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**SUICIDE PREVENTION**

**SPEECH**

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EO&E...

Good afternoon, everyone.

I would like to begin by acknowledging the traditional owners of the land on which we meet.

My thanks to **Angela Elmsie**, and everyone at Suicide Prevention Australia.

**Jenny Brockie** and **Professor Pat Dudgeon** for your warm welcomes.

And **Mark Davis** for putting into words the essence of why we're here. Your story reminds us all of why the task ahead is so important.

I acknowledge all Australians with lived experience of suicide, and their loved ones — and all Australians who live with mental ill health.

I also acknowledge **Christine Morgan** — National Suicide Prevention Adviser and Chief Executive Officer of the National Mental Health Commission.

Christine's expertise and insight has been invaluable for myself, Minister Hunt and the Prime Minister as we confront these challenging issues. She is laser focussed on saving lives, and she is a very powerful advocate.

When I first entered parliament, I said that clarity of thought leads to concentration of effort, and concentration of effort, leads to success.

Eight years on, I still believe that.

This is an area where we must succeed.

More years of life are lost to suicide than any other cause of death in Australia.

Its impacts are devastating — for individuals, for families, for communities.

Mental illness has a serious impact as well — in any year, one in five Australians will experience a mental or behavioural condition.

Those who work in these areas do a difficult job, and they do it well.

Psychologists, psychiatrists, general practitioners, social workers and phone-line operators work so hard — and with the utmost professionalism — to ensure people experiencing mental ill-health, and suicidal distress, can get the help that is available.

I want to thank them for the compassionate support they provide in hugely challenging conditions, particularly over the last year.

Part of that gratitude is a commitment to a future system that helps them to help others even more.

Because it's clear that the sector faces a critical need for wide-ranging reform — a new, whole-of-government and whole-of-community approach.

And there is a lot of goodwill towards achieving that reform.

The work of the states and territories demonstrates to me a genuinely bipartisan commitment to the goal we all share: Towards zero suicides in Australia.

### **Where broader mental health reform fits in**

Today, I'd like to cover a few areas.

First, to outline the work I'm leading in mental health.

I'll then address the final advice of the National Suicide Prevention Adviser.

And, finally, I'll discuss how this fits into the various reviews on suicide prevention, and what the next steps will involve.

Let me make an acknowledgment up front: suicide prevention is much broader than simply mental health reform.

Many people who die by suicide or experience suicidal distress are not reaching out for help, including from the mental health system.

There are many reasons for this.

It could be stigma.

Or shame.

Or lack of access.

There are many factors that contribute to suicidal distress — stressful life events; financial issues; relationships; homelessness; illness; and addiction, to name a few.

Mental health reform alone will not put an end to suicide in Australia.

However, improved mental health services — with easier access — can reduce suicide risk.

That's why we're using every intervention we can.

It's why we've drastically boosted our mental health and suicide prevention spend from \$3.3 billion about a decade ago, to a record high of about \$5.9 billion in the Health portfolio alone over 2020–21.

And it's why as soon as the COVID-19 pandemic began, we heeded the advice of experts like Christine and Dr Ruth Vine, Deputy Chief Medical Officer for Mental Health, and delivered more than half a billion dollars in direct mental health supports.

This included \$47.3 million to support Victorians with their mental health and wellbeing, through ...

... 15 dedicated 'HeadtoHelp' mental health clinics across Victoria ...

... additional digital and telephone services ...

... and a capacity boost for providers like headspace and Beyond Blue during the stage 4 lockdown last year.

Using every possible mental health intervention has also meant doubling the number of Medicare-subsidised individual psychological therapy sessions to 20 sessions per calendar year ...

... dramatically expanding youth mental health services, including increasing the number of headspace sites from 56 in 2013 to 153 by next year...

... funding new adult mental health hubs and residential centres for people with eating disorders ...

... and investing in a 'generational shift' in medical health research, through research at the ALIVE centre, and projects like the Million Minds mission.

### **Final advice from National Suicide Prevention Adviser**

But we also need reform that is specific to suicide prevention.

Many improvements have been made in recent years.

However, despite these efforts, there has been no significant and sustained reduction in the rates of death by suicide over the past decade.

The system still lets vulnerable Australians down.

The Productivity Commission report told us this.

The Royal Commission into Victoria's Mental Health System told us this.

Those with lived experience of suicidal distress, and their loved ones, continue to tell us this.

The final advice from our National Suicide Prevention Adviser — **which the Government releases today** — tells us this, too.

It is a significant piece of work.

It builds on the interim advice handed down in November, and provides a roadmap for driving a major shift in suicide prevention in Australia.

The crux is that we need to find new ways to intervene earlier ...

... before the crisis escalates.

As the Prime Minister said last year:

*"Compassion means going to where people are, rather than waiting for them to present."*

As emphasised by Christine in her advice, true compassion means going to places where distress first manifests: at workplaces, schools, within families and social networks, and out in the community.

Not at crisis-driven places like hospital emergency departments, or disconnected services that are simply not set up to help.

What we need is a support network that stretches right across our health system, and beyond.

One that acknowledges that life stressors — like financial distress or relationship breakdown — can contribute to people feeling trapped and overwhelmed.

These policy areas must see the Commonwealth and states and territories work together better.

For too long far too many people have either fallen through the gap in our systems, or have found themselves in situations where they did not get the help they needed.

We cannot — and we will not — accept that anymore.

The reforms recommended in Christine's advice follow one guiding principle: that everything we do is informed by the lived experiences of people who've been there.

People who have experienced the stigma, the disempowerment, the invalidation.

People who deserve more — who deserve to be treated with care and compassion, and deserve an integrated system that genuinely says: 'We're here for you'.

A caring and compassionate system is one that listens to the knowledge and insight of people who live or have lived through it.

It's a system that is genuinely whole-of-government.

It's a system that collects data and evidence, and uses it.

And it's a system that builds workforce and community capability.

We owe it to the nine people in Australia who die by suicide every day, to take this advice and apply it.

We owe it to the thousands more who suffer suicidal distress, and who have attempted suicide in their lives.

So let me again take the opportunity to thank Christine for her work. She will be speaking to you all shortly — so a great opportunity to hear from the National Suicide Prevention Adviser direct on her final advice, that is being released today.

I must also acknowledge that Christine's advice adds to an already significant body of knowledge.

Last year the Productivity Commission highlighted the 'missing middle' of our mental health system, and the 'bewildering array of unpredictable gateways to care.'

On suicide prevention specifically, the Commission report focused on the benefits of follow-up care, given half of people discharged from hospital after a suicide attempt do not attend follow-ups.

One study referenced by the Commission found that adequate aftercare could result in the prevention of more than 6,000 suicide attempts each year.

The insights and ideas in the PC report complement those of another report: the final report of the Royal Commission into Victoria's Mental Health System, released in February.

It advocates for a national response to suicide prevention, better follow-up care and postvention support, and the need to reach people earlier.

### **The way forward**

What all this leads to is a life-saving opportunity to take this advice on.

To use the knowledge of lived experience, intervene earlier, follow up for longer, and ensure that all government services — not just health services — are part of the solution.

Which brings me to next steps.

National Cabinet has asked for a National Mental Health and Suicide Prevention Agreement by November this year.

It will pave the way for long-term reform.

For the Commonwealth's part, last year we announced an initial \$64 million response to Christine's earlier advice.

Those initiatives focus on aftercare and postvention support, improved distress interventions, and extending the National Suicide Prevention Trials.

And they sit alongside the National Suicide Prevention Leadership and Support Program, which supports organisations doing fantastic work in awareness and stigma reduction, research and leadership ...

... such as Suicide Prevention Australia, RU OK?, Everymind and Reach Out.

It also sits alongside the critical work that Minister Wyatt, Professor Tom Calma and Gayaa Dhuwi Australia are leading to improve mental healthcare and suicide prevention within Indigenous communities ...

...especially remote communities ...

... and among young Aboriginal and Torres Strait Islander people.

We will have more to say in the coming months, including at the Budget.

But right now, I want to emphasise this: what we're aiming for is long-term reform, rather than short-term solutions. That reform will take time, but the time to begin is now.

### **Conclusion**

In 2019, 3,318 Australians died by suicide.

Seven men and two women each day.

It's estimated that each year a further 65,000 people will find their situations so unbearable that they attempt suicide.

Many more will experience suicidal thoughts.

Aboriginal and Torres Strait Islander Australians die by suicide at more than double the national rate.

Men and boys account for three quarters of all suicides.

We are seeing an alarming increase in self-harm and suicide among women and girls.

Our LGBTI community has the highest rates of both suicidal thoughts and suicide attempts in Australia.

And our veterans are also vulnerable — from 2001 to 2018, 465 Australians who had served over the previous 17 years, died by suicide.

These are brutal truths.

So what we do now matters.

Clarity of thought matters.

Concentration of effort matters.

The next 12 months will be critical.

But let's be reassured that, at this stage, the data is telling us that an increase in presentations to emergency departments and calls to Lifeline has not been matched by an increase in suicide.

Let's take heart in the fact that Australians' willingness to talk about mental health and suicide is much greater than in the past.

And let's find strength in the momentum we have for genuine, lasting, and life-saving change.

The overarching purpose of government is to build the foundations on which a nation can succeed.

To succeed in the way I know we can, Australia needs a mental health and suicide prevention system that is caring and compassionate, that meets people where they are ...

... wherever that may be.

I very much look forward to working with you all in the months ahead.

**[ENDS]**

National Suicide Prevention Adviser's Final Advice can be found here:

<https://health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice>