

TERMS OF REFERENCE – NATIONAL SUICIDE PREVENTION ADVISER

It is estimated over 65,000 Australians attempt to end their lives each year – more than 180 people every day. Many more engage in self-harming behaviour, with those who self-harm significantly more likely to die by suicide than the general population.

The 2017 suicide rate (most recent national data) was on par with 2015 as the highest recorded rate of suicide in the past 10 years. In 2017, 3,128 people died from intentional self-harm (12.6 deaths per 100,000 people), rising 9.1 per cent since 2016.

Some communities and cohorts are at greater risk of suicide. The prevalence of suicide among Aboriginal and Torres Strait Islander people is around twice that of non-Indigenous Australians (rising to four times among young Indigenous people compared with non-Indigenous youth). Men account for three-quarters of all suicides in Australia, though suicide rates are rising among women. While more suicides occur in the middle age groups, suicide is the leading cause of death for young Australians, accounting for over one-third of deaths among younger people aged 15-24 years in 2017.

The loss of each of these people, and the distress of the thousands of others who attempt to end their life, is causing untold harm to individuals, families and communities.

Suicide prevention is a priority area of all governments through the *Fifth National Mental Health and Suicide Prevention Plan (2017-2022)* and the Commonwealth's Towards Zero agenda to combat suicide rates in Australia.

National coordination across portfolios, sectors, services and all levels of government is required to turn the tide and ensure people, families and communities are better connected to the right support at the right time.

The Prime Minister's National Suicide Prevention Adviser will:

- a. Report directly to the Prime Minister on the effectiveness of design, coordination and delivery of suicide prevention activities in Australia, with a focus on people in crisis or at increased risk, including young people and Aboriginal and Torres Strait Islander people.
- b. Develop options to improve the whole-of-government coordination and delivery of suicide prevention activities across portfolios to address the complex issues contributing to Australia's suicide rate and find community-led, person-centred solutions, focused on:
 - i. **Building better connected and capable communities**, through enhancing the capacity, responsiveness and resilience of those on the front line, including families, community based organisations and those outside the health system to support, reach out and refer people appropriately;
 - ii. **Building better connected journeys**, through improving pathways and system navigation for individuals and families; and
 - iii. **Building better connected data and evidence**, through mapping need and services to ensure supports are delivered at the right time, in the right locations.

- c. Work across, and draw connections between, portfolios, agencies and departments (for example, in social services) to ensure pathways to support people in crisis, or at increased risk of suicide, are embedded in new and existing policy, practice and programmes.
- d. Develop advice informed by an assessment of:
 - i. existing suicide prevention activities and implementation arrangements across portfolios, sectors, services and all levels of government;
 - ii. factors contributing to suicide and self-harming behaviours;
 - iii. mapping of need and availability of support across communities and sectors;
 - iv. barriers to accessing support for individuals, families and communities, including lack of service integration, affordability, adequacy and/or cultural appropriateness;
 - v. contributing factors as to why many people who attempt or die by suicide have not come to the attention of medical staff;
 - vi. effective approaches to providing connected and accessible support, including community-led solutions;
 - vii. workforce and capacity issues across sectors; and
 - viii. evidence on best-practice approaches, including internationally.
- e. Have regard to:
 - i. the work of relevant Commonwealth Ministers, including the Minister for Health, the Minister for Indigenous Australians, and the Minister for Youth, in delivering the Commonwealth's suicide prevention initiatives;
 - ii. the work being done by all governments under the Fifth National Mental Health and Suicide Prevention Plan (2017-2022) and COAG Health Council, including work to better connect services at the regional level and the development of the National Suicide Prevention Implementation Strategy; and
 - iii. the findings from relevant inquiries, including by the Productivity Commission and the Royal Commission into Victoria's Mental Health System.

Timeframes and deliverables

The Adviser will provide advice to the Prime Minister on the effectiveness of design, coordination and delivery of suicide prevention activities in Australia as required, and through the following key deliverables:

- a. November 2019: advice on immediate actions to improve the coordination and delivery of suicide prevention activities to inform and complement the Government's Towards Zero initiatives, led by the Minister for Health;
- b. July 2020: Interim Report, with draft recommendations to improve the whole-of-government coordination and delivery of activities; and
- c. December 2020: Final Report, with final recommendations.

The Adviser will commence from July 2019 and continue to 31 December 2020, with an assessment undertaken in July 2020 to determine whether an extension is required.