Fifth National Mental Health Plan

Suicide Prevention Australia Submission

9 December 2016

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and unified by hope.

Suicide Prevention Australia acknowledges the traditional owners of country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.
To Whom It May Concern

Suicide Prevention Australia contributed to the development of the Draft Fifth National Mental Health Plan, providing suggestions from Member feedback, the Australian Response to the World Health Organization global report on suicide and from meetings of the National Coalition for Suicide Prevention to provide a submission to the working group on the plan, earlier this year.

As the peak body, we have encouraged our Members (see Appendix C for SPA Organisational Members) and networks to actively participate in the Fifth National Mental Health Plan consultation process to assist Government in developing the best possible Plan for implementation.

The Draft Fifth National Mental Health Plan represents a continuation of five year plans agreed to across Federal and State/Territory Health Ministers for action and priorities on mental health. The Plan is accordingly a statement of contributions and accountabilities health portfolios can deliver on towards agreed national goals. The Plan does not establish head of government commitments, but is intended to form the basis for monitoring results by individual State/Territory Governments and the Federal Government, as well as define the linkages for collaboration across tiers of government.

It is essential that suicide prevention remains core to reform of the health, mental health and other related services and portfolios. We must also keep the person at the centre of every change being discussed as part of this reform. We must listen to lived experience of mental health and suicidal behaviours, and make meaningful use of this experience in implementation plans.

Please find enclosed Suicide Prevention Australia’s submission comprising several areas that we believe require action and inclusion in the final Plan. See Appendix B for specific points by action area. In addition to the points enclosed within we would like to reiterate our full support for a review of the LiFE Framework and develop of a national suicide prevention plan supported by legislation and a National Office for coordination across Government.

The Suicide Prevention Australia Board, team and Membership is available for questions on our Submission during and following consultation should it be helpful in managing next steps. We are committed to making our collective expertise available over the long term and working in partnership with you to turn the devastating trend of suicide in this country.

It is the responsibility of us all to inspire dollar and emotional investment in this Fifth Plan. For the many and diverse stakeholders, key to delivering a long-term vision of life promotion, is having an inspirational, innovative plan to drive implementation.

Sue Murray
Chief Executive
suem@suicidepreventionaust.org
www.suicidepreventionaust.org
Summary of key submission themes

SPA identified several key themes for feedback for its members as identified from the earlier work on the issues and priorities for suicide prevention.

1. Suicide Prevention is a National Priority

The Plan therefore needs to state that priority be given to addressing suicide in more effective and results-driven ways. The increase in the national suicide rate and numbers of deaths, as well as increasing self-harming behaviours and stronger evidence of the morbidity and mortality impacts on those exposed to suicide, reinforces the importance of leadership, commitment and resources by all Health Ministers and the administrations that they oversee. The inclusion of suicide prevention as a separate segment in the Plan should be matched by policy priority, deliberate action and monitoring of results.

2. Suicidal Behaviour Reduction Requires a Public Health Response

The Plan needs to explicitly recognise that the detection and treatment of mental illness is only one facet of a holistic public health approach to suicide prevention, noting that the most effective national suicide prevention strategies have this range of elements – as shown in the framework recommended by the World Health Organization. Critically, a public health approach to suicide prevention integrates crisis intervention and enhanced support for people at risk of suicide with broader community awareness and stigma reduction, and postvention and bereavement support for persons impacted by another’s suicide and suicidal behaviour.

3. Accountability of Health Service Contributions to Suicide Prevention

The Plan needs to nominate the specific accountabilities of health administrations for their identification of and response to suicidal persons and their carers. This should cover primary health care, hospitals and community mental health services; linkages across Primary Health Networks, state based health regions, private health services and the emerging digital mental health services, should also be identified. Measurement of results and transparency on the resources allocated and the findings from evaluations of services, programs and specific initiatives/trials towards a goal of reduced suicides and suicidal behaviour must occur.
What does this mean in practice?
To change the trajectory of suicide in this country, we believe the below needs to be more strongly represented in the Fifth National Mental Health Plan.

The Plan must bring to life enablers for suicide prevention such as a clear national strategy recognising suicide prevention as a discipline and addressing the full spectrum of suicidal behaviours, research, data quality, workforce capability and quality standards.

Suicide Prevention Australia recommends inclusion of the points highlighted in Appendix A, which sets out areas where Australia requires action as identified by the National Coalition for Suicide Prevention in response to the World Health Organization global report on suicide. View full report.

National leadership and coordination

While endorsing a regional approach to suicide prevention through Primary Health Networks (PHNs), we believe this Plan must not only encourage but apply conditions that ensure national consistency and knowledge sharing. One practical way in which this can be achieved is for the Government to endorse and invest in nationally consistent guidelines. Examples of this include:

- Common, national guidelines for clinical and support response to suicidal persons, including exploration of the case for mandatory psycho-social assessments and follow up supports post discharge
- Review and revision of discharge guidelines for suicide and self harm patients to ensure the promotion of suicide safety management
- National, State and regional emphasis and consideration for high-risk and vulnerable groups in all suicide prevention plans such as Aboriginal and Torres Strait Islander, LGBTIQ, CALD communities and individuals who are suicidal
- Review of collaborative treatment models that support individuals who are involuntarily admitted to hospital or specialist care when suicidality is the key issue
- Guidelines for local mechanisms to manage cross border collaboration (e.g. Gold Coast and Northern NSW working together)
- Guidelines on privacy and clinical frameworks in relation to health professional sharing information about suicide risk with patients to their carers
- Guidelines for all health authorities in relation to their role in delivering against suicide prevention components endorsed by the World Health Organization (see Appendix A). For example, data collection in relation to regional hotspots to manage means restriction and priority assessments of persons brought to hospital from a suicide hot spot
- Develop protocols between national crisis lines and state based mental health lines so that suicidal persons receive referrals, and pathway creation across these services
- National focus on quality assured accredited training standards and quality programs and ensuring that all health professionals are adequately trained in suicide prevention.
Meaningful inclusion of Lived Experience and Consumers

We recommend this being demonstrated through practical measures such as:

- Further development of this Plan in partnership with members of the national Lived Experience Network coordinated by Suicide Prevention Australia

- Work with members of the national Lived Experience Network to address the concerning lack of diversity in the draft Plan (CALD communities, youth, older people, veterans etc.) and look to Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report lessons on community engagement and evaluation.

- Commissioning of a National Stigma Index to get a better understanding of what is required to change attitudes and behaviours to suicide prevention

- Mandating health authorities to incorporate state forums for lived experience on suicide prevention into the development and monitoring of state suicide prevention strategies, with budgets allocated to meet related costs

- Active promotion of training in lived experience representation using Suicide Prevention Australia network expertise

- Hospital and health system measurement of service satisfaction by suicidal persons and their Carers that is integrated with follow up support services

- Explicit recognition that those exposed to another’s suicide attempt or death may be at risk of suicide and appropriate services are targeted to them

- Peer support models of service being actively sought with research on their efficacy facilitated through research partnerships. A proportion of health administration research funding could be allocated specifically for this.
Measurement and accountability

This Plan must be a practical plan for implementation, including targets to galvanise the community and Key Performance Indicators (KPIs) that encourage cross border collaboration and cooperation between Federal, State and Regional stakeholders (quality measures not volume metrics). This will ensure consistency in projects underway and those planned, regardless of where initiated. This should include mechanisms to ensure Primary Health Network/Local Health District (LHD) alignment for mental health and suicide prevention.

An example of this is work being undertaken to establish a digital gateway. It is essential that this is promoted by all stakeholders as a source of additional information and support to people contacting the health system, with emphasis on increasing primary health care referrals of patients to use digital services. Another is ensuring promotion and translation of lessons learned from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report.

Data and research should be utilised at the national level to monitor progress and performance on suicide prevention. To this end, Suicide Prevention Australia urges the Federal Government, with the support of the States/Territories to commission another National Mental Health and Wellbeing Survey by the Australian Bureau of Statistics both at the commencement of this Fifth Plan and at its conclusion in five years’ time. This Survey will provide data on the proportion of Australians who have attempted suicide, have developed suicidal intent and thoughts. It is a key set of data. We also recommend the inclusion of measures of exposure to better understand the full impact of suicide among Australians.

Additionally, we recommend investment in a National Office of Suicide Prevention with a remit to secure cross-portfolio approaches to suicide prevention, coordinate data collection and to give priority attention to this significant and complex social issue. This would include investment in the coordinating infrastructure to enable knowledge sharing and reduce duplication and investment in a fully staffed Secretariat and an advisory committee as set out in the draft Plan.

Suicide Prevention Australia also recommends legislation be tabled for a National Suicide Prevention Act that requires government to provide evaluation reports to the Parliament at least every 3 years. This will ensure suicide prevention as a discipline includes suicidal behaviours, and references mental health and suicide prevention in mental health reforms.
APPENDIX A: WHO Framework for Suicide Prevention

World Health Organization Components of an Aligned and Accountable National Suicide Prevention Strategy with a summary of Australia’s performance against each.

| Component                        | Description                                                                                                                                 |
|----------------------------------|----------------------------------------------------------------Adam1234567890|
| Strategy, oversight and coordination | Creation of a national strategy to prevent suicide. Establish institutions or agencies to promote and coordinate research, training and service delivery in respect of suicidal behaviours. Strengthen health and social system responses to suicidal behaviour. |
| Data (Surveillance)              | Increase quality and timeliness of national data on suicide and suicide attempts. Support the establishment of an integrated data collection system which serves to identify vulnerable groups, individuals and situations. |
| Means restriction                | Reduce the availability, accessibility and attractiveness of the means to suicide (e.g. firearms, high places). Reduce toxicity/lethality of available means. |
| Media                           | Promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media. |
| Training and education           | Maintain comprehensive training programs for identified gatekeepers (e.g. health workers, educators, police). Improve the competencies of mental health and primary care providers in the recognition and treatment of vulnerable persons. |
| Access to service                | Promote increased access to comprehensive services for those vulnerable to suicidal behaviours. Remove barriers to care. |
| Treatment                        | Improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt. Improve research and evaluation of effective interventions. |
| Crisis intervention              | Ensure that communities have the capacity to respond to crises with appropriate interventions and that individuals in a crisis have access to emergency mental health care, including through telephone helplines or the internet. |
| Postvention                      | Improve response to and caring for those affected by suicide and suicide attempts. Provide supportive and rehabilitative services to persons affected by suicide attempts. |
| Awareness and stigma reduction   | Establish public information campaigns to support the understanding that suicides are preventable. Increase public and professional access to information about all aspects of preventing suicidal behaviour. Promote use of mental health services, and services for the prevention of substance abuse and suicide. Reduce discrimination against people using these services. |
### APPENDIX B: Specific amendments by Draft Fifth National Mental Health Plan Action Point

<table>
<thead>
<tr>
<th>Action Point</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Vision (p3)</td>
<td>By avoidable harm do you mean suicide? If so, say so. If not, suicide must be addressed in the vision. Further, exposure to suicide and suicidal behaviour as well as support following exposure to this must be included.</td>
</tr>
<tr>
<td>Priority Area 3 – action point 6</td>
<td>Commend inclusion of suicide attempts and would like to see suicidal behaviour beyond deaths reflected in all future strategies and plans. Should also include recovery model.</td>
</tr>
<tr>
<td>Priority Area 3 – action point 10</td>
<td>...better inform the community about suicide and suicide prevention and reduce stigma</td>
</tr>
<tr>
<td>Priority Area 4 – action point 13</td>
<td>We already have a strategy, need to agree implementation using Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report</td>
</tr>
<tr>
<td>Priority Area 6 – action point 19</td>
<td>Please refer to suicidal behaviours as well as mental illness</td>
</tr>
<tr>
<td>Priority Area 6 – action point 20</td>
<td>Please refer to suicidal behaviours as well as lived experience of mental health</td>
</tr>
<tr>
<td>Priority Area 7 – all action points</td>
<td>No mention of suicide prevention in safety and quality section. An additional action needs to be included eg: Governments need to support the development and implementation of quality improvement program in suicide prevention including guidelines, a best practice register, standards and accreditation for organisations working in suicide prevention.</td>
</tr>
<tr>
<td>Monitoring and reporting on reform progress</td>
<td>Recommendation to establish baseline measures through repeat NMHW Survey</td>
</tr>
<tr>
<td>p. 30-second last paragraph</td>
<td>Remove ‘completed’ replace with death. Current wording does not comply with national evidence based guidelines on language</td>
</tr>
<tr>
<td>p. 31 second last paragraph</td>
<td>This should also include death</td>
</tr>
<tr>
<td>p. 35 Action 10</td>
<td>This should also include after a suicide death</td>
</tr>
</tbody>
</table>
APPENDIX C: SPA Organisational Members

3Bridges
Anglicare NT
Anglicare SA
Anxiety Recovery Centre Victoria
Australian Institute For Suicide Research And Prevention
Babana Aboriginal Mens Group Inc
batyr
* beyondblue *
Black Dog Institute
Butterfly Foundation
Centre for Rural and Remote Mental Health
Department of Defence
Early in Life Mental Health Service, Monash Health
Grapevine Group Association Inc
Hope for Life
Hunter Institute of Mental Health (Hunter New England Local Health District)
JOC Wellness & Recovery
Lifeline Australia
Lifeline Central Australia
Lifeline Newcastle & Hunter
Lifeline South East
Lifeline Tasmania
Lifeline WA
LivingWorks Australia
Mates In Construction (National)
Men’s Link Inc
Mental Health & Specialist Services (Gold Coast University Hospital)
Mental Health Association of Central Australia
Mental Illness Fellowship of Australia
Movember Foundation
National LGBTI Health Alliance
Northern Territory
On the Line
Orygen National Centre of Excellence in Youth Mental Health VIC
OzHelp Tasmania Foundation
PANDA Inc
R U OK? Ltd
ReachOut Australia
Relationships Australia (National)
Relationships Australia Canberra & Region
Relationships Australia Tasmania
Roses in the Ocean
Rural Alive and Well Inc
SANE Australia
SuperFriend
Support After Suicide - Jesuit Social Services
The Older Men's Network Inc
Tracksafe Foundation
United Synergies
Wesley Mission (National)
West Australian Association for Mental Health
WINGS of Hope Incorporated
Woden Community Service
YourTown
Youth Focus