beyondblue Position Statement: Suicide Prevention

"The stigma is crippling, because you can't talk about how you want to begin your life again. People will ask what turned it around. If you say "I tried to die" people no longer see it as a positive experience. Instead you are made to feel ashamed, guilty for what you tried to do in a moment of desperation, after a struggle that other people can't imagine. You can't say "I still think of it" – you are made by society to hide it, like that embarrassing time you got drunk and made a fool of yourself, when it is so much more serious." Suicide survivor

beyondblue's position

- **Suicide is a public policy issue** and suicide prevention needs to become a **national priority** in its own right.
- **Suicidal behaviour can and must be reduced** through concerted community and whole-of-government action.
- Actions need to be based on data, research evidence and the experiences of people affected by suicide.
- A range of interconnected whole of population and more targeted strategies should be implemented simultaneously for the best result.
- Individuals and communities with high rates of suicidal behaviour and suicide, such as Aboriginal and Torres Strait Islander people, LGBTI individuals and people living in rural and remote areas, require specific, community led tailored interventions.
- The **reasons behind suicidal behaviours are complex** and can include biological, psychological, social, cultural, spiritual, emotional, environmental and economic factors.
- There are clear links between suicide and mental health conditions and substance misuse, but most people with a mental health condition are not suicidal and not all people who suicide have a mental health condition.
- Strategies for suicide prevention must be person-centred and relevant, requiring engagement with individuals, families and carers. **Support for people experiencing suicidal ideation or who have made a suicide attempt is pivotal** – including interventions for individuals, as well as those who make up close personal relationships – and primary care, emergency departments and specialist mental health services have a crucial role to play. A holistic approach is required that tackles specific factors that are contributing to an individual's suicidality.
- Preventing and responding to suicidal behaviours shouldn't be limited to health settings alone – **non-clinical services, schools, workplaces and communities** all have an important role to play in addressing the psychosocial issues that may contribute to suicide and supporting people at risk.
- *beyondblue* supports a mix of regional and jurisdiction specific strategies and proven national initiatives that bring together government, Primary Health Networks, Local Hospital Networks, non-government organisations and communities to affect local change.
- *beyondblue* supports continued research to **identify knowledge gaps**, trial new approaches and build the evidence base, as well as access to **better data sets** that provide real time, granular information.

In a typical year, about 3,000 people in Australia die by suicide. This is more than **eight people every day**, almost double the national road toll. Tragically, most people who die by suicide are in the prime of their life. Suicide is the leading cause of death for males and females aged between 15 and 44; however, suicide can occur across the whole life span.

Suicide is the **deliberate act of taking one's life** and it is mostly preventable. Suicide can be considered at one end of a continuum, ranging from ideation, planning, and attempts, to death by suicide.

Suicide is ultimately about **overwhelming psychological distress**. People who have survived a suicide attempt report that, rather than wanting to die, they wanted their unbearable pain to end. By and large, suicide occurs when the pain a person is experiencing is greater than the coping strategies they have. If people are supported to find ways to reduce their pain, to resolve the underlying causes of their distress and to find meaning and purpose in their life, they can exercise other choices and **suicide can be prevented**.

Each suicide attempt and suicide has significant **personal and social effects**. People who have survived a suicide attempt may be subjected to misunderstanding and criticism. The stigma associated with suicide attempts can lead to social isolation that further heightens the psychological distress that contributed to the suicidal behaviour. For every suicide there are tragic ripple effects for friends, families, colleagues and the broader community. The effects are immediate and far-reaching – they include feelings of loss and grief, confusion, anger, blame, guilt, shame, distress, and increased personal risk of suicide. Estimates suggest **that each suicide has a direct impact on as many as 200 people to different degrees – for 25 people it causes a major disruption to their life and for 11 it has a devastating impact.** Those impacted include family and friends, neighbours, work colleagues, classmates, teammates, clinicians, first responders, coronial staff, volunteers of bereavement support services and others.

"Because of my job for 20 years, I've seen a lot of trauma, but I have never experienced anything more traumatic than the time my daughter tried to take her own life."
Bereaved parent

"I guess what I'm after is to understand. Not why he did it as I don't think any of us could do that. I want to understand why such a beautiful man has left such a dark place in me. I want to understand how I can make me right." Bereaved friend

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Suicide is one of the highest contributors to burden of disease in Australia, only outranked by ischaemic heart disease, stroke and lung cancer. The economic costs of suicide are also considerable and is estimated to be $1.7 billion per year (calculated in 2010). This estimate includes only deaths by suicide and does not include costs related to suicide attempts and suicide ideation. Other estimates suggest that the **cost is close to ten times that amount ($17.5 billion per year)** when other suicidal behaviours are also included.

It is well understood that there is not one single cause of suicide – **it is a complex behaviour with multiple contributing factors, including biological, psychological, social, cultural, spiritual, emotional environmental and economic factors**. There are clear links between suicide and mental health conditions such as depression and anxiety as well as substance misuse; however, **most people with a mental health condition are not suicidal and not all people who take their life have an underlying mental health**

condition. Interventions therefore need to be holistic and tackle the specific factors that are contributing to an individual's suicidality.

A simplified approach to considering the causes of suicide is from the perspective of **risk and protective factors**. Risk factors are those things that may increase the chances of someone dying by suicide and can include having a mental health condition, alcohol and other drug problems, abuse or trauma, chronic pain and physical illness, social isolation, unemployment and lack of meaning and purpose in life. **Protective factors are things that may decrease the likelihood of suicide**, such as good coping and communication skills, supportive social relationships, a sense of control of one's life circumstances, financial security, good physical health, and access to supports and services for health and mental health conditions. However, while these risk and protective factors have been found to be important at an aggregate population level, each person's situation is unique and needs to be explored and understood. As such, a focus on risk and protective factors at the population level needs to be complemented by a tailored clinical and psychosocial assessment at the individual level.

The World Health Organisation recognises that the evidence for suicide prevention supports a range of interventions delivered as part of a comprehensive, collaborative, multi-layered strategy. Recent Australian research has proposed that a range of interconnected whole of population and targeted elements should be implemented simultaneously for the best result. A number of supported and emerging interventions are outlined below:

- **Oversight and coordination** – leadership, ownership and accountability and a coordinated national, state and regional approach to prevention.
- **Surveillance** – increase the reliability, validity and timeliness of national data on suicide, suicide attempts and suicide ideation.
- **Means restriction** – reduce the availability, accessibility and attractiveness of the means to suicide (e.g. firearms, high places), and reduce the toxicity/lethal outcomes of available means.
- **Media** – promote responsible and balanced suicide reporting by all media modalities.
- **Awareness** – establish evidence-informed community suicide prevention awareness programs.
- **Stigma reduction** – to change attitudes and beliefs about suicide, promote and normalise the use of mental health services, and reduce discrimination against people using these services. Promote research and campaigns to provide people with the knowledge, tools and permission to talk openly about suicide, while being careful not to inadvertently normalise this behaviour.
- **Training and education** – implement mental health and suicide literacy programs for the broader community, specialised suicide prevention training for general practitioners and other front line health workers, and targeted training for identified gatekeepers (e.g. educators, workplace health and safety officers, police and emergency services, community leaders).
- **Access to services** – promote increased access to comprehensive services for those experiencing suicidal thoughts and behaviour, and build understanding of how these services may support them.
- **Treatment** – improve quality of clinical, evidence-based care, including cognitive behavioural therapy (CBT) and dialectical behavioural therapy (DBT), particularly for borderline personality disorder, through face-to-face and online treatments. Provide assistance to manage or resolve the underlying psychosocial factors contributing to the suicidality.
- **Crisis intervention** – ensure communities have capacity to respond to crises with appropriate interventions and individuals have access to emergency mental health care, including through emergency departments and telephone and/or online support.
- **Continuity of care** – improve the continuity of care and coordination of services for individuals who leave hospital following a suicide attempt.

- **Postvention** – provide care and services to family, friends and carers impacted by a suicide.

It is important that strategies are tailored to the specific needs of groups at particularly high risk such as Aboriginal and Torres Strait Islander people, LGBTI individuals and people living in rural and remote areas.

What action is needed?

Successful action to reduce the incidence and impact of suicidal behaviours requires action on three main fronts: **prevention, early intervention and support for recovery**. A single intervention on its own is not sufficient to prevent suicide. A coordinated, collaborative and multi-faceted approach is required, coupled with continued efforts to push the boundaries in design, implementation and evaluation of new strategies.

The prevention of mental health conditions is one important strategy for suicide prevention. This needs to be **implemented early in life** through the home, through maternal and child health and other primary care settings, and through educators in early childhood and school settings, as well as across the lifespan.

Recognition of early warning signs by family, friends and colleagues and prompt detection and diagnosis of mental health conditions and suicidality by health and mental health professionals may help to avert a crisis or reduce delays in treatment and support.

Increasing help-seeking behaviour and improving access to early, effective intervention is also vital. All suicidal behaviour requires urgent and serious attention, whether there is an underlying mental health condition or not. Individuals should have access to evidence-based psychological treatment and other supports and services that are matched to their needs and preferences, and that address the causes of their psychological distress as well as the drivers of their suicidal behaviour.

This may include face-to-face approaches or e-mental health solutions. Improvements are required in safety planning and follow-up after discharge from hospital or emergency departments in the immediate high-risk, post self-harm/suicide attempt period, and in the longer term. A more **compassionate, culturally safe and optimistic approach to treatment care** is needed, which does not dismiss or judge the person in distress.

Postvention **support is crucial for families, friends and carers** following self-harm, suicide attempt or suicide, to prevent further suicidal behaviours.

What is *beyondblue* doing?

beyondblue is committed to working with others to reduce the prevalence of suicidal ideation, attempts and suicide. We do this through interventions targeted to the prevention of depression and anxiety – which are a contributing factor to suicidality – through our work in the home, schools and workplaces the wider community. We also do this by developing, implementing, evaluating and refining suicide prevention specific initiatives. These include: the *beyondblue* Support Service, The Way Back Support Service, the BeyondNow safety planning app, extensive resources, and through research, advocacy and policy development.

beyondblue is a trusted source of information and support on suicide prevention. There were well over 600,000 unique visitors to the *beyondblue* suicide prevention web pages in 2015/16, over 7 million people

viewed our 2015 Facebook post on suicide warning signs and over 700,000 unique visitors accessed the *beyondblue* forum in the same year.

What do we advocate others can do?

Individuals and community leaders

- Everyone should consider learning the skills to look after their mental wellbeing and manage stress, to recognise the early warning signs of suicidal behaviour and know where to seek advice and support. Developing and maintaining social connections is important for everyone, as well as staying involved with activities of interest and hobbies.
- People who experience suicidal thoughts should consider developing a **safety plan**. *beyondblue's* safety planning app, BeyondNow, allows individuals to create a structured plan that they can work through when they experience suicidal thoughts, feelings, distress or crisis.
- In the days, weeks and months following a suicide attempt, individuals, their family and friends can access *beyondblue's* The Way Back resources. These have been developed to provide direct support and guidance during this time. *beyondlbue's* Support Service is also available to provide telephone, text or online chat support, delivered by trained mental health professionals.
- People who have experienced suicidality (including those people with a mental health condition), and their family and friends, can **reduce stigma and discrimination by sharing their stories**.
- Communities can support family and friends who have lost loved ones to suicide; in particular, opportunities for support and open dialogue may be useful.
- Community leaders can advocate on behalf of their community and encourage those affected by suicide to **talk openly about their experiences**.
- Community leaders can undertake recognised mental health and suicide awareness training to provide advice and referral to community members at risk.

Organisations and communities

Organisations (including schools, workplaces and health services) and communities can:

- Create **mentally healthy environments**, which promote good mental health and wellbeing.
- **Build awareness of mental health conditions and suicidality** through disseminating information and resources.
- Provide a **safe and inclusive environment,** which supports and encourages people experiencing psychological distress or a mental health condition to seek assistance, allows them to be treated with respect and dignity, and encourages them to participate actively in life, free of stigma and discrimination.
- Consider providing **gatekeeper training**[1] for professionals or community members who may have contact with people experiencing mental health conditions or suicidality.

Organisations can participate in *beyondblue's* KidsMatter initiative (for early childhood services and primary schools), MindMatters initiative (for secondary schools) and HeadsUp program (for workplaces). These programs build awareness of mental health conditions and suicidality and work to create safe, inclusive environments.

[1] Gatekeepers are individuals in a community who have face-to-face contact with large numbers of community members as part of their usual routine. Training provided to gatekeepers helps them to identify persons at risk of suicide and refer them to treatment or supporting services as appropriate.

Health and mental health professionals
Health and mental health professionals have a vital role to play in the prevention and early detection of mental health conditions, in recognising suicide risk and providing referral or active treatment that reduces the risk of suicidality. For the greatest impact, tailored responses across the spectrum of suicidality and risk should be considered, along with holistic, person-centred interventions, not just limited to situations of high or imminent risk. Some health professionals should consider mental health first aid training to equip them with mental health-specific knowledge and skills.

Health and mental health professionals are ideally placed to:
- Empower individuals to understand their mental health better
- Advise how to navigate the health system more easily, by informing people about what services are available and where to turn for support and care
- Provide support and information to the broader care team, including family, friends and carers.

Primary Health Networks (PHNs)
PHNs have a critical role in commissioning suicide prevention services. PHNs should consider:
- Commissioning effective, evidence-based suicide prevention interventions that are tailored to the needs of their community.
- The supports and services are available for people in the community following a suicide attempt. The highest risk period to die by suicide is in the first three months after an attempt. Intensive, outreach support during this time could be incorporated as a core component of all suicide prevention models.
- Implementing a tailored and intensive approach to reduce suicide in Aboriginal and Torres Strait Islander people. Ideally, this should harness the strengths and expertise of Aboriginal and Torres Strait Islander leaders and communities, respond to the risk factors and social and economic disadvantage that disproportionately affects Aboriginal and Torres Strait Islander communities, and include both Aboriginal and Torres Strait Islander-specific and mainstream services.
- Implementing an effective community engagement approach, as this can improve the effectiveness, efficiency, sustainability and uptake of suicide prevention initiatives.
- Developing strong governance arrangements to support regional approaches to suicide prevention. Important factors to consider are strong local leadership and control, clear decision-making processes and lines of accountability.

Researchers
Researchers have an essential role to play in **increasing and sharing knowledge on effective ways to prevent suicide and suicide attempts**, and to support translation of the existing evidence base into action through clinical practice, policies and community based programs. Preferably, research should be informed by and respond to community needs and input from those with a lived experience of suicide. Research professionals also have a role to play in testing new interventions via pilots, and evaluating existing programs and services. Additional research can:
- Maintain and grow the evidence base
- Improve data sets to ensure access to real time, granular, demographic data to inform policy
- Trial innovative solutions, such as those which use technologies
- Expand the impact of research translation, particularly through support for policy makers.

Researchers should consider aligning their work with the National Suicide Prevention research agenda and advise on ways in which findings can be accessible to community members, beyond the academic cohort.

People working in the media

The media has an important role to play in informing public opinion and understanding of people with mental health conditions and people who attempt or die by suicide. Media professionals are encouraged to refer to the Mindframe guidelines – www.mindframe-media.info – which give advice on how to report on suicide without alienating members of the community or **inadvertently contributing to suicide being stigmatised, presented as glamourous, or an option for dealing with problems**. All forms of media should be considered, particularly social media.

Governments

All levels of government can work to prevent suicide, through strong leadership and a commitment to suicide prevention. Governments can consider:

- Increasing access to quality assured assessment and evidence-based services that are equipped to manage the whole spectrum of suicidality and not just people at imminent risk.
- Funding national, state-based and community organisations to develop, deliver and evaluate evidence-based suicide prevention initiatives.
- Establishing national, state, or regional indicators and targets to reduce rates of suicide and suicide attempts, and report on progress annually.
- Developing comprehensive, integrated, cross-sector suicide prevention plans with clear governance structures and accountability mechanisms.
- Increasing quality and timeliness of national, state and regional data on suicide ideation, suicide attempts and suicide deaths through appropriate agencies in order to enable evaluation of interventions and tracking of success.
- Supporting the establishment of an integrated, standardised data collection system which serves to identify vulnerable groups, individuals and situations.

Further information

beyondblue has a range of resources to assist organisations and communities to improve awareness of suicide and suicide prevention, and to increase knowledge about depression and anxiety. This information is tailored to the needs of different organisations and communities, and is available at: www.beyondblue.org.au For people who've attempted suicide and those caring for them, information on The Way Back resources is available at: https://www.beyondblue.org.au/about-us/about-our-work/suicide-prevention/the-way-back-information-resources

More information on suicide prevention, including references that support this Position Statement, are available in the ***beyondblue*** **Information Paper: Suicide Prevention**.