



## Secretary

Department of Health and Human Services

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Mr John Olle  
Coroner  
Coroner Court of Victoria

Via e-mail: [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Coroner John Olle

**COR 2017 005305 – Investigation into the death of [REDACTED]**

Thank you for your letter of 15 September 2020 regarding the Finding without inquest into the death of [REDACTED]. My condolences go out to the family and loved ones of the deceased. I am also sorry that my response to you is slightly late. I seek your patience with that.

I appreciate the thorough research and significant detail that went into the preparation of the Finding. The Department of Health and Human Services and Family Safety Victoria have consulted across portfolio areas to prepare the joint responses here within.

*Recommendation 1a) Family Safety Victoria work with the Blue Knot Foundation to review the behaviour change program for opportunities to embed trauma-informed principles and practices.*

The recommendation will be part-implemented, noting that an alternative to the recommendation is already being implemented. Family Safety Victoria (FSV) is well progressed in the development of MARAM Practice Guides for professionals working with perpetrators of family violence. The scope of this work will include working with perpetrators of family violence with a trauma-informed lens. FSV is working with the Interdepartmental Committee on Suicide Prevention and the Mildura place-based suicide prevention trial reference group to develop this content.

When this guidance is complete, it will be implemented by prescribed organisations regulated under the *Family Violence Protection Act* to align to the MARAM Framework. FSV will update the Behaviour Change Program standards with a view to alignment to MARAM, which will include the component of trauma-informed practice. FSV will include Blue Knot Foundation as a critical friend in the review of the revised program standards following their MARAM alignment to ensure it reflects trauma-informed practices.

*Recommendation 1b) To improve the safety of the men who engage in family violence behaviour change programs, the Family Safety Victoria Minimum Standards should include:*

- i. Active and explicit discussion about suicidal thinking in the program interventions and material;*
- ii. Assessment for suicide risk at entry and regular review throughout the program;*
- iii. Use of a screening tool for a mood disorder as part of assessment; and*
- iv. Include as part of the program, a mental and physical health focus with connection to a participant's local general practitioner.*

FSV's development of MARAM Practice Guides for professionals working with perpetrators of family violence includes as a core part of its scope a focus on teaching about the co-occurrence of risk factors underpinning likelihood of suicide and family violence perpetration. The Practice Guides will include identification, assessment and management of suicide as a component of family violence perpetration in the process of identification, assessment and management of risk. This will consider identification and response to:

- Risk to self (self-harm and suicide ideation)
- Risk to victim survivors (homicide ideation)
- Risk of threats of self-harm and suicide as coercive control to a victim survivor.

This guidance is intended to put a 'safety net' of mental health and wellbeing response in place for all people suspected of, or assessed as, using family violence to provide support akin to suicide first aid for all perpetrators alongside family violence risk management interventions.

This guidance will also provide a strong emphasis on referral for mental health assessment where the professional is not a mental health expert and needs support in assessment of mood disorders. Information sharing and referral will be a key part of increasing support, as well as keeping perpetrators connected and in view of the service system to identify change or escalation of risk.

When this guidance is complete, it will be implemented by organisations prescribed by regulation under the *Family Violence Protection Act* to align to the MARAM Framework. This will include Men's Behaviour Change Programs.

*Recommendation 2. To reduce the suicide of men through the promotion of help-seeking, develop public awareness raising strategies that:*

- i. Are inclusive of all men and promote early help-seeking as normal and appropriate;*
- ii. Target times in a man's life when he is likely more vulnerable, including relationship breakdowns, and advice of what services are available and how to access them;*
- iii. Explore the problems associated with a reliance on alcohol to manage distress and such things as sadness, poor sleep and increased stress; and*
- iv. Promote addiction services to men as an accessible and appropriate option in circumstances when substance use is contributing to anger, aggression and violence.*

There are currently a range of initiatives underway that align with the objectives of this recommendation. However further consideration will be given to refining our efforts to deliver more targeted public awareness raising strategies informed by the Finding.

Suicide prevention initiatives targeted to men are delivered through the Victorian Government's place-based suicide prevention trials, delivered in partnership and with co-investment from Primary Health Networks. An example of the range of activities underway

through the place-based trials is provided for your information at Attachment 1. It is intended that learnings from the trials will inform future suicide prevention activities across the State.

The department also provides funding to VicHealth to address harmful alcohol use, through research and culture change interventions for high-risk male drinkers. VicHealth recently launched a campaign aimed at middle-aged men who are at risk of experiencing alcohol harms during a pandemic. The campaign encourages men to seek advice and support through an evidence-based digital alcohol program.

The Alcohol and Drug Foundation is also funded by the department to provide alcohol and other drug information services to the general public. This includes Drug Facts, DrugInfo helpline, Text the Effects, a dedicated alcohol and other drug (AOD) library, and regular information bulletins to inform professionals and the general community about the causes and impacts of alcohol and other drug use. ADF recently delivered a series of alcohol harm reduction campaigns to address increased alcohol use as a result of COVID-19. This campaign supports individuals to reduce alcohol harms by identifying signs of problematic use, strategies for change and pathways to support.

*Recommendation 3. The Department of Health and Human Services and Family Safety Victoria work together with organisations who provide behaviour change programs for men, professional bodies, social services, mental health services, and with particular emphasis on involvement of general practitioners and addiction services, develop practical information about the relationship between angry behaviours, violence and associated suicide risk. The information should focus on practical interventions and strategies for men who have anger and/or with angry behaviours and include when and where to seek specialist advice.*

This recommendation will be partly addressed through the implementation of the perpetrator focused MARAM Practice Guides. Significantly, services across the behaviour change programs for men, professional bodies, social services, mental health services, and addiction services are already prescribed to align to MARAM and authorised to share risk-relevant information under Family Violence Information Sharing Scheme (FVISS). In April 2021, this will also include prescription of General Practitioners under the MARAM and the FVISS reforms.

The department is also committed to embedding alcohol and drug support within all health and social service settings. Work will continue to strengthen responses to AOD issues within family violence, primary care, mental health and suicide prevention settings. This means establishing and consolidating visibility of AOD issues and responses in the design and implementation of service models, workforce capability and broader service integration efforts.

The Victorian Government's commitment to implement the recommendations of the Royal Commission into the Victorian Mental Health System will build on the work to date to strengthen the integration of mental health and AOD responses. This will include attention to particular client cohorts which exhibit behaviours directly or indirectly linked to suicidality or show a disregard for their own safety, as evidenced by planned or unplanned overdose, repeated overdose or other high-risk behaviours.

The department and Mental Health Reform Victoria (MHRV) are also working together to implement the Royal Commission's recommendation for state-wide expansion of the Hospital Outreach Post-suicidal Engagement (HOPE) program to all area mental health services with

expanded referral pathways (to include case-managed clients) extended service hours and clinical outreach from regional HOPE teams to subregional health services. As part of this expansion, HOPE services are expected to facilitate links to community services including family violence services and AOD services as required. The Royal Commission has also noted that all HOPE teams should be formally trained in family violence assessment and management to respond appropriately.

Finally, the department has commissioned a Suicide Data Linkage Project led by the Victorian Injury Surveillance Unit at Monash University, in partnership with the Coroners Prevention Unit, to obtain a better understanding of the health and health service utilisation of people who die by suicide. This information will be used to identify risk factors for suicide and potential gaps in service provision, under-utilisation of services by those who need it or lack of follow-up for those who have been identified as having suicide risk. For phase three of the linkage study, additional datasets will be included from child protection, family support and family violence. Recommendations from the research will seek to improve service provision and accessibility for those at risk.

Again, a summary of a broad range of strategies and initiatives underway to address this recommendation is provided for your information at Attachment 1.

Thank you once again for providing the Finding. I look forward to working closely with the Coroners Court of Victoria in the coming months and years to continue to reduce the incidence and impact of suicide in Victoria.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Euan M Wallace', is written over a light blue rectangular background.

**Professor Euan M Wallace AM**  
Secretary

17/12/2020