Royal Commission into Victoria's Mental Health System

WITNESS STATEMENT OF PROFESSOR JANE PIRKIS

I, Jane Pirkis, Professor, of 207-221 Grattan Street, Parkville Victoria, say as follows:

1 I make this statement on the basis of my own knowledge, save where otherwise stated. Where I make statements based on information provided by others, I believe that information to be true.

Current and previous roles

2 I am currently the Director of the Centre for Mental Health, in the Melbourne School of Population and Global Health, at the University of Melbourne. I have held this role since September 2013.

3 Prior to my current position, I have held several roles at the University of Melbourne since 1994 including:

(a) Professor (October 2009 – August 2013) and Director (January 2009 – August 2013) of the Centre for Health Policy, Programs and Economics, Melbourne School of Population Health;

(b) Associate Professor (January 2004 – September 2009) and Assistant Director (February 1996 – December 2008), Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne; and

(c) Senior Research Fellow (February 1994 – December 2003), Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne.

4 I have also held the following positions:

(a) Harkness Fellow in Health Care Policy, Division of Adolescent Medicine, University of California at San Francisco (September 2001 – August 2002);

(b) Project Consultant, Mental Health Classification and Service Costs Project (July 1995 – October 1997);

(c) Research Officer, Springvale Community Health Centre (March 1993 – January 1994);

(d) Policy Analyst, National Health Strategy (May 1992 – February 1993);

(e) Policy Analyst/Project Officer, Drug and Alcohol Directorate and Government Relations Branch, New South Wales Department of Health (September 1990 – April 1292);

(f) Research Assistant, Department of Public Health, University of Sydney (January 1990 – August 1990);

(g) Educational Psychologist, Tasmanian Education Department (February 1988 – December 1988); and

(h) Tutor, Psychology Department, University of Tasmania (February 1987 – December 1987).

Background and qualifications

5 My background is in psychology and epidemiology, with a focus on mental health and suicide prevention at the population level.

6 I hold the following relevant qualifications:

(a) Doctor of Philosophy from the University of Melbourne (2001);

(b) Master of Applied Epidemiology from the Australian National University (1995);

(c) Master of Psychology (Clinical) from the University of Tasmania (1988); and

(d) Bachelor of Arts (First Class Honours in Psychology) from the University of Tasmania (1985).

7 I completed my PhD on the epidemiology of suicide and suicidal behaviour.

8 I have authored more than 300 peer-reviewed journal articles on mental illness, suicide and suicide prevention which have been published between 1992 and 2019.

9 Attached to this statement and marked "**JP-1**" is a copy of my Curriculum Vitae, which sets out further details of my career to date, and identifies some of my recent publications.

Rates of and risk factors for suicide

10 In Victoria in 2017 (the year for which the most recent suicide statistics are available) the overall suicide rate was 9.6 per 100,000 (14.0 per 100,000 for males; 5.4 per 100,000 for females). This placed it lower than the national average (12.6 per 100,000 persons, 19.1 per 100,000 males; 6.2 per 100,000 females).

11 Risk factors are characteristics or attributes of individuals, or things that they may have been exposed to, that increase the likelihood of their dying by suicide.

12 Risk factors can be classified as:

(a) Socio-demographic – e.g., males are at greater risk of suicide than females.

(b) Clinical – e.g., having a mental illness or having made a previous suicide attempt confers risk for suicide.

(c) Personality-based – e.g., impulsivity and aggression have been shown to increase suicide risk, as has poor problem-solving skills.

(d) Situational/environmental – e.g., experiencing stressful life events can heighten suicide risk, as can having access to lethal means.

(e) Genetic – e.g., a family history of suicide can increase an individual's own risk.

(f) Neurobiological – e.g., low levels of serotonin have been shown to be associated with suicide.

13 Suicide prevention experts often distinguish between proximal and distal risk factors. Risk factors that occur close to the suicide are proximal and those that present well before the event are distal. There is interaction between these; distal risk factors (for example, a history of mental illness) set the potential for suicidal behaviour and proximal risk factors (for example, recent stressful life events) act as a catalyst by which the potential is achieved.

14 Different terms are sometimes used synonymously with risk factors, like "stressors", "triggers" and "tipping points". However, these terms typically apply to proximal risk factors rather than distal ones.

15 Having a mental illness and having made a previous suicide attempt are both widely accepted as conferring significant risk for suicide.[1]

16 One of my PhD students, Angela Clapperton, recently conducted a study to identify factors that were over-represented in Victorians who died by suicide in 2013 compared with the general population.[2] I co-supervised that study. Angela found that having a mental illness was associated with increased suicide risk, as was having drug and alcohol problems, and that this held true for males and females and across age groups. She

[1] Zhuoyangm, L., Page, A., Martin, G., & Taylor, R., 'Attributable risk of psychiatric and socio-economic factors for suicide from individual level, population-based studies: A systemic review', (February 2011), 72.4, *Social Science & Medicine,* pp. 608-611;
Wang, M., Swaraj, S., Chung, D., Stanton, C., Kapur, N. & Large, M., 'Meta-analysis of suicide rates among people discharged from non-psychiatric settings after presentation with suicidal thoughts or behaviours' (May 2019), 139.5, *Acta Psychiatricia Scandinavia,* pp. 472-483. https://doi.org/10.1111/acps.13023

[2] Clapperton, A., Newstead, S., Bugeja, L & Pirkis, J., 'Relative risk of suicide following exposure to recent stressors, Victoria, Australia', (1 June 2019) 43.3, *Australian and New Zealand Journal of Public Health*, pp. 254-260.
See also Clapperton, A., Newstead, S., Bugeja, L., & Pirkis, J., 'Identifying Typologies of Persons Who Died by Suicide: Characterizing Suicide in Victoria, Australia' (2018): DOI: 10.1080/13811118.2018.1507855.

found some more immediate stressful life events were also associated with suicide risk, notably trouble with the police.

17 However, it is important to remember that risk factors are about probabilities, not certainties. Obviously, for example, many people with mental illness do not die by suicide and not all of those who die by suicide have a mental illness.

18 In a second study, Angela looked at all suicides occurring in Victoria between 2009 and 2013 and found that in 52% of cases there was evidence that the person had a mental illness.[3] She examined records relating to individuals with a documented diagnosed mental illness and individuals whose records did not indicate a diagnosis more closely and identified further sub-groups.

19 Angela found that the people with and without mental illness who died by suicide had multiple different immediate stressors recorded as present at the time of their death. These stressors could be grouped into personal (e.g., sexuality, isolation, experience of abuse), interpersonal (e.g., conflicts with partners, family members and non-family members), physical (e.g., illness, injury and pain), situational (e.g., work, financial, legal, education, bullying, substance related), and exposure to suicide (e.g., of a family member). Often individuals experienced a number of stressors simultaneously.

20 The most common stressor both for people with and without a recorded diagnosed mental illness who died by suicide was drug and alcohol use. Other common stressors identified in the study included separation from and/or conflict with a partner, other family conflict, current treatment for a physical condition, and stressors related to work, finances and legal issues.

21 Angela's work shows that suicidal behaviour is related to but also distinct from mental illness. Mental illness heightens the risk of dying by suicide, but there are a range of other factors that increase the risk of suicide, including immediate / proximal stressors that may be present both for those who have a mental illness and those who do not. I believe Angela's work was novel in that it considered how risk factors impact both people with and people without diagnosed mental illness who had died of suicide within one study. Most studies that I am aware of which have examined suicide risk factors have tended to either consider the general population, or have focused on people with known mental illnesses.

[3] Clapperton, A., Newstead, S., Bugeja, L., & Pirkis, J., 'Differences in Characteristics and Exposure to Stressors Between Persons With and Without Diagnosed Mental Illness Who Died by Suicide in Victoria, Australia', (October 2018), 40(4), *Crisis: The Journal of Crisis Intervention and Suicide Prevention,* pp. 1-9.

Suicide prevention

22 "Suicide prevention" includes both the prevention of deaths by suicide and the prevention of suicidal behaviour such as attempted suicide and suicidal thoughts.

23 Suicide prevention initiatives generally fall into three main categories, namely:

(a) Universal interventions which target whole populations and focus on particular risk factors without identifying specific individuals with those risk factors. They are often designed to modify the environment by, for example, restricting access to the means of suicide.

Examples include installing barriers on bridges or cliffs where jumping suicides occur or encouraging responsible media reporting (e.g., by disseminating guidelines for journalists to encourage them to report in a way that minimises the likelihood of copycat acts).

(b) Selective interventions which target people in the population who are not actively suicidal, but who have recognised risk factors for suicidal thoughts and behaviours (e.g., mental illness).

Some selective interventions target these people directly (e.g., pharmacological treatments like antidepressants and lithium), others aim to better equip health professionals to detect, diagnose and manage mental health problems, and still others teach frontline workers and other professionals who come into regular contact with at-risk individuals how to identify them and refer them to appropriate services (e.g., 'gatekeeper training').

(c) Indicated interventions which target individuals who are already having suicidal thoughts or engaging in suicidal behaviour. These people are typically identified through screening programs or by presenting to a clinical service.

Indicated interventions include psychological therapies and ongoing support and communication. Ongoing support and communication can take various forms. It may involve providing follow-up appointments with community-based services once a person has been discharged from an emergency department, or it may involve emergency department or other clinical staff sending postcards or text messages to maintain a connection with the person.

Is suicide preventable?

24 It is my firm belief that suicide is preventable, but there is still a lot that we do not know about what works and what does not work in suicide prevention. There are many reasons for this.

25 One key reason is that suicide is extremely complex. There are often multiple reasons that lead a person to decide that ending his or her life is their only choice; it is relatively uncommon for a single cause to lead a person to this point.

26 As I noted above, it is possible to identify particular risk factors that are associated with suicide at a population level. The difficulty is that none of these risk factors are sensitive or specific enough to allow us to predict which individuals will die by suicide. This reflects the fact that risk factors give rise to an increased likelihood of suicide, not absolute certainty.

27 For these reasons, I consider it important to think about risk factors at a population level, and to seek to mitigate risk through a combination of universal, selective and indicated interventions. Trying to predict the likelihood that certain individuals will attempt suicide based on their risk factor profile is unlikely to be helpful, however, as there would be many false positives and false negatives.

28 It should also be noted that research and evaluation in the suicide prevention field faces a number of challenges and limitations, and consequently our knowledge of which interventions are effective is more limited than is desirable. There are several reasons why suicide prevention research is hard to conduct:

(a) Studies in suicide prevention often involve vulnerable participants who are struggling with many challenges. There is a real need to protect these participants and make sure that their involvement in research does not cause them any harm. In practice, however, this means that suicidal individuals are actively excluded from intervention studies, so we remain uncertain about the effectiveness of interventions in relation to the very people that might benefit most from them.

(b) Although suicide is a major public health problem and each and every suicide is tragic, individual suicides are, fortunately, relatively rare events. This means that it is often difficult to demonstrate that a particular intervention has averted a significant number of suicides. In order to demonstrate this, studies would require prohibitively large sample sizes.

(c) It is often difficult to conduct rigorous evaluation studies in suicide prevention. Significantly, many suicide prevention interventions (particularly universal interventions) are not amenable to evaluation by randomised control trials, which are often regarded as the ‘gold standard’ in demonstrating evidence of effectiveness. For example, it is not feasible to randomly assign safety barriers to certain bridges but not others.

Global best practice on suicide prevention

29 No country has managed to entirely prevent suicide. Also, international comparisons can be difficult because suicide data varies in quality across countries. Nonetheless, there is value in looking to other countries for effective suicide prevention approaches.

30 Although evidence is accumulating about the effectiveness of various components of a suicide prevention response, for the reasons I have stated above, current knowledge of what works in suicide prevention is quite limited and fragmented.

31 In practice, this has meant that many countries have put in place a range of universal, selective and indicated interventions. In recent times, bodies like the World Health Organization (**WHO**) have called for these efforts to be better coordinated, both at the national level and the local (or community) level.[4]

32 A number of countries have national suicide prevention strategies in place which call for a mix of interventions. The WHO has provided guidance as to the types of suicide prevention strategies that may be useful, listing them as follows:

(a) surveillance of suicides and suicide attempts;

(b) restricting access to means of suicide;

(c) promoting responsible media reporting of suicide;

(d) increasing access to services;

(e) providing training and education for identified 'gatekeepers' (e.g., health workers, teachers, police);

(f) improving the quality of clinical care;

(g) providing access to crisis intervention;

(h) offering postvention (i.e., responses for those affected by suicide and suicide attempts); raising community awareness about suicide;

(i) reducing stigma and discrimination; and

(j) providing oversight and coordination.

33 At the local level, the call for a coordinated approach has resulted in better integration and organisation of multiple suicide prevention efforts in what has become known as a systems-based approach.

[4] World Health Organisation, *Preventing Suicide: A global imperative* (2014). Accessed online on 16 July 2019 at https://www.who.int/mental_health/suicide-prevention/world_report_2014/en/

34 In Australia, the best example of a systems-based approach is LifeSpan. LifeSpan was developed by the Black Dog Institute and is being tested in a number of Primary Health Networks in national and state-based trials. LifeSpan involves the following interventions, tailored to local community need:

(a) improving emergency and follow-up care for suicide crises;

(b) using evidence-based treatment for suicidality;

(c) equipping primary care to identify and support people in distress;

(d) improving the competency and confidence of frontline workers to deal with suicidal crises;

(e) promoting help-seeking, mental health and resilience in schools;

(f) training the community to recognise and respond to suicidality;

(g) engaging the community and providing opportunities to be part of change;

(h) encouraging safe and purposeful media reporting;

(i) improving safety; and

(j) reducing access to means of suicide.

Restricting access to means

35 In relation to individual interventions, some of the best practices which are being implemented internationally are also being used in Australia. A recent systematic review by Gil Zalsman and colleagues suggested that there is strong evidence for restricting access to means, school-based awareness programs and particular psychological therapies (for example, cognitive behavioural therapy).[5]

36 Out of the practices identified in Zalsman's review, I am most familiar restricting access to means of suicide. These practices have shown evidence of effectiveness both in Australia and internationally. For example, changing the packaging of paracetamol (introducing blister packs and selling smaller quantities in a single pack) has been shown to significantly reduce paracetamol poisoning suicides.[6] Installing catalytic converters on motor vehicles has led to decreases in suicides by carbon monoxide poisoning.[7] Also,

[5] Zalsman G. *et al*, 'Suicide prevention strategies revisited: 10-year systematic review' (July 2016) 3.7 *Lancet Psychiatry.* DOI: 10.1016/S2215-0366(16)30030-X.
[6] Hawton K., Bergen H., Simkin S., Dodd, S., Pocock P., Bernal W., Gunnell D. & Kapur N., 'Long term effect of reduced pack sizes of paracetamol on poisoning deaths and liver transplant activity in England and Wales: interrupted time series analyses' (February 2013). DOI: 10.1136/bmj.f403. Accessed on 16 July 2019 at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3567205/
[7] Studdert D.M., Gurrin L.C., Jatkar U., Pirkis J., 'Relationship between vehicle emission laws and incidence of suicide by motor vehicle exhaust gas in Australia, 2001-06: An ecological analysis.' (2010) 7 (1) *PLOS Medicine*. Accessed online on 16 July 2019 at https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000210

installing barriers on bridges and cliffs that have developed reputations as 'suicide hotspots' has resulted in major reductions in jumping suicides from these sites.[8]

37 Suicide prevention experts have theorised that restricting access to means works because it stops the person's suicidal behaviour and creates time for them to rethink their actions and/or gives others time to intervene.[9] As an extension of this proposition, people contend that restricting access to means is most likely to work in the case of so-called 'impulsive suicides'. However, I believe that that the impact of these practices may be more far-reaching and can prevent other types of suicidal behaviour. As I have said, suicide is extremely complex, and a lot of people experience ambivalence about the decision. Restricting access to means at the right point in a person's thought processes could save their life.

38 The impact of practices that restrict access to means is most readily observed where the particular means accounts for a high proportion of all suicide deaths. For example, pesticide poisoning is the single most common method of suicide worldwide, and in countries where particular highly toxic pesticides have been banned there have been discernible reductions not only in suicides by pesticide ingestion but also in the overall suicide rate.[10]

39 It would be optimal if we could also identify that there has been no substitution of other means and that there is a resulting net reduction in the overall suicide rate. It is not always possible to conduct this sort of analysis, however, due to the challenges and limitations that I have outlined above). For these reasons, evaluations of this nature often require novel and multifaceted approaches (e.g., pooling data from several studies and assessing additional outcomes like suicide attempts).

How does Victoria's framework compare to global best practice?

40 The challenges faced at a global level are reflected in Australia.

[8] Pirkis J., Too L.S., Spittal M.J., Krysinska K., Robinson J., Cheung Y-TD., 'Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis' (2016) 2, *Lancet Psychiatry*, pp. 994-1001.

[9] Hawton K. 'Restricting access to methods of suicide: Rationale and evaluation of this approach to suicide prevention' (2007) 28 *Crisis: The Journal of Crisis Intervention and Suicide Prevention.* pp. 4–9. DOI: 10.1027/0227-5910.28.S1.4 Accessed online on 16 July 2019 at https://www.researchgate.net/profile/Keith_Hawton/publication/265747919_Restriction_of_access_to_methods_of_suicide_as_a_means_of_suicide_prevention/links/551d541a0cf29a69c99b29a9.pdf?origin=publication_list

Yip P., Caine E., Yousuf S., Chang S-S., Wu K., & Chen Y-Y., 'Means restriction for suicide prevention' (2012) 379, *the Lancet*, pp. 4-9.

[10] Gunnell D., Fernando R., Hewagama M., Priyangika W.D.D., Konradsen F., Eddleston M., 'The impact of pesticide regulations on suicide in Sri Lanka' (2007), 36.6, *International Journal of Epidemiology*, pp.1235-1242.

41 However, there are some positives. For example, Australia was one of the first countries to implement a National Prevention Suicide Strategy, with a cohesive national framework.[11]

42 We are also extremely well regarded internationally for the way our guidelines on media reporting of suicide (known as Mindframe) have been developed and rolled out.[12] There is very strong evidence that irresponsible media reporting of suicide (e.g., reporting that sensationalises suicide or describes a suicide method in detail) can lead to 'copycat' acts, and the Mindframe guidelines have unequivocally improved reporting on suicide.[13]

43 All states and territories also face challenges. Victoria is attempting to implement 'best practices' as much as any other jurisdiction. The 'Victorian Suicide Prevention Framework 2016-25'[14] (**Framework**) recommends a series of preventive approaches under the objectives 'Build resilience', 'Support vulnerable people' and 'Care for the suicidal person', which equate to universal, selective and indicated interventions, respectively.

44 The Framework also calls for a systems-based approach, under the objective 'Help local communities prevent suicide'. This latter objective has been operationalised in the Place-Based Suicide Prevention Trial which involves 12 sites delivering LifeSpan strategies in six PHNs. The Place-Based Suicide Prevention Trial is undergoing an independent evaluation.

45 Importantly, the Framework recognises that there is still much to be learned about what works and what doesn't work in suicide prevention, so it also calls for evaluation of suicide under the objective 'Learn what works best'.

Recommendations

46 For the reasons I have mentioned above, it is difficult to predict suicide at the individual level. It is particularly difficult in clinical settings where most people have the most common risk factor (namely, mental illness) but will not necessarily attempt suicide.

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[11] Department of Health and Ageing, "LIFE: Research and Evidence in Suicide Prevention", DoHA, Canberra, 2007.

[12] See generally https://mindframe.org.au/suicide/communicating-about-suicide/mindframe-guidelines/communicating-about-a-suicide and https://mindframe.org.au/suicide/communicating-about-suicide/mindframe-guidelines (accessed 16 July 2019).

[13] Pirkis J., Dare A., Blood R.W., *et al*, 'Changes in media reporting of suicide in Australia between 2000/01 and 2006/07' (2009) 30(1) *Crisis: The Journal of Crisis Intervention and Suicide Prevention,* pp. 25-33

Pirkis J., Blood W., Sutherland G. & Currier D. 'Suicide and the entertainment media: A critical review" (13 February 2019). Accessed online on 16 July 2019 at https://apo.org.au/sites/default/files/resource-files/2019/02/apo-nid221666-1334306.pdf

[14] Accessed online on 16 July 2019 at https://www2.health.vic.gov.au/about/publications/policiesandguidelines/victorian-suicide-prevention-framework-2016-2025

Consequently, indicated and selective interventions in these settings need to be complemented by universal approaches.

47 Universal, preventive efforts at an "upstream" population level may reduce the "downstream" burden on clinical services.

Importantly, universal measures will also ensure that suicide prevention measures reach those in the population who do not have a mental illness but may face adversity in the form of, for example, unemployment, lack of education or problems with the law. Universal measures which could be effective in reaching these people would involve targeting non-clinical risk factors, including situational and environmental ones. This would require the mental health and suicide prevention sectors to work with sectors outside health, like employment, education and justice.

48 For the reasons already outlined above, one universal intervention that requires special consideration is restricting access to means. We should capitalise on this strategy, given that the evidence of its effectiveness is strong. Securing suicide hotspots is one example of this but there are others (e.g., regulation of poisons and other substances that are lethal in overdose).

49 Clinical mental health services need to be able to help all consumers achieve their best possible mental health, not just individuals who have shown signs of suicidal behaviour. To achieve this, we need to provide optimal conditions for staff working in the mental health system. Expanding the workforce (e.g., including peer workers), providing staff with support and better equipping staff to provide effective care for all consumers could have a major impact.

50 We also need to invest in strengthening the evidence base regarding what works (and what doesn't work) in suicide prevention. To gather this evidence, we need to prioritise rigorous suicide prevention research. We need to devise ways to safely testing interventions in a way that allows us to determine whether they work for those who are actively suicidal. We should also foster Australian and international collaborations to mount large-scale, multi-site studies to provide sufficiently large samples.

51 Having said this, we cannot wait until we have perfect evidence; we must do the best that we can based on the information available.

52 As a part of this, promising novel interventions should be trialled and implemented, even if there are gaps in the evidence base. However, to do this safely and measure the effectiveness of these strategies, there is an onus on those who are funding and delivering them to conduct meaningful evaluations as they are rolled out.

sign here ►

print name Jane Pirkis

date 18 July 2019

Royal Commission into
Victoria's Mental Health System

ATTACHMENT JP-1

This is the attachment marked 'JP-1' referred to in the witness statement of Jane Pirkis dated 18 July 2019.

Curriculum Vitae

PERSONAL DETAILS

Name Professor Jane Elizabeth **PIRKIS**

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Centre for Mental Health
Melbourne School of Population and Global Health
University of Melbourne
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AUSTRALIA

EDUCATION

2001 Doctor of Philosophy
University of Melbourne

1995 Master of Applied Epidemiology
Australian National University

1988 Master of Psychology (Clinical)
University of Tasmania

1985 Bachelor of Arts (First Class Honours in Psychology)
University of Tasmania

EMPLOYMENT HISTORY

Feb 94 – current Professor and Director (Sept 2013 – current), Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne; Professor (Oct 2009 – Aug 13) and Director (Jan 2009 – Aug 2013), Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne:
Associate Professor (Jan 2004 – Sept 2009) and Assistant Director (Feb 1996 – Dec 2008), Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne:
Senior Research Fellow (Feb 1994 – Dec 2003), Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, University of Melbourne

Sept 01 – Aug 02 Harkness Fellow in Health Care Policy, Division of Adolescent Medicine, University of California at San Francisco

Jul 95 – Oct 97 Project Consultant, Mental Health Classification and Service Costs Project

Mar 93 – Jan 94 Research Officer, Springvale Community Health Centre

May 92 – Feb 93 Policy Analyst, National Health Strategy

Sept 90 – Apr 92	Policy Analyst/Project Officer, Drug and Alcohol Directorate and Government Relations Branch, New South Wales Department of Health
Jan 90 – Aug 90	Research Assistant, Department of Public Health, University of Sydney
Feb 88 – Dec 88	Educational Psychologist, Tasmanian Education Department
Feb 87 – Dec 87	Tutor, Psychology Department, University of Tasmania

FELLOWSHIPS/SCHOLARSHIPS

2014	Senior Research Fellowship, Level B (National Health and Medical Research Council)
2009	Senior Research Fellowship, Level A (National Health and Medical Research Council)
2003	Career Development Award (National Health and Medical Research Council)
2001	Harkness Fellowship in Health Care Policy (The Commonwealth Fund)
1994	General Practice Evaluation Program Scholarship (Commonwealth of Australia)
1986	Post-Graduate Research Scholarship (Commonwealth of Australia)

AWARDS/PRIZES

2017	Distinguished Alumni Award (University of Tasmania)
2013	Senior Research Paper Award (Centre of Research Excellence in Suicide Prevention)
2010	Lifetime Research LIFE Award (Suicide Prevention Australia)
2009	Award for Excellence in Evaluation (Australasian Evaluation Society)
2008	Referees' Choice Award (Australian and New Zealand Communication Association Conference)
2004	Early Career Award for Excellence in Research Achievement (School of Population Health, University of Melbourne)

PUBLICATIONS (LAST 10 YEARS ONLY)

Publications in peer-reviewed journals

1. Sinyor M, Williams M, Tran U, Schaffer A, Kurdyak P, Pirkis J, Niederkrotenthaler T. (In press, accepted 25 June 2019). Suicides in Young People in Ontario Following the Release of '13 Reasons Why'. Canadian Journal of Psychiatry.

2. Currier D, Patton G, Sanci L, Sahabandu S, Spittal M, English D, Milner A, Pirkis J. (In press, accepted 20 May 2019). Socioeconomic disadvantage, mental health and substance use in young men in emerging adulthood. Behavioral Medicine.

3. Niederkrotenthaler T, Stack S, Till B, Sinyor M, Pirkis J, Garcia D, Rockett I, Tran U. (In press, accepted 13 March 2019). Suicides in the United States after the Release of 13 Reasons Why: Time series analysis. JAMA Psychiatry.

4. King K, Schlichthorst M, Turnure J, Phelps A, Spittal M, Pirkis J. (In press, accepted 15 February 2019). Evaluating the effectiveness of a website about masculinity and suicide to prompt help-seeking. Health Promotion Journal of Australia.

5. Vine R, Tibble H, Pirkis J, Spittal M, Judd F. (In press, accepted 16 October 2018). Does legislative change affect the use and duration of compulsory treatment orders? Australian and New Zealand Journal of Psychiatry.

6. Robinson J, Bailey E, Witt K, Stefanac N, Milner A, Currier D, Pirkis J, Condron P, Hetrick S. (In press, accepted 16 October 2018). What works in youth suicide prevention? A systematic review and meta-analysis. EClinicalMedicine.

7. Niederkrotenthaler T, Stack S, Till B, Sinyor M, Pirkis J, Garcia D, Rockett I, Tran U. (2019). Association of increased youth suicides in the United States with the release of 13 Reasons Why. JAMA Psychiatry. doi:10.1001/jamapsychiatry.2019.092.

8. Schlichthorst M, King K, Turnure J, Phelps A, Pirkis J. (2019). Engaging Australian men in masculinity and suicide: A concept test of social media materials and a website. Health Promotion Journal of Australia. DOI: 10.1002/hpja.246.

9. Andriessen K, Reifels L, Krysinska K, Robinson J, Dempster G, Pirkis J. (2019). Dealing with ethical concerns in suicide research: A survey of Australian researchers. International Journal of Environmental Research and Public Health. DOI: 10.3390/ijerph16071094.

10. Pirkis J, Rossetto A, Nicholas A, Ftanou M, Robinson J, Reavley N. (2019). Suicide prevention media campaigns: A systematic literature review. Health Communication. 34 (4), 402-414.

11. Jorm A, Nicholas A, Pirkis J, Rossetto A, Fischer J, Reavley N. (2019). Quality of assistance provided by members of the Australian public to a person at risk of suicide: associations with training experiences and sociodemographic factors in a national survey. BMC Psychiatry. 19, 68.

12. Fletcher S, Chondros P, Palmer V, Chatterton ML, Spittal M, Mihalopoulos C, Wood A, Harris M, Burgess P, Bassilios B, Pirkis J, Gunn J. (2019). Link-me: Protocol for a randomised controlled trial of a systematic approach to stepped mental health care in primary care. Contemporary Clinical Trials. 78, 63-75.

13. Nicholas A, Bassilios B, King K, Ftanou M, Machlin A, Reifels L, Pirkis J. (2019). An evaluation of the implementation of the Australian ATAPS Suicide Prevention Services initiative. The Journal of Behavioral Health Services and Research. 46, 99-11.

14. Andriessen K, Krysinska K, Hill N, Reifels L, Robinson J, Reavley N, Pirkis J. (2019). Effectiveness of interventions for people bereaved through suicide: a systematic review of controlled studies of grief, psychosocial and suicide-related outcomes. BMC Psychiatry. 19, 49.

15. Robinson J, Hill N, Thorn P, Battersby R, The Z, Reavley N, Pirkis J, Lamblin M, Rice S, Skehan J. (In press, accepted 6 November 2018). The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. PLOS One 13(11), e0206584.

16. Jorm A, Nicholas A, Pirkis J, Rossetto A, Reavley N. (2018). Associations of training to assist a suicidal person with subsequent quality of support: Results from a national survey of the Australian public. BMC Psychiatry. 18, 132.

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199. Fletcher JR, Pirkis JE, Bassilios B, Kohn F, Blashki G, Burgess PM (2009). Australian primary mental health care: improving access and outcomes. Australian Journal of Primary Health, 15 (3), 244-253.

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211. Burgess P, Trauer T, Coombs T, McKay R, Pirkis J (2009). What does 'clinical significance' mean in the context of the Health of the Nation Outcome Scales (HoNOS) family of measures? Australasian Psychiatry, 17 (2), 141-148.

Books

1. O'Connor R and Pirkis J (Eds.) (2016). International Handbook of Suicide Prevention. Wiley Blackwell: Chichester.

Book chapters/sections

1. Pirkis J, Mok K, Robinson J. (2017). Suicide and newer media: The good, the bad and the Googly. In Niederkrotenthaler T and Stack S (Eds). Media and Suicide: International Perspectives on Research, Theory, and Policy. Taylor and Francis: Milton Park, Abingdon.

2. Pirkis J, Mok K, Robinson J, Nordentoft M. (2016). Media influences on suicidal thoughts and behaviours. In O'Connor R and Pirkis J (Eds.) International Handbook of Suicide Prevention. Wiley Blackwell: Chichester.

3. Robinson J, Pirkis J, O'Connor R. (2016). Suicide clusters. In O'Connor R and Pirkis J (Eds.) International Handbook of Suicide Prevention. Wiley Blackwell: Chichester.

4. Pirkis J, Blood RW. (2014). Suicide and the media. In Koslow S, Ruiz P, Nemeroff C. (Eds.) A Concise Guide to Understanding Suicide: Epidemiology, Pathophysiology and Prevention. Cambridge University Press: Cambridge.

5. Pirkis J. (2014). Suicide. In Thompson T. (Ed). Encyclopedia of Health Communication. Sage: Thousand Oaks, CA.

6. Pirkis J. (2011) Media influences on suicide and attempted suicide. In O'Connor R, Platt S, Gordon J (Eds). International Handbook of Suicide Prevention: Research, Policy and Practice. Wiley Blackwell: Hoboken, NJ.

7. Pirkis J, Callaly T. (2010) Mental health outcome measurement in Australia. In Trauer T. (Ed). Outcome Measurement in Mental Health. Cambridge University Press: Cambridge.

8. Pirkis J. (2010) Reflections on intervention research in the field of suicidology. In Pompili M. (Ed). Suicide in the Words of Suicidologists. Nova Science Publishers Inc: Hauppauge, NY.

9. Pirkis J, Beautrais A, Durkee T. (2009) Suicide attempts in New Zealand and Australia. In Wasserman D, Wasserman C. (Eds). The Oxford Textbook of Suicidology: The Five Continents Perspective. Oxford University Press: Oxford.

PRESENTATIONS AT SCIENTIFIC CONFERENCES (LAST 10 YEARS ONLY)

1. Pirkis J. (2019). Media guidelines on reporting of suicide. Invited presentation to the International Association for Suicide Prevention's 3rd Caribbean Symposium, Port of Spain, 2-4 May.

2. Pirkis J. (2019). Media reporting of Robin Williams' suicide. Invited presentation to the International Association for Suicide Prevention's 3rd Caribbean Symposium, Port of Spain, 2-4 May.

3. Pirkis J. (2018). Suicide and the internet. Invited presentation to the 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, 5-8 September.

4. Pirkis J. (2018). Conducting experimental studies in the area of suicide and the media. Presentation to the 17th European Symposium on Suicide and Suicidal Behaviour, Ghent, 5-8 September.

5. Pirkis J. (2018). Connecting more effectively with men to prevent suicide. Panel presentation to Suicide Prevention Australia's National Conference, Adelaide, 23-26 July.

6. Pirkis J. (2018). Using a novel media based intervention to prevent suicide in men. Invited presentation to the International Association for Suicide Prevention's 8th Asia Pacific Regional Conference, Bay of Islands, New Zealand, 2-5 May.

7. Pirkis J. (2018). Attracting funding for suicide prevention research. Invited masterclass delivered to the International Association for Suicide Prevention's 8th Asia Pacific Regional Conference, Bay of Islands, New Zealand, 2-5 May.

8. Pirkis J. (2018). Restricting access to means of suicide and self-harm. Presentation to the International Association for Suicide Prevention's 8th Asia Pacific Regional Conference, Bay of Islands, New Zealand, 2-5 May.

9. Pirkis J. (2018). Outcomes of community-based suicide prevention approaches which aim to reduce access to pesticides. Invited presentation to the International Association for Suicide Prevention's 8th Asia Pacific Regional Conference, Bay of Islands, New Zealand, 2-5 May.

10. Pirkis J. (2017). Suicide and the Internet: The good, the bad and the Googly. Invited presentation to the International Academy of Suicide Research / American Foundation for Suicide Prevention International Summit on Suicide Research, Las Vegas, 5 November.

11. Pirkis J, Currier D, Butterworth P, Milner A, Kavanagh A, Tibble H, Robinson J, Spittal M. (2017). Socio-economic position and suicidal ideation in men. Paper presented to the International Federation of Psychiatric Epidemiology 16th Congress, Melbourne, 19 October.

12. Pirkis J. (2017). Man Up. A documentary about masculinity and suicidal thinking. Invited presentation to Monash Symposium on Film and Television, Melbourne, 23 October.

13. Pirkis J. (2017). Man Up. A documentary and digital media campaign dealing with male suicide. Paper presented to Suicide Prevention Australia's National Conference, Brisbane, 29 July.

14. Pirkis J. (2017). Suicide and the media. Plenary presentation to the 29th World Congress of the International Association for Suicide Prevention, Kuching, 18-22 July.

15. Woodward A and Pirkis J. (2017). Profiling callers to crisis lines: Practical and methodological issues. Paper presented to the 29th World Congress of the International Association for Suicide Prevention, Kuching, 18-22 July.

16. Pirkis J, Nicholas A, Reavley N, Jorm A. (2017). Media campaigns for suicide prevention. Paper presented to the 29th World Congress of the International Association for Suicide Prevention, Kuching, 18-22 July.

17. Pirkis J. (2017). Man Up: A documentary and much, much more. Invited presentation to the New Male Men's Health Conference, Parramatta, 3 March.

18. Pirkis J, Gunn J. (2017). Evaluation framework for the PHN Lead Site Project. Invited presentation to the PHN Stepped Care Workshop, Canberra, 23 February.

19. Pirkis J, Spittal MJ, Keogh L, Mousaferiadis, Currier D. (2016). Masculinity and suicidal thinking. Poster presented to the 16th European Symposium on Suicide and Suicidal Behaviour, Oviedo, 10 September.

20. Pirkis J, Spittal MJ, Keogh L, Mousaferiadis, Currier D. (2016). Masculinity and suicidal thinking. Paper presented to Suicide Prevention Australia's National Conference, Canberra, 26 July.

21. Pirkis J (2016). Media campaigns for suicide prevention. Invited presentation to the International Association for Suicide Prevention's 7th Asia Pacific Regional Conference, Tokyo, 18-21 May.

22. Pirkis J. (2015). Interventions to prevent suicides by young people and adults at known suicide 'hotspots'. Invited presentation to the International Association for Suicide Prevention 2nd Caribbean Regional Symposium, Cayman Islands, 3-4 December.

23. Pirkis J. (2015). Media campaigns designed to prevent suicide in young people. Invited presentation to the International Association for Suicide Prevention 2nd Caribbean Regional Symposium, Cayman Islands, 3-4 December.

24. Pirkis J. (2015). Interventions to reduce suicide at suicide hotspots. Paper presented to the International Academy of Suicide Research conference, New York, 11 October.

25. Pirkis J, Schlichthorst M, King K. (2015). A novel intervention to promote resilience in Australian men. Paper presented to the National Men's Health Gathering, Terrigal, 21-23 October.

26. Pirkis J (2015). Suicidal behaviour and its prevention. Invited presentation to 16th International Mental Health Conference, Gold Coast, 12-14 August.

27. Pirkis J. (2015). Depression and suicidality in males. Invited presentation to The Mental Health Services (TheMHS) Summer Forum, Sydney, 19 February.

28. Pirkis J. (2014). Meeting the needs of suicidal individuals who make frequent and/or repeat calls to helplines. Paper presented to the International Association for Suicide Prevention World Congress, Montreal, 16-20 June.

29. Pirkis J. (2014). Mass media campaign material designed to prevent youth suicide: Examples from around the world. Paper presented to the International Association for Suicide Prevention World Congress, Montreal, 16-20 June.

30. Pirkis J, Too L, Spittal M, Krysinska K, Cheung Y-T, Robinson J. (2014). Intervening at suicide hotspots: What works? Invited presentation to Lancet Psychiatry Suicide Symposium (British Isles Workshop on Suicide and Self-Harm), Oxford, 10 November.

31. Pirkis J. (2014). Preventing jumping deaths at suicide hotspots: A case study. 15th European Symposium on Suicide and Suicidal Behaviour, Tallinn, 27-30 August.

32. Pirkis J, Machlin A, King K, Spittal M. (2014). Harnessing the potential of the media to encourage help-seeking in men. 15th European Symposium on Suicide and Suicidal Behaviour, Tallinn, 27-30 August.

33. Pirkis J. (2014). Preventing suicide at suicide hotspots: A case study. Suicide Prevention Australia's National Conference, Perth, 23-25 July.

34. Pirkis J. (2014). Interventions at suicide hotspots. Plenary presentation to 6th Asia Pacific Regional Conference of the International Association for Suicide Prevention, Papeete, 11-13 June.

35. Pirkis J. (2014). Suicide and the media. Plenary presentation to 6th Asia Pacific Regional Conference of the International Association for Suicide Prevention, Papeete, 11-13 June.

36. Pirkis J. (2014). Improving media reporting of suicide: How funding from Australian Rotary Health made a difference. Invited presentation to Rotary 9500 Conference, Victor Harbour, 28 March.

37. Pirkis J (2013). Suicide prevention and the media. Invited presentation to WHO Media Consultation and Symposium, Tokyo, 18 December.

38. Pirkis J (2013). Interpreting recommendations for responsible media reporting of suicide. Paper presented to the International Association for Suicide Prevention World Congress, Oslo, 25-28 September.

39. Pirkis J (2013). A review of interventions at suicide hotspots. Paper presented to The Mental Health Services Conference, Melbourne, 20 August.

40. Pirkis J (2013). The epidemiology of suicide. Paper presented to The Mental Health Services Conference, Melbourne, 20 August.

41. Pirkis J (2013). NHMRC Centre of Research Excellence in Mental Health Systems Improvement (CREMSI): Translating evidence into policy and services. Paper presented to The Mental Health Services Conference, Melbourne, 20 August.

42. Pirkis (2013). Interpreting recommendations for responsible media reporting of suicide. Paper presented to Suicide Prevention Australia's National Conference, Melbourne, 25 July.

43. Pirkis J (2013). Suicide and the Internet: The good, the bad and the Google-y. Plenary paper presented to the International Academy for Suicide Research World Congress on Suicide, Montreal, 10-13 June.

44. Pirkis J (2013). Improving access to psychotherapy delivered through primary care: The Australian experience. Paper presented to the International Academy for Suicide Research World Congress on Suicide, Montreal, 10-13 June.

45. Pirkis J (2013). Interpreting recommendations for responsible media reporting of suicide. Paper presented to the International Academy for Suicide Research World Congress on Suicide, Montreal, 10-13 June.

46. Pirkis J (2013). Working with the media to encourage responsible reporting of suicide: Some lessons from Australia. Invited presentation to Media and Suicide: An Interdisciplinary and Global Perspective, Stockholm, 11-12 April.

47. Pirkis J (2012). Encouraging responsible reporting of suicide. Plenary paper presented to the 5th Asia-Pacific Regional Conference of the International Association for Suicide Prevention, Chennai, 29 November – 2 December.

48. Pirkis J (2012). The effectiveness of barriers at suicide hotspots. Paper presented to the 5th Asia-Pacific Regional Conference of the International Association for Suicide Prevention, Chennai, 29 November – 2 December.

49. Pirkis J (2012). The effectiveness of barriers at suicide hotspots. Paper presented to Suicide Prevention Australia's Annual National Suicide Prevention Conference, Sydney, 11-12 October.

50. Pirkis J (2012). Developing a community plan for preventing and responding to suicide clusters. Invited paper presented to New Zealand Suicide Prevention Conference, Auckland, 28 September.

51. Pirkis J, Machlin A, Spittal M (2012). The relationship between the quality of reporting of suicide and potential copycat effects. Paper presented to Suicide and Self-Harm Prevention Conference, Cairns, 13-15 June.

52. Pirkis J, English D, Schlichthorst M, Currier D. (2012) Annual Ten to Men workshop. Workshop presented at World Population Health Congress, Adelaide, 10-12 September.

53. Pirkis J (2011). Media reporting in the aftermath of a suicide. Plenary paper presented to the 16th International Association for Suicide Prevention World Congress, Beijing, 16 September.

54. Pirkis J, Machlin A, Spittal M (2011). Which suicides are reported in the media? Paper presented to the 16th International Association for Suicide Prevention World Congress, Beijing, 15 September.

55. Pirkis J, Dare A, Andriessen K, Nordentoft M, Meier M, Huisman A (2010). Media awards for responsible reporting of suicide: Experiences from Australia, Belgium and Denmark. Paper presented to the 4th Asia Pacific Regional Conference of the International Association for Suicide Prevention, Brisbane, 18 November.

56. Pirkis J, Burgess P, Johnston A, Whiteford H (2010). Use of selective serotonin reuptake inhibitors and suicidal ideation. Paper presented to the 4th Asia Pacific Regional Conference of the International Association for Suicide Prevention, Brisbane, 18 November.

57. Kolves K, Pirkis J (2010). Research and evaluation in suicide prevention. Workshop presented to the 4th Asia Pacific Regional Conference of the International Association for Suicide Prevention, Brisbane, 18 November.

58. Pirkis J, Burgess P, Francis C, Blood RW, Jolley D (2010). Media reporting of suicide. Paper presented to the Australian Society for Psychiatric Research, Sydney, 8 September.

59. Pirkis J, Burgess P, Johnston A, Whiteford H (2010). Use of selective serotonin reuptake inhibitors and suicidal ideation. Paper presented to the 13th European Symposium on Suicide and Suicidal Behaviour, Rome, 3 September.

60. Pirkis J, Dare A, Andriessen K, Nordentoft M, Meier M, Huisman A (2010). Media awards for responsible reporting of suicide: Experiences from Australia, Belgium and Denmark. Paper presented to the 13th European Symposium on Suicide and Suicidal Behaviour, Rome, 2 September.

61. Pirkis J (2010). Research priorities in suicide prevention. Invited presentation to the National Health and Medical Research Council Mental Health Workshop, Canberra, 28 July.

62. Pirkis J (2010). Changes in media reporting of suicide in Australia between 200-01 and 2006-07. Paper presented to the Mindframe Workshop, Sydney, 25 February.

63. Pirkis J (2010). Presentations of suicide in news and information media. Paper presented to the Mindframe Workshop, Sydney, 25 February.

64. Pirkis J, Burgess P, Hardy J, Harris M, Slade T, Johnston A (2009). Who cares? A profile of people who care for relatives with mental illness. Paper presented to the Australian Society for Psychiatric Research Conference, Canberra, 2 December.

65. Pirkis J, Burgess P, Slade T, Johnston A, Meadows G, Gunn J (2009). Service use for mental health problems: Findings from the 2007 National Survey of Mental Health and Wellbeing (NSMHWB). Paper presented to the 6th Health Services and Policy Research Conference, Brisbane, 25 November.

66. Pirkis J, Johnston A, Burgess P (2009). Suicidal thoughts and behaviours among Australian Adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. Paper presented to the International Association for Suicide Prevention XV World Congress, Montevideo, 27-31 October.

67. Pirkis J, Williamson M, Harris M, Robinson J, Gladman (2009). An evaluation of the Queensland Government Suicide Prevention Strategy. Paper presented to the International Association for Suicide Prevention XV World Congress, Montevideo, 27-31 October.

68. Pirkis J (2009). Current suicide prevention activities in Australia. Paper presented to the International Association for Suicide Prevention XV World Congress, Montevideo, 27-31 October.

69. Pirkis J, Johnston A, Burgess P (2009). Suicidal thoughts and behaviours among Australian Adults: Findings from the 2007 National Survey of Mental Health and Wellbeing. Paper presented to the Tasmanian Suicide Prevention Conference, Hobart, 28-29 April.

GRANTS (LAST 10 YEARS ONLY)

2019 National Suicide Prevention Research Fund. The relationship between social media and suicide clusters. (Chief Investigators: Pirkis J, Robinson J, Gould M, Page A, Atkinson J, Spittal M, Too L-S, Witt K, Sinyor M, Till B).

2018 National Health and Medical Research Council. Building a Lifeline for the future: Expectations, innovations, outcomes. (Chief Investigators: Rickwood D, Pirkis J, Klein B, Batterham P, Titov N, Epps J, Goecke R, Kolves K, Gould M, Bradford S).

2018 National Health and Medical Research Council. An integrated response to suicide risk among secondary schools: A regionally-based randomised trial. (Chief Investigators: Robinson J, Pirkis J, Mihalopoulos C, Spittal M, Rice S, Hetrick S).

2018 National Health and Medical Research Council. Evidence for suicide prevention in planning transitions from employment to retirement in older age populations. (Chief Investigators: Page A, Milner A, Spittal M, Pirkis J)

2017 Victorian Department of Health and Human Services. Evaluation of the place-based suicide prevention trials: Establishment phase. (Wutzke S, Redman A, Newell S, Fernando P, Williamson A, Atkinson J, Meadows G, Shawyer F, Edan V, Pirkis J, Enticott J, Page A, Robinson J).

2017 Austrian Science Fund (FWF). Suicide prevention public service announcements (PSAs) targeting adolescents: A randomized controlled trial. (Chief Investigators: Niederkrotenthaler T, Till B, Pirkis J).

2017 American Foundation for Suicide Prevention. Suicide Prevention Public Service Announcements (PSAs): A Randomized Controlled Trial. (Chief Investigators: Pirkis J, Robinson J, Gould M, Reidenberg D, Niederkrotenthaler T, Till B, Metcalfe C, Ftanou M).

2017 Australian Government Department of Health. National Suicide Prevention Trial Evaluation. (Chief Investigators: Pirkis J, Atkinson J-A, Bassilios B, Burgess P, Carter G, Cox A, Currier D, Erlangsen A, Gunn J, Harris M, Kolves K, King K, Krysinska K, Page A, Phelps A, Robinson J, Schlichthorst M, Spittal M).

2017 Australian Building Codes Board. Expert advice on the nature of the problem of jumping suicide from buildings in Australia. (Chief Investigators: Pirkis J, Currier D, Too LS, Sutherland G, O'Connor R).

2017	Australian Government Department of Health. National Leadership in Suicide Prevention Research. (Chief Investigators: Pirkis J, Robinson J, Bassilios B, Spittal M, Reavley N, Gunn J, Carter G, Lubman D, Milner A, Kolves K, Krysinska K, Phelps A, Sutherland G, Grant L, Minas H).
2017	Australian Government Department of Health. *Chatsafe:* A National project engaging young people in suicide prevention messaging via social media. (Chief Investigators: Robinson J, Skehan J, Pirkis J).
2017	Australian Government Department of Health. Primary Health Network Mental Health Reform Lead Site Project Evaluation Framework. (Chief Investigators: Pirkis J, Gunn J, Harris M, Mihalopoulos C, Burgess P, Palmer V, Spittal M, Bassilios B, Fletcher S, Cameron J).
2017	Victorian Department of Health and Human Services. Refinement of Working with the Suicidal Person: Clinical Practice Guidelines and Quick Reference Guides for Public Hospital Emergency Departments. (Chief Investigators: Pirkis J, Witt K, Hetrick S, Milner A, Robinson J, Carter G).
2017	National Health and Medical Research Council. Preventing mortality in adults after release from prison: Advancing global knowledge through an international, individual participant data meta-analysis. (Chief Investigators: Borschmann R, Kinner S, Spittal M, Pirkis J, Preen D, Larney S, Rosen D).
2016	National Health and Medical Research Council. Building the evidence base for prevention and recovery centres. (Chief Investigators: Pirkis J, Brophy L, Spittal M, Harvey C, Farhall J, Mihalopoulos C, Meadows G, Palmer V, Newton R, Fossey E).
2016	beyondblue. National Suicide Prevention Research and Campaign Project. (Chief Investigators: Pirkis J, Reavley N, Jorm A, Spittal M, Lloyd B, Arbes V, Boekel C, Hughes F, Coulton C).
2016	Victorian Department of Health and Human Services. Review of *Working with the Suicidal Person: Clinical Practice Guidelines for Emergency Departments and Mental Health Services.* (Chief Investigators: Pirkis J, Milner A, Witt K, Hetrick S, Robinson J, Spittal M, Carter G).
2016	Public Transport Victoria. Literature review, survey design and analysis of results relating to the Community Stations project. (Chief Investigators: Pirkis J, Spittal M, Reavley N, Too T).
2014	Movember. A documentary promoting resilience in men and boys at key transition points in their lives. (Chief Investigators: Pirkis J,, English D, Currier D, Schlichthorst M, Koelmeyer R, Cummins J, Grant T, Patton G, Olsson C, Redmond G, Forbes D, Phelps A).
2014	Department of Health. Australian Longitudinal Study on Male Health: Ten to Men (Wave 2). (Chief Investigators: English D, Pirkis J).

2014	Australian Rotary Health. Effective suicide prevention campaign material for young people: A randomised controlled trial. (Pirkis J, Robinson J, Spittal M, Rickwood D, McGorry P).
2014	National Health and Medical Research Council. Improving the evidence base for suicide prevention initiatives. Senior Research Fellowship. (Pirkis J).
2014	National Health and Medical Research Council. Youth-specific change and outcome measures for effective youth mental health service delivery. (McGorry P, Rickwood D, Hetrick S, Pirkis J, Parker A, Hickie I, Herrman H, Cotton S, Eagar K).
2013	Tasmanian Government. Literature review and provision of expert advice to inform the development of a new five year mental health strategic plan for Tasmania. (Pirkis J, Whiteford H, Jorm T, Reavley N, Bassilios B, Harris M, Siskind D, Robinson J, Diminic S, Carstensen G).
2013	National Mental Health Commission. Study of people's experiences following a suicide attempt. (Christensen H, Pirkis J, Shand F, Spittal M, Buckley H, Woodward A, Tighe J).
2013	National Health and Medical Research Council. Building the evidence base for suicide prevention: The Victorian Suicide Register. (Chief Investigators: Pirkis J, Bugeja L, McClure R, Milner A, Robinson J, Studdert D).
2012	beyondblue. Service contact amongst persons who suicide in Victoria, 2009-2010. (Chief Investigators: Bugeja L, Pirkis J, Milner A).
2012	beyondblue. The role of the media in encouraging men to seek help for depression or anxiety. (Chief Investigators: Pirkis J, King K, Machlin A, Dare A, Hocking B, Groot C, Thomson G).
2012	Lifeline Foundation for Suicide Prevention. Frequent and Continuing Contacts to Lifeline Crisis Support Services. (Chief Investigators: Pirkis J, Gunn J, Bassilios B, Middleton A).
2012	National Health and Medical Research Council. Centre of Research Excellence for Evidence-based Mental Health Planning: Translating Evidence into Policy and Services. (Chief Investigators: Whiteford H, Degenhardt L, Pirkis J, Vos T, Eagar K, Mihalopoulos C, Andrews G, Head B, Gunn J, Hall W).
2012	Department of Health. Evaluation of Mental Health Professional Online Development (MHPOD) NGO Pilot. (Chief Investigators: Pirkis J).
2012	Department of Health and Ageing. National Mental Health Report. (Chief Investigators: Pirkis J, Harris M, Burgess P).
2011	Department of Health and Ageing. Australian Longitudinal Study on Male Health: Ten to Men (Wave 1). (Chief Investigators: English D, Pirkis J).

2011	Woollahra Council. Case Study on the Gap Park Masterplan Self Harm Minimisation Project. (Chief Investigators: Pirkis J, Robinson J, Lockley A, Williamson M).
2011	Department of Health and Ageing: Evaluation of the Day-to-Day Living Program. (Chief Investigators: Pirkis J, Bassilios B, Ftanou M).
2010	National Health and Medical Research Council: An individual-level study of suicide method substitution over time. (Chief Investigators: Pirkis J, Spittal M, Studdert D, Gurrin L, Miller M).
2010	National Health and Medical Research Council: Public and media understandings of A/H1N1 within a risk communication environment. (Chief Investigators: Blood RW, Chapman S, Pirkis J).
2010	Australian Government Department of Health and Ageing: Development of guidelines on managing and preventing suicides at suicide hotspots, and development of a community plan for the prevention and containment of suicide clusters. (Chief Investigators: Pirkis J, Robinson J, Lockley A, Cheung YTD, Grant L).
2010	Australian Government Department of Health and Ageing: Summative Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule Initiative. (Chief Investigators: Pirkis J, Harris M, Hall W, Scott A).
2010	Australian Research Council: Learning from preventable deaths: A prospective evaluation of the impact of coroners' recommendations in Victoria, 2010-2012. (Chief Investigators: Studdert D, Pirkis J, Sewell G).
2010	Victorian Department of Health: Mental Health Professionals Online Development (MH-POD) pilot. (Chief Investigators: Pirkis J, Day S).
2009	Australian Government Department of Health and Ageing: Independent evaluation of the Mental Health Professionals Network. (Chief Investigators: Pirkis J, Fletcher J, King K, Blashki G, Kohn F).
2009	National Health and Medical Research Council (Capacity Building Grant): The Australian Health News Research Collaboration. (Chief Investigators: Chapman S, Blood RW, Pirkis J).
2009	National Health and Medical Research Council (Project Grant): Re-orientating general practice systems toward youth friendly care: A cluster randomized controlled trial. (Chief Investigators: Sanci L, Patton G, Shiell A, Pirkis J, Sawyer S, Chondros P).
2009	National Health and Medical Research Council: Senior Research Fellowship. (Chief Investigator: Pirkis J).
2009	Australian Government Department of Health and Ageing: Evaluation of the Better Access to Psychiatrists, Psychologists and GPs through the Medicare Benefits Schedule (Better Access) initiative. (Chief Investigators: Pirkis J, Harris M,

Littlefield L, Mihalopoulos C, Blashki G, Burgess P, Coombs T, Fletcher J, Bassilios B, Scott A, Gill S).

PROFESSIONAL MEMBERSHIPS (LAST 10 YEARS ONLY)

2017-current	Member, Academy of the Social Sciences in Australia
2014-current	Member, International Academy of Suicide Research
2009-2012	Member, Australian Society for Psychiatric Research
2006-current	Member (2006-current) and Board Member (2006-2008), Suicide Prevention Australia
2005-current	Vice President (2017-current), General Secretary (2013-2017), Australian Representative (2007-2014), Chair, Suicide and the Media Task Force (2005-2010), International Association for Suicide Prevention
2000-current	Member, Australian Psychological Society
2000-current	Registered Psychologist, Victorian Psychologists' Registration Board
2000-current	Member (2000-current) and Executive Member (2004-2009), Australian and New Zealand Health Services Research Association

APPOINTMENTS AND ADVISORY ROLES (LAST 10 YEARS ONLY)

2018-current	Member, Technical Advisory Group for the Development of the Third National Adult Survey of Mental Health and Wellbeing (appointed by Department of Health)
2017-current	Member, Suicide Prevention Project Reference Group (established by the AMHAC Mental Health Principal Committee)
2017-current	Vice President, International Association for Suicide Prevention
2016-current	Member, Expert Panel on Suicide Prevention (appointed Department of Health)
2016-2018	Member, Australian Advisory Group on Suicide Prevention (appointed by National Mental Health Commission)
2015	Member, Mental Health Expert Reference Group (appointed by Department of Health to advise on response to National Mental Health Commission's review of mental health programs and services)
2013-2015	Member, Australian Suicide Prevention Advisory Council (Ministerial appointment)
2012-current	Member, Lifeline Foundation Expert Advisory Group (appointed by Lifeline Foundation)

2012-current	Member, R U OK? Scientific Advisory Group (appointed by R U OK?)
2012-current	Member, Orygen Research Committee (appointed by Orygen)
2012-2016	General Secretary, International Association for Suicide Prevention
2005-2014	Australian National Representative, International Association for Suicide Prevention

REFEREE/REVIEWER SERVICES (LAST 10 YEARS ONLY)

2004-current	Assessor, Grant Review Panel Member and/or Assigners Academy member, National Health and Medical Research Council
2004-current	Member, Australian Rotary Health Research Committee
1995-current	Reviewer: Addiction, Australian and New Zealand Journal of Psychiatry, Australian and New Zealand Journal of Public Health, Australian e-Journal for the Advancement of Mental Health, Australian Family Physician, Australian Journal of Primary Health, BMC Psychiatry, Crisis, International Journal of Mental Health System Development, Journal of Abnormal Psychology, Journal of Adolescent Health, Journal of Affective Disorders, Journal of Health Services Research and Policy, Journal of Psychosomatic Research, Lancet Psychiatry, Mass Communication and Society, Mental Health Services Research, New Zealand Medical Journal, Primary Care Mental Health, Psychological Medicine, Social Psychiatry and Psychiatric Epidemiology

OTHER PROFESSIONAL SERVICES (LAST 10 YEARS ONLY)

2018-current	Editor-in Chief, CRISIS
2009-current	Member, Editorial Board, International Journal of Mental Health Systems
2005-2017	Member, Editorial Board, CRISIS
2011-current	Member, Organising Committee, International Association for Suicide Prevention International Congresses and Asia/Pacific Conferences