



Tasmanian Council of Social Service Inc.

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# Tasmanian Suicide Prevention Strategy

*July 2022*



**INTEGRITY  
COMPASSION  
INFLUENCE**

## About TasCOSS

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TasCOSS's vision is for one Tasmania, free of poverty and inequality where everyone has the same opportunity. Our mission is two-fold: to act as the peak body for the community services industry in Tasmania; and to challenge and change the systems, attitudes and behaviours that create poverty, inequality and exclusion.

Our membership includes individuals and organisations active in the provision of community services to Tasmanians on low incomes or living in vulnerable circumstances. TasCOSS represents the interests of our members and their service users to government, regulators, the media and the public. Through our advocacy and policy development, we draw attention to the causes of poverty and disadvantage, and promote the adoption of effective solutions to address these issues.

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## Introduction

TasCOSS welcomes the opportunity to make a submission to the Department of Health ('the Department') in relation to the development of the Third Tasmanian Suicide Prevention Strategy ('the Proposed Strategy') and information included in the Consultation Paper: Developing the third Tasmanian Suicide Prevention Strategy, 2023-2027 ('the Consultation Paper').

The following is our response to questions outlined in sections 2 – 5 of the community survey. We also wish to endorse the response by Mental Health Council of Tasmania ('the MHCT'), the peak body for community managed mental health services in Tasmania.

## Feedback on the national approach to suicide prevention and previous Tasmanian Suicide Prevention Strategy

TasCOSS supports key features of the national approach to suicide prevention. In particular we support the recommendations included in the National Suicide Prevention Adviser's Final Advice as outlined in the Consultation Paper,<sup>1</sup> including the four identified 'shifts' to approaches to suicide prevention and the identified 'enablers' of change, as well as the 'Lifespan' framework.<sup>2</sup> We note these approaches are aligned with recommendations made by the MHCT in previous submissions and reports; for example, one of the 'shifts' identified in the National Suicide Prevention Adviser's Final Advice is 'responding earlier to distress', which echoes the MHCT's calls for greater investment in prevention initiatives, including mental health literacy.<sup>3</sup> We echo MHCT's calls for the Tasmanian Proposed Strategy to build on the national approach by responding to the particular needs of Tasmanian communities, and by empowering local people, communities, and organisations to respond to those needs. We talk in more detail about some of those specific needs below.

TasCOSS acknowledges the interconnection between mental health and suicide, which is recognised in Tasmanian policy,<sup>4</sup> as well as the national framework for suicide prevention.<sup>5</sup> Suicide Prevention Australia's guiding principles already address this connection, noting that 'suicide needs to be addressed in an integrated way that encompasses mental health, social, economic and community factors'.<sup>6</sup>

TasCOSS also notes the significant changes in the social and economic landscape over the past few years, not only in Tasmania but Australia-wide. Since the development of the previous Tasmanian Suicide Prevention Strategy ('the Previous Strategy'), there have been several events, including the COVID-19/COVID-19 pandemic, which have had a significant impact on our community, as well as on the

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<sup>1</sup> Tasmanian Government, Department of Health, Consultation Paper: Developing the third Tasmanian Suicide Prevention Strategy, 2023-2027, 7

<sup>2</sup> Ibid, 4.

<sup>3</sup> See, for example, Mental Health Council of Tasmania, 'Keeping people well, getting in early to support distress: A Mental Health Literacy Approach to Recovery' (30 November 2020), 20.

<sup>4</sup> For example, Tasmanian Government, Rethink 2020: A State Plan for Mental Health in Tasmania 2020-2025 (November 2020), 19.

<sup>5</sup> Australian Government, Mental Health Commission, The Fifth National Mental Health and Suicide Prevention Plan, 23-26.

<sup>6</sup> Suicide Prevention Australia, Guiding Principles of Suicide Prevention (2020), accessed at [https://www.suicidepreventionaustralia.org/wp-content/uploads/2020/08/Guiding-Principles-Policy-Position\\_Fnl.pdf](https://www.suicidepreventionaustralia.org/wp-content/uploads/2020/08/Guiding-Principles-Policy-Position_Fnl.pdf).

healthcare sector. Reports have highlighted the increase in demand for mental health services since the onset of COVID-19.<sup>7</sup> Data from Tasmanian mental health services also show that, since June 2020, more clients have been presenting with complex social and economic needs, which are in turn contributing to or exacerbating mental health issues.<sup>8</sup>

Although the pandemic has affected the entire community, research also shows the particular vulnerabilities of certain cohorts within Tasmania – for example, MHCT highlighted the significant impact of COVID-19 on the physical and mental health of older Tasmanians,<sup>9</sup> which in turn impacts the risk of suicide for these communities. Research also demonstrates how the pandemic exacerbated existing structural disadvantages, with many older Tasmanians experiencing social isolation and difficulties accessing services due to digital exclusion.<sup>10</sup>

## Priorities for the next Tasmanian Suicide Prevention Strategy

*What issues around suicide and suicidal behaviour/distress are specific to life in Tasmania?  
What should we do about these?*

Public policy relating to suicide prevention, including the Proposed Strategy, should be responsive to the needs and lives of the Tasmanian community.

As outlined in the Previous Strategy,<sup>11</sup> Tasmania has a comparatively high rate of death by suicide when compared to other Australian states and territories,<sup>12</sup> with a higher rate of suicide than the national average.<sup>13</sup> The Previous Strategy also acknowledged that some communities are more at risk of either experiencing suicide or being impacted by the effects of suicide, including Aboriginal Tasmanians, people from the LGBTQIA+ community, culturally and linguistically diverse Tasmanians, those with experiences of childhood trauma (including experiences in out-of-home-care), and those living in rural or remote areas.<sup>14</sup>

TasCOSS believes the following factors should be considered when drafting the Proposed Strategy and developing policy to support suicide prevention in Tasmania.

### Priority populations

The Proposed Strategy must reflect and respond to specific vulnerabilities in the Tasmanian population that may contribute to suicide risk. We highlight three areas below.

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<sup>7</sup> Mental Health Council of Tasmania, 'Keeping people well, getting in early to support distress: A Mental Health Literacy Approach to Recovery' (30 November 2020), 8-9.

<sup>8</sup> Ibid, 10.

<sup>9</sup> Mental Health Council of Tasmania, 'COVID-19: A mental health response for Older Tasmanians' (May 2021).

<sup>10</sup> Ibid, 7-11.

<sup>11</sup> Tasmanian Government, Department of Health, Tasmanian Suicide Prevention Strategy (2016-2020), 12-13.

<sup>12</sup> Ibid – the only state or territory with a higher rate of deaths per 100,00 people is the Northern Territory.

<sup>13</sup> Ibid – Tasmanian's rate of death by suicide is 14.0, with the national average at 10.9.

<sup>14</sup> Ibid, 15.

### ***Tasmanians with disability***

Many Tasmanians experience physical disability, with recent data showing that 24,500 Tasmanians (or 5.8 % of the state's population) had a profound or severe core activity limitation, with a further 31,100 people (or 13.2% of the population) experiencing moderate or mild limitations.<sup>15</sup> The Previous Strategy acknowledges the correlation between chronic pain and/or illness and risk of suicide.<sup>16</sup> TasCOSS also highlights the ongoing structural inequalities impacting Tasmanians with disability – for example, health data shows Tasmanians with a disability struggle to find work or experience higher rates of underemployment,<sup>17</sup> thereby increasing suicide risk.

### ***Tasmanians with poor health***

Recent statistics show Tasmanians have notably worse health outcomes than the Australian average,<sup>18</sup> with 22 per cent of the population having two or more chronic conditions (compared with the national average of 18.7 per cent)<sup>19</sup> and high rates of adverse lifestyle risk factors for chronic disease.<sup>20</sup> Tasmanians on low incomes have much worse health than their more advantaged peers,<sup>21</sup> particularly in relation to conditions that are considered to be preventable through lifestyle factors and early detection and intervention, such as heart disease, stroke or diabetes.<sup>22</sup> Tasmanians who are experiencing other forms of disadvantage are also more likely to experience poor health. For example, Aboriginal people in Tasmania report poorer health,<sup>23</sup> and are more likely to be hospitalised due to potentially preventable conditions.<sup>24</sup> Evidence shows the links between poor physical health and mental health conditions, and governments have recognised the need to prioritise physical health and wellbeing to address mental health and suicide risk.<sup>25</sup>

Even more concerning are the most recent statistics relating to mental health. As per the recently released census data, the rates of poor mental health issues in Tasmania are higher than the national average, with 11.5% of Tasmanians reporting a long-term mental health condition,<sup>26</sup> which also impacts on risk of suicide. As with physical health conditions, there is a strong correlation between poor mental health and

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<sup>15</sup> Productivity Commission, *Report on Government Services* (2020), Part F, Section 15, Table 15A.9.

<sup>16</sup> Tasmanian Government, Department of Health, *Tasmanian Suicide Prevention Strategy* (2016-2020), 19.

<sup>17</sup> According to the Productivity Commission, only 40% of Tasmanians with a disability were employed in 2018, which is lower than the national average of 47.8%. Of the group of employed Tasmanians with a disability, 11.9% were underemployed in 2018, compared to 9.9% of Tasmanians without a disability or the 9.0% of the general Australian population - Productivity Commission, *Report on Government Services* (2020), Part F, Section 15, Tables 15A.69 and 15A.67.

<sup>18</sup> See Australian Bureau of Statistics, *National Health Survey 2017-18*, First Results, Table 2.3, age-standardised.

<sup>19</sup> Ibid.

<sup>20</sup> For a range of risk factors, see [www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf](http://www.primaryhealthtas.com.au/wp-content/uploads/2019/07/Needs-Assessment-Report-1-July-2019-30-June-2022-1.pdf)

<sup>21</sup> See TasCOSS, *Preventing Hospitalisations in Tasmania: 2020/2021 TasCOSS Budget Priorities Statement* and Australian Bureau of Statistics, *National Health Survey 2017-18*, First Results, Table 33.4.

<sup>22</sup> See PHIDU [Social Health Atlases](#)

<sup>23</sup> See [www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing](http://www.aihw.gov.au/reports/australias-health/indigenous-health-and-wellbeing).

<sup>24</sup> Productivity Commission, *Report on Government Services 2021*, Primary and Community Health, Table 10A.59. Aboriginal Tasmanians are also 1.1 times as likely to be hospitalised for a potentially preventable acute condition as non-Aboriginal Tasmanians (rate per 1000, 2017-18: 13.4, non-Aboriginal Tasmanians 11.8)

<sup>25</sup> See, for example, Australian Government, Mental Health Commission, *The Fifth National Mental Health and Suicide Prevention Plan* (2017), 36-39.

<sup>26</sup> Australian Bureau of Statistics, *Census 2021*, Table 3: Type of long-term health condition by State and Territory; Will Murray. 'Higher proportion of Tasmanians living with mental health conditions, census data shows', ABC News (30 June 2022), accessed at <https://www.abc.net.au/news/2022-06-30/mental-health-a-bigger-issue-in-tasmania-census-data-shows/101194880>.



social exclusion, as communities who face stigma and discrimination, such as LGBTQIA+ Tasmanians, are more likely to experience poor health and high/very high psychological distress.<sup>27</sup>

Given the links between physical and mental health outcomes (including risk of suicide), the Proposed Strategy must acknowledge the current reality of health in Tasmania, particularly for those from marginalised communities, and include initiatives aimed at addressing underlying inequalities.

### ***Rural communities***

We know a high proportion of Tasmanians reside in remote or rural areas, which can be a risk factor not only for suicide, but for physical and mental health generally. For example, in 2018-19, the rate of potentially preventable hospitalisations for chronic conditions among people living in outer regional Tasmania was 13.3 per 1000, compared to 12.9 for inner regional Tasmania.<sup>28</sup> This is exacerbated by a lack of appropriate services to respond to mental health issues, as highlighted by TasCOSS in a previous submission:<sup>29</sup>

- In 2017-18, Tasmanians living in outer regional and remote areas had higher rates of high/very high psychological distress than those living in inner regional areas (14.6%, compared to 13.5%);<sup>30</sup>
- In 2019 the suicide rate was 20 per 100,000 people living outside of Hobart, compared to 17.8 for Hobart dwellers;<sup>31</sup>
- The proportion of remote/very remote Tasmanians receiving state-funded clinical mental health services in 2018-19 was 1.6%, compared to 2.2% for Tasmanians residing in Hobart and Launceston; and
- For federally subsidised mental health services, the proportion in very remote areas (7.9%) was only 70% that of people in Hobart and Launceston (11.3%), and for young people (aged 25 years or less), the proportion was only 57% (6%, compared to 10.6%).<sup>32</sup>

The Proposed Strategy should therefore acknowledge the current inequalities between Tasmanians who reside in metropolitan areas and those in regional and/or remote areas, both in terms of the health outcomes in these communities as well as access to appropriate healthcare and other services.

### ***Which suicide prevention supports/services would you like see available in Tasmania?***

TasCOSS supports the further development of services and/or initiatives to address the risk of suicide or suicide-related harms which are aligned with our previous recommendations, as well as those made by the MHCT, which include the following:

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<sup>27</sup> Productivity Commission, Report on Government Services 2021, Part E (Health), Section 13 (Services for Mental Health), Table 13A.64.

<sup>28</sup> ROGS 2021, Part E (Health), Section 10 (Primary and Community Health), Table 10A.66.

<sup>29</sup> TasCOSS, Submission to Legislative Council Government Administration Committee A: Inquiry into Rural Health Services (March 2021), 6.

<sup>30</sup> ROGS 2021, Part E (Health), Section 13 (Mental Health), Table 13A.46.

<sup>31</sup> ROGS 2021, Part E (Health), Section 13 (Mental Health), Table 13A.54.

<sup>32</sup> ROGS 2021, Part E (Health), Section 13 (Mental Health), Tables 13A.18, 13A.21.

### **A whole of life, whole of person approach**

TasCOSS has previously advocated for affordable, timely, high-quality, holistic, whole-of-life-oriented primary, secondary and allied health care,<sup>33</sup> noting this was a key theme which emerged from our extensive community consultations leading to the development of our Good Life framework.<sup>34</sup> Strategies for preventing and responding to suicide should therefore be focused on increasing both good health (including both physical and mental health) and capacity for Tasmanians to look after themselves and others throughout their lives, rather than focusing on acute interventions. There should also be a focus on developing multidisciplinary services and improving cross-sector collaborations, including clearer referral pathways and information sharing between services.<sup>35</sup>

Holistic strategies also acknowledge the underlying and often systemic contributors to poor health outcomes and difficulties with accessing suitable and timely services. This means the Proposed Strategy should be linked to strategies and plans to address other issues contributing to social and economic disadvantage – for example, initiatives to address homelessness and/or housing stress, food relief programs, and/or support programs to alleviate financial hardship.

### **Prevention and early intervention, including improved health literacy**

TasCOSS strongly supports measures focused on the promotion of positive health and pro-social connections, as well as initiatives intended to create greater community awareness of suicide and how best to respond. We believe ongoing community conversations around suicide play a crucial role in addressing stigma and shame around this issue, as well as ensuring individuals and groups are equipped to respond to provide help or support as needed.

We note the MHCT have previously advocated for a mental health literacy approach to address significant gaps identified in the mental health system,<sup>36</sup> including *'a narrow view of people seeking treatment and support which fails to look beyond the symptoms, along with an under-investment in prevention and early intervention resulting in people living with mental ill-health for too long'*.<sup>37</sup> Their approach focused on the following four key areas:<sup>38</sup>

- Mental health education focused on prevention
- Community capacity building
- Appropriate referrals and navigation
- Equipping services to meet the needs

TasCOSS strongly supports the adoption of a similar approach in relation to suicide prevention and echo the recommendations from the MHCT in relation to the need for earlier responses to emotional distress,

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<sup>33</sup> For example, TasCOSS, Submission to Department of Health in relation to Our Healthcare Future (February 2021), 3; TasCOSS, Submission to Legislative Council Government Administration Committee A: Inquiry into Rural Health Services (March 2021), 3.

<sup>34</sup> The Good Life is a project undertaken by TasCOSS, following a number of community consultations throughout Tasmania around the question, "What do you need for a good life?". The project identified key priorities for Tasmanians, which has allowed TasCOSS to identify goals, targets and indicators around which to engage in policy development and advocacy.

<sup>35</sup> Mental Health Council of Tasmania, Improving mental healthcare in Tasmanian communities: MHCT response to the Our Healthcare Future Consultation (February 2021), 12.

<sup>36</sup> For example, Australian Productivity Commission, Mental Health Inquiry Report (June 2020), <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf>.

<sup>37</sup> Mental Health Council of Tasmania, Keeping people well, getting in early to support distress: A Mental Health Literacy Approach to Recovery (30 November 2020), 19.

<sup>38</sup> Ibid, 20-23.

as well as greater coordination across services to ensure timely and appropriate referrals to mental health supports.<sup>39</sup>

### **Strengthening community connection**

As various reports have highlighted, COVID-19 has exacerbated social isolation for many individuals and communities, which has a significant impact on physical and mental wellbeing. We strongly encourage the inclusion of initiatives to further strengthen community connection in the Proposed Strategy, including ongoing funding for community-based social and recreation activities. We also note the key role played by community organisations in providing services and spaces for people to connect – for example, the ongoing support provided by Neighbourhood Houses Tasmania throughout the COVID-19 pandemic – and the need for ongoing stable funding to ensure these programs and community organisations can continue to provide services to those most in need.

### **Measuring progress**

Although we note the Previous Strategy did include very general timeframes for the action of particular priorities, TasCOSS believes the Proposed Strategy should include clear targets addressing key issues relating to suicide, as well as more concrete timeframes indicating when action will be taken. We also believe the Proposed Strategy should include information on how the Department will be measuring and reporting on progress towards the outlined targets, and that reporting on progress should be publicly available.

### **Whole of government response**

As outlined above, suicide and related harms cannot be addressed in isolation from other factors. As part of the Proposed Strategy, we recommend the Government develop structures to support coordination services across the state in areas including mental health, housing, community services, education and more. The structures should also encourage a greater level of communication and collaboration between Government and the community and service sector, as well as supporting further cross-sector collaborations. The need for this was recently highlighted in the Auditor General's report which recommended: 'a clear governance framework for crossagency oversight and improvements to the system for low intensity mental health support' including 'a single agency with lead responsibility'.<sup>40</sup> We also recommend any targets or initiatives outlined in the Proposed Strategy are aligned with other government strategies and frameworks, particularly those which are aimed towards better supporting priority populations. For example, any initiatives proposed to support young people should be consistent with the Child and Youth Wellbeing Framework,<sup>41</sup> as well as being informed by current legislative reform proposals, such as the reviews of both the Youth Justice Act and the Children, Young People and their Families Act.

### **Voice of lived experience**

Tasmanians with lived experience of suicidal thoughts and behaviours, as well as their families and carers, were named as a crucial voice in the development and implementation of the Previous Strategy. TasCOSS strongly supports the inclusion of the voice of Tasmanians with lived experience not only in preparing the Proposed Strategy, but to provide ongoing information and insights into how programs and initiatives could better support those at risk of suicide.

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<sup>39</sup> Mental Health Council of Tasmania, Submission in relation to the Draft Tasmanian Suicide Strategy (2022).

<sup>40</sup> Tasmanian Audit Office, Report of the Auditor-General No. 7 of 2021-22, COVID-19 – Response to social impacts: mental health and digital inclusion (June 2022), 8.

<sup>41</sup> Tasmanian Government, 'It Takes a Tasmanian Village: Tasmania's first child and youth wellbeing strategy' (August 2021).