental health fields. His particular interest in this area stems from many years within the secure care area which has a high incidence of self-harm. Prior to commencing his career in nursing he worked as a teacher.

Nick Holywell
Department of Health and Ageing (Aust Govt.)
Manager, Population Health & Primary Care

The Australian Government Department of Health and Ageing (DoHA) administers a range of Australian Government initiatives including Population Health, Primary Care and prevention services, population specific health services for Aboriginal and Torres Strait Islander people and rural communities, community care and aged services. The Department funds and administers the National Suicide Prevention Strategy (NSPS).

Nick provided advice to the TSPSC on suicide prevention initiatives as they related to the NSPS and the broader national initiatives on health promotion and suicide prevention. He was responsible for organising the well attended LifeFramework Consultations in mid 2005 for DoHA in consultation with the TSPSC, DHHS and Ausetnet.

Ray Kemp
Mental Health Services, Department of Health and Human Services Acting
Manager Mental Health Information and Evaluation Unit

Ray and his unit provided ongoing statistical support to the Committee, through the development and maintenance of the Suicide Database. Ray works closely with the Coroner's Office to provide a monthly statistical overview to the Committee. The MHIEU was also responsible for the production of the statistical component of the TSPSC Report 2002-2004.

Gerry Lampasona
Alcohol and Drug Services, Department of Health and Human Services
Southern Regional Manager

Gerry graduated with a Bachelor of Social Work in 1986 from the University of New South Wales. Over the past 20 years he has worked in a range of clinical and managerial positions. As a Social Worker, he worked in both government and non-government organisations. Between 1992 and 2003, he worked in the Tasmanian Mental Health Services, initially as a clinician and finally as a Project Manager.

Gerry currently manages the Alcohol and Drug Service in Southern Tasmania, and represents the Service on the TSPSC. He has always considered Suicide Prevention to be the role and responsibility of all people and organisations that provide a service to others.

Katrina McDonald
Hospitals and Ambulance Division, Department of Health and Human
Services
Clinical Nurse Manager

Katrina has completed general and psychiatric nurse training, holds a Graduate Diploma in Business from Swinburne University, and is a Credentialed Mental Health Nurse. She has had extensive experience in acute psychiatry and alcohol and drug nursing, with previous positions including Program Manager of the Women's Program, Drug Services Victoria, Nurse Unit Manager at the Acute Withdrawal Unit, Drug Services Victoria, Assistant Director of Nursing (Psychiatry) at the Heidelberg Repatriation Hospital, Clinical Nurse Manager of the Department of Psychiatric Medicine at the Royal Hobart Hospital. Katrina currently holds the position of Statewide Quality and Safety Consultant with Mental Health Services.

Katrina has had a long-standing interest in suicide prevention and brings an understanding to the TSPSC from both a psychiatric and alcohol and drug perspective.

Esmé Murphy
Supportive School Communities, Department of Education
Principal Education Officer

In her position as *Principal Education Officer – Supportive School Communities* in the Department of Education, Esmé Murphy oversees a policy framework that seeks to ensure the health and wellbeing of all Tasmanian students. She has previously worked as a teacher, a journalist and as a manager in the community sector, in recent years managing services and projects focused on sexuality and drug use. Her interest in suicide prevention developed as the common causal pathways to a range of health-compromising behaviours of young people, including self-harm, problematic drug use and sexual behaviour, were explicated in the literature.

Esmé has a Bachelor of Arts and Diploma in Education and a recent Masters in Youth Health and Education Management and is very much aware of the need for government and non-government agencies to work together to make a difference in the lives of our young people long before suicidal ideation ever arises.

Jenny Scott
Magistrates Court, Coronial Division
Coroner's Clerk

The Magistrates Court Coronial Division is required pursuant to the Coroners Act 1995 to investigate all reportable deaths in Tasmania. The Chief Magistrate is responsible for the efficient operation of the Magistrates Court including the Court's Coronial Division.

Jenny has worked in the Division for a number of years, collating statistical data and assisting families, solicitors, police, health professionals and various government agencies in relation to the Coroner's investigation of reportable deaths.

Jenny is a founding member of the TSPSC. Her membership has, and remains of significant value to the Committee. Her long-term role has been to facilitate collaboration between the Committee and the Magistrates Court Coronial Division, and assist in the maintenance of the suicide database.

Community Representatives

Martin Harris

**Department of Rural Health, University of Tasmania
Research Fellow/Project Manager**

Martin Harris has a background in education, completing his B.A., B.Ed. and M.Ed. (Admin) before a teaching career that spanned 25 years, including classroom teaching, school administration and pastoral care. He is currently the setting examiner for the Tasmanian Certificate of Education Legal Studies pre-tertiary curriculum, a test administrator for the Australian Council for Education Research and a Commissioner for Declarations in Tasmania.

More recently Martin has developed an interest and expertise in mental health. He completed his Masters in Education Studies (Counselling) and is a member of the Australian Board of Certified Counsellors. He is currently completing his Ph.D. where his research topic is 'Resilience in geographically dislocating transitions'.

Martin has been involved in mental health research since joining the University Department of Rural Health in 1999. His particular focus has been the role of education and training in suicide prevention. He is the Tasmanian representative and Board member for Suicide Prevention Australia and a Tasmanian representative on the National Community and Expert Forum for suicide prevention.

Tim Johnson

POSITIVE (Prevention of Suicide Involving Tasmanians in Vital Education)

Tim Johnson has a background in street youth work spanning back to the 1970's. For the past eight years he has been project officer for P.O.S.I.T.I.V.E (Prevention of Suicide Involving Tasmanians in Vital Education) which is a Tasmanian based suicide prevention program covering many aspects of suicide prevention, specialising in providing training. He specialises in working with communities that are either hard to reach through isolation or represent or have contact with high risk groups. Tim's role often includes consulting with communities and organisations on how they can be "suicide prevention friendly".

Sam Strecker

Sam has a background in disability, which spans some 25 years. She has completed a Bachelor of Social Science (Rehabilitation) and is undertaking Mental Health Non-Clinical units through RMIT.

In 2001 Sam's son Daniel took his life. Daniel was 29 years old and was at the peak of his 13 year career as a Signals and Communication Officer with the Royal Australian Navy. Sam is committed being part of the ongoing development of strategies and initiatives to address the social issue of suicide within Tasmanian communities. Sam holds the position of Treasurer for Suicide Prevention Australia (SPA).

Committee Members 2005-2006

Wendy Quinn

**Community Support, Department of Health and Human Services
Chair TSPSC, Director Community Support**

As for previous year.

Malcolm Direen

**Department of Police and Public Safety
Welfare Officer**

As for previous year.

Nick Holywell

**Department of Health and Ageing (Cth)
Program Manager, Population Health**

As for previous year.

Ray Kemp & Jim Howatt

**Mental Health Services, Department of Health and Human Services Mental
Health Information and Evaluation Unit**

Ray and Jim provided ongoing statistical support to the Committee, through the development and maintenance of the Suicide Database. The MHIEU works closely with the Coroner's Office to provide a monthly statistical overview to the Committee. Mr Howatt was also responsible for the production of the statistical component of this report.

Gerry Lampasona

**Alcohol and Drug Services, Department of Health and Human Services
Southern Regional Manager**

As for previous year.

Helen Barrett

**Department of Education
MindMatters State Project Officer**

MindMatters is a National Mental Health Promotion initiative comprising resources which focus on enhancing resilience, dealing with bullying, loss and grief, understanding mental health and suicide prevention and developing whole school approaches to staff and student wellbeing. Helen works with teachers and school staff from all Government, Catholic and Independent sectors in Tasmania to implement these mental health promotion strategies, for example developing students coping and help-seeking skills. Helen has extensive experience working within Education, Health and Community settings over the past 20 years. She has a Bachelor of Social Work degree and a Masters in Youth Health and Education Management. She has represented the Department of Education on TSPSC since July 2005.

Katrina McDonald
Mental Health Services, Department of Health and Human Services
Quality and Safety Consultant

As for previous year.

Louise Wilson
Department of Premier and Cabinet
Manager Social Projects Unit

Louise is responsible for the management of the Social Projects Unit and designated whole of government projects to deliver better social policy outcomes. She also provides policy advice to Government on a range of health and other social policy issues relevant to Tasmania.

Louise has a strong interest in suicide prevention primarily as it relates to the whole of government and, indeed, the whole of community nature of the issue and the importance of well integrated prevention, promotion and early intervention approaches.

Louise has a Bachelor of Arts with Honours with a double major in Sociology and has previously worked in project management and marketing roles and as an Associate Lecturer in Sociology at the University of Tasmania.

Suzanne Greenaway
Acute Health Services, Department of Health and Human Services
Medico Legal Advisor

Suzanne currently provides a range of medico-legal advisory services to the Royal Hobart Hospital and provides support to specific statewide initiatives concerning advance care planning and the Coroners and DHHS-safety and quality of health care collaborative.

Previously a registered nurse, her educational background also includes a Bachelor of Arts/Law with Honours and a Graduate Certificate in Legal Practice. Suzanne is also a Justice of the Peace.

Suzanne's interest in suicide prevention developed as result of involvement in management of coroners' cases on behalf of the Royal Hobart Hospital and the Department of Health and Human Services Safety and Quality of Health Care Collaborative.

Community Representatives

Martin Harris

**Department of Rural Health, University of Tasmania
Research Fellow/Project Manager**

As for previous year.

Louise Leslie

**Parakaleo Ministries Inc
Manager Statewide Services**

Louise Leslie is a crisis intervention and workplace counsellor who currently co-ordinates both aspects of Parakaleo Ministries Inc. She holds a Community Service Advanced Diploma and Case Management, AW&T and Small Business Certificates. She is also an Applied Suicide Intervention Skills Training Trainer and negotiates with businesses, industries, networks and agencies to promote suicide awareness and intervention. Louise has also previously worked in disability services and Community Health.

Parakaleo Ministries Inc. is an NGO, not-for-profit organisation which provides suicide intervention programmes and a free counselling service to those at risk across Tasmania. The Employee Assistance Programme offered by CLS (part of Parakaleo Ministries Inc.) funds the above services and is pro-active and preventative in providing support in workplaces.

Michele Johnstone

**The Link Youth Health Service Inc
Comorbidity Support Worker**

Michele is a social worker and has been employed with The Link Youth Health Service for the past 4 years. Michele has been responsible for running 'Link Support', a co-morbidity support program for past 2 years and has experience working with young people who have self-harmed, expressed suicidal ideation, and attempted suicide. Michele has a particular interest in improving services for those in the late adolescent/early adulthood age group who tend not to 'fit' into services designed for either children or adults.