Submission Cover Sheet

Inquiry into the COVID-19 2021 pandemic response

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Suicide Prevention
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ACT Inquiry into the COVID-19 2021 pandemic response

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Overview

Suicide Prevention Australia welcomes the opportunity to contribute to this inquiry. We are the national peak body for the suicide prevention sector. With over 400 members, we represent the largest, and many of the smallest organisations working in suicide prevention. Suicide Prevention Australia supports and strengthens the services of our members, is an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy advice, advocacy and research support to the suicide prevention sector.

Every year, over 3,000 Australians die by suicide, including over 50 in the Australian Capital Territory. Suicide is complex, multi-factorial human behavior, it is more than simply an expression of mental ill-health. Factors that contribute to suicide may include stressful life events, trauma, mental or physical illness, drug or alcohol abuse and poor living circumstance.

The COVID-19 pandemic has been a once-in-a-generation social and economic crisis in Australia. It's created significant distress across the community and will have lasting impacts in the months and years ahead. Suicide Prevention Australia is eager to contribute and support work to ensure the ongoing suicide risks resulting from the pandemic are addressed as well as to inform future Government responses to pandemics, disasters and other crises.

Recommendations

1. The Australian Capital Territory Government should ensure protective supports, including housing, financial, business and welfare assistance, put in place during the pandemic should be transitioned out in a careful, staged way.

2. The Australian Capital Territory Legislative Assembly pass a Suicide Prevention Act to legislate a whole-of-government approach to suicide prevention in the Territory.

3. The Australian Capital Territory Government budget annually in discretionary funds to respond to need for suicide prevention in the event of future disasters or economic crises, such as bushfires, floods, epidemics for extended time periods after a disaster.

4. The Australian Capital Territory Government invest in rolling out psychological first aid and suicide prevention training to support communities to identify and support individuals at risk.

5. The Australian Capital Territory Government fund research into population groups to identify at-risk groups vulnerable to disasters to enable development of evidence-based targeted responses which are tailored to diverse demographic, gender and cultural needs.

6. The Australia Capital Territory Government work with Commonwealth and other State and Territory jurisdictions as part of a new National Mental and Suicide Prevention Agreement to progress national priorities for suicide prevention following the COVID-19 pandemic.

Additional protective supports have worked to contain rates of suicide

To date, the number of deaths by suicide have been relatively contained during the COVID-19 pandemic. In 2020, there was a decrease in national suicide deaths from 3,318 deaths in 2019

(12.9 per 100,000) to 3,139 deaths in 2020 (12.1 per 100,000).[1] In the Australian Capital Territory, the number of deaths by suicide in 2020 was 57 (13.1 per 100,000). This is slightly higher than the national average of 12.1 and an increase from 53 deaths in 2019 (12.4 per 100,000).

It's important to note suicide is complex, multi-factorial human behaviour with many associated risk factors and each number presented in suicide data represents a life lost which was valued and will be missed. The stabilisation of suicide rates during the COVID-19 pandemic has been attributed to additional funding for crisis suicide prevention services as well as major investment in protective supports such as JobKeeper and JobSeeker. The 'safety net' afforded by such arrangements is considered to have addressed major risk factors created by unemployment and financial insecurity.

While the rate of suicide deaths in most jurisdictions has not increased, other data points suggest continuing distress in the community. Calls to Lifeline reached record highs during the pandemic, with the four busiest days in Lifeline's 57-year history occurring in August 2021.[2] Other data released by the Australian Institute of Health and Welfare shows increased ambulance attendance and emergency department presentations resulting from self-harm and suicide ideation.[3]

With lockdowns now lifted in the Australian Capital Territory and other jurisdictions, it is important that protective supports, including housing, financial and welfare assistance, put in place during a disaster should be transitioned out in a careful, staged way. The avoidance of sudden, hard stops in assistance and support is important and can avoid any unintended distress for individuals and families.

Recommendation: The Australian Capital Territory Government should ensure protective supports, including housing, financial, business and welfare assistance, put in place during the pandemic should be transitioned out in a careful, staged way

There are ongoing suicide risks resulting from the COVID-19 pandemic

Disasters and crises such as the COVID-10 pandemic have physical, social and emotional impacts on people and communities who experience them, and last for extended periods of time.[4] The link between suicide in the aftermath of disasters is highly evidenced.[5] Research based in on US data found rates of suicide to increase during the first 3 years post-disaster,[6] and another study found increases in suicide rates were seen 2 years post-disaster.[7] Evidence

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[1] Australian Bureau of Statistics (2021). *Causes of Death, Australia*.

[2] Lifeline Australia (2021). *Australians reaching out for help in record numbers.* Available online at: https://www.lifeline.org.au/resources/news-and-media-releases/media-releases/

[3] Australian Institute of Health and Welfare (2021). Suicide and self-harm monitoring system, available online at: https://www.aihw.gov.au/suicide-self-harm-monitoring/data/

[4] World Health Organisation. (2016). Psychological First Aid For All: Supporting People in the Aftermath of Crisis Events, available online: https://www.who.int/mental_health/world-mental-health-day/ppt.pdf.

[5] Jafari, H., Heidari, M., Heidari, S. & Sayfouri, N. (2020). Risk factors for suicidal behaviours after natural disasters: A systematic review, *The Malaysian Journal of Medicine*, 27(3).

[6] Cartier, K. M. S. (2021), Suicide rates may rise after natural disasters, Eos, 102, https://doi.org/10.1029/2021EO153699.

[7] Horney, J.A., Karaye, I.M., Abuabara, A., Gearhart, S., Grabich, S. & Perez-Patron, M. (2020). The Impact of Natural Disasters on Suicide in the United States, 2003–2015, *Journal of Crisis Intervention and Suicide Prevention,* 42(5).

is also found of increases in rates of post-traumatic stress disorder and depression following a disaster.[8]

While evidence concerning the impact of COVID-19 on the community is still emerging, past pandemics such as SARS[9] and The Great Influenza[10] have been linked to increased levels of distress, and previous epidemics has been linked to increased risk of suicide-related outcomes.[11][12] During the SARS epidemic in 2003, the suicide rate in Hong Kong reached an unprecedented high (18.6 per 100,000 people), from previous years (16.5 per 100,000 people in 2002 and 15.3 per 100,000 people in 2001)[13,14].

Research indicates that the role of increased social supports to combat risk factors for suicide such as financial distress, unemployment and mental health disorders act as protective factors for suicide and as such, increases in suicide rates immediately after disasters are not commonly experienced.[15] However, evidence demonstrates suicide rates can increase years after the disaster which may be attributed to increased disaster supports ending.

Given the risk of suicide rates increasing over the next 2-3 years, there are steps that can be taken by Governments now to prevent any future increases. With half of those who die from suicide not accessing mental health services,[16] the only way to meaningfully reduce suicides is through whole-of-government action and multi-agency efforts to prevent suicide.

The introduction of a *Suicide Prevention Act* would embed suicide prevention as a whole-of-government priority in coming years. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides. Legislation can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

Suicide prevention legislation has proven effective in other jurisdictions. In Japan, the 2006 Basic Act for Suicide Prevention set priorities for cross-government, whole-of-community suicide prevention. It outlined planned activities for suicide prevention and shifted responsibility to the central Cabinet Office from the Ministry of Health, Labour and Welfare and set nation-wide objectives.

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[8] Beaglehole, B., Mulder, R.T., Frampton, C.M., Boden, J.M., Newton-Howes, G. & Bell, C.J. (2018). Psychological distress and psychiatric disorder after natural disasters: systematic review and meta-analysis, *Cambridge University Press.*

[9] Centre for Suicide Research and Prevention. (2017). Number of suicides and suicide rates in Hong Kong, 1997-2016, available online at < https://csrp.hku.hk/wp-content/uploads/2017/09/2017WSPD_slide.pdf.pdf>

[10] Wasserman, I.M. (1992). The impact of epidemic, war, prohibition and media on suicide: United States, 1910-1920, Suicide and Life-Threatening Behaviour, 22(2).

[11] Zortea, T.C., Brenna, C.T., Joyce, M., McClelland, H., Tippett, M., Tran, M.M., Arensman, E., Corcoran, P., Hatcher, S., Heisel, M.J., Links, P., O'Connor, R.C., Edgar, N.E., Cha, Y., Guaiana, G., Williamson, E., Sinyor, M. & & Platt, S. (2020). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts, *Hogrefe,* available online: https://doi.org/10.1027/0227-5910/a000753.

[12] Farooq, S., Tunmore, J., Ali, W., & Ayub, M. (2021). Suicide, self-harm and suicidal ideation during COVID-19: a systematic review, *Psychiatry Research,* 114228.

[13] Cheung, Y.T., Chau, P.H. & Yip, P.S.F. (2008). A revisit on older adults suicides and Severe Acute Respiratory Syndrome (SARS) epidemic in Hong Kong, International Journal of Geriatric Psychiatry, 23.

[14] Ibid.

[15] De Leo, D., San Too, L., Kolves, K., Milner, A. & Ide, N. (2012). Has the suicide rate risen with the 2011 Queensland floods?, *International Perspectives on Stress & Coping,* 18(2).

[16] National Suicide Prevention Adviser. Connected and Compassionate: Implementing a national whole of governments approach to suicide prevention (Final Advice). Canberra; December 2020.

The impacts of the Act have been significant and positive. Between 2008-2011, hospital admissions almost halved and from 2009 suicide deaths declined dramatically and hit a 15 year low in 2012.[17] Recent findings show the Act facilitated suicide prevention by supporting networking among relevant stakeholders and led to a comprehensive, multi-sector approach addressing the varied social factors contributing to suicide.[18]

In October, South Australia's Legislative Council passed the Suicide Prevention Bill. The Bill is an important piece of legislation to prevent suicide, ensure a whole-of-government focus and improve suicide prevention data, policy and practice. This legislation includes establishment of a Suicide Prevention Council comprised of senior public sector officials, Members of Parliament and suicide prevention leaders in the community including lived experience across a number of priority cohorts.

The proposed Bill requires a *State Suicide Prevention Plan* including performance indicators, annual reporting, specific measures for priority populations and to progress the objectives of the Act. It also requires every State authority to have regard to the *State Suicide Prevention Plan* and these authorities to have their own suicide prevention action plans which set out how the authority will prevent suicide by employees and members of the community that engage with the authority.

Suicide Prevention Australia has proposed national legislation that mandates a suicide prevention plan, annual reporting on outcomes and a requirement that relevant agencies consider the risk of suicide and opportunities for prevention in the work they do.

Recommendation: The Australian Capital Territory Legislative Assembly pass a Suicide Prevention Act to legislate a whole-of-government approach to suicide prevention in the Territory.

Preparing for future disasters, crises and pandemics

Recent events have demonstrated the need for resources to be available to respond, in real time, to multiple and compounding disasters. Jurisdiction budget annually for discretionary funds to respond to need for suicide prevention in the event of future disasters or economic crises, such as bushfires, floods, epidemics for extended time periods, e.g., up to 2-3 years after a disaster.

The World Health Organisation notes that emergency situations such as natural disasters and other humanitarian crises exacerbate the risk of mental health condition, with one in five likely to have a mental disorder such as depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. These risks are heightened in older people and marginalised groups.

Research also shows that serious mental illness, suicidal ideation and making plans for suicide increases as a result of natural disasters. There is evidence that mental illness and suicide rates increase over time after a disaster, with suicide rates reaching the highest level up to two years after the initial disaster.

[17] Takeshima, Tadashi et al (2014). Suicide prevention strategies in Japan: A 15-year review (1998–2013). Journal of public health policy. 36. 10.1057/jphp.2014.42

[18] Nakanishi, M. et al. (2017). The Basic Act for Suicide Prevention: Effects on Longitudinal Trend in Deliberate Self-Harm with Reference to National Suicide Data for 1996–2014. Int. J. Environ. Res. Public Health 2017, 14, 104. https://doi.org/10.3390/ijerph14010104

Annual budget planning for disaster suicide prevention responses should include addressing the need for specific postvention support as research indicates suicides are likely to occur in the post-disaster period. Exacerbation of grief can occur in this period and thus increased risk of suicide, it is appropriate postvention support is provided.

Recommendation: The Australian Capital Territory Government budget annually in discretionary funds to respond to need for suicide prevention in the event of future disasters or economic crises, such as bushfires, floods, epidemics for extended time periods after a disaster.

Many factors contribute to how a person will react to a disaster and their ability to cope, however some common distress reactions that can be expected either immediately or years after a disaster can include feelings of guilt, sadness, anxiety, anger, fear, hopelessness, and helplessness. [19]

Complex reactions associated with disasters include panic attacks, overwhelming anxiety, violence, self-harm and suicide, harmful coping mechanisms (e.g. drugs or alcohol, social withdrawal), prolonged grief, and difficulty sleeping.[20] Risks of psychological distress are further heightened among populations already at-risk of suicide.

Psychological first aid addresses social, psychological, and practical support for people experiencing distress from disasters, and is a recommended approach in supporting people in the aftermath of a trauma or disaster.[21,22] Psychological first aid is recognised to be best delivered as a community-based activity[23], and is endorsed by the World Health Organisation. It is widely used by governments in disaster preparedness and can be delivered by both lay and professional helpers.[24,25]

Communities can be strengthened to respond to disasters by supporting at risk individuals by completing training in support roles (e.g. psychological first aid) prior to a disaster. Both disaster responders and broader communities (e.g. education based settings, community touchpoints) need to be equipped with the skills and knowledge needed to support those most vulnerable in their communities. Touch points in the community must have ground level supports available that they can refer vulnerable people to. Ensuring continuity of care during times where people are at risk of suicide is critical in preventing suicide.

In addition to rolling psychological first aid, Governments should continue to support specific suicide prevention capability building in communities. Evidence-based suicide prevention training can support frontline workers, community 'connectors' and 'gatekeepers' to identify, monitor and respond to future suicides risks that emerge in communities impacted by disasters. Specific suicide prevention capability can build on and complement mental health literacy and psychological first-aid training programs.

Recommendation: The Australian Capital Territory Government invest in rolling out psychological first aid and suicide prevention training to support communities to identify and

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[19] Australian Red Cross. (2020). Psychological First Aid: Supporting people affected by disaster in Australia, Victoria, Australia.
[20] Ibid.
[21] World Health Organisation. (2011). New psychological first aid guide to strengthen humanitarian relief, News release, available online: https://www.who.int/news/item/21-10-2011-new-psychological-first-aid-guide-to-strengthen-humanitarian-relief.
[22] Phoenix Australia. (2021). Psychological First Aid, *Phoenix Australia*, Victoria, Australia.
[23] Ibid.
[24] Ibid.
[25] Ibid.

support individuals at risk. This should begin with investments to build capability among first-responders, community 'gatekeepers' and other frontline workers who work with communities in the immediate aftermath of a disaster.

Targeting populations most at-risk

Disasters impact people who are marginalised (such as Aboriginal and Torres Strait Islander peoples, LGBTQI communities, people from culturally and linguistically diverse communities, young people, people with disabilities, people who live in rural and remote areas and veterans), frontline workers and first responders more significantly than the general population. For those already experiencing disadvantaged circumstances, disasters can create divides between socioeconomic status.

Addressing the social determinants of health that are impacted by disasters is crucial in disaster preparedness. To enable effective suicide prevention responses to disasters, we need to know who is already at high risk before a disaster occurs (such as those who are socioeconomically disadvantaged, experience discrimination and stigmatisation, and are already at risk of suicide) and prepare necessary targeted supports.

For example, young people can respond to disasters in a multitude of ways. Specifically, research informs that young people reactions to disasters can include both internalising and externalising behaviour problems, highlighting the need for a developmental perspective when designing and implementing targeted suicide prevention disaster responses.[26] Following a disaster, young people are much less likely to actively seek out professional support. [27,28] As such, providing assertive outreach to vulnerable youth, with a focus on increasing social connection, normalising behavioural responses and providing safe spaces for young people to explore their experiences are critical.

Research into Australian population groups at risk of suicide due to disasters is urgently needed, along with research into how best to communicate with those groups using approaches that have a gendered lens tailored to demographic needs. The Australian Capital Territory Government should prioritise research funding for suicide prevention related to its jurisdictional responsibilities.

Recommendation: The Australlian Capital Territory Government fund research into population groups to identify at-risk groups vulnerable to disasters to enable development of evidence-based targeted responses which are tailored to diverse demographic, gender and cultural needs.

Recommendation: The Australia Capital Territory Government work with Commonwealth and other State and Territory jurisdictions as part of a new National Mental and Suicide Prevention Agreement to progress national priorities for suicide prevention following the COVID-19 pandemic.

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[26] Rubens, S.L., Felix, E.D. & Hambrick, E.P. (2018). A meta-analysis of the impact of natural disasters on internalizing and externalising problems in youth, *Journal of Traumatic Stress*, 31: 332-341.s

[27] Magaard, J.L., Seeralan, T., Schulz, H. & Brütt, A.L. (2017). Factors associated with help-seeking behaviour among individuals with major depression: A systematic review, *PLOS ONE,* 12(5).

[28] Black Dog Institute. (2020). Mental Health Interventions Following Disasters, available online: https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/mental-health-interventions-following-disasters-black-dog-institute-february-2020.pdf?sfvrsn=0.