
COMMUNIQUE

Summary of initial findings from the National Suicide Prevention Adviser 30 January 2020

It has been a privilege to engage with so many Australians as National Suicide Prevention Adviser, many of whom are living with suicidal thoughts and behaviours or been impacted by suicide. We have heard from people living and working in rural and remote areas, people managing national suicide prevention trials, Aboriginal and Torres Strait Islander people and organisations, veterans' representatives, members of our culturally and linguistically diverse communities, sector experts, LGBTIQ+ agencies, youth representatives, peak bodies, as well as Commonwealth, State and Territory Ministers and agencies.

What we have heard from people is the need to act now on what we know works in suicide prevention as well as the need to get our longer-term strategy and approach right.

People have rightly identified the importance of an improved and more proactive service response that begins when people are in distress and in need of immediate support, while also seeking to address the social determinants and other factors contributing to suicide such as housing, employment, personal finances and social supports.

Initial advice

In November 2019, I provided the Prime Minister with initial findings and some emerging advice to inform and complement the Government's *Towards Zero* initiatives. The initial advice was informed by the views and ideas shared with the National Suicide Prevention Taskforce, led by Ms Jaelea Skehan, and myself through wide ranging consultation – in particular at our landmark *Towards Zero Suicide* Forum held in November 2019. We also worked with our Expert Advisory Group, chaired by Lucy Brogden AM with Alan Woodward as Deputy Chair.

The initial advice outlined the need for a fundamental shift to a broader approach which places the needs of people at the centre of all strategies and initiatives. For it is people that need compassionate and effective support in times of personal difficulty, and it is people who are deeply affected by the loss of loved ones to suicide. We must draw on people's lived experience of suicide to know how policies, services and programs can best meet their needs.

There also needs to be significant improvements in data collection of both suicides and suicide attempts so that decisions on priorities and service planning is based on evidence. We also need a coherent Australian suicide prevention model (approach), building on the evidence base to inform how cross portfolio initiatives can be selected and directed.

Australia's present approach does not always respond to those in distress in a timely way. At times, the service response is not where the person seeking help wants to be. In addition, our current efforts are often fragmented and patchy across the country, access to professional services can too frequently be dependent on personal financial resources, support networks or geography. It is also clear that more needs to be done to co-design our services and responses in a way that is led by those with lived and living experience of suicide. We also need to ensure the needs of our first Australians are addressed in ways that work for them their culture and their communities.

While the [Terms of Reference](#) did not require a report until July 2020, we believed it was important to submit a more comprehensive summary of initial findings as well as emerging recommendations in November 2019. This enables us to fully canvas early findings with the sector and all interested stakeholders as we work towards our two formal reports due in July and December 2020.

Key themes within initial advice

Our early findings identified six broad themes and fields of action that would shift Australia to a more compassionate and proactive prevention model, with lived experience central to the design of all elements. These will be further refined and developed over the next six months and reported in July 2020.

1. A whole-of-government approach that ensures we have a focus on the health system as well as all other government and community settings that have a role to play in suicide prevention. This means implementing the Fifth National Mental Health and Suicide Prevention Plan, developing a standalone Aboriginal and Torres Strait Islander Suicide Prevention Plan and also bringing the whole-of-government elements and a 'suicide prevention in all policies' approach together in a coherent way with the right governance and architecture.
2. A heightened focus on responding much earlier to distress, using community and government touchpoints that interact with people at points of vulnerability. This also means widespread investment in developing the capability of new workforces with a role in suicide prevention and further investment in and evaluation of current community-based suicide prevention trials to inform future models for regional suicide prevention approaches.
3. An improved response to the specific needs of all communities and groups who are more vulnerable to suicide. This includes immediate and ongoing support to communities impacted by drought, bushfires and other adverse events as well as work focussed on youth, Aboriginal and Torres Strait Islander populations, veterans, children and adults who have experienced trauma, LGBTIQ+ communities, and more targeted strategies for men and younger women.
4. An enhanced and coordinated response across health and related services, ensuring an effective response for people who have presented in suicidal distress and/or following a suicide attempt or self-harm presentation. This also includes universal access to evidence-based aftercare and accelerating alternative service models that better suit people's needs and an investment in developing the clinical and non-clinical workforces; ensuring a focus on the role of alcohol and other drug services, the peer workforce and Aboriginal Community Controlled Health Organisations.
5. Better support for families and friends along the full continuum of suicidal behaviour. This means ensuring support for natural and chosen families, friends and significant others when someone is in suicidal distress and following a suicide attempt. It also includes extending the reach and quality of postvention and bereavement support options across community settings for people impacted by suicide.
6. Improved data and evidence, including enhanced national data sets for suicide attempts and self-harm in addition to suicide so we can better respond in a timely and coordinated way. A fundamental shift to measuring outcomes in suicide prevention is also required, including research investment directed towards national priorities.

Next Steps

The process of developing advice is ongoing, the early findings are being used to inform priority tasks for 2020. The input of diverse stakeholders will be critical in developing the interim advice to the Prime Minister in July and testing that advice for final submission in December 2020.

We will have a much stronger and deeper focus in the next 10 months on bringing together what we know from those with lived experience, taking into account the diversity of the Australian population. We will continue the process we began last year of consulting widely with those who have attempted suicide and their family and carers. We need to hear their reality as the basis for our advice, recommendations and any new strategies or initiatives.

Thank you to the many people who are passionate about suicide prevention who have provided input to date. Identifying the final recommendations needs the collective wisdom and input of our broad range of stakeholders. This passion and expertise will be critical as we develop practical recommendations that governments, workplaces, community organisations and the sector can take forward to move us closer to a best-practice model of suicide prevention in Australia.

Providing feedback on initial advice

The initial advice provided to the Prime Minister in November 2019 and a supplementary report detailing key themes and early findings has been made available to ensure all stakeholders have access to our initial work. This is accompanied by a report from the [Towards Zero Suicide Forum](#) held in November 2019. We expect there will be a range of views as to the areas of focus we have identified and the draft emerging recommendations. We welcome input as we continue to consult, analyse, debate and formulate our thinking for the final recommendations.

An online survey will shortly be available for anyone who may wish to provide feedback at this point. Further opportunities to engage with this work will be available following the interim report to be released in July 2020.

Anyone who is in need of support can contact:

Lifeline: 13 11 14, lifeline.org.au

Kids Helpline: 1800 551 800, kidshelpline.com.au

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

Beyond Blue: 1300 24 636, beyondblue.org.au

MensLine Australia: 1300 789 987, mensline.org.au

Links to suicide prevention programs and services at lifeinmindaustralia.com.au