Suicide Prevention Australia

Submission for the 2020/21 Federal Budget

Introduction

Suicide Prevention Australia is the national peak body for the Suicide Prevention Sector. Counting Australia's largest and smallest suicide prevention and mental health not-for-profits, practitioners, researchers and leaders among our members. Suicide Prevention Australia supports and strengthens the services of our members, is an information channel connecting the Sector and Government, as well as providing leadership, policy services, training and research support to the Suicide Prevention Sector.

Our National Policy Platform sets out a clear agenda for Government to pursue. We're advocating for systemic change through the three pillars of whole of government collaboration, workforce strategy and reliable data. This Budget submission is consistent with our Policy Platform.

We were heartened by the Commonwealth Government's announcement in January of a $64 million investment in a suite of suicide prevention measures.

Funding to expand the StandBy postvention services will mean more people bereaved by suicide can connect with support. The additional funds to scale up Beyond Blue's Way Back Support aftercare service were also a very welcome development. The focus on connected, community-based suicide prevention interventions where agencies work together are a critical way of ensuring people who've survived a suicide attempt have the intensive, compassionate support they need.

While the package was a step in the right direction, we believe systemic change is the best way to deliver a significant, meaningful reduction in suicide deaths and achieve the Commonwealth Government's commitment of a Towards Zero suicide rate. This is our shared vision.

As we've seen in Ireland and Japan, when the whole of government works together we create an environment where the conditions that raise suicide risk are addressed holistically and in an accountable way. Quantifying and properly training the suicide workforce will provide our society with the means to assist in the lives of people even before they reach crisis point. Having access to reliable, accurate data on who, where, why and how people take their own lives or might be at risk of suicide is absolutely crucial to designing suicide prevention strategies that work.

Since we published the Platform in April 2019, the Commonwealth Government has made significant progress toward these goals. The appointment of a National Suicide Prevention Adviser has brought a much-needed level of oversight, coordination and strategic direction for suicide prevention. Suicide Prevention Australia has supported Ms Morgan via our role on the Expert Advisory Taskforce, and we are heartened by her demonstrated commitment to driving positive change.

We hope, however, that the Government will put in place a permanent coordination function by setting up a National Suicide Prevention Office similar to the central function in Ireland and Japan – two nations that have seen a significant decline in their suicide rate over the past ten years.

While this systemic change is underway, we're also calling on the Commonwealth Government to make immediate investment in four new strategies to support our strategic pillars.

The community needs to be assured that Governments are investing in suicide prevention programs that are high quality, safe and effective. That's why we're asking Government to help us deliver a National Gateway to Quality Improvement. This Gateway will mean suicide prevention services and programs can follow a clear pathway for quality improvement, providing Government with a method for deciding which programs and services should be supported by the taxpayer.

Renewing the National Research Grants Fund provides the opportunity for Suicide Prevention Australia to deliver an enhanced research program that will address gaps in knowledge and data,

build sector capacity and foster innovation. The renewed program will also provide the opportunity to commission large-scale research in priority areas to support the Commonwealth Government's suicide prevention agenda.

We believe one of these priorities should be to develop a clear understanding of the experience of people moving through the suicide prevention system. The Commonwealth Government should consider initiating a project, perhaps within the renewed Fund, to comprehensively map this journey with people with lived experience. This 'customer journey map' would be another tool for identifying which programs and services should receive priority, based on the needs of the end user.

The recent bushfires have left communities across Australia struggling to rebuild, recover and develop resilience to future disasters. While the Commonwealth Government's $76 million mental health package was a very welcome form of support, we need additional funding to equip more people living in the affected communities to recognise when one of their peers might need additional support. We're asking the Commonwealth Government to provide the Primary Health Networks with funding to provide people who are key touchpoints in their communities with first aid training in mental health and suicide prevention.

There is very strong evidence that attentive, quality care after someone has attempted suicide can reduce the risk that they will attempt suicide again. The recently announced $10 million Commonwealth Government investment to expand Beyond Blue's Way Back Support Service is a welcome step in the right direction. We agree with the Productivity Commission, however, that we need universal aftercare, co-funded by the Commonwealth, State and Territory Governments, so that every person who has survived a suicide attempt has the help they need to recover and thrive.

We're confident the measures we've proposed for the 2020/21 Budget will help the Commonwealth Government make real progress against their commitment to a Toward Zero suicide rate.

Together, we can achieve a world without suicide.

Summary of Recommendations

1. Fund a National Suicide Prevention Office responsible for a whole-of-government approach to suicide prevention
2. Fund Suicide Prevention Australia's Quality Improvement Gateway and Program
3. Fund Suicide Prevention Australia to conduct a second phase of the Suicide Prevention Fund Research Grants Program
4. Fund an initiative to comprehensively map the experience of people moving through the suicide prevention system
5. Create a standalone suicide prevention workforce strategy and implementation plan, with priority placed on identifying and addressing the needs of the peer lived experience workforce
6. Provide 'first aid' mental health and suicide prevention training to critical frontline service providers within the communities affected by the recent bushfires
7. Co-fund with State and Territory governments a national, universal aftercare program providing a minimum of three (3) months of personalised support after a suicide attempt

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Priority Area 1: Whole of government collaboration

Australia needs a whole-of-government approach to suicide prevention.

Suicide is a complicated, multi-factorial human behaviour and is more than an expression of mental ill health. The *Fifth National Mental Health and Suicide Prevention Plan*[1] reinforces this position, highlighting that the risks and protective factors for suicide are not confined to mental health and clinical treatment options. Preventing suicide therefore requires a holistic, cross-governmental approach that effectively coordinates funding and policy attention to address the social, economic, health, occupational, cultural and environmental factors involved.

We greatly welcome the Commonwealth Government's appointment of a National Suicide Prevention Adviser to progress the Prime Minister's commitment to a Towards Zero suicide rate. This appointment has elevated suicide prevention to its rightful place: at the forefront of the nation's agenda.

The Commonwealth Government has also put in place temporary machinery for whole of government collaboration. This includes forming a cross-governmental committee as well as an Expert Advisory Group involving key peak bodies and providers, including Suicide Prevention Australia.

The National Suicide Prevention Adviser's appointment is, however, term limited to the end of 2020. The supporting structures of the Expert Advisory Group, Taskforce and cross-governmental committee are also temporary. As a result, there is no provision for ongoing whole of government coordination for suicide prevention beyond 2020.

Government should reform its existing machinery of government to provide a permanent, ongoing whole-of-government approach to suicide prevention. As outlined in our National Policy Platform[2], these reforms should include:

- Making the National Suicide Prevention Adviser's role permanent by setting up a National Suicide Prevention Office, preferably housed within the Department of Prime Minister and Cabinet

- Passing a Suicide Prevention Act to provide a legislative framework for a three-yearly National Suicide Prevention Plan, integrating actions with a responsible agency, committed funding, measurable performance indicators and a suicide reduction target

- Tasking the National Suicide Prevention Office with developing, delivering and monitoring performance against the National Suicide Prevention Plan, including coordinating cross-portfolio policy approaches and supporting Primary Health Networks (PHNs) in their suicide prevention focus.

International case studies supporting a whole of government approach

Our proposals are supported by strong international evidence showing that a whole-of-government approach is essential to driving reform, coordinated action and a reduction in the suicide rate.[3]

[1] National Mental Health Commission. (2017), accessed online at
[2] Suicide Prevention Australia. (2019). *National Policy Platform,* available online at https://www.suicidepreventionaust.org/wp-content/uploads/bsk-pdf-manager/2019/05/Suicide-Prevention-Australia-National-Policy-Platform-April-2019-high-res.pdf
[3] See World Health Organisation recommendations 18 and 19.

In 2006 Japan, recognising the urgent need to drive down the nation's high suicide rate, passed legislation to organise the machinery of government to coordinate suicide prevention strategy and activities.[4] Responsibility for suicide prevention shifted from the Ministry of Health, Labour and Welfare to the central department of the Cabinet Office. The issue of suicide prevention received national prominence and, crucially, became a responsibility shared by all Ministers.

The new government arrangements were followed by progressively released, regularly reviewed strategies to address key issues such as means restriction, youth suicide, and aftercare for suicide attempt survivors. Japan has since seen a significant, progressive decline in its suicide rate. [5]

The Republic of Ireland has a similarly whole of government approach to suicide prevention and has also seen a progressive decline in its suicide rate.[6] Ireland formed a National Office for Suicide Prevention in 2005 to collect and report on suicide related data, as well as oversee the implementation of ReachOut, the nation's first suicide prevention strategy.

In 2015, ReachOut was replaced by Connecting for Life, a five-year strategy that takes a whole of society approach to suicide prevention. Connecting for Life sets out a suite of population level, community based and indicated interventions, as well as policy initiatives to support them. A government agency or funded service provider is assigned lead responsibility to implement each initiative, and is accountable for the outcomes achieved.

Emerging international models

The Scottish Distress Brief Intervention model also demonstrates agencies have an improved capacity to respond to people in crisis where they work in concert at the community level. The Distress Brief Intervention programme, a key facet of the Scottish Government's ten-year mental health strategy, involves a lead agency facilitating cooperation between a large number of local partners within a community (site).[7] This ensures individuals in distress receive timely referral to support services, follow up support in the fortnight following presentation, and longer term support if required. Two years of the pilot programme remain, with encouraging early results: more than 3,000 people were supported in the first two years of the Distress Brief Intervention model, all receiving rapid and intensive support.

Closer to home, New Zealand has leveraged the successful Irish model, in 2019 forming a National Suicide Prevention Office and publishing its *Every Life Matters* suicide prevention strategy and action plan. As with the model outlined in Suicide Prevention Australia's *National Policy Platform*, the action plan commits to delivering a workforce strategy to build the capacity of New Zealand's suicide prevention workforce.

Recommendation: Fund a permanent National Suicide Prevention Office, led by the National Suicide Prevention Adviser and responsible for a whole-of-government approach to suicide prevention

Budgetary impact: Not costed.

[4] World Health Organisation. (2018). *National suicide prevention strategies Progress, examples and indicators*, Geneva, accessed online at <https://apps.who.int/iris/bitstream/handle/10665/279765/9789241515016-eng.pdf>.
[5] National Office for Suicide Prevention. (2018). *National Office for Suicide Prevention Annual Report 2018,* accessed online at <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/about/annualreports/nosp-annual-report-2018.pdf>.
[6] The Republic of Ireland's National Office for Suicide Prevention reports the rate of suicide in 2016 was 9.2 per 100,000, compared with 11.8 per 100,000 in 2008 (National Office for Suicide Prevention. (2018). *Annual Report:* Dublin).
[7] Health Scotland. (2019). *Evaluability assessment of the Distress Brief Intervention programme in Scotland,* accessed online at <http://www.healthscotland.scot/media/1316/evaluability-assessment-of-the-distress-brief-intervention-programme-in-scotland_mar2016_english.pdf>.

Priority Area 2: Quality improvement for the suicide prevention sector

Suicide Prevention Australia is seeking continued Federal Government investment to build the National Gateway to quality improvement, certification and accreditation for programs in the suicide prevention sector. This will deliver on the *Fifth Plan's* priority on making safety and quality central to mental health and suicide prevention service delivery.

Assuring the safety, quality and efficacy of Australia's suicide prevention programs is a central concern for Government and the suicide prevention sector. Governments have already committed to making safety and quality central to mental health and suicide prevention service delivery: highlighting this as a key priority of the *Fifth Mental Health and Suicide Prevention Plan*.[8] The *Fifth Plan* also recognises the importance of standards to assuring services and programs are safe, quality and outcomes-based.[9]

Suicide Prevention Australia is creating a sector-led Quality Improvement Program to deliver on this priority. This is a typical role for a peak body, and leverages the benefits of our intimate connection with the suicide prevention sector; our independence; understanding of the suicide prevention evidence base; and our role in building sector capacity and capability.

The first phase of supporting the sector in quality program development was a Suicide Prevention Hub: a user-friendly online register of programs assessed for effectiveness and best practice in suicide prevention. The Hub was developed through the National Suicide Prevention Research Fund established by the Commonwealth Government in 2017, in addition to supplementary contributions from private sector supporters such as Allens and Anytime Fitness.

After an evaluation of The Hub in 2019, we agreed that a national quality standards approach - leading to certification and accreditation of programs - would be a more effective mechanism for assuring the quality, effectiveness and fidelity of suicide prevention programs in Australia.

We have since undertaken extensive work towards a National Gateway for self-directed quality improvement, working with QIP Consulting. QIP Consulting have extensive experience developing standards including the National Standards for Mental Health Services (NSMHS) and the National Safety and Quality Health Service (NSQHS) Standards.

Suicide Prevention Australia, together with QIP Consulting, finalised a suite of quality improvement standards in December 2019 and consulted with sector representatives for input and feedback. Examples of standards against which programs will be assessed include lived experience of suicide, safe language principles, offering of crisis support and use of evaluation, data and evidence.

The next stage of the Quality Improvement Gateway will be to provide a full pathway of assessment of quality performance, while leveraging the infrastructure created through the Commonwealth Government's investment in phase one. The full pathway would involve allowing service providers to progress their programs to certification and/or accreditation, after passing the initial self-assessment phase. Service providers would be expected to maintain compliance with differing levels of evidence as their programs progress through each stage of the assessment pathway.

[8] National Mental Health Commission. (2017.). pp. 42-47.
[9] Ibid, 44-47.

We are seeking additional Commonwealth Government investment of $5.096m over three years to deliver the final phase of the Quality Improvement Gateway, to support and subsidise service providers (especially smaller service providers) to have their programs pass through the pathway of assessment. This investment will capitalise on the existing infrastructure already delivered by Suicide Prevention Australia, including the self-assessment phase of the Gateway and the supporting quality standards.

The further Commonwealth Government investment for phase two of the Quality Improvement Gateway will deliver a significant return via the benefits outlined in **Table 1** below.

Table 1: Benefits of the Suicide Prevention Sector Quality Improvement Program	
Government and commissioning agents will have:	• a potential mechanism for allocating funding to suicide prevention programs that are high quality and effective, within the key streams of awareness, early intervention, crisis management, aftercare and postvention • a clear understanding of the compliance of services and programs with national quality standards • improved capacity for standardised data collection and data informed decision making • content to support Primary Health Networks and other organisations to select programs tailored to the needs for their communities • the ability to identify suitable services and programs across type and purpose and outlining the evidence for these as well as the 'best practice' considerations to be used in any commissioning process.
The community will have:	• assurance that programs passing through the quality improvement process are high quality, safe, effective and outcomes based • transparent information about programs and their commitment to quality improvement • a reliable source of information about the attributes of safe and appropriate programs and services for suicide prevention
The suicide prevention sector will have:	• increased capacity to reduce the suicide rate and enhance the quality of care of those affected by suicide • the opportunity to participate in a self-directed quality journey which is purposeful, user friendly and relevant to their needs • the ability to deliver more quality, outcomes-based programs in awareness, early intervention, crisis management, aftercare and postvention • a systematic and coordinated approach for building the capabilities and continual improvement of suicide prevention programs, including measuring workforce competency and training needs. • access to evidence-based research and resources, including education and training support • guidance on the importance and inclusion of lived experience expertise across various program and service types. • the capacity to align their suicide prevention programs and services with new research and evidence • for smaller, less mature organisations, the benefit of tools and advisory support to improve the quality and efficacy of their service and program offerings

Supporting rational decision making on suicide prevention funding

We are of the view funding and policy attention for suicide prevention services and programs should be organised in a logic-based way around the following streams:

The Commonwealth Government should prioritise programs and services for funding based on their proven capacity to deliver outcomes or, in the case of new, innovative initiatives, on evidence supporting the outcomes they are likely to achieve. Programs would be prioritised within a specific funding envelope for their grouping or stream.

The most effective, sustainable and reliable way for Government to prioritise programs for funding would be after assessment by an independent, sector driven, non-government 'gateway' such as the one Suicide Prevention Australia is delivering.

Recommendation: Fund Suicide Prevention Australia's Quality Improvement Gateway and Program

Budgetary impact: $5.096 million over three years

Priority Area 3: Suicide Prevention Research Fund

We request the Commonwealth Government to invest $9.6 million in the National Suicide Prevention Research Fund (the Fund) for a further three years (FY2020/21-FY22/23).

This investment will enable Suicide Prevention Australia to deliver an enhanced research program that will address gaps in knowledge and data, build sector capacity and foster innovation.

Background to the Fund

The Commonwealth Government in 2017 established the first National Suicide Prevention Research Fund (the Fund). The Commonwealth Government allocated $9.6 million over three years for the first phase of the Suicide Prevention Research Fund.

The Commonwealth Government appointed Suicide Prevention Australia as manager of the Fund. This appointment recognised the close alignment between new research knowledge and its application to improvements in suicide prevention programs and community services.

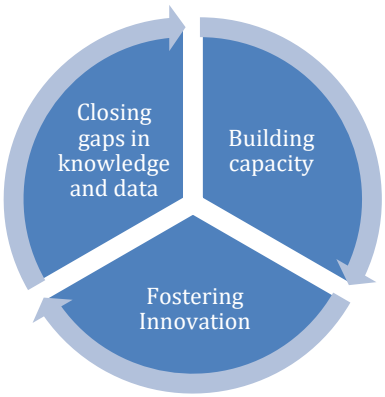
An independent Research Advisory Committee, under the leadership of Professor Don Nutbeam, has ensured excellence in scientific value of the research and adherence to the Fund priorities. The Committee includes leading research experts, those with lived experience of suicide and experts in service delivery settings.

The current allocation ceases in June 2020. Suicide Prevention Australia will have funded more than 30 grants from the initial envelope within that time. These grants have significantly enhanced the capacity of the suicide prevention research community and our role as administrator has been crucial to this outcome. Suicide Prevention Australia has connected the latest research with service providers to ensure the research funded via the scheme has high relevance and practical application to the sector. The program has also supported early career researchers via the post-doctoral research stream, building the contribution made by the next generation of researchers to the suicide prevention evidence base.

The next phase

Suicide Prevention Australia seeks a further three-year commitment of $9.6 million to administer a revamped national Suicide Prevention Research Fund. This next phase of the Fund will involve continuing to invest in research excellence, while pivoting investment toward larger scale initiatives. **Chart A** below highlights priorities for the renewed Fund.

Chart A: Priorities for the Suicide Prevention Research Fund 2020-2023



Entrusting Suicide Prevention Australia with the next phase of the Fund recognises Suicide Prevention Australia's unique role as national peak body, with the capacity to provide the expertise and oversight necessary to produce the best outcomes for the Australian community.

We have the established infrastructure needed for delivery of a major research program; independent, transparent governance arrangements; commitment to incorporating the unique insights of people with lived experience of suicide; and communication capability to reach the community, researchers and suicide prevention sector.

Allocating a further $9.6 million over three years to Suicide Prevention Australia for the National Suicide Prevention Research Fund will enable us to:

- Consolidate and grow the well-established Suicide Prevention Australia Research Grants Program, while complementing the Million Minds Mission National Health and Medical Research Council (NHMRC) Program;
- Identify and commission major pieces of work identified as gaps in research knowledge and data;
- Enhance evidence-based innovation research to build sector capacity for quality improvement and best practice, in partnership with people with lived experience, providers and researchers
- Build on existing work to strategically drive suicide prevention research to address gaps in research for improved program and service development for suicide prevention i.e. translational and applied research to complement investigative and scientific research;
- Continuing to build the capacity of early to mid-career Australian researchers

Table 1 below provides a detailed description of the readjusted priorities and outcomes we expect from the renewed Suicide Prevention Australia Research Grants Program.

Table 1: Suicide Prevention Research Fund	
Closing large gaps in knowledge and data	• Identify and commission major pieces of work to address gaps in research knowledge and data linked to government priorities and public health, including psychosocial determinants • Investigate, identify and support research into emerging trends likely to have an effect on Australians • Support high level research that supports decision making and the development of research based policy • **p**rovide an increased and more overt connection between quality improvement of programs and significant gaps in research - a necessary collaboration in order to provide an evidence-based approach to the delivery of services and programs • ensure that suicide prevention programs are underpinned by research and evidence in support of a quality improvement framework in program delivery
Fostering Innovation	• Provide larger high impact innovation research grants to fill specific gaps in the national research portfolio and enabling testing of new ideas

Table 1: Suicide Prevention Research Fund	
	• Enhance evidence-based innovation research to build sector capacity for quality improvement and best practice, in partnership with people with lived experience, providers and researchers • provide forums for the development of, and collaboration on, large scale research projects that drive new and innovative ways to reduce suicide in Australia by translation of research to practice
Building capacity	• Continue to invest in excellence • Accelerate the ongoing critical focus on capacity building through support for early and mid-career researchers via PhD scholarships and Post-Doctoral Fellowships • Support the strength and growth of the Australian suicide prevention research community • increase opportunities to build a culture where research can be aligned or embedded in service delivery

Recommendation: Fund Suicide Prevention Australia to conduct a second phase of the Suicide Prevention Fund Research Grants Program.

Cost: $9.6m over 3 years

Priority Area 4: A human centred design approach

We need a clear understanding of the experience of people moving through the suicide prevention system. As established by the Productivity Commission in its recent Draft Report, there is a significant level of duplication and a lack of coordination across the multiplicity of mental health and suicide prevention programs and services.[10]

We are of the view there are two complementary mechanisms Government should use to prioritise programs and services in suicide prevention. The first, highlighted as Priority Area 4 of this submission, is to have an independent, sector-led system for assessing quality and efficacy.

The second is to take a human-centred approach to service and program prioritisation. This initiative would involve the Commonwealth Government funding a project to comprehensively map the 'customer' journey so that we better understand the needs of people who interact with (or should interact with) suicide prevention services and programs.

We believe the customer journey mapping initiative is the type of proposal that could be commissioned research through the second phase of the Suicide Prevention Fund Research Grants Program (see Priority Area 3 above). The initiative is ambitious in scope, high impact, relevant to Government priorities, and has the potential to significantly enhance service and program outcomes.

This is a major project in the context of suicide prevention and mental health services, where there are multiple cohorts of 'customers' for any one part of the system. A person reaching the point of suicidal crisis, for example, requires intensive support: in many cases, so do their carers and support people. The mapping exercise would need to take place with people with lived experience at each part of the system so that the way in which each 'customer' moves through and experiences the suicide prevention system can be accurately understood.[11]

We are of the view that investment in a comprehensive customer journey mapping exercise would, however, deliver significant return. A review of design studies across public health initiatives, systems and treatment options found design thinking interventions demonstrated improvement in patient satisfaction and effectiveness, when compared with traditional interventions.[12] Similarly, we believe a clear understanding of the customer experience within the suicide prevention system will help Government to prioritise services and programs which will best meet the needs of the end user.

If supported, the initiative would leverage the unique insights of people with lived experience for suicide prevention; and would support co-designing the system with them. This would be particularly useful for assessing the likely efficacy of new, innovative programs and services which may not yet have strong evidentiary support for their outcomes. As noted by Vechakul[13], human-centred design (of which customer/patient journey mapping forms a part) provides a structured process for systematising innovation and creating opportunity for partnership.

Recommendation: Fund an initiative to comprehensively map the experience of people moving through the suicide prevention system

Cost: Not costed.

[10] Productivity Commission. (2019). *Inquiry into the Mental Health System,* Draft Report, accessed at <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>.
[11] Altman M, Huang TT, Breland JY. (2018). 'Design Thinking in Health Care', *Preventing Chronic Disease,* 15:180128, accessed at <https://www.cdc.gov/pcd/issues/2018/18_0128.htm#Tables>.
[12] Ibid.
[13] (2015). 'Human-Centered Design as an Approach for Place-Based Innovation in Public Health: A Case Study from Oakland, California', *Maternal Child Health Journal,* 19, 2552–2559, accessed at <https://link.springer.com/article/10.1007%2Fs10995-015-1787-x>.

Priority Area 5: Equip the suicide prevention workforce

A suicide prevention workforce strategy and plan

For suicide prevention to be effective, key people in the community from clinicians to frontline service workers and teachers must be actively engaged. With the right training, these connectors within communities are capable of having a conversation with a patient, customer, student or neighbour that could shift their mental health, wellbeing or suicide risk.[14]

That's why our National Policy Platform emphasises the need to build workforce capacity in suicide prevention, beyond the bounds of the mental health sector and acute care system.

As a first priority, Government under the leadership of the National Suicide Prevention Adviser, should create a standalone suicide prevention strategy and implementation plan. This should be funded within the FY2020/21 Budget period.

The plan would quantify and identify the training needs of the suicide prevention workforce, which takes in:

- The clinical workforce, encompassing doctors, nurses, and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis,
- The lived experience and peer support workforce in suicide prevention (distinct from the mental health lived experience workforce)
- The formal suicide prevention and mental health workforce, encompassing those explicitly working in a mental health and suicide prevention or crisis response setting e.g. emergency first responders, counsellors, social workers and other mental health workers
- The informal suicide prevention workforce, which includes personnel from across Government Departments, social services, employer groups, miscellaneous service providers and other settings where individuals at risk of suicide may present, or which provide services that address the social determinants of suicide.

Specific training strategies would be aligned to the skills needs of each part of the workforce, with a clear funding commitment tied to each strategy.

We share the view that particular priority should be placed on adequately resourcing the suicide prevention peer workforce. This should include investing in "an appropriate and comprehensive system of qualifications and professional development… in partnership with suitable lived experience organisations."[15] This priority is warranted, given the value that a well-equipped lived experience workforce can offer not only to their peers in crisis, but to informing a user-centred approach to the delivery of suicide prevention programs, services and activities.

First aid in suicide prevention training for bushfire affected communities

While the suicide prevention plan is underway, we advise Government to invest this Budget period in practical, scalable measures to equip the suicide prevention workforce in the shorter term.

Our members are calling for investment in 'first aid' suicide prevention and mental health training. As a first priority, Suicide Prevention Australia proposes first aid in mental health and suicide

[14] Christensen, H. et al. (2018). 'The role of community campaigns', The Black Dog Institute: Sydney, originally published in MJA Insight +, accessed at https://blackdoginstitute.org.au/news/news-detail/2018/09/10/suicide-prevention-the-role-of-community-campaigns

[15] Roses in the Ocean. (2020). Submission to the Productivity Commission Inquiry into the Mental Health System, shared with the author of this submission.

prevention training is provided to government workers, social services, employer groups, and other workers providing critical frontline services to people in the communities affected by the recent bushfires.[16]

Mental health first aid training provides recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide.[17] Rather than relying on people engage in help seeking behaviour, mental health first aid training equips those who are regular touchpoints with people at risk to proactively notice the signs and secure them the support they need.

Suicide Prevention Australia recommends each the Primary Health Networks (PHNs) operating in the 42 local government areas most affected by the recent bushfires is provided with $100,000 to allocate for this purpose. The PHNs would be responsible for identifying service providers and key community touchpoints who should receive the training, and would allocate the funding accordingly.

Recommendation: Create a suicide prevention workforce strategy and implementation plan

Cost: Not costed. Potential to resource within existing envelope.

Recommendation: Provide 'first aid' mental health and suicide prevention training to critical frontline service providers within the communities affected by the recent bushfires, and allocate $100,000 per local government area for this purpose

Cost: $4.2m

[16] This mirrors the recent $1 million investment made by the NSW Government to complement the Commonwealth Government's suite of drought recovery measures. The NSW Government's package is providing mental health first aid training to pharmacists in regional and remote NSW.

[17] Morgan AJ, Ross A, Reavley NJ. 'Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour'**.** *PLOS Journal.* 2018; 13 (5)

Priority Area 6: Universal access to aftercare

A person surviving a suicide attempt is at heightened risk of a future attempt, particularly in the first six months after the attempt was made.[18] Despite this, the follow-up or 'aftercare' provided to people who are known to have attempted suicide is patchy at best. Our emergency departments and other acute care settings are overstretched, with demand for services often exceeding the resources available.

Our vision is a world without suicide: where people never reach the point of crisis of making an attempt to take their own life. At the same time, there is a critical need to ensure attempt survivors receive regular, personalised and high quality support after discharge. This is a commitment recognised in the *Fifth Plan,* and agreed to by all Australian Health Ministers.

Every person who has survived a suicide attempt or has presented to an emergency department with suicidal behaviours should be proactively provided with aftercare support. Relying on help seeking behaviours is unconscionable when the evidence informs us that the risk for suicide after an attempt is significantly elevated compared to the general population.[19] The evidence also shows that the key factors in successful aftercare services are the timeliness, quality and human connection an attempt survivor establishes with their carers.[20]

High quality aftercare programs with these characteristics already exist. The Way Back Support Service provides non-clinical, one-on-one care to guide people safely through the critical risk period of up to 3 months.[21] The Hospital Outreach Post-suicidal Engagement (HOPE) program, a State Government initiative in Victoria, also provides intensive support following discharge, with first contact made within 24 hours from the patient leaving hospital and continuing for up to three months.[22] Beyond Blue's Way Back Support Service has been rolled out communities in South Australia, Northern Territory, New South Wales, Australian Capital Territory, Queensland and Victoria since 2014.

Universal aftercare should be an immediate priority for the 2021 Federal Budget. As recommended by the Productivity Commission, this would involve providing aftercare to every suicide attempt survivor for a minimum of three months from the date of discharge. Ideally, the aftercare programs would be embedded within the mainstream mental health infrastructure of each State and Territory, and delivered in partnership with service providers who have demonstrated success.

The program should be co-funded by the Commonwealth, State and Territory Governments with funding tied within the National Agreement on Mental Health and Suicide Prevention. The Commonwealth should take the lead in proposing this initiative to the States and Territories.

As an expression of good faith, the Commonwealth Government would sequester a funding envelope for its share of the co-funding arrangement in this Budget period. If Budget permits, the Commonwealth should also consider extending this to carers of first attempt survivors.

Recommendation: The Commonwealth, State and Territory Governments should co-fund a national, universal aftercare program providing a minimum of three (3) months of personalised support after a suicide attempt.

Cost: Not costed.

[18] Christiansen, E. & Jensen, B. F. (2007). Risk of repetition of suicide attempt, suicide or all deaths after an episoded of attempted suicide: a register-based survival analysis. *Australian and New Zealand Journal of Psychiatry,* 41, pp. 257-265.
[19] Shand, F. et al., 2019. *Suicide aftercare services: an Evidence Check rapid review,* s.l.: Sax Institute for the NSW Ministry of Health
[20] Ibid.
[21] Beyond Blue, 2019. *South Australia support The Way Back,* available at: <https://www.beyondblue.org.au/media/media-releases/media-releases/south-australia-supports-the-way-back>.
[22] Victoria State Government. (2020). *Suicide prevention in Victoria,* available at: <https://www2.health.vic.gov.au/mental-health/prevention-and-promotion/suicide-prevention-in-victoria>.