

**Submission to Productivity Commission Inquiry into the  
Social and Economic Benefits of Improving Mental Health**

21 January 2020

StandBy *Support After Suicide*, by United Synergies, would like to make the following comments in response to the draft Productivity Commission Inquiry into the Social and Economic Benefits of Improving Mental Health.

We support the Commission's draft recommendations for whole-of-government reform, in particular; Approach to Suicide Prevention and A National Mental Health and Suicide Prevention Agreement.

We are pleased that the draft report acknowledges that there is no single measure that would prevent suicides and that dedicating funds for more research to determine effectiveness and cost-effectiveness of postvention services are required.

We understand from the draft report that the economic costs of suicide and suicide attempts excludes the costs of pain and suffering of the individual and their family and friends.

We would like to provide the following recommendations for the Commission to consider in its final report as ways to reduce known risks and further consider quantifying the costs of pain and suffering of all people impacted by suicide.

- **Recommendation 1:** Bereavement by suicide to be acknowledged as a risk factor for suicide
- **Recommendation 2:** Postvention support needs to be included in all 'whole-of-government' approaches
- **Recommendation 3:** Increased funds for postvention services
- **Recommendation 4:** Development of a suicide postvention workforce strategy

Further details for each of these recommendations are provided over.

StandBy *Support After Suicide* would be pleased to discuss any details provided in this submission as required.

Kind regards

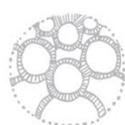
Karen Phillips  
**General Manager – StandBy**



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**E** [standbynational@unitedsynergies.com.au](mailto:standbynational@unitedsynergies.com.au)

**W** [www.standbysupport.com.au](http://www.standbysupport.com.au)

**T** +61 (0) 429 147 491

12-14 Ernest Street (PO Box 365) Tewantin QLD 4565 Australia

**Recommendation 1** - Bereavement by suicide to be acknowledged as a risk factor for suicide

The final Productivity Commission Report needs to recognise and acknowledge bereavement by suicide as a risk factor for subsequent suicides, as it is currently omitted in Figure 21.7: *Key risk factors, vulnerable groups and interventions* Productivity Commission Draft Report Volume 2, 2019 [page 852].

**Evidence**

People who are bereaved by suicide are two to five times more likely to die by suicide themselves and are at risk of ongoing mental health concerns<sup>1</sup>. Children who are under 18 when a parent takes their own life are three times as likely to suicide than children of a parent who has not taken their own life<sup>2</sup>.

In Australia [2018], 3,046 people died from intentional self-harm<sup>3</sup> - which equates to a standardised death rate of 12.2 per 100,000.

For every death through suicide, there are many people significantly impacted, including:

- Individuals, families, friends, witnesses
- Schools, workplaces, sporting and community groups
- First responders and service providers

Bereavement services that are specific to suicide are important. There is evidence that bereavement by suicide is different from other types of bereavement because of the potential preventability of the death, the stigmatisation of suicide and the traumatising nature of self-inflicted death<sup>4</sup>.

Exposure to suicide in Australia is common, with 58% of the population reporting knowing someone who has died by suicide<sup>5</sup>. Research indicates 135 people are exposed to each suicide death and ten or more are significantly affected<sup>6</sup>. Suicide is impactful, particularly for those who had a perceived close relationship.

**Recommendation 2** - Postvention support needs to be included in all 'whole-of-government' approaches

The Commission's draft recommendations for whole-of-government reform needs to ensure that postvention support is incorporated. Postvention services encompass a whole-of-life approach and include the impacts of social determinants as contributing factors to suicide. Postvention services need to be considered in the broader range of policies, activities and initiatives as a contribution toward zero suicides.

**Evidence**

Suicide is one of the greatest preventable public health and social challenges of our time<sup>7</sup>, and suicide prevention approaches need to encompass a range of strategies to strengthen our efforts to reduce suicide rates. Effective suicide prevention strategies need to include prevention (raising awareness), intervention (how to respond to warning signs) and postvention (supporting those impacted). Supporting people and

<sup>1</sup> SANE Australia, 2010

<sup>2</sup> Willcox et al. 2010

<sup>3</sup> ABS, 2019

<sup>4</sup> Survivors of Suicide Loss Task Force 2015

<sup>5</sup> Maple et al. 2019

<sup>6</sup> Maple et al. 2019

<sup>7</sup> National suicide prevention implementation strategy 2020 - 2025

communities bereaved by suicide is one such strategy. Postvention is one of the World Health Organisation's 11 elements of an effective systems-based approach to suicide prevention<sup>8</sup>.

People bereaved by suicide, particularly those with a history of previous trauma, suicidal behaviour or depression, may be at risk after learning of another person's suicide. Postvention support can therefore be preventative, reducing suicide risk by responding to mental health, wellbeing and connectedness of those impacted by a suicide<sup>9</sup>.

Moving from largely mental-health-service-based responses to enabling communities to nurture and support their families and community when they are experiencing suicidal distress is important to the way we approach suicide prevention activities<sup>10</sup>.

### **Recommendation 3 – Increased funds for postvention services**

There is an identified gap regarding the equitable access for people bereaved or impacted by suicide, therefore a need for national access to specialised postvention services.

With ongoing Commonwealth funding commitment, a national suicide bereavement service is achievable by utilising the expertise of existing postvention services with demonstrated history of efficacy, cost-effectiveness and outcomes.

#### **Evidence**

Access to equitable postvention bereavement services, regardless of where people live in Australia was identified as a priority in the National suicide prevention implementation strategy 2020 – 2025<sup>11</sup>.

StandBy currently receives annual funding of over \$5 million, the largest single contract as part of the \$47M package under the National Suicide Prevention Leadership and Support Program (NSPLSP). This level of funding enables program coverage in 11 Primary Health Network regions across Australia, representing coverage for approximately 27% of all Australians across a footprint of approximately 47% of Australia's landmass. The StandBy framework allows for a nationwide roll-out of the program.

An independent evaluation<sup>12</sup> found people who accessed StandBy within 12 months of their loss were significantly less likely to:

- be at risk of suicide (25%)
- report experiencing mental health concerns (36%)
- experience social isolation or a loss of social connections (22%)
- report instances of difficulty sleeping, financial distress, family breakdown issues or problems in the workplace

StandBy conducted an economic evaluation in 2011 - *Cost Effectiveness of a Community Based Crisis Intervention Program for People Bereaved by Suicide*<sup>13</sup> [as referenced in the Mental Health Productivity Commission Draft Report Volume 2 page 863]. Whilst the dollar values would be significantly different today, this economic analysis demonstrated that StandBy is not only effective in improving outcomes for

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<sup>8</sup> WHO 2014

<sup>9</sup> Every Life Matters

<sup>10</sup> Every Life Matters

<sup>11</sup> National suicide prevention implementation strategy 2020 - 2025

<sup>12</sup> Visser et al. [In Press]

<sup>13</sup> Comans et al. 2013

people bereaved by suicide but is also cost saving on a range of important economic indicators. People who received StandBy were less likely to miss work, had less contact with health professionals, and were more likely to be able to continue with normal activities on a day-to-day basis. This has important economic implications, not just for the individual, but for society. The cost of suicide bereavement can be passed on to employers by way of time off work or reduced productivity at work. The figure did not take into consideration the social and emotional costs, which are difficult to value in economic terms.

Postvention services are a cost-effective strategy and may even be a cost-saving if all costs to society from suicide are considered.

#### **Recommendation 4 – Development of a suicide postvention workforce strategy**

To build and maintain a competent and compassionate workforce, a suicide prevention workforce strategy is required to address training gaps. The strategy would need to develop a specific postvention plan for an inclusive workforce - clinical, non-clinical, Lived Experience, peer supporters, gatekeepers, tertiary institutions, workplaces and government officials (health, justice, education, housing). The plan would also require codesign input from people bereaved by suicide.

#### **Evidence**

The need for a suicide prevention workforce strategy across the suicide continuum (prevention, intervention and postvention) underpins many of the priority areas/action plans across national, state and territory Suicide Prevention Strategies. Workforce strategy was also a focus at the National Suicide Prevention Taskforce *Towards Zero Suicides* workshop in November 2019.

To develop new skills, build new workforces and enhance existing postvention workforces, the postvention workforce development plan should include:

- Training programs and resources to build clinical, non-clinical, cultural and trauma informed postvention workforce including community champions and peer support workers
- Development of a postvention workforce competency-based framework
- Support wellbeing by promoting supervision and training options
- Promote resources to support first responders and health professional

## References

Australian Bureau of Statistics (ABS) 2019, Cat No. 3303.0 – Causes of Death, Australia, 2018, Canberra, ACT: Australian Bureau of Statistics, Australian Government.

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National suicide prevention implementation strategy 2020–2025: Working together to save lives  
Consultation document to inform the drafting of the strategy

*SANE Australia 2010, Research Bulletin 11: Suicide, self-harm and mental illness, SANE, Melbourne.*

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World Health Organization 2014, *Preventing suicide: A global imperative*, Geneva, Switzerland.

### **About StandBy Support After Suicide**

StandBy *Support After Suicide* is Australia's leading provider in suicide postvention. StandBy is a community-based suicide bereavement service that provides support and a coordinated response for people bereaved by suicide. This program is the only service that covers multiple jurisdictions utilising local teams specifically trained in postvention service delivery for individuals, families, workplaces, groups and wider community.

The service includes free face-to-face and telephone support to anyone living in the funded regions. The StandBy local teams help those impacted to navigate the support available to them, connecting people to the most relevant and appropriate support in their area. Education workshops are delivered to help build capacity within communities to support those impacted by suicide and prevent further suicides.

For further information please refer to: [www.standbysupport.com.au](http://www.standbysupport.com.au)