A Contributing Life

the 2013 National Report Card

on Mental Health and Suicide Prevention

What you need to know...

Australian Government
National Mental Health Commission

The National Mental Health Commission

Our second Report Card continues the National Mental Health Commission's commitment for change, building upon the foundations and whole of life scope established in our inaugural Report Card, *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*,[1] released exactly 12 months ago.

About the Commission

We are Australia's first National Mental Health Commission, set up in 2012 to provide independent reports and advice to the community and government on what's working and what's not.

From day one, the Commission's view has been that we must think differently about mental health, to see mental wellbeing as important to the individual, their family, support people and community. This sees services not as separate elements to be used when needed. It sees that the interconnections between services, families, employers and co-workers, health and housing providers, teachers and friends, together improve mental wellbeing and a sense of a life well lived.

We know that every family and community has an experience to share because mental illness will affect every Australian at some point, either personally or through the experience of friends, family or work colleagues.

We have highlighted several scandalous facts, including that the most severely mentally ill die at a rate that is two and a half times greater than the general population;[2] and that Aboriginal and Torres Strait Islander peoples are twice as likely to die by suicide than other Australians.[3]

Shockingly, people experiencing severe mental health problems bear a greater burden of physical illness like cardiovascular disease and cancer.[4] Recent data from Western Australia shows that the gap in life expectancy for people with psychosis compared to the general population has increased to almost 23 years.[4]

A Contributing Life

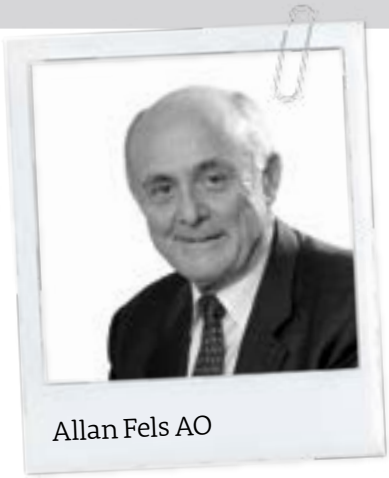
We set ourselves, governments and the community a pressing task – to better understand and listen to what it means for people living with mental health difficulties and their support people to lead *a contributing life* – and to regularly and systematically listen to their experiences.

A contributing life means a fulfilling life enriched with close connections to family and friends, as well as experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty.[1]

The contributing life approach propels everything we do; it shapes the structure of the Report Card and frames how we work.

Australian Government
National Mental Health Commission

To the Prime Minister of Australia



Allan Fels AO

Dear Prime Minister

Mental health reform is a nation-building issue.

It is as fundamental to a better Australia as building new physical infrastructure, economic reform and social investment.

Mental health problems affect nearly half of all Australian adults at some point in their lifetime. Poor mental health has significant social, economic, productivity and participation impacts.

Suicide takes the lives of 44 Australians on average each week – far greater than the number killed on our roads.[5]

Indeed, during the election campaign you recognised that mental illness is the "hidden epidemic" in modern Australia.

You have many demands on your new Government. However, as an economist, and as a father of a daughter with an enduring mental illness, I can see the national, community, family and personal benefits from supporting people with mental health problems to have choice, opportunities and be included in all aspects of our society.

As you commence your Prime Ministership, **I write with two key messages** based on the National Mental Health Commission's findings to date. I believe these require your personal leadership to secure the potential benefits.

Firstly, improving mental health is an invest-to-save issue. Tackling the causes rather than the symptoms; preventing mental illness and suicide in the first place; promoting good mental health for everyone; and timely support when things start to get tough, is the best economic and social renewal strategy that we can invest in.

Secondly, our current system is not designed with the needs of people and families at its core. These needs are wider than health services – they are about supporting recovery and leading a contributing life.

Our National Review of the Mental Health System

I welcome your confidence in the Commission in making your Government's election commitment to mental health reform, and giving us adequate resources to do so.

This will be an independent review of the effectiveness of the current mental health system.

The review will provide your Government with evidence upon which to make future policy and investment decisions. You can expect our recommendations to be clear and frank.

Until it conducts the review the Commission is unable to tell you whether government expenditure of almost $6.9 billion (or $309 per Australian) on specialist mental health services in 2010/11[6] **was being spent to the best effect and on the supports that have the greatest positive impact on people and families.**

As significant as this investment is, it is not enough to truly alleviate the burden associated with mental illness. In Australia, the total mental health budget is itself only 6.5 per cent of the health budget when the total burden of disease due to mental illness suggests this should be closer to 14 per cent.[7]

I am also pleased to hear that your Government will be a government for all people and will not leave anyone behind.

In our 2012 Report Card we highlighted the tragic lack of opportunities for good social and emotional wellbeing in our Aboriginal and Torres Strait Islander communities. We welcome your personal commitment to improving outcomes for Aboriginal and Torres Strait Islander Australians.

Introducing our 2013 Report Card

As the National Mental Health Commission completes its second year, I present to you *A Contributing Life: the 2013 National Report Card on Mental Health and Suicide Prevention*.

It reflects the community's voice on the issues in mental health and suicide prevention that matter most to them.

This year the Commission visited communities and support services in Sydney, Canberra, Cairns, Yarrabah, Perth, Port Hedland, Hobart, Launceston and Melbourne. We continue to be impressed by the optimism and resilience of communities and the hard work and ingenuity displayed by many in the face of service gaps. The communities and workers at Yarrabah and at Port Hedland are testament to this.

Disappointingly, we continue to hear of poor experiences, marginalisation and discrimination. We observe a concerning trend of services retreating from their roles and of governments retreating from their funding commitments to support people in the community. Again, this is poor economics.

This Report Card sits above the different views and vested interests that have too often led to disunity and competitiveness. These debates draw energy away from what the 7.3 million Australians who today have a lived experience of mental illness deserve. Australians deserve a reform plan with a clear destination and funding to match which is undertaken in a spirit of genuine co-operation.

With your leadership, through a whole of life approach that leverages drivers of inclusion, participation and productivity, and by putting 'mental wealth' at the centre of all policy making, we are confident that we all can do better for those 7.3 million Australians and their families.

We cannot afford to not do so.

Yours sincerely

Professor Allan Fels AO
Chair
November 2013

Our current **10 recommendations** and our **eight new** 2013 recommendations

In 2012 we made ten recommendations for action. These still stand.

Recommendation 1:
Nothing about us, without us – there must be a regular independent survey of people's experiences of and access to all mental health services to drive real improvement.

Recommendation 2:
Increase access to timely and appropriate mental health services and support from 6-8 per cent to 12 per cent of the Australian population.

Recommendation 3:
Reduce the use of involuntary practices and work to eliminate seclusion and restraint.

Recommendation 4:
All governments must set targets and work together to reduce early death and improve the physical health of people with mental illness.

Recommendation 5:
Include the mental health of Aboriginal and Torres Strait Islander peoples in 'Closing the Gap' targets to reduce early deaths and improve wellbeing.

Recommendation 6:
There must be the same national commitment to safety and quality of care for mental health services as there is for general health services.

Recommendation 7:
Invest in healthy families and communities to increase resilience and reduce the longer term need for crisis services.

Recommendation 8:
Increase the levels of participation of people with mental health difficulties in employment in Australia to match best international levels.

Recommendation 9:
No-one should be discharged from hospitals, custodial care, mental health or drug and alcohol related treatment services into homelessness. Access to stable and safe places to live must increase.

Recommendation 10:
Prevent and reduce suicides, and support those who attempt suicide through timely local responses and reporting.

In 2013 we add a further eight recommendations for action.

Recommendation 11:
People with co-existing mental health difficulties and substance use problems must be offered appropriate and closely co-ordinated assessment, response and follow-up for their problems.

Recommendation 12:
National, systematic and adequately funded early intervention approaches must remain. This must be accompanied by robust evaluation to support investment decisions, with a focus on implementation, outcomes and accountability.

Recommendation 13:
A National Mental Health Peer Workforce Development Framework must be created and implemented in all treatment and support settings. Progress must be measured against a national target for the employment and development of the peer workforce.

"Kids need to be educated at school, when they are young, so that when problems arise they can talk about them openly instead of keeping them to themselves. I didn't know what to look for. Signs that I took for being adolescence were signs of his depression. For years he suffered on his own."

(Contributing Life Project)

Recommendation 14:
A practical guide for the inclusion of families and support people in services must be developed and implemented, and this must include consideration of the services and supports that they need to be sustained in their role.

Recommendation 15:
The Commission calls for the implementation and ongoing evaluation of a sustained, multi-faceted national strategy for reducing discrimination.
This should encourage positive and affirmative action by every person, family, service, school, workplace and community to help others to live a contributing life. It must be centred on community-level initiatives, and be targeted at areas and groups most resistant to change and where there is the most potential to bring about improvement, consistent with the evidence.

Recommendation 16:
All Australians need access to alternative (and innovative) pathways through school, tertiary and vocational education and training.
There are already many good examples of these which must be recognised, valued and scaled up. This is crucial to engaging people who are disconnected and for whom 'mainstream' institutional structures form barriers to a contributing life.

Recommendation 17:
Where people with mental health difficulties, their families and supporters come into contact with the criminal justice system and forensic services, practices which promote a rights and recovery focus and which will reduce recidivism must be supported and expanded.

These include:

- *diversion services to create pathways for people with mental health problems away from prison and into support and treatment;*
- *justice reinvestment for Aboriginal and Torres Strait Islander peoples and people with mental health issues who are in contact with the criminal justice system; and*
- *arrangements that give better rights protection, supported transitions and follow-up for people with mental health issues in custody, prison and forensic facilities when they are released or discharged. These must include step-down forensic services and supported community accommodation.*

To give further impetus to the implementation of last year's recommendation 10, we recommend that:

Recommendation 18:
Governments must sign up to national targets to reduce suicide and suicide attempts and make a plan to reach them. These targets must be based on detailed modelling.

Thriving, not just surviving:

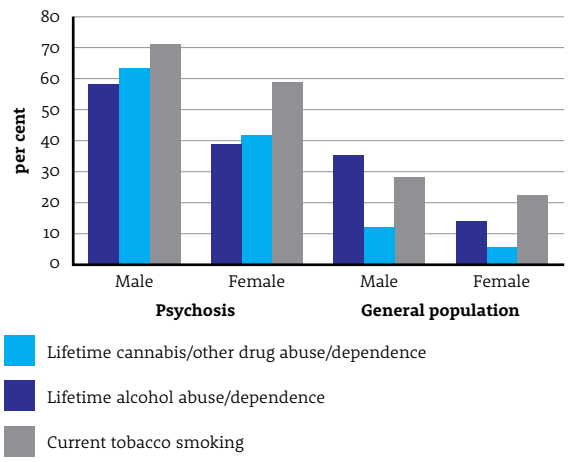
One person, diverse needs: Living with a mental illness as well as the challenges from difficulties with alcohol and drug use

Why is this issue important?

People with a mental health and drug or alcohol problem can live contributing lives with the right treatment and support. Yet they are too often discriminated against or excluded by services that deal with one or the other problem, but not both. They have major health problems but are judged as though they are less worthy of help.

The result is considerable unmet need for support, and ongoing appalling emotional and physical health. We look at what needs to be done to change this.

Figure 1: Drug use by people living with a psychotic illness compared with the general population



Sources: 2007 National Survey of Mental Health and Wellbeing and 2010 National Psychosis Survey

Did you know?

Every year, about 340,000 Australians grapple with the combination of a mental health difficulty and a substance (drug or alcohol) problem.[8]

That's up to 70 per cent of people presenting to mental health or substance use services.[9]

Yet only seven per cent of people with co-existing mental illness and substance misuse have received support for both problems.[10]

We know that the social, economic and health disadvantage for every one of these people and their families can be huge:

- their life expectancy is reduced by between 20 and 30 years;[11]
- they are twice as likely to be homeless as people who experience one of these difficulties alone, and twice as likely to be in prison or in a correctional facility.[8]

There is still a shocking lack of integrated support to help people get back on their feet. We continue to have fragmented services that don't deal with the whole person and all of their needs.

At the same time, we often don't support workers on the ground to work in this way – because of siloed structures, inadequate funding or constraints on professional development and supervision.

It does not have to be this way: what needs to change

The most promising practices deal with the whole person and all of their needs together, not separately or one at a time. They are seen in services that communicate well with each other and work as a team, and let people in, no matter which door they walk through for help.

The 'no wrong door' philosophy, where a person can get comprehensive support wherever they may first try to access services, must become more than a policy objective. It must be realised in practice, all over Australia.

Governments, community agencies, and public and private services must do away with isolated and inflexible approaches, and support their staff to do this. We have seen where this happens; we know it can be done.

We need to explore and implement flexible models to suit specific communities, recognising their particular needs and circumstances, including Aboriginal and Torres Strait Islander peoples.

Living a contributing life

Lani, Queensland

Lani's experience overcoming co-existing mental health and alcohol and drug use shows the benefits of whole-of-life support.

She says: *'I am now on an extensive treatment plan ... and working with my amazing husband, family and friends. I have ... a great job and I am living a life I'm proud of.'*

Being supported to re-engage with the things she loves to do – including writing and study – helped Lani get to a place where she can say *'I no longer just want to survive. I want to thrive.'*

For more detail, see pages 55-71 of the 2013 Report Card, or to watch a video about Lani's experience, go to www.mentalhealthcommission.gov.au and follow the links.

Maintaining connections with family, friends, community and culture:

Strengthening community understanding

Why is this issue important?

Everyone has the right to be treated without discrimination.

We are becoming more aware of and talking more about mental health and suicide in Australia, but people and families living with mental health difficulties continue to face entrenched discrimination, which only adds to their marginalisation.

Even though half of us will experience a mental health problem in our lifetime,[12] too many of us hold discriminatory attitudes towards people with mental illness.[13]

This doesn't make sense. Even if we don't experience mental illness ourselves, someone close to us is going through this now or will do so in the future.

Discrimination for people who experience a mental health difficulty is not just about the obvious things like bullying or not being promoted at work, but can also be built into processes like housing applications. A snide remark, being talked down to or treated 'differently' may not seem like much, but for someone who experiences it frequently, such incidents can destroy confidence, stop them getting help and build up to seriously damage their quality of life. This is unacceptable.

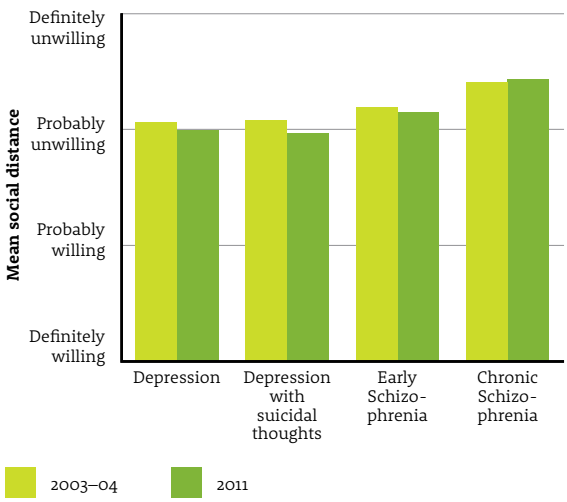
Did you know?

Between 33 per cent and 49 per cent of us would avoid someone with a mental illness. Thirty-seven per cent of us wouldn't employ someone with chronic schizophrenia. Twenty-three per cent wouldn't employ someone with depression.[13]

About 60 per cent of family members report experiencing negative, hurtful and offensive attitudes from the public.[14]

It's hardly surprising that an estimated 65 per cent of people who have experienced a mental

Figure 2: Reported desire to keep a social distance from people with selected mental illnesses



Source: 2013 National Mental Health Report

health problem in the last 12 months have not sought help for that problem.[12]

Fear of discrimination doesn't just stop people seeking help, but also often causes them to withdraw from life and become isolated.[14, 15]

It does not have to be this way: what needs to change

We believe that simply improving understanding of mental health issues in the community is insufficient.

If we see equal opportunity for a contributing life as a human right, we can start to dismantle the barriers to getting the building blocks to lead such a life. This starts with our everyday interactions and own behaviour, within our families, schools, workplaces and communities.

If people feel more included and do not have to live with daily fear of discrimination, they are more likely to seek help when it is most effective.

Because we know improvements in community understanding have not been paralleled by a reduction in discriminatory behaviour and attitudes;[13] we need two things:

- to all be prepared to stand up against discrimination wherever we may witness it;
- to translate our knowledge about mental health into improving our behaviour: we need a sustained national strategy for where we can make the biggest impact on attitudes and behaviour, that targets groups we know remain resistant to change – those who are in frequent contact with people with mental health problems and their families.

Living a contributing life

Jack, Victoria

When Jack first became ill, his family ensured that his friends knew the situation and everything was discussed in an open way which *'removed a lot of the stigma of mental illness.'*

This ensured that Jack maintained connections with his family, friends and community, and now he is trying to pass these benefits on by talking *'about mental illness and stigma with Year 9 students.'* He wants to let people know that *'mental illness is not the end of the world.'*

For more detail, see pages 73-91 of the 2013 Report Card, or to watch a video about Jack's experience, go to www.mentalhealthcommission.gov.au and follow the links.

Ensuring effective care, support and treatment:

Approaches that support recovery, including early intervention

Why is this issue important?

Getting help early when things are starting to go wrong makes sense – at any age or any stage of life.

If the right support is available at the right time, and everyone knows about it and has a chance to access it, the vicious cycle of mental illness and disadvantage can be interrupted or averted.

This can mean better outcomes not just for people and their families but also for Australia's social and economic wellbeing.

Figure 3: The concept of recovery

Source: A national framework for recovery – oriented mental health services: Policy and theory. 2013

We need to turn our current crisis-driven, reactive system on its head.

We need to look at how approaches such as early intervention focussing on young people and the role of peer workers can contribute to this change.

Did you know?

A quarter of 16–24 year olds have experienced symptoms of a mental health problem in the past 12 months.[12]

About 50 per cent of mental health problems emerge by the mid-teens, and 75 per cent by age 25.[16]

This often puts up barriers to a contributing life at the very time that strong foundations are most effectively laid. It puts enormous strain on families.

Young people who experience mental illness are less likely than their class mates to complete secondary or tertiary education,[17] and they are more likely to be unemployed later in life, living with all the disadvantages this can bring.[18]

Mental health peer workers are professionals who have a lived experience of mental illness, either personally or as a family member, and they bring this expertise to their work.

Peer workers perform at least as well as other staff in reducing hospitalisation rates and levels of drug and alcohol use in the people they work with.[19-22] But their number is still small.

It does not have to be this way: what needs to change

We know enough to change this picture. We know that getting the right treatment and support when difficulties first emerge can have a significant positive impact on the duration and severity of later illness.[23]

In turn, this helps prevent knock-on effects on relationships, education and employment, and we also know that this is one of the greatest untapped possibilities for return on investment to our economy and society.[24]

Early intervention is a must for young people and should be a right for all people.

The recent significant investments in early intervention for young people need time to bed in. They must be properly evaluated and scaled up where they are shown to have positive impacts not just on illness, but on quality of life outcomes for people and their families.

And early intervention for people at any age or stage of life must remain a high priority.

We need to encourage more people to train to become mental health peer workers, and more services to employ and develop them.

Living a contributing life

Lachlan, South Australia

Lachlan's experience shows that early intervention to support recovery isn't just about clinical treatment. Recovery is also about staying engaged with hopes for the future and feeling supported to achieve personal life goals.

When Lachlan started on his recovery journey, he *'felt alone, misunderstood and confused,'* but attending an activity program and playing lacrosse gave him *'something to look forward to.'* He says *'I now know it's important to have goals and plans for the future and to work hard to achieve them. I'm very proud of myself and how far I've come in my journey.'*

For more detail, see pages 93-115 of the 2013 Report Card, or to watch a video about Lachlan's experience, go to www.mentalhealthcommission.gov.au and follow the links.

Something meaningful to do:

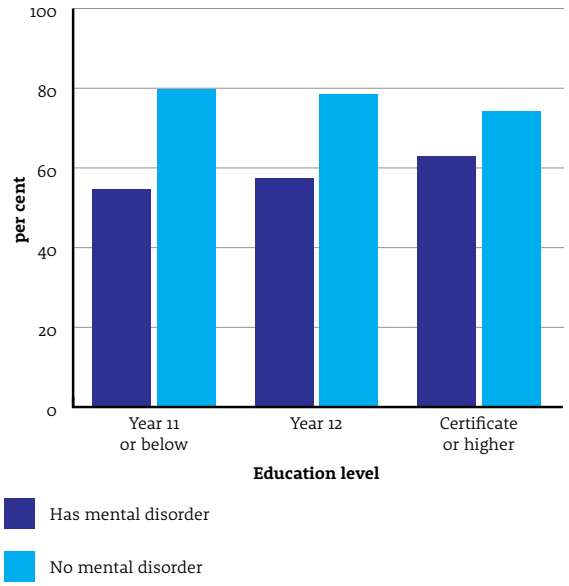
Transitioning from education to independence

Why is this issue important?

Life's transitions are known to be stressful, but these transitions are especially frequent and difficult during childhood and adolescence. They encompass rapid physical development and changes in social identity.

Most young people are resilient and adapt well to these changes. But this is a time when significant mental health problems can start to emerge, which can present risks to continued engagement in education.

Figure 4: People aged 15-24 years who are fully engaged in employment and/or education by highest level of education and mental health status



Source: ABS National Survey of Mental Health and Wellbeing 2007

Dropping out of education early makes it much more likely that a person will be unemployed later in life, which in turn is connected to poverty and poor housing.[18] These factors are both causes and consequences of mental illness, creating a vicious cycle of disadvantage.

One way to break the cycle is to improve the support we provide to people who are marginalised to stay or get engaged in education or training, whatever their age.

Did you know?

Schools and educators have to juggle many priorities in ensuring the wellbeing of the young people they engage with, and do a good job under pressure to support successful transitions.

But some young people are left behind. Traditional education pathways don't suit everyone, and alternatives which enable people to fulfil their potential despite experiencing mental health difficulties are not available consistently across Australia.[25]

We have one of the lowest rates of employment for people with a disability – including mental health problems – anywhere in the developed world.[26] Australians experiencing psychosis have half the labour force participation rate of the general population, at just over 30 per cent.[15]

A new way to think about supporting young peoples' mental health is to see building mental resilience from an early age as a crucial

component of a childhood 'immunisation' program.[27] But this type of 'immunity' isn't acquired through the quick jab of a needle. It requires sustained effort to engage families, educators, and health professionals in fostering nurturing relationships and supportive environments.

It does not have to be this way: what needs to change

The most important evidence for how to achieve effective support comes from the voices of young people themselves. They give us clear and consistent messages that they:

- want to know how to support friends having problems;[28]
- believe strong relationships with peers, families and teachers helps them be mentally healthy;[29]
- don't want to hear negative stories about mental illness all the time but want positive role models for recovery;
- want to learn from the stories of peers who have been through a mental health problem;
- want to access age-appropriate services including online.[30]

The Commission wants to see a consistent approach to integrating support for mental health into the ethos of every school. We want to see increasing access to alternative pathways through education and training to offer flexible opportunities for a contributing life. We also believe that before educators can play a role in young people's mental health, their own mental health needs must be recognised and supported.

Living a contributing life

Mark, Northern Territory

Mark's experience shows that successfully negotiating transitions requires understanding and recognition of emerging difficulties.

He was on the point of dropping out of education because *'I wasn't aware that I was developing the early signs of a mental health issue … I believed you only visited the school nurse if you had physical symptoms.'* These challenges were only exacerbated by his experience of racism, but after Mark's anxiety and depression was recognised by a GP, he began to get back on track. He completed several training qualifications and became an Ambassador for the Northern Territory Indigenous Program. Now, *'I talk with young people and promote good physical and mental health. If you set a goal and keep working towards it, you can achieve.'*

For more detail, see pages 117-133 of the 2013 Report Card, or to watch a video about Mark's experience, go to www.mentalhealthcommission.gov.au and follow the links.

Feeling safe, stable and secure:

The justice system and mental health

Why is this issue important?

We know that people living with a mental illness are over-represented in our prisons, in the number of police incidents and in the number of police shootings.[31, 32]

We are dismayed to learn that in 2012, 38 per cent of all people entering prison reported having been told they have a mental illness.[33] This is almost double the 12-month prevalence of mental illness in the general population.[12]

If the rate of 38 per cent was applied to the 29,000 prisoners in Australia,[34] this would equate to around 11,000 people each year in prison living with a mental illness.

Criminalisation of people with a mental illness has never been right; it calls into question Australia's international human rights obligations.[35]

Did you know?

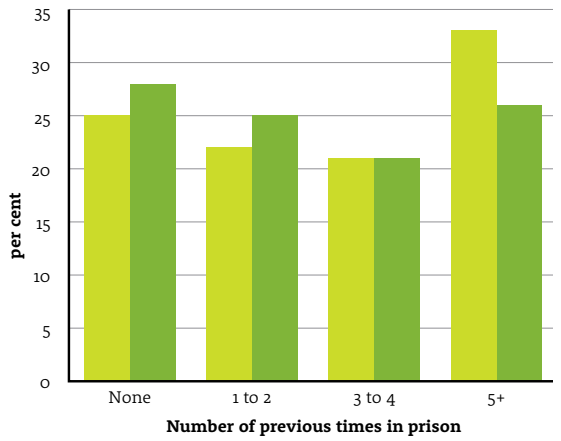
People living with a mental health difficulty are more likely to be victims of crime; often have their evidence disregarded in courts or their cases not progressed; and when caught in the criminal justice system, have higher levels of re-imprisonment than people without a mental illness.

Around 33 per cent of prison entrants with a mental illness had previously been in prison five times or more, compared to around 26 per cent of prison entrants with no mental illness.[36]

People living with a mental illness in the prison system experience high rates of co-existing physical illness, substance use disorders and backgrounds of disadvantage.

Young people in juvenile detention, especially young Indigenous people, experience high rates of mental health difficulties. In New South Wales for example, on average young people in custody have about three different psychological disorders, 80 per cent of non-Indigenous young people in juvenile detention

Figure 5: Mental health history of prison entrants by the number of times previously in adult prison



Source: AIHW. Analysis of 2012 Prison Health Census Survey (Unpublished)

have a psychological disorder while this climbs to 90 per cent of young Indigenous people.[37]

This is frightening. We are criminalising our young people with mental health difficulties, and continue to do so when they reach adulthood.

It does not have to be this way: what needs to change

This is a cycle that needs to stop. It is essential that diversion programs are strengthened to provide pathways away from the criminal justice system towards health and social supports for people to lead contributing lives in the community. We know this works in some areas of Australia; we know it can reduce re-offending, as well as costs to government of around $1 million spent each year on a person with a mental illness or cognitive impairment who is in frequent contact with the criminal justice system.[36]

It is imperative to further invest in frontline police training, and train court staff, prison officers, parole workers and others who come into frequent contact with people experiencing a mental health difficulty, to improve understanding and service responsiveness.

It is vital to provide the right physical health and mental health treatment to reduce the high levels of mental health and co-existing physical health problems among the prison population.

We should expect a health-based response for people who commit a crime because of their mental illness. We should provide treatment options through a specialist forensic mental health system, as well as adequate health and social supports for people when they leave a prison or forensic facility to enable them to lead a contributing life in the community.

Living a contributing life

Grant, NSW

Grant's experience shows how the joint impact of mental illness and involvement in the criminal justice system can lead to a downward spiral.

He says *'mental illness constantly stalked me from a young age ... one thing led to another and at 18 I ended up in maximum security.'*

But Grant's story also demonstrates that being able to access the right support in a forensic unit of a hospital can turn a life around. He says *'my progress suddenly went into overdrive. 2013 was a new year, and a new life ... I've gone from wearing tracksuit pants in a community workshop to a collared shirt in head office. ... Don't let your illness rob you of the future you want.'*

For more detail, see pages 135-159 of the 2013 Report Card, or to watch a video about Grant's experience, go to www.mentalhealthcommission.gov.au and follow the links.

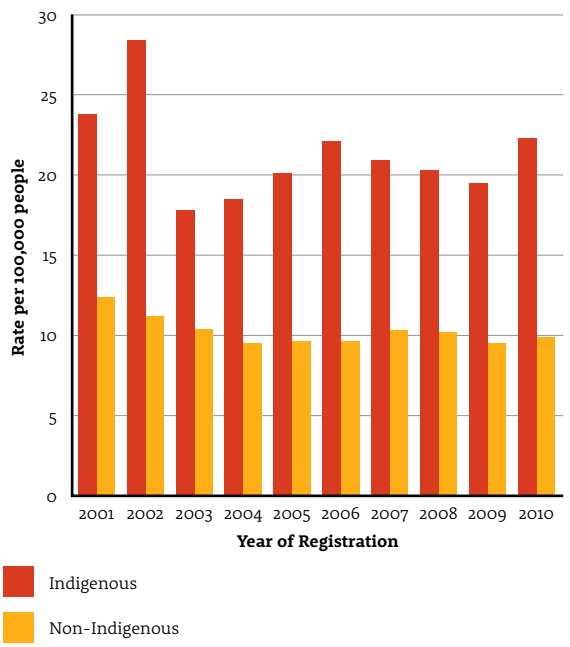
Preventing suicide:
What works in suicide prevention?

Why is this issue important?

Every year in Australia, more than 65,300 people attempt to take their own life[12] and more than 2,200 people die by suicide.[5]

While we can be shocked at the scale of these numbers, the shock only deepens when we consider the level of personal distress reflected in each and every one of them.

Figure 6: Suicide rate for Indigenous and non-Indigenous populations, NSW, Qld, SA, WA and NT



Source: ABS Suicides Australia, 2010

Each number represents a person who feels locked into a hopeless situation.

Many of us would be surprised to learn that suicide takes one and a half times as many Australian lives each year as road accidents.[5] If we contrast our willingness to nominate a 'designated driver' on a night out with our reluctance to broach issues of distress or suicidal thinking with our friends or family, we can see how far we still have to go to overcome the historical taboo attached to this issue.

Did you know?

Progress has stalled in recent years in reducing national suicide rates.[5]

Suicide kills more young people than anything else.[5]

It kills three times as many men than women.[5]

The suicide rate is highest in people aged over 85.[5]

Suicide hits already disadvantaged communities the hardest:

- Aboriginal and Torres Strait Islander people are twice as likely as non-Indigenous people to take their own lives;[3]
- people living outside of metropolitan areas are more likely to die by suicide than their city counterparts;[39] and
- people with chronic pain or illness,[40] those who identify as same-sex attracted or

bisexual[7] and those experiencing mental illness are also at greater risk.[41]

Over 2.2 million Australians have seriously considered suicide in their lifetime and over half a million have acted on those thoughts.[42]

It does not have to be this way: what needs to change

We still know surprisingly little about what works to reduce suicide rates across a population.

Research shows that multi-component interventions – including training of those who are often the first lines of support such as GPs, and systematic follow-up for those who have attempted suicide – appear to be the most promising approaches.[43]

We acknowledge that there are no simple solutions to such a complex issue.

However, work must continue to bring suicide rates down and to bring the same level of consciousness to the issue as we have seen for drink driving.

Starting in these areas will help:

- increased research, implementation and evaluation of what works;
- better infrastructure – like suicide registers – to collect consistent data throughout Australia; and
- finding out more about the experiences of people who have attempted suicide, and their families. This will help fill a crucial gap in our knowledge of what helps the most at the time and afterwards, and what they think could have helped prevent the attempt.

Living a contributing life

Leanne, NSW

The importance of a range of follow-up supports following a suicide attempt is underlined by Leanne's experience.

She says that after a recent attempt, *'my son saw the warning signs'* which enabled her to get timely help. Afterwards, together with a support worker, Leanne has *'set meaningful goals including improving the quality of my life, being able to get out into the community a little more and able to ask for help when needed.'*

Leanne's family travel her recovery journey with her, and *'my children are the first people to be there for me ... I've come ahead in leaps and bounds.'*

For more detail, see pages 161-181 of the 2013 Report Card, or to watch a video about Leanne's experience, go to www.mentalhealthcommission.gov.au and follow the links.

Where our work is taking us

Our second Report Card takes us to the next stage of our work program. Some of these activities deliver on the commitments we made last year while others arise from the Report Card's directions this year.

- **Undertaking a national review and making recommendations for reform to the Australian Government.** This priority project gives us the opportunity to put an independent, evidence-informed case to Government about the reforms necessary to improve people's lives
- **Starting the first full-scale National Contributing Life Survey.** This qualitative, whole of life survey will capture the experiences of people with mental health difficulties and their families and supporters: what helps people to experience a good life, what hinders them and what makes a difference
- **Considering a response from COAG** to our 2012 Report Card and pushing for governments and others to take up our 18 recommendations, including adopting national targets and indicators to drive change
- **Working with our Mentally Healthy Workplace Alliance partners** to advance good workplace practices in businesses large and small. In 2014 the Alliance will launch a national kit of practical advice and tools for employers
- **Releasing the National Seclusion and Restraint Project findings** which will draw together evidence on the best national and international practice in reducing and eliminating the use of seclusion and restraint and identify good practice approaches
- **Releasing a research study into suicide attempts** to give insight into who seeks help from where in the lead up to and following a suicide attempt, what type of help and follow up they receive, what type of support people find helpful and the kind of experience and attitudes people and families face
- Together with state mental health commissions, **continuing to push for the growth and development of the peer workforce** and holding a national policy forum in 2014 of experts on the mental health peer workforce. We will continue to support the production of national training and development materials for the Certificate IV in Peer Work
- **Identifying and developing future leaders** with lived experience of mental health issues. Our capacity building project will mentor emerging leaders and build their skills
- **Continuing to work** with the Australian Commission on Safety and Quality in Health Care to look at improving uptake of national mental health service standards and releasing our joint project findings on the current uptake of standards
- **Continuing to provide policy input** to the design and implementation of the National Disability Insurance Scheme and Activity Based Funding

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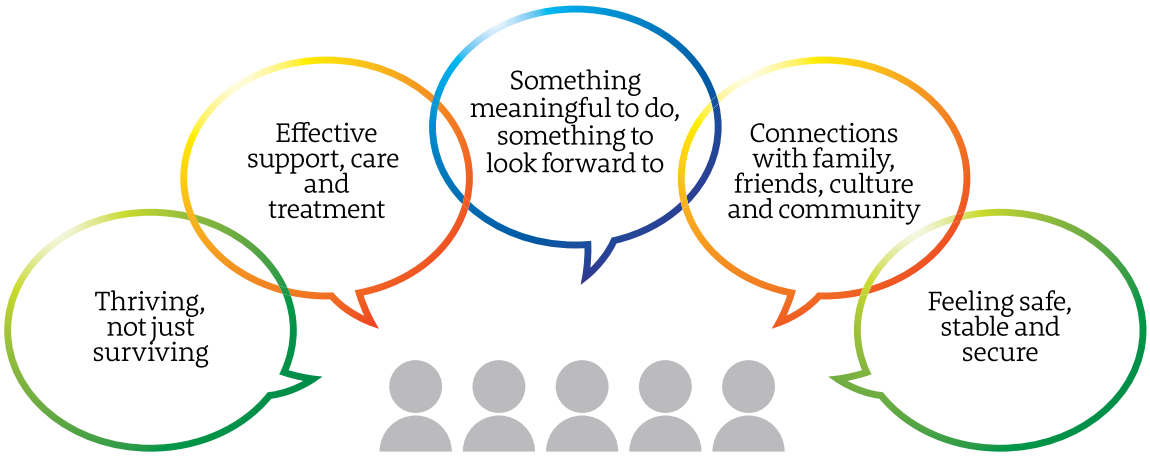

About 'What you need to know...'

This publication is a companion document to A Contributing Life, the 2013 National Report Card on Mental Health and Suicide Prevention. It provides a summary of the Commission's recommendations and highlights key issues of each chapter. This and supporting documents to the 2013 National Report Card are available on our web site www.mentalhealthcommission.gov.au

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"What would make the biggest difference to your life?"

"To be understood, not judged, and really treated with respect and dignity."

(Contributing Life Project)

Australian Government
National Mental Health Commission