



# **National Suicide Prevention Adviser's Interim Advice**

**Mental Health Victoria's summary of reports and  
recommendations**

**November 2020**

## Summary

The National Suicide Prevention Adviser's Interim Advice was released on 16 November 2020, and makes recommendations that could see a major shift in suicide prevention and how we as a nation prevent and respond to suicide.

Over 3,000 Australians died by suicide last year and a further 180 people will attempt suicide each day. These figures are sobering and do not even begin to reflect the far-reaching impact of the trauma that suicide and suicidal distress can have on people and their loved ones. Suicide, its causes, prevention and response is complex and the National Suicide Prevention Adviser's Interim Advice reflects this and the need for a national, overarching strategy and approach.

Of significant note is the recommendation of setting up a National Suicide Prevention Office, providing a central point of coordination, accountability and oversight for suicide prevention.

The Interim Advice consists of three interrelated reports and an [Executive Summary](#):

- (1) [Compassion First](#) – detailing the experiences of people with lived experience of suicide.
- (2) [Interim Advice Report](#) – containing 13 in-principle recommendations.
- (3) [Shifting the Focus](#) – outlining a whole-of-government approach to suicide.

## Next steps

CEO of the National Mental Health Commission, Christine Morgan, acknowledged that the Government would be considering and consulting on how to respond to the Advice fully, and most of that would be seen in next year's Federal Budget.

A public consultation on the Advice is now open through an [online survey](#). Respondents will have the opportunity to provide feedback on the Interim Advice, covering all 13 recommendations in the *Interim Advice Report* and/or particular focus areas. There is also an opportunity to comment on the *Compassion First* and *Shifting the Focus* reports.

## Compassion First

*Compassion First* summarises key insights from people with lived experience of suicidal behaviours. Documenting a broad range of experiences, the report illustrates how variable, personal, and deeply distressing experiences of suicidal behaviour can be.

The report present research across four areas:

- Contributing factors in a person's journey
- Shifting the lived experience narrative
- Experiences with services
- Opportunities for change

The report's identified opportunities for change are:

1. Lived experience knowledge and expertise to be prioritised and integrated into the planning and delivery of whole of government suicide prevention action.
2. Population-level interventions that address key social and economic stressors.
3. Intervene early in life to mitigate the impacts of abuse and adversity in childhood.

4. Effective interventions and available support options for young people to mitigate the impacts of co-occurring psychological and relational stressors.
5. A more comprehensive approach that addresses the multiple impacts of alcohol and other drug use on suicidal behaviour.
6. Increased capacity to provide outreach and support at the point of distress to ensure people get the right supports in a timely way, especially at critical points of disconnection and transition.
7. Increased supports for those exposed to the suicidal behaviour of others, in particular for Aboriginal and Torres Strait Islander communities and for young people in schools.
8. A range of compassionate services and supports for people who do seek help in suicidal distress, including:
  - i. developing and supporting the broad range of workforces involved in suicide prevention to respond with compassion to underlying distress
  - ii. new 'entry' points and service models that align with a compassionate response, including 'safe spaces' and peer-led services
  - iii. improved health service responses, especially through emergency departments
  - iv. service models that support psychosocial needs, care coordination and ongoing follow-up, including broad access to aftercare
  - v. safe and culturally appropriate services for all people.
9. Better supports for family and caregivers, many of whom experience suicidal thinking themselves.
10. Interagency and cross-portfolio approaches that connect with and support people across a range of settings.

### **Interim Advice Report**

The *Interim Advice Report* builds on the *Initial Findings* provided to government in November 2019. It first describes relevant current and pending reforms and the impact of recent events such as bushfires and the COVID-19 pandemic, before outlining core principles for a whole-of-government approach, governance options that would support improved national and regional approaches, and the importance of data and evidence. Finally, the report discusses cross-portfolio and multijurisdictional approaches and actions for unlocking progress on the health-led and Aboriginal and Torres Strait Islander suicide prevention strategies.

In addition to a range of priority actions, the report identifies 13 'in-principle' recommendations to be tested with government agencies and stakeholders:

1. 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.
2. A stand-alone whole-of-government *National Suicide Prevention Strategy* to provide authority and guidance to enable all governments, portfolios, and stakeholders to align their plans and activities.
3. Recognition from all governments and their agencies that lived-experience knowledge is central to planning, priority setting, design and delivery of a national whole-of-government suicide prevention approach.
4. 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.

5. Expansion of suicide data from all governments 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.
6. A long-term research strategy for suicide prevention together with an evaluation framework to measure the impact of funded programs and services.
7. Application of the decision-making tool in *Shifting the Focus* by all Commonwealth portfolios (with consideration for States and Territories to do the same) to support further implementation efforts and identify key initiatives for implementation and evaluation in each portfolio.
8. Population-level interventions which address key social, economic, and health stressors.
9. Collaboration between the Commonwealth and the State and Territory Governments to ensure government systems and services that interact with people experiencing distress provide earlier and more effective responses, including an increased capacity to provide outreach and support at the point of distress.
10. Adoption of 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.
11. Strengthening of the role and capability of Aboriginal and Torres Strait Islander organisations in suicide prevention and improvements in cultural safety within mainstream service providers, to better respond to the needs of Indigenous Australians.
12. Implementation and reporting by all government portfolios on actions within the *National Suicide Prevention Strategy for Australia's health system: 2020–2023* and the *Pandemic Mental Health and Wellbeing Response Plan*.
13. A more comprehensive approach to suicide prevention from all government health portfolios, in partnership with other portfolios, by including policies and programs that mitigate the impact of alcohol and other drug use.

## **Shifting the Focus**

*Shifting the Focus* seeks to drive a national whole-of-government approach to suicide prevention, by highlighting the need for a collective call to action across multiple sectors and government portfolios. It has been developed for broad consultation and refinement with government portfolios, organisations and other relevant stakeholders, across five key areas:

- A shared understanding of suicidal behaviour that outlines the complexities and impacts of suicidal behaviour to inform actions across all governments, sectors and communities.
- A comprehensive approach to suicide prevention that outlines what all government portfolios and their agencies can do to make an impact through a whole-of-government approach.
- Equipping the workforce with the necessary skills and capabilities required to deliver compassionate and effective suicide prevention initiatives.
- Accountability through governance and data that provides considerations for whole-of-government leadership and outlines how data and evaluation can be used to identify targeted suicide prevention initiatives and to monitor progress of a whole-of-government approach to suicide prevention.
- A decision-making tool which can be used by government portfolios and other agencies to practically guide their approach to suicide prevention.