Level 11, 257 Collins Street
Melbourne VIC 3000
PO Box 38
Flinders Lane VIC 8009
T: (03) 8662 3300

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Australian Government
National Suicide Prevention Office
National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225
Submitted via email: NSPOStrategy@mentalhealthcommission.gov.au

Dear Sir/Madam

APS Response to the National Suicide Prevention Strategy Scoping Paper

Please find below the Australian Psychological Society's (APS) response to the National Suicide Prevention Strategy (the Strategy) Scoping Paper, and specifically, the consultation questions regarding the structure and development of the Strategy.

1. **Structure: Does the Strategy structure (i.e., principles, focus areas, enablers) cover the main areas addressed in the Final Advice in a way that supports the development of actions for the National Suicide Prevention Strategy? If not, what do you think should be changed or added?**

The APS generally supports the proposed structure of the Strategy and believes that it is well-aligned with the Final Advice. We recognise and affirm the emphasis placed in the Scoping Paper on lived experience as a guiding principle. We would also suggest that a further guiding principle is that the development of the Strategy is evidence-based. Such an approach would complement, not detract from, the emphasis on lived experience. A properly evidence-based approach to suicide prevention encompasses not only the extensive and ever-evolving psychological and interdisciplinary scientific research about suicide and its drivers and prevention, but also includes an intentional and systematic framework for hearing, synthesising, and learning from people and communities affected by or with a lived experience of suicide.

As we have said in our recent APS Position Statement on Evidence-Based Practice and Practice-Based Evidence in Psychology (2022), the role of practice-based evidence (PBE) is essential for an inclusive and transformative application of science to the community. Recognising the role of PBE in the suicide prevention context is particularly important for populations (including First Nations people and communities) where traditional scientific research and methodologies have been underapplied or are not culturally appropriate.

In addition, we would recommend that the development of the Strategy be guided by a theory or model of change. The ambitious scope of the Strategy for suicide prevention in Australia needs to be underpinned by a realistic and testable model which is informed by the psychology of behaviour and culture change at the level of individuals, communities, and institutions. Such a model would also allow for the prioritisation of actions in the Strategy according to a system-based understanding of how to effect change in the most effective and efficient way. Psychologists are uniquely placed to contribute to the development of a theory of change which maximises the translation of the Strategy into successful and sustainable action.

The Australian Psychological Limited
ABN 23 000 543 788

2. **National Suicide Prevention Strategy development and consultation: Do the proposed advisory groups, working groups and consultation plan provide adequate opportunity for input from a variety of perspectives? If not, what do you think should be changed or added?**

The APS welcomes the intention to consult with people and organisations beyond those traditionally involved in suicide prevention, including through the advisory groups, and working groups. We would caution that this widened scope of consultation should not be at the detriment of the critical role that mental health professionals, researchers and advocates continue to have in suicide prevention.

As psychologists, we are not seeking a privileged voice in the consultation process, but at the same time, the disciplinary maturity, expertise, and insight of those in the health and mental health community – including psychologists – should not be sidelined. The development and implementation of the Strategy should be an opportunity for dialogue and learning, not the basis of creating new silos or for risks of failure to be unintentionally created by not drawing on the body of knowledge, experience and wisdom that already exists. As part of this, the Strategy development process should create institutionally safe spaces to share and learn from policy and program failures in 'traditional' suicide prevention approaches, and thus to innovate together for the benefit of the Australian community.

In particular, the APS notes that the role of psychology and psychologists in suicide prevention includes and goes beyond clinical service delivery, particularly at the acute or postvention stages. The Scoping Paper rightly recognises that suicide is more than a mental health issue. Similarly, psychology's contribution to suicide prevention extends beyond mental health to other domains which are critical to the success of the development and implementation of the Strategy. As noted above, psychologists bring unique expertise in understanding and shaping behavioural and culture change.

Psychologists also work not only with individuals across the lifespan but can harness the power of groups and communities. Psychologists work within organisations, institutions and regulatory structures to promote wellbeing and prevent distress using evidence-based interventions and strategies. Psychologists understand the inextricable connection between physical and mental health. All of this is relevant to effective suicide prevention. Moreover, psychologists are attuned to the often unspoken but profound influences on suicidality which lie between individual clinical factors and broader societal phenomena, including the role of shame, anger, disconnection, and the loss of meaning in life. As such, we would hope that the development of the Strategy is psychologically-informed in the fullest sense of the term.

3. **Do you have any other comments on what should be considered in the development of the National Suicide Prevention Strategy?**

The APS would like to see maximal interoperability and minimal duplication between the Strategy and the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* and state and territory suicide prevention strategies.

Please contact me at my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au if any further information is required.

Kind regards,

Dr Zena Burgess FAPS FAICD
Chief Executive Officer