

POLICY POSITION

May 2022

POSITION

1. Australian Government to provide education and employment programs for people who require additional support (e.g. have limited reading, writing or digital literacy or communication skills) to access social security benefits.
2. Australian Government to provide additional funding to enable Services Australia to employ additional Centrelink social workers to deliver support to people at risk of suicide, and evidence-based suicide prevention training for all frontline Centrelink, employment service and child support service employees.
3. Australian Government to establish an independent Social Security Commission to advise the Parliament on the ongoing adequacy and accessibility of income support payments.
4. Australian Government to expedite the trial of a Distress Brief Intervention program for those accessing social security, and, if effective, roll-out this model nationally.
5. Australian Government to permanently increase the base rates of income support payments to adequate levels as outlined in the Raise the Rate campaign.
6. Australian Government to amend eligibility criteria and enhance timeliness of payment commencement to enable vulnerable people who require income support to access it.
7. Australian Government to amend the mutual obligations system and its automation via the Targeted Compliance Framework and place decision-making with economic support providers to ensure consideration for people at risk of suicide.
8. Australian Government to revoke extension of the proposed Social Services Legislation Amendment (Consistent Waiting Periods for New Migrants) Bill 2021 to payments for children and carers currently proposed in the Bill.
9. Australian Government to abolish or reduce the newly arrived residents waiting period which prevents newly arrived migrants from accessing social security support payments for up to four years.
10. Australian Government to abolish the Cashless Debit Scheme and return self-determination to Aboriginal and Torres Strait Islander people.

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

CONTEXT AND COMMENTARY

Unemployment, financial insecurity, and homelessness are risk factors for suicide

Links between unemployment, financial insecurity, homelessness and suicidality are, sadly, well established.

A study into deaths by suicide in Victoria found 42% of people who died by suicide were under financial stress, 45% were unemployed, and 22% experienced family violence.¹ The latest Annual Report of the Queensland Suicide Register identified over a quarter of people who died by suicide were unemployed, 18.3% experienced financial problems, and additional 10.2% experienced workplace problems.²

Socioeconomic status is strongly associated with deaths by suicide.³ Over the past 10 years age-standardised suicide rates were highest for those living in the lowest socioeconomic areas.⁴ In 2020, the overall suicide rate for people living in the lowest socioeconomic (most disadvantaged) areas (18.1 deaths per 100,000) was twice that of those living in the highest socioeconomic (least disadvantaged) areas (8.6 deaths per 100,000).⁵ Risk of suicide in Australia has been found to be associated with lower levels of education,⁶ and with unemployment similarly to other Western countries.^{7,8}

Housing insecurity and homelessness has been linked to increased risks of suicidal behaviour. Research reports homeless populations experience higher rates of suicidality than the general population, and youth homelessness is associated with increased rates of suicide and suicidal ideation.⁹ Evidence exists 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.”¹⁰

Disasters exacerbate risk factors for suicide

The COVID-19 pandemic is a unique health crisis and has touched the lives of thousands directly affected by the virus, as well as their loved ones. The impact of COVID-19 extends to all members of our community, many of whom are at risk of losing their businesses, their jobs, their livelihoods and – perhaps for the first time – are struggling with their wellbeing. At the same time as the COVID-19 pandemic, Australia has experienced a series of natural disasters such as bushfires and more recently devastating flooding which saw many Australians lose their homes, further heightening risk factors for suicide.

The Australian Bureau of Statistics (ABS) reported 45% of Australians aged 18 years and over have been financially impacted by COVID-19 over the period mid-March to mid-April 2020, and 31% of household finances have worsened.¹¹ A significant increase among people estimated to be of working age receiving these payments was further witnessed.¹² During the peak period of the 2020 Alpha wave of the COVID-19 pandemic, the number of people receiving the lowest income support payments (e.g. JobSeeker which was formerly Newstart Allowance) increased significantly among electorates where people were already experiencing financial disadvantage prior to the pandemic reaching Australia.¹³ It is reported that these same communities are still experiencing elevated levels of people on low income support payments.¹⁴

The Australian Council of Social Service conducted a survey into the financial impact of living in Greater Sydney during the COVID-19 lockdown in 2021. All respondents (100%) reported struggling with the cost of living.¹⁵ More than half had lost paid work because of the lockdown, and almost half (49%) said they are at risk of losing their homes.¹⁶ The sector further reports that the Omicron variant has resulted in continuing presentations of people in ‘low-paid, insecure and casual work living precariously and unable to afford the basic necessities, including housing’.¹⁷

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

A survey of young people during the COVID-19 pandemic found the proportion of young people in Australia concerned about work and/or finding a job has increased, and 42% indicated money as a top stressor.¹⁸ Evidence further demonstrates that people on Newstart and Youth Allowance support payments were at least three times more likely to experience psychological distress, anxiety, and depression than those in paid work.¹⁹

Research has found levels of personal debt are also associated with suicidal ideation even after adjusting for socioeconomic factors, lifestyle behaviours and other risk factors.²⁰ The Productivity Commission identified those experiencing financial distress or unemployment are at higher risk of developing mental illness, and those on income support payments are more likely to experience poverty.²¹ The Productivity Commission reported that improving people's overall quality of life, in particular in areas of mental health, employment, and income have significant long term economic benefits.²²

Social security is a protective factor for suicide

Financial security, employment, community participation and engagement can act as protective factors for suicide. Employment further provides a sense of purpose and belonging. Improving social and financial security 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. Income support payments act as a protective factor for suicide and provide capability for people to engage with their communities. We further encourage research into the impact of social security schemes in reducing suicide rates.

Disasters have physical, social, and emotional impacts on people and communities exposed, which may last for extended periods of time.²³ We know from previous recessions and pandemics that social safety nets play a crucial protective role in reducing distress and suicide risk. Increased social support to combat risk factors for suicide during disasters can mitigate risk of suicide by acting as protective factors for suicide. Research demonstrates an association with suicide in the aftermath of disasters. Research based in on US data found rates of suicide to increase during the first 3 years post-disaster²⁴, and another study found increases in suicide rates were seen 2 years post-disaster.²⁵

Research into the link between macroeconomic factors and unemployment rate during the Global Financial Crisis in 2008 found the association between unemployment and suicide to be strongest among countries which had the least supports for unemployment protection.^{26,27} Social security is intended to act as a 'safety net' for vulnerable Australians who are struggling to meet basic living needs, and access to social security is a human right.²⁸ The approach to distribution of social security must be humanistic in nature and seek to uplift those who require additional support to build engagement with the broader community out of poverty.

Current welfare supports are inaccessible and inadequate

Australian households where income support payments are their main source of income, 55% receiving Newstart and 64% receiving Youth Allowance, are living in poverty.²⁹ The Senate Community Affairs References Committee reported significant evidence was raised on the inadequacy of income support payments and their current ability to meet basic living needs during their inquiry into poverty and financial hardship.³⁰

The Targeted Compliance Framework has negative impacts on Australians struggling to meet basic needs, and failure to meet mutual obligations results in financial penalties. The automation of demerit points removes the ability for discretion to be utilised based on a person's circumstances.³¹ While a New Employment Services Model will be rolled out mid-year based on current trials, the Targeted Compliance Framework will be maintained. People who rely on social security payments to meet basic living needs such as food and housing live in ongoing fear of payments being cut off abruptly over failure to meet compliance obligations for payments. Suspension of payments is automatically made by the system, creating a gap in decision-making processes.³² The system further fails to consider an individual's capacity for access to technology and level of education to record compliance obligations prior to income support being stopped.

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

We recommend a permanent increase in the following, which is in line with ACOSS's Raise the Rate campaign:

- Base rates of JobSeeker, Youth Allowance and related payments ('Allowance Payments') for all single people, including single parents, should be raised 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 Australian Rent Assistance by 50%.
- Introduce a Single Parent Supplement that recognises the additional costs of single parenthood.
- Establishment of an independent Social Security Commission to advise the Parliament on the ongoing adequacy of income support payments.

POPULATIONS AT-RISK OF SUICIDE IN NEED OF SOCIAL SECURITY SUPPORT

Aboriginal and Torres Strait Islander Peoples

Aboriginal and Torres Strait Islanders suicide rates are significantly disproportionate compared to the general Australian population and they are over represented among income support recipients (5.3% of Aboriginal and Torres Strait Islander peoples compared to 2.8% of the Australian population aged 16 and over).³³ In 2018-19, more than half of Aboriginal and Torres Strait Islander people reported living in a household that could not raise \$2,000 within a week for an emergency, and almost 2 in 5 reported their household had days without money for basic living expenses in the last 12 months.³⁴

The Cashless Debit Card Scheme disproportionately impacts Aboriginal and Torres Strait Islander people and removes their right to self-determination in financial decision-making. People living in rural and remote communities do not have reliable access to technology, internet, and phone communications – of which the majority of social security income support schemes in Australia require to meet mutual obligations.

We endorse the National Suicide Prevention Adviser's Final Advice that Aboriginal and Torres Strait Islander peoples should hold leadership and delivery of suicide prevention activities in Indigenous communities.³⁵ All areas of government activity that impact social and emotional wellbeing of Aboriginal and Torres Strait Islander people should include leadership by Aboriginal and Torres Strait Islander people in alignment with Article 4 of the Gaya Dhuwi (Proud Spirit) Declaration 'Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system'.³⁶

Newly Arrived Migrants

In 2020, there were over 7.6 million migrants living in Australia (out of a total population of 25 million).³⁷ While very little is known about suicide and suicidality among this population in Australia³⁸, there is some data available to indicate that people from immigrant and refugee backgrounds may experience significant levels of psychological distress compared with other Australians. This is often related to pre-migration issues such as war and conflict and being separated from family and friends. Resettlement and the stress of adapting to a new culture can also affect mental health and wellbeing.³⁹

A trend in increasing time periods for new migrants to access social security income support has been witnessed in Australia over the years.⁴⁰ In 2018, the Newly Arrived Residents Waiting Period (NARWP) was extended from two to four years before migrants can access most social security income support payments.⁴¹ More recently, the Government is proposing to increase the waiting period to 4 years before new migrants can access social security payments for

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

children and carers, leaving children at risk of poverty due to their parents or carers being migrants or New Zealanders living or working in Australia.⁴² The 'special benefit' available to people in severe financial hardship, in cases where they are unable to access any other form of social security income support payment, has grown increasingly harder for newly arrived migrants to access due to the long waiting times. This significantly impacts a person's ability to meet basic living needs which support people to find employment and participate in their communities.

People experiencing domestic and family violence

The ABS reports 2.2 million Australians have experienced physical and/or sexual violence by a partner, 3.6 million have experienced emotional abuse by a partner, and 2.2 million have experienced sexual violence since the age of 15.⁴³ For the period 2022-21, more than 116,000 people who were assisted by specialist homelessness services had experienced family or domestic violence.⁴⁴

During the COVID-19 pandemic in Australia, 53.1% of women who had experienced physical or sexual violence by their current or former cohabitating partner prior to 2020 reported an increase in the severity and frequency of violence experienced.⁴⁵ In Australia, 62% of service providers reported the number of clients seeking help for domestic and/or family violence increased during the COVID-19 pandemic.⁴⁶

People who are fleeing domestic and family violence commonly encounter barriers in accessing social security support. Examples include being means assessed as a member of a couple which can result in not qualifying for the same amount as a single person based on income testing schemes, a partner may earn too high an income for the person trying to leave to qualify for social security income support payments, and often if a partner does manage to leave – the system still recognises them as a member of a couple.⁴⁷

While emergency relief payments such as the Crisis Payment and Escaping Violence Payment exist to alleviate immediate costs for people fleeing domestic violence, our sector members report delays are experienced in receiving funds. Members report in some cases Crisis Payments can take up to 6-8 weeks to be received. This is a stark contrast to COVID-19 disaster relief payments which have reportedly been received within 48 hours of claim. Timely accessibility to social security benefits is crucial for people to meet basic needs in high distress circumstances, and fosters hope and resilience among people leaving violent environments.

People living with a disability

Nearly every sixth Australian (18%) lives with a disability (approx. 4.4 million people), with every third (32%) of them with a severe or profound disability (approx. 1.4 million).⁴⁸ The AIHW estimated that approx. 36% of people with severe or profound disability experience mood disorders such as depression, and they are more likely to experience psychological distress at elevated levels than those without disability (8.7%).⁴⁹ An Australian men's health study found almost 10% of men with disability had experienced suicidal thoughts in the past 12 months (compared to 4% among men without a disability).⁵⁰

Accessing the Disability Support Pension (DSP) poses challenges for people whose primary disability is psychosocial.⁵¹ Punitive measures taken for people unable to meet mutual obligations required to receive social security support payments in cases of psychosocial disability and qualification criteria e.g. conditions requiring 'full diagnosis' are unconscionable, and can lead to heightened levels of financial distress, and exacerbation of their psychiatric condition.⁵²

People living in regional, rural, and remote areas

People living outside of metropolitan areas report poorer health outcomes compared to those who live in metropolitan areas due to difficulty accessing health care (e.g. health care providers and specialists), and lower income, education and employment opportunities.⁵³ Distance and isolation compounds these factors creating an additional layer of locational disadvantage.⁵⁴ Poverty rates are higher (13.8%) among people living outside capital cities compared to those who live in capital cities (12.8%).⁵⁵ People living in regional and remote areas are 33% (more than 1.5 million Australians) more likely to have experienced food insecurity in the past 12 months than those living in capital cities (17%).⁵⁶

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

Meeting mutual obligations required to access social security income support payments poses challenges for people living in areas where access to technology, public transport, and available services is limited, and poverty and disadvantage is heightened due to distance and isolation. The National Suicide Prevention Adviser's Final Advice is committed to adopting a whole of government approach to suicide prevention⁵⁷, it is critical that solutions to reducing suicides extend beyond the health portfolio i.e. transport and technology accessibility, be implemented.

Additional population groups who experience disproportionate rates of suicidality and unemployment compared to the general population include young people⁵⁸ and LGBTQI communities⁵⁹, these populations can also intersect with the population groups highlighted above and thus experience the same issues in accessing and participating in social security schemes in Australia.

SUPPORTING PEOPLE IN THE COMMUNITY

People with low levels of education, who are from low socioeconomic backgrounds, and are at increased risk of suicide may require additional support to access social security benefits and support maintaining mutual obligations for compliance. We recommend the Australian Government provide education and employment programs for populations at-risk of suicide who require this additional support, and where social security may act as a protective factor for suicide by providing the means to meet basic living needs and engage with their communities. Employment and education programs should be holistic and support the individual at the point of need rather than focus on delivering employment outcomes. They should address issues of technology literacy, access requirements, and be communicated through means which match the level of capacity for understanding of the individual.

Only half of those whose lives are lost to suicide each year are accessing mental health services at the time of their death and only 4 out of 10 people disclose their suicidal thought to a health professional before an attempt.⁶⁰ Research shows the first conversation someone has about thoughts of suicide is critical and can determine their future help seeking behaviour.⁶¹

Given the elevated risk of suicide among income support recipients, it is important to build capability for suicide prevention among those with whom they interact, in particular staff at Centrelink, employment service and child support providers. Suicide prevention training of community gatekeepers has been found effective at building awareness, increasing capability, addressing the reluctance to intervene and reduce stigma.⁶² Meeting people in distress with empathy and compassion can inspire hope and resilience.

The Australian Government should further provide additional funding to enable Services Australia to employ additional Centrelink social workers to support people at risk of suicide, and all frontline Centrelink and employment services employees receive evidence-based suicide prevention training to help identify sign of distress and intervene to support an individual towards appropriate services.

We welcome the Australian Government's 2021-2022 Budget commitment of \$31.2 million to pilot a National Distress Intervention program to reach people in crisis and provide immediate support. This builds on a successful Scottish model⁶³ that responds compassionately and proactively to people experiencing distress who present to frontline workers. If a person in distress presents to a frontline worker they can be referred to a service that contacts them within 24 hours to arrange further support. Support is provided over two weeks and focuses on skills to effectively manage wellbeing and prevent future crises.

Given people in distress often present to Centrelink or employment service providers, the Australian should proceed with a trial of this service without further delay. Should trials prove effective at reducing distress, a national roll-out of this model should proceed.

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

1. Jesuit Social Services. (2020). Support after suicide, Family perceptions of how Victoria responds to people at risk of suicide and their loved ones, Jesuit Social Services, Melbourne.
2. Leske, S., Schrader, I., Adam, G., Catakovic, A., Weir, B. & Kolves, K. (2021). Suicide in Queensland: Annual Report 2021, Brisbane, Queensland, Australia: Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University.
3. AIHW. (2020). Suicide, by socioeconomic areas, Suicide & Self-Harm Monitoring, available online: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/suicide-by-socioeconomic-areas>.
4. Ibid.
5. Ibid.
6. AIHW. (2021). Suicide & self-harm monitoring, Social factors and deaths by suicide, available online: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/social-factors-suicide#Educational%20attainment,%20employment%20and%20deaths%20by%20suicide>.
7. Ibid.
8. Gunnell, D., Platt, S. & Hawton, K. (2009). The economic crisis and suicide, *BMJ*, 338, available online: <https://www.bmj.com/content/338/bmj.b1891.short>.
9. Brackertz, N. (2020). The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours: a review of the evidence, Evidence Check prepared by AHURI for the National Suicide Prevention Adviser and the National Suicide Prevention Taskforce, commissioned through the Suicide Prevention Research Fund, managed by Suicide Prevention Australia, Australian Housing and Urban Research Institute Limited, Melbourne, available online: <https://www.suicidepreventionaust.org/wp-content/uploads/2021/01/AHURI-Professional-Services-The-role-of-housing-insecurity-and-homelessness-in-suicidal-behaviour-FINAL-2.pdf>.
10. Ibid.
11. Australian Bureau of Statistics. (2020). 4940.0 – Household impacts of COVID-19 Survey, 14-17 Apr 2020, Australian Bureau of Statistics, Canberra.
12. Ibid.
13. ACOSS & UNSW Sydney. (2021). COVID income support: Analysis of income support in the COVID lockdowns in 2020 and 2021, available online: https://povertyandinequality.acoss.org.au/wp-content/uploads/2021/10/Covid-income-support_build-back-fairer-report-1.pdf.
14. Ibid.
15. ACOSS. (2021). Locked out in lockdown: A report about people with the least trying to survive in lockdown, available online: https://www.acoss.org.au/wp-content/uploads/2021/07/locked-out-in-lockdown-report_final-1.pdf.
16. Ibid.
17. Mission Australia. (2022). Federal Pre-budget Submission 2022-2023.
18. ReachOut. (2020). New support for young people stressed about work and money during COVID-19, Press Release, September.
19. ACOSS. (2021). Poverty & Inequality in Australia, available online: www.povertyandinequality.acoss.org.au.
20. Meltzer H, Bebbington P, Brugha T, Jenkins R, McManus S, Dennis MS. (2011). 'Personal debt and suicidal ideation', *Psychological Medicine*, 41(4):771-8, available online: <https://pubmed.ncbi.nlm.nih.gov/20550757/>.
21. Ibid.
22. Ibid.
23. World Health Organisation. (2016). Psychological First Aid For All: Supporting People in the Aftermath of Crisis Events, available online: https://www.who.int/mental_health/world-mental-health-day/ppt.pdf.
24. Cartier, K. M. S. (2021). Suicide rates may rise after natural disasters, *Eos*, 102, <https://doi.org/10.1029/2021EO153699>.
25. Horney, J.A., Karaye, I.M., Abuabara, A., Gearhart, S., Grabich, S. & Perez-Patron, M. (2020). The Impact of Natural Disasters on Suicide in the United States, 2003–2015, *Journal of Crisis Intervention and Suicide Prevention*, 42(5).
26. Frاسquilho, D., Matos, M. G., Salonna, F., Guerreiro, D., Storti, C. C., Gaspar, T., & Caldas-de-Almeida, J. M. (2016). Mental health outcomes in times of economic recession: a systematic literature review, *BMC Public Health*, 16(1), 115-115.
27. Mathieu, S., Treloar, A., Hawgood, J., Ross, V. & Kölves, K. (2022). The role of unemployment, job insecurity and financial hardship on suicidal behaviours, and interventions to mitigate their impact: A review of the evidence, Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane.
28. Department of Foreign Affairs. (1976). International Covenant on Economic, Social and Cultural Rights, Australian Treaty Series, Canberra, available online: <http://www.austlii.edu.au/au/other/dfat/treaties/1976/5.html>.
29. Davidson, P., Saunders, P., Bradbury, B. & Wong, M. (2018). Poverty in Australia. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney.
30. The Senate Community Affairs References Committee. (2004). A hand up not a hand out: Renewing the fight against poverty, Commonwealth of Australia, available online: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2002-04/poverty/report/index.
31. Casey, S. (2019). The Targeted Compliance Framework – Implications for job seekers, Economic Justice Australia, available online: <https://www.ejaustralia.org.au/wp/social-security-rights-review/the-targeted-compliance-framework-implications-for-job-seekers/>.
32. Ibid.
33. Ibid.
34. AIHW. (2021). Indigenous income and finance, AIHW, available online: <https://www.aihw.gov.au/reports/australias-welfare/indigenous-income-and-finance>.
35. National Suicide Prevention Adviser. (2020). Connected and compassionate, Australian Government, available online: <https://www.health.gov.au/sites/default/files/documents/2021/05/national-suicide-prevention-adviser-final-advice-connected-and-compassionate.pdf>.
36. Gaya Dhuwi. (2015). Gaya Dhuwi (Proud Spirit) Declaration, available online: https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf.
37. Australian Bureau of Statistics. (2020). Migration, Australia, Canberra, available online: <https://www.abs.gov.au/statistics/people/population/migration-australia/latest-release>.
38. Bowden, M., McCoy, A. & Reavley, N. (2020). Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review, *International Journal of Mental Health* 49:4, 293-320.
39. AIHW. (2008). Australia's Health 2008, Canberra, Australian Institute of Health and Welfare.
40. Economic Justice Australia. (2022). Federal pre-budget submission 2023, available online: https://www.ejaustralia.org.au/wp/wp-content/uploads/Pre-budget_submission_2023-EJA.pdf.
41. Ibid.
42. Ibid.
43. Australian Bureau of Statistics. (2016). Personal Safety, Australia, available online: <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.
44. AIHW. (2021). Family, domestic and sexual violence data in Australia, available online: <https://www.aihw.gov.au/reports/fdv/06/family-domestic-sexual-violence/contents/responses-measures/clients-seeking-specialist-homelessness-services-f>.

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

45. Australian Institute of Criminology. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic, *Statistical Bulletin* 28, Australian Government, available online: https://www.aic.gov.au/sites/default/files/2020-07/sb28_prevalence_of_domestic_violence_among_women_during_covid-19_pandemic.pdf.
46. Carrington, K., Morley, C., Warren, S., Ryan, V., Ball, M., Clarke, J. & Vitis, L. (2021). The impact of COVID-19 pandemic on Australian domestic and family violence services and their clients, *Australian Journal of Social Issues*, 56:4, available online: <https://onlineibrary.wiley.com/doi/10.1002/ajs4.183>.
47. Cameron, S. & Forbes, L. (2021). Debt, duress and dob-ins: Centrelink compliance processes and domestic violence, University of Wollongong Australia, The University of Sydney, The University of Queensland, Economic Justice Australia, available online: https://www.ejaustralia.org.au/wp-content/uploads/EJA_Full-Report2021_DebtsDuressDobins-FINAL.pdf.
48. AIHW. (2020). People with disability in Australia, available online: <https://www.aihw.gov.au/reports/disability/people-with-disability-in-australia/contents/people-with-disability/prevalence-of-disability>.
49. AIHW. (2020). Health of people with disability, available online: <https://www.aihw.gov.au/reports/australias-health/health-of-people-with-disability>.
50. Milner, A., Bollier, A.M., Emerson, E. & Kavanagh, A. (2018). Disability, thoughts of suicide and Australian men, University of Melbourne, available online: <https://pursuit.unimelb.edu.au/articles/disability-thoughts-of-suicide-and-australian-men#:~:text=Nearly%20ten%20per%20cent%20of,cent%20of%20those%20without%20disability>.
51. St Guillaume, L. & Robertson, J. (2021). Barriers to disability support pension access for people with psychiatric impairments and their experiences on JobSeeker payment, The University of Notre Dame Australia, Economic Justice Australia & Welfare Rights Centre New South Wales, available online: <https://www.ejaustralia.org.au/wp/latest-news/barriers-to-disability-support-pension-access-for-people-with-psychiatric-impairments-and-their-experiences-on-jobseeker-payment/>.
52. Ibid.
53. AIHW. (2019). Rural and remote health, Australian Institute of Health and Welfare, available online: <https://www.aihw.gov.au/reports/rural-remote-australians/rural-remote-health/contents/summary>.
54. Ibid.
55. Ibid.
56. Foodbank. (2018). Foodbank Hunger Report 2018, Mccrindle, available online: <https://www.foodbank.org.au/wp-content/uploads/2018/12/2018-Foodbank-Hunger-Report.pdf>.
57. Ibid.
58. AIHW. (2021). Australia's youth: Engagement in education or employment, Australian Institute of Health and Welfare, available online: <https://www.aihw.gov.au/reports/children-youth/engagement-in-education-or-employment>.
59. Hill, A.O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). Private Lives 3, La Trobe University, available online: <https://www.latrobe.edu.au/arcshs/publications/private-lives/private-lives-3>.
60. Suicide Prevention Australia. (2020). Leading with empathy: Embedding the voice of lived experience in future service design, available online: <https://www.suicidepreventionaust.org/wp-content/uploads/2020/12/Leading-with-empathy-final-report.pdf>.
61. Ibid.
62. Hawgood, J., Svetlicic, J. & De Leo, D. (2018). Evaluation of Wesley LifeForce Suicide Prevention Training: Phase 2, Final Report, Australian Institute for Suicide Research and Prevention, Griffith University, Brisbane.
63. Royal Commission into Victoria's Mental Health System. (2021). Case study: Distress Brief Intervention, available online: <https://finalreport.rcvmhs.vic.gov.au/personal-stories-and-case-studies/distress-brief-intervention/#:~:text=Distress%20Brief%20Intervention%20is%20a,to%20people%20presenting%20in%20distress>.

For general enquiries:

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org

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

Imagine a world without suicide

8

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this policy position.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.