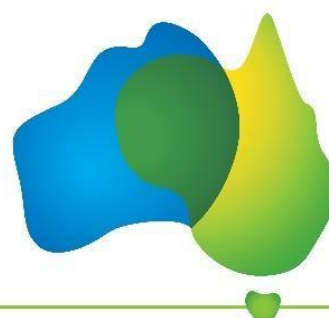


DECEMBER 2024



**Suicide Prevention
Australia**

Tasmania Pre-Budget 2025-26

Submission

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Summary

Suicide Prevention Australia has developed the following recommendations to help bolster a collective, community-based effort toward suicide prevention:

1. Fund drafting and consultation on the development of a Tasmanian Suicide Prevention Act
2. Equip the community to help prevent suicides
3. Expand the reach and accountability of support programs through accreditation
4. Ensure universal provision of aftercare and postvention services
5. Implement suicide prevention guidelines in Emergency Departments
6. Connect men with the supports they need
7. Strengthen the suicide prevention peer workforce through training assistance

Measure	Description	Expenditure over forward estimates
1. Fund drafting and consultation on the development of a Tasmanian Suicide Prevention Act	Implement a Suicide Prevention Act to provide a whole-of-Government focus and response to suicide prevention, and effectively coordinate funding and policy attention to address the social, economic, health, occupational, cultural, and environmental factors that can lead to suicide.	\$900,000 over one year
2. Equip the community to help prevent suicides	Make evidence-based “first aid” suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk. A range of evidence-based short training courses exist. \$20,000 per annum over 4 years could fund 100 key community members to undertake training and facilitate access to the training courses that meet their needs by expanding the Learnlinc education platform. Learnlinc provides links to evidence-based short training course provided by a range of organisations, as well as education support structures to enhance learning in these course and over 150 free resources.	\$200,000 (\$50,000 per annum for four years)
3. Expand the reach and accountability of support programs through accreditation	Fund smaller organisations to undertake the Suicide Prevention Accreditation Program, with a special focus on programs for priority groups and regional areas. This program assists support services with continuous improvement, while providing certainty to government commissioning process that these services are safe and effective.	\$22,500 over one year
4. Ensure universal provision of aftercare and postvention services	Ensure aftercare is available to all suicide attempt survivors, and postvention is available to all those bereaved by suicide. Roll out of services under Bilateral Agreement providing universal aftercare and postvention services in all regions of the State, to make sure every Tasmanian in need has timely access.	Bilateral funding
5. Implement suicide prevention guidelines in Emergency Departments	Training and implementation of guidelines at each of the emergency departments across Tasmania could save lives by to ensuring compassionate and consistent treatment of people in suicidal distress or mental health crisis.	\$1M (\$500,000 per annum for two years)

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6. Connect men with the supports they need	Men are three times more likely to die by suicide. To reduce the risk of suicide for men in distress, provide continuation of the funding for the <i>Doing it Tough?</i> online directory dedicated to connecting men in Tasmania with the support they need.	\$400,000 (\$100,000 per annum for four years)
7. Strengthen the suicide prevention peer workforce through training assistance	Establishing a program to provide training assistance for 50 peer workers per annum and professional development for a further 50.	Uncosted

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Introduction

Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With more than 350 members across Australia, including organisations in Tasmania, we represent the largest, and many of the smallest, organisations working in suicide prevention.

We exist to provide a clear, collective voice for the suicide prevention sector. We support and strengthen the services of our members, serve as an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy services, and research support to the sector.

Suicide Prevention Australia releases the quarterly [Community Tracker](#) to analyse trends in levels of distress in the community, and the annual [State of the Nation in Suicide Prevention](#) report to provide a unique perspective on suicide risks and issues facing the sector.

Suicide rates in Tasmania

Every year, over 3,000 Australians die by suicide and over 55,000 Australians attempt suicide. Of annual suicide deaths in 2023, 88 were registered in Tasmania with an age standardised suicide rate of 14.9 per 100,000. This rate is significantly higher than the national average.

Suicide is a complicated human behaviour with many, varied risk factors, with only half of those who tragically lose their life to suicide accessing mental health services in the year prior. We know that suicide is complex and often linked to many risk factors like cost of living, housing affordability, unemployment, family breakdown, social isolation, and mental health.

This means that addressing suicide prevention in Tasmania needs to incorporate several factors. It needs to adopt a whole-of-Government, whole-of-community approach, based on the strengths of lived experience and evidence, and supporting the sector and workforce.

The Community Tracker – December 2024

Key findings from the Community Tracker show families are at the forefront of distress levels.

- 31 per cent of Australians with children under 18 sought help from a suicide prevention service in the last 12 months, an increase of 10 percentage points in 12 months.
- 85 per cent of Australians with children under 18 at home are feeling elevated levels of distress. This figure is significantly higher than the general population (75%) and Australians without children under 18 at home (69%).
- Cost-of-living and personal debt is the number one cause of distress for people with children under 18 at home (50%), followed by family and relationship breakdown (32%), housing access and affordability (28%), Social isolation and loneliness (20%), Unemployment and job security (20%), Environmental and climate change (16%), Social media, self-image and bullying (16%), and Alcohol and other drugs (13%).

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- Nine in ten Australians continue to believe that social and economic circumstances will still pose a significant risk to suicide rates in Australia this time next year.
- Twenty-eight per cent of Australians say they know someone in their personal life or networks who has died by or attempted suicide.

State of the Nation 2024

The 2024 State of the Nation in Suicide Prevention reports shows 71 per cent of suicide prevention organisations have seen an increase in demand over the last 12 months and 80 per cent require additional funding to keep up.

Respondents highlighted service gaps in the areas they service, including: lack of services and support for people from culturally and linguistically diverse communities; lack of access to community services and wrap-around support; not enough face-to-face, peer-led crisis intervention suicide prevention services; considerable staffing gaps and limited capacity to meet high levels of demand; significant wait times for services for people at risk of suicide; services not available in all areas, and limited capability to address the broader, systemic drivers of suicide.

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Recommendations

1. Fund drafting and consultation on the development of a Tasmanian Suicide Prevention Act

Implement a Suicide Prevention Act to provide a whole-of-Government focus and response to suicide prevention, and effectively coordinate funding and policy attention to address the social, economic, health, occupational, cultural, and environmental factors that can lead to suicide.

“No single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress”.¹

Suicide Prevention is everyone’s business. Distress and risk factors span multiple portfolios, including Treasury, Justice, Housing, Transport, and Health. Socio-economic and environmental determinants of suicide need to be core to a Government’s approach to suicide prevention, with funding and policy to address the social, economic, health, occupational, cultural, and environmental factors involved.

Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time. Accordingly, a whole-of-government approach to suicide prevention is key to reducing the impact of suicide in Tasmania.

Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides. Legislation can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

Internationally, Japan, Canada, South Korea and Argentina have implemented Suicide Prevention Acts.² In November 2021, South Australia became the first Australian jurisdiction to pass a *Suicide Prevention Act*. New South Wales is undertaking consultations in preparation for an Act.

Suicide Prevention Australia is calling on the Government to commence drafting and consultation on the development of a Tasmanian Suicide Prevention Act to enshrine a whole-of-government approach to suicide prevention.

¹ National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention. Canberra; August 2020, p 8. Accessed online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/\\$File/3.%20Interim%20Advice%20Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/3.%20Interim%20Advice%20Report.pdf).

² Takeshima, Tadashi et al (2014). Suicide prevention strategies in Japan: A 15-year review (1998–2013). *Journal of public health policy*. 36. 10.1057/jphp.2014.42.

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2. Equip the community to help prevent suicides

Make evidence-based “first aid” suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk. A range of evidence-based short training courses exist. \$20,000 per annum over 4 years could fund 100 key community members to undertake training and facilitate access to the training courses that meet their needs by expanding the Learnlinc education platform. Learnlinc provides links to evidence-based short training course provided by a range of organisations, as well as education support structures to enhance learning in these course and over 150 free resources.

Distress factors in the community are at significant levels and continue to increase. Cost of living and personal debt remain the highest causes of distress, with housing access and affordability, and social isolation adding to the burden.

Suicide Prevention Australia’s Community Tracker has identified elevated levels of distress across all sections of the community with more than 75% of Australians reporting elevated distress.

People experiencing suicidal distress interact with diverse sectors of the community. It is a critical moment when a person discloses their distress or suicidal thoughts for the first time, so it is vital to build suicide prevention skills and knowledge throughout the community. This can include everyone from clinicians to frontline service workers and teachers, along with members of the broader community who often provide informal support, such as pharmacists or barbers.

With appropriate evidence-based suicide prevention training, these connectors within communities are capable of having a conversation with a patient, customer, student or neighbour and provide vital assistance to help reduce their risk of suicide.

“First aid training” in suicide prevention equips recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide.

Suicide Prevention Australia has designed and piloted an online suicide prevention learning platform to help upskill and equip the community. LearnLinc is an ongoing and supported learning-based platform for individuals to identify learning needs, fulfil learning goals, and apply that learning to suicide prevention. It was created in collaboration with experts in suicide prevention and suicide prevention training to provide a space for individuals and organisations to identify and access a variety of learning resources.

Suicide Prevention Australia is calling on the Government to fund training in-community, to ensure the support is there for people in distress when they need it.

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3. Expand the reach and accountability of support programs through accreditation

Fund smaller organisations to undertake the Suicide Prevention Accreditation Program, with a special focus on programs for priority groups and regional areas. This program assists support services with continuous improvement, while providing certainty to government commissioning process that these services are safe and effective.

The Suicide Prevention Accreditation Program supports and promotes the delivery of safe, high-quality, and effective suicide prevention and postvention programs across Australia. It embeds a continuous improvement approach to ensure that suicide prevention programs utilise the latest knowledge and best practice.

Suicide Prevention Australia is seeking Government funding to enable smaller community-based organisations to undertake the Suicide Prevention Accreditation Program, with the aim of ensuring accredited providers are available across all regions of the State.

Accreditation requires training providers to demonstrate a commitment to quality improvement, by allowing the team to take active steps to implement best-practice programs and services.

Currently, 115 programs have received SPA accreditation nationwide, with 68 available in Tasmania.

Additional funding for accreditation would enable a focus on priority populations, specifically programs to support Aboriginal and Torres Strait Islander peoples (who experience double the rate of suicide); men (who account for 75 per cent of suicides); regional and rural communities (which have a higher rate of deaths by suicide than metropolitan areas); and Veterans (18 per cent higher than the general population). Additional resourcing would also allow us to expand the program to culturally and linguistically diverse populations.

The Suicide Prevention Accreditation Program is governed by the Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition (the Standards), which have been precisely developed in collaboration with individuals who have lived experience of suicide, help-seekers, clinicians, service providers, and accreditation experts.

Suicide Prevention Australia is seeking funding from the Government to assist organisations gain accreditation for their suicide prevention programs, increasing the access of Tasmanians to evidence-based programs.

4. Ensure universal provision of aftercare and postvention services

Ensure aftercare is available to all suicide attempt survivors, and postvention is available to all those bereaved by suicide. Roll out of services under Bilateral Agreement providing universal aftercare and postvention services in all regions of the State, to make sure every Tasmanian in need has timely access.

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Aftercare

A suicide attempt is the strongest risk factor for subsequent suicide, and the risk for suicide after an attempt is significantly elevated compared to the general population³:

- Between 15 and 25% of people who make a non-fatal attempt at suicide will make an additional suicide attempt, with the risk highest in the three month period following a suicide attempt.⁴
- The relative risk for suicide after attempted suicide is between 20 to 40 times higher than in the general population.⁵
- The most common psychosocial risk factor for deaths referred to a coroner, including deaths by suicide between 2017-2020 was a 'personal history of self-harm'.⁶

However, around half of the people discharged from hospital following a non-fatal suicide attempt do not receive follow-up treatment. Universal aftercare is urgently required to address this risk.

The Tasmanian Bilateral Agreement for Mental Health and Suicide Prevention, released in 2022, saw more than \$46 million invested by the Australian Government to provide mental health and suicide prevention support and services until 2027. The Tasmanian Government also allocated \$108 million. It is essential that this funding provide Tasmanians with universal access to aftercare services, and that individuals with a lived experience of suicide attempts are central to the implementation of universal aftercare. Their voice and insights are essential to ensuring services can effectively support those accessing aftercare.

Postvention

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide. Postvention interventions are specific activities designed to facilitate recovery from suicide bereavement.⁷ Postvention supports also mitigate adverse impacts including the risk of a bereaved person engaging in suicidal behaviour. People who are bereaved by suicide are themselves at elevated risk of suicide, particularly if they have a history of prior trauma, suicidal behaviour or depression.⁸ Bereavement by suicide raises suicide risk by two to five times the rate of the general population.

Suicide Prevention Australia is calling on the Tasmanian Government to ensure aftercare and postvention services are funded to provide universal access across Tasmania.

³ Shand, F, A Woodward, K McGill, M Larsen, and M Torok. 2019. Suicide aftercare services: an Evidence Check rapid review. brokered by the Sax Institute for the NSW Ministry of Health

⁴ <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

⁵ https://www.saxinstitute.org.au/wp-content/uploads/2019_Suicide-Aftercare-Services-Report.pdf

⁶ <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/psychosocial-risk-factors-suicide>

⁷ Andriessen, K. and Kryszinska, K. (2012). 'Essential Questions on Suicide Bereavement and Postvention', International Journal of Environmental Research and Public Health, 9, pp. 24-32.

⁸ Andriessen, K., Kryszinska, K., Hill, N.T.M. et al. (2019). 'Effectiveness of interventions for people bereaved through suicide: a systematic review of controlled studies of grief, psychosocial and suicide-related outcomes'. BMC Psychiatry, 19, 49.

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5. Implement suicide prevention guidelines in Emergency Departments

Training and implementation of guidelines at each of the emergency departments across NSW could save lives by ensuring compassionate and consistent treatment of people in suicidal distress or mental health crisis.

Suicide Prevention Guidelines can help Emergency Departments to deal more effectively and compassionately with suicidal behaviours.

Emergency Departments are often the first point of contact for someone in suicidal crisis, and the support and treatment provided has a significant impact on their risk of attempting or dying by suicide in the future.

Implementing Emergency Guidelines throughout Tasmania will build a strong and consistent process, which assists both staff and patients in Emergency Departments. Two examples of relevant guidelines are: *Suicide Prevention: A Competency Framework for the Health Sector*⁹ and the *Guidelines for integrated suicide-related crisis and follow-up care in Emergency Departments and other acute settings*.¹⁰

These Guidelines provide the health system with tools to better equip and support staff, ensuring adequacy of care that is compassionate and respectful to every person in suicidal crisis who presents to the emergency department and other acute settings. Providing incentives through each PHN will help to ensure that Australians can receive this level of care regardless of where they live.

Suicide Prevention Australia calls on the Government to improve Emergency Department responses to suicidal behaviours by implementing suicide prevention Guidelines across each of the four Tasmanian public hospital Emergency Departments.

6. Connect men with the supports they need

Men are three times more likely to die by suicide. To reduce the risk of suicide for men in distress, provide continuation of the funding for the *Doing it Tough?* online directory dedicated to connecting men in Tasmania with the support they need.

A collaboration project between Suicide Prevention Australia, Australian Men's Health Forum, health professionals, research experts, people with lived experience, and support groups, *Doing It Tough?* is a targeted program for men.

Men account for 75 per cent of deaths from suicide. Age-standardised rates of death by suicide tend to increase in line with remoteness.

⁹ https://www.suicidepreventionaustralia.org/wp-content/uploads/2023/09/2300905-SPA_Competency-Framework-Healthcare_v2.pdf

¹⁰ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/delphi-guidelines-clinical-summary_web.pdf

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Guiding men through from the first steps of seeking support, the program allows men to access community-led programs in their area. Making the program available would ensure that all Tasmanian men at risk of suicide would have access to support.

The service allows men to decide for themselves what is appropriate to their need, from local men's groups to online resources or specialist support.

Funding will enable the collation of services, roll out and administration of the site, and the support required to ensure regional coverage of resources and programs.

Suicide Prevention Australia is seeking funding to establish the Doing it Tough? Program for Tasmanian men at risk of suicidal behaviours.

7. Strengthen the suicide prevention peer workforce through training assistance

Establishing a program to provide training assistance for 50 peer workers per annum and professional development for a further 50.

Lived experience is central to suicide prevention, and a lived experience and peer workforce is a vital component of an empathetic and effective response.

Building this workforce requires training alongside retention strategies to help both the professional development of the workers and protect against burnout.

Investment is needed to build and strengthen this workforce, and ensure that the workforce is able to cover all regions of Tasmania. Implementing a program to provide assistance to ten peer workers a year to undertake training to begin their employment, and to ten existing workers for professional development, will help both expand and retain the workforce, while also continuing to improve skills and service delivery.

Suicide Prevention Australia is seeking the establishment of a program to assist peer workforce training and professional development.

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Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this submission.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this submission.

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