Zero Suicide Strategies & Plans: time to get these numbers down!

Introduction
I am making this submission as an economist, a (policy) researcher, professional counsellor, wellbeing adviser working with people with mental health issues and suicidality, and concerned human being.

When I see the numbers & rates of suicide rising and I believe that we can reduce these numbers & rates considerably, I am compelled to act. Indeed, not doing so is not good for my mental health!

Summary
When the latest data showed that Australia had more than 3,000 deaths by suicide, there was much surprise, disappointment, principled commitment to act, more interest from government, continuing concern from those working in 'mental health' or 'suicide prevention'…but many then just carried on doing what they have always been doing with few taking practical steps to reduce the numbers.

Many have a broad philosophical commitment to zero suicides but with almost no-one formally committed to plans to achieve zero suicides (apart from those active within the emerging international 'Zero Suicides in Healthcare' movement).

I believe that there are actions we can take to considerably reduce the numbers of suicides and suicide attempts, and quickly move towards what should be our collective goal of zero suicides.

We should be learning from the disciplines of goal psychology and behavioural economics to set and achieve appropriate targets, not have the numbers increasing (especially not with record & increasing levels of funding) with a growing 'suicide prevention sector' becoming more 'activity focused' and less 'outcome focused' as the resources continue to increase.

We need a combination of top down plans with stretch targets, such as '25% reduction in 5 years' as called for by Lifeline. We also need a collective effort and community innovation with bottom up Zero Suicide Plans. This combination of top down & bottom up can have a considerable impact in the short-to-medium-term as well as being the most sensible long-term strategy.

Context
In the 'everyone's busy, competing priorities, competing for resources, competing for attention' world that we live in, without a clear plan, focus and target to achieve a particular goal, the desired outcome will never be achieved. Without clear plans, focus and targets for suicide prevention, the numbers of suicides and suicide attempts will not fall, and will possibly rise further.

In recent years, there have been some big steps forward in terms of suicide prevention research, funding for research & service delivery, activity levels from service providers, growth in the number and diversity of service providers and support groups, formal commitment from governments, the development of lived experience networks and greater input from people with lived experience.

The very latest (positive) development is Budget 2019 including a commitment to have a Suicide Prevention Special Adviser in the Department of Prime Minister & Cabinet:

https://www.suicidepreventionaust.org/2019/04/03/suicide-prevention-gets-the-attention-it-deserves-during-the-federal-budget/

However, there is still not a clear set of plans and targets focused on reducing the number of suicides and suicide attempts. In that sense, it's no surprise that the numbers are not coming down.

When I first became heavily involved in suicide prevention in 2013-2014, there was no national plan or formal target to reduce the number of suicides and suicide attempts, a major barrier for suicide prevention. There was even some resistance to such a move from some quarters.

Suicide Prevention Australia (SPA) informed me that there was a 'National Coalition for Suicide Prevention' and said it was trying to take a 'Collective Impact' approach with all the key partners getting together and committing to reducing the number of suicides and suicide attempts by 50% within 10 years.

I designed and facilitated a global online forum on breakthrough ideas for halving the number of suicides and suicide attempts within 10 years. In the next few years, I carried out research for some of the leading organisations in the sector, eg beyondblue and SuperFriend. I pitched one of the big ideas, Digital Life Saving, to 2,300 people at TEDxSydney 2014.

I was invited to deliver a presentation at the National Suicide Prevention Conference in 2014 on my research and policy work in the field of workplace mental health. I was then asked by SPA to design and facilitate a stakeholder engagement process to help devise a National Research Action Plan (NRAP) and help build the case for greater funding.

This fairly recent article summarises much of my work, and associated developments, although it is already dated, partly due to changes at SPA and in government policy:

http://www.esomarfoundation.org/saving-lives-the-ultimate-example-of-research-engagement-having-impact/

The Gaps!
Throughout this period of apparent progress, and some of the initiatives need more time before their ultimate impact can be properly evaluated, two things stand out.

Firstly, there was little progress in setting clear targets for suicide prevention, getting a collective focus and commitment for reducing the number of suicides and suicide attempts, and thereby reducing the numbers significantly.

Secondly, the numbers of suicides and suicide rates went UP not down as should have happened!

The jury is also out on the extent to which we are making best use of developments in digital communications technology to reduce the number of suicides and suicide attempts…but that's probably another paper for another day. Those NOT working in the 'suicide prevention sector' tend to see this as the most likely source of a breakthrough.

Top down plans need targets, bottom up plans must have a target of zero
My background as an economist, researcher, business leader, coach, consultant, counsellor and facilitator has exposed me to goal psychology, key performance indicators, key behaviour indicators, nudge theory, etc and the importance of having a clear goal and being focused on that goal.

In my studies and practice, I have learned about and applied good practice mantras like "*focus on the information you need to achieve your goal; information not related to your goal is a barrier to achieving your goal*".

It reinforced my view that we need a clear goal for reducing the number of suicides and suicide attempts - a national goal, State-based goals, and local goals - with everyone pulling together to deliver the desired outcome.

I was delighted to see John Brogden, Chair of Lifeline, arguing for a national goal to reduce the number of suicides and suicide attempts by 25% in 5 years. This should be adopted.

https://www.lifeline.org.au/static/uploads/files/20180926-media-release-lifeline-calls-for-national-suicide-reduction-target-wfwx.pdf

A '25% reduction in 5 years' target is another variant on the '50% reduction in 10 years' target that we were discussing in 2013-14 but which seemed to slip off the radar.

I would suggest that through COAG, the Australian Government and the State and Territory Governments should all commit to a plan or collated, tailored plans to achieve that 25% reduction within 5 years. It seems like an attainable goal, a SMART goal, but it needs a collective effort across 'the sector', which actually means across multiple sectors – healthcare, education, employment, etc.

What are the barriers and how can they be overcome? When scanning 'the sector' - by which I mean organisations that have suicide prevention as their core purpose or activity or a major component of what they do - there are a number of key lessons.

Firstly, there are very few organisations with a specific goal to reduce the number of suicides and suicide attempts. Only a handful of organisations commit to such a goal, partly because they do not think they can directly impact the numbers.

They see themselves as being involved in research to learn more about suicide prevention, providing postvention care, running broad prevention or early intervention programs, running awareness campaigns, or helping people in crisis. They all hope to indirectly and ultimately impact on the numbers but tend to shy away from committing more directly to reducing the numbers.

This is a common issue in maturing sectors - **activity** goals tend to dominate **outcome** goals as established organisations build their plans around activities and funding streams to maintain or grow activity. Even Lifeline can deliver ever higher levels of activity in terms of answering calls, without necessarily reducing the number of suicides, unless there is clear targeting and evaluation.

Secondly, whilst there is an absence of commitment to specific reduction targets, there are an increasing number of organisations describing their mission or vision as being 'zero suicides' or 'a world without suicide', including SPA and the emerging 'Zero Suicide in Healthcare' movement. This has to be the right direction, and should be more formalised and practical.

Thirdly, the more local the level, the more it makes sense to have a goal of zero, like road traffic accidents. If you are a national organisation setting national policies, it seems unrealistic, even de-motivating, to set a zero target because it seems unattainable. A 10% reduction seems achievable but not a stretch, 25% is a stretch, so the target should be 25%.

If you are a local council, hospital or school, no-one questions that the target must be zero. How could it not be zero? Some are confident they can deliver zero, some are not, but they tend to agree that the target must be zero and action plans must be designed to deliver zero.

Adding all of the local zeros together of course is what delivers the collective zero at State/Territory and then National level. Many micro plan zeros = macro plan zero!

Fourthly, bottom up is the way we tend to achieve commitment to any plan. Involvement of local communities leads to commitment. It is the community innovation and local tailoring that makes the plan relevant and ultimately effective.

So an approach with 'top down 25% from Federal + State' combined with local plans aiming for considerably bigger reductions, preferably zero, with a collective, co-ordinated effort, and it is almost certain that the numbers of suicides and suicide attempts would fall sharply. All of the positive activity currently taking place could be better informed and directed.

We therefore need Zero Suicide Plans for each hospital, health district, school, university, council, employer, or distinct community entity – whether geographical community (eg remote Aboriginal community) or community of interest (eg LGBTI groups).

It needs some serious planning and focused delivery with a mandatory requirement and/or 'call to action' for a collective effort designed to learn more about current progress being made in both top down planning around an agreed target and bottom up Zero Suicide Plans, and then to engage all stakeholders with a passion for suicide prevention in efforts to implement this strategy.

There is some global progress being made with Zero Suicide Plans within the healthcare sector but it is slow, there's a risk of a continuing healthcare focus and medical model dominance, there's a risk of activity not outcome focus even there, and we need a push in Australia specifically.

There are just a handful of schools and universities that have Zero Suicide Plans, usually after tragic experience has prompted such a response, but again this is just a small handful. Few employers have Zero Suicide Plans (some have Zero Harm policies but focused on physical safety) and many of those I have approached are resistant, even where they have significant suicide risk.

Their fear is partly around the work & input cost involved, partly around stigma, ignorance, etc. I've been through this loop many times in my work, eg helping to develop and launch 'Heads Up' for beyondblue. One evidence-based solution is to make it easier for employers, eg developing templates, with facilitated tailoring for each employer to involve their employees and make sure plans are relevant and there is commitment to act.

I have worked with large employers and sectors which have rapidly 'downsized' with many employees struggling with mental health issues and suicidal thoughts. Zero Suicide Plans for employers such as this are a key part of the solution for reducing the overall numbers of suicides and suicide attempts.

It would help if the Productivity Commission recommended both a national plan with a target of 25% reduction in 5 years and micro plans for hospitals, schools, employers, etc for Zero Suicides.

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