



# RELIABLE DATA POLICY POSITION STATEMENT JULY 2020

## POSITION

1. Australia needs accurate, reliable, timely data on suicide prevention to enable evidence-based policy, service delivery, program design and informed research.
2. The Commonwealth Government should establish a permanent, National Office for Suicide Prevention to harness existing data collection systems and enhance accessibility of accurate timely data.
3. Every State and Territory in Australia should establish a Suicide Deaths Register, based on a consistent data collection system and methodology.
4. The ABS National Mental Health and Wellbeing Survey should be conducted more frequently and expanded to:
  - a. collect data on the linkages between risk factors of suicidality and suicidal behaviours, and
  - b. enable policy makers and service providers to target protective factors and measure the efficacy of strategies, policies and services.

## CONTEXT AND COMMENTARY

Accurate, reliable and timely data is critical to enabling evidence-based policy development, the planning and resourcing of suicide prevention activity, the improvement of service delivery and outcomes, and informed research.

We support the WHO recommendation that 'improved surveillance and monitoring of suicide and suicide attempts is required for effective suicide prevention strategies'.<sup>1</sup>

Despite the sophisticated nature of our data systems and information management frameworks in Australia, data on mental health and suicide prevention is fragmented, inconsistent and, in many cases, delayed. Australia has sophisticated collection systems and vast information is already stored by multiple Government departments. These systems must be harnessed and information brought together so we can target suicide prevention services where they're needed, monitor their success and – ultimately – save lives.

### *The need for reliable data*

There are a number of inter-related factors that impede the accurate collection of suicide data in Australia<sup>2</sup>. A recent Senate Community Affairs Reference Committee identified difficulties in determining suicidal intent in some deaths<sup>2</sup>, and concerns in determining the differences 'between

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<sup>1</sup> World Health Organisation. (2019).

<sup>2</sup> Community Affairs References Committee (2010). *The Hidden Toll: Suicide in Australia*. Canberra: The Senate. There are crisis services available 24/7 if you or someone you know is in distress:

recklessness and intent'<sup>2</sup>, both of which contribute to underreporting and inaccuracy in data collection.

Delays in coronial processes and inconsistencies in practices in determining cause of death can mean that the data returned is often delayed<sup>2</sup>. Australia has witnessed increases in the number of incomplete coronial cases, which has resulted in increases in the number of 'open cases' which may be suicides<sup>3</sup>. The inconsistencies in data collection across jurisdictions fails to provide prevention strategies and service providers with a clear picture of suicide in Australia, and impacts the ability for agencies to effectively measure change.

### *State Suicide Registers*

Access to accurate population-level data on suicidality and suicidal behaviour from State Suicide Registers, relevant bodies and agencies including liaison with the ABS, the Australian Institute of Health and Welfare (AIHW) and the NCIS, is crucial for targeted policy, service and program resourcing, development and implementation. Currently State Suicide Registers only exist in Victoria, Queensland and Tasmania; although work is underway to establish a Suicide Register in New South Wales.

Suicide Prevention Australia calling for suicide registers to be established in every state and territory across Australia which are consistent in data collection systems across jurisdictions to increase the accuracy of the provision of mortality data to the ABS. Suicide registers should draw information from police reports, toxicology reports, post-mortem examination and coronial reports so we can better understand why suicides have occurred, and develop effective strategies for suicide prevention in future.

### *Data collection on suicide must be holistic*

Access to consistent and accurate data enables policymakers, the suicide prevention sector and Governments to effectively identify, target and reach key at risk populations in suicide prevention interventions. That is why the Commonwealth Government should continue the important work being undertaken by the National Suicide Prevention Adviser, by making the role permanent within a National Office for Suicide Prevention. A critical function of the National Office's role would be to finalise the initiative underway to harness existing data collection systems and enhance the accessibility of accurate, timely data on suicide and its causes.

A National Office for Suicide Prevention would be responsible for leading an initiative on improving the integrity, collation and distribution of suicide data to assist service delivery and research, working in partnership with state suicide registers and relevant organisations to achieve these improvements, and exploring the expansion of data collection and reporting (e.g. data on suicide attempts, self-harm presentations and people accessing help outside of emergency departments, and non-government/community-based mental health services).

### *Under-utilised Datasets*

Suicide prevention requires an integrated approach encompassing mental health, social, economic and community factors. Suicide Prevention Australia's 2019 white paper [Turning Points – Imagine a world without suicide](#) identified that economic security and changes to family and relationships will

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<sup>3</sup> ConNetica Consulting (2012). *Suicide & Suicide Prevention in Australia - Breaking the Silence*. [online] Moffat Beach: ConNetica Consulting. Available at: <https://www.lifeline.org.au/static/uploads/files/breaking-the-silence-secured-wfbcyutdeukg.pdf> [Accessed 24 Nov. 2019].

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be some of the biggest risks to suicide rates over the next 10 years (Suicide Prevention Australia, 2019).

The link between suicidality and the social determinants of health will be critical if we are to work towards a zero suicide goal. In recent years Australia has seen emerging trends in housing affordability and the casualization of the workforce (Suicide Prevention Australia, 2019). Research is required into how these structural changes are affecting the mental health and wellbeing of Australians. To this end, Suicide Prevention Australia supports the Productivity Commission's recommendation to conduct 'routine national surveys of mental health' and to increase the frequency of which the ABS National Survey of Mental Health and Wellbeing is conducted to be no less than every 10 years (Productivity Commission, 2019).

As outlined in our [National Policy Platform](#), the next iteration of the ABS National Mental Health and Wellbeing Survey should be conducted afresh within the next twelve months (i.e. during 2020) to obtain data on population-level suicidality and suicidal behaviour. Increasing the frequency of the National Mental Health and Wellbeing Survey would also help assess the extent to which suicide prevention strategies and policy/program mechanisms are working effectively.

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This position paper was adopted by the Suicide Prevention Australia Board on XX MONTH YEAR.

There are crisis services available 24/7 if you or someone you know is in distress:

**Lifeline:** 13 11 14

**Suicide Call Back Service:** 1300 659 467

[www.lifeline.org.au](http://www.lifeline.org.au)

[www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)

**Suicide Prevention Australia**

**Phone:** 02 9262 1130

**Email:** [admin@suicidepreventionaust.org](mailto:admin@suicidepreventionaust.org)

**Web:** [www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)