
NATIONAL POLICY PLATFORM



February 2022

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

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

3,000+
suicide deaths
each year

People from **LGBTIQ+ communities** have higher rates of mental ill-health and suicide than the general population in Australia

12.1
deaths per
100,000
people

Suicide is the leading cause of death among young **Australians 15-24 years**

65,000
suicide
attempts
per annum

The rate of suicides for **Indigenous Australians** is more than double that of non-Indigenous Australians

Males account
for over
75%
of deaths



8.6
suicide
deaths per day

Rates of suicide in **veteran population** have been found to be up to 18% higher than for the general population

The economic toll of suicide is up to
\$24 billion
per annum

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

15th
most common
cause of
death

People in **rural and remote Australia** are more likely to die by suicide than those living in our major cities

The highest
suicide rates are
for males aged
85 or older

We can never underestimate the impact that every life lost to suicide has on family, friends, workplaces and the broader community. Every life lost to suicide is heartbreaking. It's important to remember that every statistic represents a life lost and has a cascading impact across the community.

Foreword

I'm pleased to share with you Suicide Prevention Australia's National Policy Platform (2022-2024).

We launched our previous National Policy Platform in April 2019, ahead of the May 2019 Federal election. It has played a central role in guiding our policy and advocacy priorities during this term of Parliament.

We've seen major reforms achieved from our current platform, including the appointment of the Assistant Minister for Suicide Prevention, establishment of a National Suicide Prevention Office and the delivery of suicide registers in the majority of jurisdictions.

Yet, in the years that have followed, there have been major reviews into suicide prevention policy in Australia. There have been significant reform and funding decisions and major reviews, including by the Productivity Commission and Prime Minister's National Suicide Prevention Adviser and significant funding and reform decisions.

And of course, we've seen unprecedented social and economic challenges, shifts and opportunities resulting from the COVID-19 pandemic.

To date, we've managed to contain any increases in suicide rates. Yet, we know through crisis line, emergency department and ambulance data that there's real, ongoing distress in our community. We also know from past crises that it's not until two to three years later that suicide rates can peak, after protective supports cease and immediate social cohesion subsides.

Accordingly, this next term of Parliament is a critical juncture. What we do now and what we put in place over this period will determine whether we can continue to contain suicide rates as we emerge from the pandemic.

What our governments, sector and community do now will decide whether we 'turn the trend' towards zero suicide.



About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

We're a member-based organisation that's guided by people with lived experience of suicide. We have over 400 members all over Australia. We count among our members the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders.



Nieves Murray
CEO
Suicide Prevention Australia

About the National Policy Platform

Our National Policy Platform (the 'Platform') outlined Suicide Prevention Australia's overarching policy agenda over a three-year period. It provides a clear, collective voice on key national, systemic priorities.

The Platform outlines key strategic priorities. It is not intended to be comprehensive of all policy priorities. Specific priorities on services, cohorts and investments are contained in submissions, reports and position statements that are guided by this Platform.

Our 2019-2022 National Policy Platform Progress Report

Our updated policy platform builds on significant progress from the previous National Policy Platform.

A WHOLE-OF-GOVERNMENT APPROACH

Appoint a Federal Minister for Suicide Prevention



In December 2020, The Hon. David Coleman was appointed as Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention.

Establish a well-funded and resourced National Suicide Prevention Office



Announced in the 2021-22 Federal Budget, \$12.8 million has been allocated to create a National Office of Suicide Prevention.

Commonwealth Suicide Prevention Act



Suicide Prevention Australia continues to talk with the Australian Government about a Suicide Prevention Act. The South Australian Suicide Prevention Act could provide a potential model for a Commonwealth Act.

National Suicide Prevention Plan



Suicide Prevention Australia continues to talk with the Australian Government about a National Suicide Prevention Plan. The creation of a plan was recommended by the National Suicide Prevention Adviser in her final advice.

RELIABLE DATA

Improving the integrity, collation and distribution of suicide data to assist service delivery and research



Australia is on track to have high-quality, nationally collated data available to inform service delivery and research. Significant progress has been made towards having suicide registers in every state and territory, and the National Suicide and Self-harm Monitoring System has been established to collate, coordinate and report data on suicide.

National Survey of Mental Health and Wellbeing



In February 2021, the Australian Government announced that a national survey, to provide an in-depth understanding of the mental health challenges that Australians are facing, would be undertaken with the first data was made available at the end of 2021. The Australian Institute of Health and Welfare (AIHW) has received \$5 million per year for 3 years (2019-20 to 2021-22) to develop and implement a monitoring system

WORKFORCE STRATEGY

Develop a Suicide Prevention Workforce Strategy



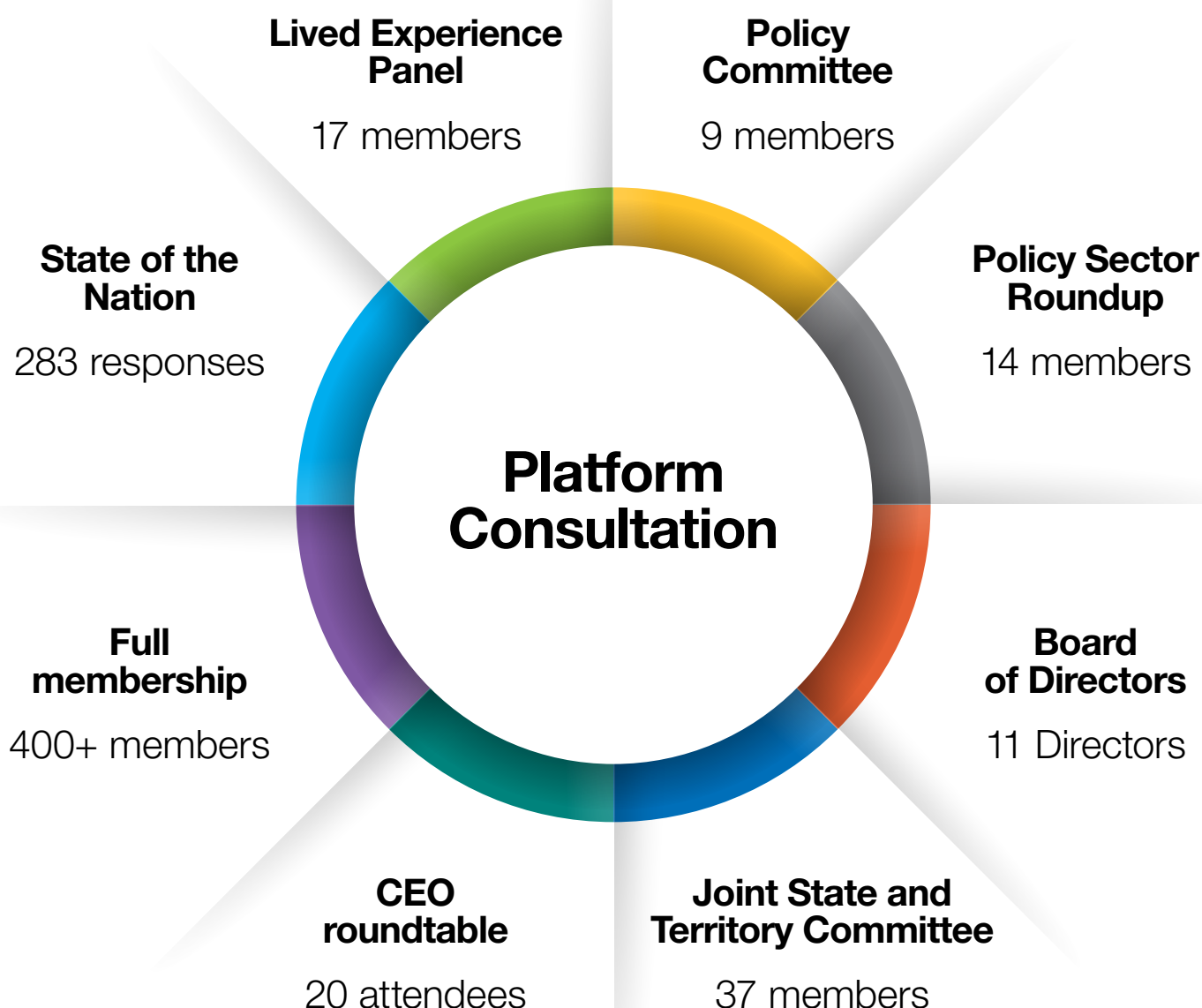
Suicide Prevention Australia continues to talk with the Australian Government about a Suicide Prevention Workforce Strategy. The creation of a workforce development strategy was recommended by the National Suicide Prevention Adviser in her final advice.

Updating the National Policy Platform

The development of the National Policy Platform has been led by the Suicide Prevention Australia Policy Committee and in close partnership with the Lived Experience Panel.

Consultations on the revised platform were held with member organisation chief executive officers and policy teams, our four Joint State and Territory Committees and the Suicide Prevention Australia Board.

All 400+ Suicide Prevention Australia members were invited to contribute to the revised National Policy Platform. The State of the Nation which surveyed 283 sector representatives provided valuable insights into the new platform.

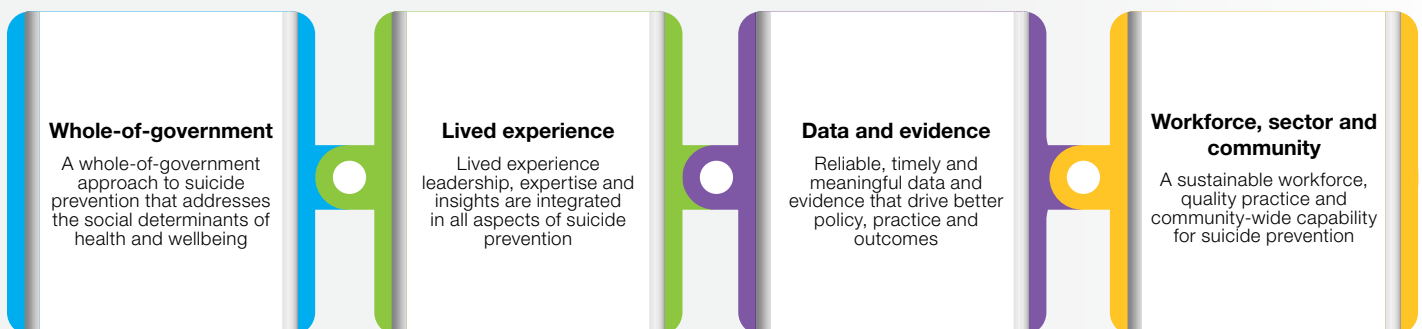


National Policy Platform 2022-2024

Our Ambition: our national policy priorities advocate reforms that realise our vision of a world without suicide

Our Mission: we exist to provide a clear, collective voice for suicide prevention and use that voice to advocate for our national policy priorities

Our National Policy Platform: the key strategic, systemic and national priorities that guide our policy and advocacy agenda.



Priority cohorts: those most-at-risk of suicide are prioritised across all aspects of the National Policy Platform.

Policy positions, submissions and reports: advocate the specific, targeted policy responses required for priority cohorts and issues

Members: our members are central to everything we do and guide our national policy priorities, policy positions, submissions and reports

Pillar One: Whole-of-Government

This pillar outlines the need for a whole-of-government approach to suicide prevention that addresses the social determinants of health and wellbeing



CASE FOR ACTION

Suicide is complex, multifactorial human behaviour with many risk factors and influence. It is more than an expression of mental ill-health. The social determinants of health and wellbeing, including social, economic and physical environments, play a critical role in suicide rates (Black Dog Institute).

Half of those who lose their life to suicide each year are not accessing a mental health service at the time (Final Advice). Research finds almost half of suicides and self-inflicted injuries are linked to risk factors of child abuse and neglect, alcohol and other drug use and partner violence (AIHW).

The only way to turn the trend towards zero suicides is through whole-of-government action across portfolios and inclusive of all levels of government.

While some progress is being made across jurisdictions and as part of the upcoming National Agreement, delivery of these reforms is critical and more is required.

There is overwhelming support for a whole-of-government approach, 96 percent of sector respondents agree this priority is required (State of the Nation).

PLATFORM PRIORITIES

Suicide Prevention Act: The Commonwealth should pass a Suicide Prevention Act. This would legislate a Suicide Prevention Plan, governance arrangements for reporting and lived experience and require agencies to consider suicide risks and prevention in their work. In the interim, agencies should consider suicide prevention in their work, including implementation of the National Suicide Prevention Advisor's Shifting the Focus decision-making tool. All states and territories should progress a Suicide Prevention Act.

Social determinants: The social determinants need to be addressed to prevent suicide, in particular for those most at-risk. This includes early life, whole-of-person opportunities in early childhood development, education and child protection through to key areas of employment, welfare, family and domestic violence, alcohol and other drugs, housing, social isolation, gambling and the environment.

Centre-of-government: Appoint Minister for Suicide Prevention to Cabinet, transfer the National Suicide Prevention Office to the Department of Prime Minister and Cabinet and provide it statutory authority to support cross-agency, national coordination and collaboration across the sector.

Social procurement: Government spending should be leveraged to achieve suicide prevention outcomes. This would include consideration of how organisations seeking government contracts are working to prevent suicide in their workplace and industry.

Pillar Two:

Lived Experience

This pillar outlines the need for lived experience leadership, expertise and insights are integrated in all aspects of suicide prevention



CASE FOR ACTION

Lived experience is central to suicide prevention and should be integrated into policy development, service design, implementation, research and evaluation.

Survivors of suicide attempts, carers and the bereaved are all uniquely placed to inform suicide prevention and postvention and are essential to ensuring policies and practice meet the needs of those at-risk or impacted by suicide.

Lived experience is a significant priority and it is important that lived experience, including experience among priority cohorts, is integrated also in whole-of-government, data and evidence and workforce, sector and community priorities.

The importance of lived experience is increasingly recognised, yet more needs to be done to ensure lived experience leadership, expertise and insights are fully integrated and meaningfully engaged in all aspects of suicide prevention.

The Final Advice recommended all governments:

- Integrate lived experience expertise into leadership and governance structures for suicide prevention.
- Include a requirement for demonstrated engagement and co-design with people who have lived experience of suicide in funded research, services and programs.

- Commit adequate funding and implement support structures to build the lived experience workforce, including the lived experience peer workforce.
- Increase lived experience research, particularly focused on people who have experienced suicidal distress and/or attempted suicide.

These recommendations should be fully implemented without delay.

PLATFORM PRIORITIES

Knowledge: Lived experience is integrated in the design, development, implementation and evaluation of suicide prevention policies and services. Adequate funding and supports to support lived experience involvement is essential.

Leadership: Lived experience is integrated into governance structures in suicide prevention across government.

Peer workforce: A National Workforce Strategy includes key priorities and investment for growing, supporting and sustaining the suicide prevention lived experience and peer workforce.

We need to be guided by lived experience in all that we do in suicide prevention.

Pillar Three:

Data and Evidence

This pillar outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes



CASE FOR ACTION

Data and evidence are critical to driving better suicide prevention policy, planning and practice.

In the transition from the COVID-19 pandemic and reforms to policy and practice, ongoing translational research is key to understand what works for whom and when.

While 96% of 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.

More reliable, timely and robust data can improve policy development and planning to aim for improved timely prevention and postvention responses at different levels of government, including locally.

The establishment of the Suicide and Self-Harm Monitoring System is a step forward. However, there are also gaps relating to suicide attempts and other priority cohorts, including Aboriginal and Torres Strait Islander, LGBTQI+, culturally and linguistically diverse communities, veterans and occupations at high-risk.

PLATFORM PRIORITIES

Self-harm and suicide registers: Deliver registers in remaining states and territories. All registers input regularly into the National Self-Harm and Suicide Monitoring System and are available in consistent and useable formats.

Data and evidence gaps: Gaps in the availability of data around suicide attempts, priority cohorts and outcomes should be addressed through increased data collection and used alongside outcome-oriented evaluations to inform, target and improve ongoing and future reforms.

Data governance: Fit-for-purpose data governance structures are required as increased data sharing, linkage and artificial intelligence takes place. This should ensure data is safe, secure and useable and is guided by the voices of lived experience, research, service providers and ethicists.

Real-time data: Data on suicides, suicide attempts, self-harm and distress is available in real-time to authorised research and service provision agencies, including from ambulance, emergency departments and other sources of data.

Research and evidence: Support research to fill gaps in evidence, improve access to evidence and its use and drive research translation (to ensure that evidence is transferred into practice as quickly and efficiently as possible).

Pillar Four:

Workforce, Sector and Community

This pillar outlines the need for a sustainable workforce, quality sector practice and community-wide capability for suicide prevention



CASE FOR ACTION

Our ambition of a world without suicide requires a sustainable workforce, quality practice and community-wide capability for suicide prevention.

The suicide prevention workforce includes the clinical workforce who interact with those at risk of suicide (e.g. medical professionals), the formal suicide prevention and mental health workforce (e.g. working in suicide prevention, crisis support and postvention) and the informal suicide prevention workforce (e.g. those working with individuals who may be vulnerable to suicide).

There are critical gaps in strategy, skills and capability across the workforce and ongoing work is required to support retention, supply and sustainability in the sector and an ongoing need to ensure safe, quality and effective practice.

Seventy-three percent of respondents to the 2021 State of the Nation were unsure or not confident the broader suicide prevention workforce has the right training and skills.

We all have a role to play in suicide prevention and that extends not only across government but to business and industry and the broader community.

PLATFORM PRIORITIES

Suicide Prevention Workforce Strategy: National Suicide Prevention Office develop a suicide prevention workforce strategy and implementation plan that is fully-funded and provides long-term vision and strategy for workforce and specific actions to ensure accessibility, capability, skills, supply, retention and sustainability across the sector and is integrated appropriately with other related sectors and strategies under development.

Accreditation and quality: Accreditation Standards for Suicide Prevention Quality Improvement are embedded in commissioning processes for suicide prevention services, in particular services commissioned by primary health networks and other commissioning authorities. Programs should be commissioned over long-term cycles to support sustainability and quality.

Capability building and collaboration: Build sector capability around data and technology, learning from lived experience and priority cohorts and promote opportunities for cross-sector collaboration and partnerships to prevent suicide.

Community capacity: Suicide prevention competency is strengthened in the broader community, including through professional development and evidence-based suicide prevention training for those who support at-risk individuals. Increased suicide prevention leadership from local government, business and other organisations embedded in communities is important.

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We believe that through collaborative effort and shared purpose, we can achieve our shared vision of a world without suicide.



Suicide Prevention
Australia

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For general enquiries

02 9262 1130

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www.suicidepreventionaust.org

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Acknowledgements Statement

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. Suicide Prevention Australia acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.

Suicide Prevention Australia acknowledges the importance of the unique understanding provided by Lived Experience in all aspects of suicide prevention including policy, practice, and research. Advice from the Lived Experience Panel helped guide the structure, pillars and priorities of the National Policy Platform.

We also acknowledge importance of insights from all our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders. We thank all involved for their contribution to developing the Suicide Prevention Australia National Policy Platform.