

Evidence Brief

Focus Area 1: Enhancing wellbeing as a protective factor for suicide.

Dr Bridget Kenny¹, Prof Jo Robinson¹, Dr Bridget Bassilios², Dr Lennart Reifels², Dr Angela Clapperton², Dr Jaelea Skehan OAM³, Dr Karolina Krysinska², Dr Karl Andriessen², Dr Danielle Newton², Dr Anna Ross², Prof Nicola Reavley², A/Prof Dianne Currier².

¹ Orygen, Centre for Youth Mental Health, University of Melbourne, ² Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, ³ Everymind.

Definition and scope of this focus area

Enhancing wellbeing on an individual and population-level is identified as an important protective factor for suicide. This can be achieved by strengthening social, economic, and environmental factors that foster healthy, safe, secure, and fulfilling lives. Importantly, improving wellbeing goes beyond mitigating risk factors and focuses on universal interventions that equip individuals with the knowledge and skills to thrive.

What are the key issues?

Australia's current approach to suicide prevention is focused on responding to an active suicidal crisis. Of the prevention-focussed interventions available, the majority are designed and implemented with a risk perspective whereby the aim is to reduce risk factors rather than increase protective factors. The National Suicide Prevention Adviser's Final Advice highlights the need for universal measures that increase wellbeing over the long term, to ensure all Australians, but particularly those disproportionately impacted by suicide, are protected from the onset of distress that leads to suicide (1).

Interventions that enhance wellbeing should be part of a systems-based approach that involves multisectoral action (2). There should be commitment from multiple sectors to ensure individuals have the knowledge, skills and physical resources to thrive. Evidence demonstrates that financial security and stable housing can improve wellbeing (3, 4). As such, social services action to improve individuals' economic position and provide a sense of personal agency should be implemented as part of a comprehensive strategy. In support of this, findings from the **Expert Consultations** highlight the contribution of socio-economic disadvantage to suicide and suggest universal interventions that increase equitable access to services, reduce the impact of socio-economic disadvantage and build resilience to socio-economic crises should be funded. For families with children, providing economic stability can help support early childhood development so that all Australians can start life from a secure foundation.

Social cohesion and social capital are also important protective factors. Evidence demonstrates that countries with markers of societal integration and connectedness are associated with increased wellbeing and lower suicide rates (5-7). Given this, whole-of-population interventions that foster a sense of community, and reduce discrimination and violence, are an important component of a national suicide prevention strategy.

What is currently happening (in Australia)?

Despite the need for a multisectoral, population-wide approach, the current service landscape in Australia is predominantly delivered within the health sector and is almost entirely risk-factor focussed. Interventions that address protective factors such as interpersonal and community connection and resilience are generally only selectively applied (e.g., Beyond Blue's social connectedness program for men). There is little activity at a population-wide level aimed at strengthening protective factors and enhancing wellbeing. Of note, the Australian government announced the first federal wellbeing budget in October 2022, and it is hoped that this will help drive population-level interventions designed to enhance protective factors and improve overall wellbeing.

What are the critical gaps (in Australia)?

As mentioned, Australia's approach to suicide prevention is implemented through a health lens with relatively little input from other areas of government. Given the importance of a social determinants approach, in which action occurs outside the health sector, this represents a key gap. There is an urgent need for non-health policies and programs that equip individuals with the knowledge, skills and physical resources to support their wellbeing; the benefits of such approaches were highlighted in the National Suicide Prevention Adviser's Final Advice (8) and were supported by the **Expert Consultation** findings. Opportunities to deliver programs within existing structures (e.g., schools, workplaces) should be explored. **Experts** considered there should be greater investment in school-based strategies that expand out into the broader education community (e.g., students, peers, families, teachers and other staff). For example, they proposed that wellbeing could be enhanced through universal implementation of help-seeking, resilience and emotional training programs across education settings.

Where should efforts be focused (in Australia)?

Strengthening protective factors requires a whole-of-government approach, with a commitment from all portfolios (9). Macro-economic and social policies are needed at federal and state government levels to promote a sense of personal agency and to ensure all Australian's have equitable access to the knowledge, skills and resources to maintain their physical and mental health; this was supported by the **Expert Consultation** findings. This includes ensuring parents and carers have access to resources (e.g., secure housing, parenting programs, affordable childcare) that promote safe and nurturing environments for children to thrive. Findings from the **Expert Consultations** suggest programs targeting early childhood development, parenting skills and parent wellbeing should be a key focus.

Furthermore, social connectedness is a key determinant of health and action must be taken to ensure social connectedness and freedom from discrimination for all Australians. To achieve this, polices and strategies should be incorporated at the institutional level (e.g., workplaces and schools) to promote social inclusion and enhance wellbeing. This was supported by findings of the **Expert Consultations**.

Research findings should play a key role in the selection and implementation of strategies in this area. Programs should be evaluated to ensure they are effective and meet the needs of

the target populations. As noted in the **Expert Consultations**, data should be collected on currently un- or under-researched community or peer-based interventions. Importantly, all action in this area should be equitable and address social, cultural and structural barriers to services (e.g., health services, employment services, childcare).

FOCUS AREA 1 OBJECTIVES AND ACTIONS

Objective 1

Increase social security and safety so that all Australians live with a sense of personal agency, self-efficacy, hope, and purpose

Define objective

Enhancing wellbeing requires all Australians to feel a sense of safety and security, both financial and physical, that promotes personal agency, purpose and hope. Financial and housing insecurity, including lack of choice and control over housing, is associated with reduced wellbeing (3, 4) and social services action should be taken to address this. Furthermore, individuals must feel safe and secure in their physical space. This includes safety from violence, discrimination and harm. Population-level policies that reduce discrimination and violence are critical component to improving wellbeing (1).

Describe range of issues or barriers potential action must address

Policies and social security measures must be equitable and reach those who are disproportionately impacted by suicide. There must be acknowledgement from government that economic instability and violence are experienced at a higher rate in some sub-groups of the population and action in this area should focus on these sub-groups. Intervention should ensure equitable access to welfare and support services, secure and affordable housing, meaningful and stable employment and freedom from violence. Evidence from the COVID-19 pandemic and previous recessions shows that social safety nets play an important protective role in increasing wellbeing and reducing suicide risk (10). However, this requires a strong financial commitment from governments.

Things we can build upon

National Workplace Initiative

The National Workplace Initiative is a commitment from the Commonwealth government to create a nationally consistent approach to mentally health workplaces. As part of this, the Mentally Healthy Workplaces digital platform was created to provide resources that organisations can use to create safe and supportive workplaces (11).

Actions

 Ensure all Australians have access to meaningful and secure work by building on existing initiatives, such as the National Workplace Initiative, that provide employers with education, tools, and resources to embed the psychological factors necessary for a safe and supportive workplace environment and culture.

- Ensure all Australians have equitable and inclusive access to secure and affordable housing by evaluating and refreshing the National Housing and Homelessness Agreement.
- 3) Ensure all Australians have equitable and inclusive access to welfare and support services focused on providing assistance at the point of need and providing programs to enhance people's ability to thrive during life transitions, such as workforce readiness, financial literacy and preparing for retirement etc.
- 4) Government to task the Australian Human Rights Commission to review the current human rights policy approach to suicide prevention and provide recommendations for priority actions for effective inclusion of human rights into suicide prevention activities.
- 5) Ensure the Parliamentary Joint Committee for Human Rights routinely consider the respect for human rights and political legitimacy, respect for fairness, procedural fairness, administrative justice, and boundaries of human agency, in the development of new polices that aim to enhance wellbeing as a protective factor for suicide.
- 6) Population-level policies and programs that reduce discrimination and violence should be implemented.

Objective 2

Enhance social connectedness and cohesion to build belongingness and a sense of community that is protective in times of adversity

Define objective

Increased social connectedness and a sense of belonging is associated with improved wellbeing (12, 13) and reduced suicidal distress (14) across the lifespan. Evidence suggests that access to support beyond an individual's household provides a safety net during times of crisis and subsequently increases wellbeing (12). As such, collectivist community structures should be emphasised to improve wellbeing and reduce suicide risk. Opportunities for community members to engage socially in a safe and secure environment should be offered. To achieve this, communities must have adequate resources and infrastructure to support community building events.

Describe range of issues or barriers potential action must address

Actions designed to improve social connectedness and build a sense of community must consider sub-groups of the population who may be socially disconnected. Older adults, particularly those who may no longer be active in the workforce, may be more susceptible to feelings of loneliness (15). Community building events can provide an opportunity for all members of the community to come together with a collective goal; this can help strengthen generational relationships and reduce social isolation. Furthermore, strategies aimed at increasing cultural connectedness can build a sense of community and improve wellbeing for Aboriginal and Torres Islander and other culturally diverse communities. In support of this, a recent study found suicide death rates were higher for young Aboriginal and Torres Strait Islander people in areas with low cultural connectedness (16).

Things we can build upon

The Big Connect

In April 2022, the Victorian state government announced a \$5 million grant to support the Big Connect; a collection of 27 programs designed to improve the mental health and wellbeing of young people (17). One of these programs is the Lacrosse Together program which will co-design social sport opportunities with LGBTIQ+ students. The aim of this program is to increase social connection by providing safe spaces for LGBTIQ+ youth to build meaningful connections.

Actions

- 1) Provide grants for community building events, designed by local communities to build cohesion and inclusion.
- 2) Fund the design and implementation of a range of programs that increase cultural connection, sense of belonging, positive cultural identity, and engagement with cultural practices, tailored in particular for young and adolescent First Nations people.
- 3) Equip older Australians to build and maintain social connectedness and wellbeing.

Objective 3

Ensure all Australians have the skills, knowledge and resources to maintain physical and mental wellbeing

Define objective

Good physical and mental health are important protective factors against suicide (18). All Australians should have access to services designed to provide individuals with the knowledge, skills and physical resources to maintain their physical and mental health. This includes the provision of culturally appropriate health promoting initiatives (e.g., place-based initiatives, green spaces, physical health education, health literacy) and healthcare services (e.g., general and specialised care).

Describe range of issues or barriers potential action must address

Health care coverage and health system capacity are critical social determinants of suicide and self-harm (19). Health promoting initiatives and healthcare services must be available and accessible to all Australians, including those marginalised due to cultural differences or geographic location. To achieve this, cultural, structural and geographic barriers to accessing services must be addressed.

Things we can build upon

Yarn Safe

Yarn Safe was the first youth-led national mental health campaign for First Nations young people. The purpose of Yarn Safe was to provide young people from First Nation backgrounds with information about local Headspace services and to reduce the stigma around mental ill-health.

Rainbow Network

The Rainbow Network was designed to empower health and health services that work with young people to provide safe and inclusive services for young people from the LGBTIQ+ community (20). The Rainbow Network is funded by the Victorian Department of Health and Human Services and provides and range of inclusive practise resources and training opportunities.

Actions

- 1) Address structural barriers to equitable healthcare, particularly for individuals who are disproportionately impacted by suicide.
- 2) Work with peak organisations to design and implement widespread physical health and mental health literacy campaigns to improve population-level understanding of the relationship between physical health and mental health and behaviours that support each, such as exercise, nutrition, use of alcohol and other drugs, as well as help seeking and access to health supports.
- 3) Continue to build and promote widespread awareness and engagement with mental health and suicide prevention services.

Objective 4

Ensure healthy early childhood development so that all Australians start life from a safe, supportive and secure foundation

Define objective

Ensuring a healthy start in life plays a key role in improving wellbeing and reducing the risk of mental ill-health and suicide later in life. As stated in the National Children's Mental Health and Wellbeing Strategy, the first 2000 days of life are critical and interventions during this period can have a profound impact on children's health and development (21). Safe and supportive environments that foster physical and mental development can improve wellbeing and be protective against suicide risk. Conversely, exposure to adversity in early childhood (e.g., maternal and paternal mental health concerns, childhood maltreatment, family violence, physical and sexual abuse, financial insecurity) increases the risk of subsequent mental health problems and suicide (22-25).

Describe range of issues or barriers potential action must address

Supporting early childhood development requires multisectoral action to ensure all children are afforded safe and supportive environments (e.g., home, education) to thrive. This involves strategies to promote positive parenting, including ensuring access to evidencebased parenting programs, and to improve maternal and paternal mental health. All young Australians, irrespective of their family's economic position, should also have access to early childhood education services that support healthy mental and physical development. Importantly, educators should be equipped with the knowledge, skills and environmental resources to provide assistance to children who have additional physical, neurodevelopmental or cultural needs.

Things we can build upon

Head to Health Kids National Service Model

The Australian Government has committed to working with state and territory governments to create 15 Head to Health Kids Hubs (26). These hubs are designed to improve early intervention outcomes for children's mental health and wellbeing by providing comprehensive, multidisciplinary care for children and their families.

Triple P parenting program

The Queensland government have provided funding for all parents of children up to 16 years to access Triple P; an evidence-based parenting program (27). The program is based around the development of self-regulation, and is underpinned by five positive parenting principles; safe and engaging environment, positive learning environment, assertive discipline, realistic expectations, and parental self-care. Parents and carers can access it on a voluntary basis at no cost, and uptake has increased for many vulnerable groups during the current pandemic.

Actions

- 1) Address structural barriers to accessing early childhood education.
- 2) Prioritise the implementation of the following actions in the National Children's Mental Health and Wellbeing Strategy: Ensure evidence-based resources that provide practical suggestions on how families can support children's emotional wellbeing are made easily accessible and promoted widely, with specific resources for families where there are additional physical, neurodevelopmental or cultural needs.
- 3) Routinely offer evidence-based parenting programs to parents and carers at key developmental milestones for their child, with targeted engagement and tailored programs for fathers and male caregivers.
- 4) Implement a program of activities (such as campaigns and place-based community programs) to increase parents' and carers' mental health literacy, including understanding of the signs that a child needs mental health support.
- 5) Require all early childhood learning services and primary schools to develop a comprehensive wellbeing plan, which should outline what the service or school will do to address issues identified as a priority for their students (including those identified as part of actions 3.1.a and 4.1.c). Progress against these plans should be reported on regularly.

Objective 5

Equip young Australians (children and adolescents) with the skills and knowledge to build and maintain their own mental wellbeing and resilience over the life course.

Define objective

Young Australians should be equipped with the knowledge and skills to support their mental wellbeing and resilience over the life course. The World Health Organization acknowledge the importance of investing in child and adolescent wellbeing as a means of improving current and future health outcomes (28). Evidence-informed and human rights-based

strategies that support children and adolescents to improve life skills (e.g., adaptive coping and problem-solving, self-efficacy) can help build and maintain resilience; these may include universal interventions delivered within school settings.

Describe range of issues or barriers potential action must address

Children and young people spend the majority of their time at school and education settings are often universal and non-stigmatising (21). Consequently, strategies to equip young people with the knowledge and skills to support their own wellbeing may be best delivered within the school environment. For this to occur, staff and support personnel working within education settings must receive sufficient training and have access to the necessary resources to support young people. This is particularly important for education settings that have a high proportion of students from population disproportionately impacted by suicide. Of note, for these strategies to be equitable, social, cultural and geographic barriers to education experienced by particular groups of young people must be addressed. Furthermore, young people who may be at heightened risk of psychological distress should have access to selective interventions delivered across different settings.

Things we can build upon

Be You

Be You is a national mental health initiative designed to provide educators with the knowledge, tools and resources to support the wellbeing of Australian children and adolescents (29). Be You seeks to develop a positive, inclusive and resilient learning community where every child, young person, educator and family can achieve their best possible mental health.

Actions

- Prioritise implementation of the following action from the National Children's Mental Health and Wellbeing Strategy: Identify opportunities to incorporate conversations about mental health and wellbeing into the school or early childhood daily routines, with the expectation that all staff and students have the opportunity to contribute to these discussions.
- 2) Government to co-design a nationally consistent evidence-based integrated service model to provide guidance to jurisdictions on the delivery of psychoeducation and skills building for children and adolescents on wellbeing, life skills (such as adaptive coping and problem-solving and improving self-esteem and self-efficacy), and safe and effective interaction with technology and digital media.
- 3) Address structural barriers to access to education for children and young people.

References

1. National Suicide Prevention Advisor. Connected and compassionate: Implementing a national whole of governments approach to suicide prevention (Final advice). Canberra, Australia; 2020.

2. Department of Health and Aged Care. National suicide prevention strategy for Australia's health system: 2020–2023. Australian Government; 2020.

3. Ngamaba KH, Armitage C, Panagioti M, Hodkinson A. How closely related are financial satisfaction and subjective well-being? Systematic review and meta-analysis. Journal of Behavioral and Experimental Economics. 2020;85:101522.

4. Rowley S. Housing affordability, housing stress and household wellbeing in Australia: Australian Housing and Urban Research Institute; 2012.

5. Dev S, Kim D. State- and County-Level Social Capital as Predictors of County-Level Suicide Rates in the United States: A Lagged Multilevel Study. Public Health Rep. 2021;136(5):538-42.

6. Kelly BD, Davoren M, Mhaolain AN, Breen EG, Casey P. Social capital and suicide in 11 European countries: an ecological analysis. Soc Psychiatry Psychiatr Epidemiol. 2009;44(11):971-7.

7. Kunst AE, van Hooijdonk C, Droomers M, Mackenbach JP. Community social capital and suicide mortality in the Netherlands: a cross-sectional registry-based study. BMC Public Health. 2013;13:969.

8. National Suicide Prevention Advisor. Compassion first. Canberra, Australia; 2020.

9. National Suicide Prevention Advisor. Shifting the focus: Supporting a comprehnsive whole of governments approach to suicide prevention. Canberra, Australia; 2020.

Suicide Prevention Australia. Pre-Budget Submission. Suicide Prevention Australia;
2021.

11. National Mental Health Commission. National Workplace Initiative 2023 [Available from: <u>https://www.mentalhealthcommission.gov.au/projects/mentally-healthy-</u>work/national-workplace-initiative.

12. Australian Bureau of Statistics. General Social Survey: Summary Results, Australia. Canberra, Australaa: Australian Bureau of Statistics; 2021.

13. Jose PE, Ryan N, Pryor J. Does Social Connectedness Promote a Greater Sense of Well-Being in Adolescence Over Time? Journal of Research on Adolescence. 2012;22(2):235-51.

14. Calati R, Ferrari C, Brittner M, Oasi O, Olié E, Carvalho AF, et al. Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. Journal of Affective Disorders. 2019;245:653-67.

15. Relationships Australia. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey. Canberra, Australia: Relationships Australia; 2018.

16. Gibson M, Stuart J, Leske S, Ward R, Tanton R. Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness. Med J Aust. 2021;214(11):514-8.

17. Victorian Government. The Big Connect: New funded projects announced 2023 [Available from: <u>https://www.vichealth.vic.gov.au/funding/the-big-connect</u>.

18. Vancampfort D, Hallgren M, Firth J, Rosenbaum S, Schuch FB, Mugisha J, et al. Physical activity and suicidal ideation: A systematic review and meta-analysis. J Affect Disord. 2018;225:438-48.

19. Pirkis J, Robinson J. Understanding Suicide and Self-harm. 2022.

20. Rainbow Health Australia. Rainbow Health Australia projects and initiatives to support LGBTIQ health and wellbeing 2023, [Available from:

https://rainbowhealthaustralia.org.au/projects.

21. National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. National Mental Health Commission; 2021.

22. Carter B, Paranjothy S, Davies A, Kemp A. Mediators and Effect Modifiers of the Causal Pathway Between Child Exposure to Domestic Violence and Internalizing Behaviors Among Children and Adolescents: A Systematic Literature Review. Trauma Violence Abuse. 2020:1524838020965964.

23. Miller AB, Esposito-Smythers C, Weismoore JT, Renshaw KD. The relation between child maltreatment and adolescent suicidal behavior: a systematic review and critical examination of the literature. Clin Child Fam Psychol Rev. 2013;16(2):146-72.

Peh OH, Rapisarda A, Lee J. Childhood adversities in people at ultra-high risk (UHR) for psychosis: a systematic review and meta-analysis. Psychol Med. 2019;49(7):1089-101.
Lindert J, von Ehrenstein OS, Grashow R, Gal G, Braehler E, Weisskopf MG. Sexual and physical abuse in childhood is associated with depression and anxiety over the life course: systematic review and meta-analysis. Int J Public Health. 2014;59(2):359-72.

26. Department of Health and Aged Care. Head to Health Kids National Service Model. Australian Government; 2022.

27. Queensland Government. Triple P – Positive Parenting Program: Queensland Government, ; 2021 [

28. World Health Organization. Improving the mental and brain health of children and adolescents 2023 [

29. Beyond Blue. Be You 2022 [Available from: https://beyou.edu.au/get-started.