Federal Budget 2022: Overview and Analysis

Key Budget Measures

- $4 million to Suicide Prevention Australia over two years to extend the National Suicide Prevention Research Fund
- $30.2 million to deploy regional and community-based suicide prevention systems in all Primary Health Networks (PHNs)
- $10.4 million for a Suicide Prevention Regional Response Leader to coordinate early intervention and suicide prevention activities in all PHNs
- $52.3 million in funding for Lifeline Australia over four year to provide additional support services, maintain and improve infrastructure and responsiveness, innovation in crisis, surge capacity and models of care
- $206.5 million to support young people with severe and complex mental illness through Early Psychosis Youth Services and Youth Enhanced Services
- $9.7 million over 3 years for nationally consistent mechanisms to better manage mental health and wellbeing concerns in schools
- $3.9 million over 3 years for innovative, evidence-based mental health and suicide prevention research activities through the Thompson Institute
- $64.7 million to implement the first stages of a mental health workforce strategy including to support the psychiatry workforce, pathways to practice, to support the mental health of health workers, to provide general practitioners with access to psychiatrist support, to build capability to respond to people with substance use and stigma reduction
- $3.5 million over 4 years to continue the Australian Public Service Mental Health and Suicide Prevention Unit
- $3.3 million to fund the delivery of best practice early intervention and prevention mentoring programs for ‘at risk’ Year 8 students
- $14.8 million over 5 years to continue a range of headspace programs
- $8.6 million to establish the National Closing the Gap Policy Partnership on Social and Emotional Wellbeing to advise on policy and implementation of actions to address social and emotional wellbeing, mental health and suicide prevention closing the gap targets
- $17.8 million over 2 years to provide mental health support to multicultural communities including for survivors of torture and trauma and to provide access to translating and interpreting services for people accessing mental health services
- $1.5 billion to provide a $250 economic support payment to welfare recipients
- $0.6 million over 2 years for a feasibility student on non-medical prescribing in Australia
- $9.7 million for nationally consistent mechanisms to manage student mental health and wellbeing including a national measure, national guidelines for accreditation and trauma-informed professional development support for teachers
- $8.6 million over 4 years to increase the number of guarantees under the Home Guarantee Scheme for first home buyers, families and in the regions
- $31.2 million in mental health initiatives to support Australians impacted by the recent floods and $4 million to Black Dog Institute to establish a new National Mental Health Service for Emergency Workers and Volunteers
- $183.7 million over 3 years to support a range of activities which aim to improve economic, social and health outcomes for Indigenous Australians
- $22.8 million over 2 years from 2022-23 for the Department of Veterans’ Affairs to further boost its processing of claims for rehabilitation, compensation and income support submitted by veterans and their dependants

Budget Analysis

Context for 2022 Budget

Momentum for suicide prevention reform has been steadily building in recent years, with record investment into mental health and suicide prevention witnessed in the last Federal Budget. The Federal Government's announcement of a National Suicide Prevention Office, and almost $300 million to deliver universal aftercare, national postvention and distress interventions.

The Final Advice of the Prime Minister's National Suicide Prevention Advisor and a new National Agreement on Mental Health and Suicide Prevention signalled major steps towards significant systemic change that could lead to a meaningful reduction in lives lost to suicide. Several aspects of our National Policy Platform have been captured in recent reforms including whole-of-government, lived experience, data and workforce priorities.

The 2022 Budget includes some important investments in suicide prevention:

- $4 million to Suicide Prevention Australia over two years to extend the National Suicide Prevention Research Fund
- $30.2 million to deploy regional and community-based suicide prevention systems all PHNS
- $10.4 million for a Suicide Prevention Regional Response Leader to coordinate early intervention and suicide prevention activities in all PHNs
- $52.3 million for Lifeline Australia to provide additional support services, maintain and improve infrastructure and responses, innovation in crisis, surge capacity and models of care
- $206.5 million to support young people with severe and complex mental illness through Early Psychosis Youth Services and Youth Enhanced Services

These commitments deliver on a number of priorities outlined in our pre-Budget submission including for data, youth and additional supports. These commitments are in addition to almost $300 million in suicide prevention outlined in the 2021 Budget. Our submission can be read here.

The Budget misses a number of key priorities and further investment is needed at this critical time

The Budget does not address important priorities for those most at-risk, men, LGBTIQ+ and Aboriginal and Torres Strait Islander communities. Gaps still remain in supports for those in distress, those who have attempted suicide and the loved ones of those touched by suicide.

The Budget fails to deliver funds needed to ensure people with lived experience are integrated in all aspects of suicide prevention or a comprehensive Suicide Prevention Workforce Strategy. It falls short in delivering whole-of-government accountability through a *Suicide Prevention Act*.

Investments in treatment and crisis response are important but investment is also needed earlier and across a range of preventative measures. Addressing the social determinants of health and wellbeing is critical to turn the trend towards zero suicides. More is needed to strengthen protective factors in our community by supporting adequate social security payments, tackling housing insecurity and addressing social isolation and loneliness.

Theme	Federal Budget (Yes/No/In Part)	SPA Budget Submission
Whole of government	**Not addressed**	• A Suicide Prevention Act should be implemented 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.
Lived experience	**Not addressed**	• Fully fund implementation of the recommendations of the Final Advice of the National Suicide Prevention Advisor to ensure people with lived experience are integrated in all aspects of suicide prevention policy development, design, delivery, research and evaluation. • A National Workforce Strategy for Suicide Prevention.
Data and evidence	**In part** • $4 million to Suicide Prevention Australia over two years to extend the National Suicide Prevention Research Fund. Extension will continue investment in world leading translational research into suicide prevention and treatment. • $3.9 million over 3 years for innovative, evidence-based mental health and suicide prevention research activities through the Thompson Institute	• Government to commit $4 million over four years to build capability in suicide prevention sector to access, interpret and use increasing amounts of suicide prevention data. • Develop outcomes to measure suicide prevention programs efficacy in the community and provide data on program impacts to provide for future learnings.
Quality, workforce & community	**In part** • $64.7 million to implement the first stages of a mental health workforce strategy including to support the psychiatry workforce, pathways to practice, to support the mental health of health workers, to provide general practitioners with access to	• National Office develop a suicide prevention workforce strategy and implementation plan. • Fund the extension of the Quality Improvement Program into a fully-fledged sector led accreditation system. • Government to fund the development of industry-specific competency frameworks in high-risk sectors. • Government to work with the sector to explore quality, evidence-based “on-boarding” and “orientation” opportunities for individuals working in suicide prevention.

	psychiatrist support, to build capability to respond to people with substance use and stigma reduction. • $3.5 million over 4 years to continue the Australian Public Service Mental Health and Suicide Prevention Unit • $13.9 million for up to 300 scholarships for Aboriginal and Torres Strait Islander peoples to join the health workforce. • $32.8 million will fund up to 5,250 additional clinical placements in the care and support sector and expanded access to rural clinical placements in aged care.	
Early intervention and additional support	**In part** • $52.3 million in funding for Lifeline Australia over four years to provide additional support services, maintain and improve infrastructure and responsiveness, innovation in crisis, surge capacity and models of care. Next year Lifeline will be able to take an extra 176,000 calls or texts. • $42.7 million over 2 years to extend targeted regional initiatives to prevent suicide across Australia through more coordinated, but locally specifical	• Urgently implement the commitment to universal aftercare. • Continue to increase investment in universal access to national postvention services including the establishment of postvention peer support programs. • Invest in national support for those whose loved ones attempt suicide or are impacted by suicidal distress. • Fund a national network of Safe Spaces as alternatives to Emergency Departments for individuals experiencing suicidal thinking.

	efforts at the regional level including $30.2 million to deploy regional and community-based suicide prevention systems all PHNS and a $10.4 million investment in a Suicide Prevention Regional Response Leader to coordinate early intervention and suicide prevention activities in all PHNs. • Commitments to aftercare and postvention confirmed in National Agreement.	
Vulnerable population groups - youth	**In part** • $206.5 million invested to expand the Early Psychosis Youth Services and continue to invest in Youth Enhanced Services to support young people experiencing severe and complex mental illness. • $3.3 million to fund the delivery of best practice early intervention and prevention mentoring programs for 'at risk' Year 8 students. • $14.8 million over 5 years to continue a range of headspace programs including schools suicide prevention activities. • $9.7 million over 3 years for nationally consistent mechanisms to better manage mental health and wellbeing concerns in schools.	• Prioritise investment in youth-specific early intervention strategies, including suicide prevention training for those who work directly with young people and in 'connector roles'. • Invest in ensuring that support services are equipped to respond to the needs of young people in suicidal crisis.

	Includes a national measure of student wellbeing, national guidelines for the accreditation of mental health and wellbeing programs and trauma informed professional development support for teachers. • $1.8 million over 2 years to continue developing the Raising Healthy Minds app to assist Australian parents and carers in identifying signs of social or emotional problems in children.	
Vulnerable population groups – Aboriginal and Torres Strait Islanders	**In part** • $8.5 million over 3 years to extend culturally appropriate programs in 16 communities across the Northern Territory through the Red Dust program, focusing on social and emotional wellbeing. • $183.7 million over 3 years to support a range of activities which aim to improve economic, social and health outcomes for Indigenous Australians in the Northern Territory, particularly those living in remote communities. This includes $173.2 million over 2 years from 2022-23 to extend critical services offered under the National Partnership on the Northern	• Utilise an equity and needs-based approach to fund targeted, specialist programs and services tailored to remote and regional Aboriginal and Torres Strait Islander communities. • Fund Aboriginal Community Controlled Health Organisations to provide the Aboriginal community with suicide prevention, postvention and aftercare programs, as well as funding for COVID mental health initiatives. • Allocate sufficient funding with an equity and needs-based approach so that all the Federal government targets will be met under the recently signed 2020 Closing the Gap agreement, recognise and promote the importance of Aboriginal and Torres Strait Islander leadership by supporting implementation of the Gayaa Dhuwi (Proud Spirit) Declaration. • Invest in youth suicide prevention by increasing mental health and wellbeing supports available for Aboriginal and Torres Strait Islander children who are in care of the state/territory.

	Territory Remote Aboriginal Investment. • $8.6 million over 3 years to establish the National Closing the Gap Policy Partnership on Social and Emotional Wellbeing to guide policy and implementation of initiatives to address social and emotional wellbeing, mental health and suicide prevention closing the gap targets.	
Vulnerable population groups – Men	**Not addressed** • $47.9 million from 2022-23 for an early intervention campaign aimed at boys and young men to prevent Domestic and Family Violence.	• Fund the creation and implementation of a national male suicide prevention strategy. • Provide mechanisms to give resources to effective proactively identifying and evaluating effective supports that could be enhanced by government funding. • Fund support providers to undertake collaboration and coordination activities.
Vulnerable population groups – Culturally and Linguistically Diverse	**In part** • 17.8 million over 2 years to provide mental health support to multicultural communities including for survivors of torture and trauma and to provide access to translating and interpreting services for people accessing mental health services.	• Government health systems should be augmented by funding a range of organisations within the CALD service delivery sector including those organisations that have links within specific CALD communities.
Vulnerable population groups – LGBTQI+	**Not addressed**	• Establish national architecture to coordinate LGBTQI health through the appointment of a Senior Staff within the health portfolio. • Establish a national LGBTQI lived experience network. • Greater investment in general and specialist community-controlled to develop tailored mental health and suicide prevention initiatives, services and programs to build community capacity and resilience.

		• Improve data collection by coroners to inform policy, service program and development, and by counting LGBTQI people in the Census. Data on LGBTQI deaths by suicide should be reported on by a Senior Staff within the health portfolio.
		• Fund a Principal Policy Analyst within the ABS to incorporate the Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables across data collection.
		• Fund investment for national research projects undertaken in LGBTQI suicide prevention and mental health. Specifically:
		  ○ Allocate $600,000 over 3 years to La Trobe University to continue iterations of key research projects Writing Themselves In and Private Lives that provide critical data on LGBTI health.
		  ○ Undertake an evaluation evidence check into LGBTQI suicide prevention programs in Australia.
		• Greater investment in the education and training of LGBTQI community control, mainstream healthcare and social services to build a workforce able to respond and meet the needs of LGBTIQ+ communities and other priority populations.

Vulnerable population groups – Veterans	**In Part** • $250 cost of living payment for eligible Veterans' Affairs payment recipients and Veteran Gold card holders • $165.0 million for wellbeing grants and services, including: ○ $13.7 million over 3 years from 2022-23 to the Australian Kookaburra Kids Foundation to support children of current and former Australian Defence Force members who	• Continue funding the Joint Transition Authority to complete its implementation phase, identifying how transition services can be better connected and improved. • Increase the numbers of ADF Transition Coaches to ensure sufficient numbers to fully assist all transitioning ADF personnel. • Ensure equity of funding for psychologists and psychiatrists with veteran clients.

	have been affected by mental illness ○ $2.5 million over 2 years from 2021-22 to the Tasmanian Veteran Wellbeing Centre to boost veterans' access to local services ○ $2.1 million over 3 years from 2022-23 for financial counselling services • $70.5 million to increase the sustainability of Veteran Home Care Services by increasing the base rate fees paid to Veteran Home Care providers for delivering domestic assistance and personal care services to veterans. • The Government will provide $22.8 million over 2 years from 2022-23 for the Department of Veterans' Affairs to further boost its processing of claims for rehabilitation, compensation and income support submitted by veterans and their dependants. (Note Government has said it will increase this to $96 million).	

Strengthening protective factors – welfare support	**In part** • Addressing pressures on cost of living through a temporary and targeted cost of living package. This includes a $420 cost of living tax offset for low- and middle-income earners, and a $250 cost of living payment for eligible Australian pensioners, welfare recipients, veterans and concession card holders. Halving petrol and diesel excise and excise equivalent customs duty for 6 months will also provide relief from higher fuel prices. • $346.1 million over 5 years from 2021-22 to improve economic security for women by enhancing the Paid Parental Leave scheme by rolling Dad and Partner Pay into Parental Leave Pay to create a single scheme of up to 20 weeks, fully flexible and shareable for eligible working parents as they see fit. • $1.3b package to end violence against women and children. • $9.7 million for nationally consistent mechanisms to manage student mental health and wellbeing including a national measure, national guidelines for accreditation and trauma-	• Maximum rates of JobSeeker, Youth Allowance and related payments ('Allowance Payments') for all single people, including single parents, should be raised by an absolute minimum of at least $69 per week with indexation. • Increase the base rate of JobSeeker payment to at least $69 a day so everyone can cover the cost of basic living. • Indexation of payments in line with wage movements at least twice per year. • Increase Commonwealth Rent Assistance by 50%. • Introduce a Single Parent Supplement that recognises the additional costs of single parenthood. • Establishment of a Social Security Commission to advise the Parliament on the ongoing adequacy of income support payments.

	informed professional development support for teachers • $8.6 million over 4 years to increase the number of guarantees under the Home Guarantee Scheme for first home buyers, families and a new regional scheme • $31.2 million in mental health initiatives to support Australians impacted by the recent floods and $4 million to Black Dog Institute to establish a new National Mental Health Service for Emergency Workers and Volunteers	
Strengthening protective factors – social isolation and loneliness	**In part** • $45.1 million over 4 years to expand the Strong and Resilient Communities grant program to support around 120 additional local community-driven projects to increase the social and economic participation of vulnerable and disadvantaged people. • $0.6 million over 2 years for a feasibility study on non-medical prescribing in Australia	• Commonwealth Government to develop a national strategy to address loneliness and social isolation and allocate responsibility for implementation to a senior minister. • Commonwealth Government to plan and deliver a national survey on loneliness and social isolation to provide a national dataset to enable targeted prevention and intervention.
Strengthening protective factors –	**In part** • $10.0 million over 4 years to support the mental health of school-aged children in the	• Fund implementation of tailored programs focused on improving children's mental health and wellbeing based on the key characteristics of successful place-based approaches.

childhood trauma	Northern Rivers region affected by the recent flood event through the Resilient Kids program. • $30.0 million to build and maintain links between the National Framework for protecting Australia's Children and the National Plan to End Violence Against Women and Their Children. • $41.6 million to further initiatives to support early intervention, including a pilot program of trauma-informed services for mothers and children aged 6-12.	
Strengthening protective factors – housing insecurity	**In Part** • Increasing National Housing Finance and Investment Corporation (NHFIC) liability cap by an additional $2.0 billion, to $5.5 billion. This increase in NHFIC's lending capacity is expected to support around 10,000 more affordable dwellings for vulnerable Australians.	• Increase Commonwealth investment in housing affordability, social housing, and homelessness services.
Strengthening protective factors – disasters	**In part** • $450.0 million in 2021-22 to Services Australia to respond to emergencies including the delivery of the COVID Pandemic Disaster Leave Payment as well as the delivery of the Australian	• Budget annually in discretionary funds to respond to need for suicide prevention including addressing the social determinants of health that heighten risk factors for suicide in the event of future disasters or economic crises, such as bushfires, floods, epidemics for extended time periods after a disaster. • Planning is undertaken to support helplines and online services respond to increasing demands when disasters strike. Additional budgeted discretionary funds should include additional resources for helplines that can be activated as required.

	Government Disaster Recovery Payments made in response to the Queensland and New South Wales floods. • $31.2 million over 2 years from 2021-22 to meet the increased demand and support for the mental health of residents in flood affected areas through the recovery process. • $1.7 million over 2 years from 2021-22 for the National Resource Sharing Centre to enhance disaster response coordination and facilitate shared resources between jurisdictions to prepare and respond to disasters of national significance. • $53.9 million in 2021-22 to extend COVID-19 Business Support Payments and access to the Pandemic Leave Disaster Payment. • $2.2 billion to households for income support, temporary accommodation and social services. • $665.0 million to businesses and farmers for repairs, new equipment and support services.	• Commonwealth to join with State and Territory Governments to fund research into population groups to identify at-risk groups vulnerable to disasters to enable development of evidence-based targeted responses which are tailored to diverse demographic, gender, and cultural needs.

	• $588.6 million for community clean-up and recovery, including $300 million from the Emergency Response Fund for recovery and post-disaster resilience initiatives. • $116.4 million for the Black Summer Bushfire Recovery Grant program • $10.0 million to establish a panel of suppliers to enable rapid procurement of disaster resources for disaster-affected communities; and a review of the jointly funded Commonwealth-State Disaster Recovery Funding Arrangements. • Cyclone and related flood damage reinsurance pool from 1 July 2022, backed by a $10 billion Government guarantee. • $52.3 million in funding over four years to Lifeline in recognition of increased service demand. • $1.1 billion over 2 years from 2022-23 to support the Government's emergency response to COVID-19.	

Key suicide facts

Over 65,000 Australians make a suicide attempt each year.[1]

Over 3000 Australians die by suicide every year.[2]

Men make up 75% of deaths by suicide.[3]

Rates of deaths by suicide amongst Aboriginal and Torres Strait Islander peoples is double that of non-Aboriginal and Torres Strait Islander Australians.[4]

Research shows on average between 5 family members and 135 individuals may be exposed to suicide.[5,6,7]

In 2006 Japan implemented a whole-of-government approach to suicide which has since seen a progressive decline in its suicide rate over the past decade i.e., in 2019 recorded deaths by suicide were 15.3 per 100,000 compared to 24.9 per 100,000 people in 2009.[8]

Similarly, the Republic of Ireland has a whole-of-government approach to suicide prevention and has also seen a progressive decline in its suicide rate. Ireland reports the rate of suicide in 2018 was 7.2 per 100,000, compared with 11.8 per 100,000 in 2008.[9]

Lifeline reported a 40% increase in calls over the past 2 years as they supported Australians experiencing impacts of natural disasters and COVID-19.

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[1] ABS. 2019. Causes of Death, Intentional self-harm deaths by sex, available at: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#intentional-self-harm-suicides-key-characteristics.
[2] ABS. 2019. Causes of Death, Intentional self-harm deaths by sex, available at: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#intentional-self-harm-suicides-key-characteristics.
[3] ABS. 2019. Causes of Death, Intentional self-harm deaths by sex, available at: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#intentional-self-harm-suicides-key-characteristics.
[4] ABS. 2019. Causes of Death, Intentional self-harm deaths by sex, available at: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019#intentional-self-harm-suicides-key-characteristics.
[5] Andriessen, K., Krysinska, K., Kolves, K. & Reavley, N. (2019). Suicide postvention services: an Evidence Check rapid review brokered by the Sax Institute, *NSW Ministry of Health, Sax Institute.*
[6] National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention in Australia. Canberra.
[7] Cerel, J., Brown, M.M, Maple, M., Singlton, M., Van De Venne, J., Moore, M. & Flaherty, C. (2019). How many people are exposed to suicide? Not six, *The American Association of Suicidology,* 49(2).
[8] The World Bank. (2021). Suicide mortality rate (per 100,000 population) – Japan, *World Health Organisation, Global Health Observatory Data Repository*, available at: https://data.worldbank.org/indicator/SH.STA.SUIC.P5?locations=JP.
[9] National Office for Suicide Prevention. (2018). Annual Report 2018, available at: https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/about/annualreports/nosp-annual-report-2018.pdf.

Key messages from Suicide Prevention Australia Budget Submission

Suicide Prevention Act

- The whole-of-government approach we advocate for has been proven effective in reducing suicide rates internationally, particularly in Japan where suicide rates have since consistently decreased over a ten-year period.
- Strong international evidence shows that a whole-of-government approach is essential to driving reform, coordinated action and a reduction in the suicide rate.
- 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 November 2021, South Australia became the first Australian jurisdiction to pass a *Suicide Prevention Act.* Key elements: all state authorities required to have suicide prevention plans and report annually, legislated Suicide Prevention Council including lived experience, state suicide prevention plan, all state authorities to have regard for the State Suicide Prevention Plan.
- Our YouGov Poll in 2021 identified social isolation and loneliness, unemployment, and job security as the key factors driving distress over the next 12 months. Only by addressing the risk factors of suicide led by a whole-of-government, whole of community approach can we turn the trend towards zero suicides in Australia.
- We know the risks of suicide are often elevated 2-3 years after a disaster event. A whole-of-government approach to suicide prevention which is sustained by ongoing investments is critical in preventing deaths by suicide.

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.
- Individual experiences of suicide - whether through experiencing ideation, attempts, caring for or bereaved loved ones are varied. Listening to these diverse voices and views are essential to ensuring policies and practice meet the needs of those at-risk or impacted by suicide.
- Suicide Prevention Australia 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 Budget measures related to suicide prevention.

Suicide Prevention Peer Workforce

- Suicide prevention workers have unique lived experience including as survivors of suicide attempts, those bereaved by suicide or as carers.
- The employment of suicide prevention peer workers ensures unique lived experience insights, knowledge and understanding are embedded at the service level and can improve trust, support and outcomes for those accessing suicide prevention services.
- As outlined in the recently released National Lived Experience (Peer) Workforce Development Guidelines, the benefits of the lived experience workforce extend to people accessing services, families, social networks, organisations and the broader community.
- There are particular benefits in peer-led models for those that are hard-to-reach or most at-risk.
- We support the recommendations made in the National Suicide Prevention Advisor's Interim Report to build the lived experience and peer workforce to help break down stigma and provide person-centred supports.
- The increased adoption of peer-led models, including Safe Spaces/Safe Havens and peer-led industry programs are positive developments.

Data & Evidence

- Access to accurate population-level data regarding suicidal behaviour, is crucial for targeted suicide prevention policy and program resourcing, development and implementation.
- Access to consistent and accurate 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 survey agree their organisation needs access to reliable, accurate suicide prevention data, only 23% agree they have access to the data they need right now.
- The establishment of the Suicide and Self-Harm Monitoring System is a step forward, 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.
- As the suicide prevention sector grows, it's critical the capability to make use of increased data is supported.
- The funding would align with recent important progress made through the National Suicide and Self-Harm Monitoring System.

Workforce

- As the sector grows and funding increases, there is a critical need to develop a Suicide Prevention Workforce Strategy.
- Alongside a fully-funded implementation plan, this would provide long-term vision and strategy for workforce and specific actions to ensure capability, skills, supply, retention and sustainability across the sector is integrated appropriately with other related sectors and strategies under development.

Quality

- 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.
- 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.
- 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.
- Standby Support After Suicide is the first program to complete our suicide prevention accreditation program.
- We currently have over 100 programs and services working towards accreditation, including major organisations like Beyond Blue, Roses in the Ocean 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.

Community

- For suicide prevention to be effective, key people in the community from clinicians to frontline service workers and teachers should be actively engaged.
- With the appropriate evidence-based suicide prevention 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.
- As a sector, we must always be pushing for continuous improvement and looking for ways to raise the bar collaboratively. The result is improved access to services for people who are in distress.
- We want to ensure that every person who needs support can access a consistent, high-quality, and safe standard of care.
- 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.
- Everyone has a role in suicide prevention. With people spending so much of their lives at work, this framework is an important building block to help employers recognise suicidal behaviour and respond appropriately.
- The framework was created in collaboration with experts in workplace suicide prevention and suicide prevention training and over 50 of our members were involved.

- The framework is designed to provide organisations with the knowledge and education to respond appropriately to people experiencing suicidal thoughts and behaviours at work.

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 population.
- 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.
- The relative risk for suicide after attempted suicide is between 20 to 40 times higher than in the general population.
- 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'.
- However, around half of the people discharged from hospital following a non-fatal suicide attempt do not receive follow-up treatment.
- 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.
- To date, the National Agreement has been signed by New South Wales, South Australia, Queensland, the Northern Territory, Tasmania and Australian Capital Territory. Western Australia and Victoria are yet to agree to its terms.
- Only two states have currently entered into bilateral agreements that unlock important funds. While the New South Wales agreement is comprehensive, the South Australian agreement makes no firm commitments to aftercare, postvention or distress intervention programs. This is a disappointing outcome and will need to be resolved as soon as practicable after the South Australian state election.

Postvention

- Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide.
- Bereavement by suicide has been evidenced as a risk factor of subsequent suicidal behaviour, making postvention services an essential component of suicide prevention.
- 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.
- Bereavement by suicide raises suicide risk by two to five times the rate of the general population.
- Postvention support is an important method for addressing this risk, encouraging healing and reducing suicide contagion among those who have lost a loved one.

Support after a suicide attempt

- While aftercare services support survivors of suicide attempts and postvention supports those bereaved by suicide, there is a major gap in the support available to those loved ones impacted by a suicide attempt or suicidal distress.
- With an estimated 65,000 people who attempt suicide each year and many more who experience suicidal thinking and distress, there is a need to address this major service gap.
- A peer-led model, co-designed with individuals with lived experience including across other priority cohorts, should be developed.
- Similar to effective postvention models, a non-clinical model that offers counselling, emotional and practical supports and can connect individuals in need with relevant services is required. These services should be delivered in tandem with, and connected to, existing aftercare and postvention services.

Safe Spaces

- Safes Spaces aim to provide an alternative and are an umbrella term referring to non-clinical, peer-led supports for people in suicidal crisis.
- They do not replace clinical mental health interventions but support people to navigate the mental health system, connect to local services and develop self-management skills.
- Safe Spaces recently emerged in Australia, including a recent Commonwealth commitment to develop national standards for Safe Spaces. Roses in the Ocean have been a leader in supporting the co-design of these spaces and variations of Safe Spaces now exist across Australia.
- The Commonwealth Government should work with states and territories to progress a national network of Safe Spaces as alternatives to Emergency Departments for individuals experiencing suicidal ideation.

Youth

- 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 COVID-19 pandemic has been incredibly disruptive for young people. It has impacted their schooling, saw the loss of key milestones and created great uncertainty for the future.
- Self-harm and suicidal ideation-related hospital admissions have also increased for young people in some jurisdictions.
- Youth suicide prevention requires a multifaceted approach with targeted and co-designed early interventions and programs to support the health and wellbeing of young Australians.
- Early intervention and prevention supports for young people are needed to capture at-risk young people before they reach crisis point.

Aboriginal & Torres Strait Islanders

- Given the extremely high rates of suicide in Aboriginal and Torres Strait Islander communities, especially amongst young people, we request funding for Aboriginal and Torres Strait Islander- specific interventions.
- We support the National Suicide Prevention Adviser's view that Aboriginal and Torres Strait Islander Controlled Health Organisations are the best placed organisations to become preferred suicide prevention providers to their own communities.
- The rights of Aboriginal and Torres Strait Islander peoples to self-determination, justice and autonomy should underpin everything we do in suicide prevention.
- Policymakers also need to take into account the risk factors unique to Aboriginal and Torres Strait Islander peoples. Intergenerational trauma, social marginalisation, dispossession, loss of cultural identity, community breakdown and the artefacts of colonialism have had a profound impact on the mental health, wellbeing and lives of Aboriginal and Torres Strait Islander peoples.
- Suicide Prevention Australia is signatory to the Uluru Statement from the Heart.

Men

- More than three-quarters of suicide deaths occur in males; in 2020, 3,139 Australians died by suicide, 2,384 (76%) of whom were males.
- Ambulances respond to over 16,800 calls each year from males experiencing suicidal ideation and a further 9,000 ambulances respond to a suicide attempt.
- These statistics show that many men are in crisis and current supports are not reaching enough men. We need to be providing more supports that engage with men specifically.
- Data indicates that men who die by suicide have fewer contacts and later within the suicidal trajectory with health and mental heath systems, meaning there is a need to identify opportunities to intervene outside the health and mental health systems.
- A national male suicide prevention strategy, that incorporates actions by all governments, is needed to ensure the right approach is taken. This could be implemented as part of a national suicide prevention strategy, but it is important that male suicide prevention is specifically recognised as a priority and addressed.

Culturally & Linguistically Diverse Communities

- Australians from CALD backgrounds generally demonstrate reduced and variable rates of access to mental health services, despite potentially having higher needs due to migration stressors.
- The lower utilisation of mental health services are likely due to high stigma and poor understanding of mental health illnesses, language barriers, lack of health information, lack of understanding of appropriate healthcare pathways, Medicare ineligibility, healthcare costs, normalisation of distress, under-diagnosis, or mis-diagnosis.

- Governments should ensure that a range of organisations and individuals with expertise in culturally appropriate service delivery are involved in the design, implementation and evaluation of services.

LGBTQI+ communities

- People from LGBTIQ+ communities have higher rates of mental ill-health and suicide than the general population in Australia.
- Recent research into the mental health and wellbeing of LGBTIQ+ Australians demonstrated we are not seeing parallel improvements in LGBTIQ+ mental health.
- 41.9% of LGBTQI communities reported considering attempting suicide in the previous 12 months, 74.8% had considered attempting suicide at some point in their lives, 5.2% reported having attempted suicide in the past 12 months, and 30.3% had attempted suicide at some point in their lives.
- The evidence shows the elevated risk of suicidality experienced by LGBTQI+ people links strongly with their continuing experience of discrimination and exclusion, and the subsequent trauma from these experiences.
- Currently there is a lack of national architecture and coordination for LGBTIQ+ health resulting in the under-funding and under-resourcing of community-controlled organisations who are best placed to deliver tailored suicide prevention initiatives, and a need for mainstream services to take a co-design approach to upskill themselves to be able to respond appropriately to the needs of LGBTIQ+ people.

Veterans

- Suicide is often the manifestation of complex social and situational factors in a person's life. In the case of service-people and veterans, the transition between the structured environment of active service to civilian life is a uniquely vulnerable period.
- AIHW found that rates of suicide were 18% higher for ex-serving men.
- Suicide is also the leading cause of death for ex-serving men and men in the reserves, as well as being the second highest cause of death for serving men.
- Feedback from our members and stakeholders indicates a critical need to improve access to services through better service coordination, integration and navigation support.
- Members emphasised the need for a collaborative response across government, ex-service organisations, broader non-government services, community and businesses.

Welfare Support

- While suicide is not a typical response, links between unemployment, financial insecurity and suicidality are well established.
- We know from previous recessions and pandemics that that social safety nets play a crucial protective role in reducing distress and suicide risk.

- Increasing the base rate means the thousands of Australian people experiencing the challenges of unemployment can meet their basic needs and have the support they need to find meaningful work when it becomes available.
- We support the Raise the Rate campaign championed by ACOSS and our recommendations are in line with their campaign.

Social isolation & loneliness

- Connectedness acts as a significant protective factor for suicide. However, when people become socially isolated and lonely it can have significant impacts and pose harms to both mental and physical health.
- The Australian Psychological Society reports approx. 1 in 4 Australians are experiencing an episode of loneliness, and 1 in 2 report they feel lonely for at least 1 day each week.
- The estimated prevalence of problematic levels of loneliness among Australians is around 5 million.
- Stigma and discrimination are harmful to mental health and can occur against people with mental illness, and high rates of people with mental ill health withdraw themselves from public spaces due to stigma and discrimination.
- 1 in 10 Australians aged 15 and over report lacking social support.
- The Commonwealth Government should lead the development of a national strategy to address loneliness and social isolation and allocate responsibility for implementation to a senior minister.

Childhood trauma

- In 2019, child abuse and neglect during childhood was the leading risk factor contributing to the burden of suicide and self-inflicted injuries in both males and females. It was associated with 33% of total suicide burden in females and 24% in males aged 5 and over.
- Research undertaken by ACOSS reports there are 731,000 children living in poverty in Australia, and 1.2 million Australians living in poverty are under the age of 24.
- Children living in areas of high socio-economic disadvantage experience high rates of unemployment, low education, and have less access to affordable housing.
- During the COVID-19 pandemic in Australia, data from a Kids Helpline six monthly report identifies a 200% increase in counselling contacts from 5-year-olds over the first six months of 2021, when compared to 1 January to 30 June 2020.

Housing insecurity

- Housing insecurity and homelessness has been linked to increased risks of suicidal behaviour.

- Australia Housing and Urban Research Institute found evidence of three main channels by which housing affects suicide: protracted financial stress due to the cost of housing, loss of security due to eviction, insecure housing and homelessness, and the impacts of adverse life events on children and young people on their present and future mental health.
- Given the link between housing insecurity and homelessness and the risk of suicide, we strongly support increased Commonwealth investment in housing affordability, social housing and homelessness services.
- Suicide Prevention Australia support the Everybody's Home campaign to reform Australia's housing system.

Disaster planning

- Disasters can have negative impacts on overall health and wellbeing, and lead to mental health problems or exacerbate existing conditions. The impacts of disasters are long-lasting and vary depending on the type and nature of the disaster.
- Disasters can exacerbate underlying risk factors related to suicide such as financial distress, unemployment, relationship breakdown, domestic violence, social isolation, and can lead to mental health problems placing people vulnerable to suicide.
- The link between suicide in the aftermath of disasters is highly evidenced, with research informing rates of suicide to increase during the first 2-3 years post-disaster.
- Research indicates that the role of increased social supports to combat risk factors for suicide such as financial distress, unemployment and mental health disorders act as protective factors for suicide and as such, increases in suicide rates immediately after disasters are not commonly experienced.

For more information

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