

10 January 2024

Legal and Constitutional Affairs References Committee
Parliament House
Canberra ACT 2600

Dear Members of the Legal and Constitutional Affairs References Committee,

RE: COVID-19 Royal Commission Terms of Reference

Suicide Prevention Australia welcomes the opportunity to provide input to this inquiry into the appropriate terms of reference for a COVID-19 Royal Commission. We are the national peak body for the suicide prevention sector. With over 430 members representing more than 140,000 workers, staff, and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives, and people with lived experience.

It is critical that the terms of reference for a Covid-19 Royal Commission include specific reference to the need for investigation of suicide prevention supports. Important lessons can be drawn from an examination of the extent and timing of increased supports to prevent the risk of suicide.

Pandemics, like other large-scale disasters, can increase the risk of suicide. It's important to note suicide is a complex, multi-factorial human behaviour with many associated risk factors, and so the relationship between the impacts of disasters and suicide risk is complex.

Throughout the pandemic Suicide Prevention Australia and the sector it represents have been providing the government with information on the level of distress in the community, and highlighting what the research says about the impacts of epidemics and other disasters. Two key points from the research need to be emphasised:

- Government action can reduce the risk of suicide from disasters
- Suicide rates can rise 2-3 years after a disaster



Phone 02 9262 1130
admin@suicidepreventionaust.org
www.suicidepreventionaust.org
GPO Box 219 Sydney NSW 2001
ABN 64 461 352 676
ACN 164 450 882

International research on past pandemics such as SARS¹ and The Great Influenza² shows a link to increased levels of distress, and previous epidemics have been linked to increased risk of suicide-related outcomes.^{3,4} During the SARS epidemic in 2003, the suicide rate in Hong Kong reached an unprecedented high (18.6 per 100,000 people) from previous years (16.5 per 100,000 people in 2002 and 15.3 per 100,000 people in 2001)^{5,6}.

Research indicates that the role of increased social supports to combat risk factors for suicide such as financial distress, unemployment and mental health disorders act as protective factors for suicide and as such, increases in suicide rates during and immediately after disasters are not commonly experienced.⁷ However, evidence demonstrates suicide rates can increase years after the disaster which may be attributed to increased disaster supports ending.

Disasters and crises such as the COVID-19 pandemic have physical, social and emotional impacts on people and communities who experience them, and last for extended periods of time.⁸ The link between suicide in the aftermath of disasters is highly evidenced.⁹ Research based in on US data found rates of suicide to increase during the first 3 years post-disaster,¹⁰ and another study found increases in suicide rates were seen 2 years post-disaster.¹¹

¹ Centre for Suicide Research and Prevention. (2017). Number of suicides and suicide rates in Hong Kong, 1997-2016, available online at < https://csr.p.hku.hk/wp-content/uploads/2017/09/2017WSPD_slide.pdf>

² Wasserman, I.M. (1992). The impact of epidemic, war, prohibition and media on suicide: United States, 1910-1920, *Suicide and Life-Threatening Behaviour*, 22(2).

³ Zortea, T.C., Brenna, C.T., Joyce, M., McClelland, H., Tippett, M., Tran, M.M., Arensman, E., Corcoran, P., Hatcher, S., Heisel, M.J., Links, P., O'Connor, R.C., Edgar, N.E., Cha, Y., Guaiana, G., Williamson, E., Sinyor, M. & Platt, S. (2020). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts, *Hogrefe*, available online: <https://doi.org/10.1027/0227-5910/a000753>.

⁴ Farooq, S., Tunmore, J., Ali, W., & Ayub, M. (2021). Suicide, self-harm and suicidal ideation during COVID-19: a systematic review, *Psychiatry Research*, 114228.

⁵ Cheung, Y.T., Chau, P.H. & Yip, P.S.F. (2008). A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong, *International Journal of Geriatric Psychiatry*, 23.

⁶ Ibid.

⁷ De Leo, D., San Too, L., Kolves, K., Milner, A. & Ide, N. (2012). Has the suicide rate risen with the 2011 Queensland floods?, *International Perspectives on Stress & Coping*, 18(2).

⁸ World Health Organisation. (2016). Psychological First Aid For All: Supporting People in the Aftermath of Crisis Events, available online: https://www.who.int/mental_health/world-mental-health-day/ppt.pdf.

⁹ Jafari, H., Heidari, M., Heidari, S. & Sayfour, N. (2020). Risk factors for suicidal behaviours after natural disasters: A systematic review, *The Malaysian Journal of Medicine*, 27(3).

¹⁰ Cartier, K. M. S. (2021), Suicide rates may rise after natural disasters, *Eos*, 102, <https://doi.org/10.1029/2021EO153699>.

¹¹ Horney, J.A., Karaye, I.M., Abuabara, A., Gearhart, S., Grabich, S. & Perez-Patron, M. (2020). The Impact of Natural Disasters on Suicide in the United States, 2003–2015, *Journal of Crisis Intervention and Suicide Prevention*, 42(5).



The potential time-lag effects make investigation of this subject complex, but the fact that government intervention can significantly mitigate impacts and save lives makes such investigation essential. Knowing what made a difference, and what might have made a difference, can inform actions in future pandemics and other large-scale disasters, but also inform government policy on suicide prevention more generally. The opportunity to better understand how we can prevent suicide should not be lost.

We note that other government inquiries into Covid-19, such as the recent Covid-19 Response Inquiry by the Department of the Prime Minister and Cabinet, have included specific reference to suicide prevention supports in their terms of reference and we welcome this. It is critical that a Royal Commission includes suicide prevention in its terms of reference so that we can continue to learn the lessons on how to drive down the rates of suicide.

If you require any further information please contact Christopher Stone, Suicide Prevention Australia's Director of Policy and Government Relations, chriss@suicidepreventionaust.org.

Yours sincerely,



Nieves Murray
Chief Executive Officer

