Evidence Brief

Focus Area 2: Mitigating the impacts of known drivers of distress.

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Definition and scope of this focus area

Definition

This focus area addresses "upstream" prevention as part of a public health approach recognising that there are significant gains to be made from upstream strategies that prevent people getting to the point of crisis in the first place.(1, 2) Drivers of distress are circumstances or events that cause distress that in some cases becomes suicidal.
There are two strands to this focus area in terms of targets for preventive strategies and actions:

1) **Reducing impact** for individuals who have been exposed to a driver of distress that has been associated with increased risk for suicide and/or self-harm, by providing supports to buffer the effect of the exposure.
2) **Reducing prevalence and severity** of known drivers of distress though interventions which act directly on the drivers and the structures that stimulate them to reduce the likelihood of exposure.

Scope

A broad array of putative 'drivers of distress' have been identified in descriptive epidemiological research aimed at quantifying rates of suicide and self-harm in the population and identifying associated risk factors. A risk factor can be understood as "characteristics of the individual or the society in which they live that increase the likelihood of a negative outcome."(2) While the mechanisms through which many risk factors contribute to suicidal behaviour are not yet clear, this brief focuses on those which potentially contribute, at least in part, via causing or exacerbating distress.

There is evidence in the literature for the following factors, grouped per the public health model presented in the Blueprint paper, as potential drivers of distress associated with suicide and self-harm.(1, 2) [1]

Social Determinants (structural)

[1] Note this list is drawn from literature primarily reporting on high-income countries. It is not exhaustive as there is a myriad of studies of different factors in different population groups. Rather it reflects a synthesis of the literature from systematic reviews of general population samples.

Socio-economic inequality (unemployment, income, education levels); limitations in health system coverage, capacity, and affordability, discriminatory; stigmatising cultural and societal values/attitudes.

Individual-level drivers[2]
Clinical factors: mental illness (including personality disorders), alcohol and other drug use/disorders; gambling disorders; physical illness, chronic pain.

Socio-economic factors: unemployment, financial insecurity, financial stress, living in lower-SES areas, housing stress/homelessness, lower educational attainment.

Contextual factors: relationship breakdown; living alone, social isolation and disconnection; loneliness, family violence, intimate partner violence; family conflict; children experiencing adversity, abuse, neglect; life transitions and loss of social role including exiting the workforce and leaving institutional environments such as defence forces; employment in certain industries; legal problems, contact with criminal justice system; experiencing discrimination, stigma, racism, or bullying; bereavement; exposure to suicide or self-harm in others.

Some of these drivers will disproportionally affect particularly population groups for example racism for First Nations Australians or the availability of mental health services for regional and remote community members and contribute to the higher rates of suicide among those population groups. Others may be particularly salient at specific points in the life-course, or during life transitions and likewise underlie elevated risk for individuals during those times. There are also other drivers of distress that are specific to population groups i.e., institutional discrimination for First Nations Australians, which are not detailed here.

What are the key issues?

As noted above, there are many potential drivers of distress associated with suicide and self-harm identified in the epidemiological risk-factor literature. Thus, a key issue in developing a more focussed national level prevention approach is making an evidence-based assessment of the relative magnitude of the impact of different drivers alongside a consideration of the prevalence of exposure to those drivers. Decisions can then be made to focus efforts and resources on drivers which have the most severe impact as well as those which may have a less severe impact but are more widely prevalent in the population.

Following that approach and based on findings from recent meta-analyses, the following emerge as the key factors to tackle in terms of mitigating the impact of known drivers of distress, and where appropriate to reduce their prevalence.[3]

Social determinants (structural)
Socio-economic disadvantage is the social determinant with the strongest evidence of increasing risk for suicide and self-harm. Socio-economic disadvantage is multi-faceted construct expressed in a number of interrelated domains including employment, income, housing, and education.(1-3)

[3] In terms of social determinants, this brief focusses on reducing prevalence of drivers where it is feasible through policy and programs and not where wholesale structural and/or social reform are required.

Individual-level factors
Recent metanalyses quantify the relative impact of drivers of distress on likelihood of dying by suicide or engaging in self-harm.(4-7) Those with the greatest impact are[4]:

- Mental illness (OR 13.1 95% CI: 9.9 to 17.4) is consistently the driver of distress with the greatest impact on likelihood of developing suicidal thinking, engaging in self-harm, or dying by suicide.

- Alcohol (OR 3. 2,95% CI:2.3 to 4.4) and other drug use disorders (OR 3.0, 95% CI: 1.7 to 5.4) have a substantial impact.

- Contextual stressors[5]: which consistently show a stronger impact on risk for suicide in meta-analyses of the published evidence are: relationship (OR 5.0, 95% CI: 3.3 to 7.6) or family conflict (OR 4.5, 95% CI: 2.0 to 10.3 respectively), legal problems (O5.0) 95% CI: 2.4 to 9.4); social isolation/loneliness (OR 4.0 95% CI:2.1 to 7.7), unemployment (OR 3.8 95% CI:2.7 to 5.2), abuse or victimisation (OR 3.5 95% CI: 2.4 to 5.0), and financial difficulties (OR 2.8 95% CI 2.0 to 4.0).

Additional drivers which were not included in the meta-analyses, but which have been associated with distress and mental health problems and which are particularly relevant in the current Australian context are problem gambling and housing-related stressors. (8, 9)

The remainder of this evidence brief focusses on these key drivers of distress, grouped as Socioeconomic disadvantage – system-level, Individual-level drivers: clinical (mental health, alcohol and drug use, problem gambling), financial and legal (unemployment, financial problems, housing stress, legal problems), relational (relationship or family conflict, social isolation/loneliness, abuse or victimisation). It must be noted that there is a bi-directional relationship between social determinants and individual/social factors and that national and state strategies or plans addressing mental health and other issues relevant to this brief, incorporate actions focussing on system-level change as well as actions focused on individuals. Throughout this brief, interventions and actions will be noted as system level, individual level or, in some cases, both.

Having focussed on this delimited set of drivers of distress in no way says that addressing preventive efforts toward others should not be pursued, and that for different population groups and at different life stages other drivers of distress may indeed have greater salience.

What is currently happening (in Australia)?

The drivers of distress span virtually all social and economic spheres of life, therefore within the scope of this brief it is not possible to provide anything approaching a full scan of Australian policies and programs currently addressing them across levels of government and the non-government sector. The following section provides a general overview and some illustrative examples of current services and activities.

[4] Odds ratios from Favril et al 2022.
[5] While there is substantial literature on a broad spectrum of contextual factors and risk for self-harm, there is no definitive evidence available ranking the relative risk conferred by the numerous associated contextual drivers of distress for self-harm/suicide attempts in the general population. Therefore, this brief is guided by data on the contextual drivers of distress most salient for suicide.

Socio-economic disadvantage (structural)
Reducing the prevalence of and/or providing population-wide support to buffer the impact of social determinants related to socio-economic disadvantage are largely, but not entirely, the responsibility of the Australian and state/territory governments. Governments have in place a variety of population-wide policies concerning education, health systems, labour markets, and social welfare that address socio-economic issues. These underpin a broad range of programs and services providing support to disadvantaged individuals. All current state/territory Suicide Prevention Strategies recognise the need to address these social determinants as part of a public health approach to suicide prevention, and the need to include a mental health/suicide prevention lens when developing socio-economic and social welfare policy. However, a recent environmental scan of government-led suicide prevention strategies and activity in Australia found only limited evidence of implementation of such an approach.(10)

An example of a more expansive approach to suicide prevention was the Australian Government's 2020 National Mental Health and Wellbeing Pandemic Response Plan. The Plan included specific mention of role of socio-economic support, and over the course of pandemic a range of employment, income and housing support measures were implemented – most of which have since been wound back.(11)

Individual-level drivers – Clinical

Mental health

The Australian Government and state and territory governments have in place, or are in the process of revising, Mental Health Strategies and there are also Mental Health and Wellbeing Strategies for a number of population groups including Children and Young People, First Nations Australians and so on.(10) These strategies include both system-level and individual-level recommendations and actions.

In terms of services for individuals, there are a broad range of Australian and state/territory government-funded public mental health care services ranging from in-patient treatment, treatment services delivered online, mental health care delivered in general practice and an array of online information resources and service navigation sites. Private treatment services are also available. However, at a system level, the mental health treatment system in Australia is complex and fragmented, and has been the subject of multiple recent reviews and evaluations resulting in a raft of recommendations to strengthen and better coordinate services to make the system to make it more equitable, accessible, affordable, appropriate, and effective.(12-16) Consideration and implementation of those recommendations is ongoing and likely to be a medium- to long-term exercise.

At the individual level, while focussed on care for individuals experiencing suicidal distress or who are actively suicidal, Focus Area 4 also discusses mental health services and initiatives in general and provides details on mental health system initiatives including service navigation, digital services, and non-clinical care models.

Alcohol and other drug use

The National Alcohol Strategy 2019-2028 provides a national framework to prevent and minimise alcohol related harms. As with mental health, this framework includes both system-level and individual-level recommendations and actions.

System-level interventions include state and territory-based legal interventions such as restriction of alcohol outlets (Northern Territory) and changes to drug possession laws to include diversion to treatment (see below).

In terms services for individuals, there are many types of alcohol and other drug treatment services available in Australia, both publicly funded and private. Treatment aims to reduce harm, coordinate care, and provide intensive interventions, for example detoxification, rehabilitation and so on. Pharmacotherapy treatments for drug use are also available and funded under public programs.(17) Headspace provides publicly-funded services and support for young people aged 12-25 years with alcohol and drugs issues.

National information services available include the Alcohol and Drug Foundation Path2Health Tool, an online tool that provides brief assessment of level of severity of alcohol or drug use problems and provides local resources for different types of therapy, and the National Drug and Alcohol Hotline which provides information on publicly funded and private treatment options.

Problem gambling

At the system level, the development of the National Consumer Protection Framework for Online Wagering is a state/territory and Australian government initiative which includes ten measures to protect consumers, seven of which have been implemented since 2018 while the remaining three are still the in process of implementation. The framework includes measures such as prohibiting lines of credit, stronger consumer verification for underage and self-excluded people and so on.(18)

States and territories have introduced a range of within-venue measures to reduce harm such as reductions in bet limits, self-exclusion, responsible gaming signage and messages, removing ATMs from venues.(19)

The ACT *Strategy for Gambling Harm Prevention in the ACT* spans individual- and system-level interventions, calling for action at the universal, selective and indicated levels.(21)

At the individual level, state, territory and the Australian governments co-fund the National Gambling Helpline which provides information and support services informed by research and expert advice, including 24/7 chat and email counselling and support services, information on accessing further help-seeking telephone and face-to-face services, self-help information, online forums and a searchable directory for state- and territory-based services. (20)

State/territory initiatives likewise include helplines and providing counselling, for example Victoria's Gamblers Help which offers free professional counselling for people with problem gambling and for family and friends who have been impacted by gambling, financial counselling and community education. (22)

Periodic media campaigns are conducted on the potential harms of gambling and responsible gambling messages are mandated for inclusion in gambling advertising.

Individual-level drivers – Financial and Legal

Unemployment

Targeting the individual level are a range of Australian Government programs offering services and support to individuals experiencing unemployment including income support for the unemployed such as JobSeeker, Youth Allowance for those aged 16-21, and disability support payments, labour market programs aimed to help people find, keep, change jobs including for First Nations peoples, CALD peoples, refuges, people who have been in justice system, Employability Skills Training, career transition assistance, skills for education and employment and job search and workplace skills, industry knowledge and pathways to employment, pre-employment projects.(23)

State/territory-based agencies and programs also provide a range programs to support for the unemployed example Jobs Victoria.(24)

Legal problems

For individuals, the Australian Government provides a range of legal assistance services including: Legal aid commissions, Family Advocacy and Support Service, Aboriginal and Torres Strait Islander Legal Services, Community Legal Centres, Specialist domestic violence services and health justice partnerships, Family Relationship Centres, Family Violence Prevention Legal Services, and Commonwealth legal financial assistance.(25) However, services are not universally available, for example, means and merit tests must be satisfied in order to qualify for legal aid commission support.

State/territory-based Community Legal Centres provide information and legal advice for a broad range of legal problems, for individuals who face social and economic disadvantage and who are ineligible for legal aid, as well as community legal education and information resources.

Transitions programs such as Corrections Victoria Transitional Programs work with individuals on entry, during and post-prison and target housing, employment, education and training, independent living skills, mental health, alcohol and drugs and family/community connectedness. https://www.corrections.vic.gov.au/release/transitional-programs.

Financial Distress

At a system level, a broad range of government labour market and income support programs aim to prevent financial distress arising.

Australian Government reform initiatives in response to the 2019 Sylvan review of coordination and funding for financial counselling services are currently underway. These include a commitment to working with states and territories to develop a national approach for funding and coordination of financial counselling and introducing an industry funding model.(26)

For individuals experiencing financial distress, the Australian and state/territory governments provide information and access to financial counselling.

The National Debt Helpline provides information for individuals on services and support schemes, tips on managing finances, live chat and free confidential telephone counselling, searchable directory of financial counsellors. Specialist debt information services are also provided including Also Mob Strong Debt Helpline for First Nations Australians, the Small Business Debt Helpline and also dedicated rural financial counsellors for farmer and rural and regional businesses.

States/territories offer a range of concessions and grants to individuals on low incomes or experiencing hardship and need help to meet the cost of living for example utility bill relief schemes. States/territories all also provide websites with debt management information and support services, and fund Credit Law centres or services that offer free legal assistance and financial counselling.

The NGO sector provides many emergency relief programs and service navigation tools, for example 'Ask Izzy' which is a not-for-profit social enterprise is a simple searchable website/phone directory of support services for financial problems as well as housing, food, health and mental health, legal advice, and so on.

Housing stress

At a system level the Australian Government is currently developing a National Housing and Homelessness Plan with public consultation to commence in 2023.(27) In the meantime, it provides funding for the National Housing and Homeless Agreement with states and territories which is aimed at improving access to affordable and secure housing across the housing spectrum, prioritising supply targets, planning and zoning reform, renewal of public housing stock and delivery of homelessness services.(28)

State/territory governments are responsible for the provision of public housing and also have jurisdiction over a range of market regulatory, taxation, and purchaser rebate and incentive measures related to housing.

At the individual level, the Australian Government provides Commonwealth Rent Assistance to low-income Australians receiving income support and provides access to affordable rental accommodation through the National Rental Affordability Scheme.(28)

State/territory governments are also the main providers of housing and homelessness services for individuals. In terms of supports and services, for example the Victorian Government, hosts a housing website which provides information on bond loan scheme for private rental, public housing, a phoneline for information and guidance on housing issues and links to online housing services for people looking for help with housing. It also provides a range of homeless and crisis accommodation support services. (29)

The NGO sector also provides housing and homelessness services.

Individual-level drivers – Relational

Relationship or family conflict

At the individual level, information on support services and counselling are the principal types of activity addressing relationship and family conflict. Relationships Australia is the peak national community-based organisation providing relationship support and counselling. There are support and advice lines, including the 24/7 counselling and support

line 18000 Respect, which also includes a services directory, and Men's help line offers counselling, support and service information for men experiencing a range of relationship and family issues. Both helplines also cover family violence. Kids Helpline offers support and service information for children and young people experiencing family conflict.

The Australian Government provides information and links to services via the Family Relationships Online portal and the associated Family Relationship Advice Line.(30) In a related initiative, a national network of Family Relationship Centres provides information, referral and up to three hours of family counselling or family dispute resolution free or at heavily subsidised rates.(31)

Private family counselling and psychotherapy services are available however, these are currently not covered by Australian Government Medicare rebate schemes such as Better Access.

Family and Relationship Services, the national peak body for family and relationship service providers, offers training and upskilling programs, for example in providing trauma-informed care.

Family violence
At the individual level, the Australian Government has programs aimed at mitigating the effects of exposure to family violence including support payments such as crisis payments for family violence incident, or changing residence, and special benefits as well as funding social work services, and financial information service. There are national information and support resources such as the "Ask Izzy" searchable directory of national and local services and the "Daisy" app from 1800 respect which includes legal, housing financial and children's services.

State/territory-based initiatives are also in place, for example in Victoria; the Orange Door initiative is a free, self-referred confidential online service where workers provide information and support, and the Safe Steps Family Violence Response Centre is a 24/7 phone line offering specialist support services; and support services are also available for young people, LGBTQI+ people, migrant and refugee women, First Nations families and seniors.(32)

A range of activities aimed at both system-level factors and at individuals is also underway to reduce the prevalence of family violence including legal reform, behavioural change programs and support for perpetrators such as the Victorian government's Men's Referral Service providing expert, free support for people at risk of using family violence, and the NGO-led Mensline Australia counselling service, as well as behaviour change programs. There are periodic public awareness campaigns encourage perpetrators to seek help and to reinforce the unacceptability of family violence. Of note, a 2004 meta-analysis of interventions targeting perpetrators of domestic violence demonstrated little effectiveness in reducing repeated violence. (33)

Social isolation/Loneliness

Social isolation and loneliness are not synonymous: social isolation is an objective state of having minimal contact with others while loneliness is a subjective state of negative feelings about having a lower level of social contact than desired.(34) Interventions may address one but not necessarily the other. The Australian, state/territory and local governments provide funding and support to local councils and community organisations for a variety of

programs to address the social isolation and loneliness of Australians.(34) Social isolation and loneliness interventions are focussed on individuals rather than system change.

The majority programs aimed are aimed at reducing the prevalence of isolation rather than mitigating the distress caused by social isolation. For example, for older Australian's the Australian Government funds the national Community Visitors Scheme, local organisations recruit volunteers who provide regular visits to aged care services recipients, and the Seniors Connected Program which includes a NGO-delivered phone support service (FriendLine) and Village Hub projects which bring older Australians together to support good mental and physical health.(34)

An example of a state based program is the South Australian Community Connections program that supports community members to connect with people, find social activities and access services in their area. (35) There are numerous localised, community-based programs aimed at reducing social isolation, for example, the Men's Shed initiative.

Interventions or information resources addressing loneliness frequently emphasise increasing social connection along with general wellbeing strategies, while addressing loneliness is an implicit aim of many social connection interventions. Other initiatives such as the NGO-led Ending Loneliness Together provides an information and resource hub for Australian practitioners and services supporting families experiencing loneliness including practice guides to support evaluating and measuring loneliness designed for community organisations.(36)

Abuse/victimisation

Abuse and victimisation encompass a range potentially distressing situations and events along a spectrum of severity including experiencing bullying, discrimination, harassment, and racism as well as physical and sexual abuse. While some individuals will experience trauma as a result of exposure to abuse or victimisation, abuse, and victimisation, while distressing, are not necessarily traumatising.

At a system level, in terms of reducing the prevalence of abuse and victimisation there are national and state/territory laws prohibiting and setting out penalties for physical and sexual assault, discrimination, harassment, some of which cover bullying.(37)

For individuals, the Australian and state/territory governments host a range of websites addressing racism, discrimination, bullying and so on that include information and resources aimed at educating, improving awareness, interventions, and links to general support services.

Public education campaigns periodically address specific behaviours such as racism, discrimination, and bullying.

The majority of anti-bullying information, resource and support programs are aimed at children and young people, including Kids Helpline and the Australian Government's *Bullying No Way* website. The Fair Work Commission provides information about and adjudicates formal complaints related to workplace bullying.

Services and support for individuals experiencing abuse or victimisation depends on the nature of the event and severity of the sequalae, with clinical treatment and support for individuals experiencing trauma available through the mental health treatment sector and

specialist NGOs such as Phoenix Australia to general support resources such as Lifeline, Kids Helpline and so on.

What are the critical gaps?

Social determinants (structural)

Much of the activity addressing structural social determinants including socio-economic inequality lacks a mental health/suicide prevention lens or perspective.(38) On a broad level this is a missed opportunity to consider the potential for those programs – in their current state, or for future reform – to support suicide prevention efforts including upstream interventions to reduce the prevalence of or mitigate the effects of drivers of distress.

Individual-level drivers – Clinical

Mental Health

Timely, accessible, and affordable mental health treatment is a critical gap for many Australians. (12-15, 39) There is evidence of substantial unmet need for mental health treatment. The Australian National Study of Mental Health and Wellbeing estimated the 12-month prevalence of mental disorders in 2020-21 to be 21.4%, or 4.2 million Australians. Of those only 47.1% saw a medical professional for their mental health.(40) In a smaller population health survey, 51% of Australians experiencing emotional distress did not receive professional help.(41) Under-treatment of mental health conditions results from a combination of lack of capacity in the mental health service system, structural barriers such as affordability and availability as well as lack of engagement with service system by those in need – which in cases is due to lack of information about system or mental ill health and treatment options or reluctance to seek help due to stigma. (42) Inequalities in access to mental health treatment for population groups and regional residents must be addressed.(39)

Alcohol and other drugs

There is a considerable level of unmet need for treatment and/or engagement with treatment for alcohol and other drug problems. In 2019 it was estimated that between 26.8% and 56.4% of those who needed treatment for an alcohol or drug problem could not or did not access it.(43). A similar constellation of barriers to treatment as for mental health issues apply, that is, system capacity, affordability and availability, knowledge and attitudinal, including stigma, barriers. (42) Equity and social justice issues likewise apply.(39)

Problem gambling

There is a major treatment gap, with fewer than 10% of problem gamblers presenting for treatment and less than a quarter report wanting help.(44) The main barriers to seeking help are stigma, shame and denial as well as lack of knowledge about treatment availability, lack of knowledge about the quality and efficacy of treatment and cost as well as Accessing services in their own language was an barrier for migrants populations in Australia.(44)

Individual-level drivers – Financial and Legal

Unemployment

Government employment support programs are largely stand-alone and don't acknowledge the often-complex causes of unemployment or consider the mental health consequences of employment loss or long-term unemployment.

The level of income support provided to unemployed Australian's is low and insufficient to alleviate financial hardship and associated distress.(45)

Financial problems

Suicide Prevention Australia's 2022 State of the Nation report showed, cost-of-living and personal debt was the leading cause of elevated distress.(46)[i] There is unmet demand for free financial counselling services. In 2018 survey by Financial Counselling Australia a not-for-profit professional peak organisation found that 40% of those seeking counselling could not access a service.(47)

Housing stress

There is a substantial level of unmet housing need, particularly for low-income Australians among whom it is estimated at more than 500,000 are experiencing either homelessness, living in overcrowded homes, or spending over 30% of their income on rent.(48) Data from 2014 indicates that two-thirds of people who had experienced homelessness in the previous 10 years did not seek assistance during their most recent experience of homelessness.(49) In 2019, among housing services staff 76% reported an increase in the number of clients they were unable to support, and 36% that they could rarely or never meet demand. Sixty-three percent of unassisted requests involved short-term or emergency accommodation. In 2021-22, aside from accommodation needs, there were also unmet service needs for other services including mental health needs – 35% unmet, disability services, 37% unmet, as well as alcohol and drug and legal/financial services.(49)

Legal problems

Over a 5-year period 33% of Australian's reported experiencing some kind of legal problem, 12% of whom indicated they had an unmet need for legal assistance, 9% for financial reasons and 3% due to lack of knowledge.(50) Legal needs surveys have shown that legal problems commonly occur in the context of wider social, economic and/or health problems including mental illness, alcohol and drug use, relationship and financial difficulties which need to be addressed as part of preventing or resolving legal problems.(51)

People currently incarcerated as well as those transitioning out of prison are populations with higher risk for suicide and self-harm, and their specific needs must be addressed as part of an equity approach.

Individual-level drivers – relational

Relationship or family conflict

For relationship and/or family conflict there are no data available about unmet demand for services, however it was noted that major public mental health support schemes such as Better Access do not cover couples or family therapy. (14)

For family and domestic violence, best practice supports referral to a coordination suite of resources, and where a single provider site coordinates multi-agency services.(52) It is not clear that this 'wrap around' model is widely available in Australia. There is evidence of unmet need for family and domestic violence support and services, with substantial proportion of women experiencing these not seeking support or services – 36% for physical assault, 40% for physical threat, and 50% for sexual assault. (53). This likely due to a combination of lack of services, lack of knowledge or information, stigma, and other social and cultural barriers.

Social isolation/loneliness

There is limited specific focus on social isolation in mental health and suicide prevention strategies where more often included under the general rubric of the protective benefits of building resilience and strengthening communities.

Government health, mental-health or other social welfare support services do not generally include a consideration of social isolation or measures aimed at mitigating it. There also appears to be limited national or state-level programs, with most initiatives being localised and community-based. This may well be the appropriate level for designing and implementing social connection programs.

There is a focus on older Australians, who do experience higher levels of isolation, however other groups have also been identified, including young people and men following a relationship ending, and need to be included in consideration of policy and programs. (34)

Abuse and victimisation

It is not possible within the scope of this brief to detail gaps in policy and programs relating to the different forms of abuse and victimisation that may induce distress. However, recent Australian data indicates that abuse and victimisation continue to occur. National data on personal safety for women report that in 2021-2022 1.9% of women experienced sexual violence, 6.1% physical violence, 1.5% intimate partner violence, 12.6% sexual harassment, and 3.4% stalking, and for men 2.9% experienced physical violence and 4.5% sexual harassment.(54) It is estimated that 25% of school age young people experience in-person bullying and 20% online bullying.(55) In the 2019 National General Social Survey, experiencing some form discrimination in the past 12 months was reported by 17.4% of all respondents, 33.5% of LGBTQI+ respondents, 22% with respondents living with a disability, 31.7% of respondents living with mental health problem.(56) Therefore, there is a clear need for programs and interventions to address the ongoing prevalence of family conflict and violence (discussed above), maltreatment and abuse experienced by children and young-people, physical assault, stigma, discrimination, and racism. Programs should focus both on reducing the prevalence of these events, situations and attitudes and providing appropriate support to those who experience them to mitigate distress and/or trauma that may result.

Where should efforts be focused (in Australia)?

Efforts should be focused on addressing the gaps identified above, noting that many are already the site of considerable government activity at Australian and state/territory government levels to both undertake system reform and provide support and services to individuals currently exposed to these stressors.

Structural social determinants –a range of longer-term systemic or structural changes to address key social disadvantage that potentially causes or exacerbates distress or impedes access to services to alleviate distress. The evidence indicates that the most prominent targets with respect to the strength of association with suicide are unemployment including income support and active labour market programs, and inadequacies in the mental health, alcohol, other drugs, and problem gambling treatment systems. Strategies, policies and/or system reform initiatives are in place or being developed to address these at national and state/territory level by the departments within who's remit these issues fall.

Mental health problems – mental health strategies, policies and system reform initiatives are in place or being developed to address reducing prevalence and mitigating distress resulting from mental health problems at national and state/territory levels. Those strategies cover the major gaps including improving levels of treatment of mental illness, including encouraging mental illness help seeking through gatekeeper training and stigma reduction and awareness raising; reducing costs and improving accessibility and availability of treatment for mental illness at different levels of severity; and providing culturally appropriate treatment. **Expert consultations** emphasised the importance of increasing the accessibility, affordability, and appropriateness of mental health treatments with established effectiveness for different population groups. **Expert consultations** also raised the potential for using peer-support in clinical service settings to reduce distress arising from engaging with services, though only half the experts participating agreed with this proposal suggesting that further research is require on the evidence regarding need for and effectiveness of this type of service.

Alcohol and other drug use – alcohol and other drug strategies, policies and system reform initiatives are in place or being developed to address reducing prevalence and mitigating distress caused by alcohol and other drug use problems at national and state/territory levels. Those strategies address the major needs identified including improving levels of effective treatment of alcohol and other drug use disorders/problematic behaviours by strengthening the service system and encouraging help-seeking through stigma reduction and awareness raising, and steering people toward treatment and away from the criminal justice system through diversion programs. **Expert consultations** emphasised the importance of increasing the accessibility, affordability, and appropriateness of alcohol and other drug use treatments with established effectiveness for different population groups. Also see expert consultation comment above regarding embedding peer support in clinical services.

Problem gambling – there is scope to improve levels of treatment of and use of support services for problem gambling through stigma reduction to increase willingness to seek treatment and awareness raising to improve knowledge of the benefits of treatment and where to find help. Provision of information and support services in languages other than English is also important.

Unemployment – at a system level, providing a liveable level of financial support for the unemployed and active labour market programs. Integrating employment support programs with other support services, such as housing, or mental health services, as required.

Financial problems – a broad range of system-level programs relating to the labour market and social support services, along with macro-economic policies on taxation and so on are directed as reducing the prevalence of financial hardship and distress. At an individual level, increasing access to free financial counselling and improving awareness of that service may help mitigate distress.

Housing stress –current system-level reform is underway at national and state/territory-level to address availability and affordability issues. There is a need to increase capacity of specialist homeless services to meet housing needs but also other needs of clients including mental health, alcohol and drug, disability, and legal and financial services.

Legal problems – linkage of legal support services with mental health and other relevant supports; increase accessibility and awareness of public legal-aid services to address unmet demand. Targeted programs for incarcerated Australian's and those transitioning out of prison.

Family and relationship conflict – promoting greater awareness of resources and programs for those experiencing family and relationship conflict and addressing unmet demand for women and children leaving unsafe family environments.

Social isolation/loneliness – supporting community-led social connection programs, including those targeting marginalised Australians. This also falls under Focus Area 1, strengthening protective factors.

Abuse/victimisation – stigma reduction to support help-seeking for those experiencing abuse and/or victimisation; awareness campaigns to promote societal attitude change, whole-of-school bullying responses; providing trauma-informed support to those who experiencing trauma as a result of abuse/victimisation, noting that not all instances of abuse or victimisation result in trauma.

Finally, while this brief is focussed on a select set of drivers of distress that are currently the most salient at a general population level, this is not to say that efforts should not also be directed at others noted in the introductory section for which there is also evidence of an association with suicide.

Focus Area 2 Objectives and Actions

The section is structured around the key drivers of distress described above. The 'Objectives' below are not being proposed as a final set, but rather as illustrative of what responding to the key drivers might involve. These objectives and action areas can be split or combined in whatever way best suits the aim and format of the final strategy.

For the most part, specific actions are not nominated as each Objective contains many potential targets for intervention. Rather general areas for action are indicated responding to the identified gaps and where there is evidence of efficacy.

Objective: Clinical stressors – reducing distress due to mental health, alcohol and other drug problems, and problem gambling

Define Objective

Action is required at the system level to improve accessibility, affordability, and availability of mental health, alcohol and other drugs, problem gambling treatment and to ensure equity of access. Legal and policy levers to reduce the availability of alcohol and other drugs, and accessibility of gambling outlets can impact on prevalence of alcohol and other drug use and gambling problems. At an individual level, increasing the level of engagement with appropriate and effective treatment is key to reducing individual distress due to poor mental health, alcohol and/or drug use problems, or problem gambling.

Describe range of issues or barriers potential action must address

Barriers to system-level reform are the complexity and fragmentation of the treatment system, resourcing levels, and the need for a cross-jurisdictional approach.

At the individual level, stigma and awareness remain barriers according to the evidence.

Variability in access to effective mental health and alcohol and other drug treatment and the levels of stigma and awareness at different points across the life course, and among different population groups must be considered when developing policy and interventions and making resourcing decisions.

For problem gambling, evidence on effectiveness of harm reduction strategies at the individual level is mixed, with more than half the studies in an umbrella review of systematic reviews not demonstrating changes in gambling behaviour and effectiveness of interventions largely depending on users adhering to voluntary systems i.e. self-exclusion, bet limits etc. (57)

Social acceptability and active promotion of gambling and the reliance of governments on gambling revenues inhibit efforts to reduce prevalence by limited accessibility at a system level.

Mental health, alcohol and other drug use, and gambling problems frequently cooccur with other stressors including family and relationship conflict, unemployment, and contact with the criminal justice system which compounds the potential for distress.

Things we can build upon

Mental Health
At a system level, there current reform initiatives underway as a result of a series of recent reviews and enquiries into the mental health system including the Productivity Commission Report, Strengthening Medicare; and the Victorian Royal Commission into Mental Health.

Mental health and wellbeing-related reform and policy development processes have recently been completed or are underway for identified populations including the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Strategy, and inquiries into the needs of Veterans, Aged Care residents and so on.

In terms of individual-level actions, there is evidence for a range of interventions including gatekeeper training in educational settings, workplaces and community settings in improving peoples knowledge and intentions to help (58), stigma reduction and awareness campaigns (59), and providing online navigation tools to improve knowledge and assist in accessing services (See Focus Area 4 evidence brief). There is evidence that peer-led mental health service navigator programs improve service engagement and wellbeing for people with mental health problems.(60)

Focus Area 4 outlines current services and initiatives in place to meet the mental health treatment needs of individuals experiencing suicidal distress or engaging in self-harm. Many of these including care navigation tools and digital services, and social prescribing using community navigators or GPs as 'link workers' are relevant to the general population experiencing mental health problems that may escalate to suicidal distress.

Peer-led community programs have shown effectiveness in reduced substance use and relapse rates, improved relationships with treatment providers and social supports and increased treatment retention, although there are many negative studies and methodological limitations in many studies.(61)

Expert consultations concurred on the need to develop peer-led approaches but also emphasised the need for evidence of effectiveness before rolling such approaches out and that there was a need to invest in research to build the evidence base on effectiveness and best-practice as this is currently lacking.

Alcohol and other drugs

At a system level, the National Alcohol Strategy 2019-2028 and the National Drug Strategy 2017-2026 both identify national priorities, guide the action of governments, service providers and the community and outline strategies to reduce demand, supply and harm to individuals, families, and communities as well as health, social, cultural and economic harms. (62, 63) All states and territories have alcohol and other drug strategies either as stand-alone or as part of their mental health strategies that set priorities and guide state/territory activity in reducing prevalence and supporting individuals with alcohol and other drug use problems. Those strategies also cover the provision of individual-level programs and services to support treatment and to dissuade problem use of alcohol and other drugs.

As with mental health, at the individual level, **expert consultations** considered peer-led approaches of value but also emphasised the need for evidence of effectiveness before rolling such approaches out, and that there was a need to invest in research to build the evidence base on effectiveness and best-practice as this is currently lacking.

Problem Gambling

At a system level, gambling reform continues to be visible on the policy agenda.

In terms of individual-level interventions, a number of psychological therapies have shown effectiveness for treating problem gambling (64).

There is evidence that certain harm-reduction interventions are effective in reducing gambling harm including targeting changing to motivation, cognitive process and/or

environmental changes that limit opportunities to gamble excessively or continuously such as bet limits, pop-up messages, removal of ATM machines from venues. (57)

Internet delivered interventions for gamblers using online betting and casino website show promising effectiveness.(65)

Peer-led approaches (i.e. Gamblers Anonymous) have limited and inconsistent evidence of effectiveness.(66)

Potential Actions

Mental Health

1) Align national suicide prevention strategies and initiatives concerning mental health treatment with initiatives and recommendations arising from current system reform activities aimed at addressing system-level barriers to access including affordability, service availability including wait times and lack of services in regional and rural Australia, and cultural appropriateness and cultural safety of services.

2) Align suicide prevention strategies and initiatives concerning mental health issues with national and state/territory mental health strategies/frameworks, including those developed for priority populations.

3) Extend the actions to improve service navigation, referral pathways and improve efficient and timely mental health services as described in Focus Area 4, Objective 1, to cover all individuals experiencing mental health problems.

4) Gatekeeper training in a range of settings including workplaces, schools, community settings, first responders, government agencies and departments to increase early identification of common mental health problems and support help-seeking.

5) Align national suicide prevention strategies and initiatives with the forthcoming National Mental Health Stigma and Discrimination Reduction Strategy which will outline actions for reducing mental health-related stigma and discrimination at a whole-of-society level.

6) Pilot the embedding of 'community navigators' in general practices located in high disadvantage areas in Australia, to provide system navigation and psychosocial support, in collaboration with GPs.

7) Increase awareness and promote uptake in the community and among service providers of system navigation aids and resources to increase help-seeking and accessing appropriate services.

Alcohol and other drugs

1) Align suicide prevention strategies and initiatives concerning alcohol and other drug use problems with national and state/territory mental health strategies/frameworks, including those developed for priority populations.

2) Provide support and treatment for people with problematic alcohol and drug use behaviours and for affected families, particularly in high-risk communities and populations, including withdrawal management and rehabilitation family support initiatives.

3) Pilot the embedding of 'community navigators' in general practices located in high disadvantage areas in Australia, to provide system navigation and psychosocial support, in collaboration with GPs.

4) Increase awareness and promote uptake in the community and among service providers of system navigation aids and resources to increase help-seeking and accessing appropriate services.

5) Invest in evidence-based peer-based community support services for people experiencing drug-related problems, particularly for those who have repeated illicit drug use offences.

Problem gambling

1) Implement environmental controls that limit patrons' ability to gamble excessively or continuously.

2) Increase awareness and promote uptake in the community and among service providers of system navigation aids and resources to increase help-seeking and accessing appropriate services.

3) Ensure gambling services provide a comprehensive range of support which address mild to moderate gambling harm, in addition to severe gambling.

Objective: Financial and legal stressors – reducing distress due to unemployment

Define Objective

System-level measures to reduce the prevalence of unemployment involve a range of policy levers including macro-economic policy, workforce and labour relations policies, and active labour market programs aimed at getting people back into the workforce. At an individual level, unemployment can give rise to distress due to financial hardship, loss of role, or the circumstances surrounding cessation of employment. Reducing distress related to unemployment may involve psychosocial support and services, access to income support at a sustainable level, as well as active labour market programs to get people back into employment. Cost-of-living and personal debt were the leading cause of elevated distress in 2022.(46) and while this may also be the case for individuals who are employed, those who are unemployed are particularly likely to experience financial distress and thus population-wide activities to mitigate financial distress will benefit the unemployed.

Describe range of issues or barriers potential action must address

System-level measures to reduce the prevalence of unemployment and setting adequate welfare support policies to provide a financial safety net fall outside the scope of suicide-prevention strategies, nevertheless given the impact on individuals distress levels including consideration of suicide prevention/mental health implications in macro-economic, workplace, labour relations and income support-related policy development is warranted.(39)

Unemployment impacts different groups within the population disproportionally and thus an equity approach wherein the needs, vulnerabilities and strengths of different populations are considered when making policy and implementing initiatives to address unemployment.

Things we can build upon

At a system level, ecological studies show that income support and active labour market programs are both associated with lower suicide rates in cross-country comparisons.(46, 67) Moreover, more generous income support benefits are associated with greater reductions in suicide. (46, 67)

At an individual level, there is some evidence that that distress among those in contact with the income support system can be mitigated by having welfare advice services co-located within healthcare settings, gatekeeper signposting and referring to community supports, such as food banks. (67)

There are models for community-based and led employment support programs to provide targeted and culturally and regionally relevant support. For example, the Indigenous Skills and Employment Program, overseen by the National indigenous Australians Agency, is a community-designed grant program designed to complement mainstream employment services to connect First Nations people to employment and training.(46) Evaluating the effect of those programs on mental health, distress as well employment outcomes would build the evidence for this type of intervention.

Potential Actions

1) At a system level, consider the suicide and mental-health implications of employment and unemployment policy and process decision making. The “Health in all Policies” model may be a good example.

2) Provide ongoing support for people who are unemployed and/or in precarious/insecure employment, including through payment schemes and regulating the use of short-term and casual employment contracts.

3) Improve economic uncertainty by providing welfare for people experiencing income instability that provides a living wage and meets the rising costs of living.

4) Provide information on other social welfare supports and services at points of contact with Centrelink and agencies or organisations providing government mandated labour market programs for income support recipients.

Objective: Financial and legal stressors – reducing distress due to financial problems and housing stress

Define Objective

Financial distress can arise from a range of circumstances including those which also contribute to suicidal distress such as unemployment, problem gambling, and relationship breakdown. Housing stress, including affordability, precarity, and homelessness is related to financial stress but also to system-level factors such as supply constriction in the housing market and availability of public housing. As well as addressing some of the underlying

causes of financial and housing-related distress interventions are needed to support those experiencing distress from these sources.

Describe range of issues or barriers potential action must address

Financial distress

Evidence is sparse on effectiveness of individual-level interventions and programs targeting financial hardship on reducing distress or improving mental health.(68, 69)

There is almost no evidence that financial counselling or other interventions to address financial hardship have an impact on mental health. (70)

Financial literacy education for children and adolescents does result in improvements in knowledge and intention, but little effect on financial behaviour.(71)

Housing stress
At a system level, addressing market-related mechanisms to improve the availability and affordability of appropriate housing is complex and a long-term endeavour.

There is substantial unmet demand for homelessness services and shortfall in services' ability to provide or refer to additional services which clients require such as mental health and drug and alcohol treatment, financial and disability services.

Things we can build upon

Financial stress
A range of initiatives are described in this brief that address individual-level factors that contribute to financial hardship including unemployment, mental health and alcohol and drug issues, problem gambling, relationship breakdown and so on.

There is population-level evidence that more generous income support programs are associated with lower suicide rates suggesting they may mitigate distress due to financial hardship. (46, 67)

Housing
At a system level, evidence from the US shows that rental assistance measures reduce the likelihood of psychological distress.(73, 74)

At an individual level, a number of interventions have been shown perform better than usual services in reducing homelessness or improving housing stability. These include high-intensity case management, housing first, critical time intervention, abstinence-contingent housing, non-abstinence-contingent housing with high intensity case management, housing vouchers and residential treatment.(72)

Potential Actions

Financial stress

1) Government policy-makers at all levels should weigh the implications of policies in all portfolios in terms of their likelihood to cause or exacerbate financial hardship and precipitate or exacerbate financial-related distress.

2) Increase capacity of current free financial counselling services to meet demand.

3) Raise awareness of financial counselling services particularly to those who are exposed to other factors that increase risk of financial hardship such as unemployment, mental health problems, problem gambling and so on.

Housing

1) Include a mental health/suicide prevention perspective in the development and implementation of housing and homelessness policies, frameworks and initiatives in state, territory and the Australian governments.

2) Provide rental relief for people experiencing housing difficulties, particularly those experiencing rental stress, such as rental stability through state and territory tenancy laws and payment assistance schemes.

3) Provide emergency accommodation and housing finance opportunities for people who are experiencing homelessness, including services to assist in obtaining secure housing (navigation, application assistance).

Objective: Financial and legal stressors – reducing distress due to legal difficulties

Define Objective

Legal difficulties are a wide-spread stressor in the community and have been linked to suicide. Those in contact with the prison system are a higher-risk population for suicide. The focus of this objective is at the individual level to provide legal and other support to mitigate distress arising in community members as a result of any kind of legal problem and non-legal supports for individuals who are currently incarcerated or in a period of transition back to the community from prison.

Describe range of issues or barriers potential action must address

There is an unmet need for legal assistance, including legal aid, due to financial barriers or lack of knowledge.

At the individual level, there is little evidence on effective programs for mitigating distress among those in the community experiencing legal problems and corrections department reintegration and/or anti-recidivism programs are largely not evaluated.

Many of those in contact with the criminal justice system experience complex cooccurring health, mental health, alcohol and drug problems, and socio-economic disadvantage, stigma, and discrimination before, during and after their release from prison.

Things we can build upon

At a system level, diversion programs for people coming into contact with the criminal justice system for drug or alcohol related offences reduce contact with the criminal justice system and steer individuals toward treatment.

At an individual level, programs within prisons aimed at suicide prevention also target mental health, alcohol and drug use and other factors contributing to distress and have shown some effectiveness in reducing suicidal thinking although the evidence is inconsistent. (75, 76)

Peer-led programs for community re-entry have demonstrated a range of outcomes including lower levels of substance use, improved coping, and increased service engagement.(77, 78)

Potential Actions

1) Increase the availability of free/affordable legal support services.

2) Provide training for legal aid service providers to ensure they are well equipped and have capacity to identify and manage distress of clients on entry and residence in the prisons.

3) Gatekeeper training for all statutory and justice system workforces.

4) Provide evidence-based peer community network programs that support for people who have been released from prisons.

5) Provide services for people released from prison including providing transitional needs assessments, service referrals and mentorship.

Objective: Relational stressors – reducing distress due to family and relationship conflict and family violence and reducing the prevalence of conflict and violence.

Define Objective

To support individuals experiencing family or relationship conflict, including domestic, family and intimate partner violence, to reduce the level of distress experienced in those situations. To reduce the prevalence of family and relationship conflict and violence.

Describe range of issues or barriers potential action must address

At a system level, there is unmet demand for services for relationship and family conflict and family and relationship therapy are not covered by major publicly funded programs such as Better Access.

Stigma is an important barrier to help-seeking for family and relationship conflict, including family violence.

At an individual level, there is limited evidence of the efficacy of relationship education as a universal preventive approach – it has been shown to have some short-term benefit however longer-term outcomes are unknown.(79)

Relationship counselling has been found to be moderately effectives in reducing relationship distress however it does not work for 25-30% of couples, and those with the highest levels of distress have the worst outcomes.(79)

Family and relationship conflict may occur in concert with other distress-inducing factors such as mental illness or alcohol and/or drug use, financial hardship and so on.

Meta-analysis in 2004 found little evidence that interventions targeting perpetrators of domestic violence were effective in reducing repeat violence (33). There are numerous community-based programs in this area and updated data are needed to ascertain if effectiveness of interventions has improved.

Things we can build upon

The major national initiative is the National Plan to End Violence against Women and Children 2022-32, which contains system- and individual-level action areas to address gender-based, domestic and family violence by strengthening the specialist DFV sector, and integration with adjacent sectors (justice, health, child protection, and education systems), improving access to housing and social security, and removing victim-survivors' barriers to accessing service systems.(46)

At an individual level, an Australian Government initiative, the Family Relationships Online portal and associated Family Relationship Advice Line offer information and a searchable directory of relevant services including counselling.(30) A related initiative, the national network of Family Relationship Centres provides information, referral and up to three hours of family counselling or family dispute resolution free or at heavily subsidised rates.(31)

The Family Safety Victoria initiative, The Orange Door, provides services for victim-survivors and perpetrators of family violence and child wellbeing support. It functions as a one-site, integrated partnership offering services including risk and needs assessment, safety planning and crisis support.(46)

Potential Actions

Relationship and family conflict

1) Awareness raising campaigns to aid in identifying and accessing existing support services such as Family Counselling Centres.

2) Stigma reduction initiatives to increase help-seeking for relationship difficulties – potentially targeting segments of the population who are less likely to engage with services due to stigma.

Domestic and family violence

1) Align suicide prevention initiatives with the National Plan to End Violence against Women and Children 2022-32 which addresses the need for joined-up services and cross-sectorial action.

2) Align suicide prevention initiatives with currently existing national, state and territory programs and services that offer joined-up services.

3) Provide trauma-informed and culturally safe support for people experiencing family, domestic, and sexual violence, including tailored programs that enable safe and tailored access to legal aid, employment services, and childcare.

Objective Area: Relational stressors – reducing distress due to abuse and victimisation and reducing the prevalence of those behaviours.

Define Objective

This objective covers a range of relational stressors including being exposed to physical or sexual abuse, being exposed to bullying (in person or via technology), experiencing racism, harassment, or discrimination. There are system-level legal frameworks that aim to reduce the prevalence of exposure to abuse and victimisation. Individual-level interventions are also aimed at reducing the prevalence as well as providing support and services to mitigate the distress of those who are exposed.

Describe range of issues or barriers potential action must address

At a system level, legal prohibitions and protections are necessary but not sufficient to reduce the prevalence of racism and discrimination. The social and cultural beliefs and structures that underlie racism and discrimination must be shifted, this is a long-term process and instigating such cultural change is outside the scope of suicide prevention strategies.

At an individual level, a wide spectrum of severity of circumstances and sequalae must be considered and a range of levels of response provided.

Mental health and other social support services must be culturally safe to improve service uptake and to not further distress or stigmatise population groups such as First Nations Australians and LGBTQI+ Australians.

Things we can build upon

Child protection
At a system level, the National Framework for Protecting Australia's Children 2021-2031 prioritises universal access to health services and education, strengthening workforce capability in trauma-informed and culturally appropriate service models, including embedding the Aboriginal and Torres Strait Islander Child Placement Principle. (46)

The National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 includes individual-level focussed actions around education and building child-safe cultures, empowering victim-survivors, offender prevention and intervention, and improving the evidence base. (46)

Discrimination and racism
A system-level reform, the forthcoming National Mental Health Stigma and Discrimination Reduction Strategy will contain actions to reduce mental-health related stigma and discrimination across a range of structural and public settings, including the health system, social services, the financial system, justice system, and education and employment. (46)

The Australian Human Rights Commission in July 2022 relaunched the Racism. It Stops With Me campaign, including a national multiplatform advertising campaign, online resource hub, and workplace cultural diversity tool. The campaign was original launched as part of the National Anti-Racism Strategy, in effect from 2012-2015. (46)

At an individual level, awareness raising events such as the annual International Day Against Homophobia, Biphobia, Interphobia and Transphobia is an annual day raising awareness against LGBTQI+ discrimination, and focusing on school- and work-based inclusion events. (46)

Bullying
There is robust evidence that anti-bullying policies can be effective at the individual level in reducing the incidence of school bullying, particularly for those which take a whole-school approach, include educational content in responding to bullying behaviours, and provide professional development to school staff.(46) **Expert Consultations** concurred that whole-of-school initiatives were optimal to address bullying and mitigate associated distress.

Likewise, at the individual level, targeted training and embedded anti-bullying practices were found through a multi-level analysis to reduce workplace bullying.(46)

Recent evaluation of the Friendly Schools program, a longstanding Australian whole-school approach to bullying prevention focussed on building social and emotional skills and create safe learning environments found it reduced prevalence of bullying by 18% and led to significant cost-savings associated with improved mental wellbeing.(46)

Potential Actions

Abuse

1) Align with national and state/territory strategies and frameworks addressing child protection and child sexual abuse.

2) Deliver evidence-based therapies and psychosocial programs for adolescents and children experiencing child abuse, family violence, or sexual violence, to mitigate the destabilising impacts of distress and trauma on their daily functioning and wellbeing.

Racism and discrimination

1) Align suicide prevention activities with the forthcoming National Mental Health Stigma and Discrimination Reduction Strategy will outline actions for reducing mental health-related stigma and discrimination at a whole-of-society level.

Bullying

1) Implement whole-of-school community anti-bullying campaigns that improve educators', staff, parents', and student's capacity to identify, manage, and prevent bullying amongst students.

Objective: Interpersonal stressors – reducing distress due to social isolation and loneliness, reducing the prevalence of those situations

Define Objective

Reducing the prevalence of social isolation in order to reduce loneliness and to also increase the likelihood of individuals being able to be connected to services and support for other problems they might have, such as mental illness, which may contribute to their isolation. Also, given that not all people experiencing loneliness are socially disconnected, programs are necessary to reduce distress caused by loneliness or programs to reduce those instances of loneliness are also required.

Describe range of issues or barriers potential action must address

While related, conflating social isolation with loneliness risks missing those who are socially connected but experiencing loneliness, or mis-directing loneliness programs at those who do not need them, but who would benefit in other ways from being more socially connected i.e., being visible to health/mental health services.

At an individual level, overall there is little evidence on effective interventions to reduce loneliness (34, 80) with interventions that target cognitive biases being more effective than those that aim to develop social skills in the lonely or to increase social interaction. (81)

Current initiatives tend to focus on older Australians, whereas data show that other population groups, such as young people and people experiencing life transitions i.e., relationship breakdown, unemployment also experience higher levels of social disconnection and/or loneliness. (34)

Some of the factors associated with loneliness are not amenable to policy or service intervention i.e., living alone, being single.

Things we can build upon

Social prescribing aims to improve health and well-being by connecting individuals to nonclinical services and supports to address social needs including loneliness and social connection. A 'navigator' or 'link-maker' who is often a GP, facilitates the process.(82) Focus Area 4 describes the evidence on social prescribing in terms of coordinating delivery of mental health and other services, however there are few studies and the evidence is mixed however on the effect of social prescribing on improving social connection and participation. One 2017 Australian pilot study of social prescribing among individuals with a mental health disorder which found improvements in loneliness and social participation as well as quality of life and health status. (83)

Groups 4 Health is a psychoeducational intervention that showed evidence of effectiveness in reducing loneliness and social anxiety among people experiencing psychological distress.(81)

Community-based social engagement programs may have a positive effect on mental health and wellbeing, for example there is evidence that participation in Men's Sheds results in improvements in mental health and mental wellbeing among older men.(84) However, most are not evaluated and so overall effectiveness for this type of intervention is unclear.

Potential Actions

1) Undertake research to develop models of social prescribing as a means to address social isolation and undertake both process and outcome evaluations.

2) Make evidence-based psychoeducational interventions aimed at reducing loneliness available to individuals experiencing distress and/or mental health problems.

3) Develop a National Loneliness Strategy to guide activity and investment on initiatives that build social connectedness and a sense of belonging.

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