



Suicide Prevention
Australia

NSW Government Pre-Budget Submission

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Introduction

Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With over 400 members, including over 51 organisations in New South Wales, we represent the largest and many of the smallest organisations working in suicide prevention.

We exist to provide a clear, collective voice for the suicide prevention sector. We support and strengthen the services of our members, serve as an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy services, and research support to the sector.

Suicide rates in NSW

Every year, over 3,000 Australians die by suicide and over 65,000 Australians attempt suicide. Of annual suicide deaths in 2020, 876 were registered in NSW with an age-standardised suicide rate of 10.5 per 100,000. Pleasingly, this represents a decrease from 2019 in terms of both the rate and total number of suicide deaths.

Yet, the rate of suicides remains too high in NSW and across Australia. And other measures of distress show real concern across the community. Calls to Lifeline reached record highs during the pandemic, with the four busiest days in Lifeline's 57-year history occurring in August 2021.¹ Other data released by the Australian Institute of Health and Welfare shows increased ambulance attendance and emergency department presentations resulting from self-harm and suicide ideation.²

Research also shows suicide rates can increase years after disasters, pandemics and economic crises. US data found rates of suicide to increase during the first 3 years post-disaster, and another study found increases in suicide rates were seen 2 years post-disaster. It's at this juncture, in the aftermath of the pandemic, that the right investments and policy settings can be put in place to ensure the ongoing containment of suicide rates and turn the trend towards zero.

The NSW Government's commitment to a 20% reduction in suicides by 2023 is commendable. As are recent funding commitments to post-pandemic mental health supports and the Strategic Framework on Suicide Prevention. However, it's clear that additional measures, including non-clinical and preventive upstream investments, are required to achieve these ambitious targets and to turn the trend of suicides in NSW towards zero.

¹ Lifeline Australia (2021). *Australians reaching out for help in record numbers*. Available online at: <https://www.lifeline.org.au/resources/news-and-media-releases/media-releases/>

² Australian Institute of Health and Welfare (2021). *Suicide and self-harm monitoring system*, available online at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/>

2022 Pre-Budget Submission

This submission covers the following priority areas:

1. Whole of government approach
2. Lived experience
3. Data & evidence
4. Workforce, sector and community
5. Supporting those most at-risk

Recommendations

Across these priority areas the following recommendations are made for the 2022 Budget:

1. Fund drafting and consultation on the development of a NSW Suicide Prevention Act to enshrine a whole-of-government approach to suicide prevention (\$900,000 over one year)
2. Funding for the NSW Strategic Framework for Suicide Prevention be extended and made recurrent (a minimum of \$87 million to maintain existing funding)
3. Ensure when remaining COVID-19 protective supports, including housing, financial, business and welfare assistance, are reduced after the pandemic, they are transitioned out in a careful, staged way to maximise ongoing support and to reduce any sudden withdrawal of assistance for vulnerable people (no costing)
4. Ensure people with lived experience are integrated in all aspects of suicide prevention policy development, design, delivery, research and evaluation, including any suicide prevention measures contained in the 2022 NSW Budget (cost-neutral)
5. Commit \$4 million over four years to build capability in suicide prevention sector to access, interpret and use increasing amounts of suicide prevention data (\$4 million over four years)
6. Embed accreditation into the commissioning process for suicide prevention programs in NSW to ensure Government funds are allocated towards safe, quality and effective programs (cost-neutral)
7. Extend investment in suicide prevention training to those who interact with other high-risk-cohorts in the community (\$14 million over two years)
8. Establish a Mental Health and Suicide Prevention Unit within the NSW Public Service Commission to build capability for suicide prevention in all NSW public sector agencies (\$900,000 per annum)
9. Urgently implement universal aftercare with the Commonwealth Government as part of a new National Agreement on Mental Health and Suicide Prevention (subject to the National Agreement)
10. Contribute funds towards national postvention suicide to ensure access to supports for those bereaved by suicide (subject to the National Agreement)
11. Commit funding to a Suicide Prevention Outcomes and Innovation Fund (\$96.1 million over four years)

For more information

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1. Whole of Government Approach

Suicide Prevention Act

Suicide is complicated, multi-factorial human behaviour with many varied and complex risk factors. As noted by the National Suicide Prevention Advisor: “no single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress”.³

As acknowledged in the NSW Government’s Strategic Framework for Suicide Prevention, prevention is everyone’s business. 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.

Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time. Accordingly, a whole-of-government approach to suicide prevention is key to turning the trend towards zero suicides.

Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides. Legislation can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

In Japan, the 2006 Basic Act for Suicide Prevention set priorities for cross-government, whole-of-community suicide prevention. Between 2008-2011, hospital admissions almost halved and from 2009 suicide deaths declined dramatically and hit a 15 year low in 2012. Recent findings show the Act facilitated suicide prevention by supporting networking among relevant stakeholders and led to a comprehensive, multi-sector approach addressing the varied social factors contributing to suicide. Acts have also now emerged in Canada, South Korea and Argentina.⁴

In November 2021, South Australia became the first Australian jurisdiction to pass a *Suicide Prevention Act*. The legislation will:

- Enshrine state-wide objectives to reduce suicide including promoting best practice suicide prevention, providing training and education and supporting priority population groups
- Legislate a Suicide Prevention Council comprised of senior public sector officials, Members of Parliament and suicide prevention leaders in the community including lived experience across a number of priority cohorts
- Require a State Suicide Prevention Plan including performance indicators, annual reporting, specific measures for priority populations and to progress the objectives of the Act

³ National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention. Canberra; August 2020, p 8. Accessed online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/\\$File/3.%20Interim%20Advice%20Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/3.%20Interim%20Advice%20Report.pdf).

⁴ Takeshima, Tadashi et al (2014). Suicide prevention strategies in Japan: A 15-year review (1998–2013). *Journal of public health policy*. 36. 10.1057/jphp.2014.42.

- Require every State authority to have regard to the State Suicide Prevention Plan
- Require prescribed state authorities to have suicide prevention action plans which set out how the authority will prevent suicide by employees and members of the community that they service or interact with

Commitment to develop a Suicide Prevention Act in NSW can augment existing prevention efforts including the Strategic Framework and Premier's Priority. It can enshrine the Government's commitment to suicide prevention and ensure all agencies are focused on opportunities to prevent suicide right across the community.

Recommendation:

1. Fund drafting and consultation on the development of a NSW Suicide Prevention Act to enshrine a whole-of-government approach to suicide prevention (\$900,000 over one year)

Strategic Framework for Suicide Prevention

The [Strategic Framework for Suicide Prevention](#) 2018-2023 provides important guidance and priorities for suicide prevention in NSW. It is underpinned by the \$87 million *Towards Zero Suicides* investment over three-years in new suicide prevention initiatives that address priorities in this framework.

Ongoing investment in the Strategic Framework is critical to preventing suicides and saving lives in NSW. As the current *Towards Zero Suicides* investment concludes, it is essential that this funding is extended beyond the current three-year period. Suicide Prevention Australia strongly recommends funding be made recurrent. Short-term funding arrangements create uncertainty for sector planning, restrain workforce recruitment and limit outcomes that can be achieved in suicide prevention.

A number of key strategic investments could be achieved under renewed Framework funding, some potential priorities are outlined throughout this Budget submission.

Recommendation:

2. Funding for the NSW Strategic Framework for Suicide Prevention be extended and made recurrent (a minimum of \$87 million to maintain existing funding)

Social determinants and COVID-19 supports

The social determinants of health and wellbeing, including social, economic and physical environments, play a critical role in suicide rates. Addressing the social determinants is key to meaningful reductions in suicide rates. This includes early life, whole-of-person opportunities across NSW Government policy responsibilities ranging from early childhood development, education and child protection, through to key areas in family and domestic violence, alcohol and other drugs, and housing.

A key example of how considering the social determinants can prevent suicides is the experience so far of the COVID-19 pandemic. To date, the number of deaths by suicide have been relatively contained during the COVID-19 pandemic and other natural disasters that have occurred in Australia over this

time. In 2020, there was a decrease in national suicide deaths from 3,318 deaths in 2019 (12.9 per 100,000) to 3,139 deaths in 2020 (12.1 per 100,000).⁵

The stabilisation of suicide rates during the COVID-19 pandemic has been attributed to additional funding for crisis suicide prevention services as well as major investment in protective supports, such as JobKeeper and JobSeeker, and other social and economic support programs enacted at the State and Territory level. The 'safety net' afforded by such arrangements is considered to have addressed major risk factors created by unemployment and financial insecurity.

With lockdowns now lifted in New South Wales and other jurisdictions, it is important that when protective supports, including housing, financial and welfare assistance, that were put in place during a disaster are reduced they are phased out in a careful, staged way. For example, slight reductions over time or a lengthy grace period. The avoidance of sudden, hard stops in assistance and support is important and can avoid any unintended distress for individuals and families.

Recommendation:

3. Ensure when remaining COVID-19 protective supports, including housing, financial, business and welfare assistance, are reduced after the pandemic, they are transitioned out in a careful, staged way to maximise ongoing support and to reduce any sudden withdrawal of assistance for vulnerable people (no costing).

2. Lived Experience

People with lived experience should be integrated in all aspects of suicide prevention. Their leadership, knowledge and insights are uniquely placed to inform suicide prevention policy and practice. The voice and knowledge of individuals with lived experience is diverse. Individual experiences of suicide, whether through experiencing ideation, attempts, caring for or bereaved loved ones are varied. Listening to these diverse voices and views is essential to ensuring policies and practice meet the needs of those at-risk or impacted by suicide.

As outlined by the Prime Minister's National Suicide Prevention Advisor, "positioning knowledge from lived experience at the forefront of research, policy and practice has the potential to richly communicate the complexities of suicidal behaviour and highlight key considerations for preventing suicide and better supporting people".

Suicide Prevention Australia's strongly supports the recommendations of the Final Advice of the National Suicide Prevention Advisor to integrate lived experience in all aspects of suicide prevention. This should extend to integrating lived experience leadership, knowledge and insights into the design, delivery and evaluation of any 2022 NSW Budget measures related to suicide prevention.

Recommendation:

4. Ensure people with lived experience are integrated in all aspects of suicide prevention policy development, design, delivery, research and evaluation, including any suicide prevention measures contained in the 2022 NSW Budget (cost-neutral)

⁵ Australian Bureau of Statistics (2021). *Causes of Death, Australia*.

3. Data and Evidence

Access to accurate population-level data regarding suicidal behaviour, is crucial for targeted suicide prevention policy and program resourcing, development and implementation. Consistent, robust and local data enables Government and the suicide prevention sector to effectively identify, target and reach key at risk populations in suicide prevention interventions.

While 96% of the suicide prevention sector respondents to the [2021 State of the Nation in Suicide Prevention survey](#) agree that their organisation needs access to reliable, accurate suicide prevention data, only 23% agree they have access to the data they need right now. More reliable, timely and robust data can improve policy development and planning as well as enable immediate prevention and postvention responses at a local level.

The establishment of the NSW Suicide Register and the National Suicide and Self-Harm Monitoring System is a step forward, but there remain major gaps in the availability of data relating to suicide attempts and other priority cohorts including Aboriginal and Torres Strait Islander, LGBTQI+ and culturally and linguistically diverse communities.

While increasing the availability of data is critical, better outcomes are reliant on sector capability to access, understand and interpret the available data. As the suicide prevention sector grows, it's critical that the capability to make use of increased data is supported. Small, but wise and strategic, investment in data capability building through grants for easy to use resources and staff training can unlock the potential of this data.

Recommendation:

5. Commit \$4 million over four years to build capability in suicide prevention sector to access, interpret and use increasing amounts of suicide prevention data (\$4 million over four years)

4. Workforce, Sector and Community

Quality

The Fifth Mental Health and Suicide Prevention Plan recognises the importance of standards to assuring services and programs are safe, quality and outcomes-focused. There is growing recognition of the need to ensure suicide prevention programs and services are delivered to minimum quality standards and have sustainability factored into their design. Communities need to have the assurance that Australia's suicide prevention programs provide a consistent, high quality and safe standard of care.

Embedding accreditation and standards into commissioning of programs and services in suicide prevention supports safe, high-quality and effective programs and services. Investments in suicide prevention will not be effective unless directed to programs that deliver outcomes. For this reason Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the Suicide Prevention Australia Standards for Quality Improvement, which were released in June 2020.

As outcome-oriented standards, the Standards are designed to support the suicide prevention sector and provide assurance to consumers that the suicide prevention programs developed by an organisation are safe, high-quality and effective. The Standards offer an opportunity for organisations to participate in an accreditation program that will provide consistency in delivery and quality

improvement. These are bespoke, fit-for-purpose standards reflecting the unique aspects of suicide prevention.

Over 70 programs and services are working towards accreditation, including major organisations such as Beyond Blue, Roses in the Ocean, Standby – Support After Suicide, and LivingWorks. More information about the standards can be found here: <https://www.suicidepreventionaust.org/suicide-prevention-quality-improvement-program/>. Accreditation standards should be embedded in commissioning processes for suicide prevention services in particular services commissioned by all levels of Government.

Recommendation:

6. Embed accreditation into the commissioning process for suicide prevention programs in NSW to ensure Government funds are allocated towards safe, quality and effective programs (cost-neutral)

Community capability

The NSW Government's COVID-19 mental health response package was nation-leading in respect of additional supports for young people. Investment in evidence-based suicide prevention training for those who interact with young people is welcome. However, young people are not alone in facing increased risks to distress and suicide as we transition from COVID-19.

Ongoing investment in capability building is important to ensure those interacting with other high-risk cohorts are able to identify and respond to suicide risks that may emerge. This includes, for example, justice systems workers, human resource staff in high-risk sectors, employment and welfare services, those in community roles, primary health workers and first responders.

Recommendation:

7. Extend investment in suicide prevention training to those who interact with other high-risk cohorts in the community (\$14 million over two years)

Public sector workforce

Everyone has a role in suicide prevention. With people spending so much of their lives at work, the workplace is an important opportunity for suicide prevention. As the national peak body for suicide prevention, we launched Australia's first national framework for suicide prevention in the workplace, called [Suicide Prevention: A competency framework](#).

The framework was created in collaboration with experts in workplace suicide prevention and suicide prevention training and over 50 of our members were involved. It provides a starting point for employers and staff to ensure they are promoting wellbeing in the workplace and have the skills and confidence to intervene when someone is in distress.

The framework is designed to provide organisations with the knowledge and education to respond appropriately to people experiencing suicidal thoughts and behaviours at work. It could be one of their staff or a customer or consumer. Many workplaces have programs to learn CPR or first-aid, in the same way, the Suicide Prevention competency framework provides a roadmap for workplaces to learn the skills and knowledge in suicide prevention.

The NSW Government employs around 400,000 people. The framework can be used by employers to identify gaps in the workplace when it comes to induction, education, training and most importantly the support and wellbeing of their staff. This is an important opportunity for the NSW public sector to build capability in human services departments that interact daily with those at-risk of suicide.

A case study of building public sector capability can be seen in the recent establishment of a [Mental Health and Suicide Prevention Unit](#) within the Australian Public Service Commission. The Unit promotes whole-of-service development of APS workforce literacy, capability and expertise in mental health and suicide prevention and early signs are promising with the roll-out of tailored, public sector training.

A dedicated Mental Health and Suicide Prevention Unit should be established in the NSW Public Service Commission. This dedicated Unit would similarly promote sector-wide workforce literacy, capability and expertise in mental health and suicide prevention and apply the competency framework across the NSW public sector.

Recommendation:

8. Establish a Mental Health and Suicide Prevention Unit within the NSW Public Service Commission to build capability for suicide prevention in all NSW public sector agencies (\$900,000 per annum)

5. Supporting those most at-risk

Aftercare

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 population⁶:

- Between 15 and 25% of people who make a non-fatal attempt at suicide will make an additional suicide attempt, with the risk highest in the three month period following a suicide attempt.⁷
- The relative risk for suicide after attempted suicide is between 20 to 40 times higher than in the general population.⁸
- The most common psychosocial risk factor for deaths referred to a coroner, including deaths by suicide between 2017-2020, was a 'personal history of self-harm'.⁹

However, around half of the people discharged from hospital following a non-fatal suicide attempt do not receive follow-up treatment. Universal aftercare is urgently required to address this risk. The Commonwealth Government announced \$158.6 million for universal aftercare services in the 2021 Budget, subject to State and Territory partnership in a new National Agreement on Mental Health and Suicide Prevention.

⁶ 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

⁷ <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

⁸ https://www.saxinstitute.org.au/wp-content/uploads/2019_Suicide-Aftercare-Services-Report.pdf

⁹ <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/psychosocial-risk-factors-suicide>

The implementation of universal aftercare for those who have attempted suicide is urgently needed. This should be delivered to evidence-based programs and provide immediate and ongoing support. It is critical that individuals with a lived experience of suicide attempts are central to the implementation of universal aftercare. Their voice and insights are essential to ensuring services can effectively support those accessing aftercare.

Recommendation:

9. Urgently implement universal aftercare with the Commonwealth Government as part of a new National Agreement on Mental Health and Suicide Prevention (subject to the National Agreement)

Postvention

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide. Postvention interventions are specific activities designed to facilitate recovery from suicide bereavement.¹⁰

Postvention supports also mitigate adverse impacts, including the risk of a bereaved person engaging in suicidal behaviour. People who are bereaved by suicide are themselves at elevated risk of suicide, particularly if they have a history of prior trauma, suicidal behaviour or depression.¹¹ Funding should be allocated to ensure postvention is available to those impacted by suicide. Bereavement by suicide raises suicide risk by two to five times the rate of the general population.¹²

Recommendation:

10. Contribute funds towards national postvention suicide to ensure access to supports for those bereaved by suicide (subject to the National Agreement)

Priority at-risk cohorts

The risk of suicide is not uniform across the community. There are a range of risk factors that contribute to heightened risks of suicide attempts or death by suicide. For example, a previous suicide attempt is one of highest risk factors for a future suicide attempt. Research finds almost half of suicides and self-inflicted injuries are linked to risk factors of child abuse and neglect, drug and alcohol use and partner violence.¹³

There are also groups of the community whose risk of suicide or self-harm are higher than others:

- Survivors of suicide attempts are among the highest at risk of a future suicide death

¹⁰ Andriessen, K. and Kryszynska, K. (2012). 'Essential Questions on Suicide Bereavement and Postvention', *International Journal of Environmental Research and Public Health*, 9, pp. 24-32.

¹¹ Andriessen, K., Kryszynska, K., Hill, N.T.M. et al. (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.

¹² World Health Organisation. 2014. Preventing suicide: a global imperative. Geneva: WHO Press.

¹³ Australian Institute of Health and Welfare 2021. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2015. Cat. no. BOD-22. Canberra: AIHW. DOI:10.25816/5ebca2a4fa7dc.

- Suicide is the leading cause of death among young Australians 15-24 years with over one third of deaths in this cohort due to suicide
- The rate of suicides for Indigenous Australians is more than double that of non-Indigenous Australians
- Males account for over 75% of deaths, men are three times more likely to die by suicide than females
- People from LGBTIQ+ communities have higher rates of mental ill-health and suicide than the general population in Australia
- The highest suicide rates are for those aged 85 or older
- Rates of suicide in veteran population have been found to be up 18% higher than for the general population
- Australians from culturally and linguistically diverse (CALD) backgrounds generally demonstrate reduced and variable rates of access to mental health services, despite potentially having higher needs due to migration stressors
- People in rural and remote NSW are more likely to die by suicide than those living in our major cities

The groups and risks above are not an exhaustive list but demonstrate that certain parts of the community are at higher risk than others. In line with a public health approach, additional investments and supports are required to address these areas of risk.

The policy and service responses to each risk factor and cohort vary and in some areas is unique. For example, the rights of Aboriginal and Torres Strait Islander peoples to self-determination, justice and autonomy should underpin everything we do in suicide prevention. Service approaches that work for young people may differ to those that work best for seniors.

What is consistent though is the need for additional investment in high-risk, priority cohorts. This investment should be guided by the following key principles:

- Co-development and co-design with priority cohorts including those with lived experience
- Investments are integrated across other State, Commonwealth and community services
- Investments should be grounded in a strong evidence base and this evidence base should continuously grow
- We should trial new approaches in a controlled manner to test their efficacy
- The long-term, cross-portfolio social and economic impact of suicide and benefits of prevention should be considered in funding allocations

To focus investment in these priority cohorts, the NSW Government should establish a Suicide Prevention Outcomes and Innovation Fund. This Fund would see new supports co-designed with priority cohorts and the sector and commissioned on a 'try, test and learn' basis. Using data from the NSW Suicide Register and data-linkage studies already commissioned by the Ministry of Health, this Fund would prioritise future investment in those most at-risk in our community.

Recommendation:

11. Commit funding to a Suicide Prevention Outcomes and Innovation Fund (\$96.1 million over four years)