Suicide Prevention Australia

Proposal to the National Suicide Prevention Adviser:

Measures for a national mental health package

Issue

National Cabinet will consider a package of measures to support the mental health of Australians during the COVID-19 pandemic.

Principles of governance and communication

Suicide Prevention Australia offers the following principles to guide the national response to, and recovery effort from COVID-19. These principles are adapted from the General Principles of Suicide Prevention adopted by Suicide Prevention Australia in early 2020:

- We need an inclusive, whole-of-government, whole-of-community effort to foster a mentally well society and prevent suicides from occurring, both during the COVID-19 pandemic and after.

- A holistic mental health and suicide prevention approach means Governments across Australia:

  o work together as one, pooling funding and policy effort to foster a consistent, nationwide approach

  o share the latest intelligence across Governments and with the sector to inform program and service prioritisation

  o Focus on building community resilience to the social and mental health impacts of future pandemics, in addition to the response and recovery effort underway

- The national response and recovery effort to COVID-19 should incorporate a three pronged approach:

  o At the population level through strategies to improve equity and address the social factors that increase suicide risk (for example, social isolation, unemployment, and financial distress)

  o At community level via strategies designed to increase social inclusion and reduce risk for priority populations

  o At the individual level, through a connected, holistic suite of early intervention, prevention, response, crisis care, aftercare and postvention interventions that go beyond a mental-health based approach and provide a continuum of care to every person at risk

- The strategies, services and programs Governments prioritise for investment should:

  o be grounded on a strong evidence base that proves their efficacy; or

  o involve trialling new approaches within specific communities, or more broadly to meet urgent, emerging community need highlighted by the data

- People with lived experience offer an essential, qualitative dimension that must be integrated at every stage of the response

- Language matters, and while Governments need to communicate openly with the community about the response and recovery effort, they will communicate in a way that does no harm

Actions needed to ensure services are able to deliver on business as usual in addition to addressing COVID-19 specific concerns

1. **Desired outcome: Suicide prevention and mental health sector is equipped to adjust to changes to service environments and the needs of consumers**

Issues	Solutions
Lack of rapid, readily accessible data to inform program and service delivery improvements	Conduct a special edition of the National Survey of Mental Health and Wellbeing within three (3) months Share de-identified data, in summary form, with suicide prevention service providers, researchers and peak organisations
Lack of resources for smaller organisations who may lack the tools to adjust to telehealth provision	Publish a suite of resources to assist providers to adjust to telehealth provision and communicate with clients about service options

Australia is in the midst of the COVID-19 pandemic; and we are witnessing significant structural change to the functioning of industries, communities and the Australian economy[1]. There is an urgent need to gather data to determine how these structural changes in our economy and society are impacting the mental health and wellbeing of Australians; many of whom are now struggling to maintain or find employment, service their debts, access affordable housing, or other social supports[2].

We propose two information management mechanisms to support an informed response by the suicide prevention and mental health sectors:

- **Special edition of the National Survey of Mental Health and Wellbeing:** We propose the Commonwealth Government commission the Australian Bureau of Statistics to conduct a special edition of the National Survey of Mental Health and Wellbeing to take place in late 2020. This will assist Government and the sector to monitor community wellbeing outcomes, underlying suicidality levels and suicidal behaviour. In the short to medium term, this will equip Government to measure the effect of COVID-19 related social and economic changes on Australians' mental health and wellbeing; and develop strategies to address them.

- **Share de-identified information service providers and researchers:** An informed suicide prevention and research sector is better equipped to adjust programs, services and research priorities according to need. We propose the National Suicide Prevention Adviser share the latest data concerning hospital presentations, service and program demand shifts, attempt and mortality data to better inform service providers and researchers. Data could be de-identified and, if necessary, provided in summary form. Data could also be provided to a select group of organisations and/or via an opt in arrangement.

The sector also requires support to adjust to different service modes and reassure consumers concerning their capacity to deliver. As outlined in Suicide Prevention Australia's recent survey

[1] Australian Bureau of Statistics. (2020). *Household Impacts of COVID-19 Survey,* cat. no. 4940.0, accessed at <https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4940.0Main%20Features11-6%20Apr%202020?opendocument&tabname=Summary&prodno=4940.0&issue=1-6%20Apr%202020&num=&view=>.

[2] Grattan Institute. (2020). *The Grattan Econ Tracker: Measuring the impact of COVID-19 on the Australian economy,* April, accessed at <https://grattan.shinyapps.io/covid-econ-tracker/>.

concerning COVID-19 related impacts, many smaller providers reported challenges with transitioning to virtual modes of delivery.

Box 1: COVID-19 Sector Survey - summary results
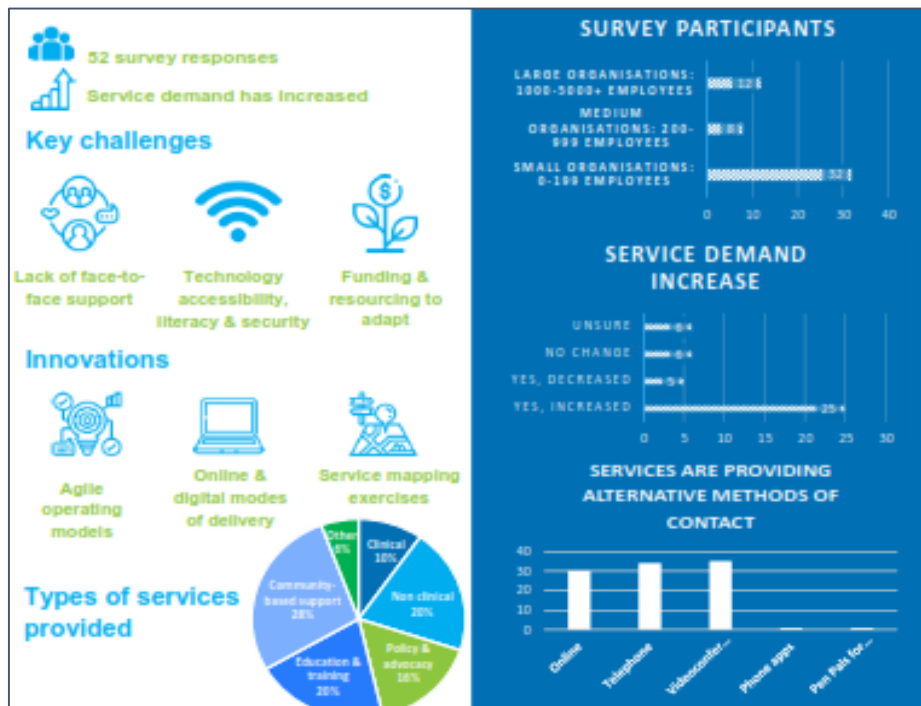
Our results suggest the suicide prevention sector would benefit from additional support with:

- Communicating with their clients about the benefits of telehealth as an alternative to face to face contact. This support could be via a package of practical communications resources, including key messages.

- Using technology more effectively. We suggest creation of a quick, digital 'how to' guide to providing telehealth/digital options.

Clearly defined, implementable activities needed

Suicide Prevention Australia proposes the following additional measures for inclusion in the national mental health package:

	Desired outcome	Recommendations
2.	Ensure people in suicidal crisis have a range of spaces to go to for support	Fund the jurisdictions to rapidly set up safe space 'pop-ups' and leverage existing pilots to provide alternatives to emergency departments
3.	Equip key Government touchpoints to connect vulnerable customers to support	Train key 'connectors' in frontline Government roles to recognise the signs of suicidal distress and connect those in distress to support services
5.	Provide non-digital outreach option for older Australians	Establish a voluntary (opt-in) contact register to allow mental health and social support providers to connect with elderly Australians

2. Outcome desired: Ensure people in suicidal crisis have a range of spaces to go to for support

Issue	Solutions
Need for alternatives to emergency department presentations	Fund the jurisdictions to rapidly set up safe space 'pop-ups' and expand existing space pilots' to provide alternatives to emergency departments

The National Suicide Prevention Adviser confirmed during her press conference of 29th April that emergency department presentations have reduced significantly. Without having access to the data underpinning this announcement, we suggest this downturn may be due to two factors:

- Public caution concerning exposure to COVID-19, particularly in a hospital setting

- Availability of alternative modes of support via telehealth

We support the intention expressed in the National Suicide Prevention Adviser's Initial report to broaden alternatives to emergency department presentations: an action also included in the Fifth Plan. We also echo Beyond Blue's call for a tiered network of such spaces so that the system caters to the need of people experiencing different levels of need[3].

We propose Commonwealth Government, however, support the rapid expansion of the safe haven options available, with priority placed on jurisdictions with higher COVID-19 caseloads and stricter social distancing restrictions. This could involve opening up temporary options as well as expanding pilots already underway:

- **Pop-up 'safe haven'** mental health cafes providing drop-in, compassionate care. The Commonwealth Government would provide an immediate funding stream to support the jurisdictions to set up the pop-up havens as a safe alternative to emergency department presentation; and

- **Expanding pilots such as the Suicide Prevention and Recovery Centre trial** being developed by Independent Community Living Australia and Roses in the Ocean. The trial involves delivery of a co-designed, peer-led alternative to emergency department or psychiatric care, catering toward individuals experiencing higher intensity distress.

3. Outcome desired: Equip key Government touchpoints to connect vulnerable customers to support

Issue	Solutions
Need for frontline Government staff to have the confidence to identify distress and refer them to support services	Train key 'connectors' in frontline Government roles to recognise the signs of suicidal distress and connect those in distress to support services

The impacts of the COVID-19 pandemic are proving to be wide-reaching, with the effects on the Australian economy growing increasingly apparent. The Department of Social Services has reported the number of people claiming the JobSeeker allowance rose by nearly 500,000 from February to

[3] Beyond Blue. (2020). *Submission on the Productivity Commission's Draft Report on Mental Health*, available online at <https://www.pc.gov.au/__data/assets/pdf_file/0007/251098/sub877-mental-health.pdf>.

April 2020, with another 400,000 additional claimants expected to apply by September. Business confidence has declined sharply, with the latest estimates showing small businesses experiencing cumulative impacts from the bushfires and COVID-19 measures are the most affected[4].

While suicide is not a typical response, links between unemployment, financial insecurity and suicidality are well established. Several systematic reviews have provided strong evidence of the relationship between unemployment and suicide, with the risk at its highest in the first five years of unemployment.[5] A recent study found levels of personal debt are also associated with suicidal ideation, suicidal attempts and suicide even after adjusting for socioeconomic factors, lifestyle behaviours and other risk factors. [6]

Equipping touchpoints or 'gatekeepers' with suicide prevention training is an important intervention for reducing suicide. A systematic review of gatekeeper training outcomes in the United States of America found gatekeepers had developed knowledge, skills and referral skills, while larger studies involving physicians and military personnel reported that suicidal behaviours, ideation and attempts were reduced, at least in the medium term[7]. Orygen's analysis of Australian trials of gatekeeper training outcomes reported similar findings, while noting the need for population-based studies in Australia[8].

Personnel in frontline roles within agencies such as Centrelink and the Australian Taxation Office are likely to come into contact with people experiencing distress. We recommend immediate investment and national roll out of suicide prevention training for personnel in these frontline roles. First priority for training would go to roles interfacing regularly with the newly unemployed, small business owners, and people experiencing financial hardship (for example, those applying for early release of superannuation).

4. Outcome desired: Provide non-digital, sustainable outreach options for older Australians

Issue	Solutions
Need for outreach options for older Australians	Establish a voluntary (opt-in) contact register to allow mental health and social support providers to connect with elderly Australians

Suicide Prevention Australia is of the view that special attention should be paid to the needs of older Australians, who are vulnerable to many of the impacts of the national COVID-19 response. A survey by National Seniors Australia has found that older Australians are experiencing heightened levels of anxiety and distress due to COVID-19 impacts on multiple areas of their lives. Key impacts reported by the survey included perceived social isolation due to distancing measures; lack of access to foods and medications, financial loss and conflicting information presented from multiple sources[9].

[4] NSW Business Chamber. (2020). NSW Business Conditions Survey, March quarter, available online at <https://www.businessnsw.com/content/dam/nswbc/businessnsw/bcs-reports/BCS%20Report%20-%20March%202020%20-%20COVID19%20Special%20Edition%20(V2)%20.pdf>.
[5] See, for example: Milner, A., Page, A., & LaMontagne, A. D. (2013). Long-term unemployment and suicide: a systematic review and meta-analysis. PloS one, 8(1), e51333. https://doi.org/10.1371/journal.pone.0051333
[6] Meltzer H, Bebbington P, Brugha T, Jenkins R, McManus S, Dennis MS. (2010). 'Personal debt and suicidal ideation', Psychological Medicine, published online 16 June 2010. doi: 10.1017/S0033291710001261, 2010
[7] Isaac M, Elias B, Katz LY, Belik SL, Deane FP, Enns MW, Sareen J, (2009). 'Gatekeeper training as a preventative intervention for suicide: a systematic review'. Canadian Journal of Psychiatry, vol. 54, no. 4, pp. 260-268
[8] De Silva, S. Simpson, R. Parker, Dr A. (2020). 'Does Gatekeeper Training Prevent Suicide in Young People?', Research Bulletin, Orygen, accessed online at <https://www.orygen.org.au/Research/Research-Areas/Suicide-Prevention/Orygen_Suicide_prevention_research_bulletin?ext=.>.
[9] National Seniors Australia. (2020). *Seniors speak about hidden impacts of the COVID-19 pandemic: A short national seniors report,* online report, available at <https://nationalseniors.com.au/uploads/National-Seniors-Short-Report-COVID-19-Hidden-issues.pdf>.

These issues may be compounded in the coming months. While restrictions for the broader population are likely to be eased, older Australians and other groups vulnerable to the COVID-19 virus may be encouraged (or may elect) to continue to engage in stricter distancing. Analysis of Hong Kong's suicide deaths data found that distancing measures following the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003 were linked with a sharp upturn in suicide among elderly women[10]. This increase correlated with the breakdown of female elders' social networks and limitations to their access to healthcare and suicidality.

We propose the Commonwealth Government consider establishing a voluntary contact register, administered by local Councils and accessible by local social and health service providers. The register would enable service providers to engage in outreach with those who opt in: for example, to check in concerning their state of health, basic needs and other supports necessary. Older Australians would elect to be on the register via contact with their local Council; and funding for the programme should include support for Councils to communicate the availability of the register and its purpose to their older residents.

---

[10]Chan, SM. Chiu, FK. Lam, CW. Leung, PY, Conwell, Y. (2006). 'Elderly suicide and the 2003 SARS epidemic in Hong Kong', *International Journal of Geriatric Psychiatry,* 21(2), pp. 113-8.