

Tasmanian Suicide Prevention Steering Committee

Annual Report

2001-2002

**Mental Health Services
Department of Health and Human Services
Tasmania**

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The opinions expressed in this document are those of the authors and are not necessarily those of the Department. This document is designed to provide information to assist policy and program development in government and non-government organisations.

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Foreword

As a response to an unusually high number of suicides recorded in Tasmania during 1992, an interdepartmental Task Force was established in 1993 to monitor the Tasmanian suicide rate and provide advice on appropriate responses. Genuine commitment between various government agencies resulted in tangible strategies to tackle the issue of suicide. In part, such collaboration was possible through the realisation that suicide did not impact upon just one sector. Suicide has consequences for a range of agencies, including Health, Education and Justice; moreover, suicide not only affects family, friends or work colleagues, it impacts upon the whole community. The prevention of suicide requires collaboration; whole-of-government and whole-of-community commitment is required.

Since its inception, collaboration has been the guiding philosophy of the Task Force; and this approach has directly influenced the current direction of the Committee. Since 1993, the Task Force has undergone a number of significant changes to better align its role and function with that of the Tasmanian community, and the findings of national and international suicide prevention research. A number of these revisions occurred during the period 2001-2002.

During 2001-2002 the Task Force was renamed the Tasmanian Suicide Prevention Steering Committee. The membership was expanded and new Terms of Reference were adopted. In addition to monitoring and analysing the Tasmanian suicide statistics, the Committee now plays a crucial part in suicide prevention in the broadest sense. The Committee provides leadership for suicide prevention activities in Tasmania through providing a co-ordinated focus for government activity, identifying areas of concern and recommending action. Additionally, the Committee supports organisations, both government and community based that provide services and programs to at risk groups.

Importantly, the Committee continues to further its role in suicide prevention through the current development of a comprehensive Work Plan for 2002-2003. Areas that require action have been identified and responses have been developed. Consequently, the Committee is presently undertaking a number of tasks that will assist tackling the issue of suicide in our community.

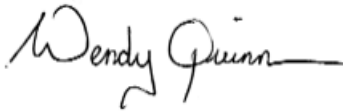
This second Annual Report of the Committee details the achievements of the Committee during the period 2001-2002. The Report also highlights the areas identified as requiring attention during 2002-2003. Additionally, the Annual Report provides statistical analysis of suicides in Tasmania for the period 1978 to 2001. It is hoped that through presenting these statistics a clear and unbiased picture of suicide in Tasmania is shown, which can be used by both government and the community to develop appropriate responses to reduce suicides into the future.

Whilst one must always be cautious when interpreting suicide statistics, current evidence suggests that significant results have been achieved. The Annual Report indicates that the suicide rate is declining for Tasmanian males between the ages 15 to 25.

Furthermore, the Tasmanian suicide rate is now close to the overall Australian rate. However, there are still areas of particular concern. Most notably, for Tasmanian males between 25 and 39 years of age, the pattern has been a steady and substantial increase in annual suicide rates from 1978. Clearly, we must continue our work in this area through further research and development of suitable strategies for such at-risk groups.

As Chair of the Tasmanian Suicide Prevention Steering Committee, I have had the privilege of working with a group of skilled, enthusiastic and dedicated people, each able to contribute their own unique knowledge and understanding of suicide prevention and the Tasmanian community. The expansion in membership of the Committee to include not only government officials but also community representatives has served to increase the experience and skills the Committee has at its disposal. I take this opportunity to thank all members, both past and present, for their sincere efforts and dedication in tackling the issue of suicide in our community.

Finally, may I thank all the organisations and individuals both in paid and voluntary capacities who have worked tirelessly in furthering the cause of suicide prevention within Tasmania. Your efforts and compassion in this important but often difficult and thankless area of work are greatly valued and add to Tasmania's capacity to reduce the impact of suicide.

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

WENDY QUINN

Chair - Tasmanian Suicide Prevention Steering Committee

Deputy Director - Community Support

Contents

LIST OF FIGURES.....	vii
LIST OF TABLES.....	ix
EXECUTIVE SUMMARY.....	x

PART

1. ABOUT THE COMMITTEE.....	1
Background.....	2
Membership.....	5
Meetings.....	10
Financial Resources.....	11
Public Access to the Committee.....	11
2. ACTIONS AND RESULTS (2001-2002).....	12
Action Area 1.....	13
Action Area 2.....	14
Action Area 3.....	18
Action Area 4.....	22
Terms of Reference (1999).....	23
3. FUTURE DIRECTIONS (2002-2003).....	27
Terms of Reference (2002).....	28
Committee Work-Plan.....	29
4. STATISTICS.....	30
Introduction.....	31
Scope and Limitations of the Data.....	31
Overview.....	31
Suicide Rates.....	32

Methods of Suicide.....	40
REFERENCE LIST.....	45

Figures

FIGURE

1.	Suicide Cases Registered by Single Year of Age, Tasmania, 1978-2001.....	32
2.	Difference in 3-Year Moving Averages Between Tasmania and Australia, 1978-2001.....	33
3.	Suicide Rates for Tasmania, with Trend, (3-Year Moving Averages) 1978-2001.....	33
4.	Suicide Rates by Sex, with Trend, (3-Year Moving Averages) 1978-2001.....	34
5.	Suicide Rates for Males 15 to 24 Years, with Trend, (3-Year Moving Averages) 1978-2001.....	35
6.	Suicide Rates for Males 65 Years and Over, with Trend, (3-Year Moving Averages) 1978-2001.....	35
7.	Suicide Rates for Males 40 to 64 Years, with Trend, (3-Year Moving Averages) 1978-2001.....	36
8.	Suicide Rates for Males 25 to 39 Years, with Trend, (3-Year Moving Averages) 1978-2001.....	36
9.	Suicide Rates for Southern Region, with Trend, (3-Year Moving Averages) 1978-2001.....	37
10.	Suicide Rates for Northern Region, with Trend, (3-Year Moving Averages) 1978-2001.....	38
11.	Suicide Rates for North Western Region, with Trend, (3-Year Moving Averages) 1978-2001.....	38
12.	Principal Cause of Death 1978-1994.....	40
13.	Principal Cause of Death 1995-2001.....	40

Tables

TABLES

1.	Average Suicide Rates, Tasmania 1978-2001.....	41
2.	Male Suicide Rates by Age Group, Tasmania 1978-2001.....	42
3.	Suicide Rates by Region, Tasmania, 1978-2001.....	43
4.	Methods of Suicide by Age, Sex and Period.....	44

Executive Summary

The second Annual Report of the Tasmanian Suicide Prevention Steering Committee (TSPSC) to be provided to the Minister for Health and Human Services details the coordination mechanism that the State Government uses in relation to suicide and self-harming behaviour, and its prevention. The Annual Report also provides a summary of Tasmanian suicide data, principally for the period 1978 – 2001.

The Annual Report notes the following:

Part 1 - About the Committee

During the period 2001-02, as a result of national and state/territory learnings in suicide prevention, the TSPSC has undergone significant changes to better reflect the needs of both government and the community. These changes include:

- increased broad based membership;
- new Terms of Reference; and
- the initial development of a Committee Work Plan.

The Committee performs two major functions in suicide prevention within Tasmania. Firstly, the TSPSC provides leadership for the strategic development of suicide prevention initiatives in the State. Secondly, the Committee collates and interprets Tasmanian suicide data to monitor the progress of initiatives and assist in the development of new activities.

Part 2 - Actions and Results

The achievements of the TSPSC during 2001-02 are described in relation to the four Action Areas and the Terms of Reference (1999).

- **Action Area 1:** The Committee is progressing suicide prevention strategy within Tasmania inline with the national *LIFE* Framework and through the knowledge gained from the Tasmanian Youth Suicide Needs Analysis.
- **Action Area 2:** The Committee actively supported 9 nationally driven suicide prevention projects.
- **Action Area 3:** The Committee assisted the development and implementation of no less than 8 Tasmanian projects.
- **Action Area 4:** The Committee assisted Tasmanian based suicide prevention research through supplying data as appropriate, and evaluating projects as they progressed.

Part 3 - Future Directions

The TSPSC has endorsed new Terms of Reference (2002) that will guide the Committee's activities through 2002-03 and beyond.

The Committee identified specific areas that require attention and is presently developing a Work Plan that will address the strategic priority areas during 2002-03. The priority areas identified are:

- **Activity Mapping:** Obtain picture of what suicide prevention related activities are currently operating in Tasmania and identify the gaps.
- **Awareness and Engagement:** Continue to promote collaborative development of suicide prevention activities, and further the engagement of key sectors within both government and the community.
- **Leadership:** Continue to foster the leadership role the TSPSC has in suicide prevention in Tasmania.
- **Committee Structure:** Monitor and improve the structure of the Committee to better address the needs of both the government and non-government sector.

Part 4 - Statistics

Given that suicide is essentially a rare event interpreting trends from low levels of incidence is difficult and should always be undertaken with a high level of caution. Nonetheless, the Annual Report provides some analysis of suicides in Tasmania for the period 1978-2001.

The analysis indicates that:

Tasmania 1978-2001

- There have been 1,620 cases in total (78 cases unconfirmed).
- Males represent 80% of cases.
- For age cohorts, 19% of cases involved people 15 to 24 years of age, 32% people aged 24 to 39 years, 34% people aged 40 to 64 years and 15% people 65 years and older.
- In relation to males, 27% of all cases of suicide have involved men aged 25 to 39 years and a further 25% men aged 40 to 64 years of age. In addition 12% of cases have involved men over the age of 65 and 16% aged 15 to 24.
- In relation to Tasmanian Regions, 50% of cases occurred in the Greater Hobart/Southern Region, 29% in the Northern region and 21% in the North-west Region.
- The most common causes of death were gunshot (36%), hanging or asphyxiation (20%), carbon monoxide (20%) and poisoning (13%).

Tasmania 2000 and 2001

- There were 66 cases (19 unconfirmed) in 2000 and 79 cases (55 unconfirmed) in 2001.
- In 2000, males were involved in 79% of cases and in 2001, 72%.
- In 2000, 21% of cases involved people aged 15 to 24, 39% people aged 25 to 39 and 33% aged 40 to 64. In 2001, the percentages were 10%, 37% and 41% respectively.
- In both 2000 and 2001, males aged 25 to 39 were the largest group defined by age and sex at 33% and 30% respectively, and males aged 40 to 64 were the next largest group at 24% and 25% respectively. In 2000, males 15 to 24 were the third largest group (17%). In 2001, the third largest group was females aged 40 to 64 years of age (15%).
- In 2000, most cases occurred in the Southern region (44%), followed by the Northern Region (35%) and the North-west Region (21%). In 2001, the order was the same with a greater proportion of cases in the South (56%), a lower proportion in the North (24%), and approximately a similar proportion in the North-west (20%).
- The most common cause of death in 2000 was hanging or asphyxiation (42%), followed by gunshot (20%) and carbon monoxide (17%). In 2001, the most common causes were hanging or asphyxiation (37%), carbon monoxide (34%) and poisoning (11%).

PART 1

About The Committee

Provides general information on the Committee

Background

1993 - Establishment

The Tasmanian Government established an Interdepartmental Task Force in May 1993 to respond to the perceived rising trend of suicide in the State. Initially referred to as the Suicide Register Steering Committee (SRSC), the Task Force was charged with the responsibility to monitor the suicide statistics for Tasmania and elaborate strategies to counter this trend. Additionally, the SRSC served as a clearinghouse for statistical information on suicide and respond to enquiries on such matters.

1999 - Realignment

During the latter part of 1999, the SRSC reviewed its role and function in response to both State achievements in suicide prevention activities and the Commonwealth's undertaking to provide national guidance. Consequentially, the membership of the SRSC was broadened and the function of the Task Force was redefined through adopting new Terms of Reference. Furthermore, the Task Force sought to provide the Minister for Health and Human Services with an Annual Report, the first of which was delivered in 2000 (Tasmanian Department of Health and Human Services 2000)

The outcomes of this review process were cemented in a Terms of Reference (1999), which were described and reported on in the SRSCs 2000 Annual Report. The Terms were as follows:

Terms of Reference (1999)

The Committee will:

- Highlight special areas of concern.
- Collate information on current activity.
- Identify areas of need for preventative action, within a state and national context, leading to a coordinated focus for government activity within Tasmania.
- Act as an advisory committee to the National Youth Suicide Prevention Strategy Project Officer.
- Act as a reference group to the University of Tasmania National Youth Suicide Prevention Strategy training and education program.
- Ensure inter-departmental support for the on-going maintenance and further development of a continuous database for completed suicides in Tasmania.
- Provide data, with appropriate provisos on reliability, as required by government and ensure departmental support for the continuous database for completed suicides in Tasmania.
- Produce for the Minister for Health and Human Services, an annual report on the data, set against comparative trends and epidemiological data at the state and national level.

2001 – New Name

In August 2001, after the release of the inaugural Annual Report, the SRSC adopted a new title: the Tasmanian Suicide Prevention Steering Committee (TSPSC). This more accurately described the philosophy of the Task Force. As illustrated through the Terms of Reference, the Committee not only monitors the statistics for suicide in Tasmania, but additionally, has a broader role through providing statewide direction on activities that aim to reduce the prevalence of suicide. The activities and projects that the Committee supports include both health promotion activities that endeavour to enhance protective factors, as well as those that are preventative in nature that tackle the risk factors for suicide.

2002 – Second Review

During the early months of 2002, it again became evident that the TSPSC needed to comprehensively consider a number of factors. These included:

- The understanding of suicide and suicide prevention activities in Tasmania;
- Agreement on the role and function of the TSPSC; and
- Agreement on a work-plan for the TSPSC to achieve its reconsidered goals.

The need for these considerations was consequential of both state/territory and national activities. Within Tasmania, much had been achieved through the National Youth Suicide Prevention Strategy (NYSPS) (Commonwealth Department of Health and Family Services 1997). Awareness of suicide as an issue was promoted amongst a wide audience and a number of youth suicide prevention programs were funded within the state. Evaluation of the NYSPS (Mitchell 2000) indicated that whilst the strategy accomplished much, ongoing efforts were required to facilitate learning as a basis for action within organisations. Further, the policy, planning and coordination of organisations in order to build and strengthen partnerships are required to address suicide.

The NYSPS encouraged an environment within Tasmania that supported suicide prevention initiatives that were community driven. The establishment in late 2000 and continued operation of the community based Tasmanian Youth Suicide Prevention Forum (TYSP), indicated a need to ensure that the activity of government officials and community based organisations was effectively linked.

In a response to these factors, the TSPSC expanded its membership to include representatives from the community and non-government sector. This enabled an increased range of understandings and experiences of suicide and suicide prevention in Tasmania to be heard as part of the Committee's ongoing work.

At the national level, following the completion of the NYSPS in June 1999, a new initiative was promoted: the National Suicide Prevention Strategy (NSPS). This initiative adopted a whole of life approach to suicide prevention. The NSPS provided funding through the Commonwealth Department of Health and Aging for state and territory level activities, enabling a substantial number of new suicide prevention projects and initiatives

to be developed within Tasmania. In addition to local jurisdiction level activities, the NSPS provided funding for national projects including research and development programs. From the TSPSC perspective, not only was the NSPS providing further knowledge on suicide and suicide prevention activities, but there was increased development of the number of local and national services for all population groups identified as at risk of suicide or self harm.

Through the changes of the Committee and the revised national direction, the TSPSC commenced planning for the future at a forum on 9 April 2002. Resulting from this forum was a revised Terms of Reference for the Committee. Additionally, the Committee started to elaborate the strategic priorities for future activity in Tasmania. The priority areas were arrived at through consideration of the national agenda and its outcomes to date, Tasmanian activity in suicide prevention, analysis of the Tasmanian suicide statistics, and the Committee's own process of change. The priority areas were considered within the policy context of the NSPS and Tasmania *Together*.

The Terms of Reference (2002) are as follows:

Terms of Reference (2002)

The Committee will:

- 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; and
 - 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; and
 - Acting as an exchange for information on suicide, suicide prevention activities and research findings.

After the formal adoption of the Terms of Reference in June 2002, the TSPSC will further refine the strategic priority areas and develop and implement a comprehensive Work Plan for 2002-03.

Membership

The Committee's committed and experienced members include representatives from State Government agencies, the Commonwealth, the University of Tasmania, and the community and non-government sector.

The members as at 30 June 2002 are:

Wendy Quinn (Chair)

State Manager

Mental Health Services

Department of Health and Human Services

Ms Quinn is State Manager of Mental Health Services, which works with clients and their families to treat, support and manage mental disorders to maximise mental health, wellbeing and quality of life for people with a mental illness.

Ms Quinn has over 25 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. More recently, Ms Quinn has been employed in various areas of health in middle to senior management positions. Ms Quinn has professional qualifications as an Occupational Therapist and post-graduate qualifications in management and leadership.

As State Manager of Mental Health Services, Ms Quinn informs the Committee's decisions through her knowledge of and participation in mental health related activities at both a State and National level. Importantly, Ms Quinn is an active participant in both the National Advisory Council for Suicide Prevention, State and Territory Forum, and the National Mental Health Working Group.

Heather Cuthbertson

Senior Policy Officer

Office of Youth Affairs

The Office of Youth Affairs Tasmania (OYA) aims to assist the development and coordination of youth policies, programs and information across government and relevant service providers in the community sector.

Through her work with the OYA, Ms Cuthbertson has responsibility for conducting a range of research and consultative processes that support policy and program development, and strategic planning for youth related matters. Ms Cuthbertson has

extensive and varied experience in the welfare sector working in areas including aged, disability, youth, domestic violence, homelessness, women's issues and correctional justice. In the past, Ms Cuthbertson has taught social policy and mediation at TAFE, having a Masters in Social Policy and a Bachelor degree in Community Welfare.

In relation to the TSPSC, Ms Cuthbertson provides specialist advice on youth related matters and information and ensures that the issues for young Tasmanians are considered in relation to suicide prevention.

Sgt. Phil Coxon

Coroner's Associate
Magistrates Court
Coronial Division

The Magistrates Court, Coronial Division, is required pursuant to the Coroners Act 1995 to investigate all reportable deaths in Tasmania. The Division is staffed by four Police Officers who assist the Coroner in the investigation of reportable deaths.

Sgt Coxon provides the Committee with understandings of suicide from the Police perspective, and assists the collaboration between Police and other sectors in relation to suicide prevention initiatives.

Dr. Brett Daniels

Senior Lecturer
Discipline of Psychiatry
School of Medicine, Faculty of Health Science
University of Tasmania

The School of Medicine is one of four schools in the Faculty of Health Science at the University of Tasmania. The School provides state-wide medical education, with students studying in a variety of locations including major teaching hospitals, community health services, rural health teaching sites and general practices.

Dr Daniels has professional training in psychology and medicine and has worked for the University of Tasmania for the past ten years. He has published over 25 professional articles in psychology and mental health, and is currently researching the progression from attempted suicide to completed suicide in Tasmania. Previously, Dr Daniels worked as a consultant in research methodology and analysis.

Dr Daniel's assists the Committee in research and assessing needs, analysing statistical information and interpreting trends, and through providing advice on clinical interventions.

Claudia Duenow
Graduate Recruit
Mental Health Services
Department of Health and Human Services

Ms Duenow's involvement with the TSPSC was from October 2001 to July 2002. During this time she was acting in the role of Policy Officer - Mental Health - Promotion and Prevention, providing executive support to the Committee.

Ms Duenow commenced in Mental Health Services as a Graduate Recruit for the Mental Health Information & Evaluation Unit. Ms Duenow has previously worked in the community sector, in an accommodation service for homeless women, and the disability sector.

Constance Farrell
Service Director
Lifeline Hobart

Lifeline Hobart cares for people in crisis through a range of counselling and related services. It is one of 42 Lifeline centres in Australia that provides 24-hour telephone counselling by trained and supervised volunteers. Lifeline Hobart's role in suicide prevention is focused on community education and training, counselling, and provision of resource and referral information to the community.

Constance Farrell has qualifications in counselling and training and has been working with Lifeline Hobart since 1990. She has also been involved in the national Lifeline movement through significant periods of change management.

Through her daily work with people at risk, Ms Farrell provides the Committee with a service delivery perspective on suicide prevention, especially in relation to the non-government sector.

Martin Harris
Research Fellow / Project Manager
University Department of Rural Health
Faculty of Health Science
University of Tasmania

The multidisciplinary University Department of Rural Health (UDRH) seeks to improve access to health care resources and contributes to improved health outcomes for Tasmanian people in rural and remote areas.

Based in Launceston, Mr Harris is a Research Fellow with the UDRH where he is currently developing education and support programs for suicide prevention. Having Degrees in Design and Education, and Masters Degrees in Educational Administration, and Counselling, Mr Harris has taught in schools in Australia, the United Kingdom and

Canada. More recently, Mr Harris has pursued an interest in mental health and his current PhD research is entitled 'Resilience in Transition', which is investigating the implications of geographical dislocation on the mental health of young people.

Mr Harris contributes to the role and function of the Committee through assisting the review of materials and developing implementation strategies for the delivery of suicide prevention programs. Importantly, Mr Harris provides advice to the Committee on suicide and suicide prevention as it relates to rural and remote areas.

Jonathan Paré

Project Officer

Tasmanian Youth Suicide Prevention Forum

Youth Network of Tasmania

The Youth Network of Tasmania, the State's peak body for the non-government youth sector, auspices the Tasmanian Youth Suicide Prevention Forum (TYSP), which provides a mechanism for the communication and collaboration between relevant community groups on youth suicide prevention issues. Mr Jonathan Paré provides TYSP with the executive support and coordinates the implementation of the TYSP work plan.

Mr Paré has considerable experience in community development and a strong interest in promoting a holistic approach to suicide prevention.

Mr Paré assists the TSPSC in establishing and maintaining linkages with the non-government community sector at a local, regional and statewide level. In addition, Mr Paré provides advice to the Committee on the issues identified by the non-government sector and assists in the development of strategies to address such.

Steven Pinkus

Psychologist

Clare House, Mental Health Services

Department of Health and Human Services

Clare House is one of Mental Health Services three Child and Adolescent Mental Health Services. Clare House provides specialist assessment and treatment for children and adolescents who have behavioral and/or mental health problems.

Mr Pinkus is a clinical psychologist who works in private practice and for Clare House Child and Adolescent Mental Health Service. He has had long involvement in the treatment of self-harming and suicidal young people through general counselling and family therapy. Mr Pinkus is on the boards of the Hobart Clinic and the Australian and New Zealand Journal of Family Therapy.

Mr Pinkus assists the Committee in the application of research findings, and through providing advice on the risks, protective factors and needs associated with children and adolescents.

Victoria Rigney

Senior Consultant, Policy
Mental Health Services
Department of Health and Human Services

The Senior Consultant, Policy, provides high-level strategic advice in Mental Health Services.

Victoria Rigney has been Senior Consultant, Policy, in Mental Health Services for five years, and has extensive experience in many areas of the Department of Health and Human Services including child protection, youth justice, community development and corporate planning. Ms Rigney has a degree in public administration and is enrolled in a Masters degree at the University of Tasmania.

Jenny Scott

Co-ordinator Coronial / Coroners Clerk
Magistrates Court
Coronial Division

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

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

Ms Scott coordinates the collaboration between the Committee and the Magistrates Court, Coronial Division, and assists in the maintenance of the suicide database.

Kate Shipway

Director
Equity Standards Branch
Department of Education

The Equity Standards Branch is responsible for ensuring that all students have equitable access to the benefits of education and training irrespective of their sex, culture, linguistic background, race, location, socio-economic background or disability.

As a senior member of the Department of Education, Ms Shipway coordinates the collaboration between this Department and the Committee. Additionally, Ms Shipway provides advice to the Committee on practice in the government school sector and the issues faced by school staff in the area of suicide prevention.

Anthony Speed

Program Manager
Primary Care & Population Health
Tasmanian Office
Department of Health and Aging

Mr Speed is a representative of the Commonwealth Department of Health and Aging, which administers a range of Commonwealth initiatives including primary care and preventative health services, specific health services for Aboriginal & Torres Strait Islander people and rural communities, community care, and aged services. The Department funds and administers the National Suicide Prevention Strategy (NSPS).

Mr Speed provides advice to the TSPSC on suicide prevention initiatives as they relate to the NSPS and the broader national initiatives on health promotion and suicide prevention.

Dr Graeme Vaughan

Manager, Mental Health Information and Evaluation Unit
Mental Health Services
Department of Health and Human Services.

The Mental Health Information and Evaluation Unit (MHIEU) is responsible for the collection and reporting of mental health related data in Tasmania. Its responsibility covers national reporting as well as reporting to a range of stakeholders at a local level. These stakeholders include clinicians, service units, management and a range of committees. The unit aims to provide accurate data in a timely manner in order to support the goals of Mental Health Services in Tasmania.

As Manager of this Unit, Dr Vaughan provides expert advice to the Committee on the analysis of suicide data and information on the relationship between suicide and Mental Health Services.

Meetings

The TSPSC meets monthly and is Chaired by the State Manager for Mental Health Services.

Meetings are conducted in two distinct segments, with part one concentrating on promotion and prevention activities at the State and national levels. All members participate in this portion of the meeting. The second segment focuses solely on the suicide statistics for Tasmania and associated research. Due to the confidential nature of the information presented in this segment, participation is limited.

Financial Resources

The TSPSC is supported through the Tasmanian Mental Health Services.

The TSPSC successfully achieved funding of \$10,000 through Schedule B funds, part of the Australian Health Care Agreements (1998-2003). This Schedule provides financial support for initiatives inline with the policy directions of the Second National Mental Health Plan. These funds assist the Committee in fulfilling its role as articulated through the Terms of Reference. In addition, the funds will be utilised in achieving the goals presented in the proposed TSPSC Work Plan 2002-03.

Public Access To The Committee

Information about the Committee and its activities is available through Mental Health Services.

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PART 2

Actions and Results (2001-2002)

Provides an overview of the Committee's performance

In 2000, the Committee identified a number of key Action Areas that are articulated in the Committee's Annual Report for 2000 (Tasmanian Department of Health and Human Services 2000). The Action Areas are supplementary to the normal functioning of the Committee as detailed in the Terms of Reference 1999.

Action Area 1

Support the development of the Tasmanian Suicide Prevention Needs Analysis into the Tasmanian Suicide Prevention Strategic Plan

The period 2001-02 witnessed the continued development of national directions in suicide prevention that directly influenced the role and function of the Committee. Perhaps these national influences have been most apparent in the evolution of a State suicide prevention strategy.

The appropriateness of a Tasmanian suicide prevention strategy evolved through Mental Health Services, with support and advice from the then SRSC, compiling the comprehensive *Needs Analysis: Youth Suicide Prevention Strategy* (Needs Analysis) during 1999. This formed a component of Tasmania's implementation of the NYSPS. Through wide consultation the Needs Analysis was able to identify existing services and local responses in Tasmania relevant to youth suicide prevention, consider regional needs, and inform the proposed development of a Tasmanian Youth Suicide Prevention Strategy.

At the same time, the National Advisory Council on Youth Suicide Prevention released in 2000 the *Living Is For Everyone (LIFE): a framework for prevention of suicide and self-harm in Australia*, a four-year strategic plan for national action that built on the knowledge and outcomes delivered through the NYSPS. The *LIFE* Framework would guide the initiatives under the NSPS. These continue and further the initiatives of the NYSPS. Importantly, whilst recognising and maintaining a commitment to suicide prevention for youth, the *LIFE* Framework seeks to address suicide across all age groups.

Following a planning and analysis exercise, the SRSC endorsed the strategic direction and initiatives of *LIFE*. The Committee acknowledge that the Framework complemented the findings and directions offered by the Tasmanian Needs Analysis. Following this, the SRSC initiated discussions during late 2000-2001 on the appropriateness of a State suicide prevention strategy that was whole of population focussed and not just youth centric.

Significantly, it was recognised that through reassessing the roles and functions of the SRSC in accordance with the *LIFE* Framework, the implementation of the national direction in Tasmania and the development of appropriate State responses would be made possible.

As a result, the review and transformation of the newly named TSPSC during 2001-02 is a direct consequence of the strategic directions provided at the national level as well as

the learnings from the Tasmanian community Needs Analysis. Through this process the Committee maintains its commitment to furthering appropriate State initiatives in suicide prevention that complement the *LIFE* Framework. The current development of the Committee's Work Plan 2002-03 is informed by both *LIFE* and the issues identified through the Needs Analysis. Planning will continue during 2002-03 to ensure that the TSPSC will be in the position to foster and inform the maturation of Tasmanian suicide prevention initiatives through its Work Plan.

Action Area 2

Support the progress of nationally driven projects

During the period 2001-2002 the TSPSC supported and assisted the development and implementation of numerous national suicide prevention projects. This support was realised via a number of instruments, most notably being the provision of expert advice and analysis, assisting the implementation of projects at the state level through fostering local collaborative arrangements, and participating in evaluation processes.

National projects supported include:

Projects	Results
National Suicide Prevention Strategy Review	The Committee contributed to the national review conducted by Success Works through providing comprehensive advice through Mental Health Services on the Tasmanian position.
<i>LIFE</i> Framework	<p>The <i>LIFE</i> Framework aims to foster strategic partnerships and inform suicide prevention activity across all sectors. As a resource, <i>LIFE</i> can be utilised by the whole community to plan and provide suicide prevention programs and services.</p> <p>The Committee remains committed to the Framework as detailed through its four aims:</p> <ul style="list-style-type: none"> • Reducing deaths by suicide across all age groups, and reduce suicidal thinking and behaviour; • Enhancing the resilience and resourcefulness, respect interconnectedness and mental health in communities, and reduce the prevalence of risk factors for suicide; • Increasing the support available to individuals, families and communities who have been affected by suicide or associated behaviour; and

- Enhancing and furthering community and scientific understanding of suicide and its prevention.

The *LIFE* Framework underpins the current strategic direction of the Committee, and is being utilised to inform future progress in this area.

National Media Strategy

As the media has an important role in promoting mental health and reducing the stigma associated with mental illnesses, and in the responsible reporting of suicide, the Committee supported the national publication: *Achieving the Balance: A Resource Kit for Australian Media Professionals for the Reporting and Portrayal of Suicide and Mental Illnesses*.

The Kit provides practical information on how appropriately to report on suicide in the media. In order to realise the potential of this resource, the Committee assisted Mental Health services in distributing the Kit in Tasmania. Consequently, a successful workshop was conducted during 2001 in Launceston aimed exclusively at media professionals, academics and students. Since then, the Committee has observed numerous examples of responsible reporting of suicide by Tasmanian media outlets.

The Committee was active in widely distributing national learnings on suicide and the media. Important publications, such as *Suicide and the Media: A Critical Review*, which demonstrated the existence of an association between media portrayal of suicide and actual suicide, were endorsed by the Committee and widely promoted.

In addition, the Committee is supportive of the recent national undertakings in relation to the media through the updated manual: *Reporting Suicide and Mental Illness: A Resource for Media Professionals*. The Committee is presently investigating the best way to implement this manual in Tasmania.

National Advisory Council for Suicide Prevention (NACSP)

The Committee continues to support the NACSP and its role of furthering the directions of the NSPS. The Committee's support is realised through providing advice to the Tasmanian representative on the Council's State and Territory Forum.

MindMatters: A Mental Health Promotion Program for Secondary Schools

The Committee remains committed to promoting the utilisation of sound resources, such as MindMatters, which place mental health on the agenda in secondary schools.

Additionally, the Committee continues to support the development of the Tasmanian 'Health and Wellbeing School Based Initiative', which integrates several national health initiatives into a coherent curriculum based health promotion program.

The Committee assisted the progress of the initiative through furnishing expert advice on suicide prevention in schools, and through facilitating coordination across Government agencies.

AUSEINET - The Australian Network for Promotion, Prevention and Early Intervention for Mental Health

The Committee supports the work of AUSEINET through the active exchange of information on suicide prevention. This is encouraging the expansion of a sound knowledge base on suicide prevention, and the utilisation of such to better develop and maintain appropriate programs and services.

Furthermore, the Committee participated in the consultations on the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000* conducted by AUSEINET during October 2001 in Launceston. Through this process, the Committee was able to comment on the opportunities and challenges that the Plan presented, and provide advice on future national directions and initiatives in this area.

Finally, the Committee has continued to work proactively with AUSEINET in the implementation of strategies in the Action Plan and the LIFE framework.

Community LIFE Project

This project will provide a national support structure for community capacity building through enhancing community knowledge and skills about suicide prevention. The Committee supports this national project, as it will provide resources that will further the positive involvement of the community in the prevention of suicide.

Whilst the Community LIFE project is presently still under development, the Committee is planning to assist the project team in identifying appropriate community suicide prevention programs, and through the establishment and maintenance of partnerships between the community and other sectors.

Australian Transcultural Mental Health Network (ATMHN)

The ATMHN is a national organisation that links State and Territory transcultural mental health initiatives to improve the mental health of Australia's multicultural communities.

The Committee explored issues with the ATMHN such as the usefulness of cross-cultural assessment tools, the role of torture and trauma services, and the fluctuating trends in the provision of mental health services, during the Tasmanian March 2002 forum: *Embracing Diversity in Mental Health: Breaking New Ground*. This forum proved to be invaluable by providing the Committee with the opportunity to expand its knowledge in suicide prevention, and how such relates to multicultural communities.

Suicide Prevention Australia (SPA)

Receiving NSPS funding in October 2001, SPA continues to establish networks between academics, health professionals, consumers and the community, which progresses community capacity building in suicide prevention.

The TSPSC supports this unique organisation, and recently presented at SPAs 9th Annual National Conference. This presentation detailed the evolution of the TSPSC and presented opportunities for national networking and information exchange.

Action Area 3

Support the progress/completion of local projects

During the period 2001-02, the TSPSC supported numerous Tasmanian projects that were funded through either the NYSPS, the NSPS or other sources. Agreement was reached between the Committee and the Commonwealth Department of Health and Aging Tasmanian Branch for the TSPSC to offer an advisory support role for all projects funded through the NSPS. Additionally, the Committee assisted the Department of Health and Aging Tasmanian Office through its Suicide Prevention Advisory Committee in identifying priority areas for the State that could be the focus of future funding under the NSPS. Planning is now in progress to offer support to projects funded through the NSPS in the latter part of 2002.

The Committee's support for local projects has been realised through a variety of mechanisms, depending upon the nature of the project or activity, its relationship with the Committee and the timeframes of the project or activity. Additionally, the Committee's support can be categorised into assisting a project or activity to: identify and analyse need; develop a project outline; progress and monitor the initiative; and evaluate the project's results.

Typically, the TSPSC provided advice and direction following presentations of projects at Committee meetings or through reviewing submitted project reports. Additionally, a large proportion of Committee members were involved with other project organisations. As a result, these members were able to harness the skills and knowledge of fellow TSPSC members to inform the direction of various Tasmanian projects and activities.

During the period 2001-02, the TSPSC supported both State Government initiatives and projects, in addition to activity from the non-government and community sector. Whilst the success of such support is evident, the Committee acknowledges that future support must target Local Government, which has an important role in building and strengthening local communities; an important protective factor against suicide.

Local projects that the TSPSC actively supported throughout 2001-02 include:

Projects	Results
'Getting It Together': Resilience for At Risk Youth Project	Funded through the final allocation of the Rural and Regional Counselling funds available through the NYSPS, the Oakrise Child and Adolescent Mental Health Services 'Getting It Together' project undertook early intervention and health promotion activities that sought to enhance the resilience and mental wellbeing of adolescents.

As specified through the funding agreement, quarterly progress reports were submitted to the Committee.

'Getting It Together' concluded in May 2002, and the Committee is presently considering the findings of the project.

'Time-Out' Project

An initiative of the Youth Suicide Action Group Inc, the 'Time-Out' Project established a Launceston based service for young people in the 48 hours following a suicide attempt and for young people at risk of suicidal or self-harming behaviours.

Funded through the NYSPS, quarterly reports were submitted to the Committee, which allowed the project to benefit from the advice and knowledge of members. Following evaluation of the project, which incorporated the comments of the TSPSC, NYSPS funding concluded in September 2001.

Tasmanian Youth Suicide Prevention Forum (TYSP)

TYSP, a sub-committee of the Youth Network of Tasmania - the State's peak body for the non-government youth sector, receives funding through the State Government Health and Wellbeing Fund and the NSPS. TYSP functions as mechanism for the communication and coordination among service providers in relation to youth suicide and self-harm issues.

The TYSP Project Officer is a member of the Committee, thereby ensuring appropriate communication and collaboration between the two bodies.

The Committee is currently planning to work in partnership with TYSP to identify the gaps in service provision in Tasmania as it relates to suicide prevention.

Working It Out (WIO)

WIO saw its genesis through a needs analysis of young people in the North and North-West Coast. The research revealed that young gay, lesbian, bi-sexual and transgender (GLBT) people experience significant

difficulties as a consequence of their sexual and gender orientations. Initially funded through the State Community Support Levy, WIO now receives funds through the NSPS to provide a state-wide service to assist the health and wellbeing of GLBT people.

The Committee has provided significant support to WIO during 2001-02 through advocating for the on-going need of such a service, and through providing advice on both suicide prevention research, and future service development.

Health and Wellbeing Project (incorporating MindMatters)

This Tasmanian project, conceived in 1999 as a consequence of the Commonwealth introducing four major health strategies into the educational system, seeks to address health and wellbeing issues within the school environment through a health promotion framework.

The Committee continues to support this project through assisting the development and maintenance of collaborative partnerships, advocating the value and success of the project, and through providing advice insofar as it relates to suicide prevention and adolescents.

Gatekeeper Workshops

The University of Tasmania through its University Department of Rural Health (UDRH) raises the profile of rural health through monitoring needs, facilitating access to health services and providing education and professional support programs and resources. One such educational package is the 'Gatekeeper' program, which assists workers in developing knowledge, skills and confidence in their work with people who may be experiencing times of despair and hopelessness.

A comprehensive and appropriate training package was identified, further developed and evaluated, and through current NSPS funding, the project continues to offer training to workers and the community.

The TSPSC has assisted the Gatekeeper project through advocating utilisation of the training packages in Tasmania, assisting in the development of

partnership arrangements, and assisting in the ongoing research into suicide prevention as a resource for Gatekeeper facilitators.

The UDRH Gatekeeper Project Manager is a member of the Committee.

Lifeline Hobart

Lifeline Hobart provides three components relating to suicide prevention: telephone counselling; a befriender service and training as it relates to counselling. Of these, the telephone counselling service is the core element, which is provided 24 hours per day and staffed by trained volunteers.

Recognising the unique opportunities telephone counselling provides, the Committee supports Lifeline Hobart through the provision of information as it relates to identification of at risk clients and through advocating the need for a close working relationship between Lifeline Hobart, general practitioners and the emergency services.

The Service Director of Lifeline is a member of the TSPSC.

Media Cooperative Agreement

A cooperative agreement between Mental Health Services, the Magistrates Court, Coronial Division, Department of Health and Human Services Media Office and various Tasmanian media organisations was reached during 2001. The agreement is aimed at supporting the development and practice of responsible media reporting relating to suicide.

The Committee assisted this process by advocating the need for a cooperative relationship and through providing advice on current research findings as they related to the media and suicide.

Action Area 4

Monitor and support the continued development of the suicide prevention research being undertaken by the University of Tasmania, the Office of the Coroner and Mental Health Services

The TSPSC continues to recognise the importance of local research in suicide prevention, for such allows the steady development of sound, evidenced-based interventions that are appropriate for the Tasmanian context. Such research findings must also be widely disseminated to inform suicide prevention projects of emerging evidence, and to encourage rigorous evaluation of programs and interventions. Furthermore, the Committee notes that without a strong evidence base, well-intentioned suicide prevention projects have the potential for negative side effects.

Throughout the period 2001-02, the TSPSC supported and assisted Tasmanian research through a variety of methods. Partnerships were formed and strengthened between key agencies to encourage the flow of information, the Committee utilised its collective skills and knowledge to monitor and evaluate projects upon request, and Committee meetings were made available for the specific discussion and development of research.

Research and associated activities supported by the Committee during the year included:

Research Projects	Results
Data Systems	The Committee continues to auspice the database of completed suicides in Tasmania. This has assisted the maturation of a working partnership between the Magistrates Court, Coronial Division and Mental Health Services. Additionally, through the year, the Committee has continued to refine the database, thus, assisting wide application and analysis of the data.
University Department of Rural Health (UDRH)	<p>Through the period 2001-02, the UDRH conducted a number of research projects in suicide prevention, which the Committee supported through providing advice, particularly of the potential application of research findings.</p> <p>One such project was: 'Widening the Focus': Older Rural Men at Risk of Suicide, funded through the NSPS. This project broadened the applicability of the Gatekeeper Program of Youth Suicide Prevention, to include older rural males, a group that research and statistics indicated required particular attention.</p>

**Discipline of Psychiatry -
University of Tasmania**

The Committee supported this project through providing advice on relevant national and international literature, providing guidance on the project's suitability in Tasmania, and through furnishing data required by the project.

During 2001-02, the University's Discipline of Psychiatry conducted a number of research projects, which the Committee supported. Such support was strengthened through the formation of a closer partnership between the Committee and the Discipline during this period.

The Committee assisted the Discipline of Psychiatry research staff through identifying areas in suicide prevention requiring greater Tasmanian specific research, providing advice on projects as they developed and assisted in the dissemination of results to encourage evidenced based practice.

Terms of Reference (1999)

In addition to the specific Action Areas, throughout 2001-02, the Terms of Reference (1999) provided the broader framework for the Committee's activities.

1) Highlight special areas of concern

The TSPSC was able to identify special areas of concern from a number of perspectives through its broad membership base. This occurred through drawing upon the knowledge and experiences of each sector, by monitoring the Tasmanian statistics on suicide and comparing them with other states and territories, and through receiving advice and submissions from non-member parties.

Additionally, the Committee developed possible responses to such areas of concern and advocated the implementation or further investigation of such responses where possible.

Specific areas of concern identified during 2001-02 include the need to engage males 25-39 in suicide prevention initiatives, the role of the media in presenting suicide, the need to focus on relapse prevention, and the need to encourage and support greater coordination in suicide prevention initiatives throughout Tasmania.

2) Collate information on current activity

Recognising the importance of knowing what suicide prevention initiatives and activities exist in Tasmania, the TSPSC continues to utilise a number of mechanisms to achieve this.

The development of a collaborative arrangement between the Committee and the Tasmanian Office of the Department of Health and Aging ensures that continued exchange of information occurs in relation to Tasmanian initiatives funded through the NSPS. This provides the Committee with the opportunity to access these local projects and provide support and assistance as required.

Through its broad representation across a number of sectors, including the government and community sectors, the TSPSC has the ability to document and support suicide prevention initiatives that are unique to each sector.

Additionally, the Committee continues to foster a close working arrangement with the NACSP and Auseinet, ensuring that the Committee remains informed on the progress of activities at the national level.

Currently, the TSPSC is considering a number of options to see that accurate information becomes available in a timely manner to those requiring such in Tasmania. This task is informed through the success of the Tasmanian Youth Suicide Prevention Information Kit, which was released in 1999 and provided the community with relevant information on activities and research associated with the prevention of youth suicide.

3) Identify areas of need for preventative action, within a state and national context, leading to a coordinated focus for government activity within Tasmania

Areas for preventative action have been identified from within state and national based projects. Preventative action includes a range of primary prevention, early intervention, intervention and post-vention activities.

At the State level, the TSPSC has supported and assisted the development of a range of projects, which have yielded results that elucidate the knowledge base for preventative action. Projects have included the Tasmanian Needs Analysis, the Health and Wellbeing Initiative (incorporating MindMatters) and the Gatekeeper training modules.

Nationally, the Committee supports the identified action areas expressed through the NSPS and associated documents, including the *LIFE* Framework. These action areas include decreasing the rate of depressive symptomatology/disorder and increasing the awareness of early signs and symptoms of this illness.

The TSPSC has continued, through 2001-02, to advocate for coordinated government activity based on available evidence. A successful activity includes the Health and

Wellbeing Initiative, which has resulted in collaboration between the Department of Education and Department of Health and Human Services in order to deliver a sound health promotion program to secondary school students.

4) Act as an advisory committee to the National Suicide Prevention Strategy Project Officer

Between 1996 and 2000, Tasmania received \$379,000 of Commonwealth funding through the NYSPPS. The funding was dedicated to suicide prevention activity in the areas of the 'Education and Training of Professionals' and 'Rural and Regional Counselling Services'.

To coordinate the State's response, the Department of Health and Human Services employed a project officer between 1998 - 2001.

During this period, the Committee provided advice and guidance to the Project Officer, resulting in a number of successful initiatives. These include the coordination of the Tasmanian Needs Analysis and the use of its findings, the development and distribution of the Tasmanian Youth Suicide Prevention Information Kit, assisting the progress of a whole-of-government and whole-of-community involvement in youth suicide prevention, and assisting the establishment and maintenance of a number of successful youth suicide prevention activities in Tasmania.

In line with the strategic direction provided through the *LIFE* Framework that focuses on suicide as a whole of population issue, Mental Health Services, Department of Health and Human Services, is currently finalising the establishment of a Suicide Prevention Strategy Officer's position. This officer will coordinate government activity in suicide prevention on a whole of population model whilst still maintaining necessary focus on at-risk population groups. It is envisaged that the Committee will provide the same support and guidance to this new position.

5) Act as a reference group to the University of Tasmania National Youth Suicide Prevention Strategy training and education program

Through a partnership agreement between the Department of Health and Human Services and the University Department of Rural Health the 'Youth Suicide Prevention Education and Training for Professionals and Professionals-in-training' project was established with NYSPPS funds. This project was completed in March 2001, proving to be extremely successful in identifying, adapting and implementing the Gatekeeper suicide prevention workshops. Throughout the project's duration, the TSPSC provided considerable advice and support to ensure the development of an appropriate training tool and its subsequent utilisation.

Through NSPPS funds, the project has been extended to secure the sustainability of the Gatekeeper program in Tasmania. The Committee continues to support this project in its current phase.

6) To ensure inter-departmental support for the on-going maintenance and further development of a continuous database for completed suicides in Tasmania

A database of completed suicides within Tasmania has been established and continues to be modified inline 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.

7) Provide data, with appropriate provisos on reliability, as required by government and ensure departmental support for the continuous database for completed suicides in Tasmania

The database allows for the tracking of local trends on a day-to-day basis, enabling Government agencies, the University and the community sector to respond promptly to emerging issues. Data on suicide are publicly released through the TSPSC Annual Report.

As the Annual Report serves as the initial source to obtain such data, the Committee receives very few requests for access beyond the reports. When such requests are received, the Committee confers with the Magistrates Court, Coronial Division and Mental Health Services to determine the appropriateness and practicality of meeting such requests.

8) Produce for the Minister for Health and Human Services, an annual report on the data, set against comparative trends and epidemiological data at the state and national level

The inaugural Annual Report 2000 was produced for the Minister and released publicly in 2001.

This current Annual Report is the second and is for the period 2001-02. Part 4 of the Annual Report provides detail on the Tasmanian data for completed suicides, set against the data available at a national level.

PART 3

Future Directions 2002-2003

Provides information on the Committee's planned areas for focus

The development of new Terms of Reference for the TSPSC occurred during the later part of 2001-02. Illustrating the basic role and function of the Committee, the Terms of Reference (2002) will additionally inform the future direction and strategic priorities of the Committee during 2002-03.

Terms of Reference (2002)

Following the identification of a number of emerging trends and issues in suicide prevention that had the potential to impact upon the purpose and future directions of the Committee's work, a facilitated planning forum was held on 9 April 2002, resulting in the confirmation of the objectives of the Committee.

The Terms of Reference (2002) adopted by the TSPSC are:

- 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; and**
 - **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; and**
 - **Acting as an exchange for information on suicide, suicide prevention activities and research findings.**

Committee Work Plan

Additionally, and inline with the Terms of Reference (2002), a number of specific areas that required attention were identified by the Committee. The Committee agreed to develop a comprehensive Work Plan that would address these strategic priorities during 2002-03. A second planning forum will be held during the later part of 2002 in order to finalise this Work Plan.

The priority areas for 2002-03 are:

- **Activity Mapping**

The aim is to better understand what suicide prevention related activities are currently operating in Tasmania, and identify the gaps.

- **Awareness and Engagement**

The aim is to promote collaborative development and engagement of government and the community in strategies.

- **Leadership**

The aim is to support Tasmanian suicide prevention services and activities.

- **Committee Structure**

The aim is to continually monitor and improve the structure of the Committee to better address the needs of government and the community.

PART 4

Statistics

Provides statistics about Suicide in Tasmania

Introduction

The focus of this section is the analysis of suicides in Tasmania, principally for the period 1978 to 2001. The section updates the information provided in the *Suicide Register Steering Committee: Annual Report 2000*.

For the purpose of this publication 'suicide' is defined as *the act of voluntarily and deliberately taking one's own life*. In the findings of Coronial inquests, however, 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 only 60-100, the data needs to be interpreted cautiously. Trends are discernible 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 ABS 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 1978-2001

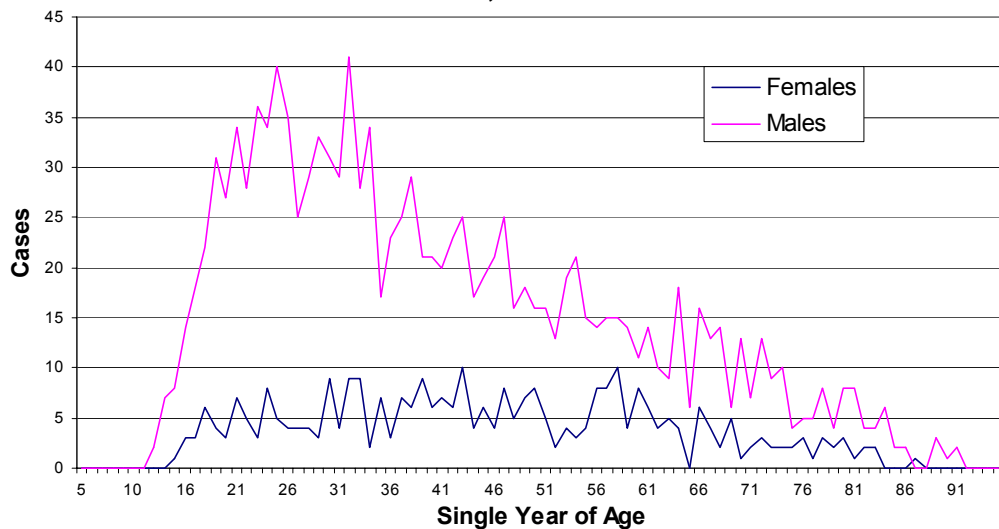
- 1,620 cases in total (78 cases unconfirmed).
- 80% of cases involved males and 20% involved females (Figure 1).
- 19% of cases involved people 15 to 24 years of age, 32% people aged 24 to 39 years, 34% people aged 40 to 64 years and 15% people 65 years and older (Figure 1).
- 27% of all cases of suicide have involved men aged 25 to 39 years and a further 25% men aged 40 to 64 years of age. 12% of cases have involved men over the age of 65 and 16% aged 15 to 24.
- 50% of cases occurred in the Greater Hobart/Southern Region, 29% in the Northern region and 21% in the North-west Region.
- The most common causes of death were gunshot (36%), hanging or asphyxiation (20%), carbon monoxide (20%) and poisoning (13%).

Tasmania 2000 and 2001

- There were 66 cases (19 unconfirmed) in 2000 and 79 cases (55 unconfirmed) in 2001.
- In 2000, males were involved in 79% of cases and in 2001, 72%.
- In 2000, 21% of cases involved people aged 15 to 24, 39% people aged 25 to 39 and 33% aged 40 to 64. In 2001, the percentages were 10%, 37% and 41% respectively.
- In both 2000 and 2001, males aged 25 to 39 were the largest group defined by age and sex at 33% and 30% respectively, and males aged 40 to 64 were the next largest group

- at 24% and 25% respectively. In 2000, males 15 to 24 were the third largest group (17%). In 2001, the third largest group was females aged 40 to 64 years of age (15%).
- In 2000, most cases occurred in the Southern region (44%), followed by the Northern Region (35%) and the North-west Region (21%). In 2001, the order was the same with a greater proportion of cases in the South (56%), a lower proportion in the North (24%), and approximately a similar proportion in the North-west (20%).
 - The most common cause of death in 2000 was hanging or asphyxiation (42%), followed by gunshot (20%) and carbon monoxide (17%). In 2001, the most common causes were hanging or asphyxiation (37%), carbon monoxide (34%) and poisoning (11%).

Fig. 1: Suicide Cases Registered by Single Year of Age, Tasmania, 1978-2001



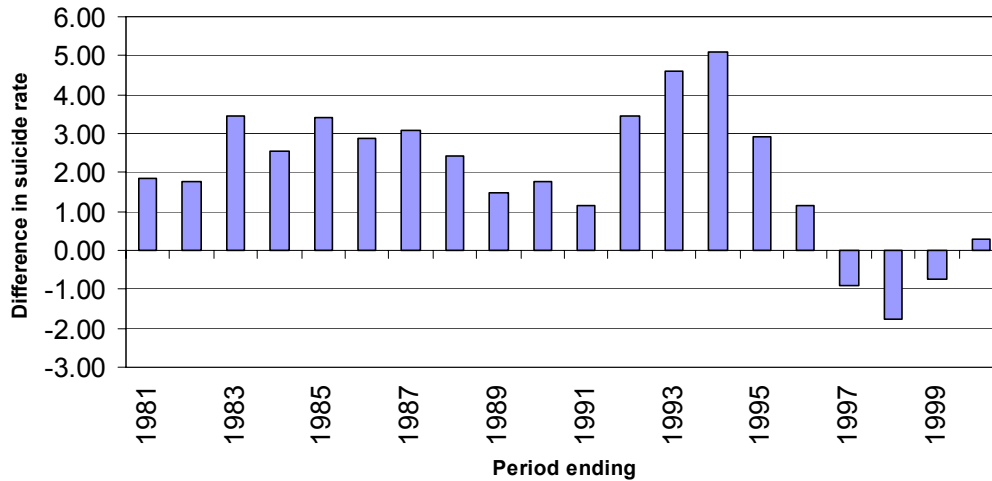
Source: Office of the Coroner (Hobart)

Suicide Rates

Persons

As indicated in the previous report, the Tasmanian suicide rate is now close to the overall Australian suicide rate. These rates reflect ABS data sourced from the Coroner's office, based on confirmed cases of suicide and standardised using estimated residential population at 1991 (Figure 2). The rates that form the basis of comparison therefore differ from those provided in the remainder of this report, which include unconfirmed cases of suicide.

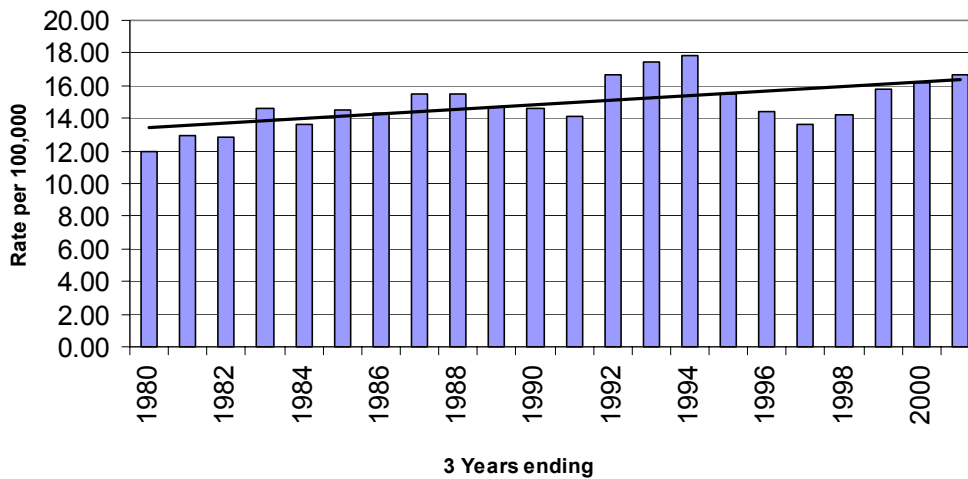
Fig. 2: Difference in 3-Year Moving Averages Between Tasmania and Australia, 1978-2001



Source: ABS; (unpublished) Causes of Deaths, Australia, Cat No: 3303.0, Canberra

The average yearly suicide rate in Tasmania based on data from the Coroner’s office, including unconfirmed cases, for the period 1978 to 2001 was 14.81 per 100,000. In 2000, the suicide rate was 14.03 per 100,000 and in 2001, 16.80 (Table 1, page 41). The general trend, based on three-year moving averages for 1978 to 2001, is a moderately increasing suicide rate, from an average for the three years ending 1980 of 11.92 per 100,000 to 16.70 for the period ending 2001 (Figure 3).

Fig. 3: Suicide Rates for Tasmania, with Trend, (3-Year Moving Averages) 1978-2001



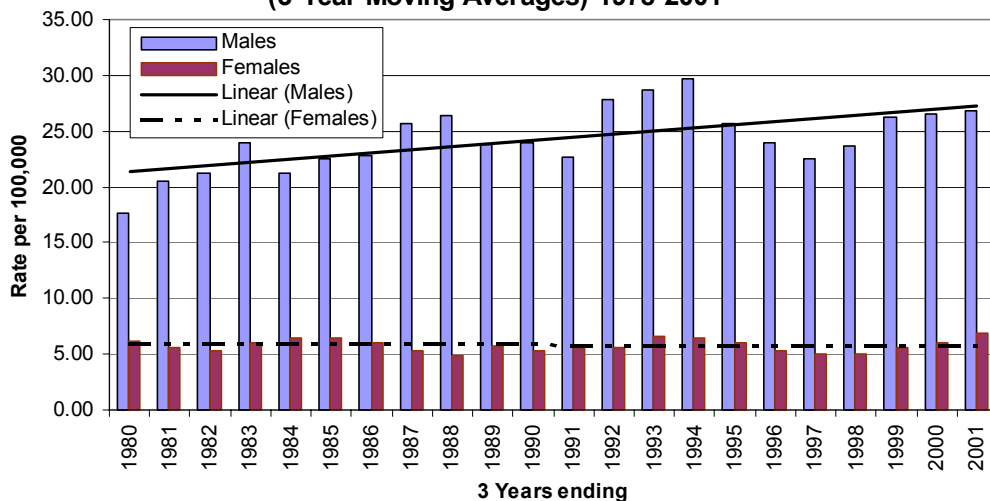
Source: ABS; Office of the Coroner (Hobart)

Sex

Suicide rates for males are consistently higher than those for females; the average yearly suicide rate for males for 1978 to 2001 is 24.02 per 100,000 compared to 5.94 for females (Table 1, page 41).

The male suicide rate has tended to increase over the period, while the female rate has remained comparatively static (Figure 4).

Fig. 4: Suicide Rates by Sex, with Trend, (3-Year Moving Averages) 1978-2001



Source: ABS; Office of the Coroner (Hobart)

Age Groups

From 1978 to 2001, average annual suicide rates for each age group range from 18.04 per 100,000 for 15 to 24 year olds, to 21.11 per 100,000 for those aged 25 to 39.

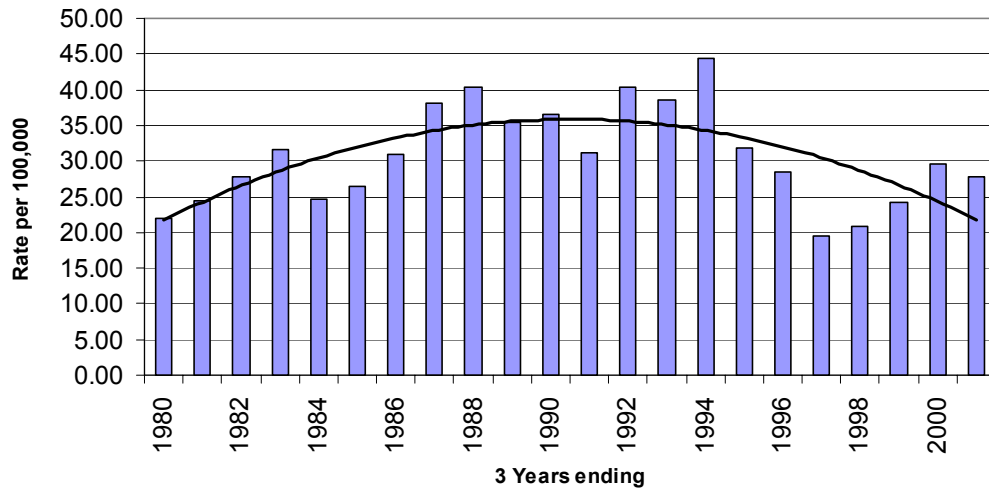
Trends in age group suicides reflect those among males specifically and are further discussed below. The number of suicides among females in each age group is too small to calculate meaningful age rates.

Male Age Groups

From 1978 to 2001, average annual suicide rates for each age group ranged from 27.88 per 100,000 for 40 to 64 year olds, to 36.19 per 100,000 for those aged 25 to 39 (Table 2, page 42).

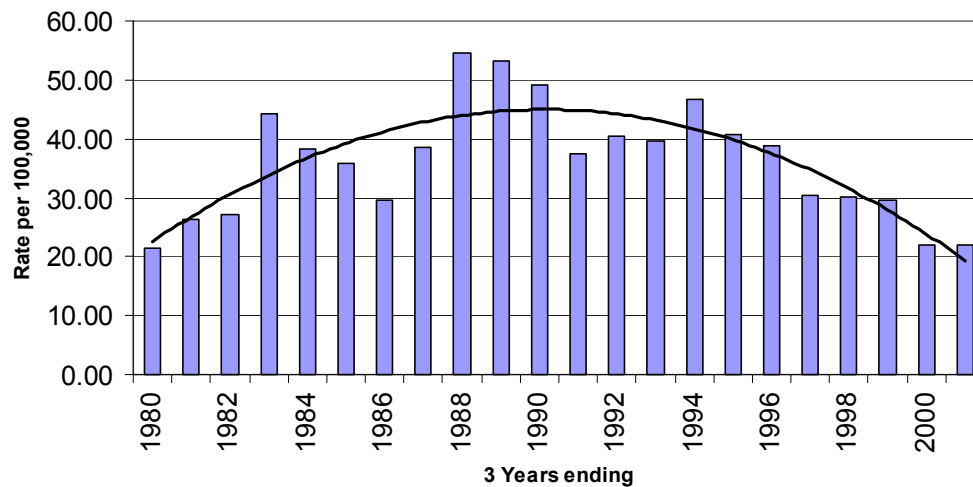
The trend analysis for each of the four age groups reveals three different patterns. For both younger and older males, the suicide rate tended to increase from 1978, reach a peak in the late 1980s to early 1990s and decline subsequently (Figures 5 and 6). This is illustrated by the changes in the average annual suicide rates for the periods 1978 to 1986, from 1987 to 1994, and from 1995 to 2001. For young males, the rate changed over this period from 28.13 to 38.22 to 23.34 per 100,000; for older males, it changed from 31.79 to 46.53 to 26.75 (Table 2, page 42).

Fig. 5: Suicide Rates for Males 15 to 24 Years, with Trend, (3-Year Moving Averages) 1978-2001



Source: ABS; Office of the Coroner (Hobart)

Fig. 6: Suicide Rates for Males 65 Years and over, with Trend, (3-Year Moving Averages) 1978-2001

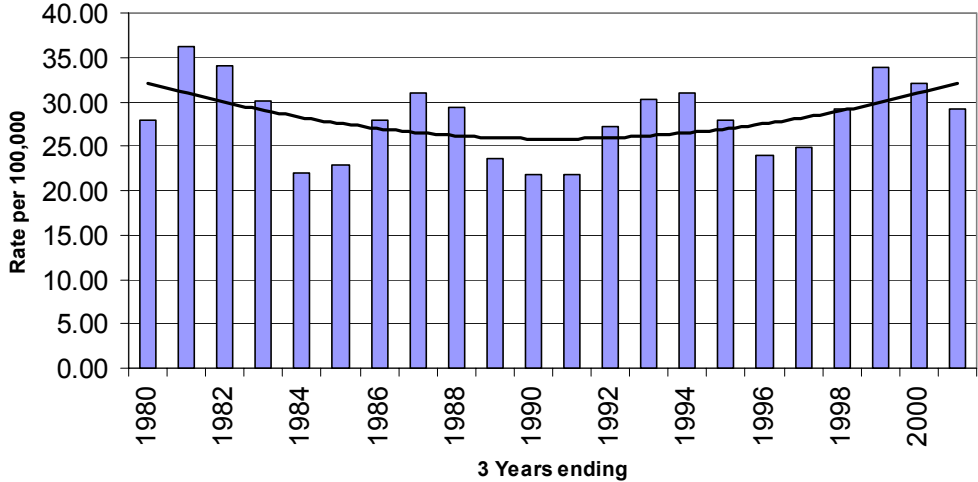


Source: ABS; Office of the Coroner (Hobart)

These variations are not fully understood; however, there has been qualified speculation in regard to factors that might have influence. The patterns are generally reflected in the Australian statistics, suggesting a national, rather than state-based trend. The younger cohort has been the target of significant suicide prevention and intervention programs since 1995 through the NYSPPS and the NSPPS. The inculcated community awareness may have facilitated more willingness to respond generally, and this may be reflected in the

promising trends in older persons. A more recent focus on healthy ageing has been identified as a protective factor and may have contributed to improved statistics. For males aged between 40 and 64 years of age, the pattern is comparatively stable with a slight decline during the middle period (from an average annual suicide rate per 100,000 of 28.65 for 1978 to 1986, to 26.52 for 1987 to 1994, and to 28.43 for 1995 to 2001). (Figure 7 and Table 2, page 42).

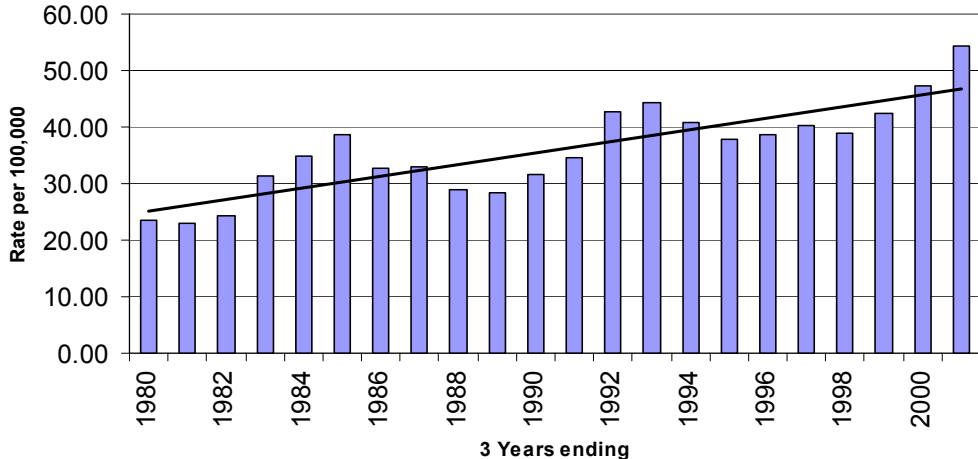
Fig. 7: Suicide Rates for Males 40 to 64 Years, with Trend, (3-Year Moving Averages) 1978-2001



Source: ABS; Office of the Coroner (Hobart)

For males aged between 25 and 39 years of age, the pattern has been a steady and substantial increase in annual suicide rates from 1978 (Figure 8). In terms of the annual average suicide rates for the three periods, there has been an increase from 29.18 for the period 1978 to 1986, to 36.05 for 1987 to 1994, and 45.35 for 1995 to 2001. (Table 2, page 42).

Fig. 8: Suicide Rates for Males 25 to 39 Years, with Trend, (3-Year Moving Averages) 1978-2001



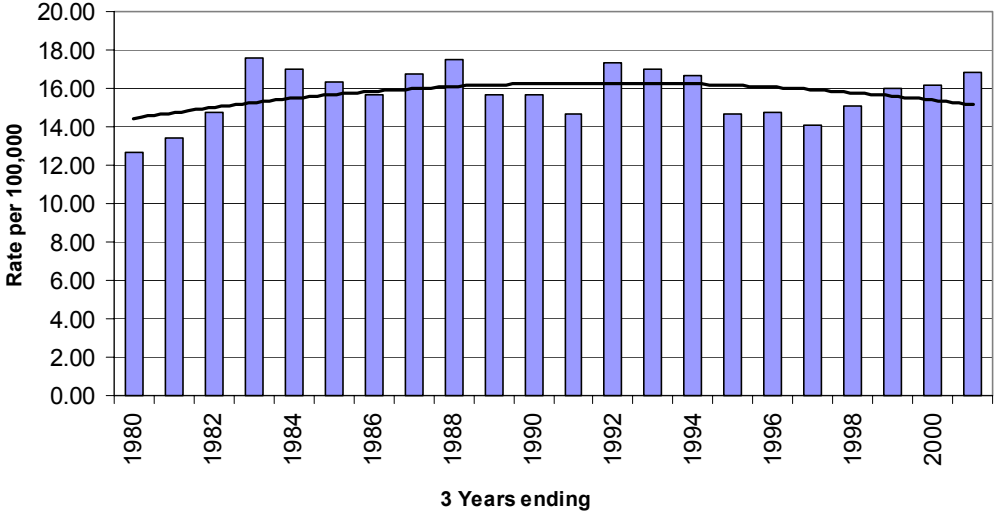
Source: ABS; Office of the Coroner (Hobart)

The trend for 25 to 39 year old males continues to be disturbing. Once again, the patterns are generally reflected in the Australian statistics, although increases in Tasmania suggest a specific concern. General concerns include the lack of focus for prevention and intervention strategies in this age group; particular concerns for the cohort reflected in economic and social hardship; and concerns for undiagnosed depression and other medical concerns for which help has not been sought.

Region

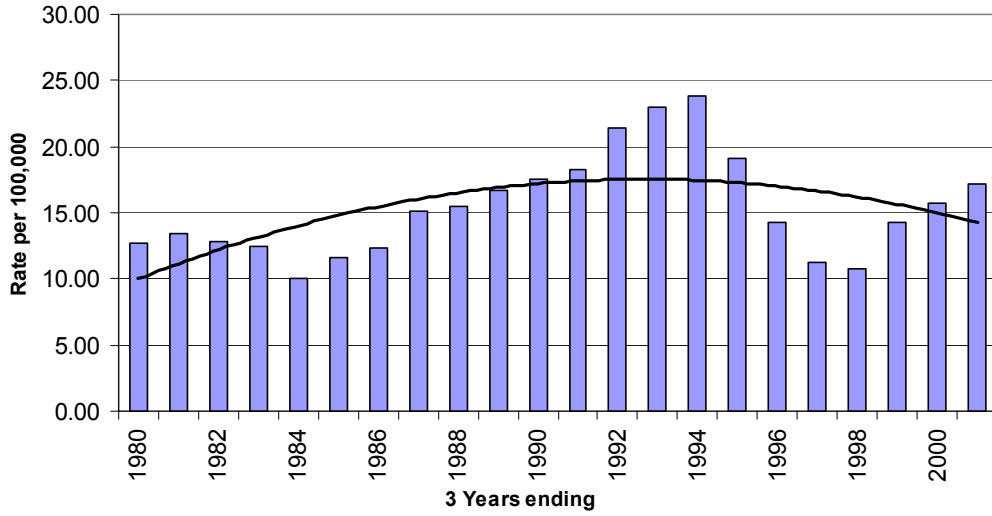
For 1978 to 2001, the annual average suicide rate is highest in the southern region of the state (15.68), and lowest in the north-west (12.81) (Table 3, page 43). The trends in suicide rates for the three regions are different: fairly static in the south (Figure 10), increasing and then declining in the north (although the 3-year average has increased from the 3 years ending 1999) (Figure 11), and increasing in the north-west (Figure 12). The increase in the north-west has brought its suicide rate close to that of the southern region.

Fig. 9: Suicide Rates for Southern Region, with Trend, (3-Year Moving Averages) 1978-2001



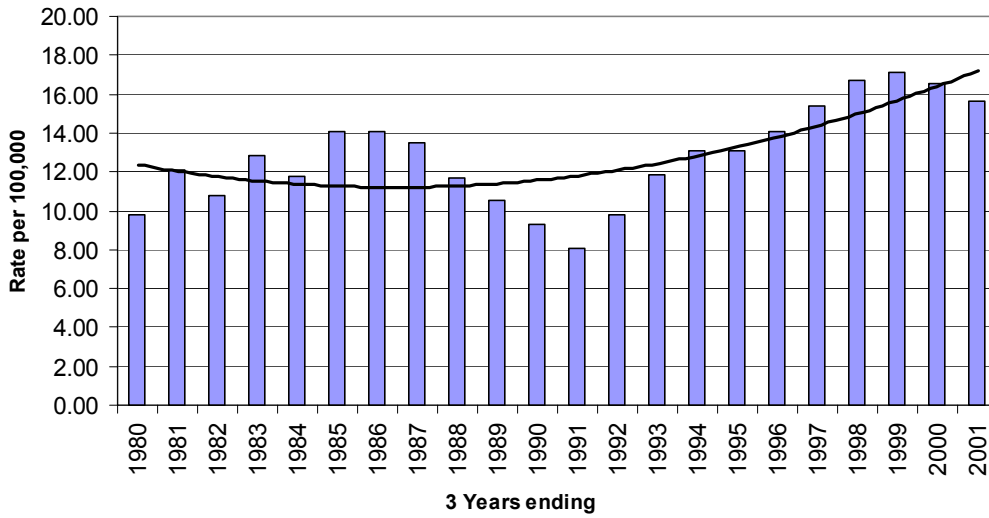
Source: ABS; Office of the Coroner (Hobart)

**Fig. 10: Suicide Rates for Northern Region, with Trend,
(3-Year Moving Averages) 1978-2001**



Source: ABS; Office of the Coroner (Hobart)

**Fig. 11: Suicide Rates for North Western Region, with Trend,
(3-Year Moving Averages) 1978-2001**



Source: ABS; Office of the Coroner (Hobart)

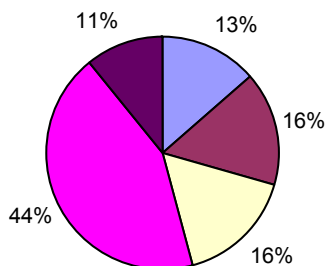
These trends are also demonstrated by changes to the annual average suicide rate for the three periods 1978 to 1986, 1987 to 1994 and 1995 to 2001. In the first period the southern region has the highest annual average suicide rate (15.29 per 100,000) with both the north and the north-west with an annual average rate of just over 12 per 100,000 (Table 3, page 43). In the middle period (1987 to 1994), the north has the highest average annual rate (19.92 per 100,000), with the southern region being the second highest (16.05) and the north-west the lowest (10.75) (Table 3, page 43). In the most recent period, both the south and the north-west have an annual suicide rate of just under 16 per 100,000 with the north having a lower rate (13.69 per 100,000) (Table 3, page 43).

Methods of suicide

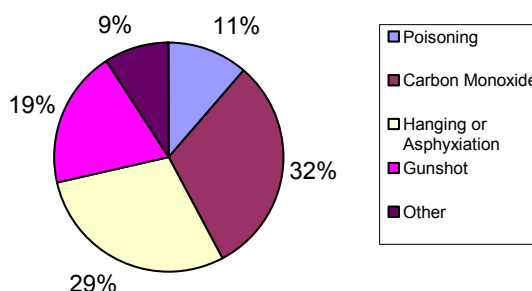
Males are more likely to use firearms (41% of total suicides) than any other method of suicide. This is evident in all age groups (Table 4, page 44). Females are more likely to use overdose (34% of female suicides) and least likely to use firearms (14%). This applies to all age groups except those aged 15 to 24 years who are more likely to use firearms (35%) than other methods of suicide. (Table 4, page 44).

The previous report established that, with the introduction of firearm legislation and the subsequent introduction of the buy back scheme, there was a reduction in the proportion of suicides involving firearms. At the same time, there was an increase in the proportion of deaths involving hanging or asphyxiation and those involving carbon monoxide poisoning. The addition of the 2000 and 2001 data confirms this general pattern (Figures 12 and 13). The changes in firearm legislation, however, have had no discernible impact on the overall suicide rate for 1995 to 2001, which is slightly higher (15.14 per 100,000) than that for 1978 to 1994 (14.67).

**Fig. 12: Principal Cause of Death
1978-1994**



**Fig. 13: Principal Cause of Death
1995-2001**



Source: Office of the Coroner (Hobart)

For males, the effect of the firearm legislation appears to have been to reduce the use of firearms as a means of suicide by about half (from 49% in 1978 to 1994, to 23% in 1995 to 2001). This corresponds with an increase in the use of both hanging/asphyxiation and carbon monoxide poisoning (Table 4, page 44). This apparent effect has not occurred among older males (51% in 1978 to 1994 compared to 43% in 1995 to 2001) and has been less substantial among younger males, declining from 55% to 30%. These patterns apply regardless of region (Table 4, page 44). The use of firearms in female suicides has fallen substantially (19% to 3%) across all age groups (Table 4, page 44).

**Table 1: Average Suicide Rates,
Tasmania 1978-2001**

Year	Tasmania	Males	Females
1978	11.77	17.30	6.24
1979	13.37	19.13	7.63
1980	10.63	16.61	4.70
1981	14.75	25.87	4.66
1982	13.26	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	20.64	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	15.69	24.94	6.69
1999	18.69	32.33	5.44
2000	14.03	22.46	5.86
2001	16.80	25.54	9.50
Average	14.81	24.02	5.94

Source: ABS; Office of the Coroner (Hobart)

**Table 2: Male Suicide Rates by Age Group,
Tasmania 1978-2001**

Year	15-24	25-39	40-64	65 plus
1978	26.47	24.60	21.43	24.10
1979	20.96	24.18	31.27	28.95
1980	18.16	21.52	31.11	11.22
1981	33.98	23.02	46.36	38.47
1982	31.60	28.71	24.92	31.99
1983	29.29	42.16	18.94	62.52
1984	13.22	33.49	22.29	20.37
1985	36.90	40.40	27.42	24.88
1986	42.57	24.51	34.15	43.59
1987	35.06	33.98	31.47	47.00
1988	43.77	28.30	22.30	73.01
1989	27.59	22.47	16.82	39.89
1990	38.52	44.41	26.24	34.52
1991	27.61	37.13	22.45	37.73
1992	55.10	46.70	33.01	49.20
1993	33.26	48.95	35.51	32.01
1994	44.84	26.45	24.33	58.87
1995	17.11	37.96	23.94	30.99
1996	23.24	51.54	23.49	26.62
1997	18.11	31.26	27.35	33.85
1998	21.18	34.06	36.85	29.69
1999	33.61	61.76	37.64	25.47
2000	33.70	46.42	21.93	10.74
2001	16.42	54.48	27.82	29.89
Average	30.09	36.19	27.88	35.23
1978-1986	28.13	29.18	28.65	31.79
1987-1994	38.22	36.05	26.52	46.53
1995-2001	23.34	45.35	28.43	26.75

Source: ABS; Office of the Coroner (Hobart)

Table 3: Suicide Rates by Region, Tasmania 1978-2001

Year	South	North	North-West
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
Average overall	15.68	15.31	12.81
Average 1978-1986	15.29	12.47	12.22
Average 1987-1994	16.05	19.92	10.75
Average 1995-2001	15.76	13.69	15.92

Source: ABS; Office of the Coroner (Hobart)

Table 4: Methods of Suicide by Age, Sex and Period (Percentage using method per each age group and period)

HA/AS (Hanging or Asphyxiation)	OTHER (All other causes)
CO (Carbon Monoxide)	GS (Gun Shot)
OD (Overdose)	

Persons

	HA/AS			CO			OTHER			GS			OD		
	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01
15-24	20.50	36.92	24.01	10.88	20.00	12.83	6.28	7.69	6.58	53.97	24.62	47.70	8.37	10.77	8.88
25-39	12.79	29.28	18.48	19.48	36.46	25.33	11.63	8.29	10.48	42.73	16.57	33.71	13.37	9.39	12.00
40-64	15.01	28.57	19.85	20.40	33.16	24.95	11.05	10.20	10.75	37.39	15.82	29.69	16.15	12.24	14.75
65 plus	20.11	22.41	20.66	7.07	15.52	9.09	15.76	12.07	14.88	41.85	34.48	40.08	15.22	15.52	15.29
Total	16.34	29.20	20.31	15.89	30.60	20.43	10.98	9.40	10.49	43.30	19.40	35.93	13.48	11.40	12.84

Female

	HA/AS			CO			OTHER			GS			OD		
	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01
15-24	15.63	27.27	18.60	9.38	45.45	18.60	3.13	9.09	4.65	46.88	0.00	34.88	25.00	18.18	23.26
25-39	13.11	33.33	18.82	13.11	33.33	18.82	14.75	8.33	12.94	21.31	0.00	15.29	37.70	25.00	34.12
40-64	21.35	13.21	18.31	8.99	26.42	15.49	17.98	24.53	20.42	12.36	5.66	9.86	39.33	30.19	35.92
65 plus	20.00	36.36	23.53	10.00	0.00	7.84	27.50	18.18	25.49	7.50	0.00	5.88	35.00	45.45	37.25
Total	18.02	22.22	19.31	10.36	27.27	15.58	16.67	18.18	17.13	18.92	3.03	14.02	36.04	29.29	33.96

Male

	HA/AS			CO			OTHER			GS			OD		
	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01	78-94	95-01	78-01
15-24	21.26	38.89	24.90	11.11	14.81	11.88	6.76	7.41	6.90	55.07	29.63	49.81	5.80	9.26	6.51
25-39	12.72	28.66	18.41	20.85	36.94	26.59	10.95	8.28	10.00	47.35	19.11	37.27	8.13	7.01	7.73
40-64	12.88	34.27	20.39	24.24	35.66	28.26	8.71	4.90	7.37	45.83	19.58	36.61	8.33	5.59	7.37
65 plus	20.14	19.15	19.90	6.25	19.15	9.42	12.50	10.64	12.04	51.39	42.55	49.21	9.72	8.51	9.42
Total	15.92	30.92	20.57	17.26	31.42	21.65	9.58	7.23	8.86	49.33	23.44	41.37	7.91	6.98	7.63

Source: ABS; Office of the Coroner (Hobart)

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