



**SUBMISSION TO SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE
INQUIRY INTO SUICIDE IN AUSTRALIA**

Prepared by National Policy Office

November 2009

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INTRODUCTION

COTA National (Council on the Ageing) is the national peak seniors' body, whose member organisations represent over 500,000 older people living in Australia. Its members are the State and Territory Councils on the Ageing in NSW, Queensland, Tasmania, South Australia, Victoria, Western Australia, ACT and the Northern Territory.

COTA National has a focus on national policy issues from the perspective of older people as citizens/consumers. Its prime objective is to promote, improve and protect the circumstances and wellbeing of older people in Australia, of which there are over 6 million, not just its members, and particularly the vulnerable and disadvantaged. Its work draws on views of today's seniors and on concerns for future generations of Australians.

Members of COTA National adhere to the following five policy principles that inform all the work we do:

- maximise the economic, social and political participation of older Australians;
- promote positive views of ageing, reject ageism and challenge negative stereotypes;
- promote sustainable, fair and responsible policies;
- redress disadvantage and discrimination; and
- protect and extend services and programs that are used and valued by older people living in Australia.

SUICIDE AND OLDER PEOPLE

COTA's particular interest is the suicide of older men as this has been identified as an area needing urgent attention within the work we have been doing on a men's health policy. COTA maintains that older men's suicide remains the "hidden problem" identified by the Queensland Government.¹ We note that the terms of reference for the Inquiry identify Indigenous youth and rural communities as high risk groups and would like to ensure that older men are also identified as a high risk group in need of targeted responses.

The rate of suicide for older men has always been relatively high and although it has decreased in more recent times it remains as high as that of younger men. The older men get the more of a problem this becomes, with the suicide rate rising from 12.2 per 100,000 for men 65-71 to 17.6 for men 75-84 and 22.8 for men 85 years and over.²

One of the major concerns for COTA is that this high suicide rate had not, until very recently attracted much attention. In part this is because the actual numbers of men taking their own lives is quite small and they make up a very small number of total male deaths. The focus tends to be on numbers rather than looking at the rate within that age cohort.

Of particular concern to COTA is that there appears to be ageism operating with an apparent greater acceptance of suicide and suicidal behaviour of older people as something expected or understandable. This is an attitude that goes across society including health professionals, the community and policy makers. This is often linked with the (mistaken) view that depression is a normal part of ageing, to be expected and therefore does not need specific interventions. This is

¹ A Hidden Problem: Suicide in Older Men in Queensland, Department of Families, Youth and Community Care

² Overview of Suicide in Australia at <http://www.responseability.org/site/index.cfm?display=134569>

an attitude that devalues older people and provides an excuse for inadequate services and interventions for older people.

An issue that cannot be ignored is the fact that suicide is sometimes a life choice; for example terminally ill patients may consider suicide as a valid option. COTA's policy position on this is that no one should ever have to exercise that option due to a lack of appropriate and adequate support and so more effort needs to be put into good end of life and palliative care and support. We recognise that the focus of this Inquiry is on ways to reduce the number of suicides and while we do not have a policy position on this issue we believe there needs to be some more informed discussion on end of life issues as this may help those in need.

TERMS OF REFERENCE

The appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide.

The pattern of older male suicide differs from other groups in a number of ways. One of the most important is that older men are less likely to give explicit signals and when they do attempt suicide they are more likely to complete it. This poses a particular problem for all agencies as it is harder to identify at risk people. The most important groups in assisting people at risk of suicide are health services and care and support workers who may come into contact with the older male, along with older male's friends and families.

These workers and community members have often not been given sufficient training to identify the signs of depression which are a precursor to suicide in a high percentage of men. They need to have some more training in the life events which can be the trigger for suicidal thoughts and action. Given that older men use more lethal methods and are less likely to attempt suicide on impulse it is critical that all agencies staff are properly trained to take any warning signs seriously and that the ageist views about older people "normally feeling down" need to be dispelled and appropriate referral pathways identified and utilised .

An important issue here is the availability of specialist assistance once they suspect that a person is a suicide risk. Most jurisdictions have specialist community assessment and treatment teams but they do not all provide 24 hour seven day a week services and so emergency departments and other health service providers often have to fill the gaps.

General practitioners, and nurse practitioners in rural and remote areas, play a key role in identifying people at risk. However they still focus on the mental illness causes of depression and often fail to address the social causes, especially when they do not have a long term relationship with the patient and so may not be aware of changes in that person's life.

The effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide

The public awareness campaign aimed at older people and suicide is a recent innovation and has been focused on depression as the main reason for suicide rather than on suicide itself. This is a shortcoming in the current approach as suicide is a complex problem and mental

illness is only one of the risk factors with demographic, physical, social factors also playing a part.

In 2006, *beyond blue* and COTA Seniors Voice (the Council on the Ageing in South Australia) conducted a successful pilot program aimed at older people to increase their awareness of depression.

This twelve-month pilot project examined the effectiveness of using existing peer support networks to deliver specific depression-awareness education to older people. *beyond blue's* evaluation of the pilot showed the effectiveness of the pilot program. The percentage of people who could correctly identify the incidence of depression rose dramatically after the training.

As a result, the program has now being rolled out nationally through Councils on the Ageing in every state and territory. The initiative is funded until June 2010 with a target of 1000 community sessions to be delivered by trained peer educators to groups of seniors between 1 April 2009 and 30 June 2010. As of 30 August 2009 there had been 365 sessions with an estimated 7433 participants.³

The objectives of this national initiative are to;

- increase awareness and understanding among older people of depression in the older person
- present strategies to minimise the risk of depression, including how to discuss issues related to their physical and mental health with their own health professional;
- increase older people's knowledge of community services and supports available to provide them with help in addressing or treating depression; and
- provide information to older people on the link between good general and good mental health in older people.

Whilst it is too early to give any definitive outcomes from the initiative there is a feedback process after each session. Many of the peer educators have reported that participants often state that the session has provided them with the first ever opportunity to speak openly of their own experiences with depression. This is a positive outcome as it leads to discussion and increased awareness of the incidence and the impact of depression.⁴

There needs to be more awareness of the existence of social isolation and the fact that "loneliness kills". For older men life events, such as a long term spouse or partner dying, often leads to social isolation and a related feeling of hopelessness and not wanting to go on. The community needs to have more information on how to identify somebody who may be socially isolated and lonely and some strategies for how to assist people to become reconnected with the community.

Peer education models could again play an important role here as often older people find it easier to talk to their peers and more receptive of information provided by people of a similar age than younger professionals.

³ *beyond blue* and COTA, 2nd Report Stage 2 'beyond maturity blues' depression and older people. p21.

⁴ *beyond blue* and COTA, 2nd Report Stage 2 'beyond maturity blues' depression and older people. p27.

The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk

COTA believes there needs to be more effort put into the prevention of suicide and the identification of people at risk. As with much of the health system in Australia the current focus is on treatment with far too little effort put into prevention and early intervention services. Many services currently use a medical triage approach to prioritisation with those in most apparent need getting the bulk of resources and services. This means that the opportunity is lost to address early risk factors.

COTA believes there needs to be more training of front-line staff in the risk factors for older people, particularly around the identification of life events that could trigger suicidal intent. The current emphasis is on suicide being linked to mental illness, particularly depression, and so workers are not looking for other factors.

Currently even when such events are identified, often by community support workers through HACC or housing services, the workers are sometimes not clear on the referral pathways and it is not clear whose responsibility it is to coordinate the person's access through those services. Many community support workers report coming to a "dead end" when trying to assist people, either because there are no available services or because the system is so difficult to navigate.

The role of targeted programs and services that address the particular circumstances of high-risk groups

COTA maintains that older men are a high risk group and as such need a combination of targeted programs and enhanced access to mainstream services. The evidence suggests that suicide in older men has a somewhat different pattern from most other groups and is often characterised by:

- less warning or explicit cues with fewer previous attempts;
- more likely to be complete;
- greater prevalence of depression, physical illness and social isolation ;
- elevated levels of feelings of hopelessness and despair; and
- less likelihood of seeking assistance from mental health services.

This pattern suggests that there is a need to have a targeted strategy to decrease suicide amongst older men with the following components:

- increase community awareness of the issue and education to look for cues, paying particular attention to the impact of significant life changes such as the death of a spouse or moving house;
- better diagnosis of depression in older people by health professionals, including more attention to depression as a co-morbidity with physical illness and a possibility when a diagnosis of a terminal or very disabling illness is given;
- more treatment options for older men after diagnosis of depression; and
- more social support programs to reduce social isolation, through the Home and Community Care program and other mechanisms.

It is equally important that mainstream services improve their services for older people to ensure equitable access. As identified earlier too often there is an attitude that depression is a normal

part of ageing and that older people do not need mental health services. In some places adult mental health services put an upper age limit, usually 65, on their services, and too often there is not an older person mental health team covering the same geographic area so there are effectively no services available.

The adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy.

COTA believes there has been insufficient research funding around older people's suicide, particularly in relation to possible prevention strategies. As mentioned above the focus has been on depression and suicide. COTA believes there needs to be significant work done around the broader issue of social isolation and how to address it. This would require a more multidisciplinary approach to the research which in turn may need either a new funding stream or changes to the ways funding bodies such as the NH&MRC assess research applications.

The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.

The main problem with all previous funding in this area has been its stop/start nature which has undermined the outcomes of the programs. Changes in direction and priority within the Strategy have created uncertainty and made services providers less willing to invest in innovative approaches as they may not be able to continue them.

This lack of long term and sustained funding also undermines the relationship between service providers and the broader community as it takes time and effort to build trust. It also sometimes causes duplication of programs as there has been a piecemeal approach and no real incentives to build collaborations around new models and strategies. The current purchasing arrangement often work against collaboration and have not given enough emphasis to sustainability.

Ends