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Ms Marion Scrymgour, MLA
Chairperson
The select committee on youth suicide
Parliament House
Darwin
Northern Territory

Dear Ms Scrymgour,

I thank you for the opportunity to contribute to this inquiry. I have no doubt that the committee will make a significant contribution to the field of preventing youth suicide, which is of particular importance to the NT as well as the broader Australian population.

My background:

I write this submission as an individual, although it is useful to know my background as context. The views I express do not necessarily represent those of the organisations for which I work or am affiliated.

- I am a respiratory and general paediatrician. My current clinical role is deputy director of adolescent medicine at the Royal Childrens Hospital, Melbourne. There I too frequently look after the physical needs of young people who have harmed themselves in a manner apparently intended to be lethal. The majority of these cases young people have harmed themselves by drug overdose or cutting. My clinical team looks after approximately one such case a fortnight.
- On occasion I am asked to provide an expert opinion on cases which come before the Coroner, and have done so for the NT jurisdiction on cases involving death by deliberate self harm.
- I am a community member of the Coronial Council of Victoria, which provides advice to the Victorian Attorney General on matters pertaining to the Coronial System in Victoria.
- With colleagues Howard Bath and Muriel Bamblett I was co-author of *Growing them strong, together; Promoting the safety and wellbeing of the Northern Territory's children*, 2010. We were co-chairs of the recent Inquiry into the NT Child Protection System.
- From 2003 to 2009 I worked as a paediatrician at Alice Springs Hospital, and as head of unit for most of that time.

Summary of my submission:

- Under-reporting and under-recognition of youth suicide is a major problem, risking under-investment in prevention and inadequate evaluation of preventive efforts.

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- The term suicide has different meanings in a legal context (ie a verdict made by a Coroner) from what the general public understands to be suicide.
- The public understanding is that the term means 'death by deliberate self-harm', or words to this effect. Deaths by deliberate self-harm (not just legal verdicts of suicide) are what we want to reduce.
- The legal verdict requires proof beyond reasonable doubt of certain criteria, which is too high a bar, and contributes to under-recognition of deaths from deliberate self-harm.
- This difference can and does account for significant under-recognition of youth deaths from deliberate self harm. My estimate is that the under-reporting of deaths resulting from self-harm is of somewhere between 20 and 50% (ie 500- 1250 people per annum across all ages) nationally.

Submission detail:

All deaths in Australia which are violent or unnatural, or involving accident or injury are reportable to the Coroner in each Australian jurisdiction. It is likely that almost all deaths from self-harm in the NT are reported under these criteria to the Coroner for determination.

For several years there has been concern that Australia's statistics on suicide are an underestimate. Prior to 2007 Australian Bureau of Statistics (ABS) death data on suicide relied on 'medical or legal authorities', in practice exclusively Coronial determinations [1], but subsequently cases suspicious of suicide but without suicide as a legal determination undergo further review, with deaths reclassified as suicide if they are of a certain nature plus there is either a suicide note, a history of mental illness or a previous suicide attempt [2-4]. These loose criteria are relatively easy to apply without recourse to expert judgement. Even so, of the deaths with the International Classification of Disease 10 codes of hanging and other threats to breathing; poisoning; drowning and submersion; firearm; fall from a structure; and contact with a sharp object [5], approximately half of those deaths are coded as intentional self harm with accidental deaths making up roughly an equal number. There is a small number of deaths by assault in the above categories.

The difference between 'death by deliberate self harm' and 'suicide'

The ABS deaths do not refer to 'suicide' which is a legal term. Most in the community would not distinguish between suicide and death by deliberate self-harm, but the distinction is an important one. The current legal verdict of suicide has evolved over several centuries, which includes names such as *felo de se* (crime against oneself) [6], and the Australian jurisdictions in which suicide was a criminal offence only removed it from the criminal code in the 1960s. There is a legal presumption against suicide [7] (much like the presumption of innocence unless guilt is proven) with the onus on the case for suicide to be proven beyond reasonable doubt. A key component of the verdict of suicide is knowing the deceased's intention to die (perhaps even at the moment of death), which is clearly difficult to know as the key informant is deceased and there may be evidence that throws some doubt on what might be deduced from their actions which led to the death. Indeed

the law requires that not only the deceased intended the consequence would be his own death, but further requires a competence of mind to make such a decision [7]. Thus, a person who commits an act as a result of thought disorder or delusions from mental illness, or perhaps because of age may be deemed to be making an impulsive act and not one having thought through the full consequences, may die at their own hand, but the death may well be recorded as accidental because they did not have sufficient capacity to make an informed decision. In such a situation the legal verdict of suicide cannot be returned by a Coroner. In addition such is the past and present weight of social, psychological, and religious stigma about suicide as a verdict, there is pressure on Coroners to return verdicts of accident instead of suicide.

The requirements of the law and the public health diverge

The community does not understand that the rate of death from deliberate self-harm is greater than that of legally determined suicide. It is important that each case of death which is violent or unnatural, or involves accident or injury comes before a Coroner for a legal determination. The Coroner plays a crucial yet difficult role with responsibilities which straddle both law and public health and on this issue the requirements of the law and the public health diverge. In the public health arena there is great understanding of the need to reduce the number and rate of deaths by deliberate self-harm in Australia. **Given efforts to reduce deaths from deliberate self-harm it is crucial that we are able to enumerate correctly and consistently the rate and number, lest we under-resource preventive efforts or fail to accurately monitor such programs' successes or failures.**

Consider applying the evaluation of a diagnostic test in the health field to Coronial process investigating potential cases of death by self-harm. The ideal test will have high sensitivity (which means picking up all those with a condition) and specificity (excluding accurately all those without a condition). With respect to a coronial finding of suicide, the legal process is highly specific, which means that all those who test 'positive' have the condition (in this case those with a verdict of suicide truly died from deliberate self harm). However, it is likely that the process has lower than ideal sensitivity, meaning cases where death truly resulted from deliberate self harm do not receive a verdict of suicide. Clearly we do not have a 'gold standard' test, but the practice of the ABS to apply criteria to increase the count of deaths from deliberate self harm suggests the sensitivity of the coronial process to be lower than ideal. It is likely that even the ABS derived process misses 'true positives' because they do not have access to all the information before the Coroners.

It is important to know how many people die in Australia each year from deliberate self harm as the community has made it clear, especially in recent years that it expects to see the number reduce. It invests considerable human and financial resources into prevention efforts. However, given that deaths from self-harm may not receive a verdict of suicide and may not appear in the relevant ABS statistics, they may not contribute to community awareness about the magnitude of the problem nor the monitoring of solutions.

A solution to this problem

The NT parliament could resolve this problem by making clear in the relevant legislation the public health importance of determining whether or not a death is due to deliberate self-harm, in addition to determining whether or not a death is due to suicide.

I am not familiar in which Act the relevant law sits- this is not my field- but the wording is very important to ensure that a greater proportion of relevant deaths are captured. I would be happy to be involved in further discussion around the wording. While the presumption against suicide should still hold, I recommend the finding of death by way of deliberate self-harm be made if on the balance of probabilities it is found that a deceased person ***voluntarily and deliberately took an action which resulted in their death, where one could reasonably expect death to be the result.***

There will still be grey areas using the above definition of deliberate self harm, particularly at the margin where 'high risk behaviours' merge into 'recklessness', and where expectation of death from an action changes from possibility of death to probability of death. The evaluation by a Coroner of the circumstances of a case to result in such a judgement is clearly still required.

Giving the Coroner the opportunity to make a finding of death resulting from deliberate self harm where the criteria for a verdict of suicide are not met will increase the likelihood that such deaths are recognised by the NT and Australian community. Such recognition is a prerequisite to appropriate resourcing of efforts directed at preventing deaths from self-harm, and of accurately monitoring the successes or failures of these efforts.

I thank you for considering my submission, especially at this late stage, and I sincerely thank the committee for undertaking this important body of work. I would be happy to contribute further if I can be of assistance.

Yours sincerely,

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