Suicide Prevention Australia

9 January 2024

Department of the Prime Minister and Cabinet
Andrew Fisher Building
1 National Circuit
Barton ACT 2600

Dear Members of the COVID-19 Response Inquiry Panel,

RE: Suicide Prevention and preparedness for future pandemics

Suicide Prevention Australia welcomes the opportunity to provide input to the Commonwealth Government's COVID-19 Response Inquiry. We are the national peak body for the suicide prevention sector. With over 430 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.

We welcome the specific reference to suicide prevention supports in the terms of reference for this inquiry. It is an acknowledgment that pandemics, like other large-scale disasters, can increase the risk of suicide. It's important to note suicide is a complex, multi-factorial human behaviour with many associated risk factors, and so the relationship between the impacts of disasters and suicide risk is complex.

Throughout the pandemic Suicide Prevention Australia and the sector it represents have been providing the government with information on the level of distress in the community, and highlighting what the research says about the impacts of epidemics and other disasters. Two key points from the research need to be emphasised:

- Government action can reduce the risk of suicide from disasters
- Suicide rates can rise 2-3 years after a disaster

International research on past pandemics such as SARS[1] and The Great Influenza[2] shows a link to increased levels of distress, and previous epidemics have been linked

[1] Centre for Suicide Research and Prevention. (2017). Number of suicides and suicide rates in Hong Kong, 1997-2016, available online at < https://csrp.hku.hk/wp-content/uploads/2017/09/2017WSPD_slide.pdf.pdf>
[2] Wasserman, I.M. (1992). The impact of epidemic, war, prohibition and media on suicide: United States, 1910-1920, Suicide and Life-Threatening Behaviour, 22(2).

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to increased risk of suicide-related outcomes.[3,4] During the SARS epidemic in 2003, the suicide rate in Hong Kong reached an unprecedented high (18.6 per 100,000 people) from previous years (16.5 per 100,000 people in 2002 and 15.3 per 100,000 people in 2001)[5,6].

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.[7] However, evidence demonstrates suicide rates can increase years after the disaster which may be attributed to increased disaster supports ending.

Disasters and crises such as the COVID-19 pandemic have physical, social and emotional impacts on people and communities who experience them, and last for extended periods of time.[8] The link between suicide in the aftermath of disasters is highly evidenced.[9] Research based in on US data found rates of suicide to increase during the first 3 years post-disaster,[10] and another study found increases in suicide rates were seen 2 years post-disaster.[11]

Based on research and extensive consultation with the sector and with those with lived experience of suicide, Suicide Prevention Australia has made the following recommendations on preparing for future disasters including pandemics:

1. Commonwealth, State and Territory Governments budget annually in discretionary funds to respond to need for suicide prevention in the event of future disasters or economic crises, such as bushfires, floods, epidemics for

[3] Zortea, T.C., Brenna, C.T., Joyce, M., McClelland, H., Tippett, M., Tran, M.M., Arensman, E., Corcoran, P., Hatcher, S., Heisel, M.J., Links, P., O'Connor, R.C., Edgar, N.E., Cha, Y., Guaiana, G., Williamson, E., Sinyor, M. & & Platt, S. (2020). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts, *Hogrefe,* available online: https://doi.org/10.1027/0227-5910/a000753.

[4] Farooq, S., Tunmore, J., Ali, W., & Ayub, M. (2021). Suicide, self-harm and suicidal ideation during COVID-19: a systematic review, *Psychiatry Research,* 114228.

[5] Cheung, Y.T., Chau, P.H. & Yip, P.S.F. (2008). A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong, International Journal of Geriatric Psychiatry, 23.

[6] Ibid.

[7] De Leo, D., San Too, L., Kolves, K., Milner, A. & Ide, N. (2012). Has the suicide rate risen with the 2011 Queensland floods?, *International Perspectives on Stress & Coping,* 18(2).

[8] 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.

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

[10] Cartier, K. M. S. (2021), Suicide rates may rise after natural disasters, Eos, 102, https://doi.org/10.1029/2021EO153699.

[11] 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).

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extended time periods after a disaster. These funds should be administered without delay through PHNs, Emergency Management Australia or other mechanisms as required to reach those in need.

2. Planning is undertaken to support helplines respond to increasing demands when disasters strike. Additional budgeted discretionary funds should include additional resources for helplines that can be activated as required.
3. Commonwealth, State and Territory Governments fund research into population groups to identify at-risk groups vulnerable to disasters to enable development of evidence-based targeted responses which are tailored to diverse demographic, gender, and cultural needs.
4. Commonwealth, State and Territory Governments invest in rolling out psychological first aid and suicide prevention training to support communities to identify and support individuals at risk. This should begin with investments to build capability among first-responders, community 'gatekeepers' and other frontline workers who work with communities in the immediate aftermath of a disaster.
5. 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.

These recommendations are drawn from the Suicide Prevention Australia Policy Position Statement on Disasters. Further details on the evidence behind these recommendations can be found in that document which is available on our website: https://www.suicidepreventionaust.org/our-work/policy-positions/ and attached with this submission.

If you require any further information please contact Christopher Stone, Suicide Prevention Australia's Director of Policy and Government Relations, chriss@suicidepreventionaust.org.

Yours sincerely

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