

Western Australian Association for Mental Health

Submission

Draft Western Australian Suicide Prevention Action Plan 2021-2025

About WAAMH

The Western Australian Association for Mental Health (WAAMH) is the peak body for the community mental health sector in Western Australia and exists to champion mental wellbeing, recovery and citizenship. WAAMH recognises a continuum of supports - built on principles of human rights, recovery, co-production, personalisation and choice, social inclusion and cultural connection - are essential to the promotion, protection and restoration of mental wellbeing. WAAMH promotes, advocates for and further develops this network of supports.

At the Western Australian Association for Mental Health (WAAMH), we have a vision that our state can lead the nation in addressing mental health in our communities through:

- Good foundations for emotional and social wellbeing for all Western Australians, wherever you live and whatever your age
- Ensuring there are great services in the community so people can get help for mental health concerns where and when they need it
- Protecting the rights of the most vulnerable people with mental health concerns in our society.

As the peak body for community mental health, we are a crucial conduit in bringing together the many stakeholders in this area to work towards our shared vision by advocating for and optimising the mental wellbeing of those who live here.

We proudly represent the voices of the many community-managed service providers and Western Australians who want to see this vision become a reality.

Consultation process

WAAMH acknowledges the very extensive consultations conducted to inform the Draft Action Plan.

However, whilst recognising the potential for State Budget processes to have impacted consultation timeframes, we also hold concerns about the timing and timeframe for consultation on the draft. With its release during Mental Health Week, and less than 2 weeks until the closing date, WAAMH has been unable to consult widely to prepare this response. We are aware of similar concerns amongst other stakeholders. As such, this submission has

been primarily informed by WAAMH's ongoing stakeholder engagement and prior consultations and focused on a small number of key issues.

The Draft Action Plan

WAAMH welcomes the renewed state government commitment to continue its work in suicide prevention that is set out in the Draft Western Australian Suicide Prevention Action Plan 2021-2025 (draft Action Plan).

Strengths of the Draft Action Plan

Elements we specifically endorse include:

- The strong and specific focus on Aboriginal populations and communities as a key priority, and the recognition of Aboriginal leadership and organisations as primary.
- The need to take a regional focus and acknowledgment of local leadership
- A focus on social determinants
- A recognition of the need to build on existing programs and align with State and Commonwealth policy directions including the Fifth Plan
- The draft Action Plan's statement that it addresses suicide-related findings and recommendations of several reports, including the WA State Coroner's Inquest into the deaths of 13 children and young people in the Kimberley and the 2016 Message Stick Inquiry into Aboriginal youth suicide in remote areas.

However, WAAMH also has concerns about the Draft Action Plan.

Greater specificity of outcomes, priorities, actions and timeframes

WAAMH is concerned that the Draft Action Plan includes no specific actions, accountabilities or metrics, no governance, and no funding associated with the strategies outlined. The Draft Action Plan does not provide sufficient clarity of priorities or specific objectives that would act as a guide for the development and implementation of actions to reduce and respond to suicides. The document reads more as a guideline, outlining activities which the Mental Health Commission (MHC) would like organisations and other stakeholders to align with and suggestions generated by the community.

Considerable work is required to develop specific priorities and actions that would normally be contained within an Action Plan. Clear prioritising, development of detailed actions, priorities and timeframes in a staged manner is needed. This should include how existing funding arrangements will be tied to furthering the priorities of the Action Plan (once finalised). If this is not extensively improved, then a very robust implementation strategy will be required.

For example, cross government collaboration is recognised as critical, yet specific initiatives that foster and facilitate this are lacking or need further development. Page 32 states that the MHC will utilise the Suicide Prevention Action Plan 2025 as a guiding document to facilitate and lead a coordinated whole-of-government response. However, it does not articulate exactly what opportunities we can build on based on the desktop review, how the MHC will do this or what specific and measurable objectives it hopes to achieve.

Further, while a program logic approach is welcomed, it requires more robustness. It is not readily apparent in the document how program logic has influenced development of the document and its activities and outcomes.

Specifically, the document states on page 39 that there are short and intermediate term outcomes associated with each of the priority areas. However, clear links between the outcomes, priority areas, activities and community suggestions are not readily apparent, and it is further unclear whether there is sufficient evidence to link the short and intermediate 'program and/or service outcomes' and the long-term outcomes in the logic framework.

The Draft Action Plan also states the outcomes are for consideration when implementing activities. WAAMH suggests stronger leadership and stewardship may be required to drive these as required outcomes rather than optional, particularly for MHC contracted services.

Recommendations:

1. That the Prevention Plan include specific priorities, and measurable outcomes, targets, and time lines to guide the implementation of the strategies and include a clear governance framework.
2. That information be provided about what strategies have already been addressed, which strategies are considered a priority for WA, and what services already exist to address particular strategies.

Social determinants

WAAMH strongly endorses the Draft Action Plan's acknowledgement of the importance of the social determinants of health as key enablers in prevention of and response to suicide. However, we are concerned that the Draft Action Plan contains little specificity about how social determinants will be addressed in both strategic and practical ways.

Given the importance of social determinants such as income¹, housing, education, employment and trauma², a stronger focus on the social determinants of health and wellbeing in the Prevention Priority Area and in other areas is needed. In particular, greater clarity on how whole-of-government and cross-agency action will be determined, initiated and implemented requires much more specific consideration.

A recent report³ found that income and unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors all contribute to high suicide rates. The report recommended that tackling inequality should be central to suicide prevention and support should be targeted to the poorest groups who are likely to need it most.

Given these cross-sectoral issues, WAAMH suggests that cross-agency engagement in the Action Plan's development as well as Cabinet endorsement will be important to initiate and sustain the whole-of-government action needed to address these issues in any meaningful way. The Draft Action Plan appears to be uncertain about the MHC's role or leverage in leading and stewarding such action (see for example page 35) – a matter which requires resolution.

¹ For example: Holkar, M & Bond, M, (2018) A Silent Killer: Breaking the link between financial difficulty and suicide, Money and Mental Health Policy Institute, London, November 2018 <http://money & mentalhealth.org/suicide-and-debt>

² The Lancet Commission on Mental Health and Sustainable Development, Policy Brief October 2018

³ Samaritans, 2017, Socioeconomic Disadvantage and Suicidal Behaviour, file:///C:/Users/cmckinney/Downloads/Socioeconomic_disadvantage_and_suicidal_behaviour_-_Full.pdf

Recommendations:

3. That the Prevention Plan include clearly articulated strategies to facilitate multisector and whole-of-government collaboration to address the social and environmental determinants of health.

Previous inquiries and reviews

WAAMH welcomes the Draft Action Plan's statement that the document addresses suicide-related findings and recommendations of previous significant inquiries including the WA State Coroner's Inquest into the deaths of 13 children and young people in the Kimberley and the 2016 Message Stick Inquiry into Aboriginal youth suicide in remote areas. However these reviews are mentioned only once and the document does not demonstrate how they have informed the development of the draft Action Plan.

Given the significance of these reviews WAAMH is concerned that they are not afforded more attention. It is disappointing that they are not included in the plan development methodology on page 29. WAAMH recommends the final plan include clearer reference to these important inquiries, and specifies which of their recommendations have and have not been addressed.

Recommendations:

4. The Action Plan specifies which of the suicide-related recommendations of previous inquiries have been addressed and how.

Level of investment

Rising suicides in Western Australia – up from 300 in 2008 to 409 in 2017 – are causing intolerable distress and trauma.

At recent funding of \$25.9 million over 4 years from 2015-16 – 2018-19, WA's investment and effectiveness in preventing suicide lags behind other more effective jurisdictions, notably NSW at less than a quarter of spend.



While WAAMH is delighted at the initial funding included in the 2019-2020 State Budget and the positive statements regarding government commitment in the Draft Action Plan, new and increased funding is urgently needed. This should also include increased funding for mental health prevention in line with the 10 Year Plan modelled need, to prevent mental health issues, which could contribute to suicide prevention.

Recommendations:

5. A four-year commitment to suicide prevention funding in the 2020-2021 State Budget, and a projected increase in funding in line with the 10 Year plan targets for prevention spending - to increase to 5% of the total mental health spend by 2025.

Contact

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