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SUBMISSION

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AMA submission to public consultation on the draft Advice on the National Suicide Prevention Strategy

Foreword

The Australian Medical Association welcomes the opportunity to provide feedback to the draft Advice on the National Suicide Prevention Strategy. The AMA is the largest voluntary medical association, representing doctors of all specialties and stages of career across Australia.

The AMA welcomes the broad nature of the National Suicide Prevention Strategy, and the importance of prevention across multiple areas of government, recognising that suicide is not always the direct result of mental illness. Having said that, a large proportion of people who experience suicidal thoughts, suicide attempts or completed suicide do have a history of mental illness. As a medical organisation we have focused our submission from this perspective and how the health sector needs to improve to provide better care to those suffering mental illness and to prevent suicide in this population.

Introduction

Suicide and experiences of suicidality is experienced across society. Many people have been failed by institutions that have a duty of care towards them. The AMA strongly affirms that the number of deaths resulting from suicide and experiences of suicidality can be significantly reduced through robust and fully implemented prevention strategies, with an emphasis on prevention provided by general practitioners and psychiatrists.

According to the latest Australian Bureau of Statistics (ABS)[1], approximately nine people commit suicide every day and there are an estimated 65,000 suicide attempts each year. No one can predict who will take their own life, however several subgroups where suicide or self-harm is higher than that of other populations have been well documented[2]. While each person's experience is unique, almost 90 per cent of people who died by suicide also had risk factors identified, including psychosocial stressors, mental health conditions, chronic diseases, substance abuse disorders, a history of

[1] https://www.abs.gov.au/articles/associated-causes-death-mortality
[2] https://www.aihw.gov.au/suicide-self-harm-monitoring/data/suicide-self-harm-monitoring-data

childhood abuse or previous suicide attempts[3]. Many suicides may also happen impulsively in moments of crisis. Clinical, biological, personality, genetic and demographic factors are all contributors, and a comprehensive biopsychosocial understanding of the multiple layers of complexity is needed for successful prevention, support and management.

To have meaningful impact on reducing the rate of suicide in Australia, emphasis must be given to prevention measures by a capable, adequately resourced workforce. The AMA would like to see scientific quantitative evidence that the suicide prevention strategy is preventing suicide, and that funding is tied to such progress. The effectiveness of mental health strategies over more than 30 years has not improved, and may indeed have declined, despite public inquiries, royal commissions, and the involvement of people with lived experience, along with significantly increased government spending.

Suicide prevention strategies based on strong evidence are essential. While this strategy draws evidence derived through consultation with people with lived and living experiences of suicide, service providers and academics, the opportunity to consult with the frontline medical workforce was missed.

Capable and integrated workforce

The AMA urges the government to reprioritise the enablers of this strategy. A capable and integrated workforce must be a priority, and the current workforce crisis is negatively impacting patient care. Stronger co-ordination of essential services to support at-risk populations such as young people is needed. GPs, psychiatrists, other medical specialists, mental health nurses, psychologists, paediatricians, school counsellors, social workers and alcohol and other drugs support staff are key participants in parts of a patient-centred mental health system. However, severe workforce shortages and/or inadequate staffing, the complexity of presentations and increasing patient loads are contributing to an under-resourced mental health system. According to AIHW data (2023), there are just under 4,300 psychiatrists working in Australia[4]. Not only are there not enough, but psychiatrists are also unevenly distributed across the country, with close to 80 per cent of the workforce based in Melbourne, Sydney or Brisbane. Psychologists are also in short supply and high demand.

The federal government this year announced an additional 500 post-graduate student places over a four-year period, with 146 student places allocated this year. To address bottlenecks in the psychology training pipeline, the government is also providing Supporting Provisional Psychologists to Practice grants to increase the availability of psychology internships and supervisor training[5]. This investment is welcome but there is more to be done. The AMA appreciates the government is working through its National Mental Health Workforce Strategy which outlined the need to attract, train and retain people to build the mental health workforce, but proactive, targeted and sustainable investment is needed now.

In addition to psychiatrists and psychologists, GPs have a central role in supporting people in acute times of need and to ensure subsequent follow-ups to provide longitudinal care. With the shortage of psychiatrists and psychologists, the burden on GPs to manage this caseload unsupported has increased. The AMA urges the government to move beyond individual work practices and invest in well-designed, medically governed multi-disciplinary teams. For people living with more significant mental illnesses, a multi-disciplinary team is likely to result in effective suicide prevention and on-

[3] https://www.who.int/health-topics/suicide#tab=tab_1
[4] https://www.aihw.gov.au/mental-health/topic-areas/workforce
[5] https://ministers.education.gov.au/butler/albanese-government-invests-future-psychologists-fast-tracking-workforce-expansion

going support. The AMA also supports bolstering efforts to develop co-ordinated models of care that are appropriate for the needs of communities and regions.

The AMA recommends investment in developing capacity in mental health support services within GP and private psychiatrist practices such as embedding accredited mental health nurses and social workers. These 'wrap-around' services have the potential to offer better return on investment and health outcomes than investment in siloed service delivery models, particularly in rural, regional and remote areas.

Similar investment in psychiatry services including private psychiatry through Medicare enhancement to embed mental health nurses and social workers in psychiatric practices will improve complementary (to public mental health service) capacity.

Complex mental health consultations not only require more time but can also have effects on the clinician. At the direction of the Australian Medical Board, and recognising that doctors and medical students reported substantially higher rates of psychological distress and suicidal thoughts compared to both the Australian population and other Australian professionals, Drs4Drs was established to engage and fund other entities (the Doctors Health Service [DHS] Providers) to provide direct support to doctors across Australia, including improved access to mental health supports. Drs4Drs also provides doctors with access to telepsychology sessions.

On a systemic level, Drs4Drs has taken active steps to improve the wellbeing of doctors through development of the Every Doctor Every Setting (EDES) National Framework[6] released in October 2020. The National Doctors Health and Wellbeing Leadership Alliance (NLA)[7], established in April 2023 is dedicated to translating the EDES Framework from theory to Action, with their mission to Empower a Healthier Future for Doctors. This work has been recognised and funded by the Department of Health and Aged Care.

Available and translated evidence

Evidence-based policy is critical to advancing the prevention of suicide in Australia. Timely, uniform and accurate data collections across Australia continue to be inadequate with piecemeal data collections between and within jurisdictions continuing to fail the Australian community.

The Australian Bureau of Statistics (ABS) collects a minimal dataset when death is caused by suicide[8]. Under the item, "cause of death data", sex, selected age groups and Aboriginal and Torres Strait Islander status is collected. Data on comorbid conditions and risk factors can be sourced from the registrars of births, deaths and marriages and the National Coronial Information System (NCIS), including police, pathology, toxicology and coroners' reports. These data are coded by the ABS according to the International Classification of Diseases (ICD) and compiled into aggregate statistics. The National Suicide and Self-harm Monitoring Project[9] was announced as part of the Australian Government's Prioritising Mental Health Package in the 2019–20 Australian Government Budget[10]. The AIHW is developing methods to collate, co-ordinate and report data on suicide, intentional self-harm and suicidal behaviours, enhance the comprehensiveness of the data, address identified data gaps and create a monitoring system to support the accessibility and useability of the data.

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[6] https://lifeinmind.org.au/suicide-prevention/collaborations/every-doctor-every-setting
[7] https://www.drs4drs.com.au/national-doctors-health-wellbeing
[8] https://www.abs.gov.au/articles/associated-causes-death-mortality
[9] https://www.aihw.gov.au/suicide-self-harm-monitoring
[10] https://www.health.gov.au/resources/publications/budget-2019-20-prioritising-mental-health-adult-mental-health-centres?language=en

Data which is currently unavailable but strongly relevant to understanding the societal impacts of suicide and experiences of suicidality, includes sexual orientation, gender, and sex recorded at birth. LGBTQIA+SB Australians are a sub-population at a greater risk to suicide due to experiencing stigma, discrimination, violence and exclusion, leading to poorer social, emotional and psychological wellbeing. The AMA recommends the establishment of a voluntary suicide register for surviving partners, families, friends and importantly clinicians. The platform could be housed within the AIHW. A legislative amendment would be required to permit clinicians to enter data.

Improved governance

The AMA is concerned about the lack of co-ordination across federal departments and between federal and jurisdictional governments where responsibility is shared. A review of the National Mental Health Commission (NMHC) led to its termination as an Executive Agency (30 September 2024). The National Suicide Prevention Office (NSPO) has now relocated to the Department of Health and Aged Care (1 October 2024). Noting a discussion paper on "Reforms to Strengthen the National Mental Health Commission and National Suicide Prevention Office" is out for public consultation, we understand it is a time of flux for the government. The AMA recommends the government decide whether mental health becomes incorporated into the department: "Department of Health, Wellbeing and Aged Care", or to reinstate a reformed National Mental Health Commission, and ensure a long-term vision beyond parliamentary cycles is implemented.

A large proportion of this draft strategy hinges on the aspirational commitment of different government departments. However, moves to improve cross-government responsibilities including the introduction of legislation, have not been successful to date. The most recent attempt was made by Independent Senator Pocock who introduced a private senators' Bill to require all policy decisions to consider the health and wellbeing of children in Australia. Despite the "Climate Change Amendment (Duty of Care and Intergenerational Climate Equity) Bill 2023"[11], receiving support from 402 out of 403 public submissions, the Bill was not passed.

Co-ordination between federal and state and territory governments

During the mid-review of the current National Health Reform Agreement (NHRA)[12], it was noted that elements of related agreements, including Closing the Gap, Preventive Health and Mental Health and Suicide Prevention needed to be better reflected in the NHRA with actions, accountabilities and milestones agreed. The review recommended the basic functioning of the core mental health provision system be prioritised. In addition, the value of the complementary nature of our public and private mental health systems needs recognition, and consultation to enhance collaboration. The current health agreement between federal and state and territory governments has failed in encouraging intersectoral collaboration and enabling integrated patient care. This has led to fragmented care pathways and bottlenecks. A new NHRA is currently being negotiated with health ministers. To prioritise action on mental healthcare, commitments must be made to improving mental health outcomes through innovation and investment, and performance monitoring must be included.

Closing remarks

The number of people in Australia experiencing suicidal thoughts and urges is unacceptably high, with highly concerning rates among young Australians. That nine Australians die every day from suicide

[11] https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Environment_and_Communications/DutyofCareBill

[12] https://www.health.gov.au/sites/default/files/2023-12/nhra-mid-term-review-final-report-october-2023.pdf

demonstrates people are falling through the cracks of our healthcare system. Strong action from governments is required to rebuild a capable and adequately resourced workforce to help Australians when they need it most. Prioritising people's wellbeing to be equally as important as people's health requires transformative change and system-wide approaches to improve outcomes and close gaps. This will take time. For the short-term, a suicide prevention strategy that incorporates fundamentals: accountability, quantitative evidence of progress and tangible improvements to the mental healthcare sector will save lives.