

A whole-of-government approach to suicide prevention



POLICY POSITION

POSITION

1. Australia needs a whole of government approach to suicide prevention
2. The First Ministers of the Commonwealth, State and Territory Governments should have portfolio responsibility for suicide prevention in recognition of its cross-portfolio nature and the critical importance of reducing suicide rates
3. The Commonwealth Government should
 - a. create an ongoing National Suicide Prevention Office to deliver a National Suicide Prevention Strategy
 - b. use funding mechanisms with the jurisdictions to secure nationally consistent approaches to suicide prevention and ongoing funding for programs and services
4. State and Territory Government should put in place similar machinery to facilitate cross-portfolio coordination and a nationally consistent approach to suicide eprevention.

CONTEXT AND COMMENTARY

Australia needs a whole of government approach to mental health and suicide prevention.

Suicide and suicidal behaviours exact an economic toll in addition to their immense emotional and social impacts. The Productivity Commission has recently shone a light on the immensity of this impact, estimating it equates to between \$16 billion to \$24 billion lost to our economy (Productivity Commission 2019). Governments must act now to address this.

Suicide is also, however, a complicated and multi-factorial human behaviour and should be understood as more than an expression of mental ill health. A whole-of-government approach to suicide prevention acknowledges this and seeks better cross-portfolio coordination to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

The Fifth National Mental Health and Suicide Prevention Plan reinforces that suicide protective and risk factors are more wide ranging than just mental health and clinical treatment options. However, Suicide Prevention Australia believes that for a whole-of-government approach to suicide prevention it must be elevated out of health portfolios alone.

This would ensure that leadership and coordination for suicide prevention in Australia would come from the top down and consider factors within the control of not just the health portfolio but also other portfolios such as family and community services, education, employment, police and emergency services, and justice.

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KEY ISSUES

Machinery to support a whole-of-government approach

We believe it is absolutely essential that Government establish an ongoing suicide prevention coordination function, housed within the Department of Prime Minister and Cabinet. This elevates the issue of suicide prevention to its rightful place: at the head of the nation's agenda.

While we welcome the Commonwealth Government's appointment of a National Suicide Prevention Adviser, this is term limited to the end of 2020. The Commonwealth Government should look to reform its existing machinery of government to provide a permanent, ongoing whole-of-government approach to suicide prevention.

As outlined in our National Policy Platform, these reforms should include:

- Making the National Suicide Prevention Adviser's role permanent by setting up a National Suicide Prevention Office, preferably housed within the Department of Prime Minister and Cabinet.
- Passing a Suicide Prevention Act to provide a legislative framework for a three-yearly National Suicide Prevention Plan, integrating actions with a responsible agency, committed funding, measurable performance indicators and a suicide reduction target
- Developing a National Suicide Prevention Strategy and Plan which clearly delineates actions, accountability, funding and expected outcomes
- Tasking the National Suicide Prevention Office with developing, delivering and monitoring performance against the National Suicide Prevention Strategy and Plan, including coordinating cross-portfolio policy approaches and supporting Primary Health Networks (PHNs) in their suicide prevention focus.

Suicide Prevention Australia also recommends Government supplement this machinery with other mechanisms to support a whole of government coordination approach, including:

- Assessing suicide prevention and mental health impacts as a compulsory part of the Cabinet submission process;
- Including social benefit via mental health and suicide prevention as a compulsory outcome of Government procurement initiatives, and building this into tendering and contract evaluation processes.

Where possible, these arrangements should be mirrored in each jurisdiction to ensure a nationally consistent approach.

EVIDENCE IN SUPPORT OF A WHOLE OF GOVERNMENT APPROACH

Suicide Prevention Australia's whole of government proposals are supported by several international case studies. These models show a whole-of-government approach is essential to driving reform and coordinated action to address the suicide rate.

In 2006 Japan, recognising the urgent need to drive down the nation's high suicide rate, passed legislation to organise the machinery of government to coordinate suicide prevention strategy and activities (World Health Organisation 2018).

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Responsibility for suicide prevention shifted from the Ministry of Health, Labour and Welfare to the central department of the Cabinet Office (World Health Organisation 2018). The issue of suicide prevention received national prominence and, crucially, became a responsibility shared by all Ministers. The new government arrangements were followed by progressively released, regularly reviewed strategies to address key issues such as means restriction, youth suicide, and aftercare for suicide attempt survivors (World Health Organisation 2018).

Japan has since seen a significant, progressive decline in its suicide rate, with 2018 marking the ninth consecutive year of decrease in the nation's suicide rate and the first time since 1978 the total number of suicides in Japan had fallen below 21,000 (Ministry of Health, Labour and Welfare 2018).

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 2016 was 9.2 per 100,000, compared with 11.8 per 100,000 in 2008 (National Office for Suicide Prevention 2018). Ireland formed a National Office for Suicide Prevention in 2005 to collect and report on suicide related data, as well as oversee the implementation of ReachOut, the nation's first suicide prevention strategy (World Health Organisation 2018). In 2015, ReachOut was replaced by Connecting for Life, a five-year strategy that takes a whole of society approach to suicide prevention (National Office for Suicide Prevention 2015). Connecting for Life sets out a suite of population level, community based and indicated interventions, as well as policy initiatives to support them. A government agency or funded service provider is assigned lead responsibility to implement each initiative, and is accountable for the outcomes achieved (National Office for Suicide Prevention 2015).

COLLABORATION BETWEEN GOVERNMENTS

We join with the Productivity Commission in calling for a new intergovernmental National Mental Health and Suicide Prevention Agreement.

The Agreement will be an important mechanism for ensuring Commonwealth, State and Territory Governments pool funding and policy attention. Development of the Agreement is, however, likely to take some time; and the difficulty of negotiating intergovernmental agreements is often cited as a key roadblock for reform (Productivity Commission 2005).

Government should also use other mechanisms to achieve in the shorter term, and to encourage system change at the local level. The jurisdictions have other agreements with the Commonwealth to organise funding, supplemented by contracts between Governments for individual programs and services.

We are of the view the Commonwealth should use these lower level agreements and contracts to negotiate nationally consistent approaches to suicide prevention funding and policy with the States and Territories. This would influence system change, avoid duplication, and provide a more seamless service to consumers.

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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

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