

Suicide Prevention

Suicide is still the main cause of death for Australians between the ages of 15 and 49 (1) 3,318 people took their lives last year and more than 65,000 people make attempts each year,

The recent Budget allocation of \$2.3billion to Suicide Prevention for the next 5 years, the largest Commonwealth investment in this area in history, is a recognition of this sad fact.

This is a welcome measure since in the past, the impact of mental illness in the whole health spectrum has not been given its rightful place in the allocation of Health resources.

Senior Lecturer at the Brain and Mind Centre, Dr. Sebastian Rosenberg 's research has focused on mental health funding and accountability. In a recent radio interview, (2) he claims studies show that the burden of mental illness represents a 12% and it receives only 7% of overall funding. The recent Pandemic and bush fires have brought mental health to the fore and showed how ill equipped the area was to face this additional stress, after 5 Mental Health Plans, several Parliamentary Enquiries and Commissions findings.

Importantly, recommendations in 2020 by the Brain and Mind Centre, ANU and the Mental Health Sector for increased funding, also included systemic changes such as increase in suicide prevention and of psycho-social support measures such as access to training, education, employment, social connectedness.

A wholistic and systemic approach from bottom up is seen as essential, says Dr. Rosenberg. This ensures funding goes to the right places and that community psycho-social support is linked to State funded services, as out of pocket expenses for mental health treatment are still prohibitive for many people.

The allocation of 12,8million to establish the Office of Suicide prevention is therefore, a crucial new development to ensure accountability for service providers and appropriateness of programmes says Nieves Murray, CEO Suicide Prevention Australia (3) She also sees Systemic change as a core element: understanding how infrastructure needs to fit together so community has a strong safety net to ensure suicide prevention. The funding of several services without this connection, has not proven an adequate measure in the past.

Ms Murray agrees that Suicide Prevention Programmes need to be a whole of governments approach, not limited to mental health services and take into account social determinants such as training, education, employment, social connectedness. Suicide is often the culmination of mental health problems, but data shows that about half of suicide victims don't have a history of mental illness or of contact with mental health services and these social factors play a part.

Hospital Discharge follow-up is an essential factor in prevention, as this is the highest risk time for those who have attempted suicide. The program consists of a 3 month follow up and it is important they should be co-designed with consumers, ensuring risk factors are taken into account.

Presently in Victoria, Beyond Blue and Hope are conducting after care Pilot programmes.

Prevention

Rob MacPhee, CEO of Kimberley Aboriginal Medical Services say the largest Budget investment so far has been made into Aboriginal suicide prevention, an area which has suffered underinvestment for a long time, in spite of the fact that Aboriginal suicide rates double the rest of Australia. Implementation details, including participation of aboriginal people, are crucial to ensuring services are culturally appropriate to guarantee success. (2)

In the Northern Beaches, Hospital discharge follow-up programs will be helpful in diminishing the risk of new suicide attempts and prevention of first-time attempts will be crucial with increased awareness of social determinants and community inclusion.

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Ref:

1. Lifeline, Brain and Mind Centre, Black Dog Institute, Suicide Prevention Australia data.
2. ABC RN Mornings Fran Kelly May 12, May 13.