

Submission:

Tasmanian Suicide Prevention Strategy 2023–2027 – Draft Implementation Plan Three

1. Overview

COTA Tasmania welcomes the opportunity to provide feedback on the draft Implementation Plan Three for the Tasmanian Suicide Prevention Strategy 2023–2027.

COTA Tasmania supports the overall direction of the Strategy and welcomes the continuation of a whole-of-government, whole-of-service and whole-of-community approach to suicide prevention in Tasmania.

The draft plan correctly recognises that suicide prevention requires more than service responses alone, and that lasting change depends on reducing stigma, strengthening communities, improving access to timely support, and responding to the diverse needs of priority populations. The draft plan also explicitly identifies older adults as one of the priority populations that should remain at the centre of action.

For COTA Tasmania, the key test is whether the plan will translate this broad commitment into practical, accessible and sustained improvements for older people across Tasmania, including those in rural and regional areas, those living alone, carers, people with disability, and older Tasmanians experiencing poverty, grief, declining health, trauma or social isolation.

This matters because the drivers of suicide risk in later life are often cumulative, complex and easy to overlook. For older Tasmanians, distress may be shaped not by a single event but by the combined impact of bereavement, illness, pain, reduced mobility, caring burden, poverty, housing stress, ageism and disconnection from community. If the service system is not designed to notice and respond early, people can deteriorate in silence.

A stronger, more age-responsive implementation plan is therefore not a marginal adjustment; it is essential to ensuring that suicide prevention in Tasmania reaches people before crisis point and supports dignity, connection and hope in later life.

2. About COTA Tasmania

The Council on the Ageing (Tas) Inc (COTA Tasmania) is the state peak body representing older Tasmanians. We are an independent, not-for-profit organisation working with and for older people, and with the wide range of organisations that support them.

For more than 60 years, we have been the leading voice for older Tasmanians, promoting positive attitudes to ageing, advancing social inclusion, and championing the rights, interests and value of people as they age.

We listen to the experiences of older Tasmanians, analyse emerging issues, and provide independent advice to Government, service providers and the broader community.

COTA Tasmania works across three main areas:

- policy and advocacy,
- information and education, and
- community programs and partnerships.

3. Response to the Discussion Paper Questions

3.1 Do the actions focus on the right things? What is missing?

COTA Tasmania considers that the draft plan broadly focuses on the right areas.

In particular, we support its emphasis on:

- early distress and prevention,
- compassionate, connected, and community-based supports,
- workforce capability,
- lived experience and community leadership, and
- better data, evaluation and coordination across government.

These themes are consistent with the original strategy architecture and with earlier consultation feedback, which emphasised compassion, service accessibility, stronger community connection, workforce capacity and better implementation and evaluation.

However, from the perspective of older Tasmanians, several matters need stronger expression in the final plan.

- ***Older people should be more visible in the action set***

While older adults are named as a priority population, that recognition is not yet matched by sufficiently visible, tailored actions in the draft plan. COTA Tasmania recommends that the final plan include clearer commitments relating to older people, including those facing significant life transitions such as bereavement, chronic illness, cognitive change, caring responsibilities, elder abuse, financial stress, housing insecurity, digital exclusion and social isolation.

Older age does not in itself create suicide risk. However, the interaction between deteriorating health, grief, loneliness, trauma, reduced mobility, caring burdens and difficulty accessing supports can heighten distress. A whole-of-life approach should therefore include explicit age-responsive prevention and early intervention actions. The strategy itself recognises that suicide prevention must consider the social determinants of wellbeing and the conditions in which people “live and age”.

- ***Social connection and isolation need a stronger prevention focus***

For older Tasmanians, social connection is not an optional wellbeing measure; it is core prevention infrastructure. COTA Tasmania recommends stronger practical attention to loneliness, disconnection and transitions that can undermine wellbeing, including retirement, bereavement, loss of licence, hospital discharge, entry into aged care, relocation, and caring transitions.

The draft plan should more clearly recognise the protective role of community participation, peer connection, neighbourhood networks, volunteering, transport, inclusive community spaces and accessible local supports.

Services such as Community and Household Activities for Tasmanians (CHATS) and A Tasmanian Lifeline (ATL) are specific social and emotional support programs operated by Lifeline Tasmania to address loneliness and mental wellbeing within the Tasmanian community. Access to these (and similar) services is a very important prevention measure for older Tasmanians.

- ***Access barriers in regional and rural Tasmania need sharper treatment***

Tasmania's geography matters.

Consultation for the broader strategy found that regional and rural communities reported workforce shortages, burnout and service access challenges - and that these barriers compound isolation and other risk factors. These issues are highly relevant to older Tasmanians, who may face transport limitations, workforce scarcity, long wait times, patchy service availability, literacy issues, and digital barriers.

COTA Tasmania recommends that the final plan be explicitly grounded in trauma-informed principles, and more directly address:

- geographic inequity in access to suicide prevention and distress support services,
- digital exclusion among older Tasmanians,
- transport and mobility barriers,
- continuity of care after discharge or crisis contact, and
- local service navigation and warm referral pathways.

- ***Families, carers and postvention supports deserve stronger emphasis***

The existing strategy framework has recognised the need for coordinated support for families, friends, and caregivers impacted by suicidal behaviour. COTA Tasmania strongly supports continuation of this focus.

Many older Tasmanians are carers, and many are also affected by the suicide risk, distress or death of adult children, partners, siblings and friends. The final plan should ensure that carers and bereaved family members are not treated as peripheral to the system response.

3.2 What might make these actions hard to deliver, and how could that be fixed?

The evaluation of Implementation Plan One identified several practical challenges, including limited Tasmanian-specific data, workforce pressures, stakeholder capacity constraints, inconsistent systems, and limited information relating to some groups at risk of poorer outcomes. These are important lessons for Plan Three.

From COTA Tasmania's perspective, the main delivery risks are:

- ***Workforce capacity and capability***

A compassionate response depends on a workforce with time, skills and organisational support. The draft plan includes welcome actions on training and workforce strengthening.

However, workforce development needs to include age-responsive capability, so staff across health, aged care, community and social services can identify distress early and respond appropriately to older people.

Training should not sit only in specialist mental health settings. Older people often disclose distress, hopelessness, or suicidality in primary care, aged care, home care, social support, bereavement, housing and community service contexts.

- ***Fragmentation between systems***

Older Tasmanians often move across multiple systems: health, aged care, disability, housing, income support and community services.

If those systems do not connect, people fall through the cracks.

The draft plan's emphasis on coordination is welcome, but the final plan should more clearly spell out how service interfaces will improve in practice, particularly for people leaving hospital, those with complex needs, and those who are socially isolated.

- ***Lack of measurable accountability***

Implementation plans are most useful when communities can see what is being done, what is working, and where the gaps remain. Implementation Plan One promised public reporting, including updated data, stakeholder reflections and case studies. COTA Tasmania supports the continuation of transparent reporting and recommends that Plan Three include public progress reporting against specific indicators, including reach into priority groups and regional areas.

- ***Risk of priority populations being named but not operationalised***

Naming priority populations is important, but insufficient unless backed by concrete action, partnerships and measures. This is particularly important for older Tasmanians.

Although older people are not the largest group by number of suicide deaths, older men can face very high suicide risk. National data show that men aged 85 years and over had the highest age-specific suicide rate of any male age group in Australia in 2024.

3.3 Do you think these actions will help prevent suicide in Tasmania?

Yes. COTA Tasmania considers that the actions in the draft plan are capable of making a positive contribution to suicide prevention in Tasmania, particularly where they strengthen early response, aftercare, community-led action, workforce capability and better use of data.

The draft plan is strengthened by the fact that it builds on work already undertaken through the first two implementation phases and incorporates evaluation and consultation learnings. The draft notes progress already made in areas including workforce capability, communications, data, aftercare design, Safe Haven evaluation, Aboriginal co-design work and community grants.

However, the impact of the plan will depend on whether it delivers:

- equitable access across the state,
- practical and timely support before crisis point,
- culturally safe, age-responsive and trauma-informed services,

- strong continuity of care,
- genuine co-design with people and communities, and
- transparent reporting and continuous improvement.

For older Tasmanians in particular, effectiveness will depend on whether supports are accessible, local, low-barrier, and connected to the places where older people already go for help.

3.4 Are there existing programs or partnerships that should be built upon?

COTA Tasmania encourages the Department to continue building on partnerships with community peak bodies, local government, Primary Health Tasmania, mental health and aged care providers, carer organisations, neighbourhood and community houses, Men's Sheds, volunteer-based services, bereavement supports, and organisations representing priority communities.

The earlier strategy architecture already recognised the role of local government, community networks, and community-led action. That should continue and expand. Community-level infrastructure matters greatly for older Tasmanians, especially where it supports connection, trust and local referral pathways.

COTA Tasmania would particularly encourage stronger linkages between suicide prevention initiatives and:

- healthy ageing and wellbeing programs,
- social prescribing and community connection models,
- aged care and home care services,
- carer support services,
- elder abuse response services,
- bereavement and grief supports,
- transport and access initiatives, and
- local government age-friendly community planning.

In particular, the ATL service operated by Lifeline Tasmania is an important preventative, non-clinical program that is increasingly responding to the needs of older Tasmanians, including those experiencing loneliness, distress, social isolation and other forms of vulnerability.

Services of this kind play a critical early-intervention role and should be recognised as core components of Tasmania's suicide prevention system. Where proven community-based supports such as this are left on short-term or uncertain funding arrangements, the result is avoidable instability for providers and unnecessary anxiety for those who rely on them.

Greater funding certainty for effective, trusted, and low-barrier community services is therefore essential so that services can plan with confidence and people in need can rely on consistent access to help.

3.5 Is there anything else you'd like to tell us?

COTA Tasmania welcomes the intent of the draft Implementation Plan Three and supports its emphasis on compassion, connection and evidence-informed action. We also welcome the continued commitment to consultation, evaluation and inclusive governance.

The consultation materials make clear that feedback will be used to strengthen the final plan, and that the Department is specifically seeking advice on whether the actions are right, what is missing, what may be difficult to deliver, and what partnerships should be built on.

The final plan should include clearer, tailored and measurable commitments that reflect the realities of ageing in Tasmania. Suicide prevention for older people must recognise the cumulative effects of grief, illness, trauma, caring burden, poverty, ageism, transport disadvantage, digital exclusion and social isolation. It must also recognise the strengths older people bring to their families and communities, and the importance of dignity, autonomy, belonging and connection.

COTA Tasmania would welcome continued engagement as the final plan is developed and implemented.

4. Conclusion

COTA Tasmania welcomes the opportunity to comment and supports the overall intent of Draft Implementation Plan Three.

However, if the final plan is to deliver meaningful suicide prevention outcomes for older Tasmanians, it must do more than simply name older people as a priority population. It must embed age-responsive action, strengthen community-based prevention, improve access in rural and regional areas, and provide greater certainty for trusted local supports that reduce isolation and connect people to help early.

For COTA Tasmania, the key message is this: older Tasmanians must be visible not just in principle, but in practice.

COTA Tasmania urges the Department to strengthen the final plan in these areas so that older Tasmanians are not only recognised in the Strategy, but meaningfully reflected in its delivery.