
Initial advice and early findings

National Suicide Prevention Adviser

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Suicide prevention is the business of every Australian and the community. A coordinated whole-of-government approach is achievable with clarity as to what needs to be achieved, commitment from all stakeholders, and a drive to build a sustainable, systemic and embedded approach. It requires leadership, together with a shift in focus, a change in behaviours both within government and externally, removal of barriers to sharing of information and improving efficiency and reach of services and, most importantly, a commitment to assertive outreach. We cannot assume that people in distress can or want to reach out for help, particularly with current high levels of stigma.

While there is much to be done to bring about this significant shift, to reduce stigma and to implement real change, there is a clear desire across all stakeholders to do something different. The attached initial report seeks to highlight some early findings and recommendations for consideration, and highlights areas to be progressed before the Interim Report is submitted in July 2020. It paves the way forward.

Over the last five months we have undertaken broad consultation with those with lived experience of suicide, Aboriginal and Torres Strait Islander organisations and peoples, youth representatives, sector experts, veterans' representatives, State and Territory governments, peak bodies, and rural regional and remote communities. This has included a review of the evidence for effective suicide prevention strategies, together with current Australian policies and initiatives across all jurisdictions.

“We need to meet people where they are rather than relying on them to seek help. We need to better reach people who do not come into contact with the mental health sector”.

Towards Zero Suicide Prevention Forum Feedback

Priority Areas for Action

There are six priority areas for strengthening Australia's responses to suicide prevention across government:

- Priority Area 1:** Implement the shift to a whole-of-government suicide prevention approach
- Priority Area 2:** Design and implement strategies to respond early to distress using community and government touchpoints
- Priority Area 3:** Improve responses to the specific needs of all communities and groups who are more vulnerable to suicide
- Priority Area 4:** Enhance and better coordinate health response to suicidal distress and behaviours
- Priority Area 5:** Increase support for family and friends along the continuum of suicidal behaviour
- Priority Area 6:** Improve data and evidence and its application to whole-of-government initiatives and responses

A Shift in Focus

Each day in Australia, more than eight people will die by suicide and it is estimated that a further two hundred people will attempt suicide. The impacts of suicidal behaviours are felt across the community, with over one hundred people affected by each death, as family, friends, colleagues and community members. As such, the impacts of suicide are measured in more than loss of life.

Policies and interventions have traditionally focussed on the individual at imminent risk, often reacting after attempted suicide rather than proactively promoting prevention approaches.

Suicide can be prevented through attention to early indicators and supports to reduce re-occurrence of suicidal behaviours. While efforts to improve mental health, primary and social care must be sustained, we need to take suicide prevention approaches to deeper and broader levels. They must include earlier interventions at those times when distress is heightened or when other factors are contributing to a trajectory with potential for suicide. They must also more fully address the needs of families and carers.

Working 'towards zero' suicides means that our approach needs to consider the potential for suicidal ideation and behaviour across the whole population as well as opportunities to target groups with greater vulnerability to suicide.

This shift in focus is needed in all areas of suicide prevention to result in a broader, more proactive and systemic approach. Broadening this perspective will shift the focus from predominantly mental health interventions to a coordinated response across the full spectrum of personal life experiences and social determinants contributing to suicide. Most importantly, this broad perspective provides an opportunity to harness the knowledge of those who have lived through an experience of suicidal distress and suicide attempt to inform ongoing improvement in approaches.

In adopting this broader perspective all jurisdictions and agencies involved in suicide prevention will need to:

- **Prioritise prevention:** developing capacity to respond earlier to distress and particularly before crisis occurs, focusing on identifying people who are vulnerable, developing coping capabilities and social connectedness, and linking people to relevant services.
- **Engage in outreach:** identifying and implementing strategies that reach out to and connect people with their communities, enabling communities to better identify those of their members experiencing distress, equipping communities with appropriate responses and referral pathways into services for people who need further support.
- **Upskill the workforce to deliver compassionate responses for people in distress and vulnerable to suicide:** equipping the frontline workforce in health services and the broad range of government and non-government services that provide touch-points for people in distress to enable them to provide compassionate, informed and supportive responses.
- **Support connected communities:** strengthening connectedness within communities and tailored community-driven approaches to suicide prevention planning and implementation, drawing on each community's strengths and targeting specific needs.
- **Coordinate and deepen data collection** for translation into better models for intervention in communities, improving access to quality data about the risk and protective factors for suicide and the individual journeys towards crisis, connecting data as appropriate across different portfolios and services.

Highlighted Initiatives

Drawing on the more detailed findings and recommendations in the attached report, the following are summarised for priority attention:

1. **Develop a core model to guide future suicide prevention investment:** co-design a whole-of-government suicide prevention model based on the necessary shift in focus that is outlined above, to build consistent and coordinated initiatives across portfolios and jurisdictions. This whole-of-government response needs to be developed as a strategy in conjunction with the finalisation in 2020 of the Aboriginal and Torres Strait Islander Suicide Prevention Plan, and the implementation of the Fifth National Mental Health and Suicide Prevention Plan. These will form three coordinated strands in an overall strategic approach for future initiatives and services
2. **Development of a governance architecture that includes and resources non-health sectors:** all Health Ministers recently agreed to progress a National Partnership Agreement. A National Suicide Prevention Agreement could be developed with the Commonwealth and all States and Territory governments that is separate to the arrangements for mental health to provide a whole-of-government structure for suicide prevention.
3. **Immediate support for communities impacted by drought and other disasters:** with the longevity and severity of the drought across many areas of Australia, together with more recent severe fires, there is an immediate need to invest in local communities to implement localised responses that assist all people in distress as early as possible. Failing to address the risk early has the potential to result in even more severe consequences at a later stage. Activities should be integrated into the Commonwealth's disaster response and leverage the role of existing services.
4. **Improve data and evidence to guide suicide prevention development, planning and implementation:** data and evidence are bedrock enablers of a whole-of-government approach to suicide prevention. The Government has recognised the importance of this in funding the Australian Institute of Health and Welfare to lead the National Suicide and Self Harm Monitoring System. More timely data, mapped to the local area and linked to other data sources will assist in identifying those at greatest risk and possible intervention points.
 - **Coordinated evaluation of suicide prevention trials:** there are currently thirty suicide trial sites across Australia, with different sources of funding and evaluation. These trials are implementing multimodal interventions in communities but different aspects are being evaluated. There is an opportunity over the next year (commencing as soon as possible) to work with evaluators to coordinate an aligned approach to data collection to identify core components of the models (mandatory) and clearer indicators as to how to implement them successfully in communities. It is important that we do not lose this opportunity to review the evaluation findings to extract the greatest amount of information from across all trial sites.
 - **Suicide registers:** recognising that suicide registers provide 'real time' data, urgent attention be given to the work being done in jurisdictions to develop suicide registers, extending this work to those jurisdictions where it has yet to progress.
 - **Target suicide prevention research:** and improve program evaluation is required to enable rapid translation of evidence into practice and to test effectiveness of current approaches.
5. **Enhance the role of Aboriginal Community Controlled Health Organisations (ACCHO) in suicide prevention:** Aboriginal and Torres Strait Islander people have expressed the importance of engaging Indigenous controlled and operated organisations to deliver services to Aboriginal and Torres Strait Islander people. Current commissioning practices by and Board representation within Primary Health Networks should be reviewed to ensure they comply with recommended

guidelines, and opportunities for accelerating the delivery of suicide prevention services by ACCHOs be identified and implemented.

6. **Prioritise investigating and responding to the specific needs of communities and groups who are highly vulnerable to suicide:** there are groups known to be more vulnerable to suicide and providing effective approaches to suicide prevention for them is a priority. In addition to the initiatives that are being implemented by government focusing on youth, Indigenous populations and veterans, priority consideration should be given to children at risk, the LGBTQI+ population, more targeted strategies for men (particularly older men) and increasing rates of suicide among women. Addressing the impact of trauma must also be fundamental to all approaches and a renewed focus on people with severe mental illness and drug or alcohol misuse is needed. A review of the prescription rates of antidepressant medication may be useful in informing alternative approaches.
7. **Investing in workforce development across different sectors:**
 - **Upskill staff working in government and community touchpoints to provide timely and compassionate responses to those experiencing distress:** Government services often engage with people at critical life-cycle transitions and can make an important contribution to the way the person responds to those transitions.
 - **Build the lived experience and peer workforce to help breakdown stigma and provide person-centred supports:** the peer workforce as it relates to suicide should be included in the development of the National Mental Health Workforce Strategy. The current high rates of self-shame, attitudinal stigma and discrimination experienced by people with suicide thoughts and behaviours, and their families, will be positively impacted by an increased engagement of those with lived experience both in the peer workforce and more generally in informing approaches and their implementation.
 - **Enhance the capability of those working in alcohol and other drugs to support people at risk of suicide:** addiction and the misuse of alcohol and drugs is a leading risk factors for suicide and better coordination of those working with this population group with suicide prevention approaches is needed.

The interim advice and final advice in July and December 2020 will include 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. The process of developing advice is ongoing, the early finding will be used to inform priority tasks for 2020.