



Suicide Prevention
Australia

Measuring What Matters Commonwealth Government Wellbeing Budget Framework

Submission

January 2023

For general enquiries:

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

Imagine a world without suicide

About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We have over 400 members representing more than 140,000 employees, workers, 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 close to someone who has taken or attempt 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 for suicide prevention.

Summary of Recommendations

1. The Commonwealth Government's *Wellbeing Budget Framework* should include a focus on whole-of-government suicide prevention.
2. The Commonwealth Government's *Wellbeing Budget Framework* should include specific indicators for suicide deaths, suicidal behaviour and self-harm, and psychological distress.
3. The Commonwealth Government's *Wellbeing Budget Framework* should adopt a range of indicators from the OECD framework that help measure factors associated with suicide, including income, employment, education, housing, and social participation.
4. The Commonwealth Government's *Wellbeing Budget Framework* should include specific indicators of factors associated with suicide not included in the OECD framework, including relationship breakdown, family violence, mental health, social connection and early childhood development.
5. The Commonwealth Government's *Wellbeing Budget Framework* should be adopted as a permanent element of the Commonwealth budget process and ensure investment in a range of programs and services that support the wellbeing of current and future generations.

Case for a Commonwealth Wellbeing Budget

Suicide Prevention Australia welcomes the Commonwealth Government's proposal to develop a Wellbeing Budget. As outlined in the [Measuring What Matters](#) discussion paper, traditional macroeconomic indicators do not provide a holistic view of community wellbeing. A broader range of social and environment factors could form part of an integrated approach to measure and improve the wellbeing of Australia's population.

For general enquiries:

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

Opportunity for suicide prevention

Not only does the introduction of a Wellbeing Budget represent an important opportunity for fiscal reform, it also delivers a vehicle through which the Governments' commitment to a whole-of-government approach to suicide prevention can be accelerated. 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. Risks factors are as diverse as housing and homelessness, relationships, financial insecurity, social isolation, and alcohol or other drugs.

As noted by National Suicide 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'.¹ Whole-of-government approaches to address and support improvements to wellbeing can support suicide prevention efforts as well as broader efforts to improve the mental health of Australians.

This reform will take place a critical juncture. While rates of suicide in Australia were stable during the COVID-19 pandemic, they have begun to rise in 2022. This is consistent with Australian and international evidence that rates of suicide can increase 2-3 years after a crisis, natural disaster, or pandemic.² Accordingly, the timeframe for implementation of the Wellbeing Budget overlaps with a critical window in which policy reforms can be enacted to keep suicide rates contained.

Given the significant opportunity for a Wellbeing Budget to support whole-of-government suicide prevention, the lack of reference to suicide prevention in *Measuring What Matters* is concerning. While other aspects of the OECD framework are of value, this is a deficiency that must be addressed in any framework developed and applied by the Commonwealth. This gap is addressed by the OECD in the health dimension of its [How's Life](#) report which includes deaths by suicide.

Recommendation

1. The Commonwealth Government's *Wellbeing Budget Framework* should include a focus on whole-of-government suicide prevention.

Indicators of suicide and suicidal behaviour

Inclusion of specific measures around suicide and suicidal behaviour will be key to ensuring suicide prevention is a focus in a Commonwealth Wellbeing Framework. A range of indicators are currently available at the national level, including:

- Age-standardised rate of deaths by suicide (as captured annually by the Australian Bureau of Statistics [Causes of Death release](#))

¹ 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](#).

² Jafari, H., Heidari, M., Heidari, S. & Sayfour, N. (2020). Risk factors for suicidal behaviours after natural disasters: A systematic review, *The Malaysian Journal of Medicine*, 27(3).

For general enquiries:

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

- Rates of suicidal behaviour including ideation, plans or attempts (as captured periodically by the Australian Bureau of Statistics [National Mental Health and Wellbeing Survey](#), *note*: the frequency of this survey would need to be increased)
- Rates of ambulance call-outs and emergency department presentations for self-harm or suicide attempts (as reported periodically by the Australian Institute of Health and Welfare's [National Suicide and Self-Harm Monitoring System](#))

Consideration could also be given to a measure around rates of distress in the community. Psychological distress is commonly measured using the Kessler Psychological Distress Scale—10 items (K10).³ Community wide rates of psychological distress have been routinely measured through the National Health Survey, the National Mental Health and Wellbeing Survey, and through specific surveys conducted by the Australian National University during the COVID-19 pandemic.

Other existing datasets and measures could be adopted or utilised as part of the Wellbeing Framework, for example, data from the Household, Income and Labour Dynamics in Australia (HILDA) survey or through Suicidal Ideation Attributes Scale (SIDAS) that is utilised by a number of suicide prevention programs nationally and in Primary Health Networks.

Analysis of other countries wellbeing frameworks demonstrate ample precedent for indicators of suicide and suicidal behaviour. This includes Finland, Estonia, Japan, Luxembourg, and New Zealand. The [Living Standards Framework](#) of New Zealand is an example of a flexible framework that guides policy making and tracks its impacts on wellbeing with specific consideration for psychological distress and suicide rates over time. Other frameworks that have both psychological distress and suicide rates as indicators include Finland, Estonia, Japan, and many others.

Recommendation

2. The Commonwealth Government's *Wellbeing Budget Framework* should include specific indicators for suicide deaths, suicidal behaviour and self-harm and psychological distress.

Risk and protective factors associated with suicide

Suicide is complex human behaviour with many, varied risk-factors. Research has found a number of risk factors and protective factors associated with increased rates of suicide, for example:

- **Mental health:** Mental illness is well-established as a risk factor for suicide. Of the those who died by suicide in Australia in 2021, mental and behavioural disorders were present in almost 63% of deaths.⁴
- **Alcohol and other drugs:** There is a significant body of international research demonstrating a link between alcohol abuse or other drug abuse and suicide.⁵

³ Australian Institute of Health and Welfare (2022), National Suicide and Self-Harm Monitoring System COVID-19 psychological distress available at: <https://www.aihw.gov.au/suicide-self-harm-monitoring/data/covid-19>

⁴ Australian Bureau of Statistics (2022) *Causes of Death of 2021*, available [online](#)

⁵ Amiri, S., & Behnezhad, S. (2020). Alcohol use and risk of suicide: a systematic review and Meta-analysis. *Journal of addictive diseases*, 38(2), 200–213. <https://doi.org/10.1080/10550887.2020.1736757>

For general enquiries:

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

Imagine a world without suicide

Reviews of autopsy studies have found anywhere between 19-63% of deaths by suicide have a history of diagnosed alcohol and other drug use disorders.⁶

- **Family and relationship breakdown:** Australian and global evidence demonstrates an association between relationship difficulties including divorce and conflict, with higher rates of suicide.⁷ Recent data from Western Australia found over half of women and children who died by suicide in a single year had experienced domestic violence.⁸ Indicators of both relationship breakdown and of positive, healthy relationships can be an important measure of wellbeing.
- **Financial 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.⁹ The rate of suicide for people living in the lowest socioeconomic areas is more than double that of those living in the highest socioeconomic areas.¹⁰ Increased adequacy of social security payments are an important contributor towards financial wellbeing.
- **Housing and homelessness:** Housing insecurity and homelessness has been linked to increased risks of suicidal behaviour including through 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.¹¹
- **Social isolation and loneliness:** Socially isolation can have significant impacts and pose harms to both mental and physical health.¹² Research has shown social isolation to pose more significant health risk than 'smoking, poor diet and lack of exercise',¹³ and loneliness has been found to increase the risk of premature death by approximately 30%.¹⁴
- **Disasters:** Research has found people exposed to multiple natural disasters and man-made disasters are at a significantly greater risk of attempting suicide.¹⁵ Disasters can exacerbate underlying risk factors related to suicide such as financial

⁶ Connery, H.S., Korte, F.M. & McHugh, R.K. Suicide and Substance Use Disorder. *Psychiatric Annals*. 2020;50(4):158-62.

⁷ Kyung-Sook, W., SangSoo, S., Sangjin, S., & Young-Jeon, S. (2018). Marital status integration and suicide: A meta-analysis and meta-regression. *Social science & medicine* (1982), 197, 116–126. <https://doi.org/10.1016/j.socscimed.2017.11.053>

⁸ <https://www.ombudsman.wa.gov.au/Publications/Reports/FDV-Suicide-2022-Volume-1-Ombudsman-Foreword-and-Executive-Summary.pdf>

⁹ Milner, A., Page, A. & LaMontagne, A.D. (2013). Long-term unemployment and suicide: a systematic review and meta-analysis. *PLoS one*, 8(1), e51333, available online: <https://doi.org/10.1371/journal.pone.0051333>.

¹⁰ AIHW. (2020). Suicide, by socioeconomic areas, Suicide & Self-Harm Monitoring, available online: <https://www.aihw.gov.au/suicide-self-harmmonitoring/data/behaviours-risk-factors/suicide-by-socioeconomic-areas>.

¹¹ Brackertz, Nicola (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.

¹² 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>.

¹³ Ibid..

¹⁴ 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).

¹⁵ Reifels, L., Spittal, M.L., Duckers, M.L.A., Mills, K. & Pirkis, J. (2018). Suicidality Risk and (Repeat) Disaster Exposure: Findings From a Nationally Representative Population Survey, *National Library of Medicine*, 81(2).

For general enquiries:

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

distress, unemployment, relationship breakdown, domestic violence, social isolation, and can lead to mental health problems placing people vulnerable to suicide.¹⁶

- **Early childhood development:** the critical importance of the early years is well established, increasing international evidence confirms the link between early childhood experiences and suicide.¹⁷ Greater lifetime wellbeing across the community can be achieved through supporting childhood development, helping build parenting skills (for mothers and fathers) and building resilience early in life. As recognized in the OECD [Measuring What Matters for Child Wellbeing](#), children should have the necessities to be active and healthy, feel safe, and secure to learn.

A holistic approach to the consideration of Wellbeing as part of future budget processes provides an important opportunity to address these varied risk factors and invest in corresponding protective supports. We support the adoption of various indicators from the OECD framework that support this, including indicators around income, employment, education, housing affordability, and social participation.

Existing OECD indicators included in the consultation materials place disproportionate focus on physical health and insufficient focus on mental health. Our analysis of other national wellbeing frameworks finds mental health is almost universally included as an indicator of wellbeing. This includes frameworks from Finland, Bhutan, Estonia, Japan, Luxembourg, New Zealand, Ireland, and Canada. Mental health is also included in the measures of wellbeing assessed by the Australian Capital Territory. As such, mental health should be explicitly included as an indicator in any Commonwealth Government framework.

The lack of specific indicators around relationship breakdown and/or family and domestic violence should be addressed alongside clear measures of social connection. New Zealand's LSF tracks social network support (% of adults who have friends/family they can rely on) while the Canadian Index of Wellbeing has a robust set of indicators for community vitality. The ACT also has Social Connections as one of its domains for assessing wellbeing. The Commonwealth should adopt similar measures of social connection.

Recommendations

3. The Commonwealth Government's *Wellbeing Budget Framework* should adopt a range of indicators from the OECD framework that help measure factors associated with suicide, including income, employment, education, housing and social participation measures.
4. The Commonwealth Government's *Wellbeing Budget Framework* should include specific indicators of factors associated with suicide not included in the OECD framework, including relationship breakdown, family violence, mental health, social connection, natural disasters and early childhood development.

¹⁶ Suicide Prevention Australia (2021) *Disasters policy position*, available [online](#).

¹⁷ Felitti, V., Anda, R., Nordenberg, D., Williamson, F., Spitz, A., Edwards, V. et al. (1998). Relationship of childhood abuse and household dysfunction in many of the leading causes of death in adults. *American Journal of Preventive Medicine*, 14(4).

For general enquiries:

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

Implementation

Suicide Prevention Australia welcomes the proposed *Wellbeing Budget Framework*. The above recommendations identify some important improvements to the draft work underway. Importantly though, the impact of any *Wellbeing Budget Framework* rests in the effectiveness of implementation. It is important that the *Wellbeing Budget Framework* be a permanent, lasting feature of Australia's Budget process. This can provide the policy infrastructure and foundations to invest in programs and supports across the community to support the wellbeing of current and future generations.

Recommendations

5. The Commonwealth Government's *Wellbeing Budget Framework* should be adopted as a permanent element of the Commonwealth budget process and ensure investment in a range of programs and services that support the wellbeing of current and future generations.

For general enquiries:

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

Acknowledgements

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 of suicide. 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 issues identified, indicators proposed and recommendations outlined in this 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 informed the development of this submission. 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 Standby Support After Suicide: 1300 727 247
www.lifeline.org.au www.standbysupport.com.au

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

For general enquiries:

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

Imagine a world without suicide