

National Suicide Prevention Office
Advice on the National Suicide Prevention Strategy
November 2024

Advocacy to improve access and equity

Royal Australian and New Zealand College of Psychiatrists submission

Advice on the National Suicide Prevention Strategy

About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating, and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 8500 members, including more than 6000 psychiatrists.

Introduction

The RANZCP welcomes the opportunity to provide feedback to the National Suicide Prevention Office (NSPO), '[Advice on the National Suicide Prevention Strategy](#)' (the Advice). The RANZCP's response is informed by its position statement, '[Suicide prevention – the role of psychiatry](#)' and feedback from RANZCP members involved in a range of expert Committees, including the Committee for Evidence-Based Practice, Committee for Professional Practice, Community Collaboration Committee and Aboriginal and Torres Strait Islander Mental Health Committee.

Recommendations

To reduce suicide deaths and attempts, prevent the emergence of suicidal distress and ensure optimal support for individuals in crisis, the RANZCP recommends the Advice:

- Emphasise the need for a well-trained workforce that is sufficiently trained in basic mental health care.
- Highlight the crucial role of psychiatrists in suicide prevention, particularly in timely assessment and ongoing treatment of people with mental disorders.
- Emphasise the importance of follow-up and long-term care as protective measures for individuals experiencing suicidal distress.
- Include reference to appropriate models of care that are co-designed with psychiatrists and are holistic and person-centred.
- Include an implementation plan that mandates enforcement across all jurisdictions.
- Acknowledge the protective role of positive childhood experiences (PCEs) against future suicidality.
- Ensure equitable access to trauma-informed support that addresses physical, social, and mental health needs.

Background

The RANZCP welcomes the Advice from the NSPO for its **comprehensive** approach to suicide prevention. The Advice outlines the psychosocial underpinnings of suicidal distress from the earliest possible instance and throughout the lifespan and in emphasising a human-rights approach. That is, a whole-of-life approach that considers social determinants of health, encompassing health promotion, prevention, early intervention, life skills training and management, crisis support, and access to comprehensive mental health care.

The RANZCP calls on governments to commit to implementing the National Suicide Prevention Strategy once finalised. We support an all of government approach to mental health and suicide prevention, as outlined in our position statements, '[Mental health for the community](#)' and '[Suicide prevention role of psychiatry](#)'.

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The RANZCP reaffirms calls for **improved governance** and coordination of the mental health and suicide prevention systems. 67% of people who have died by suicide in Australia had the presence of a psychosocial risk factor such as mental and behavioural disorder(s).[1] It is critical for new governance frameworks to recognise the interplay between suicide risk factors, including mental health conditions and substance-use disorders.

The **mental health workforce, including psychiatrists**, play an important role in acknowledging, supporting, and intervening for individuals experiencing suicidal distress. This includes providing care for those experiencing suicidal ideation, their family and carers, offering appropriate aftercare following suicide attempts and delivering postvention support for those grieving the loss of a loved one to suicide.

The RANZCP also highlights the **chronic and severe psychiatry workforce shortage** in Australia, which exacerbates the challenges faced by individuals experiencing suicidal distress.[2] Ongoing staffing and retention challenges, particularly in regional areas, compromise workforce safety and wellbeing, ultimately impacting treatment outcomes.[3]

Immediate action is needed to address the pressing concerns within our mental healthcare system, which is operating at **crisis point across the country**. A national suicide prevention strategy that fosters collaboration and ongoing communication between, the Federal and all State and Territory governments is essential for fixing our fragmented system. Urgent acceptance of the Advice by the National, State and Territory governments in Australia is necessary.

The RANZCP recognises the broader approach taken to addressing **priority populations** who are disproportionately affected by suicidality by the Advice and gives its support in principle to this approach. Further clarification is needed regarding its application to Aboriginal and Torres Strait Islander people, those in detention, refugees, and asylum seekers, particularly for those in custody.

Upskilling the existing workforce and ensuring a baseline level of mental health training are crucial steps in supporting individuals experiencing suicidal distress. This aligns with the RANZCP's most recent Australian [Federal Pre-Budget Submission 2024-2025](#), which emphasises the need to 'Maximise, Distribute and Connect' the workforce through increasing skills and knowledge to improve immediate access to services.

The RANZCP outlines key areas for prioritisation and clarification and within the Advice:

Critical Enablers in the Advice

The Advice outlines four key objectives for addressing the prevention of suicidal distress: improved governance, embedded lived experience, available and translated evidence and a capable and integrated workforce.

Improved Governance

The RANZCP recognises the need for improved governance. The Advice outlines the need for suicide prevention activities both within the mental health and suicide prevention system but also includes a 'suicide prevention in all policies' approach as outlined in the Advice. There is a need for governance frameworks to be strengthened, informed by a strong evidence base that is supported by clinicians including psychiatrists alongside lived experience peer workers and other multidisciplinary professionals. Strong governance models help ensure coordinated and efficient service delivery.

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Improved governance within the mental health system should be expanded on in the Advice. The RANZCP affirms the importance of mental health and suicide prevention systems that are appropriately funded, well equipped and not heavily reliant on emergency services. Fragmentation (partly caused by different funding sources), data sharing challenges, and service model gaps hinder effective navigation of the system, leading to poorer outcomes for individuals in distress.

Improved governance within the mental health system can help facilitate the provision of continuous, warm handovers and timely aftercare following a suicide attempt.

Jurisdiction-Wide Implementation and Enforcement:

The Advice provides an opportunity for a nation-wide, consistent approach to suicide prevention. Inconsistent implementation risks creating disparities in access to suicide prevention services across Australia and inequitable service provision. The RANZCP advocates for consistent implementation of the Advice tailored to the needs across all regions (i.e. Federal, State and Territories).

Capable and integrated workforce and embedded lived experience

The mental health workforce, including psychiatrists, plays a vital role in identifying, managing, and treating individuals at risk of suicide. Research highlights the correlation between workforce shortages and increased risk of suicide due to delayed or insufficient care.

Psychiatrists are a critical part of the suicide prevention workforce. Psychiatrists are doctors specialising in mental health conditions who understand suicide and its potential causes and triggers.[4] Psychiatrists are committed to providing and promoting high quality mental health care in the community, and can support people who are experiencing psychological distress, with or without mental illness.[4] Psychiatrists work collaboratively with other healthcare professionals, providing insights that help shape treatment plans and refine risk assessments, making them indispensable to comprehensive suicide prevention strategies.[6]

We further acknowledge the importance of embedded lived experience whose insights significantly enhance clinical governance and quality of service delivery.

The RANZCP recommends expanding and strengthening the mental health workforce to meet growing demand, ensuring professionals have the necessary support and resources to effectively prevent escalation of psychological distress and intervene in cases of suicidal ideation and self harm.

Training in Mental Health Care:

The RANZCP recommends that frontline health and community workers receive mandatory training in mental health and suicide prevention skills, aligning with to the Advice's identified critical enabler, 'capable and integrated workforce'. General practitioners, first responders, teachers and others can play a crucial role in recognising and supporting individuals at risk of suicide.[4] An adequately trained workforce will be better equipped to recognise early signs of suicidal ideation and support early intervention. Psychiatrists are well positioned to co-design training to support upskilling the workforce, given their skills and expertise.

Enhance Follow-Up and Long-Term Care:

The Advice highlights the importance of improved 'system-level coordination' including better continuity of care. Comprehensive aftercare after a suicide attempt is essential in preventing further attempts and postvention support care following the loss of a loved one to suicide is a key component to reducing further distress.

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The RANZCP recommends strengthening aftercare and postvention services, ensuring they are accessible, comprehensive, and ongoing to reduce the risk of suicide. This includes ensuring regular, consistent follow-up for individuals who are experiencing suicidal distress and aftercare after a suicide attempt, including maintaining contact beyond the immediate crisis by supporting family, friends, carers, and the wider community, alongside the individual.

Available and translated evidence

Models of Care:

The RANZCP in its Position Statement, '[Principles for mental health systems](#)' highlights the importance of responsive, compassionate and person-centred care that is responsive to the needs of the individual. This includes incorporating models of care that are trauma-informed, culturally safe, and responsive and person-centred.[7, 8]

The RANZCP recommends incorporating a 'teamed approach' with support by psychiatrists when translating evidence into models of care to ensure mental health and suicide prevention services are clinically informed to be tailored to meet the needs of individuals.

Access to Data

To facilitate evidence-based suicide prevention efforts, we urge the Australian Government establish a national data repository to collect nationally consistent mental health data. This repository would enable the creation of clinical registries for mental health conditions comorbid with suicidal behaviour, providing timely insights for policy decisions.

Comprehensive data collection on demographics and risk factors will deepen our understanding of suicide drivers and better inform future research and policy.

Prevention in the Advice

The Advice includes five key objectives for preventing suicidal distress: safety and security, good health, economic security, social inclusion and navigating life transitions. The RANZCP supports the importance of upstream prevention and early intervention including the role of positive childhood experiences (PCEs).

Upstream Prevention and Early Intervention:

The Advice highlights safety and security as vital to suicide prevention. Early interventions during childhood can mitigate risk factors such as depression, poor mental health, and lack of access to social and emotional support which contribute to suicidal ideation later in life. PCEs, including stable home environments and supportive relationships, have been shown to significantly reduce risk after accounting for exposure to adverse childhood experiences (ACEs).[9]

The RANZCP supports the Advice's approach to promoting upstream interventions that foster childhood resilience and engagement with family and community to cultivate positive childhood experiences and address risk factors for suicide before they emerge.

Support in the Advice

The Advice outlines five key objectives for supporting individuals experiencing suicidal thoughts and behaviours and those who care for them: a culture of compassion, accessibility, system-level coordination, holistic approaches and increasing connection. The RANZCP will expand on strategies related to these objectives within the suicide prevention strategy.

Equitable Access to Appropriate Care:

Disparities in access to mental health services, particularly in rural areas and among Aboriginal and Torres Strait Islander communities and additional priority populations, significantly contribute to higher suicide rates. Ensuring culturally appropriate and equitable access to mental health care is essential for assisting those disproportionately affected by suicide.

The RANZCP supports initiatives in the Advice aimed at dismantling barriers to accessing mental health care by ensuring equitable distribution of resources, especially for priority populations.

Summary

The RANZCP welcomes the opportunity to contribute further evidence on this important area. If you have any queries regarding this submission, please contact Nicola Wright, Executive Manager, Policy, Practice and Research Department via nicola.wright@ranzcp.org or on (03) 9236 9103.

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