Issues Paper



An Australian Government Initiative

Suicide

Deaths by suicide are preventable. The impact of suicide has a profound and often long lasting effect on families, friends and communities.

Suicide data

It is estimated **13%** of adults experience suicidal thoughts during their lifetime

4% make a suicide plan

3.2% attempt suicide

Suicide is the leading cause of death among people aged

15–44 years



Aboriginal and Torres Strait Islander people died by suicide at a rate nearly three and a half times higher than non-Indigenous people in Victoria (2018-2021)

Males are **3 to 4 times** more likely to die by suicide compared to females

Females are more likely to attempt suicide or be hospitalised with self-harm

People in rural areas are twice as likely to die by suicide

Groups with higher suicide rates

people living in areas experiencing disadvantage

ex-service members of the Australian LGBTIQ+ people **Defence Force**



people living with disability

Protective (safety) factors

Effective clinical care for mental, physical and substance use disorders

Easy access to a variety of clinical interventions and support for help seeking

Support through ongoing medical and mental health care relationships

Restricted access to means of suicide

Strong connections to family and community support

Skills in problem solving, conflict resolution and non-violent handling of disputes

Cultural and religious beliefs that discourage suicide and support self-preservation

The number of suicides was more than twice the number of road accident deaths in Victoria in 2019: **718** lives lost to suicide and 266 lost on the road

Suicide in Gippsland

Suicide accounts for **1.5%** of all deaths in Gippsland and **2.4%** of male deaths

15.4 deaths per 100,000 people (age standardised) compared to 10.5 as an average for Victoria; highest rates in East Gippsland (23.5)

82% of suicides were males (2011-2020)

75% of suicides were people aged 35 years or older

63% of suicides occurred in a person's usual place of residence

About half of all people who die by suicide sought treatment in the weeks before – including from a GP, mental health practitioner, alcohol and other drug service or admission to an acute psychiatric ward

Around one third of people who died by suicide were engaged with the Area Mental Health Service in the six months prior.

Over **50%** of people expressed their intentions (directly and/ or indirectly) before the suicide



People with a history of self-harm

Family violence, child abuse and neglect

Alcohol and illicit drug use

Problems related to housing, economic circumstances, legal issues and work related (including job losses)

Experience of trauma, marginalisation and isolation

Family relationship breakdowns

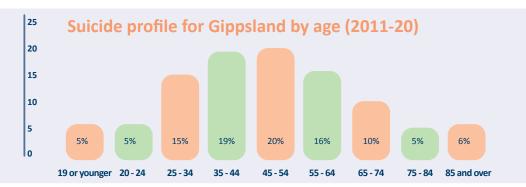
Fewer years of education

Recent trends

An increase in emergency department presentations for suicide attempts and suicidal ideation in Gippsland in 2020 - 2021.

There has been a rise in the use of of mental health services and an increase in psychological distress during the COVID-19 pandemic, but there has not been a rise in suspected deaths by suicide in 2020 and 2021.





Support after a suicide attempt

The time of discharge after a suicide attempt is a time of heightened risk. Many people will not re-engage with health care after an attempt so need assertive follow up.

Barriers can include underlying feelings of shame and embarrassment, fear of people's judgment and reactions to their attempt and a need to debrief trauma of inpatient stay.

Suicide prevention program

Resources developed as part of the Place-based suicide prevention trials projects led by Gippsland PHN, in partnership with the Victorian Department of Health in Latrobe and Bass Coast https://gphn.org.au/what-we-do/programs/suicide-preventionprogram

The Suicide Prevention Priorities Framework for Gippsland describes four priorities, collaboratively developed in 2021 through a series of workshops:

- inclusive and accessible services for those most in need
- use of consistent suicide risk screening tool and referral to range of clinical and non-clinical support services
- safe media reporting of suicide, potential suicid or accidental death
- build community safety net through safe story telling of suicide lived experience

The Community Suicide Prevention Action Planning Resources for Gippsland describes key elements of community-based suicide prevention:

- Connecting with trusted support services
- Promoting help seeking behaviours
- Communicating safely about suicide
- Training community gatekeepers
- Free QPR (Question, Persuade, Refer) training for all Gippsland residents.

Suicide bereavement

Bereaved loved ones can experience many issues, including;

- grappling with the question of 'why?'
- guilt, feeling responsible
- feelings of shame, stigma, isolation, secrecy and fear of the judgement of others
- feelings of abandonment and rejection
- trauma/shock, depression/anxiety and increased risk of suicide and self-harm
- physical health problems

Services and supports

Mental Health Triage Service and Hospital Outreach Postsuicidal Engagement (HOPE) operated by Latrobe Regional Hospital - call **1300 363 322** any time.

Supports after suicide attempt

The Way Back Support Service delivered by Latrobe Regional Hospital and Wellways in partnership with Beyond Blue and Gippsland PHN – non-clinical support, including for people experiencing severe suicidal ideation.

Suicide bereavement support Standby Support After Suicide 1300 727 247 Jesuit Social Services

Helplines and online supports include: Lifeline (24 hours) **13 11 14**

Suicide Call Back Service (24 hours) 1300 659 467

MensLine 1300 78 99 78

Kids Helpline **1800 55 1800**

Yarning SafeNStrong – 1800 959 563

Beyond Blue 1300 224 636 - including safety planning

<u>Gippsland HealthPathways</u> includes a suite of clinical pathways and supportive local public and private referral options

Mindframe guidelines for reporting suicide and mental ill health