



Submission on the Draft Strategy

**"Suicide Prevention: Managing the Risk
of Suicide in the ACT 2005 - 2008"**

March 2005

ACKNOWLEDGEMENTS

ACTCOSS acknowledges that modern day Canberra has been built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Territory. ACTCOSS is a member of the nationwide COSS network, made up of each of the state Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a professional, cohesive and effective community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

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PURPOSE

ACTCOSS appreciates the opportunity to comment on the draft Suicide Prevention Strategy for the ACT. We welcome the Strategy as an indication of the Government's commitment to a

comprehensive and wide-ranging approach to the prevention of suicide. The strategy considers biological, psychological, social and environmental aspects and is concerned with suicide across the life span (p. 7).

We also appreciate the recognition of the community sector's on-going and potential contribution to suicide prevention in the ACT (p. 7).

ACTCOSS takes this opportunity to comment on two aspects of the strategy which we believe limit the scope of the strategy and its potential to reduce overall rates of suicide in the ACT.

1. Theme 1, Objective 2 – the relevance of “men” as an at risk category.
2. Consideration of broader context of suicide and relevance of other ACT Government policy frameworks as a background for policy development in this area.

COMMENTARY

1. Theme 1, Objective 2

The draft Strategy details objectives that are grouped under five distinct themes. The first theme outlines a number of objectives designed to “increase community capacity for resilience and well-being”. Objective two in this theme seeks to “increase the focus on men as an at-risk population group and initiate policy development in this area”. The intended action is to “develop a consolidated ACT Men's Health and Wellbeing Plan that interacts with other national and local strategic plans” (p. 39).

Regarding this objective and recommended action, ACTCOSS notes that the focus on men's health and wellbeing would be a positive benefit for the male residents of the ACT. The development of a broad plan to address men's health issues has been discussed and advocated for a number of years.¹ ACTCOSS would welcome this initiative.

In the context of the Suicide Prevention Strategy, however, we have some reservations about the singular focus of this objective as it seems to imply that men, as opposed to women, require special treatment in relation to suicide risk.

¹ See the Standing Committee on Health and Community Care, 1999, *Report on Men's Health Services*, Legislative Assembly for the ACT.

ACTCOSS suggests that there are two consequences that follow from this focus which are not desirable in a document that will set the policy parameters for future work in this area.

1. Prioritising men's higher rate of suicide implies that the consistent rate of suicide in the female population is not considered problematic from a policy perspective.

ACTCOSS notes from the available data that the rate of suicide in the male population is consistently three to four times higher than in the female population (p. 23).

We also note that women make up two-thirds of the hospitalisation figures for patients in the category "self-inflicted harm" (p. 23). Potentially, these figures represent unsuccessful suicide attempts.

A study of young people in the ACT found that the largest proportion (28%) of all injuries resulting in hospitalisation for young women were due to self-harm.² Reflecting a general pattern across Australia, ACT women attempt suicide at a higher rate than men, though these attempts end in death less often. In the *Snapshots of Health ACT Subdivision*³, the Population Health Information Unit provides the following gender variation in suicide attempts and suicides during 1998:

Female attempt	Male attempt	Female suicides	Male suicides
205	129	12	28

Such gender patterning of suicide and suicide attempts indicates the need for gender specific preventative suicide responses rather than a focus on one group instead of another.

These statistics should also be considered in light of the differences in health risk behaviours between men and women. In the ACT, as with other jurisdictions, men are slightly more likely to be medium/high risk drinkers, to smoke, to be overweight, and to have hypertension. The only variation to this gendered pattern is that men are more likely than women to undertake some form of exercise.⁴ This variation in health risk behaviour also reflects socialised gendered expectations of masculine and feminine behaviour.

From this perspective, the difference in the two sets of data outlined above highlights a gendered variable along a spectrum of self-harming behaviour which has tragic outcomes at the extremes for both men and women. While ACTCOSS appreciates the difference in overall numbers of

² ACT Government, 2002, *Youth in the ACT: A social and demographic profile*, p. 98.

³ Population Health Information Unit, 2000, *Snapshots of Health ACT Subdivision*, Monograph No. 13.

⁴ Australian Bureau of Statistics, 2003 *Social Trends 2002*, p. 67)

suicide for men and women, we do not think that gender difference provides a viable rationale for privileging one group over another during the implementation stage of the Strategy.

ACTCOSS considers all that all suicide is undesirable and consequently, we would queries the reasons for excluding one-fifth of the target population (that is, people who succeed in their suicide attempt) because of their sex in one of the key objectives for the draft Strategy. We believe that this would limit the scope of the Strategy to respond to this specific group and over the period it is in place would constrain capacity to respond should there be changes in the current weighting of suicide statistics. It also limits the capacity of the Strategy to develop effective promotion, prevention and early intervention (PPEI) actions that respond to the experiences and needs of different social groups.

Nonetheless, ACTCOSS does recognise the importance of carefully identifying members of the ACT population who might be at high risk of suicide. Rather than focus on one amorphous group – “men”, we would urge drafters to provide more details about how the Strategy will identify and respond to the known risk factors as discussed in the literature review.

2. Potential responses to “at-risk” social characteristics are not carefully or clearly articulated in the draft Strategy.

While we recognise that men represent the biggest group in terms of initial data analysis, we also note that there are more subtle social characteristics which have been used to refine the category of “at-risk”. Extreme incidents of self-inflicted harm that result in suicide are more prevalent in a number of social categories (for instance, amongst young people and the Indigenous community, GBLTI people) and these groups have been clearly identified in the literature review within the draft Strategy (pp. 25-35).

We would consider that the Strategy needs to articulate a number of specific objectives which incorporate the experiences of these groups and develop clear actions that draw on and encourage expertise within the relevant communities and government agencies.

We would also suggest that the Strategy should establish clear objectives and actions with regard to two at-risk groups not specifically identified by the Strategy:

- People experiencing, or at-risk of, homelessness; and
- People who are incarcerated.

There are current two key initiatives involving these groups (ACT Homelessness Strategy⁵ and the ACT Prison development) that require intra-government coordination and liaison to minimise the risks associated with such precarious social status. ACTCOSS suggests that objectives to

⁵ ACT Government, 2004, *Breaking the Cycle: The ACT Homelessness Strategy*.

link these groups and current areas of Government activity should be included in the Suicide Prevention Strategy.

Summary point

With regard to Theme 1, Objective 2, Action 2.1, ACTCOSS considers that the focus on "men" as a category does not provide adequate detail and may in fact suggest an improper bias in the scope and relevance of the Strategy. ACTCOSS suggests that the focus on "men" as a principle objective and a category for action should be revised and replaced by a series of objectives and actions that will address the broader social risk factors identified by the draft Strategy. These broader objectives and actions should also address homelessness and incarceration.

2. Broader context and relevance of other policy frameworks

In our commentary, we would like to highlight the sociological view that rates of suicide and suicide attempts can tell us something about the qualities of the society within which it occurs. In this context, we could infer that the lower than national average rates of suicide suggest there are many positives to living in the ACT.

Nonetheless, the fact of suicide and self-inflicted harm does raise concern about broader quality of life issues. Adopting an ecological framework (as affirmed on p. 11 of the Strategy), ACTCOSS proposes the thesis (first advanced by Emile Durkheim) that a "social rate" of suicide may persist within a population despite attempts to reduce risk taking behaviour. In other words, there may be a social dimension to suicide risk that may not be resolved or reduced by targeted strategies.

Factors such as poverty and social disadvantage can intensify the risk for particular groups because it can increase an individual's susceptibility to stress and to the physiological changes that undermine their ability to cope. There is strong evidence that people who experience social disadvantage and social dislocation are more likely to suffer from compromised health in general.

These patterns are identified as the social determinants of health and are substantiated by a large body of international and national research.⁶ Richard Eckersley adds a further dimension to this body of knowledge by identifying culture as another variable that can increase individual's susceptibility to identified health risks.⁷ He has applied this understanding to youth suicide.

⁶ See for example, Michael Marmot et al, (1998) *Social determinants of health: the solid facts*, World Health Organisation, Geneva, http://www.who.dk/eprise/main/who/progs/hcp/documentation/20010918_10 (accessed 30 June 2003).

⁷ (Richard Eckersley, (2001) 'Culture, health and well-being' in Eckersley, Dixon and Douglas (eds) *The Social Origins of Health and Well-being*. Melbourne: Cambridge University Press: pp. 51-70).

The rate of youth suicide (particularly in consumption driven market societies such as Australia) has steadily increased since 1945 (Eckersley, p. 66). This increase in the overall rate of suicide has occurred despite risk management strategies such as changes in the toxicity of pharmaceuticals, improved medical and counselling responses and increased public awareness of the issue. Eckersley concurs that the increase in the suicide rate has been dramatic in the young male population when compared to the female incidence rate which has remained relatively consistent. In considering the increase within the male cohort, Eckersley argues that significant correlations with demographic trends or risk taking behaviours (such as smoking, alcohol use or involvement in violence) have not been clearly established. In his study of thirty-two socio-economic and cultural variables, he was able to conclude that 'male suicide rates were positively correlated with several measures of individualism, including personal freedom and control' (p. 68). These are cultural values we associate with economic and social success, yet they may translate into risk factors for young men which contribute to a sense of social exclusion and dislocation. According to Eckersley, our understanding of the social context of youth suicide should also take note of a diminished culture that fails 'to provide appropriate sites or sources of social identity and attachment, and, conversely, a tendency to promote false expectations of individual freedom and autonomy' (p. 68). Such an understanding of the cultural dimensions of social life should also be a part of an ecological approach to suicide prevention in the ACT.

ACTCOSS believes that the Suicide Prevention Strategy for the ACT should consider the broader social and cultural contexts that influence self-inflicted harm and seek to clearly locate the objectives of the Strategy within the broader agenda set out by the ACT Social Plan and currently being enacted through a range of implementation projects. Close consideration of some of the social inclusion and community development projects that are underway within the ACT might also strengthen the breadth of the Strategy and further its overall objectives. We note that the Strategy identifies a range of very effective suicide prevention projects (Appendix D). However, ACTCOSS believes that this draft would benefit from a clearer expression of the links to broader policy frameworks.

Summary point

ACTCOSS believes that the drafters of the Strategy should take the opportunity offered during the development of this policy framework to identify risk factors such as social isolation and disadvantage as an important component of any comprehensive preventative approach. We anticipate that such a comprehensive integration of current policy frameworks will increase awareness in the community of the tragic outcomes that occur when people lose any sense of community connection and belonging. We also hope that a positive outcome will be a tangible reduction in the number of attempted and completed suicides in the ACT.

We thank the drafters of the draft Strategy for the opportunity to comment and look forward to seeing the final version once completed.