

Draft Tasmanian Suicide Prevention Strategy 2023-2027

Considering the inclusion of gambling harm in the Strategy

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Executive Summary

Anglicare Tasmania welcomes the opportunity to provide comment on the Draft Tasmanian Suicide Prevention Strategy (TSPS) 2023-2027. After providing some general comments about the TSPS, we have focused our submission on answering one of the guiding questions posed by the Department of Health – “6. What could be included in the TSPS that has not already been included?”

Anglicare’s recommendations are informed by:

- Anglicare’s values
- Anglicare’s practice experience delivering the Gambler’s Help Support Service and The Way Back Support Service
- Contemporary research into the relationship between suicide, suicidal behaviour and gambling-related harm. These studies have found that, in addition to financial and relationship harms, gambling and its associated stigma is related to mental health conditions and feelings of deep shame and powerlessness.

In particular, Anglicare Tasmania proposes that: gambling harm should be explicitly included in the TSPS; and activities should be undertaken as part of the TSPS to strengthen data about the relationship between suicide, suicidal behaviour and gambling in Tasmania.

Recommendations

1. Include gambling harm as a risk factor for suicide and suicidal behaviour in the finalised Tasmanian Suicide Prevention Strategy 2023-2027.
2. Incorporate into the TSPS under Priority 5 additional activities designed to strengthen our understanding of the prevalence of gambling-related suicide and suicidal behaviour in Tasmania, including by:
 - a. considering how to ensure that relevant gambling data is available to police and coronial investigations into suicides, including legislative change where necessary
 - b. considering the inclusion of a new variable related to gambling for the Tasmanian Suicide Register
 - c. looking into processes for gambling help services to collect and report data about their clients’ mental health conditions and suicidal behaviour
 - d. looking into processes for ambulance, hospital and mental health services to collect and report data about gambling in the context of their patients’ suicides and suicidal behaviour.

About Anglicare Tasmania

Anglicare Tasmania is a large community service organisation in Tasmania with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport, Burnie, Sorell and Zeehan and a range of programs in rural areas. Anglicare Tasmania's services include: crisis, short-term and long-term accommodation support; NDIS disability and mental health support services; support services following a motor vehicle accident; aged and home care services; alcohol and other drug services; financial and gambling counselling; and family support. In addition, Anglicare Tasmania's Social Action and Research Centre conducts research, policy and advocacy work with a focus on issues affecting Tasmanians on low incomes.

Anglicare Tasmania is committed to achieving social justice for all Tasmanians. It is our mission to speak out against poverty and injustice and offer decision-makers alternative solutions to help build a more just society. We provide opportunities for people in need to reach their full potential through our services, research and advocacy.

Anglicare Tasmania's work is guided by a set of values which includes these beliefs:

- that each person is valuable and deserves to be treated with respect and dignity;
- that each person has the capacity to make and to bear the responsibility for choices and decisions about their life;
- that support should be available to all who need it; and
- that every person can live life abundantly.

For further information about this submission please contact:

Rev. Dr Chris Jones

CEO Anglicare Tasmania

GPO Box 1620

HOBART TAS 7001

Phone: (03) 6213 3562

Email: c.jones@anglicare-tas.org.au

Website: www.anglicare-tas.org.au

A note about terminology

Problem gambling is “gambling behavior that creates negative consequences for the gambler, others in his or her social network, or for the community” (Ferris & Wynne 2001). We acknowledge that this term is problematic and not consistent with a public health approach to gambling. However, the term is used here because it is widely used in research and policy literature about the harms associated with gambling. It is not intended to criticise the behaviour of individuals.

The following terms have also been used in this report, in line with the definitions provided in the Draft Tasmanian Suicide Prevention Strategy:

- **Suicide** – “The act of purposely ending one’s life”
- **Suicidal behaviour** – “A range of behaviours or actions which are related to suicide, including suicidal thinking, self-harming behaviours and/or suicide attempts” (p.29).

Introduction

Anglicare Tasmania welcomes the opportunity to provide comment on the Draft Tasmanian Suicide Prevention Strategy (TSPS) 2023-2027. After providing some general comments about the TSPS, we have focused our submission on answering one of the guiding questions posed by the Department of Health – “6. What could be included in the TSPS that has not already been included?” **In particular, Anglicare Tasmania proposes that: gambling harm should be explicitly included in the TSPS; and activities should be undertaken as part of the TSPS to strengthen data about the relationship between suicide, suicidal behaviour and gambling in Tasmania.**

General comments

Anglicare Tasmania welcomes the Tasmanian Government’s commitment to establishing mental health and suicide prevention as a Premier’s priority (p.26). Additionally, Anglicare Tasmania affirms the draft Strategy’s vision, with its emphasis on *compassion* and *connection* as key to responses to prevention of suicide and suicidal distress.

Anglicare Tasmania also commends the Strategy for taking an approach that is “whole-of-government, whole-of-sector and whole-of-community” (p.26), while also taking a targeted approach to Tasmanian populations strongly affected by suicide and suicidal distress. The Strategy notes that: “A deeper understanding of the unique needs of particular populations, and that a person can be affected by more than one vulnerability at the same time, will enable us to improve the design and delivery of supports to better meet their needs” (p.10).

Anglicare Tasmania acknowledges, as noted in the draft Strategy, that significant work to progress coordinated suicide prevention action has already commenced. In particular:

- Establishing the Tasmanian Suicide Register to ensure access to a detailed dataset informing suicide prevention policy, planning and research.¹
- Establishing The Way Back Support Service, designed by Beyond Blue and delivered by Anglicare Tasmania to provide personalised support for up to three months following a suicide attempt or suicidal crisis.²
- Commencing the Tasmanian Mental Health Reform Program, including designing new models of care.

¹ [Tasmanian Suicide Register | Magistrates Court](#)

² [The Way Back | Anglicare Tasmania](#)

Anglicare’s experience of gambling-related harm

Anglicare Tasmania has considerable experience delivering gambling help services, community-based programs and research to support people harmed by gambling.

Anglicare Tasmania delivers Gamblers Help, which provides in-person support services across Tasmania, including Hobart, Launceston, Devonport, and Burnie.³

Over many years, Anglicare Tasmania has provided comment on gambling and its harms. In 2021, Anglicare Tasmania made a submission to the Tasmanian Government’s Fifth Social and Economic Impact Study of Gambling in Tasmania (Anglicare Tasmania 2020). Earlier this year, Anglicare Tasmania also made a submission to the Review of the Responsible Gambling Mandatory Code of Practice (Anglicare Tasmania 2022). Additionally, Anglicare’s CEO, Reverend Dr Chris Jones, wrote an Opinion Piece published by *The Mercury* in September 2022, calling for the Tasmanian Government to respond strategically to prevent gambling harm to Tasmanians (Jones 2022).

Anglicare Tasmania’s Social Action Research Centre plans to release a report into gambling harms in Tasmania during Gambling Aware Week, in October 2022.

Anglicare Tasmania also provides mental health support services, including The Way Back Support Service. It is funded by the Australian and Tasmanian governments using the Beyond Blue service model. The Way Back Support Service is available to people who have visited one of Tasmania’s major hospitals following a suicide attempt or suicidal crisis. A support coordinator provides tailored support for up to three months to develop a program encouraging and supporting them following discharge from hospital; supporting them to develop a safety plan; and connecting them with services based on their needs, such as community groups and financial or relationship counselling.

Suicide and gambling harm

Anglicare Tasmania recommends that gambling harm is explicitly mentioned in the TSPS. This could be achieved by listing gamblers as one of the population groups strongly affected by suicide and suicidal distress (p.9 of the TSPS) and/or including gambling as a factor or stressor for suicidal behaviour (p.12 of the TSPS).

³ [Gamblers Help | Anglicare Tasmania](#)

The relationship between suicide and gambling harm

Suicide and suicidal behaviour is “complex, multifactorial human behaviour with many associated and varied risk factors” (Suicide Prevention Australia & Financial Counselling Australia 2022, p.3). One of these risk factors is ‘problem gambling’, which is defined here as: “gambling behavior that creates negative consequences for the gambler, others in his or her social network, or for the community” (Ferris & Wynne 2001).

In the widely-used Problem Gambling Severity Index (PGSI), gambling risk behaviour is conceptualised as a spectrum with five risk categories, from “non-gambler” to “problem gambler” (Ferris & Wynne 2001). A ‘problem gambler’ is defined as a person who scores 8 or more on the PGSI. The Fifth Social and Economic Impact Study of Gambling 2021 found that 0.4% of the adult population of Tasmania are ‘problem gamblers’ (O’Neill et al. 2021). Based on this figure, the Social Action Research Centre at Anglicare Tasmania has calculated that approximately 1,940 Tasmanians are in this risk category.⁴

There is growing international and Australian evidence that ‘problem gamblers’ are at high risk for suicide and suicidal behaviour (Wardle & McManus 2021). There is also a large body of research which shows a strong relationship between gambling disorders and mental health conditions and alcohol use disorders (Hartmann & Blaszczynski 2018). However, even after these conditions are taken into account, there remains a significant relationship between ‘problem gambling’ and suicide and suicidal behaviour (Suomi & Dowling 2020; Wardle & McManus 2021). Data collected on 7,401 people presenting to gambling services in NSW in 2018-19 revealed 36% had suicidal thoughts and 11% had attempted suicide (Office of Responsible Gambling 2019).

While the causal mechanisms are unclear, lived experience accounts of gambling reveal the “cumulative and mutually reinforcing nature of harms, especially relating to debt, stress, anxiety, feelings of isolation and impact on family life, which contribute to some people becoming suicidal” (Wardle & McManus 2021, p.13). Speaking at a recent virtual roundtable on gambling and suicide prevention, a representative of Lifeline said, “We really do see people in suicidal crisis due to gambling-related financial distress, and there is a very strong sense within those individuals around powerlessness. This word comes up regularly amongst callers” (Suicide Prevention Australia & Financial Counselling Australia 2022, p.8).

Perhaps the most immediate impact of gambling is financial harm. This can take the form of debt or bankruptcy; difficulties meeting basic needs for food, housing, health care and transport, including

⁴ It is important to note that harm arising from gambling is not confined to problem gamblers and there is no specific point on the PGSI dividing gamblers who experience harm from gamblers who do not.

providing for children; and loss or sale of assets (Suicide Prevention Australia & Financial Counselling Australia 2022). Gambling also has adverse impacts on intimate and family relationships, including conflict, intimate partner violence and relationship breakdown (Dowling 2014; Hing et al. 2020; Suomi et al. 2019).

In addition to financial losses and relationship difficulties, the highly stigmatised nature of 'problem gambling' is thought to impact adversely on people's mental health and wellbeing (Livingstone & Rintoul 2021). Qualitative research conducted with problem gamblers in Australia found that being viewed as a 'problem gambler' is internalised as self-stigma, with adverse effects on self-esteem, perceived social worth, and mental and physical health, which contribute to secrecy and avoidance of help-seeking by gamblers: "deep shame was a near universal emotion" (Hing et al. 2016, p.31). The main coping mechanism reported by problem gamblers was secrecy, which acts as a major barrier to disclosure and help-seeking (Hing et al. 2016).

Importantly, the adverse effects of gambling on mental health and wellbeing extend beyond the individual to include intimate partners, family members, children and friends, either through relationship difficulties or financial loss. Impacts may extend to the wider community or colleagues through, for example, gambling-related crime. Research indicates that each problem gambler directly affects six other people (Goodwin et al. 2017).

Gaps in knowledge about suicide and gambling

Nationally, there is a significant gap in data on gambling-related suicides, including data for Tasmania. The Australian Institute of Health and Welfare does not report data about the relationship between problem gambling and suicide and self-harm in its National Suicide and Self-Harm Monitoring System (AIHW 2022). The Australian Bureau of Statistics captures information relating to gambling in its national mortality dataset: each year, the ABS records around 30-45 deaths where gambling was identified as a cause or associated risk factor for suicide (Suicide Prevention Australia 2022). However, these figures are believed to be an underestimate of the actual suicide-related harms of gambling (Suicide Prevention Australia & Financial Counselling Australia 2022). The Tasmanian Government does not currently publicly report data about the relationship between suicide and suicidal behaviour and gambling.

These data gaps may be hiding the actual incidence of gambling-related suicide and suicidal behaviour, and impede our understanding of the relation between problem gambling and suicide. For example, the Fifth Social and Economic Impact Study conducted for the Tasmanian Treasury was unable to provide an estimate of the cost of gambling-related suicides or suicide attempts in Tasmania, due to the absence of prevalence data (O'Neill et al. 2021).

Opportunities for the TSPS to strengthen data collection about suicide and gambling

One of the key elements of the TSPS is “using data and evidence to inform our approach”, characterised by “data-informed priority setting” (p.11). This approach is reflected in Action 5.3 – “Enhance the availability and real-time use of suicide and self-harm data in Tasmania” (p.25).

Anglicare Tasmania believes there are several opportunities to strengthen data collection about suicide, suicidal behaviour and gambling in Tasmania, and these could be included as activities listed under Action 5.3.

Coronial processes

Suicide Prevention Australia and Financial Counselling Australia have published a ‘roadmap’ for change to reduce gambling-related suicide, which has been welcomed by Anglicare Tasmania (Anglicare Tasmania 2022). This includes recommendations for systemic changes to ensure active investigation of gambling activities in cases of possible suicide and consideration of gambling by Coroners in each Australian jurisdiction (Suicide Prevention Australia & Financial Counselling Australia 2022).

Reflecting on the information gaps in Victorian coronial data relating to gambling and suicides, the Victorian State Coroner, John Cain, said that:

The challenge for us... is that the findings we make as coroners and the data we capture is really only as good as the investigations we can undertake. We rely on the coroner’s investigator, which is police, to be able to extract information from clinicians, family, and friends and whoever they can access. Sometimes the challenge is asking the right questions. Sometimes the challenge is stumbling on that bit of information that is a trigger or a guide.

What we really need to move towards is better national consistency in capturing suicide data generally. Then being able to drill into the specifics of that data (Suicide Prevention Australia & Financial Counselling Australia 2022, p.11).

For Tasmania, gaining a better understanding of the role of gambling in the context of a known or suspected suicide may entail police and coronial investigators explicitly considering the role of gambling harm, and recording any identified findings on the National Coronial Information System (NCIS) to inform national data sets.

Tasmanian Suicide Register

The primary purpose of the Tasmanian Suicide Register (TSR) is to “collect, store and retrieve data pertaining to suicide death to better inform coronial investigations, inquests, findings and recommendations, and the development of suicide prevention policy” (Tasmanian Department of Health 2021). Following its establishment, there is an opportunity to strengthen data about the relationship between suicide and gambling by considering whether to include ‘gambling harm’ or ‘treatment for gambling harm’ as additional variables in the Register.⁵

Gambling and banking data

There are several sources of data which may be useful sources of information about gambling and suicide in Tasmania:

- Anglicare Tasmania commends the Tasmanian Government’s announcement of the introduction of a State-wide player card gaming system with pre-commitment and cashless gaming, including pre-set default limits (Ferguson 2022). With the anticipated introduction of this system in 2024, there is an opportunity to consider making data about an individual’s gambling behaviour available for police and coronial processes following a suicide. This may require changes to legislation.
- As recommended in the *Roadmap for Change*, police and coronial investigators could look into accessing an individual’s banking data, through the Consumer Data Right, to look for financial evidence of ‘problem gambling’ following a suicide (Suicide Prevention Australia & Financial Counselling Australia 2022).
- Data from gambling support services in Tasmania – i.e. Gamblers Help, Gamblers Helpline and Gambling Help Online – could also provide useful information about the relationship between suicide, suicidal behaviour and gambling for Tasmanians. The development of a new minimum data set for funded services and programs in Tasmania (as per Action 5.3 of the TSPS) provides such an opportunity.

Data from health and other services

Other potential sources of data about gambling in the context of suicide and suicidal behaviour are Ambulance Tasmania and Tasmanian hospitals and health services. Anglicare Tasmania recommends that the minimum data set to be developed and used by all funded Tasmanian services and programs (as per Action 5.3 of the TSPS) includes, where possible, information about clients’ gambling.

⁵ The current list of variables included in the TSR is available at: [Tasmanian Suicide Register | Magistrates Court](#).

Recommendations

1. Include gambling harm as a risk factor for suicide and suicidal behaviour in the finalised Tasmanian Suicide Prevention Strategy 2023-2027.
2. Incorporate into the TSPS, under Priority 5, additional activities designed to strengthen our understanding of the prevalence of gambling-related suicide and suicidal behaviour in Tasmania, including by:
 - a. considering how to ensure that relevant gambling data is available to police and coronial investigations into suicides, including legislative change where necessary
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