



AFTERCARE POLICY POSITION STATEMENT OCTOBER 2020

POSITION

1. A person surviving a suicide attempt is at heightened risk of a future attempt, particularly in the first six months after the attempt was made¹.
2. Governments should invest in universal aftercare so that every person who has survived a suicide attempt and/or presented to hospital, GP or other government service receives at least three months of follow up support.
3. Government should undertake an evaluation of aftercare services in Australia and deliver a report by 2021 to address the current gaps in evidence for effective aftercare services.

CONTEXT AND COMMENTARY

A suicide attempt is the strongest risk factor for subsequent suicide, and the risk for suicide after an attempt is significantly elevated compared to the general population².

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.

Australia requires a robust, high quality, coordinated approach to improving the care of people after a suicide attempt. Evidence informs us that people who have been provided with appropriate aftercare after a suicide attempt are less likely to have a subsequent suicide attempt^{3,4}. 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.

What does effective aftercare look like?

Effective aftercare should involve both immediate and continuous support.

Brief interventions and case management models have been found to be effective in reducing repeat suicide attempts, with key components to effective aftercare identified as timeliness, quality, and human connection established with the person who has attempted and their carers^{5,2}

¹ Christiansen, E, and B F Jensen. 2007. "Risk of repetition of suicide attempt, suicide or all deaths after an episodic of attempted suicide: a register-based survival analysis." *Australian and New Zealand Journal of Psychiatry* 41: 257-265.

² Shand, F, A Woodward, K McGill, M Larsen, and M Torok. 2019. *Suicide aftercare services: an Evidence Check rapid review*. brokered by the Sax Institute for the NSW Ministry of Health.

³ Hunt, I M, N Kapur, R Webb, J Robinson, J Burns, J Shaw, and L Appleby. 2008. "Suicide in recently discharged psychiatric patients: a case-control study." *Psychological Medicine* 39: 443-449.

⁴ Stanley, B, G K Brown, L A Brenner, H C Galfalvy, G W Currier, K L Know, S R Chaudhury, A L Bush, and K L Green. 2018. "Comparison of the Safety Planning Intervention with follow-up vs usual care of suicidal patients treated in the emergency department." *JAMA Psychiatry* 75 (9): 894-900.

⁵ Woden Community Service. 2018. "The ACT Way Back Support Service Trial: Final Report." Canberra.

There are crisis services available 24/7 if you or someone you know is in distress:

Lifeline: 13 11 14

Suicide Call Back Service: 1300 659 467

www.lifeline.org.au

www.suicidecallbackservice.org.au

Suicide Prevention Australia

Phone: 02 9262 1130

Email: admin@suicidepreventionaust.org

Web: www.suicidepreventionaust.org

Where brief contact strategies (e.g. emails, postcards, text messages) are used as part of aftercare, we recommend that they are used only where the person who has attempted has had the opportunity to establish rapport through face-to-face contact².

Effective aftercare should include components of outreach (e.g. contact within 24 hours of discharge and brief contact intervention), solution-focused counselling, involvement of families and carers in treatment and discharge plans, continuity of care, and include both clinical and non-clinical components^{6,2}.

Aftercare programs with the capacity to provide high quality support for attempt survivors already exist in Australia. Beyond Blue's 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. In Victoria, the Hospital Outreach Post-suicidal Engagement (HOPE) program also provides intensive support following discharge, with first contact made within 24 hours from the patient leaving hospital and continuing for up to 3 months⁷. HOPE and the Way Back Support Service have received additional investment for program expansion in 2020.^{8,9} A best practice universal aftercare program would encompass the elements of existing initiatives, while also ensuring that people are connected to these services *prior* to discharge.

Commonwealth, State and Territory Governments should put in place universal aftercare: where anyone who presents to a hospital, GP or other government service following an attempt receives at least three months of follow up support given the high risk period post discharge. This is a commitment already recognised in the *Fifth National Mental Health and Suicide Prevention Plan*, and agreed to by all Australian Health Ministers.

Aftercare should be accessible by all people who survive a suicide attempt including people who present to emergency departments with suicidal behaviours.

The need to evaluate aftercare services

The Evidence Check commissioned by the NSW Ministry of Health identified an absence of thorough evaluations of aftercare services in Australia². Without such evidence, we are unable to determine the efficacy of services being provided and disaggregate consumer experience by priority populations who are disproportionately at higher risk of suicidality e.g. Aboriginal and Torres Strait Islander peoples¹⁰, LGBTQI communities¹¹, veterans¹² and males^{13,2}.

⁶ Ridani, R. et al., 2016. *An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring*, Sydney: Black Dog Institute.

⁷ Beyond Blue. 2019. *South Australia support The Way Back*. [Online] Available at: <https://www.beyondblue.org.au/media/media-releases/media-releases/south-australia-supports-the-way-back> [Accessed 6 February 2020].

⁸ Victoria State Government. 2020. *Fast-tracked mental health support for Victorians in need*, Media release, Premier of Victoria The Hon Daniel Andrews, Available at: <https://www.premier.vic.gov.au/fast-tracked-mental-health-support-victorians-need> [accessed 1 September 2020].

⁹ Department of Health. 2020. *Suicide prevention and mental health package signals once in a generation reforms*, Available at: <https://www.health.gov.au/ministers/the-hon-greg-hunt-mp/media/suicide-prevention-and-mental-health-package-signals-once-in-a-generation-reforms> [Accessed 2 September 2020].

¹⁰ Australian Bureau of Statistics, 2018. *Intentional self-harm in Aboriginal and Torres Strait Islander people 3303.0 - Causes of Death Australia*. [Online] Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2018~Main%20Features~Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people~4> [Accessed 6 February 2020].

¹¹ National LGBTI Health Alliance, 2019. *The Statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia*. [Online] Available at: https://lgbtihealth.org.au/statistics/#_edn5 [Accessed 6 February 2020].

¹² Australian Institute of Health and Welfare, 2019. *National suicide monitoring of serving and ex-serving Australian Defence Force personnel: 2019 update*. [Online] Available at: <https://www.aihw.gov.au/getmedia/99c20935-ac59-4a78-88d7-e37b6cd3b969/aihw-phe-222.pdf.aspx?inline=true> [Accessed 6 February 2020].

¹³ Australian Bureau of Statistics, 2018. *Causes of Death, Australia 3303.0*. [Online] Available at: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3> [Accessed 6 February 2020].

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Research into the efficacy of aftercare services among priority populations is crucial if we are to effectively target suicide prevention efforts and reduce suicide within these communities. Without robust evaluation of aftercare services, it is difficult to identify the components of effective care and how to tailor them to meet the needs of diverse population groups.

The National Mental Health Commission are best placed to be tasked with researching and evaluating the efficacy of aftercare services, including particular attention on priority population groups, and deliver a publicly available report by 2021 to provide an evidence base for the further development of aftercare services.

This position paper was adopted by the Suicide Prevention Australia Board on XX MONTH YEAR.

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