

TASMANIAN SUICIDE PREVENTION STRATEGY CONSULTATION SUBMISSION



GPO Box 423
Hobart TAS 7001
www.mrtasmania.org
0474 721 749
ABN: 94 826 411 355

Submission to the Tasmanian Suicide Prevention Strategy consultation 2022

Introduction

Men's Resources Tasmania (MRT) wholeheartedly supports the submission made by the Australian Men's Health Forum (AMHF), and fully supports the recommendations made by the AMHF. While we are currently limited in our capacity, we are very keen to play our role locally and where appropriate in partnership with AMHF and others, to see male suicide addressed in Tasmania.

MRT operates through volunteer involvement and our own fundraising and grant seeking efforts. Our capacity to contribute to these sorts of submissions in meaningful ways is very limited – we're all working in other jobs.

However, given the nature of suicide and the particular impact of the issue on men, we have made every effort to bring a constructive and positive contribution to the consultation process. As an introduction to our submission we would like to make the following comments and observations.

We believe the future Tasmanian Suicide Prevention Strategy should identify the points where men at risk of suicide are coming into contact with services. We know that the majority of Tasmanian men who die by suicide have sought help and/or been in contact with services. For example, AMHF's assessment of relevant strategies, reports and research shows:

- 89% have seen a community service provider
- 80% have seen a physical health provider
- Nearly two-thirds (62%) have received mental health treatment
- Half (50%) have had contact with legal services (e.g. police or courts)
- 40% have been in contact with Centrelink.

In the 6 weeks prior to their death:

- Nearly half (46%) had received mental health treatment
- Nearly half (41%) had been seen by their GP
- A quarter (23%) had been in contact with legal services (e.g. police or courts)
- 1 in 10 (10%) had been treated for mental health issues at an emergency department.

Male suicide is different from female suicide in a number of important ways that can help us target suicide prevention initiatives more effectively. For example, men in Tasmania account for:

- 82.6% of all suicides
- 76.7% of suicides linked to social or physical isolation
- 77% of suicides linked to relationship separation
- 77.4% of suicides linked to financial issues
- 81.5% of suicides linked to substance misuse
- 82.9% of work-related suicides
- 84.8% of suicides linked to legal issues
- 93% of suicides involving firearms.

In contrast, suicide in Tasmanian women is more likely to be linked to mental health issues. Female suicides are:

- 20% more likely to be linked to mood disorders like depression
- 60% more likely to be linked to anxiety and anxiety disorders.

Section 2: Feedback on the national approach to suicide prevention

10. Do you think that these priority “Shifts” and “Enablers” are a good fit for Tasmania and the people living in Tasmania who are impacted by suicide? Why/why not?

MRT is supportive of the Shifts and Enablers. We wish to highlight Christine Morgan’s recommendations to:

- focus on men as a priority population
- evaluate current services funded for suicide prevention for how they engage men.

Neives Murray, CEO Suicide Prevention Australia, has also highlighted that men need to be recognised as a priority population.

Current suicide prevention programs are shown to be more effective at reaching women, so we need to consider different approaches to engage men, and to recognise the fact that many more men suicide at their first attempt.

Evidence shows that far from being poor help seekers, many men do seek help but the services they approach don’t offer the type of support men want, or in ways that work for men. According to research by the global men’s health charity, Movember, ‘men are talking with their feet’. For example:

- In a survey of 2,000 men who accessed therapy, 43% dropped out of treatment prematurely without informing their clinician. The main reason given was a lack of connection with the counsellor.
- Movember’s research found that while 75% of men think talking openly is good for your mental health, 2 in 5 men say they have regretted ‘opening up’ to someone about their problems.

Enabler 1 – MRT supports a whole-of-government approach. Key government departments need to be trained and engaged in suicide prevention and early intervention; recognising issues beyond mental health; considering justice and police responses; financial and employment related services and support, along with relationship support services.

Enabler 2 – ‘*Connecting people to compassionate services*’ will require a different approach to service delivery for men. Our current society, systems and structures tend to take a patriarchal approach to male wellbeing, seeing men as the cause of their own and others’ problems, rather than as people who have problems. Efforts so often focus on ‘men’s behaviour change’ commonly found in family violence settings but replicated across most community sectors. ‘Men don’t talk’ narratives perpetuate a stereotype that fails to see that it is the services and systems that fail to support men, and ignores the evidence that men do reach out for support.

Can we take a compassionate approach to men and boys?

Enabler 3 – Collecting and analysing data requires that we take an honest look at the services that are already operating. Men clearly should be a target population and yet up to 80% of recipients of government funded community suicide prevention services are women. We must acknowledge that current approaches are failing the most significant cohort of people who suicide. Given the lack of significant progress on male suicide to date despite increased investment in recent years, we must

not let a lack of evidence be used as a reason not to fund innovative grassroots community-based, place-based activities, particularly those led by men for men, and community-based groups where men meet.

Enabler 4 – Strengthening workforce capacity requires looking beyond health services and systems. Current suicide prevention workforces need support to ensure their services also reach men. In addition, workers in other sectors such as financial counselling, Service Tasmania/Australia, employment services, relationship services, drug and alcohol services need to be trained to recognise the different ways in which men seek help and identify as struggling.

Section 3: Feedback on the previous Tasmanian Suicide Prevention Strategy

11. Do you agree with the aims of Tasmania’s current suicide prevention framework? If not, what aims would you prefer and why?

MRT agrees with the framework, however priority populations need to be highlighted as an area of concern, with men clearly identified as a priority population.

We have looked online for reports against the last strategy, but any reports that do exist don’t appear to be available publicly. Assessing this framework however, without reviewing the data and outcomes from services funded over recent years, is a missed opportunity. We recommend that a report be collated and provided as soon as possible for consideration by those services funded and interested (such as MRT), so appropriate reflection can be done and lessons learnt about what should be reviewed. This report should be provided before the TSP Strategy draft is completed.

In response to aim 4 of the framework, this monitoring and evaluation must also be funded, with centralised data collection made available publicly (while accounting for appropriate management of identity and privacy). Website dashboards available publicly, or at least to funded services, should make access to data easy, so all providers can work to improve services based on the learning of the whole sector.

In response to aim 5 of the framework, we need to look beyond ‘health workers’ to a broad definition of ‘community workers’, but also to include corporate and other public sector businesses. We need to treat suicide prevention like we have heart disease, with defibrillators spread throughout the community. We need a whole of community approach and response to suicidality.

12. Are there any other focus areas that you think should be added? If so, why?

Gatekeeper training needs to go into everyday workplaces and community spaces. Just like workplace first aid, we need suicide intervention skills made available in all workplaces.

A dedicated male suicide prevention strategy is recommended, or at least a specific stream within the TSPS with identified aims and actions focused on tackling male suicide. We support AMHF’s recommendations that a greater diversity of men’s voices need to be heard, and that grassroots groups focusing on improving male health outcomes should be supported.

While unfunded, MRT is currently auspicing two other men’s organisations – Man Up Tasmania and TasDads. There are great opportunities for both organisations to connect with men in ways and places that men are, however with no system funding available to the men’s sector beyond Men’s Sheds the capacity of these organisations is extremely limited.

Section 4: Priorities for the next Tasmanian Suicide Prevention Strategy

13. What issues around suicide and suicidal behaviour/distress are specific to life in Tasmania? What should we do about these?

Currently Tasmania has the highest rate of male suicide of any state or territory. While the rural and dispersed population in Tasmania is a significant factor that needs to be addressed, male suicide is the ‘elephant in the room’ across all aspects of suicide prevention that has to date not received recognition.

A strategic focus on addressing male suicidality, risk factors, and considering male help-seeking practices is required. We need to look further upstream in the journey of suicidal thinking and behaviour of men, and recognise the differences between female suicidality and male suicidality.

The evidence shows we need this approach. 93% of men who died by suicide experienced at least one contextual or situational stressor – for example substance abuse, work related issues, isolation, financial or legal issues, bullying or suicide of close friends or relatives.

Of particular concern in the Tasmanian data is that young men between 25 and 34 are 7.6 times more likely to suicide than women of the same age.

14. Which suicide prevention supports/services would you like see available in Tasmania?

Our current suicide prevention support services are working hard and with the best intentions, however it appears many services are not oriented sufficiently to deal with the greatest suicide risk.

In addition, suicide prevention efforts need to tackle suicide at the root causes and to think beyond ‘Suicide Prevention Services.’ Suicide prevention may be more successful in other services as previously mentioned – at Services Tasmania, Centrelink offices, employment service providers, pubs, workplaces, relationship counselling offices etc.

Many people at the point of considering suicide are looking for solutions to deal with the challenges they find overwhelming – the ‘Interpersonal Stressors’ identified in the Tasmanian Suicide Report. They see suicide as a solution to the problems and the pain.

15. What should suicide prevention look like in your community?

There are community-based activities being run in other states and to a lesser degree in Tasmania, by men for men, such as Mr Perfect Community barbecues, Man Walk, Men’s Table and others. So far in Tasmania Men Care Too, Men’s Table operate, along with ManUp Tasmania and TasDads auspiced by MRT. Supporting local male champions and grassroots men’s organisations to support and deliver such programs locally would be beneficial. The Tasmanian Men’s Shed Association is one example of such an organisation that is funded to do this work in their communities, however sheds are not relevant to all men, and there is great diversity in men that needs to be recognised and supported through other initiatives.

The particularly high rate of suicide amongst men in the 25-34 cohort is also less likely to be attracted to Sheds.

16. Do you think the LifeSpan Framework actions are a good fit for your community? Why/why not?

The Lifespan Framework is useful, though again priority populations and gender are missing. The model can tend to lead to seeing suicide through a mental illness lens. Several of the Framework actions also aim to improve support to people who have attempted suicide. AMHF data shows that

female suicides are 40% more likely to be linked to previous suicide attempts, and men are much more likely to suicide on their first attempt.

By adding a gender lens to all the actions in the Framework, along with training and education on how male suicide is different to female suicide, we could create a more nuanced approach to suicide prevention activities.

Our government and non-government services and organisations tend to lack recognition or understanding about male health more broadly, with most health strategies failing to identify poorer male-specific outcomes. For example, the Tasmanian Government's 2022 Budget Gender Statement failed to address the areas where men have poorer outcomes. The Tasmanian community would benefit from inclusion of males into such assessments, with a recognition that while women experience many inequalities and disparities, many men also experience inequalities.

17. What skills, knowledge or information do you think people need when they are with someone who has been impacted by suicide or suicidal behaviour/distress?

Our major frontline suicide prevention services need a more nuanced understanding of how men experience suicidality, the causes of male suicidality and different approaches that might provide better support to men.

These services also need to be encouraged and supported to reflect on the reach and impact they are having. Are they reaching men in distress? Is suicide prevention training reaching the people who are mostly likely to meet men in their times of distress?

Section 5: Further comments

18. Are there any further comments you would like to make about suicide prevention in Tasmania?

We would highly recommend that the following documents and papers be considered in seeking to address the disproportionate burden of suicide on men.

- [Male Suicide Prevention Principles, Suicide Prevention Australia \(January 2022\)](#)
- [Charter for Men's mental Health – AMHF 2020](#)
- [Giving Men A Hand: The case for a national male suicide prevention strategy, Australian Men's Health Forum \(2020\)](#)

Men's Resources Tasmania Inc.(MRT) is a community based, not-for-profit organisation that supports and promotes the wellbeing of men and boys in Tasmania.

We contribute a male voice to community conversations and public sector policy and provide workshops and presentations on health and wellbeing issues relevant to men and boys in a variety of settings.



Men's Resources Tasmania Inc.

GPO Box 423, Hobart, TAS, 7001
0474 721 749 info@mrtasmania.org
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