

Draft Implementation Plan Three: Tasmanian Suicide Prevention Strategy 2023-2027

March 2026

Introduction

Dementia Australia welcomes the opportunity to provide feedback on the Draft Implementation Plan Three of the Tasmanian Suicide Prevention Strategy 2023-2027.

We are the peak body representing the estimated 446,500 people living with dementia, and their carers, across Australia. A growing number of Australians are affected by dementia. Dementia prevalence is set to increase to more than a million people across the country by 2065 (1). Dementia is the leading cause of death for all Australians, as well as the leading contributor to disease burden for those aged over 65. An estimated 1.7 million people in Australia are involved in the care of people living with dementia (2).

In Tasmania, there are an estimated 11,200 people living with all forms of dementia in 2026, including 700 people under the age of 65 living with young onset dementia. Dementia prevalence in Tasmania is predicted to increase to an estimated 16,500 by 2054 (1).

We support the Tasmanian Government's goals to extend and consolidate community-led approaches, expand culturally safe and compassionate care, and ensure that support is accessible to reduce suicide and suicidal distress and improve wellbeing across Tasmania. We look forward to supporting consultation on development of a Suicide Prevention Act for Tasmania and the next Tasmanian Mental Health Plan.

Dementia symptoms and mental illness

Dementia impacts thought, memory, perception and mood. Dementia can also be comorbid with mental health conditions such as depression and anxiety, or with pre-existing mental illness or disability. Depression is also one of 14 modifiable risk factors for dementia.

People living with dementia may experience psychological symptoms such as hallucinations or delusions. Other psychological symptoms of dementia frequently include apathy, confusion, sleep disturbance and agitation (3). There are many diseases that cause dementia, and each has distinct neurological impacts affecting the symptoms experienced. Hallucinations are most common among people with Lewy Body Dementia and Parkinson's disease dementia and can also occur with Alzheimer's Disease (4).

Living with dementia and mental health

A diagnosis of dementia is life changing, and a range of emotions are common at this time, including confusion, fear about losing their cognitive capacity and independence and concern about being a burden to carers and loved ones. It is vital that people with a diagnosis, as well as their family members and carers receive appropriate support to manage the psychological distress that commonly accompanies a diagnosis. Growing evidence indicates that individuals with dementia are at heightened risk of suicide and self-harm within the first 12 months post-diagnosis (5). A recent UNSW study, which examined over 180,000 hospital admissions, highlights that people with dementia are particularly vulnerable to self-harm, especially within the first 12 months after diagnosis (6).

Studies have also found suicide risk is increased in people diagnosed with dementia before the age of 65 (5). There are unique issues experienced by people living with young onset dementia, compared to older people living with dementia. Loss of income, self-esteem and perceived future purpose can pose multiple physical and psychological challenges for people with younger onset dementia and their families.

Whilst data on people who have died by suicide where dementia is implicated in their death is extremely limited, an exploratory study using National Coronial Information System data in New South Wales and South Australia between 2011 and 2020, highlighted 67 people with confirmed dementia or mild cognitive impairment (MCI), 24 people with suspected dementia or MCI, 56 family members/friends of people with dementia or MCI, and 5 people who cited fear of dementia as a contributing factor for their death, died by suicide. Themes cited in coronial records for these deaths by suicide include psychological distress, existential despair related to impairment, loss of autonomy, fear of future generation and burdening others (7). The research also identified ten simultaneous deaths (5 dyads) in which a person with dementia and a spouse died at the same time (7).

Reducing stigma

Following a diagnosis of dementia, people with dementia and their carers often experience stigma, loss of social engagement and connection. Social isolation has a reciprocal relationship with dementia: it can increase the risk of developing dementia, while a dementia diagnosis itself often leads to social isolation. People with dementia often face negative stereotypes, discrimination, and a lack of understanding about their symptoms, leading to feelings of shame, fear, and exclusion (8). People living with dementia and their carers also commonly describe their family and friends distancing themselves due to the stigma of dementia or not knowing what to say or fear about how the person living with dementia may behave.

This stigma can cause individuals to withdraw from usual social activities, avoid seeking help and become disconnected from their communities and support networks. As social isolation increases, it can contribute to feelings of loneliness, depression, and hopelessness, which are risk factors for suicide. Addressing this stigma and greater community awareness through

initiatives such as Dementia Friendly Communities can help improve public understanding and reduce social isolation for people living with dementia.

Carer's mental health

Carers of people living with dementia often face emotional, physical and financial issues, which can lead to mental health challenges such as anxiety, depression, carer stress and burnout. Research highlights that carers of people with dementia have higher levels of psychological distress compared to other types of carers, with some studies showing that up to 1 in 3 carers of people living with dementia experience clinical depression (9). This may increase the risk of suicidal ideation among carers. Research by O'Dwyer et al. (2016) found that 17% of dementia carers reported contemplating suicide, due to lack of social supports, burden, depression, anxiety, hopelessness, fewer reasons for living and income management (10). This highlights the need for targeted mental health support and suicide prevention interventions specifically for carers (10).

Ensuring that carers have access to mental health services, peer support, respite care, and resources to help manage their caring responsibilities could reduce the risk of suicide while also improving the quality of care and life for the person they care for.

The Tasmanian Suicide Prevention Strategy vision of a compassionate and connected Tasmania where every person feels valued and supported aligns strongly with co-designing Dementia Friendly Communities. A dementia-friendly community is a place where people living with dementia, their families, community members and businesses create spaces that are respectful, supportive and empowering. They reduce the risk of social isolation of people living with dementia and support them to remain engaged and empowered.

Supports provided by Dementia Australia

Dementia Australia provides support to people living with dementia and their carers, playing a role in preventing and reducing the impact of people living with mental health challenges. The National Dementia Helpline operates 24 hours, seven days a week, every day of the year, connecting people with specialist advisors to provide confidential advice, often during periods of mental distress. We also offer counselling services, carer support programs, individual and group post-diagnostic supports, one-to-one peer support programs and some respite care services.

Recommendations

In developing Implementation Plan Three of the Tasmanian Suicide Prevention Strategy Dementia Australia recommends that:

1. Explicitly recognise the need for mental health support and suicide prevention interventions for people living with dementia and their carers, including training health, disability and aging staff to identify risk early and direct to support (10).

2. Provide dementia awareness training alongside suicide prevention training for first responders, emergency and acute care staff as identified in the plan, this will ensure key workforces are skilled in recognising and assessing dementia-related symptoms and initiating or referring to appropriate dementia care and/or mental health pathway.
3. Ensure referral to appropriate support services (including those offered by Dementia Australia) at diagnosis, noting this is a period of high mental distress.
4. Extend successful **Dementia Friendly Communities** in Tasmania to reduce stigma and enable more people with dementia (and by extension everyone) to be socially connected thereby reducing suicide risk.
5. Ensure specific, tailored support for carers of people living with dementia, including respite services, to reduce carer isolation and carer burden as well as help them to identify risks and signs of suicidal ideation.
6. Improve data collection and research into mental health, suicidal ideation, deaths by suicide and prevention and early interventions for people living with dementia and their carers. There may be potential to expand on the work done by the University of Tasmania's The Wicking Dementia Centre to progress this.
7. Ensure people with dementia and their carers are provided with opportunities to participate in meaningful, ongoing consultation as the plan is developed.

Conclusion

Dementia Australia welcomes the Tasmanian Government's commitment to preventing suicide and supporting families affected by suicide.

Dementia Australia looks forward to ongoing engagement with the Tasmanian Department of Health to support the delivery of a contemporary, compassionate and connected mental health system that best meets the needs of Tasmanians living with dementia, their families and carers.

For more information, please contact the Dementia Australia Policy and Advocacy team on policyteam@dementia.org.au

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