

Submission to the National Suicide Prevention Strategy

Draft survey responses - [further information](#)

Q1. How well does the Advice on the Strategy articulate what is required for long-term change in suicide prevention?

Jesuit Social Services is a social change organisation. We work with the most disadvantaged members of the community, providing services and advocacy in the areas of mental health and wellbeing; justice and crime prevention; settlement and community building; education, training and employment; ecological justice; and preventing and addressing gender-based violence.

Suicide and suicidal distress impact the people we work with across a number of programs. They are most notably relevant to our Support After Suicide program, which was established in 2004 as a postvention support service for people living in Victoria who have lost a loved one to suicide. The service provides counselling (in person, online, telephone), support groups (in person, online), online resources, and community postvention coordination. It also delivers training to health, welfare and education professionals. Other key initiatives delivered by Jesuit Social Services are described in the responses to question 5.

Our perspectives on suicide prevention are informed by a unique combination of practice expertise, research and lived experience.

In relation to the draft Advice on the Strategy, we welcome:

- the broad approach to suicide prevention that accounts for diverse health needs and socio-economic factors
- the focus on intersectionality, in recognition of the varied and disproportionate ways in which suicide impacts certain population groups
- the emphasis on human rights in preventing suicide, and the various 'upstream' factors that contribute to suicide and suicide distress – including social, economic and health factors such as abuse, violence, racism, neglect, barriers to education and employment, housing instability, alcohol and drug use, and life transitions
- the directions for improving support through a holistic and integrated system of care that is accessible, grounded in a culture of compassion and involves families, carers and kinship networks.

Specifically, the Advice includes several actions that we consider critical in a national approach to preventing suicide, given the experiences of our program participants and our practice expertise. We have noted these key actions below and, in some cases, recommended further considerations:

- Ensuring that services treat people with compassion and respect, as per key objective 6: culture of compassion. Many of our participants report being poorly treated during their interactions with mental health and other social services (including Centrelink), which contributes to stigma, shame and reluctance to seek help again. A shift in workplace culture within these services is needed alongside changes to systems and practices.
- Increasing the accessibility of services, as per ko7 – including for people in regional and remote areas who face additional barriers, including cost, isolation and distance from services (ce1.3a)
- Addressing homelessness and housing instability as a significant contributing factor that impacts overall wellbeing – including the integration of health and non-health (including housing) supports as per ko3.2e, ko9.2a, ko10.2a.
- Responding to comorbidity of substance use and mental health issues, and removing barriers to accessing appropriate services, including due to mutually exclusive service criteria, as per ko2.2g to h.
- Recognising the prevalence of suicide risk among men and the need for tailored resources and supports that respond to gender and masculinity constructs and that increase men’s capacity to seek help, as per ko7.3a.
 - We would recommend including an additional focus on boys, or males of all ages, given the opportunities for intervention early in life through promotion of positive masculinities and identities.
 - We would also recommend a focus on environments that may foster rigid or harmful cultures of masculinity, including detention settings. Further comments are provided in our response to question 2.
 - The above recommendations are informed by the work of Jesuit Social Services’ The Men’s Project and our nationally representative ‘Man Box’ research – further explained in our response to question 5.
- Including carers, family and kin in care planning, as per ko9.1a.
 - It is critical that the inclusion of family and kin be meaningful and involve the two-way sharing of information to shape an effective response to suicide risk. Our participants report that in too many instances, the advice and insights of

carers has not been acted upon by clinicians. They should be treated as fundamental to support and care planning, with their role recognised within system-level coordination.

- The strategy should also recognise that some carers, including family and kin, cannot continue in their caring roles for various reasons – either temporarily or permanently. In these instances, the risk this presents to the person they have been caring for needs to be considered and addressed.
- Increasing access to health services in custodial settings for general health and suicide prevention, as well as transition support – including for people in adult prisons, youth detention (including on remand), and immigration detention, as per action ko5.2d. Further, we note that:
 - Access to services, including health and mental health services, in custodial settings should be based on the needs of the person, rather than by staffing capacity (or lack of)
 - Adequate assessments should be completed upon arrival in custody, including as required by policy within Victoria e.g. neuropsychological assessments for cognitive disabilities and mental health diagnosis.
 - Identifying risk and risk factors, and ensuring continuity of care, when a person is transitioning from custodial, hospital or inpatient units to community settings is also critical. Services should be linked up to enable a smooth transition, as services delivered within and outside of custody settings often differ greatly, which can exacerbate risks, including suicidal risk.
- Ensuring that Aboriginal and Torres Strait Islander people and culturally and linguistically diverse people have access to services and supports that are culturally safe; and that these groups are engaged and supported to build social and cultural connections in their communities, and to participate fully in work and education – as per ko1.2b, ko3.1a, ko4.1a, ko7.2a, ce4.1a, and as generally noted within sections 5.2. and 7.3.
- Clarifying responsibilities for suicide prevention across federal, state and local governments, as per ce1.2a. This should include responsibilities for the design and evaluation of regional approaches to suicide prevention, including postvention services, to ensure that services are appropriately tailored to the unique needs of communities – particularly in regional and remote areas.

Q2. Is there anything critical to preventing suicide in Australia, that the Advice on the Strategy does not address?

PLACES OF DETENTION

In Victoria, the Classification Placement Unit (CPU) determines which prison an adult is placed within. However, the CPU does not take into consideration a person's wellbeing and the risk of suicide and is instead determined by site-specific staff and management, and perceived risks of prisoners based on their offending. We recommend including an action that would see a person's wellbeing and suicide risk taken into account, within the actions listed in ko5.2.

While the Advice recognises the high risk of suicide among people in immigration detention, this is not captured within the actions e.g. ko5.2d. People held in immigration detention often experience suicidal distress due to facing highly stressful and uncertain circumstances, such as pending visa outcomes and the possibility of deportation. Further, people on restrictive visa conditions who are living in the community also experience significant insecurity and disadvantage, through lack of work and access to Medicare etc. These cohorts should be specifically considered in actions that address custodial settings and/or circumstances of uncertainty.

Further, these actions should include people held on remand – particularly young people – as this experience is inherently uncertain, transitional and often inflicts trauma and distress.

In relation to post-release support, we note that in Victoria, support is currently provided only to people who have been assessed as having a high risk of reoffending and/or high level reintegration needs (medium-high for women and those who identify as Aboriginal). Some programs – including the ReConnect program delivered by Jesuit Social Services – are only provided to people with a sentence of more than three months. However, there is a high proportion of people in prison who are at a lower risk of reoffending, who cycle in and out of the system on remand or short sentences and are not serviced by post-release programs. Eligibility criteria for, and access to, post-release programs should be expanded in recognition of the broad risk of suicide and suicide distress among people who have been imprisoned for any period of time.

Critically, post-release supports should include a focus on drug and alcohol use, given that withdrawal/decreased use during incarceration generally results in reduced tolerance to drugs and alcohol and therefore the risk of overdose increases.

ECONOMIC AND SOCIAL INCLUSION

The shame experienced by a person who cannot access, or get fair access to, employment takes a significant toll. It is critical that employment services don't exacerbate and/or compound feelings of shame for people who are unemployed – a compassionate response is needed within these services, to prevent people from going down a path of self-harm and suicidality. We support the actions included in ko3.2a and 6.1, and recommend including a specific mention of employment services within action ko6.3a to upskill staff and ensure a compassionate and effective response is provided to those at risk of suicide.

Commonwealth Government employment programs are geared towards compliance and punitively based systems, which contribute to stigma and shame experienced by people who are unemployed. Reform of these systems is much needed, reorienting them towards person-centred services grounded in compassion, and which instil a sense of hope and self-worth.

Further, we note the significant risk presented for disadvantaged job-seekers in Victoria by the conclusion of Victorian Government funding for Jobs Victoria services (due to end March 2025) where Commonwealth funding has not been established to fill the gap. These services should be funded consistently and reliably, to ensure that unemployed people, including those at risk of suicide and suicide distress, can maintain contact with services. This was recommended within Jesuit Social Services' response to the Workforce Australia Inquiry – please refer to recommendation 1 and related actions on page 8: <https://jss.org.au/policy-submissions/response-to-the-workforce-australia-inquiry/>

Q3. Are there any recommended actions in the Advice on the Strategy that you do not understand, or need more information about? (If so, please indicate which action(s) you are referring to in your response.)

No.

Q4. Which actions do you think are the highest priority (Please list up to 5 actions and include action numbers)

Ko9.1a Develop national best-practice guidance for crisis support services, including emergency departments, to support people in suicidal crisis, with a view to resourcing nationally consistent implementation that includes:

- mental health expertise being a core part of staff capability development

- ongoing mental health and suicide prevention education, training and professional support for all service staff
- applying accessible service design principles that create low-stimulus, reassuring environments
- trialling new workforce models to improve quality of care, including integrating suicide prevention peer workers into service teams
- inclusive practice that involves and supports families, carers and kin (with consent).

Ko3.2e Provide equitable and inclusive access to safe, secure and affordable housing across the spectrum of housing and housing services, including homelessness services, social housing, private rental housing and home ownership.

Ko5.2d Provide timely and effective support for people in prison or youth detention settings. 1. Effective mental health and suicide prevention supports. 2. Transition support programs that facilitate access to stable housing, and develop psychosocial, employment and job-seeking capabilities, and provide ongoing transitional support after release and—for Aboriginal and Torres Strait Islander people leaving prison—cultural support.

Ko7.3a Comprehensively review men's engagement with existing support options for people with suicidal thoughts and behaviours. Use the findings as the foundation for a co-design process to develop new models to better meet the needs of men.

Ko10.1a Comprehensively review barriers to involving families, carers and kin in care planning and delivery for people who experience suicidal thoughts and behaviours. Use the findings of this review to develop, trial and evaluate solutions.

Q5. Is there anything else you would like to tell us in response to the draft Advice on the Strategy?

SUBSTANCE USE AND OVERDOSE

The risk of suicide and suicide distress is prevalent among participants of Jesuit Social Services programs, including Connexions – a program that supports young people aged 16 to 28 who have a dual diagnosis of mental health and substance use issues. It provides assertive counselling, casework and advocacy to participants, and also offers secondary consultation, training and support to other workers.

We recognise that the prevalence of suicide among this cohort is likely higher than recorded, due to people who take their lives through overdose and chronic self-harm without that being identified as suicide. In such cases, the death may be recorded as overdose without mentioning that suicidal intent was potentially a factor. It is often through a loss of hope and sense of self that their lives are lost – like many others who

die by suicide. However, the historically narrow view of suicide as a symptom of mental ill health rather than a complex interaction of factors means these deaths – and their prevention through effective holistic interventions – are often overlooked in suicide prevention efforts. Further, the use of substances as a coping mechanism for mental ill health and trauma experiences, and the risks this creates for overdose and suicide, should be considered. Data and evidence on suicide should examine overdoses where suicidal intent was a likely factor, as this may allow services to better understand and target suicide prevention responses.

GENDERED EXPERIENCES

Jesuit Social Services established The Men's Project in 2017 to provide leadership and develop new approaches to reducing violence and other harmful behaviours prevalent among boys and men to keep families and communities safe and to improve their wellbeing.

The Men's Project conducts research and promotes cultural change related to stereotypical ideas about what it means to be a man; develops, delivers and evaluates interventions that address violence and other harmful behaviour; shares knowledge across sectors about what works to engage men and boys and change their behaviour; and helps build capacity across services to recognise and respond to violence and other harmful behaviours in boys and men.

Jesuit Social Services has led The Man Box study on being a young man in Australia – the first comprehensive study that focuses on attitudes to manhood and the behaviours of young Australian men aged 18 to 30. The study was undertaken in 2018 and again in 2024, drawing on data from representative samples of Australian men. It used an analytical tool, the "Man Box", to understand the impact of strongly endorsing stereotypical ideas of masculinity. The findings shed new light on the social pressures that young Australian men experience to be a "real man", and the impact this can have on their wellbeing, behaviours and the safety of our wider community.

In relation to suicide, the 2024 Man Box study found that:

- Men who most strongly endorse Man Box rules (quintile 5) were at least seven times more likely to have had thoughts of suicide nearly every day compared with men with the lowest endorsement of Man Box rules.
- Men who most strongly endorsed Man Box rules were more than twice as likely to have experienced suicidal thoughts and two and a half times more likely to have experienced thoughts of self-harm than men with the lowest endorsement of the Man Box rules.

- About one-quarter of the men surveyed (25.4%) reported they were very unlikely to seek help from anyone for a personal or emotional problem, and over one fifth (22.9%) had not sought help from anyone in the past six months.

The lack of help-seeking behaviour among men was reinforced by a survey of 142 participants within Jesuit Social Services' Support After Suicide program. As highlighted in the 2020 report, 'We were fighting the system as well as the illness', family members reported that almost 20% of men who had died by suicide did not access services at all before they died, while 10 per cent of women accessed no services. (Report can be found here: https://cdn.jss.org.au/wp-content/uploads/2020/09/13092447/JSS2003_SASReport_web4.pdf)

Further, in relation to gendered experiences of suicide, Jesuit Social Services has worked in partnership with Switchboard Victoria to develop postvention suicide support resources specifically for the LGBTQIA+ community, in recognition of the disproportionate impacts of suicide on those communities and the need for resources that respond to their unique experiences.

We support further investigation into gendered experiences of suicide distress, suicide and prevention, as well as the evaluation and tailoring of support services to meet the unique needs of particular cohorts, including men and boys, and LGTBQIA+ people.

For further information:

The Men's Project: <https://jss.org.au/programs/the-mens-project/>

The Man Box research: <https://jss.org.au/programs/research/the-man-box/>