

STATE OF THE NATION IN SUICIDE PREVENTION

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A survey of the suicide prevention sector







September 2020





Highlights

Our respondents	An emerging, collaborative sector serving communities across Australia	Increasing demand for suicide prevention support
 42% organisations  31% individuals  27% unspecified	69%  collaborate with Government and/or other organisations 1 in 5 suicide prevention organisations started up within the past 5 years	 78% report an increase in demand  65% need more funding and support to cope  67% agree more funding needed to support priority populations

Key risks to suicide rates*	Ways to address risk
82% Employment	 Lift the base rate of JobSeeker Fund clear vocational pathways to work
81% Social isolation	 Enhance digital and face to face peer-to-peer support
77% Relationship breakdown	 Broaden Better Access Scheme to cover relationship counselling

Sector and community back a whole of government approach to suicide	Access to better data on suicide prevention
 95% State of the Nation participants support a whole of government approach 70% of Australians support a Suicide Prevention Act	75% of suicide prevention organisations need access to better data on suicide 83% of all participants agree there are gaps in data collections systems

Suicide prevention workforce has critical gaps in skills and training

 Integrating lived experience	Minimum standard suicide intervention training for frontline workers	 Understanding the needs of priority groups (e.g. LGBTQI+)
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*Participants could select more than one response.

Executive Summary

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We number among our membership many of the largest and smallest suicide prevention organisations, as well as individuals with lived experience of suicide, research and subject matter expertise.

About the survey

We designed the State of the Nation in Suicide Prevention Survey to gather in-depth intelligence from our membership and the broader suicide prevention sector. The survey, and this report, are structured around four key themes: the current operating environment; risks and protective factors; our National Policy Platform priorities of whole of government reform, accurate, reliable data and workforce strategy; and the funding environment. The information we have gathered on this area will inform our policy and advocacy work in 2020/21.

Suicide Prevention Australia aims to conduct the State of the Nation survey annually, with the results to be released every World Suicide Prevention Day. In this baseline iteration we have combined quantitative questions to provide the basis for mapping trends with open-ended, qualitative questions. These have enabled us to gather insights that will shape future iterations of the survey.

A collaborative, resilient sector

The COVID-19 pandemic is proving to be a 'black swan' event, with economic and social ramifications extending far beyond the public health crisis caused by the virus. Australia has been doubly affected, having experienced a severe bushfire season only months before the COVID-19 pandemic reached our shores. The compounding impact of these crises means many in our communities are vulnerable to distress.

The suicide prevention sector is rising to the challenge. While more than three quarters of our participants reported a significant increase in demand for their services, suicide prevention organisations and experts are highly collaborative. More than two thirds work with Government agencies, other not for profit and community-based organisations, with only one in twenty delivering their services and programs in isolation.

Many participants reported transitioning in person and face-to-face services to online modes of service delivery in response to COVID-19 physical distancing measures. Participants noted the benefits of being able to provide their services more broadly and increase their reach by providing services via online platforms.

Most organisations need more support

While the suicide prevention sector has proven to be resilient, most need more support. One in three suicide prevention organisations have informed us they require additional funding and support to cope with continued increases in demand. This support should be an urgent priority for Government in the 2020-21 Federal Budget, particularly at a time when thousands of Australians are newly vulnerable to distress and impacts on their wellbeing.

Suicide Prevention Australia is proud to represent a sector that supports the most vulnerable Australians. Most suicide prevention organisations support groups that experience greater rates of suicide, with many working with young people, Aboriginal and Torres Strait Islander communities, with LGBTQI+ Australians, Culturally and Linguistically Diverse (CALD) communities, the homeless and the unemployed. A majority of participants, however, have advised that greater investment in programs and services targeting priority groups is required.

The suicide prevention sector shares community perceptions about emerging areas of suicide risk

Participants in this survey ranked social isolation and loneliness, unemployment and job security, and family and relationship breakdown as the most significant emerging risks to suicide. The high level of concern about these emerging areas of risk were shared by respondents to Suicide Prevention Australia's recent YouGov poll of the broader Australian population, which also ranked social isolation and unemployment as two of the leading risks to suicide rates.

The sector, however, has provided constructive advice on the policy interventions that would mitigate emerging risk factors for suicide. Examples of our participants' ideas include increasing social supports such as JobKeeper and JobSeeker; tailored methods for peer to peer and community connection including face to face and digital options; and broadening the Better Access initiative to cover relationship counselling. These proposals are in line with Suicide Prevention Australia's recent advocacy work.¹



Strong support for our National Policy Platform priorities

We surveyed the sector to gauge continued support for our National Policy Platform and to gather ideas to progress adoption of our three pillars. The National Policy Platform, published in April 2019, outlines three priorities or 'pillars' for systemic suicide prevention reform: a whole of government approach; accurate, reliable data on suicide and suicidal behaviour; and workforce strategy.

There was strong support for the sector for these priorities. An overwhelming majority of participants support a whole of government approach to suicide prevention. Our survey participants also described a whole of government model in line with our National Policy Platform: including a permanent suicide prevention function at the national level; assigning responsibility for suicide prevention to first ministers; and using Commonwealth funding to drive a nationally consistent approach to suicide prevention policy and accountability.

A majority of participants expressed an urgent need for accurate, reliable data on suicide prevention. This data goes beyond data on suicide deaths: the sector needs reliable, rapid information on self-harm and suicidal behaviours, as well as information on social determinants. This is particularly pressing given the significant structural changes to industries, communities and the Australian economy currently underway due to the COVID-19 pandemic.²

The sector requires data to determine how these shifts are impacting the mental health and wellbeing of Australians; many of whom are now struggling to maintain or find employment, service their debts, access affordable housing, or other social supports.

Our survey respondents also advised that the skills and training needs of the suicide prevention workforce need better planning and investment. Continuing our call for a standalone national suicide prevention workforce strategy will be a focus for Suicide Prevention Australia in the lead-up to the National Suicide Prevention Adviser's final report, due in late 2020.

The sector wants to see funding for suicide prevention drive accountability and change

Finally, funding for suicide prevention should be used as a mechanism for driving accountability and change. Many of our participants expressed a clear view that public funding should be allocated to programs and services with proven outcomes, or with clear evidence of quality, safety and efficacy.

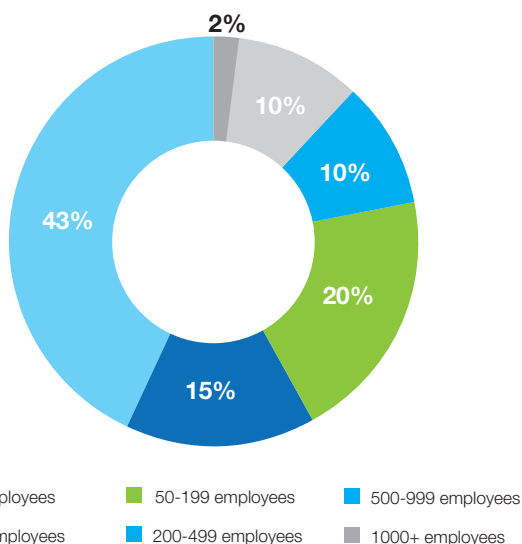
For more information

If you would like more information on the State of the Nation Survey and its results, please contact policy@suicidepreventionaust.org

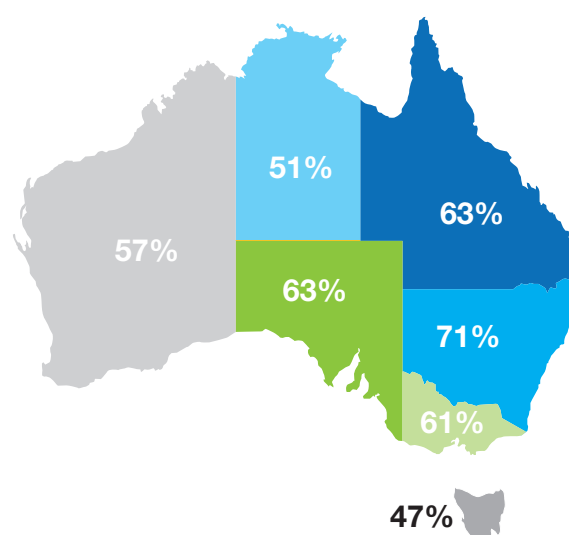
The suicide prevention sector

A diverse sector, serving communities across Australia with a range of needs.

Organisation size



Geographic spread – where organisations provide services



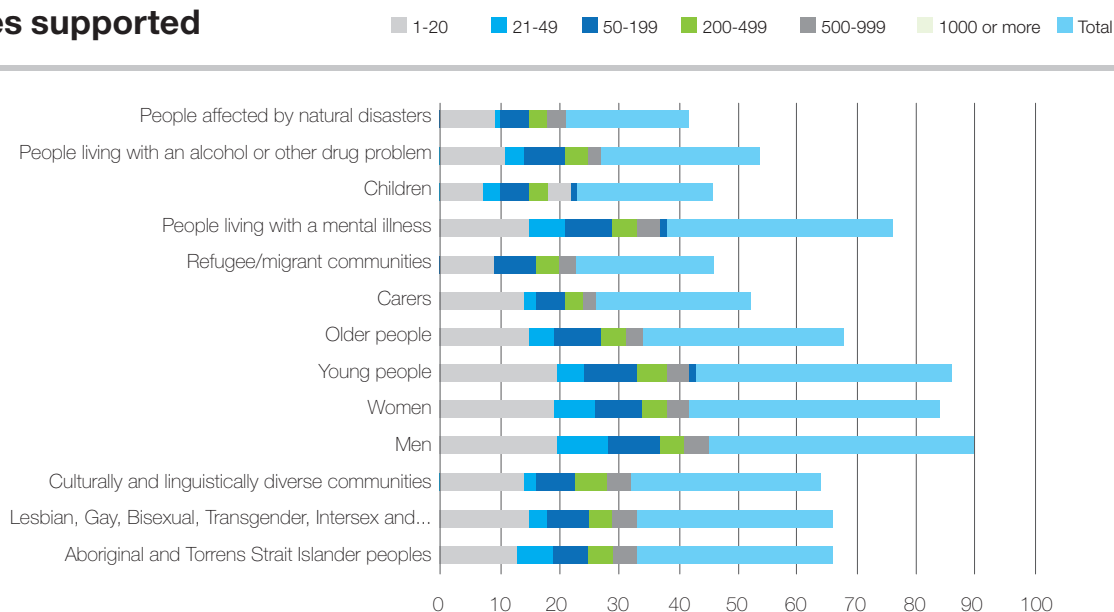
The sector is emerging and highly collaborative

- One in five (20%) organisations were established within the last 5 years, with the remainder (80%) established more than 6 years ago.

- More than two thirds (69%) of respondents said they work with Government agencies, other not for profit organisations and community based organisations, with only 4.7% reporting no collaboration with other organisations

The sector supports vulnerable populations and communities

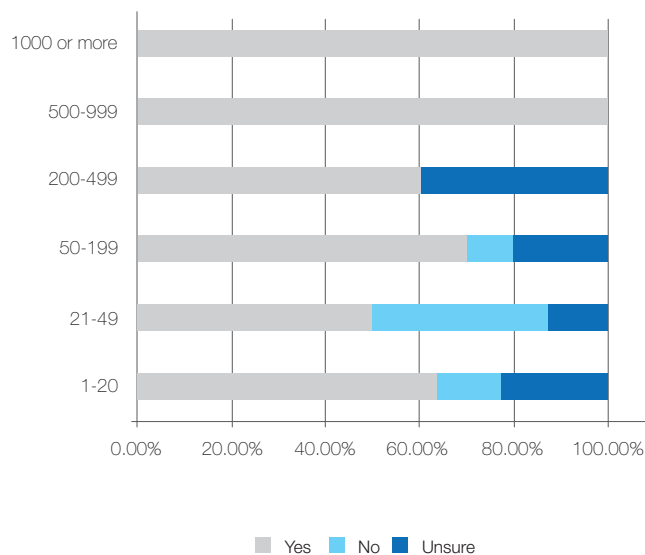
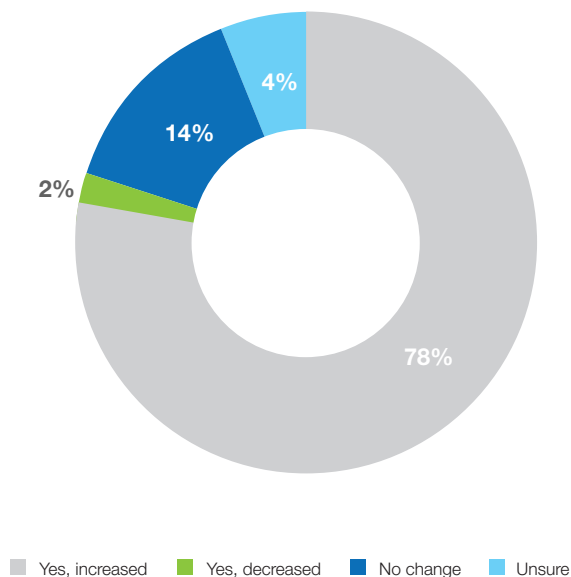
Communities supported



Demand for suicide prevention services is increasing and organisations need additional support

Has demand for your services changed over the last 12 months?

Does your organisation need additional funding and support to cope with demand?



COVID-19 has influenced a shift online

We asked participants who had reported changes in their service delivery patterns to provide open text feedback on the factors influencing this shift.

Many participants reported transitioning in person and face-to-face services to online modes of service delivery in response to COVID-19 physical distancing measures. Participants noted the benefits of being able to provide their services more broadly and increase their reach by providing services via online platforms.

Some respondents reported challenges in transitioning to online services. For example, one participant reported young people have experienced difficulty maintaining engagement in virtual meetings, and others reported discontinuing workshops and gatekeeper training programs due to distancing measures.

Push to respond to increases in service demands

Participants reported increases in service demands within the last 12 months across differing support services (e.g. helpline services, online forums, training, and workshops). One participant identified difficulty responding to the increase in service demand with limited funding.

Risk and protective factors

A challenging year for our communities

We asked our survey respondents to provide their view on risks and protective factors for suicide and distress.









Respondents to our survey shared broader community perceptions about emerging areas of suicide risk.

State of the Nation respondents ranked social isolation and unemployment as two areas posing the highest risk to suicide rates over the next year.

This response mirrored Suicide Prevention Australia's recent YouGov poll of 1,000 Australians, which also ranked social isolation and unemployment within the top four risks to suicide rates.³

Predicted risks to suicide rates*

*Respondents were able to select more than one option

	Top rated risk	Second rated risk	Third rated risk	Fourth rated risk
State of the Nation (n=140 sector participants)	 82% Social isolation and loneliness	 81% Unemployment and job security	 77% Family and relationship breakdown	 59% Cost of living and personal debt
YouGov poll (n=1,000 Australians)	 67% Drugs and alcohol	 66% Social isolation and loneliness	 63% Cost of living and personal debt	 56% Unemployment and job security

In context: What are risks and protective factors?

Suicide is a complex, multi-factorial human behaviour and is usually a response to many contributing factors, or 'risk factors' rather than a single cause.

Most people who have one or more risk factors for suicide will not engage in suicidal behaviour; for example, many people with an experience of mental ill health do not experience suicidality.⁴ At the same time, there is evidence that a wide range of factors can contribute to a person's vulnerability to distress and suicide.

Examples of risk factors include, but are not limited to:

- Mental ill health
- Unemployment and financial distress
- Access to means of suicide

- Unsafe reporting of suicide in the media
- Relationship and family breakdown
- Social isolation and disconnection from social supports.⁵




Protective factors, on the other hand, 'protect' people from suicidal behaviours. Examples of protective factors include:

- Physical health and wellbeing
- Connection with family and friends
- Coping strategies or life skills
- Employment
- Access to clinical and non-clinical support options.⁶

Young people with a lived experience of mental ill health or suicide are already experiencing high levels of isolation. Investing in building peer to peer communities, both face to face and digitally, is important in creating connection, support networks & safety nets.

Survey respondent

Interventions needed to tackle emerging suicide risks*

Top rated risk	Second rated risk	Third rated risk
 <p>Social isolation and loneliness</p>	 <p>Unemployment and job security</p>	 <p>Family and relationship breakdown</p>
<ul style="list-style-type: none"> -Enhance digital opportunities for peer to peer support -Fund targeted digital and face to face supports for high risk groups (rural and remote, older Australians LGBTQI+, Aboriginal and Torres Strait Islander) -Support local government initiatives that drive community connection 	<ul style="list-style-type: none"> - Continue JobKeeper in the medium term -Raise the base rate of JobSeeker -Clear education and training pathways to work for young people 	<ul style="list-style-type: none"> - Evidence-based interventions to support fathers and mothers from pregnancy onward - Subsidise relationship counselling via the Better Access Initiative - Enhance funding for early intervention parenting programs

*Extrapolated from key words and themes derived from participants' open text responses (n=130).

Suicide Prevention Australia's National Policy Platform Priorities

Suicide Prevention Australia published our National Policy Platform in 2019. The Platform sets out three 'pillars' for systems level suicide prevention reform, which were identified in consultation with our members:

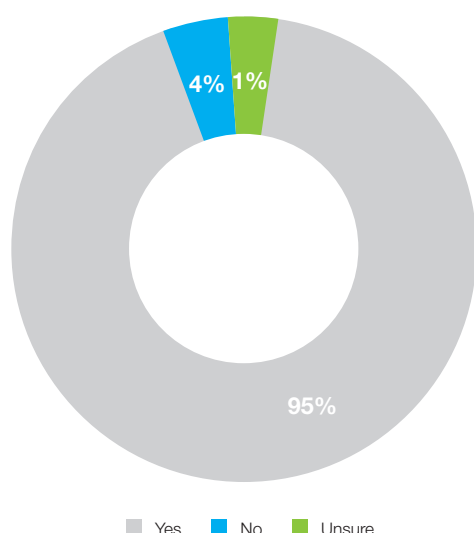
- Whole of government reform
- Accurate, reliable data on suicide prevention
- Workforce strategy.

We surveyed the sector to gauge current attitudes toward our National Policy Platform pillars. We also asked participants for their ideas on how we might progress adoption of our Platform by Government.

Pillar One: A whole of government approach to suicide prevention

There is overwhelming support for a whole of government approach to suicide prevention and the right system to support it

Do you believe a whole of government approach to suicide prevention is required?



In context: What is a whole of government approach to suicide prevention?

Suicide is a multi-factorial human behaviour and is more than an expression of mental ill health: which is why Suicide Prevention Australia advocates for a whole of government, whole of community approach to suicide prevention. The Fifth National Mental Health and Suicide Prevention Plan reinforces this position, outlining that suicide protective and risk factors are more wide ranging than mental health and clinical treatment options.

A whole of government, whole of community approach means every level of Government, every agency within Government, the not for profit and private sectors are actively involved in preventing suicide in Australia. The “whole of government’ approach” also involves better cross-portfolio coordination to address the social, economic, health, occupational, cultural and environmental factors involved in suicide prevention.

Suicide Prevention Australia, in consultation with our members, has offered to Government a model for a whole of government approach to suicide prevention in Australia:

- Passing a Suicide Prevention Act to provide a legislative framework for a three-yearly National Suicide Prevention Plan, integrating actions with a responsible agency, committed funding, measurable performance indicators and a suicide reduction target.
- Setting up a National Suicide Prevention Office, preferably housed within the Department of Prime Minister and Cabinet, to manage information sharing, performance, evaluation and funding for suicide prevention.
- Using intergovernmental agreements and contracts to negotiate nationally consistent approaches to suicide prevention funding and policy with the States and Territories. This would influence system change, avoid duplication, and provide a more seamless service to consumers.
- Including social benefit via mental health and suicide prevention as a compulsory outcome of Government procurement initiatives, and building this into tendering and contract evaluation processes.

Participants in our survey offered proposals for a whole of government approach strongly aligned to the model outlined in our Platform (see table below).

Suicide prevention needs a whole of system, not just whole of government approach. An accountability framework needs to be enforced so that approaches that are promised and not delivered can be highlighted.

Survey respondent

Sector ideas for a whole of government approach to suicide prevention*

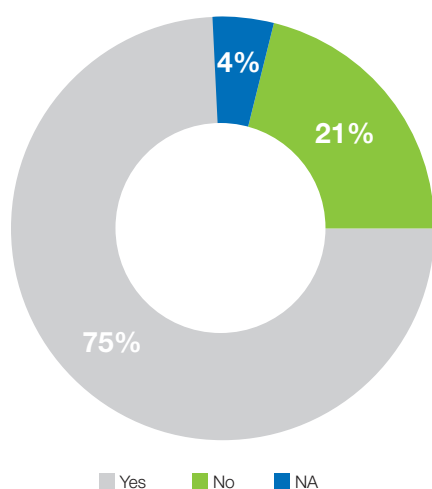
Roles and Responsibilities			
National Cabinet	Commonwealth Government	State and Territory Governments	Local Government
<p>Develop new intergovernmental agreement on suicide prevention</p> <p>Pool funding and develop nationally consistent policy framework</p> <p>Drive information sharing, including real time data on the social determinants of suicide</p>	<p>Permanent Suicide Prevention Adviser role within a central agency</p> <p>Cabinet proposals assess suicide prevention and mental health impacts</p> <p>Organise funding based on proven or likely outcomes of the program or service, not through brand recognition</p>	<p>First Ministers responsible for suicide prevention</p> <p>Suicide prevention housed within a central agency</p> <p>Cabinet proposals assess suicide prevention and mental health impacts</p>	<p>Strong role in place-based strategies</p> <p>Whole of government collaboration with State and Territory Governments at the community level</p>

*Table developed using key words and themes derived from participants' open text responses (n=75).

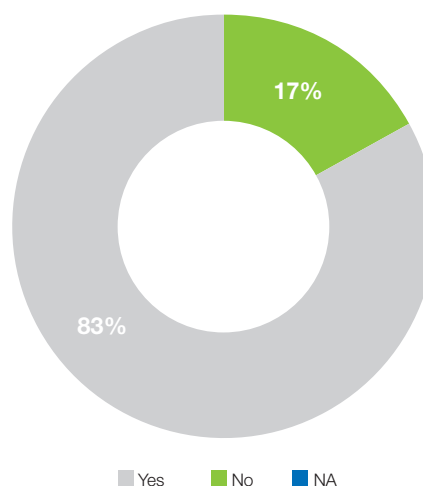
Pillar Two: Accurate, reliable data

The suicide prevention sector needs access to data on suicide and there are gaps in current data collection systems

Does your organisation need access to reliable, accurate suicide prevention data?



Are there gaps in data collection systems for suicide prevention?



In context: Why we need accurate, reliable data on suicide and suicidality

The Australian Institute of Health and Welfare reports 3,046 deaths by suicide were registered in Australia in 2018, equating to approximately 8 deaths per day.⁷ Among Australians aged 15-44, suicide was the leading cause of death in 2016-2018.

Accurate, reliable and timely data is critical to enabling evidence-based policy, planning, service delivery and informed research. The World Health Organisation has stated that “improved surveillance and monitoring of suicide and suicide attempts is required for effective suicide prevention strategies”.⁸

Key data sources for suicide deaths in Australia include the Australian Bureau of Statistics (ABS) which annually releases Causes of Death data, and the National Coronial Information System (NCIS) in which coroners across all jurisdiction contribute data on suicide deaths.

A number of factors impact the accuracy of reporting on deaths by suicide. For example, there is a lack of guidance for coroners in their practice and making a determination of suicide is typically at the coroner’s discretion. Increases in the number of cases left open that may be suicides can mean suicide deaths are being underreported, and Suicide Death Registers currently only exist in Queensland, Victoria and Tasmania.

Delays in coronial processes and inconsistencies in practice determining cause of death can significantly impact the quality of ABS mortality data.

Without a clear picture of suicide in Australia, it is challenging to implement effective strategies and interventions to reduce the rate of suicide and save lives. That is why our National Policy Platform calls for the establishment of a national authority to lead the coordination and integration of state-based data and distribution of suicide data to assist service delivery and research. This body should work in partnership with State Suicide Death Registers (which should be established in every jurisdiction) and relevant organisations to achieve these improvements in data collection, including liaising with the ABS, AIHW and the NCIS.

The agreed risk factors for suicidality extend beyond mental ill health and encompass social determinants: factors such as unemployment, financial distress, relationship breakdown, and housing insecurity.⁹ Respondents to our survey agree that the linkage and availability of data on social determinants is critical if we are to reduce the rate of suicide.

The proposals offered by participants in this survey to improve the accuracy, quality and reporting of suicide data were broadly in line with the above observations.

States and territories don't provide timely data on suicide and as such bodies rely on annual ABS data. Long delays in accessing accurate data means it isn't possible to identify clusters of suicides and intervene in a timely manner.

Survey respondent

Sector ideas for improving the accuracy, quality and reporting of suicide data*

 <p>Enhance cross-jurisdictional collaboration & information sharing</p>	 <p>Establish Suicide Death Registers in every jurisdiction</p>	 <p>Appoint data collection workers across jurisdictions</p>	 <p>Establish data hub for trends and latest confirmed data</p>
 <p>Develop national reporting framework & code</p>	 <p>Ensure data is accessible by the sector and in line with safe reporting guidelines</p>	 <p>Standardise suicide and self-harm classification</p>	 <p>Create a real-time database on emergency department presentations and ambulance call outs</p>

*Table developed using key words and themes derived from participants' open text responses (n=75).

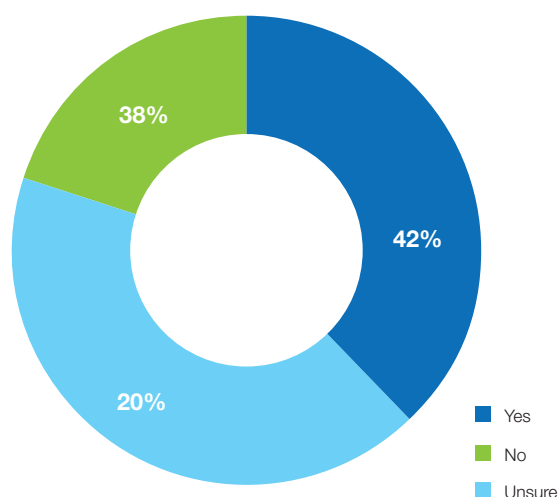
Pillar Three: Workforce

Our National Policy Platform emphasises the need to build workforce capacity in suicide prevention, beyond the bounds of the mental health sector and acute care system.¹⁰ A key aspect of building this capacity should be a standalone suicide prevention workforce strategy and implementation plan; a complement to, rather than as a stream within the National Mental Health Workforce Strategy currently in development.

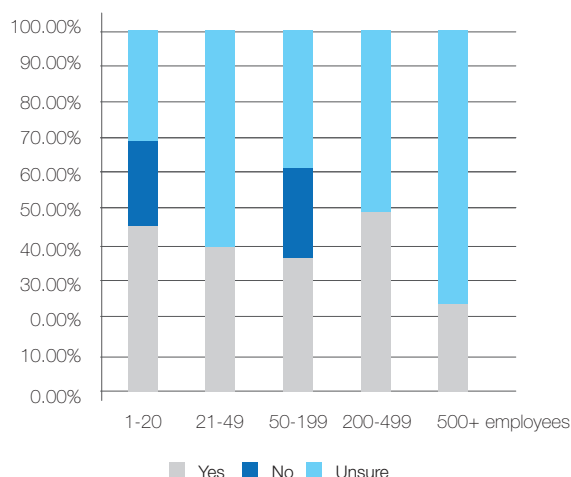
We asked participants in our survey to describe the challenges, skills and training needs of their organisation as well as the broader suicide prevention sector. Suicide Prevention Australia will use this intelligence to inform the next phase of our advocacy work on the scope and content of a national suicide prevention workforce strategy.

Many organisations expect to hire new staff in 2020-21, although many are also unsure about their requirements

Intention to hire new staff in 2020-21



Intention to hire new staff in 2020-21: by organisation size



In context: Defining the suicide prevention workforce

Suicide Prevention Australia takes the view that the suicide prevention workforce should be defined as broadly as possible. A broad view of the scope of the suicide prevention workforce reflects a whole of community approach to suicide prevention: and includes everyone who is likely to interact with or make decisions that affect someone who might be vulnerable to suicide.

As outlined in our previous representations to Government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

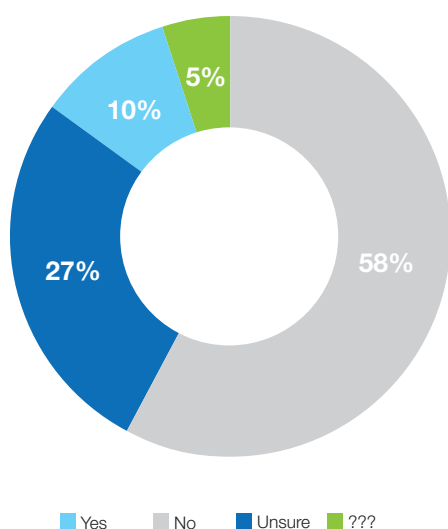
- The clinical workforce, encompassing doctors, nurses, and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis.

- The formal suicide prevention and mental health workforce, encompassing those working in a suicide prevention, response, crisis support or postvention setting: for example, emergency first responders, the lived experience workforce, postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers. In most cases, this segment of the workforce should co-exist and be complementary to the mental health workforce, leveraging and sharing infrastructure where appropriate.
- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across Government Departments, social services, employer groups, miscellaneous service providers, community based organisations and other settings where individuals vulnerable to suicide or suicidality are likely to present.

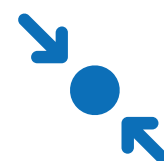
Most respondents said there are critical gaps in the skills, training and qualifications of the suicide prevention workforce

Does the suicide prevention workforce have the right training and skills?

Key gaps in skills and training*



Learning from lived experience



Stigma reduction



Understanding the needs of priority groups (e.g. LGBTQI+)



Minimum standard suicide intervention training for clinicians

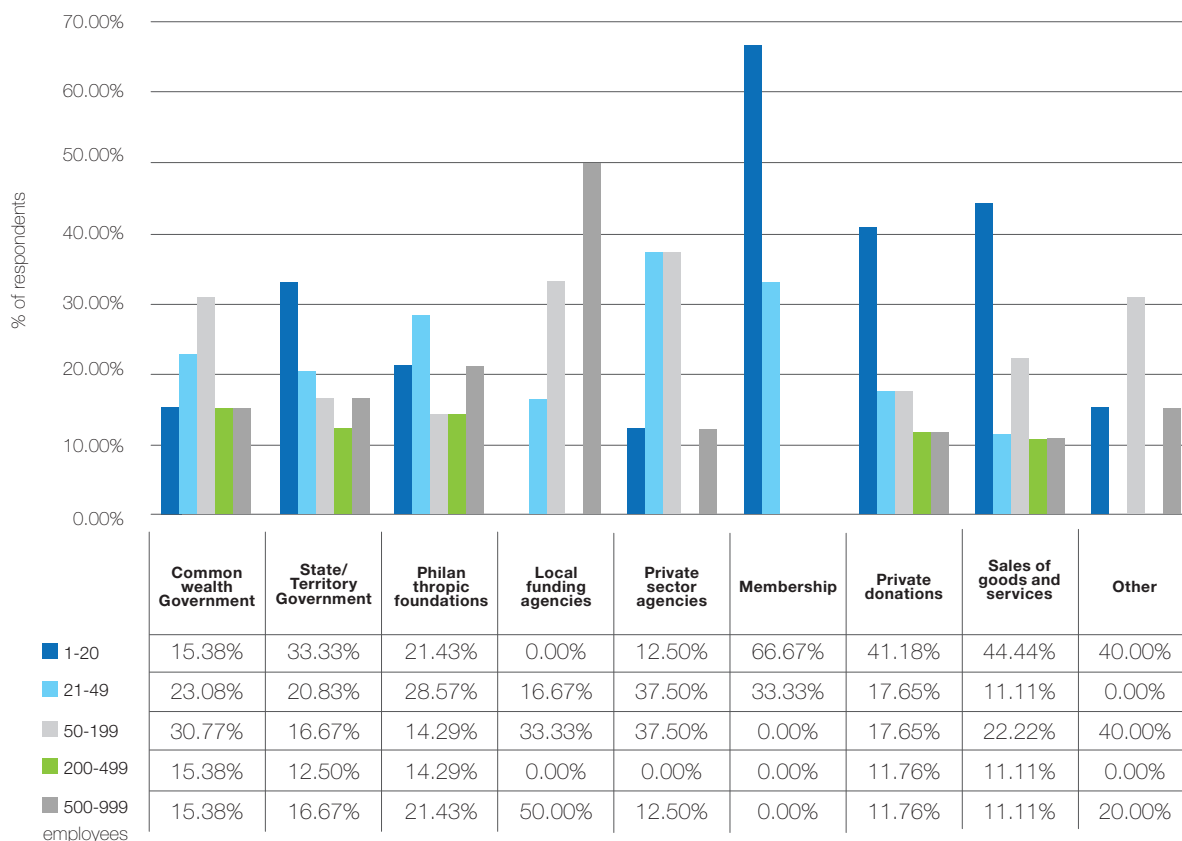
A suicide prevention workforce strategy is required to address training gaps to build and maintain a competent and compassionate workforce. The strategy would need to develop a specific postvention plan for an inclusive workforce - clinical, non-clinical, lived experience, peer supporters, gatekeepers, tertiary institutions, workplaces and government officials (health, justice, education, housing).

Survey respondent

Funding

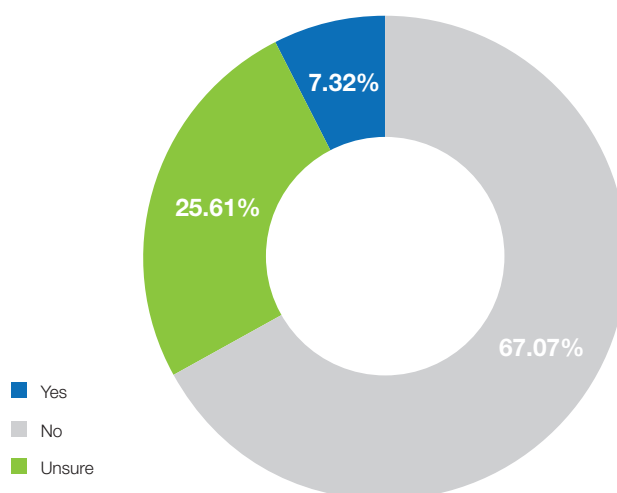
Funding certainty is linked to organisation size

Funding sources



The sector wants to see investment in interventions for priority populations

Are programs and services targeted to priority populations appropriately funded and resourced?



In context: How is the suicide prevention sector funded?

Suicide prevention in Australia is supported through a complex series of funding arrangements between Government and service providers; between the Commonwealth, State and Territory Governments; philanthropic sources and donations; and through providers selling services and products supporting suicide prevention. The Australian Institute of Health and Wellbeing's 2018 Australia's Health Report has summarised these arrangements, highlighting the lack of clarity and consistency of funding for suicide prevention.¹¹

This is an outline of how funding for suicide prevention in Australia is organised now:

Commonwealth funding: The Commonwealth Government is a significant source of direct funding for suicide prevention. There is, however, a lack of reporting clarity for the quantum of Commonwealth expenditure. Suicide prevention funding is often grouped with mental health services funding: for example, the \$461 million investment in youth mental health and suicide prevention in the 2019/2020 Budget. In January 2020 the Commonwealth Government announced a dedicated \$64m in funding for suicide prevention, following the initial report of the National Suicide Prevention Adviser.¹² Even so, the announcement combined single year investments with 2-3 year investments, making it unclear how the funding will be allocated over the forward estimates.

Commonwealth support for the States and Territories: The Commonwealth is a significant source of funding to the jurisdictions. These arrangements are organised through a range of high level agreements: for example, the Hospitals Agreements and the National Agreements on Psychosocial Support Measures. The high level agreements are further supplemented by contracts between Governments for individual programs and services.

State and Territory funding: The jurisdictions support the Commonwealth Government's suicide prevention activities with their own locally delivered plans and programs. Investment in these plans and programs is not, however, reported on by any jurisdiction: and funding for suicide prevention services are generally grouped together with mental health services funding in State and Territory Budget papers. The NSW Government announced \$87 million, however, to implement its Toward Zero Suicide initiatives in the 2019-2020 Budget.

Primary Health Networks (PHNs): The Australian Government provides significant allocations to PHNs to fund health activities, including suicide prevention, according to local need. The PHNs are also leading delivery of the national suicide prevention trials to improve strategy at the local level for at-risk population groups. Data concerning the trials has not yet become available, although the evaluation phase is currently underway.

Philanthropic sources: Many not for profit organisations operating in the suicide prevention sector receive funding from philanthropic sources. This includes private donations from individuals, as well as donations from organisations exercising corporate social responsibility.

Participants reported gaps and issues in the way funding is organised now



Short contracts and grant funding cycles



Lack of measured outcomes and accountability



Significant demands on Government to fund COVID-19 public health response



Increased economic pressures driving down philanthropic funding sources

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