Fact Sheet 4 – What this means for suicide prevention

Key issues

- Australia’s suicide rate has not changed dramatically over the past 10 years.
- A complex interaction of variables which may or may not include mental illness can lay behind a person’s suicide or suicide attempt. Suicide prevention is not the same thing as prevention and treatment of mental illness.
- People who attempt suicide are not all receiving sufficient support and follow-up to help prevent further attempts, especially in the high-risk period following discharge after a suicide attempt. This is a missed opportunity to reduce suicide rates and save lives.
- The Review found many people who had attempted suicide perceived there was no ‘middle ground’ between inpatient hospital care on the one hand and no support on the other hand.
- The Review also found many people with suicidal thoughts felt strongly that they were not taken seriously by health professionals, particularly those in Emergency Departments, when seeking help for suicidal thinking or self-injury, and reported being sent home with no follow-up despite explicit plans for suicide.
- A previous suicide attempt is the most reliable predictor of a subsequent death by suicide. How the system responds to people who think about suicide or make an attempt therefore must be a central plank of suicide prevention efforts.

Key responses

- Future efforts in suicide prevention should focus on improving the quality of service responses to people who seek help for suicidal ideas or behaviours, and those who are concerned about them. This focus needs to be in local communities.
- Establish 12 regions across Australia as the first wave for nationwide introduction of sustainable, comprehensive, whole-of-community approaches to suicide prevention.
- Evidence shows a systemic, community-based approach to suicide prevention is likely to be the most effective at reducing suicide rates. Such an approach would involve initiating systemic, multi-level and multi-sectoral prevention models in particular communities in collaboration with key stakeholders in those communities.
- Work with state and territory governments, people with lived experience and other key stakeholders in the development of a National Suicide Prevention Framework which is based on Australian and international evidence of what works.
- Invite business cases consistent with the framework from regional partnerships, possibly based on Regional Development Australia regions, on co-created models of suicide prevention.
- Use Commonwealth funding as incentive funds to leverage local contributions: encourage models which demonstrate buy-in from local communities through inclusion of
contributions (either in dollars or in kind) from partners, including local councils, business, clubs and community organisations.

- Implement a ‘no wrong door’ approach, ensuring that no one who expresses suicidal ideas or who has attempted to take their own life is ‘turned away’ from any service at which they seek help.

- Provide access to adequate services, ensuring that therapeutic interventions are tailored to the complexity and severity of individual need.

- Ensure first responders and health professionals who are likely to encounter suicidal people are appropriately trained in communication and “soft skills”.

- Aim to close the gap in rates of suicide between Aboriginal and Torres Strait Islander peoples and other Australians with culturally appropriate, evidence based services; and by implementing the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013. This should be done with – at least – existing funding commitments within the broader context of the development and implementation of a dedicated national Aboriginal and Torres Strait Islander mental health plan.
Suicidal behaviour in Australia

Geographical disparities in suicide rates

Age-standardised suicide deaths per 100,000 population, 2008–2012
- 20 to 27
- 15 to 20
- 10 to 15
- 5 to 10
- 0 to 5

Slight upward trend in suicide rate

Deaths per 100,000 population

Source: ABS, Causes of Death, 2012

Age and sex disparities in suicide rates

Source: ABS, Causes of Death, 2012

Thousands affected by suicidal thoughts and behaviour each year

Source: ABS, Survey of Mental Health and Wellbeing, 2007