

# Prime Minister's National Suicide Prevention Adviser — Summary of *Interim Advice*

This document provides a summary of the Interim Advice and 'in-principle' recommendations provided to the Prime Minister in August 2020. It builds on the Initial Findings submitted in November 2019 and outlines actions to deliver a more coordinated, comprehensive and compassionate approach to suicide prevention.

Suicide will affect most Australians at some point in their lives, often leaving long lasting and far-reaching impacts on individuals, families, workplaces, services and communities. There is still, however, little understanding of the complexities and the diverse individual experiences of suicidal behaviour. This results in shame, stigma, discrimination and crisis-driven responses.

Reducing suicidal behaviour is the responsibility of all governments, all portfolios and all communities. The benefits of a national whole-of-government approach to suicide prevention can only be realised if the necessary actions are taken and all collectively commit to implementing them.

The *Interim Advice* was submitted on 31 August 2020 and included three separate reports. Each of these reports are included in this document. The reports stand on their own, but are best understood when read together.

## 1. *Compassion First* - designing our approach from lived experience

This report is essential reading to understand suicidal behaviour from a lived experience perspective and to understand the context for recommendations contained in the *Interim Advice*. It captures the voices of close to 2,000 people with lived experience of suicidal behaviour, particularly those who have survived attempts or lived with suicidal distress. This research thematically analyses peoples' experiences to inform the changes required.

While there are some common experiences that may precede a suicide attempt, there is no simple or singular pattern of experiences. The research highlights the importance of a national approach to suicide prevention that spans all ages, acknowledging that many challenges commence early in life and can be exacerbated by stressors and co-occurring adverse life events in later years. The clarion call from people with lived experience is for a more comprehensive approach that addresses vulnerabilities and provides supports long before a crisis emerges, and for a more compassionate response that does not respond to them as a 'medical problem' or a 'risk to be managed', but provides support through their distress.

It is clear from work to date, that lived experience knowledge must be positioned at the forefront of research, policy and practice. Without it our reforms and service improvements will fall short of what people need and what people deserve.

## 2. *Interim Advice Report* — towards a coordinated national approach

The *Interim Advice Report* includes an outline of what is needed to transition to a national whole-of-government approach and the ‘in-principle’ recommendations (listed on page 3) that outline the actions required for a national whole-of-government approach.

To date, suicide prevention has primarily been the focus of health portfolios. While health must continue to take a significant level of responsibility, the factors that contribute to suicide are complex and disparate and therefore require a whole-of-government approach, leveraging the opportunities from all portfolios and all jurisdictions working together.

The *Interim Advice Report* details work undertaken in 2020 and provides context for the 13 ‘in principle’ recommendations. The recommendations support a shift to national whole-of-government leadership and governance, suggesting that suicide prevention should be a portfolio responsibility for all Ministers and ideally led by First Ministers. Recommendations also highlight the need for a stand-alone national suicide prevention strategy, a suicide prevention workforce plan, integrated lived experience knowledge and improved data and evidence to inform decision-making. Recommendations also point to policy and cross-portfolio approaches that are required to reduce and respond to distress and targeted approaches to meet the needs of priority populations and those seeking help through the health and mental health system.

## 3. *Shifting the Focus* — implementing a comprehensive approach

While Health portfolios must continue to take a significant level of responsibility, no single government portfolio can undertake the breadth of actions required to reduce suicide attempts and deaths. However, each portfolio can make a significant contribution to preventing suicide by taking targeted action to reduce specific risks, while ensuring the actions and services are linked to the broader suicide prevention system. ‘*Shifting the Focus: A national whole-of-government approach to guide suicide prevention in Australia*’ is a model outlining the key components required for a whole-of-government approach. It includes a decision making tool for portfolios and agencies to identify targeted initiatives relevant to their areas of work which will address risk factors.

### Next steps

The *Final Advice* is due in December 2020. Prior to this, the ‘in-principle’ recommendations and the governance options proposed will be used as the basis for consultation with Commonwealth and State and Territory governments, with additional consultations being conducted with the suicide prevention sector, other peak bodies and organisations and from interested communities and individuals.

Christine Morgan, the National Suicide Prevention Advisor, would like to thank everyone who has contributed to the *Interim Advice* and looks forward to hearing from stakeholders to further refine and inform final recommendations to enable a national whole-of-government approach

## Interim Advice: 'In-principle' recommendations

### A shift to national whole-of-government leadership and governance

**Recommendation 1:** To adopt a national whole-of-government governance structure for suicide prevention, with suicide prevention identified as a portfolio responsibility of all Ministers and ideally led by First Ministers. The final governance architecture should be informed by other governance reviews underway and should be developed in consultation with all jurisdictions. It should consider:

- 1.1 Revised national structures which include the creation of a Ministerial Reform Council or similar and the establishment of a National Office for Suicide Prevention.
- 1.2 A review of the arrangements for regional coordination and delivery of suicide prevention services and programs to ensure they have the authority and resources to implement a whole-of-government and whole of community approach.

**Recommendation 2:** A stand-alone whole-of-government National Suicide Prevention Strategy should be developed to provide authority and guidance to enable all governments, all portfolios, and stakeholders to align their plans and activities. This strategy should be available by 2021, with immediate action undertaken through:

- 2.1 Implementing the *National suicide prevention strategy for Australia's health system 2020-2023*, including any immediate priorities aligned to the *Pandemic Mental Health and Wellbeing Response Plan*.
- 2.2 Resourcing the implementations of the *National Aboriginal and Torres Strait Islander Suicide Prevention Plan* from 2021.
- 2.3 Identifying and implementing priority cross-portfolio suicide prevention initiatives across Commonwealth agencies, with agencies to use the *Shifting the Focus* model to develop suicide prevention action plans.
- 2.4 Ensuring all responses to national disasters and other declared emergencies, including the COVID-19 response, include strategies that address risk and protective factors for suicide.

**Recommendation 3:** All governments and their agencies recognise that lived-experience knowledge is central to planning, priority setting, design and delivery of a national whole-of-government suicide prevention approach. This includes:

- 3.1 Increasing lived experience research, particularly with people who have attempted suicide.
- 3.2 Ensuring that diverse lived experience expertise is core to governance structures at all levels of government and across funded programs.
- 3.3 Ensuring that co-design with lived experience is a demonstrated requirement for funded suicide prevention programs, services and research.
- 3.4 Escalating work to develop the lived experience workforce, with a specific focus on the peer lived experience workforce to support new service models.

**Recommendation 4:** Develop a long-term whole-of-government workforce strategy for suicide prevention to support the delivery of a National Suicide Prevention Strategy, considering all relevant workforces across government and community settings. Immediate actions to implement workforce priorities should occur, including:

- 4.1 All governments to prioritise contemporary and evidence-based training for clinical and other health staff, ensuring the training focuses on collaborative and therapeutic approaches (as identified in the *National suicide prevention strategy for Australia's health system 2020-2023*).
- 4.2 Australian Public Service Commission to implement contemporary compassion-based training for frontline workers across the Australian Public Service; with other jurisdictions to consider similar training for their frontline workers.
- 4.3 All governments to increase suicide prevention training for services providing financial, employment and relationship support to people experiencing distress.
- 4.4 Inclusion of suicide prevention considerations within the *National Mental Health Workforce Strategy* and the *National Peer Workforce Development Guidelines* currently in development.

### Improved data and evidence to inform decision-making

**Recommendation 5:** All governments expand their investment in suicide data in a consistent and systematic approach, including collection and sharing of all relevant health and non-health data, to support policy decisions and agility to respond to emerging and shifting vulnerabilities. In particular:

- 5.1 All governments to work with the AIHW and remove the barriers to the routine sharing of relevant data with the National Suicide and Self-Harm Monitoring System.
- 5.2 All governments to establish consistent definitions for suicide-related data (including agreed distinctions between self-harm and suicide attempts) and increase data capture for priority populations.

**Recommendation 6:** Develop a long-term research strategy for suicide prevention together with an evaluation framework to measure the impact of funded programs and services. In particular:

- 6.1 The Commonwealth, with other governments, to facilitate the development of an outcomes framework for suicide prevention programs and services.
- 6.2 The Suicide Prevention Research Fund (and other research funding sources) to fund research that aligns with strategic priorities in suicide prevention.

### Policy and cross-portfolio approaches to reduce and respond to distress

**Recommendation 7:** To support further implementation efforts, all Commonwealth portfolios (with consideration for States and Territories to do the same) to apply the decision making tool in *Shifting the Focus* to identify key initiatives for implementation and evaluation in each portfolio. In addition:

- 7.1 Agency Heads develop and report on agency-specific suicide prevention actions plans.
- 7.2 Develop a Commonwealth process for reviewing new policies or initiatives to ensure they assess any impacts (positively or negatively) on suicidal risk or behaviour.

**Recommendation 8:** Population-level interventions which address key social, economic, and health stressors should be prioritised and implemented including:

- 8.1 An immediate and ongoing focus on individuals, industries, and communities most affected by economic downturn associated with COVID-19 and the implementation of policies and programs that mitigate distress.
- 8.2 Coordinated cross-jurisdictional action to intervene early in life to mitigate the impacts of childhood adversity and trauma, with a focus on children and young people in out of home care.
- 8.3 Cross-jurisdictional action to enhance suicide prevention interventions targeted at people in touch with the justice system and those who are homeless or with insecure housing.

**Recommendation 9:** The Commonwealth with States and Territories work together to ensure government systems or services that interact with people experiencing distress provide earlier and more effective responses. This includes an increased capacity to provide outreach and support at the point of distress. Actions should include:

- 9.1 Reviewing and enhancing the outreach and support provided to people who are involved in family disputes, legal action, child custody arrangements and workplace disputes.
- 9.2 Providing interventions delivered at critical points of transition – ensuring there are evidence based approaches for people released from justice settings and those transitioning from certain workplaces such as the Australian Defence Force.

### Targeted approaches to meet the needs of priority populations

**Recommendation 10:** Adopting an equity approach to suicide prevention planning, acknowledging the disproportionate impact experienced by some population groups making them vulnerable to suicidal behaviour and requiring targeted approaches. This includes:

- 10.1 All governments prioritise action plans and funding to support approaches that work for men, young people, Aboriginal and Torres Strait Islander people, LGBTIQ+ communities, culturally and linguistically diverse communities, rural and remote communities, and older Australians.
- 10.2 Improved data capture and accountability for funded programs and services to demonstrate outcomes for identified priority populations.

**Recommendation 11:** Strengthen the role and capability of Aboriginal and Torres Strait Islander organisations in suicide prevention and improve cultural safety within mainstream service providers, to better respond to the needs of Indigenous Australians. This could include:

- 11.1 Implementing key actions within the *National Aboriginal and Torres Strait Islander Suicide Prevention Plan* once completed and approved (from 2021);
- 11.2 Collective action to build the capacity of Indigenous services and organisations as preferred providers, including an enhanced role for Aboriginal Community Controlled Health Services.

## Health and mental health reform as critical to suicide prevention

**+Recommendation 12:** All government health portfolios to implement and report on actions within the *National Suicide Prevention Strategy for Australia's health system: 2020-2023* and the *Pandemic Mental Health and Wellbeing Response Plan*. Based on evidence from lived experience for a more compassionate approach, particular priorities should include:

- 12.1 Improved emergency responses for people in suicidal crisis – including increased training for emergency departments and frontline emergency services personnel.
- 12.2 New service models that align with a compassionate response – delivered in community, with a focus on providing supports at home or in community 'safe spaces', and integrating peer workers.
- 12.3 Better linkages and integration of services, including: blended models of care (for example, digital and face-to-face) to increase service access and responsiveness; and better integration between national crisis lines and community-based supports.
- 12.4 Service models that support psychosocial needs and ongoing follow up, including broad access to aftercare approaches for people who have attempted suicide.
- 12.5 Better supports for family and caregivers – including those supporting someone through a suicidal crisis as well as those bereaved by suicide.
- 12.6 Targeted responses for communities impacted by suicide, through more coordinated and timely postvention responses.

**Recommendation 13:** All government health portfolios, in partnership with other portfolios, to take a more comprehensive approach to suicide prevention by including policies and programs that mitigate the impact of alcohol and other drug use. In particular:

- 13.1 Governments to increase the availability of brief or ongoing alcohol and other drug interventions delivered across settings where people may present in the context of relationship, financial and workplace stresses.
- 13.2 All government health portfolios to increase training and support for alcohol and other drug services to support people who are experiencing suicidal distress, including provision of contemporary training and supervision.