Australia's National Suicide Prevention Strategy: the next chapter

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Abstract

Australia's National Suicide Prevention Strategy (NSPS) is about to move into a new funding phase. In this context this paper considers the emphasis of the NSPS since its inception in 1999. Certain high-risk groups (particularly people with mental illness and people who have self-harmed) have been relatively neglected, and some promising approaches (particularly selective and indicated interventions) have been under-emphasised. This balance should be redressed and the opportunity should be taken to build the evidence-base regarding suicide prevention. Such steps have the potential to maximise the impact of suicide prevention activities in Australia.

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SUICIDE IS A MAJOR public health problem, with significant emotional and economic sequelae. Australia's National Suicide Prevention Strategy (NSPS) has guided suicide prevention policy since 1999. The NSPS has consolidated and built on the achievements of its predecessor, the National Youth Suicide Prevention Strategy (NYSPS), emphasising suicide across the lifespan for a range of target groups. It has been overseen by a National Advisory Council on Suicide Prevention, and has been operationalised through a strategic framework known as the Living is For Everyone (LIFE) Framework.[1-3] The NSPS reaches the end of its current funding period in June 2006, but commitment has been given to further funding under the new Council of Australian Governments (COAG) mental health reforms. It is timely, therefore, to consider whether the NSPS should continue with its current focus.

Overview of the National Suicide Prevention Strategy and the LIFE Framework

Through the LIFE Framework, the NSPS takes a population health approach to suicide prevention. The strategy draws on a framework originally proposed by Mrazek and Haggerty[4] to describe the spectrum of the mental health interventions and later adapted to apply specifically to suicide prevention by Silverman and Maris.[5] The framework relies on an epidemiological underpinning, and takes a risk factor-based approach to suicide prevention. Specifically, it classifies suicide prevention initiatives as universal, selective or indicated on the basis of how their target groups are defined. Univer-

sal interventions target whole populations, with the aim of favourably shifting proximal and distal risk and protective factors across the entire population. Selective interventions target subgroups whose members are not yet manifesting suicidal behaviours, but exhibit proximal or distal risk factors that predispose them to do so in the future. Indicated interventions are designed for people who are identified through screening programs or by clinical presentation as already beginning to exhibit suicidal thoughts or behaviours. Within this context, the LIFE Framework has developed six "Action Areas" to guide activities that are focused on reducing suicide and suicidal behaviour, and has funded or co-funded 22 national initiatives and 156 state/territory projects totalling about $10 million annually over seven years.

Emphasis to date

Target groups

Within the above broad approach, a review of the funded initiatives and projects suggests that the LIFE Framework has focused on some target groups more than others. The Box provides a list of the national initiatives adapted from a document provided to a national LIFE Framework forum,[6] and shows that there has been a strong emphasis on groups like young people and Aboriginal and Torres Strait Islander people. The picture is similar when the 156 state/territory projects are considered. A recent examination of the "learnings" from these projects found that almost three quarters targeted young people, Aboriginal and Torres Strait Islander people or people in rural and remote areas.[7]

It is appropriate that the LIFE Framework should target these groups, given that they have an indisputably heightened level of suicide risk relative to the general population. However, it would seem that other target groups may be missing out. Particular cases in point are people with mental illness and people who have self-harmed. Reviews of risk factors for suicide consistently cite histories of mental illness and previous suicide attempts as the most powerful risk factors for suicide.[8] However neither of these groups have been directly targeted by any of the national initiatives (see Box),[6] with the exception of one recent piece of work focusing on people recently discharged from mental health services. Even this is not an intervention-based initiative, but rather a synthesis of findings from relevant pilot studies. Similarly, these groups have been targeted by only a small proportion of state/territory projects (15% and 3%, respectively),[7] despite being recognised by the LIFE Framework as groups at high risk.

Prevention approaches

It is also reasonable to assert that, to date, the LIFE Framework has favoured particular types of interventions. The Box shows that there has been a strong reliance on universal approaches in the national initiatives, with a number of initiatives targeting the entire population in given settings (eg, communities, schools).[6] Likewise, although the state/territory projects adopted a range of different strategies, universal approaches were particularly popular — for example, public health interventions aimed at enhancing well-being and building resilience were adopted in around half of projects, and public health interventions aimed at improving mental health literacy were utilised in around one fifth.[7]

Up to a point, this reliance on universal approaches is understandable and appropriate. Rose's "prevention paradox" would suggest that such approaches have merit because they can potentially have a substantial impact at a population level.[9] However, universal approaches require two key prerequisites in order to be successful: knowledge of malleable risk or protective factors; and an effective, specific intervention. A recent systematic review of prevention strategies certainly found some universal interventions — such as reducing access to means of suicide — to be effective.[10] However, the review found insufficient evidence of effectiveness for many of the kinds of universal

interventions that have been the focus of the LIFE Framework, such as public education.

Conversely, there appear to be some promising interventions that are being under-utilised. In particular, selective and indicated interventions have received lesser emphasis, particularly those targeting the subgroups described above. For example, in the year before death, substantial proportions of those who die by suicide will have presented to emergency departments having deliberately self-harmed, or attended mental health or primary care services with mental health problems.[11,12] This creates the potential for specialist mental health practitioners and emergency department clinicians to play an important role in suicide prevention. To date, none of the LIFE Framework national initiatives has taken significant steps in this regard, and a relatively small number of state/territory projects (14%) have trained professionals who come into contact with these at-risk subgroups in the assessment and management of suicidality. This approach is in line with currently available evidence,[10] and has sometimes been conducted in conjunction with other indicated interventions that show promise (eg, providing intensive follow-up after discharge), but there would seem to be opportunities to take this further.

Striking a more balanced, evidence-based approach

If it could be shown that that the NSPS was working optimally in its current form, there would not be an argument for shifting its emphasis. However, this is not the case — there are insufficient data to be sure. There are signs that the NSPS has been making gains in suicide prevention, although the data should be interpreted with caution. There is evidence that the annual suicide rate has decreased during the life of the NSPS (reducing from 22 to 17 per 100 000 males between 1999 and 2004 [the year for which the most recent suicide data are available], and from 5 to 4 per 100 000 females during the same period),[13,14] which, although positive, cannot necessarily be attributed to the NSPS. There is also evaluative evidence from various quarters that the LIFE Framework and its associated activities have been well received, but this does not equate to improvements in suicide-related outcomes. Indeed, the examination of the "learnings" from the state/territory projects concluded that although their processes could be fairly well described, little could be said about their impacts due to the variable quality of their local evaluations.[7]

In the absence of stronger evidence, it seems appropriate to give relatively neglected target groups and promising approaches greater prominence as the NSPS moves into its next phase. This is not to dismiss any of the previous efforts or to say that target groups or approaches that have received attention in the past should be dropped. However, there is scope for extending the emphasis to trial selective and indicated interventions for particularly high-risk groups.

As existing approaches continue and new ones are introduced, greater emphasis should be given to an appropriate research and evaluation framework within which to evaluate their effectiveness. The recent announcement by the National Advisory Council for Suicide Prevention of plans to develop a national research agenda for suicide prevention is a positive move in this regard. It is acknowledged that the evaluation of suicide prevention initiatives is difficult. The nature of suicide often (though not always) makes it ethically and practically difficult to evaluate suicide prevention initiatives via randomised controlled trials with suicide or suicidal behaviour as the outcome measure of interest, so various commentators have recommended using other types of innovative evaluation designs.[15] Greater efforts should be made to tie rigorous evaluations to future suicide prevention activities, in order to build upon the body of evidence regarding what works and what doesn't.

Another step towards building a more solid evidence base would be the introduction of appropriate performance indicators to provide better insights into whether particular

1 National initiatives funded or co-funded under the National Suicide Prevention Strategy

Initiative	Aim	At-risk group(s) targeted	Approach(es)
Access to means	To examine options for reducing suicide by motor vehicle exhaust gas poisoning	Not specified	Universal
Auseinet	To facilitate the implementation of mental health promotion, prevention and early intervention and suicide prevention initiatives in the mental health and other sectors	Not specified	Universal
Mindframe National Media Initiative			
The Mindframe Media and Mental Health Project	To influence the media industry to report mental illness and suicide issues responsibly, accurately and sensitively	Not specified	Universal
SANE StigmaWatch Program	To promote accurate, respectful and sensitive reporting of mental illness and suicide in the media in all its forms	Not specified	Universal
ResponseAbility	To facilitate the integration of mental health promotion, prevention and early intervention and suicide prevention issues into undergraduate curriculum for journalism students	Not specified	Universal
MindMatters suite of initiatives			
MindMatters: a mental health promotion resource for secondary schools	To assist schools focus on how they can enhance protective factors for their students	Young people	Universal
MindMatters Plus	To achieve better mental health outcomes for students with high support needs	Young people with high support needs	Selective
MindMatters Plus General Practice	To develop and promote sustainable partnerships between schools, Divisions of General Practice and GPs for referral pathways and networks of care for students with high support needs in relation to their emotional and social wellbeing	Young people with high support needs	Selective
Families Matter	To engage parents and families in the mental health promotion, prevention and early intervention work of MindMatters and MindMatters Plus	Young people, young people with high support needs	Universal, selective
Primary Schools Scoping Study	To assess the mental health needs of primary school children and primary school communities around Australia	Children	Not applicable*
National Youth Participation Strategy	To develop and implement models that enable the full range of young people to engage in the development and implementation of youth related initiatives funded through the National Suicide Prevention Strategy and the National Mental Health Strategy	Young people	Universal
CommunityLIFE	To assist communities to develop their own solutions for preventing suicide	Not specified	Universal
Suicide Safety Networks	To identify and network service providers and individuals concerned with preventing suicide in their community	Not specified	Universal
LifeForce (Wesley Mission) Suicide Prevention Program	To facilitate suicide prevention programs, especially in rural Australia	People in rural and remote areas	Universal, selective
Lifeline's Integrated Information Projects	To empower consumers and services through providing current information about health and wellbeing, community services and service utilisation	Not specified	Universal, selective

l National initiatives funded or co-funded under the National Suicide Prevention Strategy (continued)

Kids Help Line	To assist young people develop strategies and skills that enable them to more effectively manage their own lives, via tele- and online counselling	Children, young people	Selective
Child Support Agency	To ensure that both parents share in the cost of supporting their children, according to their capacity, following separation	Separated parents	Selective
Family Court of Australia	To identify stressors for clients, provide information to clients concerning the nature and importance of protecting their mental health	Not specified	Universal
Suicide Prevention Australia	To facilitate collaboration and continuing improvements in suicide prevention and to promote a community that values people and quality of life	Not specified	Universal
National Activities for Suicide Bereavement	To evaluate the information and support pack for those Bereaved by Suicide and other Sudden Death (developed under CommunityLIFE); undertake a scoping study of existing bereavement literature, supports, resources and activities; and to explore options for national coordination of suicide bereavement activities	People bereaved by suicide	Not applicable*
Fostering research	Scoping study to identify future research priorities for suicide prevention	Not specified	Not applicable*
Support for general practitioners	This will involve the development and piloting of a suicide prevention training module for qualified general practitioners; assessing the feasibility of developing, piloting and evaluating a suicide prevention curriculum for undergraduate medical students	Not specified	Universal, selective
Suicide prevention targeting Aboriginal and Torres Strait Islander peoples	The development of culturally appropriate information leaflets on suicide prevention, intervention, and postvention. A second stage of this project is currently being planned	Aboriginal and Torres Strait Islander people	Universal, selective
Juvenile justice	Issues for juvenile offenders will be explored to inform national program development	Young offenders	Not applicable*
Men's suicide prevention	The national dissemination of resources promoting good practice for suicide prevention activities targeting men. Work has recently begun to identify existing NSPS resources targeting men and their applicability for national dissemination	Men	Universal, selective
Early/preschool years	The mental health needs of preschool aged children will be investigated to inform national program development	Preschool children	Not applicable*
People with a mental illness	To synthesise the findings from pilot projects providing support to people following discharge from a mental health service in order to formulate recommendations for a national approach	People with a mental illness	Not applicable*

* Not applicable because the initiative is not intervention-based but constitutes research or scoping activities. ◆

initiatives were having their desired effect. This would require the introduction of appropriate data collection systems to enable these indicators to be robustly measured. One example is improved record linkage to enable ongoing monitoring of suicides occurring among people in contact with mental health services. Such information is currently unavailable, but its routine collection would enable baseline rates to be estimated, targets for reduction to be set, and ongoing progress to be monitored. It would also provide opportunities for ongoing program improvement, if, for example, it became apparent that particular treatment-based factors were associated with these suicides.

Conclusions

Australia is well regarded among its international peers in terms of suicide prevention policy, having been one of the first countries to introduce a national strategy.[16] The NSPS and associated LIFE Framework act as a robust guide for policy and program initiatives, providing a considered population-based structure within which to think about suicide prevention. To date, the framework may have been interpreted somewhat narrowly, since particularly at-risk groups and certain selective and indicated interventions have been under-represented. There are opportunities as the NSPS moves into its next phase to redress the balance, and to subject individual activities to rigorous evaluation.

Competing interests

The authors declare they have no competing interests.

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