

Submission to Mental Health and Suicide Prevention Agreement Review

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Introduction

The Mental Health and Suicide Prevention Agreement lacks a critical component, that is the evaluation and analysis of existing suicide prevention programs.

This is a field I have expertise in. I was Director of Public Health with the AMA; Director of Communication for Mental Health Australia and Director of Policy, Mental Health Victoria.

I am also the co-author of *The Sealed Box of Suicide: The Contexts of Self-Death* (Springer). Along with my late father, Professor Colin Tatz AO, we have written extensively on suicide prevention and the failings of current approaches in Australia.

This Agreement has a flaw in its premise – that suicide can be prevented, and that restricting media reporting on suicide is effective in reducing self-death.

My submission (below) is based on two articles that question the current strategic approach.

Questioning the effectiveness of the Mindframe guidelines in reducing suicide is a topic that no one appears willing to undertake – it is an accepted ideology that not reporting on suicide reduces ‘copy-cat’ suicides or those ‘triggered’ by reporting.

This is unproven and untested.

Australia is one of the few countries where reporting on suicide is restricted, and yet the rate of suicide increases or fluctuates insignificantly year to year. What we're doing to prevent suicide is not working, and arguably never has.

Challenging this is almost impossible. I have spoken with many suicide prevention experts who hold a similar view - that we must break the taboo on suicide and report and discuss it - but they are unable or unwilling to risk criticising Mindframe and the established prevention strategies.

This Review should consider this: how long will we accept failed prevention strategies before we demand an evaluation and open discussion on how we, as a society, address the very high rates of self-death in Australia? And the critical question - what would happen if we talked about a very human action, the agency to end one's life?.

Part One: Be honest about suicide prevention

Suicide Prevention in Australia is overwhelmed by Agreements, Reviews, and consultations.

Advice on the National Suicide Prevention Strategy Consultation draft is a recent example. It would appear from this endless consultation that we are struggling for solutions, so governments and the 'sector' continue with the same approaches to suicide prevention, offering the same vague, recommendations that won't be actioned.

Unable to do more than order up reports and consult with stakeholders, governments and their appointed agencies (including the Productivity Commission) produce a seemingly endless number of prevention strategies.

Governments continue to fund what they know, and what they know will be acceptable to a sector unwilling to acknowledge the limited effectiveness of suicide prevention strategies.

The latest National Suicide Prevention Strategy Consultation draft begins with grim statistics: "Suicide rates in Australia remain unacceptably high. Every year in Australia, more than 3,000 people die by suicide—nearly nine people a day. Suicide remains the leading cause of death for people aged 15-44, and the second leading cause of years of life lost."

"It does not have to be this way" the draft strategy states. "Most suicides are preventable. Over the last few decades, the economic, health and technology factors contributing to suicide and suicidal distress have shifted. At the same time, our understanding of suicide has increased greatly."

In 2010, when the Senate Community Affairs Committee tabled *A Hidden Toll: Suicide in Australia*, there were 2,191 suicides, with suicide identified as the 14th leading cause of death. Allowing for problems with ABS data, the rate of suicide has not decreased significantly in 25 years. Nor has our understanding of suicide significantly increased.

A fundamental problem with suicide prevention strategies is the reluctance to bring self-death out of its 'sealed box'. This aversion to questioning the limitations of suicide prevention initiatives creates a vicious circle: more strategies, more consultations, more recommendations, more money (because that is the only response), then repeat.

Suicide prevention strategies should not be obsessed with statistics, as if measuring slight fluctuations indicates 'success' or otherwise. Strategies should open with honesty, however confronting this may be. We do not know why some people suicide; there is no single factor in suicide; and we cannot prevent all suicides.

Self-death, for that's what it is, was first documented in ancient Egypt, two thousand years before the Christian era begat a fundamental shift in our views on suicide. Suicide exists in every state and in every culture. No country has ever 'prevented' suicide, and it's doubtful we as a species ever can prevent self-death.

If we were able to break the taboo, these strategies would tell us upfront that suicide prevention is about the living. It is an understandable response to grief, tragedy, enduring loss and pain. We struggle with why? and what could I have done to prevent it? We seek answers, explanations, we appropriate blame.

We turn our anger towards those we feel should have foreseen this, prevented it, intervened. If only we had more crisis lines, more awareness campaigns, more funded psychological appointments, more apps and websites.

Suicide is not an aberration, an alien concept or phenomenon. It is not “a national shame” as former Prime Minister Morrison called it. No state can be responsible for the actions of individuals, and no state can prevent individual actions.

Suicide cannot never be prevented, but for some it can be stopped through physical and mental health interventions, through family, friends and support networks, by providing safe, secure accommodation and financial security.

Taking refuge in euphemisms and slogans may give families and friends a fragment of solace. They will take no comfort from strategies that aim to alleviate or postpone suicide. If preventing suicide is the goal, then strategies should delineate between those we can target to deflect and defer from self-death and those who cannot be, by the nature of their motive or circumstance.

Suicide prevention strategies are aimed at the vulnerable, the ‘at risk’ cohorts; there is no intervention for those who wish to end a life of physical and mental pain, or for those who want agency over their existence.

The ‘risk factors’ for suicide are of such magnitude that no government will concede they cannot, or will not, undertake the seismic transformations needed to address them.

Australian governments have been unable (or unwilling) to address the risk factors by implementing repeated recommended actions on drug reform, curbing access to alcohol, gambling addiction, financial anxiety, homelessness and housing stress, exposure to violence, racism and discrimination, genetics, lack of family support, interaction with the criminal justice system, sexuality and gender, and location.

The PC and others involved in ‘prevention’ should be honest and stop pretending governments can magically implement the recommendations in the dozens of suicide prevention strategies. They cannot legislate or fund family supports, or make one’s life hopeful and promising. Banning gambling and alcohol advertising and implementing drug reforms are seemingly beyond the pale for governments, yet we are told these are risk factors in self-death.

We should not give up on identifying and intervening. We must continue to devise and implement programs and supports that reduce suicidality, and fund and promote online and medically effective methods that alleviate and defer suicidal actions.

But we must be honest and stop talking about ‘zero suicide’ and suicide prevention as an outcome that can be achieved if only governments invest more money and have more strategies and plans.

Part Two: Why Can’t We Talk About Suicide?

Suicide in Australia is not decreasing. Suicide prevention strategies have not made any significant difference to the rate of self-death.

Despite the failure of suicide prevention approaches, Australian governments persist with a misguided and tragically ineffectual strategy – the way to prevent suicide is not to talk about it.

Statistics are cold-hearted methods to gauge ‘success’ of suicide prevention, yet they are the only tool available to measure the number of Australians who take their lives each year.

3,214 Australians died by suicide in 2023, an increase from 2021, when 3,166 people died by self-death. Over the past decade, the age-standardised rates have not fallen significantly.

The respected Black Dog Institute reports that an estimated 65,000 Australians make a suicide attempt every year, with suicide the leading cause of death for Australians between aged 15 to 44.

Suicide Prevention Australia (SPA), our leading agency tasked with preventing Australians from self-death had this to say on the rise in numbers: “It’s disappointing that suicide deaths in Australia are still higher than they were 15 years ago and still the leading cause of death in younger Australians.”

After 15 years of substantial investments, billions of dollars in agencies, high-profile advocates, taskforces, inquiries, reports, campaigns, helplines, and passionate speeches by politicians, the Australian approach to preventing suicide is not working.

Unlike many other countries, suicide prevention in Australia relies on a paradoxical approach, preventing the media from openly discussing suicide.

Australian media blindly follow the guidelines by the government funded Mindframe.

We are familiar with how Mindframe maintains the taboo on self-death: a well-known person dies, despite widespread national media coverage, we don’t know how they died, the circumstances, location, method, or the reasons.

Following an article describing their achievements the Lifeline number is displayed, with readers advised to contact the helpline if this story causes distress. We don’t know what the distress may be, as the news article (obituary) does not mention the word suicide.

Suicide is taboo. It’s shut away in a sealed box. Media are advised against printing the word in relation to a self-death, but if readers are distressed about news that never mentions how someone died, they’re advised to reach out for help.

Few are willing to challenge the status quo and call for independent evaluation of restrictive media guidelines as a suicide prevention program.

Suicide prevention has become an industry, and challenging the ‘preventionist’ model carries reputational risks.

The sacred cow of the suicide prevention sector is *Mindframe*, a government initiative aimed at encouraging “responsible, accurate and sensitive representation of mental illness and suicide in the Australian mass media”.

Mindframe recommends that to minimise risk, media reporting should “not glamourise suicide or provide specific details about the method or location of death”.

The media adhere to the Mindframe dictate on suicide, unquestioningly agreeing that inappropriate coverage encourages copy-cat and cluster suicides.

Contrariness best describes Mindframe media guidelines. Research studies purportedly reveal a direct connection between certain types of reportage on suicide and the likelihood of an increase among vulnerable individuals. The word ‘vulnerable’ is theirs; it is found throughout media guidelines on ‘responsible’ reporting of suicide.

The media have been warned: explicit reporting of method, prominence of coverage, sensational coverage that ‘glamorizes’ suicide, and even the duration of a suicide report, can increase the possibility of suicide contagion or ‘copycat’ suicides.

Suicide is disguised in media coverage by euphemisms such as ‘no suspicious circumstances’.

No such guidelines apply to the reporting of how other people die.

Human beings are capable of the vilest atrocities on each other and on themselves. Terrorism, genocide, war, mass murder, torture, assaults, rape, and famines are daily news events graphically reported on.

Yet what we do to ourselves – suicide and self-harm – must be ring-fenced; *these* human activities are shielded and palliated in mainstream media discourse.

The media use terms such as ‘unspeakable crimes’ or ‘indescribable horror,’ or simply ‘inhumane’ when referring to human activities deemed beyond comprehension. These are actions we as a species commit. They are ‘human’ in every respect and they should be spoken about, described and understood.

As far as is known, humans are the only animal species with a conscience. We are capable of recognising cause and effect. Therefore, we can — and must — be able to analyse our own behaviour, especially when our human actions are premeditated, devised and carried out in logical and bureaucratic ways.

Illogically, we are reluctant to confront actions against the self, specifically self-death and self-harm.

If depicting, even sensationalising suicide, can ‘inspire’ copy-cat action, do we accept the concept that other *-cides* produce similar potential outcomes?

There is no evidence that reporting on homicide, infanticide, familicide, fratricide, filicide, mariticide, parricide, siblicide, democide, femicide, feticide or genocide have a uniquely different cause-and-effect on ‘vulnerable people’ than reporting on suicide.

Mindframe warnings about 'contagion' and 'copycat' consequences are linked to reporting details about method, time, place or other aspects of suicide. This suggests that would-be 'suicides' are incapable of thinking out the idea for themselves (or using an internet search engine) if not alerted by a report in the media.

When celebrities suicide, the media are immediately sent warnings from Mindframe on how to safely report on these deaths, reminding the media to include suicide crisis telephone centres or to seek help.

There is no such message about helplines or mental health services for viewers of media coverage of murders, massacres and genocide.

Those affected by the graphic images of death in the Middle East are not advised to call a helpline. Jewish people are not provided warnings before documentaries detailing the intimate operations of the death camps are screened on national television.

Vietnamese Australians are not advised who to call should they experience distress, mental illness or suicidal thoughts when gung-ho, partisan and often racist Vietnam War movies are broadcast depicting their kin massacred in graphic detail.

Mindframe conceive of suicide as a modern phenomenon, spurred by media coverage, online news and social media.

With harm against others, the position appears to be that people have become desensitised to atrocities and horror; they will calmly eat dinner watching TV footage of war atrocities and school mass shooting.

The constant array of serial killer TV series and CSI-style crime shows, where murders are graphically depicted, with viewers *entertained* by killing, apparently is not considered likely to inspire others, or cause sufficient distress that a helpline must be displayed.

Suicide is not an aberration that media coverage must be curtailed to prevent an outbreak of self-killing. Suicide has existed since recorded human history. We know of suicide from the Bible, from literature and history.

Suicide exists in every country, race, religion, ethnicity, gender and culture. No country, region or defined group of humans has ever 'prevented' suicide. Estimates put worldwide suicides at around a million a year, we do not know with accuracy as some countries do not provide reliable figures.

These different approaches to harm against the self and harm against others cannot account for why Australia, with strict media guidelines on suicide reporting, has higher suicide rates than countries without these guidelines.

To date, no analysis or evaluation of Mindframe's media restrictions has been undertaken.

What would happen if we talked about suicide?

What would happen if, as with domestic violence and the murder of women in Australia, the media reported every detail – how a life ended, the circumstances, location, method and what interventions may have been effective?

What would happen if the media analysed the different ways farmers and people in regional areas end their lives; why suicide rates are higher among certain professions, or even, as shocking as it sounds, whether human beings can have agency over their lives.

Illogically, we are not reporting on ourselves. We have allowed a most human of actions, the act of self-death, to be hidden, sealed from open discourse.

Perhaps part of the reason suicide rates in Australia remain so high is that it is not brought out into the open.

Addendum - Suicide and Popular Culture

There's another problem with the Mindframe guidelines. They ignore literature and historic portrayals of suicide, suggesting that only current reporting influences copy-cat or contagion acts of self-death. There is no evidence for this.

Why, for example, are the suicides of Madame Bovary, Anna Karenina or Romeo and Juliet acceptable for young people to handle, but not the self-death of Chris Cornell or Kurt Cobain?

[Madame Bovary](#), the beautiful yet reckless protagonist in Gustave Flaubert's 1856 novel, took her own life by drinking poison. We feel for poor frustrated Emma Bovary, ignored by her dull husband, and left heart-broken by both the fetching, aristocratic Rodolphe and the charming Leon. Perceiving her life as a meaningless failure, Emma Bovary spirals into despair and financial stress until she dies an agonizing death from self-administered arsenic.

In [Anna Karenina](#) (Leo Tolstoy, 1878), Anna, like Emma Bovary, is deluded about love, reality, and her dreams of romance. Beset by hopelessness and despair, obsessively jealous and irrational towards her lover, Count Vronsky, Anna commits suicide by throwing herself under the carriage of a passing train.

Shakespeare's [Romeo and Juliet](#) ends with teenage suicide. Suicides are central to Puccini's opera [Madama Butterfly](#) and [Aida](#), by Verdi.

These 'classics' are a staple of reading curricula and cultural aesthetes. Their respective suicides are discussed in considerations on romanticism, character development, notions of love and unobtainable dreams.

Madame Bovary, Anna Karenina and Aida are not depicted as mentally unwell; their suicides are not presented as *preventable* if only an intervention or medication was available.

In popular culture, the American TV series [M*A*S*H](#), a spin-off from the 1970 movie of the same name about 4077th Mobile Army Surgical Hospital during the Korean War, ran from 1972 to 1983. It was ranked number 25 in TV Guide's 50 Greatest TV Shows

of All Time. The final episode of M*A*S*H was, at the time, the most-watched program in television history.

Suicide Is Painless, the title of the theme song from M*A*S*H, reached number one in the UK Singles Chart and the American Film Institute ranked it at number 66 in its 100 songs in American cinema of the 20th century. Re-runs of M*A*S*H carry no warnings about who to call if troubled by suicide.

The Virgin Suicides (1993), the debut novel by Pulitzer Prize winning author [Jeffrey Eugenides](#), follows the sad world of the Lisbon sisters: Cecilia, Lux, Bonnie, Mary, and Therese, who all suicided.

The 1999 [film adaptation](#), by acclaimed director Sofia Coppola, screens regularly on television; it was ranked in the top 50 on Entertainment Weekly's list of the '50 Best High School Movies'.

The 2018 box-office success [A Star Is Born](#) featured a very deliberate and emotionally draining suicide. Unlike America, Australian authorities classified *A Star Is Born* as M, indicating in contained content of a moderate impact and is recommended for teenagers aged 15 years and over.

How suicide is classified in literature, fine arts and popular culture is imprecise and vexing. Suicide coverage in the media remains taboo – don't say too much, don't say how, or where, don't speculate on why; and always refer the audience/reader to a crisis help line.

If ever there was a 'sealed box of suicide' it is the restrictions on how suicide is reported on and raised in the public consciousness.

Here is the conundrum.

[Kurt Cobain](#) (singer of rock band Nirvana) putting a shotgun to his head and blowing his brains out is deemed by Mindframe as inappropriate to detail, yet if Cobain was the victim of a shotgun murder every aspect of his death would be splashed across the media.

The horrific murders of Nicole Brown Simpson and Ron Goldman became the subject of an Academy Award winning documentary on OJ Simpson ([O.J.: Made in America](#), 2016). Footage of their gruesome deaths was vividly revealed, along with the coronial evidence describing the depth and impact of every knife wound.

If they had suicided, the media would be told to be *respectful*, not to talk about the method, the time and place, the type of stab wounds, the loss of blood. But with brutal murder there's no need to worry about the sensitives of the public.