
NATIONAL POLICY PLATFORM



Suicide Prevention
Australia

April 2019

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



Acknowledgement Statement

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. Suicide Prevention Australia acknowledges the traditional owners of country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to elders past, present and emerging.

Introduction



" Structural change is essential to elevate suicide prevention to a cross-portfolio focus. It's time to concentrate on the link between suicidality and the social determinants of health, as suicide prevention is more than a mental health issue."

Nieves Murray - CEO
 Suicide Prevention Australia

The preliminary Causes of Death data released by the Australian Bureau of Statistics (ABS) showed a total of 3,128 people died by suicide in 2017: 2,348 males and 780 females. That's over 8 deaths by suicide every day. In 2016, there were a total of 2,866 deaths by suicide.¹

By way of comparison, the national road toll was 1,226 in 2017.²

The annual number of deaths by suicide has been increasing over the past two decades. Every year it is estimated that over 65,000 Australians make a suicide attempt - this translates to more than 180 every day.

We recognise that these statistics represent community members, family members, friends, neighbours, work colleagues, and loved ones.

Suicide impacts people in many ways. For some it's about the loss of a loved one, for others it's the experience of surviving an attempt to end their life, and for others it's about caring for a person experiencing a suicidal crisis. With this in mind, we acknowledge everyone who has been impacted by suicide.

What these numbers show is that suicide is a growing public health concern for all Australians.

As challenging as the situation seems, there are encouraging signs.

There are thousands of Australians working collaboratively to achieve a meaningful reduction of suicide. This includes governments, the suicide prevention and healthcare sectors, workplaces, schools and communities.

Our Policy Platform



Suicide prevention is complex and it needs to be addressed as a whole-of-government issue because it's more than a health issue. Global evidence shows that a fragmented and mental illness-specific approach doesn't work. An integrated approach to suicide prevention that encompasses mental health, social, economic and community factors is the best evidence-based solution.

Although there has been an increased focus and concerted effort in government policy and funding for suicide prevention in recent years, this has largely been limited to the health portfolio, and has not been a whole-of-government approach.

Suicide Prevention Australia's National Policy Platform advocates for immediate changes to government policy architecture. Better cross-portfolio coordination is essential to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

Our recommendations look beyond initiatives such as the Fifth National Mental Health and Suicide Prevention Plan and the elevation of suicide prevention to the Council of Australian Governments.

The Suicide Prevention Australia National Policy Platform outlines solutions to effectively and sustainably support suicide prevention in Australia. These policy solutions are built on a comprehensive three-pillar approach of leadership, reliable data and workforce strategy.



Leadership

A Whole-Of-Government Approach

This pillar consists of four key actions as outlined below, to enable a whole-of-government approach to suicide prevention, so that all government agencies are working towards a unified action plan.

Commonwealth Suicide Prevention Act

- Cement commitment to suicide prevention through the passage of a Commonwealth Suicide Prevention Act. This Act is to provide a legislative framework for:
 - The development of an outcomes-based National Suicide Prevention Plan within 12 months of the new Act commencing, with the plan to be tabled in Parliament.
 - The plan to be reviewed and updated every three years. The review of the plan is to focus on the progress of achieving outcomes and the Federal Government's response to the review, which is also to be tabled in Parliament.

National Suicide Prevention Plan

- To be developed in consultation with suicide prevention stakeholders and experts, and with people who have lived experience of suicide, as well as taking into account suicide prevention endeavours by the States and Territories.
- To encompass cross-portfolio approaches to suicide prevention, recognising that suicide prevention is broader than just activities under the health portfolio, including, but not limited to, social, economic, occupational, cultural and environmental factors.
- To recognise the importance of customised broad based (biopsychosocial) strategies for Priority Population groups.
- To include a section specifically addressing Aboriginal and Torres Strait Islander suicide prevention.

Appoint a Federal Minister for Suicide Prevention

- Establish a Cabinet function for suicide prevention to champion a whole-of-government approach to suicide prevention, and to oversee the development of the National Suicide Prevention Plan and the National Suicide Prevention Office.

Establish a well-funded and resourced National Suicide Prevention Office

- Located within the Department of the Prime Minister and Cabinet, the Office is to enable a whole-of-government approach including suicide prevention policy, planning and program delivery. The Office's work is to be informed by input from people with lived experience and scientific expertise, and to include a focus on specialised interventions for identified Priority Population groups.

National Suicide Prevention Office responsibilities to include:

- Leading the development of the National Suicide Prevention Plan.
- Coordination of funding for suicide prevention activity aligned with policy planning and the National Suicide Prevention Plan.
- Secure cross-portfolio approaches to suicide prevention, including guidance on suicide impact assessments as part of all Cabinet submissions.



- Leading activity on improving data quality, reporting and linkages.
- Leading activity on developing a suicide prevention workforce strategy and implementation plan.
- Liaising with States and Territories to coordinate early intervention strategies, and aftercare approaches for people who have attempted suicide.
- Facilitating knowledge sharing, and supporting evaluation of suicide prevention programs and service delivery, including supporting Primary Health Networks (PHNs) in their suicide prevention focus.
- Building upon existing research through the provision of increased funding to suicide prevention research.
- Leading a whole-of-government approach to the link between suicidality and the social determinants of health.

Reliable Data

This pillar focuses on improved and coordinated data collection and retrieval. Reliable data is critical to enabling evidence-based policy development, the planning and resourcing of suicide prevention activity, the improvement of service delivery and outcomes, and informed research.



National Suicide Prevention Office responsibilities to include:

- Leading an initiative on improving the integrity (accuracy and timeliness), collation (local and national information including the integration of state-based data) and distribution of suicide data to assist service delivery and research.
- Working in partnership with State Suicide Registers and relevant organisations to achieve these improvements in data collection, including liaising with the Australian Bureau of Statistics (ABS), the Australian Institute of Health and Welfare (AIHW) and the National Coronial Information Service (NCIS).
- Examining and making recommendations on the need for a national suicide register, and national guidelines for the coronial recording of suicide.

- Exploring expansion of data collection and reporting, e.g. data on suicide attempts, self-harm presentations and people accessing help outside of emergency departments (including via GPs or private clinicians), and nongovernment/community-based mental health services.
- Acting as a repository to leverage relevant survey data on community, youth and older persons' mental health and wellbeing undertaken by government bodies such as the AIHW and ABS and by other stakeholders.

Suicide Prevention Australia is also seeking a commitment for the National Survey of Mental Health and Wellbeing to be conducted within twelve months to obtain data on population-level suicidality and suicidal behaviour, and for a regular schedule of follow-up surveys.

Workforce Strategy

This pillar focuses on comprehensive planning for the current and future suicide prevention workforce that is needed to properly meet demand for suicide prevention, early intervention and response to people in distress. This pillar also focuses on resourcing the suicide prevention workforce.



The National Suicide Prevention Office to be allocated funding to:

- Develop a suicide prevention workforce strategy to quantify the size of the suicide prevention workforce needed both now and in the future, to define the types of occupations and geographic spread of staff required, and to make recommendations for meeting these needs.
- Conduct the workforce strategy in consultation with the National Mental Health Commission, and to include specific consideration of workforce needs as they relate to Priority Population groups.
- Develop a Suicide Prevention Workforce Strategy Implementation Plan. The plan is to include measures needed for ongoing training and support for the full spectrum of the workforce addressing suicide and suicide-related behaviour, e.g. clinicians, lived experience peer workers, first responders, GPs, and frontline roles interacting with people in vulnerable situations.
- Consider pre-service tertiary training and education within the plan, along with ongoing training needs, e.g. continuing professional development, supervision and mentoring support.

About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for those working in suicide prevention, engaging with Member organisations, governments, businesses, researchers, practitioners and those with lived experience, seeking to reduce the impact of suicide on the community. We've been providing national support for Australia's suicide prevention sector for more than 25 years.

As the national peak body our role is to support, facilitate collaboration and advocate for the suicide prevention sector. We support our Members to build a stronger suicide prevention sector.

We're committed to driving continual improvement in suicide prevention policy, programs and services to achieve better outcomes for all Australians.

We advocate for a whole-of-government approach to reducing suicide. We are focused on an integrated approach to suicide prevention encompassing mental health, social, economic and community factors.

We believe that through collaborative effort and shared purpose, we can achieve our shared vision of a world without suicide.





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For general enquiries

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www.suicidepreventionaust.org

References:

- 1- 'Causes of Death', 26 Sep 2018, Australian Bureau of Statistics, <http://www.abs.gov.au/Causes-of-Death>
- 2- https://bitre.gov.au/publications/ongoing/road_deaths_australia_annual_summaries.aspx
- 3- Mental Health of Australians Report: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-m-mhaust2-toc-mental-pubs-m-mhaust2-8-mental-pubs-m-mhaust2-8-1>