Submission

To	National Suicide Prevention Office
Topic	Advice on the National Suicide Prevention Strategy
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UNITING COMMUNITIES

About Uniting Communities

We are an inclusive not-for-profit organisation working alongside more than 80,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

Uniting Communities provides services for people who experience mental health challenges including:

Chrysalis Forensic Mental Health Service

Chrysalis is a transitional accommodation and case management service for clients moving from adult mental health services (such as James Nash House) and inpatient wards into the community. The aim of this 9-bedroom program is to support residents with sourcing long term accommodation, build independent living skills, support with maintaining good mental health and to make connections in their community.

All residents of the Chrysalis service:

- Live with a mental illness
- Have ongoing psychosocial support needs
- Display low risk behaviour
- Have no alternate safe housing options
- Are able to reside independently
- Are medically stable
- Have no acute care needs

Family Mental Health Support Onkaparinga/ Southern Fleurieu, Kangaroo Island

This service provides support for people caring for a young person with mental health issues. We offer free counselling and information to families concerned about a young person aged under 18. Our goal is to help children and families to improve mental health, resilience and confidence.

Headspace Mount Gambier

Headspace provides information, support and services for young people aged 12-25 to work through mental health, physical health, work and study and alcohol and other drugs. We can connect clients with health workers to work through a range of issues.

Lifeline

Lifeline is committed to preventing suicide, supporting people in crisis, and promoting good mental health and emotional wellbeing.

Every year, the service answers more than 36,000 calls from people experiencing crisis. Many of them are thinking about taking their lives. Our dedicated team of Crisis Supporters are here to listen and offer support and, where appropriate, refer people to other services that can help.

Psychosocial disability services (NDIS)

We provide recovery support services for people experiencing long-term mental health issues who would like support to live the best life they can.

Services include:

- skills development
- help to participate in the community and in areas of interest
- feedback and coaching
- support with daily tasks.

Submission to the Draft National Suicide Prevention Strategy

Uniting Communities welcomes the opportunity to provide input into the draft National Suicide Prevention Strategy. We acknowledge the extensive work that has been undertaken to develop this strategy.

We support the three sections of the strategy being prevention, support and critical enablers. We believe it is important to acknowledge that many of the components that sit within this framework including economic security and good health are the responsibility of different government departments. Therefore, we support the recommendation that there be "joint reporting between all levels and parts of government on what has been done and how this has collectively influenced suicide." Departmental reporting will be crucial to ensuring a whole-of-government approach including the implementation of the "suicide prevention in all policies approach." To achieve action on suicide prevention from each department, plans or strategies could be developed that are tailored to the individual department's responsibilities and resourcing.

Although we believe action should be made to support the implementation of all the prevention, support and critical enablers in this plan there are certain components we believe should be prioritised; an integrated and capable workforce, social inclusion/increased connection, a culture of compassion and economic security.

Measures that work towards a capable and integrated workforce should be central to a suicide prevention strategy because of the degree of impact that this would create, relative to investment. We believe that increasing the skills of a range of frontline workers and community services such as youth workers and case workers would have a disproportionate impact and should be applied even if the service itself does not have a primary function of mental health support. Due to the large number of members of this workforce, and their integration across the community, this would have the additional benefit of contributing to increasing awareness and reducing stigma about suicide across the population.

Key recommendations:

1. That the accessibility section explicitly recommends that there is mental health support such as counselling, that is made readily available free of charge. A person's financial situation should not be a barrier to seeking support.
2. That a capable and integrated workforce should involve training for all frontline community services even if that service's primary function is not addressing mental health.
3. Any departmental reporting on suicide prevention (as suggested by the strategy) is annual, publicly available and accompanied by details of the individual strategies within each department to support action.
4. There is better coordination between the state and federal government in the provision of suicide prevention support. Currently suicide prevention is predominately state government driven, which allows for discrepancies in how each state responds, including funding and service gaps.
5. Additional actions for reducing loneliness and social exclusion should include the need for place-based activities and support, improved transport, access to places and spaces for people to connect (infrastructure) and the role of urban planning.
6. Community awareness raising campaigns and education is added to the strategy, to equip the public with an understanding of the methods for looking after mental health and providing support and options for people who are experiencing mental health challenges. In addition, addressing

the stigma of poor mental health more broadly, will have a significant flow on effect to reducing the stigma around suicide.

7. Awareness raising campaigns for suicide should include campaigns focused on older people at risk of suicide. We believe that suicide amongst older people is not widely known or understood amongst the general population and awareness campaigns that are focussed on this cohort would create greater impact.
8. The strategy refers to the varies state and national strategies that focus on addressing elder abuse. Preventing suicide amongst older people should involve addressing the drivers of elder abuse, including ageism and the system and structures that make older people vulnerable to elder abuse.
9. That the strategy explicitly mentions the need for better service provision in regional areas for children under 12 who often fall outside many services' eligibility.
10. That table 14 on 'challenging life transitions' also includes a recommendation for more support for retirees recognising the negative psychological impacts for many people during this time of their life.
11. Additional support is provided to newly arrived CALD families (specifically refugees) who require culturally appropriate and importantly, trauma-informed support.
12. The strategy puts further emphasis on the link between gambling harm and suicide by making additional recommendations for reducing gambling harm.

Additional Comments

Better coordination between state and federal

Many parts of the strategy such as the importance of good health, economic security, safety and security and accessibility are primarily state government responsibilities. Some support services, such as our Lifeline Adelaide centre, receives federal government funding. However, most support is largely state government funding. To achieve a truly whole-of government response to suicide prevention, there needs to be a shared responsibility between state and federal that achieves a better level of coordination.

A state government response alone is not adequate given each state has a different approach to suicide prevention. The current resourcing for supportive programs and prevention services is significantly lower per capita in some states compared to others. Greater consistency is required in how prevention programs and support is funded and enabled across Australia.

Loneliness and social exclusion

As an organisation committed to addressing chronic loneliness, we understand the importance of improving community connections. Loneliness intersects across most issues mentioned in the strategy either directly or indirectly. Although it is important to acknowledge that loneliness is not a mental health issue, mental health issues can be a precursor or a result of experiencing loneliness, thus the issues are often interconnected.

We believe communities should be supported to identify place-based activities and services that they believe will assist people to build and maintain social connections. This gives communities greater autonomy regarding what support they require which ultimately has the greatest impact for the value of the investment. It is imperative that once these place-based initiatives have been identified that they are continuously (ongoing funding) and appropriately resourced.

We believe action to “improve community understanding of loneliness and social exclusion and relevant resources and programs through community awareness campaigns,” is important. We need to encourage the community to have meaningful conversations about loneliness to reduce the stigma associated with it and to support people experiencing loneliness.

The strategy doesn’t mention transport in relation to loneliness and social inclusion despite transport directly impacting people’s ability to access key social support and mental health support services. Public transport is infrequent, inaccessible, expensive or non-existent in many areas across South Australia. People that do not have access to a car are forced to rely on public transport infrastructure. This adds an additional barrier to attending placed-based activities and visiting people in their community, particularly in rural, regional and remote areas.

It is important that infrastructure is also improved by having the places and spaces for people to connect. Good community infrastructure can support community connection by providing a variety of spaces for people to come together. Local community activities and social groups rely on infrastructure to ensure their programs successfully address loneliness, however grants that enable the creation of new physical infrastructure are rarely available. As such, if these spaces are not included in urban planning by authorities, they do not exist.

There is a need to consider the role of urban planning, particularly whether, developments and communities are being designed to encourage or discourage connection and inclusion. It is important that loneliness and inclusivity are considered in urban planning as increasingly, communities are segregated with new developments pushing more people further from the city. Consideration must be made to how this is creating a lack of cohesion and a sense of community.

Education and awareness raising on mental health

Given this strategy is focused on preventing suicide from occurring in the first place it is vital that education and awareness raising campaigns on mental health more broadly are included. Such campaigns can include methods for looking after mental health, addressing the stigma of poor mental health and providing support and options for people who are experiencing mental health challenges. Although improvements have been made to the overall knowledge and understanding of mental health issues in the community this can still be improved, and a lot of stigma still remains. Whilst we are very supportive of the inclusion of a section on addressing the stigma of suicide, we believe the addition of the stigma of mental health more broadly needs to be addressed.

Greater awareness raising for suicide amongst older people

While the strategy itself acknowledges the disproportionately high rates of suicide amongst older generations, the strategy does not specifically include recommendations for spreading awareness about mental health and suicide for this age demographic.

We believe that suicide amongst older people is not widely known or understood amongst the general population. Importantly, any mental health and suicide awareness raising campaigns would need to be encompassing of the different age groups that are affected by tailoring messaging to the different people at greatest risk of suicide. For example, a campaign focused on older people would be significantly different to a campaign for young adults, given the drivers and experiences of people are largely different.

Addressing elder abuse

Amongst our Specialist Elder Abuse Unit in Adelaide, we witness first-hand the link between elder abuse and mental health. As indicated in the strategy, older people are disproportionately at risk of suicide and suicide ideation. One of the significant issues experienced by older people is the risk of elder abuse as

they age. 1 in 6 people in Australia experienced elder abuse in the past year. This statistic could be higher given the lack of understanding of elder abuse amongst older people.

We believe that the strategy would be enhanced by specifically mentioning the need for greater prevention of elder abuse, its drivers and impacts, including ageism and the system and structures that make older people vulnerable to abuse. We recommend the strategy refers to the various state and national strategies that focus on addressing elder abuse. In addition, we believe that elder abuse should be included in the risk factors for older people – "for older people, risk factors for suicide include declining health, loss of independence, neurocognitive impairment and difficulty adjusting after moving into aged care."

Children in regional areas

We have identified a gap in service provision and support for children living in regional areas, particularly children under twelve, and their families, who fall outside the eligibility criteria for many services. In regional communities where service provision and resourcing are already limited, it is concerning that some children, who have been identified as experiencing suicide risk and ideation are not getting the support they require from services and from other parts of the system including healthcare settings. For example, our headspace program in Mount Gambier supports young people between the ages of 12-25 but resourcing and service eligibility requirements means not all children can access our support and our staff are limited in what support they can refer clients to. Other support options such as a counsellor or psychologist is often too expensive for families. This age group must be identified as a high-risk cohort, so that early intervention measures are implemented.

Better support for CALD (specifically refugee) communities

Although the strategy refers to culturally and linguistically diverse (CALD) communities in relation to economic security and social inclusion, there is no specific recommendation for more mental health support for new arrival refugees. This is a particularly vulnerable group of people that are transitioning to Australia from war torn countries with often no or little social ties and are experiencing substantial trauma on arrival. Tailored services are required for this cohort that is trauma informed and culturally appropriate. We welcome the specialisations currently being resourced in the Department of Home Affairs' Settlement Engagement and Transition Services and recommend they are extended in the area of suicidal ideation and mental health.

In relation to social inclusion is the mention to "co-design, deliver and evaluate culturally appropriate programs for communities who experience stigma, discrimination and internalised shame." It is important that trauma informed approaches are also prioritised in addition to being culturally appropriate.

Gambling

Only a small reference is made to gambling within the strategy despite there being strong evidence, as indicated in the plan, that gambling harms can lead to suicide and suicide ideation. Given that there's a high suicide rates among men, particularly younger men, addressing gambling should be given priority given that disproportionately, those effected by gambling harm are also men.

One of the recommendations states "respond to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into online gambling and its impacts on those experiencing gambling harm." We believe this could be further strengthened by explicitly making reference to what recommendations from this committee report should be actioned.

Conclusion

We are grateful to the National Suicide Prevention office for the opportunity to provide input into the draft national suicide prevention strategy. We believe the plan provides for strong prevention, support and critical enablers. We have identified a number of areas where we feel the strategy could be strengthened. We look forward to further consultations on the implementation of the newly developed strategy.