2023 Pre-Budget Submission

Submission

December 2022

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Imagine a world without suicide

Suicide Prevention Australia

Introduction

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With over 380 members representing more than 140,000 workers, staff and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives and people with lived experience.

Over 3,000 people tragically die by suicide and an estimated 65,000 people attempt suicide each year. Over 7.5 million Australians have been impacted by suicide. Our shared vision is a world without suicide and with our members, we work to inform through data and evidence; influence systemic changes that drive down suicide rates and build capability and capacity.

During the first two years of the COVID-19 pandemic, Australia has contained increases in suicide rates through additional investments in social supports and suicide prevention services. However, recent data from 2022 shows a 10% increase in suicides in NSW and Victoria from January to September and elevated levels of distress and suicidal behaviour in the community. This aligns with research on natural disasters, recessions and other crises that show suicide rates can peak two to three - years after an event.

For this reason, we have urged Government to provide a distress relief package to address increasing risks of suicide, including the measures outlined in this pre-Budget submission:

1. **Accelerate delivery and implementation** - urgently accelerate implementation of existing commitments including additional aftercare and postvention support, distress and local services and a National Suicide Prevention Workforce Strategy.
2. **Additional support for those most at-risk of suicide** - double funding for local suicide prevention responses and priority groups available through the National Suicide Prevention Leadership Support Program and Targeted Regional Initiatives.
3. **Establish an Equity and Access Fund** - provide transitional support and address immediate service and workforce needs until *Better Access* reforms are delivered.
4. **Strengthen investment in protective supports** - permanently increase the base rates of income support payments to adequate levels as outlined in the Raise the Rate campaign.
5. **Deliver whole-of-government transparency and accountability** - pass a Suicide Prevention Act to require all agencies to consider suicide impacts in their portfolios and clear accountability arrangements.

This pre-Budget submission includes other important recommendations around lived experience; data and evidence; workforce and community capacity; early intervention and prevention and stronger protective factors. We are confident the measures we have proposed for the 2022/23 Federal Budget will help the Commonwealth Government make meaningful progress against our shared commitment towards zero suicides.

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Recommendations

Priority area	Recommendation
Accelerated implementation	1. Urgently work with sector and people with lived experience to accelerate implementation of suicide prevention measures in the 2021 and 2022 Budgets including universal aftercare; national postvention; distress brief interventions; targeted regional responses and national standards for Safe Spaces *(nil cost over the forward estimates)*
Whole-of-government	2. Legislate whole-of-government transparency and accountability for suicide prevention through a *Suicide Prevention Act ($0.3 million over one year)*
Lived experience	3. Fully fund implementation of the recommendations of the Final Advice of the National Suicide Prevention Advisor to ensure people with lived experience are integral in all aspects of suicide prevention *(funding for co-design and implementation)*
Workforce and community capacity	4. Fund development of a National Suicide Prevention Workforce Strategy and implementation plan *($1.9 million over two years plus implementation funding)* 5. Establish an Online Suicide Prevention Platform that builds suicide prevention capability across sectors and the community *($0.25 million over one year)*
Data and evidence	6. Build capability in the suicide prevention sector to access, interpret and utilise suicide prevention data through a Data and Outcomes Fund *($4 million over four years)*
Early intervention and prevention	7. Invest in national support for those whose loved ones attempt suicide or are impacted by suicidal distress *($8.7 million over three years)* 8. Extend and increase funding for Regional Response Suicide Prevention measures *($43.2 million over four years)* 9. Establish an Equity and Access Fund to provide transitional support and address immediate service and workforce needs until *Better Access* reforms are delivered *($60-100 million over one year)* 10. Increase funding under the National Suicide Prevention Leadership Support Program for priority groups *($43 million over two years)*
Strengthening protective factors	11. Permanently increase the base rates of income support payments to adequate levels as outlined in the *Raise the Rate* campaign 12. Develop a national strategy to address loneliness and social isolation 13. Increase Commonwealth Government investment in housing affordability, social housing and homelessness services 14. Budget discretionary funds annually to respond to the need for suicide prevention in disaster-impacted communities *($120 million over four years)*

1. Accelerated implementation

The 2021 and 2022 Federal Budget included important commitments to suicide prevention. These significant investments aligned with the Final Advice of the Prime Minister's National Suicide Prevention Advisor and Final Report of the Productivity Commission's Mental Health Inquiry. Several commitments were linked to a new National Agreement on Mental Health and Suicide Prevention signed by the Commonwealth Government, states and territories in early 2022.

Despite allocation of funds, a large number of these much-needed commitments are yet to be fully implemented. This includes aftercare, postvention and distress intervention measures to be delivered in partnership with states and territories as well as the implementation of national standards for Safe Spaces and the commissioning of regional suicide prevention responses in all Primary Health Networks (PHN).

Demand for suicide prevention services remains at record highs. The [2022 State of the Nation in Suicide Prevention report] found that 88% of organisations saw increased service demand over the past 12 months and that 76% of organisations require additional funding. Urgent action is required to accelerate the implementation of outstanding Budget measures at this critical time.

Suicide Prevention Australia has worked with its membership and the broader sector to proactively advise on the implementation of key initiatives, including aftercare and regional responses. The sector and people with lived experience are well-placed to support the urgent implementation of these measures.

***Recommendation**: Urgently accelerate implementation of suicide prevention measures in the 2021 and 2022 Federal Budgets including universal aftercare; national postvention; distress brief interventions; regional suicide prevention responses, and the national standards for Safe Spaces (nil cost over the forward estimates).*

2. Whole-of-government approach

Suicide is a complicated human behaviour and is more than an expression of mental ill health. Only half of those who tragically lose their life to suicide each year are accessing mental health services at the time.[1] Recent modelling released by the Australian Institute of Health and Welfare revealed that socioeconomic factors such as being widowed, divorced or separated, being not in the labour force or being unemployed, being a lone person household and being male, are the risk factors with the strongest associations with suicide.[2]

As noted in the Interim Report of the National Suicide Prevention Advisor: 'no single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress'.[3]

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[1] National Suicide Prevention Adviser. (2020). Compassion First: Designing our national approach from the lived experience of suicidal behaviour, Canberra, available online.

[2] Australian Institute of Health and Welfare. (2022). Social and economic factors and deaths by suicide: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/social-factors-suicide.

[3] National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention. Canberra; August 2020, p 8. Accessed online.

Preventing suicide therefore requires a holistic, cross-government approach that effectively coordinates funding and policy attention to address the social, economic, health, occupational, cultural, and environmental factors involved. This includes consideration of suicide prevention in issues as diverse as housing, employment, and helping people to build healthy social connections.[4]

We welcome recent investments in suicide prevention and mental health as part of a new National Agreement and in consecutive Budgets. However, this commitment to whole-of-government suicide prevention should be legislated. *Suicide Prevention Acts* have proven successful overseas in legislating whole-of-government prevention priorities. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides.

Legislation can ensure transparency and accountability and focus agencies on practical and measurable steps to reduce and prevent suicide. Implementation of a *Suicide Prevention Act* should legislate a whole-of-government approach including a national suicide prevention plan, cross-agency accountability and governance arrangements including lived experience. It would also provide the basis for suicide prevention to link to related Commonwealth Government plans and initiatives, for example, housing, family and domestic violence programs. Further details on the case for a *Suicide Prevention Act* are available here.

***Recommendation**: Legislate whole-of-government transparency and accountability for suicide prevention through a Suicide Prevention Act as part of a new National Strategy for Suicide Prevention ($0.3 million over one year).*

3. Lived experience

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

As outlined by the National Suicide Prevention Advisor, 'positioning knowledge from lived experience at the forefront of research, policy and practice has the potential to richly communicate the complexities of suicidal behaviour and highlight key considerations for preventing suicide and better supporting people'.[5]

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.

To fully embed lived experience leadership, knowledge and insights across suicide prevention, further planning and investment in workforce development will be required. This will ensure we can both grow the lived experience and peer workforce and put in place supporting structures to sustain and support that workforce. This could include sustained

[4] AIHW. (2021). Social factors and deaths by suicide, available online: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/behaviours-risk-factors/social-factors-suicide.

[5] National Suicide Prevention Adviser. (2020). Compassion First: Designing our national approach from the lived experience of suicidal behaviour, Canberra, available online.

investment in peer networks, workforce development, professional development bursaries, and suicide-prevention specific lived experienced resources. A key part of the upcoming National Suicide Prevention Workforce Strategy should include specific actions co-designed with people who have lived experience to guide integration, support and development.

Recommendation*: 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 (cost subject to lived experience co-design).*

4. Workforce and community capacity

Workforce

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 might be vulnerable to suicide).

This is a broad, diverse and growing 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 and is integrated appropriately with other related sectors and strategies under development.

Recommendation*: Fund development of a suicide prevention workforce strategy and implementation plan ($1.9 million over two years plus implementation funding).*

Community capacity

People experiencing suicidal distress interact with workforces across diverse sectors. The first time a person discloses their distress or thoughts is a critical moment, so it is vital to build suicide prevention skills and knowledge across workforces.

Research highlights the need for targeted suicide prevention learning and development for workforces that intersect with the social determinants of suicide – alcohol and other drugs; housing; justice; child protection and out-of-home care services. For example, suicide was 4.9 times more likely for people who interact with the child protection system compared to people without a history of child protection or neglect.

However, evidence highlights the need for tailored suicide prevention learning and development for workforces in these systems. Research commissioned for the National Suicide Prevention Taskforce through the National Suicide Prevention Research Fund highlighted that in pilots of tailored learning and development there was an increase in participants' knowledge, preparedness, and self-efficacy and an increase in referrals to support services.

Suicide Prevention Australia has piloted an online suicide prevention learning platform. The learning platform, called The Learning Hub, is an ongoing and supported learning-based program for individuals to identify learning needs, fulfil learning goals, and apply that learning to suicide prevention.

The program was created in collaboration with experts in suicide prevention and suicide prevention training and provides a place for individuals and organisations to identify and access a variety of learning options. A small investment would extend this pilot to create tailored online learning pathways for key sectors and provide access to around 5,000 people in workforces interacting with people at increased risk of suicidal behaviour.

The proposed initiative includes: development of tailored online learning pathways that target the social determinants of suicide; extension of a national directory of learning resources and online learning events. An online learning platform could be integrated with existing pathways, workforces and programs, for example Head to Health centres, Safe Spaces, emergency departments and other critical suicide prevention services.

Recommendation*: Establish an Online Suicide Prevention Platform that builds suicide prevention capability across sectors and the community ($0.25 million over one year).*

5. Data and evidence

Access to accurate population-level data regarding suicidal behaviour, is crucial for targeted suicide prevention policy and program resourcing, development and implementation. 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.

In the transition from the COVID-19 pandemic and reforms to policy and practice, ongoing translational research is key to understanding what works for whom and when. 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 half agree they have access to the data they need right now.[6]

More reliable, timely and robust data can improve policy development and planning as well as enable immediate prevention and postvention responses at a local level. While 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.

While increasing availability of data is critical, better outcomes are reliant on sector capability to access, understand and interpret the available data. As the suicide prevention sector grows, it's critical the capability to make use of increased data is supported. Small, but wise and strategic, investment in data capability building through grants for easy-to-use resources and staff training can unlock the potential of this data. The funding would align with recent important progress made through the National Suicide and Self-Harm Monitoring System.

Recommendation*: Build capability in the suicide prevention sector to access, interpret and utilise increasing suicide prevention data through a Data and Outcomes Fund ($4 million over four years).*

[6] Suicide Prevention Australia (2022) *State of the Nation in Suicide Prevention,* available online

6. Early intervention and prevention

Support for families and friends of people at risk of suicide

Suicide attempts and suicidal distress have significant impacts not only on the individual experiencing suicidality but also on the carers, family and friends surrounding them. 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 loved ones impacted by a suicide attempt or suicidal distress.

These friends, families and communities are missing out and need support. They are one of the most critical forms of suicide prevention available to people who have made a suicide attempt or are experiencing suicidal distress yet there is currently no systematic approach to supporting families and friends despite their great potential to contribute to saving lives.

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.

Investment in support services of this kind would be expected to reduce psychological distress, promote help-seeking and improve wellbeing for individuals whose loved ones face suicidal distress or attempt suicide. It will also support understanding and relationships between those experiencing suicidal distress and their loved ones and could in-turn support the recovery journey of suicide attempt survivors. This is consistent with recent recommendations from the *In Their Words* report on the design of a universal aftercare system that urged further support for carers and support networks of suicide attempt survivors.[7]

A potential model is *Stand Together*, a new national non-clinical program targeted at the families, friends and communities of people who experience suicidal distress or have made a suicide attempt. Developed through a partnership between Roses in the Ocean and Everymind, the Stand Together program combines a peer-led support service which is coordinated and delivered within communities. It also includes a scalable online education and support program to be delivered free of charge to families and friends through Everymind's Minds Together program and digital portal.

Recommendation*: Invest in national support for those whose loved ones attempt suicide or are impacted by suicidal distress ($8.7 million over three years)*

Regional suicide prevention responses

The March 2022-23 Budget investment of $42.7 million for regional suicide prevention initiatives is a welcome commitment to implement system wide responses to reduce the risk

[7] Suicide Prevention Australia (2022) *From the Start Report,* available online

of suicide in the region. Building on the Suicide Prevention Trials, this is an important investment to support local commissioning across PHNs. Suicide Prevention Australia has provided Government with advice on how to effectively implement agreed funding to date including key responsibilities and enablers of success including a role in coordinating local, state and Commonwealth Government services.

This Budget does however present an opportunity to better fund these initiatives and to ensure sector certainty in their implementation. The Trial Site evaluations found the time-limited nature of the trial hindered the ability to develop and implement long-term strategies needed for system-level change and made some services reluctant to refer individuals in need. The two-year funding allocation for these measures risks a similar impact and the need for medium-term funding certainty should be considered by Government.

The funding quantum is also very limited when split across all 31 PHNs. Leader funding equates to $167,000 per annum and regional responses $487,000 per annum for each of the two-years. These funds should be increased to ensure maximum impact at this critical time for suicide prevention across communities.

The investment of these funds should be guided through lived experience input, consultation, and co-design where appropriate. Funding of initiatives should be targeted where the greatest impact is felt at a local level, in evidence based pro-active upstream measures, or alleviating immediate and imminent community needs.

Regional responses can play an important role in supporting quality and continuous improvement. This includes support for accreditation and the adoption of the National Standards for Suicide Prevention. PHNs should only commission programs and services that are safe, of appropriate quality and are effective. As part of a commissioning framework that prioritises programs and services that are accredited or committed to working towards accreditation under these standards, a $500,000 grant should be available over two-years to provide free registration for accreditation under the standards.

Recommendation*: Extend and increase funding for Regional Response Suicide Prevention measures ($43.2 million over four years)*

Equity and Access Fund and transitional support

The latest Australian Bureau of Statistics data shows that of the 3,114 Australians who died by suicide in 2021, mental and behavioural disorders were present in almost 63%.[8] Access to timely, affordable mental health treatment is therefore of critical importance to national suicide prevention efforts.

Additional access to Medicare-funded mental health supports through the Better Access initiative has been an important investment during the COVID-19 pandemic. The provision of an additional 10 sessions for people experiencing mental health impacts has played an important role in containing suicide rates since the pandemic began.

The evaluation of the *Better Access* initiative recommends important changes to ensure this program is better targeted and accessed by those who need it most. It finds:[9]

- *Better Access* initiative has been an important support throughout the pandemic, the highest rate of uptake has been for those aged 15-24 followed by 25-44 years
- Most participants felt the number of sessions they had with their psychologist were too few, particularly those with more complex or “serious” mental health issues

[8] Australian Bureau of Statistics (2022) *Causes of Death of 2021*, available online
[9] University of Melbourne *(2022) Evaluation of Better Access initiative*, available online

- Around one in 10 Australians used *Better Access* in 2021 (2.6 million), and one in every six people who use *Better Access* have utilised at least one additional session
- Consistent findings that the program has positive outcomes and recommends the additional 10 sessions should continue to be available and targeted to those with complex mental health needs
- There are opportunities to improve equity and access including addressing workforce capacity, better referral processes and increased affordability.

Suicide Prevention Australia supports the recommendations of the independent review and looks forward to working with Government and other stakeholders to improve the scheme. Until changes are worked through, including in the lead up to the 2023 Budget or the implementation of any Budget measures relating to *Better Access*, transitional mental health supports are required. This could be achieved through an *Equity and Access Fund* that would provide a 'safety net' addressing immediate service and workforce needs through:

  - Additional funds to support crisis services and support lines
  - Access to additional sessions for people with complex mental health needs
  - Building workforce capacity and diversity through training investment, incentives in rural and regional areas and community suicide prevention capability

Recommendation*: Establish an Equity and Access Fund to provide transitional support and address immediate service and workforce needs until Better Access reforms are delivered ($60-100 million over one year)*

Priority population groups

Suicide is complicated and multi-factorial human behaviour that impacts people from a broad range of ages, ethnicities, genders, sexual orientations and occupations. However, it is widely acknowledged that particular groups of people need to be specifically considered in initiatives to reduce suicide.[10]

The risks of suicide is multi-layered and complex when identities intersect and minority stress including stigma and discrimination is compounded. Suicide Prevention Australia's advocates for additional investment and support for those most at-risk of suicide in our community.

This might include groups:

- Identified through a range of demographic factors (e.g. males, young people, older persons and by geography)
- Experiencing stigma and discrimination (e.g. Aboriginal and Torres Strait Islander peoples, LGBTQI+ and CALD communities)
- With past experiences that increase risk (e.g. attempt survivors, the bereaved, veterans and first responders)

The annual State of the Nation in Suicide Prevention Report for the suicide prevention sector consistently highlights the need for additional support and investment directed at suicide prevention among priority populations at-risk. The 2022 report shows widespread support for additional funding for various priority populations, with almost four out of five respondents (78%) indicating priority populations were not appropriately funded, resourced or responded to. [11]

[10] See, e.g., https://www.aihw.gov.au/suicide-self-harm-monitoring/data/populations-age-groups, https://lifeinmind.org.au/about-suicide/priority-populations

[11] Suicide Prevention Australia (2022) *State of the Nation in Suicide Prevention,* available online.

The National Suicide Prevention Leadership Support Program (NSPLSP) includes funding under Activity 7 to support at-risk populations and communities. The objective of the activity is to develop and deliver evidence-based suicide prevention support services that comprehensively reach at risk populations and communities. $65.5 million was allocated towards this activity over three years with per annum funding of $21.5 million in 2022-23, 2023-24 and 2024-25. The NSPLSP grant round was vastly oversubscribed, yet additional investment is required to support priority cohorts.

While this Budget investment will provide much-needed national suicide prevention support for priority groups, it needs to be delivered in parallel to other ongoing reform efforts that address risk factors and provide further supports to at-risk groups including the upcoming National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, National LGBTIQ+ Mental Health and Suicide Prevention Strategy, a Male Suicide Prevention Strategy and the ongoing work of the *Royal Commission into Defence and Veteran Suicide*.

***Recommendation**: Increase funding under the National Suicide Prevention Leadership Support Program for at-risk populations and communities ($43 million over two years)*

7. Strengthening protective factors

Social security

Links between unemployment, financial insecurity and suicidality are well established. Several systematic reviews have provided strong evidence of the relationship between unemployment and suicide, with the risk at its highest in the first five years of unemployment.[12] Research found levels of personal debt are also associated with suicidal ideation, suicidal attempts and suicide even after adjusting for socioeconomic factors, lifestyle behaviours and other risk factors.[13]

We know from previous recessions and pandemics that social safety nets play a crucial protective role in reducing distress and suicide risk. We ask the Commonwealth Government to ensure the many Australians who are seeking work – many of them unemployed for the first time - have adequate basic support.

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 recommendation is to reform welfare support in line with the recommendations of their campaign.

***Recommendation**: Permanently increase the base rates of income support payments to adequate levels as outlined in the Raise the Rate campaign*

Strengthen social connection & reduce 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.[14] Research has shown social isolation to pose more significant

[12] Milner, A., Page, A. & LaMontagne, A.D. (2013). Long-term unemployment and suicide: a systematic review and metaanalysis. *PloS one*, 8(1), e51333, available online: https://doi.org/10.1371/journal.pone.0051333.

[13] 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/.

[14] AIHW. (2019). Social isolation and loneliness, *Australian Institute of Health and Welfare*, September 2019, available online: https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness.

health risk than 'smoking, poor diet and lack of exercise',[15] and loneliness has been found to increase the risk of premature death by approximately 30%.[16]

The Australian Psychological Society reports that approximately one in four Australians experience an episode of loneliness, and one in two feel lonely for at least one day each week.[17] Loneliness is highlighted as a modifiable risk factor for suicide by the Royal Australian & New Zealand College of Psychiatrists.[18]

The estimated prevalence of problematic levels of loneliness among Australians is around 5 million.[19] Loneliness has also been attributed to increasing the risk of health problems such as myocardial infarction and stroke,[20] and increases the likelihood of experiencing depression by 15%,[21] and links exist between social isolation and the experience of psychological harm.[22]

Stigma and discrimination are harmful to mental health and can occur against people with mental illness. High rates of people with mental ill health withdraw themselves from public spaces due to stigma and discrimination.[23] Mental illness is further associated with lower involvement in the labour force and greater discrimination, both of which are risk factors for suicide.[24] It is crucial that active efforts are made to reduce the stigma surrounding mental ill health and loneliness.

One in 10 Australians aged 15 and over report lacking social support. Response measures to the COVID-19 pandemic to protect community health have subsequently heightened risk factors for suicide such as social isolation, financial distress, and unemployment.[25]

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. A national strategy should be guided by people with lived experience and recognise that loneliness and mental ill health and the stigma and discrimination associated barriers to social inclusion and connection.

***Recommendation**: Commonwealth Government to develop a national strategy to address loneliness and social isolation*

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[15] Ibid..

[16] Holt-Lunstad, J., Smith, T.B., Baker, M., Harris, T. & Stephenson, D. (2015). Loneliness and social isolation as risk factors for mortality: A Meta-Analytic Review, *Association for Psychological Science, Sage Journals,* 10(2).

[17] Australian Psychological Society. (2018). Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing, *APS,* Melbourne.

[18] RANZCP. (2020). Suicide prevention – the role of psychiatry, *The Royal Australian & New Zealand College of Psychiatrists,* Position Statement 101.

[19] Ending Loneliness Together. (2021). A National Strategy to Address Loneliness and Social Isolation, *R U OK, Australian Psychological Society,* available online: https://treasury.gov.au/sites/default/files/2021-05/171663_ending_loneliness_together.pdf.

[20] Hakulinen, C., Pulkki-Raback, L., Virtanen, M., Jokela, M., Kivimaki, M., & Elovainio, M. (2018). Social isolation and loneliness as risk factors for myocardial infarction, stroke and mortality: UK biobank cohort study of 479 054 men and women, *Heart,* 104(18), 1536-1542.

[21] Abbott, J., Lim, M., Eres, R., Long, K. & Matthews R. (2018). The impact of loneliness on the health and wellbeing of Australians, *InPsych*, 40(6).

[22] Ibid.

[23] State of Victoria. (2021). Royal Commission into Victoria's Mental Health System, Final Report; SANE Australia. (2020). National Stigma Report Card, available online: https://nationalstigmareportcard.com.au/.

[24] ABS. (2020). General Social Survey: Summary Results, Australia, available online: https://www.abs.gov.au/statistics/people/people-and-communities/general-social-survey-summary-results-australia/2020.

[25] Suicide Prevention Australia (2021) *Social isolation and loneliness policy position* , available online

Housing

Housing insecurity and homelessness has been linked to increased risks of suicidal behaviour. While more Australian research is required, the Australia Housing and Urban Research Institute has found evidence of three main channels by which housing affects suicide:[1]

1. Protracted financial stress due to the cost of housing
2. Loss of security due to eviction, insecure housing and homelessness
3. The impacts of adverse life events on children and young people on their present and future mental health

Global evidence confirms that economic recessions, increased foreclosure, and evictions are correlated with increases in poor mental health and suicide rates at the population level.[2] There is also strong evidence that homeless populations have higher rates of suicidal ideation and suicide than the general population. Australian research utilising the Queensland suicide register found homeless persons had almost double the suicide rate than their non-homeless counterparts.[3]

Given the link between housing insecurity and homelessness and the risk of suicide, we strongly support increased Commonwealth Government investment in housing affordability, social housing and homelessness services. Suicide Prevention Australia supports the Everybody's Home campaign to reform Australia's housing system through:

- Support for first homebuyers to address current barriers to entry
- A National Housing Strategy including additional social and affordable rental homes
- Greater security for renters including the removal of 'no grounds' evictions
- Increase to Commonwealth Rent Assistance for Australians in chronic rental stress
- A plan to end homelessness by 2030 with investment to halve homelessness in five years

These changes should connect with the Commonwealth Government's ongoing work to address housing affordability and supply.

***Recommendation**: Increase Commonwealth Government investment in housing affordability, social housing and homelessness services*

Disaster planning and response

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.

From the time the COVID-19 pandemic reached Australia in January 2020 to June 2021, Australia experienced 71 natural disasters (storms, floods, and bushfires) across the country.[26] Recent flooding events across New South Wales and Victoria during 2022 add to this extensive list.

[26] Disaster Assist. (2021). Australian Disasters, *Department of Home Affairs, Australian Government,* available online: https://www.disasterassist.gov.au/find-a-disaster/australian-disasters#.

Research has found people exposed to multiple natural disasters and man-made disasters are at a significantly greater risk of attempting suicide.[27] It is critical that support is targeted to vulnerable areas that have experienced multiple disasters.

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.[28]

Disasters have physical, social and emotional impacts on people and communities who experience them, and last for extended periods of time.[29] The link between suicide in the aftermath of disasters is highly evidenced.[30] Research based on US data found rates of suicide increased during the first three years post-disaster,[31] and another study found increases in suicide rates two years post-disaster.[32] Evidence has also found increases in rates of post-traumatic stress disorder and depression following a disaster.[33]

Research into the impact of the 2009 Black Saturday bushfires in Victoria found 22% of people in high-impact communities reported mental health disorder symptoms at twice the rate of people in low-impact communities.[34] A 10 years on report of the Black Saturday bushfires found 26% of people from high-impact communities were still reporting symptoms of diagnosable mental health disorders (PTSD, depression, and psychological distress) three to four- years after the bushfires. This was still more than twice as high compared to people from low to no impact communities.[35]

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.[36] However, evidence demonstrates suicide rates can increase years after the disaster which may be attributed to increased disaster supports ending.[37] Protective supports, including housing, financial and welfare assistance, put in place during a disaster should be transitioned out in a careful, staged way. This will ensure communities are supported in the medium-term when suicide rates are at risk of increasing.

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Recent events have demonstrated the need for resources to be available to respond, in real time, to multiple and compounding disasters. Disaster responses in the immediate, medium and long-term require a focus on mental health and suicide prevention. Funds are required to support both an immediate surge response and appropriate follow-up in the long-term.

***Recommendation**: Commonwealth Government budget annually in discretionary funds to respond to need for suicide prevention including addressing the social determinants of health ($120 million over four years)*

Acknowledgements Statement

Suicide Prevention Australia would like to acknowledge the Traditional Owners of all Country throughout Australia. We recognise their continuing connection to land, water and culture and pay our respects to Elders, past and present, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

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 priorities identified, issues discussed and policy responses recommended in this pre-Budget submission.

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 this report. Suicide Prevention Australia thanks all members involved in developing our policy priorities and positions.

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

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

Standby Support After Suicide: 1300 727 247
www.standbysupport.com.au

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