



LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE

Mr Alistair Coe MLA (Chair), Ms Tara Cheyne MLA (Deputy Chair), Mrs Vicki Dunne MLA,
Mr Michael Pettersson MLA, Ms Caroline Le Couteur MLA

ANSWER TO QUESTION TAKEN ON NOTICE DURING PUBLIC HEARINGS

Asked by Mr Coe on 28 May 2020: Dr Riordan took on notice the following question(s):

[Ref: Hansard Transcript 28 May 2020 [PAGE #302]]

In relation to: percentage of suicides where people with prior engagement with health services

What percentage of suicides, as confirmed by the coroner, have had an engagement with health services such that they were referred to that mortality committee?

Including monthly or quarterly breakdown of the number of people that have been confirmed by the coroner to have committed suicide over the last five years and also the number of referrals to the mortality committee by month.

Mr Rattenbury: The answer to the Member's question is as follows:-

The ACT Health Directorate and Canberra Health Services do not collect this data for system-level analysis or reporting purposes. Adverse events, which may include deaths or suicides, are notified to hospital-based clinical morbidity and mortality committees. The committees operate within the scope of their respective clinical responsibility. They consider each notification and organise for clinical reviews, as determined on a case-by-case basis. The clinical reviews are undertaken by practitioners with the appropriate clinical qualifications and experience, but who are independent from the event they are reviewing. Recommendations arising from the clinical reviews are considered by the relevant committee and directed for action by the appropriate area. Given the nature of the events they are reviewing, the morbidity and mortality committees operate under privileged arrangements to ensure that adverse events are reviewed thoroughly and to allow root causes to be identified and addressed.

In the ACT, in accordance with the *Coroners Act 1997*, the Coroner determines if the death of a person is by suicide. The morbidity and mortality committees consider and review deaths, which may include suicides, at the time the notification is made to them. This may be before any determination is made by the Coroner, which can be years after the event. Official data on suicides is collected in the National Coronial Information System (NCIS), which is a national database established under the auspices of the Australian Coroners Society.

The NCIS is the primary data source of deaths by suicide in the ACT and records people who were either in the care of ACT Government services and not in the care of ACT Government services at the time of their death.

Approved for circulation to the Select Committee on the COVID-19 pandemic response

Signature:

A handwritten signature in blue ink, appearing to read "Shane Rattenbury". It is written in a cursive style with some loops and variations in line thickness.

Date:

A handwritten date in blue ink, reading "20/8/20". The numbers are clearly legible, with a diagonal line through the "20" and "8".

By the Minister for Mental Health, Shane Rattenbury MLA

THE CHAIR: Minister, can you please advise what data sources and what information you have about tracking the number of people who have committed suicide?

Mr Rattenbury: I will ask Dr Moore to speak to that one.

Dr Moore: Suicide itself is a very complex issue, and the actual pronouncement of death by suicide is actually through the coronial court. Having said that, we do keep quite close contact with Lifeline, and with other areas where there may be potential suicides, so that appropriate support can be offered in that area.

The ACT government has, of course, invested in LifeSpan, which is a nine-strategy suicide prevention program that has been going since 2018. Part of that is actually around involving the community in promotion/prevention and in suicide prevention. Of course, the ACT government also procures from the Way Back Support Service, which is a postvention service, and I think others can speak more about that.

THE CHAIR: But specifically on the data, do you get any information from the police who, I imagine, often are the first responders to scenes where people have committed suicide? Do you get that more immediate information such that you are able to track unconfirmed or suspected suicides?

Dr Moore: I will leave it to Dr Riordan.

Dr Riordan: Thank you for your question. Yes, there are always reports made in relation to any consumer of mental health services. So anybody who is in mental health services—if they are found by the police in relation to an adverse event where suicide is suspected, then there is a report made through in relation to that presentation and the mental health, justice health and alcohol and drug services morbidity and mortality committee will automatically start to review that person's journey through the health system.

So that is prior to any of the coronial investigations. That happens very promptly after an event is sort of brought to the attention of the services. Of course, for people who do not have a contact with the health services, the public health system, then we would not be able to carry out such a review.

THE CHAIR: Do you, tragically, tally the number of suspected suicides? Do you actually aggregate that data or is it simply on a case-by-case basis?

Dr Riordan: The morbidity and mortality committee kind of tabulates each month the number of new referrals that come into the committee, so into that process, and the groupings within that. So we do keep numbers on those referrals on a month-by-month basis.

THE CHAIR: And, generally speaking, what percentage of suicides, as confirmed by the coroner, have had an engagement with health services such that they were referred to that mortality committee?

Dr Riordan: That is an answer that I cannot give you at this point in time. I think it is something we would be happy to take on notice, but I do not have those figures to hand at the moment.

THE CHAIR: If you could please take on notice the actual or approximate percentage of people confirmed to have committed suicide by the coroner that have been referred to the mortality committee and also a monthly or quarterly breakdown of the number of people that have been confirmed by the coroner to have committed suicide over the last five years and also the number of referrals to the mortality committee by month or by quarter—I think especially by month

would be useful for this current period in particular—again over the last five years so that we have got some trend data to look at.

Dr Riordan: Absolutely. Can I just clarify, though, that, of course, the confirmation of any deaths over the last 12 months that may have been referred as a suspected suicide obviously will not have been formally determined as a suicide yet by the coroner.

THE CHAIR: That is why I am asking for both datasets: from the mortality committee and the coroner's findings.