

Re: Comments on National suicide prevention implementation strategy 2020–2025

The Australasian Injury Prevention Network (AIPN) is the peak body in Australia and New Zealand advocating for injury prevention and safety promotion, and represents injury researchers, policy makers and practitioners across Australia and New Zealand.

The AIPN notes that suicide is the leading cause of years of potential life lost in Australia, and is a significant public health issue that requires multi-sectoral action. The AIPN commends the National Suicide Prevention Project Reference Group in developing the National Suicide Prevention Implementation Strategy 2020-2025. Furthermore, we note the effort and expertise that has been involved in authoring this document. We believe that overall, the Strategy is thorough and well considered with clear aims and priority actions to achieve those aims.

The AIPN does, however, wish to bring to the attention of the National Suicide Prevention Project Reference Group some current gaps in the Strategy. Our concerns are as follows:

Multi-sectoral approaches

Suicide is a broader issue than appears to be addressed within this document. For the most part, reforms and actions are directed at or seem to be focused on the 'suicide prevention sector'. For example, the injury prevention community, paramedicine, nursing, the alcohol and drug sector, and the maternal and child health sector also have key roles to play both in preventing and responding to those affected by suicide. Although the focus is necessarily on health, given the proposed engagement with Health Ministers, even within the health sector, the strategy would benefit with a broader approach rather than limited to GPs, EDs and mental health sectors. This document should reflect this complexity in a more visible manner – and also make mention that, for real change to occur, a whole-of-government response will ultimately be required.

Alcohol and other drugs

Alcohol and other drugs (AOD) is a cross cutting issue across almost every component of this document but is not given a weighting that is reflective of its role. This should be acknowledged and government should commit to policy choices that support harm reduction and limiting the acceptability, availability and affordability of access to alcohol as part of a broader suicide prevention initiative. The connection cannot be ignored in a comprehensive suicide prevention strategy. Alcohol involvement, although acknowledged as an issue isn't addressed or included as being of critical importance in addressing suicide.

Means restriction

Access to lethal means is an issue in all suicide. These means should be addressed, or at least acknowledged as contributing issues that will need to be addressed in this document. This is particularly salient given the current push to weaken the National Firearms Agreement and lift restriction on firearm availability.

The current move to address the opioid-related harms in the community should also be harnessed to include suicide prevention. These medications are particularly lethal, and associated with multiple harms, including suicide.

Aboriginal and Torres Strait Islander Communities

We acknowledge and support the prioritisation of community-driven Aboriginal and Torres Strait Islander suicide prevention in this document. The AIPN agrees that the strategy should be guided by the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report which will ultimately result in a specific suicide prevention plan for Aboriginal and Torres Strait Islander people under an Aboriginal and Torres Strait Islander governance model. This is particularly important for child and youth mental health and suicide (and Aboriginal and Torres Strait Islander children are at particular risk).

Vulnerable population group

There remains a gap in the draft strategy's lack of attention to other vulnerable groups, acknowledging that the burden of suicide is not equitable across all populations. There may not be capacity to delineate each group or strategies for prevention and response within each of those groups, however, this document should acknowledge that identification, consultation and responses should be a priority within those groups.

Thank you for the opportunity to respond to this document. The AIPN is committed to preventing all injury, including suicide and non-suicidal self-harm and we are prepared to participate and consult on future iterations of this document and ask to be included in future communications associated with its development. The AIPN would also like to note that we recognise the difficulty in achieving consensus, both across sectors and across political and bureaucratic jurisdictions. However, difficult conversations need to be had if change is to be effected. The AIPN commends all efforts to reduce suicide and non-suicidal self-harm and will continue to advocate for multisectoral efforts to eliminate the tragic loss of life and harms associated with suicide and non-suicidal self-harm.

Kind regards,



Dr Ben Beck
President of the Australasian Injury Prevention
Network



Dr Debbie Scott
Chair of the Intentional Injury Subcommittee of
the Australasian Injury Prevention Network