



## 7.3 Suicide prevention activities

Suicide prevention activities in Australia are complex. Government agencies, service providers and the non-government sector all have interconnected responsibilities. Although these activities are a priority area under the 5th National Mental Health and Suicide Prevention Plan, there is currently limited published information on government investment in suicide prevention and the resulting service activity at the national and jurisdictional level (often delivered by non-government organisations). This snapshot provides an overview of available data for this investment and activity and outlines potential areas for improved data collection and reporting.

### How common is suicide and suicidality?

Suicide is a major public health problem, both in Australia and internationally. According to the AIHW's Australian Burden of Disease Study, suicide and self-inflicted injuries are the fourth leading cause of fatal burden of disease in Australia, accounting for 4.9% of the fatal burden of disease in 2011. In 2012, it was estimated that the economic cost of suicide death in Australia was \$1.7 billion (KPMG 2013).

Despite ongoing efforts to improve suicide prevention initiatives, the age-standardised suicide rate of both males and females shows an overall increase from 2007 to 2016, from 16 to 18 per 100,000 population for males and 5 to 6 per 100,000 population for females. Aboriginal and Torres Strait Islander people remain disproportionately affected by suicide. In 2016, the age-standardised suicide rate for Indigenous people was 24 per 100,000 population—twice the rate for the non-Indigenous population, at 12 (ABS 2017).

Suicidal ideation, suicide plans and suicide attempts—collectively called 'suicidality'—are more common than suicide deaths and can have a profound impact on individuals, families, communities and society. The 2007 National Survey of Mental Health and Wellbeing estimated that, at some point in their lives, 13% of Australians aged 16–85 have experienced suicidal ideation, 4.0% have made suicide plans and 3.3% have attempted suicide (Slade et al. 2009).

### How much do governments spend on suicide prevention activities?

The Australian Government's total expenditure under the National Suicide Prevention Strategy (NSPS) increased from \$1.9 million in 1995–96 to \$49.1 million in 2015–16. The Australian Government also contributes to suicide prevention through investments in broader programs and services for homelessness, Indigenous health, employment, education, community welfare, drugs and alcohol, and mental health.

State and territory governments also fund initiatives under their own suicide prevention strategies. This expenditure is currently not publicly reported in a consolidated form by all jurisdictions.



## Types of suicide prevention activities

The causes of suicide and suicidality are complex and multifaceted. There are therefore a wide range of suicide prevention programs and services, some of which have suicide prevention as a core goal (for example, gatekeeper training), and others to reduce known risk factors for suicide or suicidality, or to provide emergency medical care (for example, ambulance services, see Box 7.3.1). These types of programs and services can be referred to as 'suicide prevention-specific' and 'suicide prevention-related', respectively.

Suicide prevention-specific initiatives range from universal activities (those delivered to a whole population, regardless of their level of suicide risk), to acute care provided to people at imminent risk of suicide, and to follow-up after suicide attempts and postvention (intervention after a person's suicide to support that person's family, friends and peers).

### Box 7.3.1: Ambulance attendances in Victoria

Ambulance services may provide a pathway to hospital care for people at risk of suicide. In 2013, data were collected on suicide-related ambulance attendances in five states and territories for a pilot surveillance system for cases related to suicide, self-harm, overdose and mental health. Data from Victoria cover the full 12 months. Over this period, Victoria reported ambulance attendance at 150 suicide deaths, 6,500 suicide attempts, and 7,300 cases of suicidal ideation without suicide attempt. The patient was transported to hospital in 99% of suicide attempt attendances and 97% of suicidal ideation attendances (Lloyd et al. 2015).

People may also present to emergency departments either by ambulance or by other means; however, the current national emergency department data collection lacks the specificity to report accurately on this activity.

Comprehensive data are not available on how many suicide prevention-specific and suicide prevention-related initiatives and services operate in Australia. However, from 1999 to 2005, the NSPS funded 156 local suicide prevention projects (Headey et al. 2006); around 50 projects were funded under the NSPS and Taking Action to Tackle Suicide package from 2006–07 to 2012–13 (AHA 2014).

## Admitted hospital care

Suicidal ideation or suicide attempts may result in admission to hospital for specialised mental health care. National admitted hospital data cannot be used to distinguish between suicidal ideation, non-suicidal self-injury and suicide attempts, so activity relating to these types of presentations is collectively reported as intentional self-harm.

In 2015–16, more than 32,900 separations (32,780 public hospital separations and 128 private hospital separations) had a principal diagnosis of injury or poisoning related to intentional self-harm. Indigenous patients were over-represented among these, making up 8.2% of hospitalisations for intentional self-harm. There has been minimal variation in the number of separations for intentional self-harm over the 5 years to 2015–16.



## Psychological services

The Access to Allied Psychological Services program enables a range of health, social welfare and other professionals to refer consumers who have been diagnosed with a mild to moderate mental disorder to a mental health professional for short-term focused psychological services. In 2015–16, more than 7,200 people accessed suicide prevention initiatives (7,000 suicide prevention services and 200 services specifically for Indigenous people). Collectively, these consumers were provided almost 42,700 sessions (an average of 6 sessions per consumer), and 480 consumers (6.6% of consumers accessing the initiative) received 13–18 sessions.

## Postvention services

Postvention services, as mentioned earlier, support and assist people who have been exposed to or bereaved through suicide, to help reduce their distress and the risk of 'suicide contagion' (AHA 2014). An example of a postvention service provider is headspace's School Support, which, in 2015–16, worked with more than 1,600 Australian school communities to prepare for, respond to and recover from a suicide (headspace 2016).

## Teleweb services

Teleweb services provide telephone or web-based crisis support, or self-help programs. Several teleweb services provide suicide prevention services in Australia. The biggest of these is Lifeline which, in 2016–17, received about 933,400 calls through its telephone crisis support line—an average of about 2,600 calls per day. For around 130 calls per day, the person seeking help was considering suicide now or in the future; for about 105 of these calls, safety plans were created to help the caller to manage their suicidality and take steps to recovery. Lifeline also had about 46,200 conversations through its Online Crisis Support Chat service, around 42% of which identified suicide as a safety issue (Lifeline Australia 2017).

## What is missing from the picture?

Currently, data on suicide prevention expenditure, program and service activity are not systematically collected and publicly reported at the national and jurisdictional levels. Australian Government expenditure under the NSPS is reported annually, but there is limited reporting on the number and type of services resulting from this investment. State and territory governments complement Australian Government initiatives with their own suicide prevention plans, designed to meet local needs, but data on the expenditure and service activity for these plans are not publicly reported in any state or territory.

In February 2017, the Australian Government announced that 12 Primary Health Networks (PHNs) would be given responsibility for conducting suicide prevention trials to strengthen mental health care and suicide prevention in their region. Data collected on the suicide prevention activities of these PHNs are expected to be publicly reported in 2019–20.



Hospital emergency departments are important points of contact for many people experiencing suicidal crisis. However, existing national emergency department data collections cannot currently be used to reliably report on suicide or presentations related to intentional self-harm. Some states and territories have undertaken data linkage to better understand emergency department response to suicide-related activity. Currently, there is no data source to routinely report on the activities of first responders across Australia—including ambulance attendances—for self-harm or suicide behaviours (Box 7.3.1 describes a pilot surveillance project for this data).

A number of states and territories have also created suicide registers to glean more detailed information on individuals who died from suicide; however, there is no nationally consistent approach to reporting this information at this time.

The inclusion of suicide in the 5th National Mental Health and Suicide Prevention Plan, and the commitment to better the quality of care for individuals who present to hospital after a suicide attempt, provide key opportunities to improve the collection and reporting of data on suicide prevention activities and to enhance understanding of suicide prevention needs and subsequent outcomes for Australians.

### Where do I go for more information?

The 5th National Mental Health and Suicide Prevention Plan is available on the Council of Australian Governments Health Council website.

More information about suicide deaths is available in the Australian Bureau of Statistics report *Causes of death, Australia, 2016*.

More information about mental health expenditure and service data is available in the AIHW report *Mental Health Services in Australia*.

If you or someone you know needs help please call:  
**Lifeline 13 11 14**      **beyondblue 1300 22 4636**      **Kids Helpline 1800 55 1800**

### References

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