RACGP
Royal Australian College of General Practitioners

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29 October 2024

National Suicide Prevention Office
PO Box R1463
Royal Exchange NSW 1225

Via email: nspo@nspo.gov.au

Dear National Suicide Prevention Office,

Re: Public consultation on the draft Advice on the National Suicide Prevention Strategy

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the draft Advice on the National Suicide Prevention Strategy (the Advice). The RACGP is pleased to see the important role of general practitioners (GPs) in suicide prevention is acknowledged in the Advice on the Strategy.

Our responses to the consultation questions are outlined below.

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

Overall, the Advice on the Strategy is excellent. It takes a broad approach to suicide prevention, including many of the social determinants of health, and does not view suicide prevention as a purely medical problem. It acknowledges the key role of GPs, the contribution of people with lived experience and appropriately highlights the impact of experiences such as intimate partner violence and childhood trauma.

There are some areas of the Advice that need to be emphasised:

- The suicide rate for men is about three-times the rate for women[1], and while the recommended action ko7.3a aims to ensure appropriate support for men, there needs to be further emphasis to address this major risk group.
- There are some important qualitative differences in suicide in Aboriginal and Torres Strait Islander communities. People attempting suicide are often younger (including children), suicide methods are different, there is often clustering of suicide attempts, and fewer visits to health services before an attempt. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (referenced in the Advice) stresses the importance of Aboriginal and Torres Strait Islander leadership in suicidal prevention, and this can be stressed more in the Advice.
- It is important to include Aboriginal and Torres Strait Islander perspectives and voices in the Advice on “suicide prevention in all policies” as there will be specific policies that have a disproportionate impact on Aboriginal and Torres Strait Islander people.
- Trauma-informed care should be emphasised, both in the provision of clinical services, and in prevention. The impact of trauma, particularly childhood trauma, plays a significant role in suicidal ideation and self-harming behaviours, and it also poses challenges for health services in effectively engaging with people who have experienced trauma.

- Section 10.1, under Key Objective 10, discusses families, carers and kin. This needs to include the broader Aboriginal and Torres Strait Islander conceptions of family, carers and kin, which may often include extended family, and in some areas will be subject to cultural kinship rules.

- Intersectionality could be further emphasised. In particular, access to services and supports to connect people and places, considering culture, beliefs, identity, ability and care needs.

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

Role of GPs

- As acknowledged in the Advice, GPs have an important role in suicide prevention. General practice is the most accessible service for those who require mental health care and, in rural areas, often the only service available.[2] Individuals exhibiting suicidal behaviour often visit their GP in the weeks or days leading up to a suicide attempt. GPs are well placed to identify signs of suicidality, even in patients who may not openly express their distress.[3]

  High-quality GP care has been proven to significantly reduce suicide deaths and attempts, especially when incorporated into a multifaceted suicide prevention program.[3] A longer consultation is key to achieving improved patient outcomes. Longer consultations will help address inequality in the system, where the most complex and disadvantaged people do not have the financial capacity to access other services, often leaving GPs as the only service provider managing these complex patients.

  Longer consultations, that often involve mental health, are currently poorly remunerated. The RACGP advocates for a 20% increase in Medicare patient rebates for all standard general practice consultations longer than 20 minutes as a simple and effective way to build additional support for people with complex health needs. Additionally, the application of a 20% increase to all GP mental health MBS patient rebates would significantly increase the viability for GPs to provide these services to patients, ensuring they receive the clinical time they require. This increase would have a significant positive impact for the thousands of Australians struggling with mental health challenges. It would have its biggest impact on patients who have difficulty accessing care anywhere other than their GP.

Workforce

- Workforce wellbeing needs to be addressed in the Advice. Managing the persistent distress of people, and their family and carers, is rewarding but challenging for health professionals. For example, the responsibility placed on GPs can lead to a high risk of burnout with increased psychological distress, suicidal thoughts and substance abuse.[4] The Strategy will depend on a well-trained and well supported workforce, with adequate resourcing and available services for onward referral. Without this, there is a high risk of distress among the workforce, high staff turnover and many days lost to sickness. This also impacts on the availability and continuity of care for people and carers experiencing suicidal and self-harm behaviours.

Government department responsibilities

- The roles and responsibilities within government structures need to be clearly defined. The Advice on the Strategy describes alignment but there is no accountability to ensure this occurs.

- Government departments, including housing, Centrelink, the police and emergency health services, should be adequately trauma-informed in their interactions with people at risk of suicide.

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.)

Recommended action ko2.2h: Improve support for people experiencing both a mental illness and a substance use disorder to ensure a coordinated and seamless approach:

More detail is needed about how the health system should support people with co-morbid substance use disorder and other mental health issues.

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

The highest priority should be given to the below actions:

- ko1.2b: Ensure mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally safe way.
  This action must be expanded to all service provision mentioned in this document, not just mental health.
- ko2.2b: Improve capability of all healthcare services to identify and respond to suicidal distress.
- 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. This action should include chronic and intractable homelessness.
- ko4.2a: Address loneliness and social exclusion in Australia
- ce4.2a: Better equip GPs to provide and coordinate care for people experiencing suicidal thoughts and behaviours

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

- On page 26 of the Advice, action ko4.1a, reconciliation should be between non-Indigenous and Aboriginal and Torres Strait Islander Peoples as the order of the wording matters.

- In considering online mental health tools, consideration needs to be given as to where and how these might be accessed (eg public libraries) and about the digital and reading literacy required to operate them. This may worsen health inequalities, as there is a significant digital divide, not just in access to internet and IT technologies, but about where these might be accessed. In addition, digital technologies (including AI) may have the capacity to emphasise the lack of human connection that can make someone feel suicidal in the first place, so it is important to prioritise human contact.

- The success of this Advice will depend on the ability of the National Suicide Prevention Office, and the National Mental Health Commission to push the reforms forward and hold governments to account. As an independent Statutory Commission, the Mental Health Commission has an opportunity to hold governments and policy-makers to account to ensure policies are appropriately implemented. This should be considered by the Department of Health and Aged Care in their current consultation on reforms to strengthen the National Mental Health Commission and the National Suicide Prevention Office.

Thank you again for the opportunity to provide feedback on the draft Advice on the National Suicide Prevention Strategy. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

Dr Nicole Higgins
President

References

1. Australian Institute of Health and Welfare. Suicide & self-harm monitoring. Canberra: AIHW, 2023.
2. The Royal Australian College of General Practitioners. General Practice Health of the Nation 2024. East Melbourne: RACGP, 2024.
3. Black Dog Institute. An evidence-based systems approach to suicide prevention: guidance on planning, commissioning and monitoring. Sydney: Black Dog Institute, 2016.
4. The Royal Australian College of General Practitioners. Mental health care in general practice. East Melbourne: RACGP, 2021.