Royal Commission into
Victoria's Mental Health System

Fact Sheet

Suicide prevention and response

According to the Coroners Court of Victoria, there were

718 deaths

by suicide in Victoria in 2019[1] (Figure 1).

Three-quarters of people who die by suicide are men.[2] Suicide is the leading cause of death among young Australians aged between five and 17 years.[3]

In the past decade in Victoria,

6,320 lives have been lost to suicide,

compared with

2,627 lives lost on our roads.

In 2019, the number of suicides was more than twice the number of road accident deaths—718 lost to suicide and 266 lost on the roads.[4]

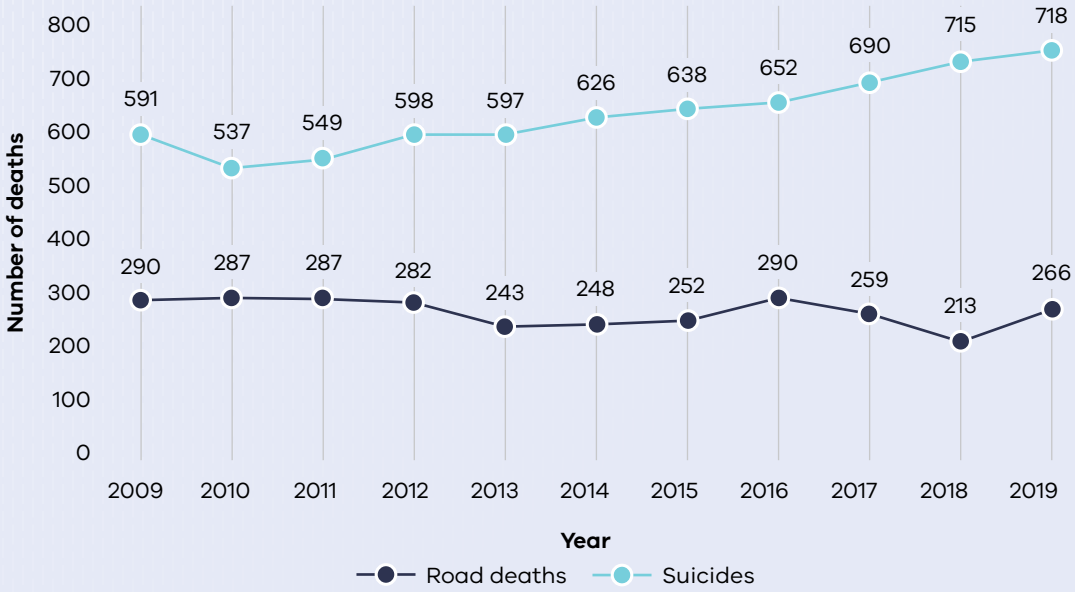
The Commission recognises the strength of people living with mental illness and those experiencing psychological distress, families, carers and supporters, and members of the workforce who have contributed their personal stories and perspectives to this inquiry.

Some of these stories and the Commission's analysis may contain information that could be distressing. You may want to consider how and when you read this fact sheet.

If you are upset by any content in this chapter, or if you or a loved one need support, the following services are available to support you:

- If you are not in immediate danger but you need help, call **NURSE-ON-CALL** on **1300 60 60 24**.
- For crisis support contact **Lifeline** on **13 11 14**.
- For phone-based support contact **Beyond Blue** on **1300 224 636**.
- If you are looking for a mental health service, visit **betterhealth.vic.gov.au**.
- **For situations that are harmful or life-threatening contact emergency services immediately on Triple Zero (000)**.

Figure 1: Changes in the annual number of suicides and road deaths, Victoria, 2009 to 2019



Sources: Coroners Court of Victoria, Suicide Data Summary, 2009–19; Coroners Court of Victoria, *Monthly Suicide Data Report: November 2020 Update*, 2020, p. 3; Transport Accident Commission, Search statistics, <www.tac.vic.gov.au/road-safety/statistics/online-crash-database/search-crash-data?>, [Accessed 20 September 2019].

Many people shared their personal experiences of suicidal behaviour and bereavement by suicide with the Commission. It is clear that suicide can affect people across all age groups, from all different backgrounds, for a range of complicated reasons. Suicide has a ripple effect across the community, affecting loved ones, friends, families and colleagues in profound and enduring ways.

Despite a strong focus on suicide prevention in recent Victorian and Commonwealth government mental health plans, data indicate that there has been no meaningful improvement in Victoria's suicide rate over the past 10 years.

There are many complex factors that can lead to suicide, and these can often overlap. Risk factors contributing to suicide may be immediate-term catalysts, such as job loss or a relationship breakdown, or they may be factors that have been present in a person's life for many years, such as mental illness or a family history of suicide.

This means there cannot be a health-only response to suicide. Suicide prevention and response requires a comprehensive response from the whole community and across government. Many agencies must come together, across health, social services, education, industry and many more, to respond to the interrelating factors that can lead to, or protect against, suicide. This is referred to as a whole-of-government approach.

> So, it doesn't even have to be like a huge formal response. Sometimes it's the, you know, the genuine, empathetic sort of reaching out and asking the question that can make a massive difference. You know, it doesn't have to be a professional person doing that. It can be just the barista that you've gotten to know from your everyday coffee.[5]
>
> - Lived Experience of Suicidal Crisis and Carer Human-Centred Design Focus Group

Figure 2: The number of people that can be exposed to each suicide death

Up to 135 people—including family members, friends, colleagues and associates—can be affected by each suicide death.[6]

On this basis, approximately 97,000 Victorians were affected in 2019 alone by the suicide of a loved one, friend, colleague or associate.

The Commission has recommended the establishment of a Suicide Prevention and Response Office, led by a State Suicide Prevention and Response Adviser, reporting to the Chief Officer for Mental Health and Wellbeing, in the Department of Health. The Office will operate in government-wide governance structures that encompass all government departments and relevant agencies.

The Office will be responsible for establishing a system-based approach to suicide prevention and response; co-producing a new suicide prevention and response strategy for Victoria with people with lived experience of suicidal behaviour or bereavement by suicide; and working closely with the Commonwealth Government to ensure suicide prevention and response efforts in Victoria are coordinated with, and complement, national approaches.

Suicide prevention and response requires a system-based approach. When talking about suicide prevention and response, 'system-based' means looking at all of the systems that can influence suicidality. This is based on the idea that no single action, service or treatment will work in isolation, requiring a concerted and continuous effort.[7]

Currently, if someone has made an attempt on their life, they are taken to an emergency department at the closest hospital, treated, maybe seen by a mental health nurse and then sent home.

There is no follow-up, assistance or treatment path provided to the patient or the carers—everyone is left on their own wondering how to deal with the situation which has just happened and terrified of when and how it may next occur and what they can do to stop it.[8]

- Anonymous

Recommendations

The Commission has recommended that the new Office implements a set of suicide prevention and response initiatives that will form the basis of a comprehensive, system-based approach, including:

- A statewide training program across Victoria's workforces, communities and workplaces, to support people experiencing suicidal behaviour. This includes standardised workforce training for workforces who interact with people experiencing suicidal behaviour and for people working in public-facing roles; community 'gatekeeper' training open to everyone; and facilitating industries and businesses to invest in workplace suicide prevention and response programs.
- Initiatives to support people at risk of experiencing suicidal behaviour, including co-producing an aftercare service for lesbian, gay, bisexual, trans and gender diverse, intersex, queer and questioning people following a suicide attempt; and implementing statewide postvention bereavement support, for people who have been bereaved by suicide, in partnership with the Commonwealth Government.
- An intensive 14-day support program for adults who are experiencing psychological distress, modelled on Scotland's Distress Brief Intervention Program.

These recommendations build on the Commission's interim report recommendations for the expansion of the Hospital Outreach Post-suicidal Engagement (HOPE) program, and the creation, delivery and evaluation of an assertive outreach and follow-up care service for children and young people who have self-harmed or who are at risk of suicide.[9]

The Commission also acknowledges that mental health and wellbeing services have an important role to play, and access to treatment, care and support for people living with mental illness or psychological distress is an important part of its recommended approach. The Commission's reforms will increase the availability and accessibility, and improve the quality and safety, of mental health and wellbeing services and will therefore make a positive contribution to Victoria's suicide prevention and response efforts.

At a national level, there has been a promising and elevated focus on suicide prevention and response efforts. The Commission strongly believes there is opportunity to work with the Commonwealth to ensure initiatives are complementary and aligned.

In 2018 in Victoria, the number of people who were reported to have been

hospitalised for self-harm was more than

10 times

the number of those who died by suicide.[10]

> No one understands it unless you have lost someone to suicide. It is very isolating. It is not like losing a loved one to something else. It is like you have a big sign on your back and no one knows what to say.[11]
>
> - Katerina Kouselas

Dave said having Millie helps with his 'big feelings' and gives him company, but finding the community at the dog park has been 'amazing and really unexpected'. Following a couple of days where Dave was not at the park, one of his friends messaged to check he was okay.

He just messaged out of the blue and said, 'I haven't seen you a few days, I just want to make sure everything's okay.' That was really nice. Here is someone that I'm just a fellow dog owner that I get along well with, just checking up on me because we've shared a lot of our lives together and shared dog company.[12]

1 Coroners Court of Victoria, *Suicide Data Summary,* 2009–19; Coroners Court of Victoria, *Monthly Suicide Data Report: November 2020 Update,* 2020, p. 3

2 Coroners Court of Victoria, *Suicide Data Summary,* 2009–19; Coroners Court of Victoria, *Monthly Suicide Data Report: November 2020 Update,* 2020, p. 3.

3 Australian Bureau of Statistics, *3303.0 Causes of Death, Australia 2018: Summary—Australia's Leading Causes of Death,* 2019, p. 12.

4 Coroners Court of Victoria, *Suicide Data Summary, 2009–19;* Coroners Court of Victoria, *Monthly Suicide Data Report: November 2020 Update,* 2020, p. 3; Transport Accident Commission, Search statistics, <www.tac.vic.gov.au/road-safety/statistics/online-crash-database/search-crash-data?>, [accessed 20 September 2019].

5 RCVMHS, *Lived Experience of Suicidal Crisis and Carer Human-Centred Design Focus Group: Record of Proceedings,* 2020.

6 Suicide Prevention Australia, *The Ripple Effect: Understanding the Exposure and Impact of Suicide in Australia,* 2016, p. 7.

7 Witness Statement of Alan Woodward, para. 13

8 Anonymous 240, *Submission to the RCVMHS: SUB.0002.0023.0047, 2019*, p. 2.

9 Royal Commission into Victoria's Mental Health System, *Interim Report*, 2019, p. 444

10 Commission analysis of Coroners Court of Victoria, Suicide Data Summary 2018; Department of Health and Human Services, *Integrated Data Resource, Victorian Emergency Minimum Dataset*, 2017–18 and 2018–19.

11 *Witness Statement of Katerina Kouselas*, 15 July 2019, para. 23

12 RCVMHS, *Interview with Dave Peters*, September 2020.