

## Royal Commission into Mental Health

On the Line welcomes the opportunity to make a submission to the Victorian Royal Commission into Mental Health.

On the Line is a professional social health organisation that delivers outsourced digital counselling solutions nationally on behalf of our funders. We specialise in mental and social health; suicide prevention and trauma-informed practice for people affected by suicide; anger management; family violence; healthy relationships and integrated wellbeing; chronic health conditions; and problematic drug and alcohol abuse.

With over 60 years' experience delivering mental health services to the community via Federal and State Government funding, corporate and community partners, On the Line is a national provider of some of Australia's most vital and trusted services including MensLine Australia, Suicide Call Back Service and SuicideLine Victoria.

On the Line is the only Australian organisation accredited by the American Association of Suicidology.

Our operational footprint includes:

- 21 tele-psychotherapy services, managed in partnership with commercial, government and NGO partners, and Primary Health Networks.
- Our phone, web chat and video counselling services are supported by digital and offline marketing and promotions, interactive websites, and moderated social media channels and forums.
- From July 2017 to June 2018, we supported 102,645 calls and online counselling sessions across telephone, web chat, live video and social media channels.

## Overview

One in five Australians have experienced a mental health condition in the past 12 months<sup>1</sup> and almost half of us will experience a mental health issue during our lifetime.<sup>2</sup>

The most common disorders that people are likely to experience are anxiety (14.4%), depression, mood or personality disorders (6.2%), and substance abuse disorder (5.1%).<sup>3</sup>

### 1. Stigma

Sixty-five percent of people with a diagnosable mental illness do not access treatment<sup>4</sup>, which is believed to be related to ongoing perceived societal stigma of mental illness and consequent feelings of anxiety, fear and shame.<sup>5</sup> Together with the perceived stigma of accessing treatment, intrinsic beliefs about gender roles, rural stoicism<sup>6</sup> and cultural attitudes concerning shame<sup>7</sup> are recognised barriers to help-seeking behaviour.

The issue of stigma is particularly pronounced in men. Despite the fact that men and women experience mental health issues at approximately the same rates, men represent only 40% of the access to Medicare-subsidised mental health services in Australia<sup>8</sup>; are twice as likely as women to die from drug or alcohol abuse; and three times more likely to die by suicide<sup>9</sup>.

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<sup>1</sup> [https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts\\_figures.pdf](https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf)

<sup>2</sup> Australian Bureau of Statistics. (2008). National Survey of Mental Health and Wellbeing: Summary of Results, 2007. Cat. no. (4326.0). Canberra: ABS.

<sup>3</sup> [https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts\\_figures.pdf](https://www.blackdoginstitute.org.au/docs/default-source/factsheets/facts_figures.pdf)

<sup>4</sup> Australian Bureau of Statistics, Mental Health Statistics, 2015

<sup>5</sup> Zerubavel & Wright, 2012

<sup>6</sup> <https://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-p-mono-toc~mental-pubs-p-mono-pop~mental-pubs-p-mono-pop-rur>

<sup>7</sup> <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

<sup>8</sup> <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services>

<sup>9</sup> <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services>

## 2. Access

Difficulty navigating a potentially complicated and costly mental health system negatively impacts help-seeking behaviours for mental health issues, especially among people who are socio-economically disadvantaged.<sup>10</sup> Lack of services, or services that are overburdened, particularly in rural, regional and remote areas<sup>11</sup>, aggravates the development of mental health issues.

This situation is exacerbated by the fact that people experiencing mental health issues are more likely to engage in other harmful behaviours, especially if an issue remains untreated. Poor mental health is closely correlated with substance use, an increased likelihood of experiencing family violence, poor physical health, a higher incidence of suicide, and shorter life expectancy.<sup>12 13 14 15 16</sup>

It is also not surprising that people experiencing mental illness are more likely to be socially isolated and socioeconomically disadvantaged.<sup>17</sup>

## 3. Loneliness

Loneliness is increasingly being classified as a disease: one that effects people of all ages and walks of life. And it's killing us slowly. Loneliness now kills more people annually than people than obesity, and has a marked impact on mental health.

The top three reasons that people contact our services are to discuss their relationships (41%), talk about loneliness (22%) and their mental health issues (13%). People contacting us about loneliness has almost doubled in the last two years. At a national level, a recent survey from the Australian Red Cross found that as many as 5.6 million Australians are suffering from loneliness, with young men most likely to feel lonely. In our experience and in many studies, loneliness and a lack of strong, supportive relationships informs the development of many mental health issues including depression, anxiety, substance abuse, and even suicidal ideation.

## 4. Suicide prevention

In Victoria alone, more than 600 people took their lives during in 2017<sup>18</sup>. Nationally, the suicide rate increased by 9 per cent, becoming the 13th leading cause of death (up from 15th position in 2016)<sup>19</sup>.

The fact that Australians are 2.5 times more likely to die by suicide than be killed in a motor vehicle accident<sup>20</sup>, that three quarters of suicides are men<sup>21</sup>, or that rural areas have double the suicide rate of metropolitan areas<sup>22</sup>, clearly shows that the mental health system needs to adapt if it is to effectively deal with what is in every sense a health crisis.

Suicidal behaviour is complex and multi-faceted. While mental health issues (particularly where co-morbid or complex issues are present) are known to increase the risk of suicidal thoughts and behaviours, this relationship is correlative rather than causative.

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<sup>10</sup> [https://www.humanrights.gov.au/sites/default/files/content/disability\\_rights/health/MHCA.doc](https://www.humanrights.gov.au/sites/default/files/content/disability_rights/health/MHCA.doc)

<sup>11</sup> <https://www.aihw.gov.au/reports/rural-remote-australians/survey-health-care-selected-findings-rural-remote/contents/summary>

<sup>12</sup> <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/substance-abuse-and-mental-illness-dual-diagnosis>

<sup>13</sup> <https://www2.health.vic.gov.au/mental-health/practice-and-service-quality/safety/family-violence-identifying-and-responding>

<sup>14</sup> [https://www.humanrights.gov.au/sites/default/files/content/disability\\_rights/health/MHCA.doc](https://www.humanrights.gov.au/sites/default/files/content/disability_rights/health/MHCA.doc)

<sup>15</sup> <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/suicide-and-mental-illness>

<sup>16</sup> <https://www.sane.org/media-centre/media-releases-2015/1461-close-the-gap-on-life-expectancy-for-australians-with-mental-illness>

<sup>17</sup> [https://www.sane.org/images/PDFs/0510\\_INFO\\_RB1.pdf](https://www.sane.org/images/PDFs/0510_INFO_RB1.pdf)

<sup>18</sup> <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>

<sup>19</sup>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Australia's%20leading%20causes%20of%20death,%202017~2>

<sup>20</sup> <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>,

<sup>21</sup> <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>

<sup>22</sup> <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Mar+2011>

Recent research<sup>23</sup> suggests that suicide arises from a deficit in coping skills, and therefore proposes a paradigm shift in suicide prevention that focuses on social health and wellbeing, rather than a medical model of mental health and risk management. Under this model, the focus of suicide prevention activities at a community level would therefore be on supporting people to get their needs met: enhancing coping skills, building resilience and protective factors such as developing quality relationships.

## Summary

In this submission, On the Line invites the Royal Commission to consider the following areas as vital to improving the mental health sector for all Victorians:

1. Working to address the stigma surrounding mental health issues and encourage help-seeking behaviours.
2. Improving access to mental health practitioners, support, and self-management opportunities for all people regardless of their geographic location; or their socioeconomic, mental or physical health, gender or any other minority status.
3. Understanding the role of loneliness in mental health issues and suicide, and the importance of strong relationships in prevention, support and treatment interventions.
4. Suicide prevention initiatives with a more holistic focus of social health and wellbeing.

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<sup>23</sup> <https://www.theage.com.au/national/care-collaborate-connect-new-approach-to-suicide-prevention-20190122-p50sx2.html?btis>

# On the Line recommendations

## 1. Adapting our approach

While our current societal approach to addressing mental health issues has its strengths, it is at heart a reactive model intended to treat the outcomes or symptoms of mental illness, rather than the underlying causes.

To provide a mental health system that better meets the needs of Victorians, it is vital that a renewed approach incorporates Primary, Secondary and Tertiary components.

### 1. Primary approach

Grass roots community-based initiatives that help equip the population with resilience, coping skills and protective factors to help prevent, address and self-manage mental health issues where practical.

### 2. Secondary approach

Early intervention strategies that help change the trajectory of individuals at risk.

### 3. Tertiary approach

Treatment and support for individuals who are experiencing mental health issues.

In essence, the current system leans most heavily on the Tertiary approach, addressing the symptoms or outcomes of root issues as they present themselves using the medical model. While this is a fundamental and necessary component of a holistic mental health strategy, On the Line's experience shows a clear need for greater emphasis on Primary and Secondary approaches within the current system. Prevention and early intervention is crucial in mental health, as there are clear correlations between the comparative lack of action on early, causative factors, and the increasing prevalence of issues such as substance abuse, anxiety, depression, loneliness and suicide.

#### 1.1 Early Intervention (Secondary approach)

Investment in preventative primary and secondary initiatives is critical if the current mental health system is to effectively address the root causes of mental illness.

Common mental health issues like depression, stress and anxiety can result from the build-up of many smaller challenges in a person's life. When these concerns are not adequately addressed they can become more problematic and manifest as more serious health concerns.

While physiological and genetic factors certainly play a role in mental illness, many commonly diagnosed issues are an outcome of an inability to properly address mental health issues as they manifest and the exhaustion of coping mechanisms. This break and its subsequent feelings of hopelessness and despair is commonly reported among people who experience suicidal thoughts.

The mental health system needs to place greater emphasis on treatment of early or seemingly minor issues to help prevent them from escalating into more problematic outcomes. This could be achieved by adopting an approach that elevates the knowledge, funding, exposure and availability of early warning systems, along with a renewed focus on psychosocial education, skill and resilience building, self-care strategies and systems of support and treatment for low intensity mental health issues.

A strategy that equips Victorians with life and coping skills that allow them to better manage their own mental health and offer informed support to their peers, may help people from unknowingly deteriorating into much more complex mental illnesses.

This may take the form of psychoeducation, coping and resilience skills development into the education and public health systems; public information campaigns; and more streamlined, readily available digital access to information for people seeking support for their own or someone else's social health and wellbeing.

#### 1.2 Tailored models (Tertiary approach)

On the Line's experience and expertise in men's mental and social health is illustrative in building our understanding of some of the reasons behind low access rates to mental health support. Common explanations about poor help-seeking behaviour due to gender-based attitudes, societal norms and stigma ignore a fundamental gap in the current approach to delivery of support services – a lack of suitability for

different help-seeking cohorts. There is compelling evidence that suggests a combination of poor help seeking behaviour and lack of appropriate support is a factor in the high suicide and fatality rates among men abusing substances.

The most common approach to addressing people's mental health involves interventions that consist of a conversation between a mental health practitioner and a client seeking treatment for a mental health issue.<sup>24</sup>

On the Line's telephone and online counselling service MensLine advocates for a tailored approach that works with men's strengths to discuss and deal with their distress. This occurs through action and solution-oriented approaches that focus on problem-solving, rather than discussing their feelings at length. Numerous studies have also shown that adopting a flexible approach to service delivery that changes language and key messaging, outcome orientation and even geographic location can have positive results. Indeed, many men will feel more comfortable expressing their emotions in non-clinical settings, often while they are engaged in another activity.

Providing support options that are cognisant of the help-seeker's preferred style of service delivery will reduce the barriers to seeking help among many segments of the community. Pursuing flexible support models that are more relevant to gender identity, presenting issues, culture, family history and other key factors will ensure the mental health system is better able to deal with diverse challenges. This concept also applies to geographic settings: expansion of mobile, care-in-place solutions in workplaces, recreational settings and on-demand remote access and digital solutions.

### 1.3 Moving away from the medical model (Tertiary approach)

Central to the tailored approach that On the Line is proposing is the need to engage in more consultative, collaborative and person-centred care. This means working closely with the public to identify, structure and co-design approaches and strategies that are relevant to their strengths and capabilities.

The medical model in psychology is centred on the idea that mental illnesses are the product of physiological and biological factors and therefore treats mental illness as a physical disease. The availability of a vast array of medicinal treatments for the chemical presentations of mental illness has created an emphasis on approaches that seek to define and label people's complex challenges and directly address symptoms at a physiological level. Health practitioners need to be equipped and encouraged to give due consideration to implanting self-care strategies and psychosocial skill-building that enhance resilience and coping skills to allow individuals to better manage the issues in their lives in the long term.

Looking beyond the concept of diagnosis of issues, and considering the emotional and societal contributors that may be at the root of the problem, is also a core feature of an alternative approach to the medical model. UN special rapporteur on the Right to Health, Dr Dainius Puras, echoed this sentiment in 2017 when he explained that: "The urgent need for a shift in approach should prioritize policy innovation at the population level, targeting social determinants and abandon the predominant medical model that seeks to cure individuals by targeting 'disorders.'"<sup>25</sup>

### 1.4 Improving access (Tertiary approach)

The increasing availability of telehealth, eHealth and other digital solutions is a promising development in making mental health and wellbeing support more accessible. In a vast and sparsely populated country like Australia, the continued support for expansion of these initiatives is vital, particularly if the continuing crisis of rural and remote mental health is to be properly addressed.

Central to the future success of these initiatives is increased investment in key telecommunications infrastructure. This will ensure that people living in remote and rural areas who require access to mental health support can do so without travelling large distances.

Improved access to the mental health system also relies on services being available outside of standard working hours. Where appropriate, it should also be possible for services to be more mobile to be more effective at delivering care-in-place initiatives in communities and places of work.

Cost of services is also a significant barrier to access. Although changes to Medicare in recent years have made support services much more accessible, the costs still remain out of reach to many people. Consideration should be given to the cost benefit to the system of addressing emotional and mental health

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<sup>24</sup> Wampold and Imel (2015)

<sup>25</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21689&LangID=E>

needs at an earlier stage, thereby preventing more expensive interventions. As illustrated in the 'Investing to Save'<sup>26</sup> report, comparatively small investments in support mechanisms earlier in the health care cycle returns a significant benefit.

Improving access to mental health care also requires the introduction of improvements in navigating the system and creating end-to-end care. Referral pathways need to be built into the system as a fundamental principle and ensure that after-care treatment and follow-up is a core component of the care model. Fundamental to this is strengthening partnerships with allied and aligned sectors and instilling duty of care principles in all service operators that emphasise follow-up.

### 1.5 Increasing funding and support (Primary, Secondary and Tertiary approach)

The prevalence of mental illness and its aggregate social, medical and economic cost on society warrants a proportional response.

Mental health issues are estimated to cost the Australian economy up to \$60 billion annually in health care lost productivity, and many other direct and indirect costs, drain the economy. This is supported in the 'Investing to Save' report, which shows there is a clear cost benefit to addressing these issues with urgency.

On the Line supports the position of prominent sector figures such as Orygen's Patrick McGorry, who believes that funding and emphasis on mental health initiatives be treated with the same importance of major health concerns like cancer and heart disease.

#### Recommendations

- Employ 'early warning' systems and information that aid identification and treatment of factors that contribute to mental illness.
- Implement psychoeducation and skills based programs about low and high intensity mental health issues at all levels of education and health care, including how best to support peers.
- Enhanced public availability of key mental health information.
- Promote development of flexible modes of service delivery that cater to gender identity, presenting issues, medical history, demographic information and geography.
- Change the language that we use to describe mental illness to be more compassionate and empowering.
- Greater support for care-in-place initiatives including telephone and digital solutions.
- Implement consultative and co-designed treatment models.
- Integrate consideration of societal and other causative and correlative factors into treatment approaches.
- Integrate life skills and self-care strategies into standard treatment options.
- Improve access through enhanced communications infrastructure.
- Provide greater support and funding for remote treatment options.
- Reduce costs to access professional help.
- Improved out of hours availability and care-in-place options.
- Implement an end-to-end care model that emphasises referral, partnerships and follow-up.
- Increase targeted funding into Primary, Secondary and Tertiary treatment approaches, using a cost benefit model.

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<sup>26</sup> [https://mhaustralia.org/sites/default/files/docs/investing\\_to\\_save\\_may\\_2018\\_-\\_kpmg\\_mental\\_health\\_australia.pdf](https://mhaustralia.org/sites/default/files/docs/investing_to_save_may_2018_-_kpmg_mental_health_australia.pdf)

## 2. Reducing Stigma (Primary, Secondary and Tertiary approach)

Sixty-five percent of Australians with a diagnosable mental health condition do not seek treatment<sup>27</sup>. Although the reasons for this are many and complex, one of the most prevalent barriers to help-seeking behaviour is the stigma associated with mental illness and the idea of seeking help.<sup>28</sup>

An undiagnosed or unacknowledged mental health condition may become more severe and acute if left untreated. As consequence, this can lead to poorer health outcomes, including destructive coping mechanisms like alcohol and substance abuse<sup>29</sup>, self-harm, or sometimes even suicide.

Despite the fact that men and women experience mental health issues at approximately the same rates, men represent only 40% of the Medicare-subsidised mental health services in Australia<sup>30</sup>. Yet men are twice as likely as women to die from drug or alcohol abuse, and three times more likely to die by suicide.<sup>31</sup>

Overcoming the reluctance to access mental health treatment is an effective and preventative way of reducing harm later on. It therefore essential to normalise the concept of mental and social health and wellbeing, and associated help-seeking behaviours. This approach is exemplified by promotional campaigns from mental health campaigns such as LIVIN's "It ain't weak to speak"<sup>32</sup> and the call to action found on promotional material for various On the Line service lines ("It's ok to talk", "Talk it over", "Talking about it is not a sign of weakness").

These initiatives are not currently part of a defined national or even state-wide strategy to normalise help-seeking behaviours for mental and social health issues. Effective normalisation would therefore require a deeper cultural change in how mental health is communicated and addressed. As many foundational attitudes and beliefs are developed in childhood and adolescence, this would be an ideal place in which to begin the change process.

### Recommendations

- Review the feasibility of a formal program for the secondary and tertiary education system, as well as the health system, that outlines the nature of mental and social health and wellbeing and normalises help-seeking behaviour.
- Facilitate access and expedite the distribution of reviewed academic literature that outlines the benefits of help-seeking behaviour.
- Actively engage stakeholders in mainstream media on appropriate and less harmful ways of reporting on mental health and suicide (Everymind/Mindframe has already done considerable work in this space).
- Promote and actively normalise the issue through mainstream media promotion and in community forums such as community and council-based centres.
- Promote normalisation with a focus on the appropriate use of language for describing help seeking behaviour and mental and social health and wellbeing issues.
- Increase accessibility to telehealth and digital mental and social health support services to allow individuals who are still concerned about the perceived stigma of seeking help to discretely access information and services.

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<sup>27</sup> Australian Bureau of Statistics, Mental Health Statistics, 2015

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[https://mhaustralia.org/sites/default/files/imported/component/rsfiles/stigma/Consumer\\_and\\_Carer\\_Experiences\\_of\\_Stigma\\_from\\_Mental\\_Health\\_and\\_Other\\_Health\\_Professionals.pdf](https://mhaustralia.org/sites/default/files/imported/component/rsfiles/stigma/Consumer_and_Carer_Experiences_of_Stigma_from_Mental_Health_and_Other_Health_Professionals.pdf)

<sup>29</sup>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Deaths%20due%20to%20harmful%20alcohol%20consumption%20in%20Australia~4>

<sup>30</sup> <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services>

<sup>31</sup> <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/medicare-services>

<sup>32</sup> <https://lavin.org/>

### 3. Developing strong relationships through social health skills and reducing loneliness (Primary and Secondary approach)

In On the Line's 60 years of operation, we have seen first-hand the value of the social health model in helping people feel better. Along the mental health continuum, from complex mental and social health issues and crisis support, to the worried well, to leveraging the power of strong relationships with ourselves, our networks and the communities in which we live is a consistently effective strategy in helping people address their mental and social health and wellbeing issues.

Numerous studies, such as Harvard's 75-year study on happiness, have shown the value of friendship and relationships in overall life satisfaction. There are many reasons for this: our relationships and connections are a basic and core need, behind only physical and safety needs in importance, but it is also the fact that our close personal relationships offer the most readily available means of support.

It is well-documented that having a strong circle of supporting peers is one of the most beneficial ways to maintain good mental health. Strong support networks are acknowledged as protective factors for a variety of issues such as depression, anxiety and suicidal ideation. There is also evidence to suggest that relationships can play a role in reducing violent extremism. Support networks help prevent distress from escalating into more serious or even destructive issues, while also providing the individual with an emotional safety net.

Elevating the importance of close personal relationships in public health messaging is one of the most effective changes we could make to our system. Efforts are needed to increase the skills of Victorians in creating and sustaining social networks and how they can better support the people they care about.

Encouraging open discussion about emotional and mental health issues also helps increase understanding and education about what mental and social health and wellbeing issues really look like, thereby reducing the stigma.

#### **Loneliness and social isolation**

There is mounting evidence to support the idea that loneliness and poor social connections is a root cause of many mental, physical and societal challenges, including substance abuse, homelessness, suicide and violence.

Although the way loneliness and social isolation have been defined has changed over time, the underlying feeling that unites the two, disconnection, has always been regarded as adverse to people's wellbeing and must be at the heart of our change efforts.

#### **Defining loneliness**

Loneliness is a feeling of sadness or distress about feeling disconnected from the surrounding world. Leading researcher John Cacioppo defines loneliness as "a debilitating psychological condition characterized by a deep sense of emptiness, worthlessness, lack of control, and personal threat."<sup>33</sup> Loneliness causes people to feel empty, alone, and unwanted.

Loneliness is a state of mind, an intrinsic experience that is independent of geography and proximity to others. It depends more on the quality of a person's relationships than on numbers.

#### **Defining social isolation**

Social isolation is an objective term that means someone is physically separated from other people – this can be geographic isolation, like living in a remote or rural area, or an absence of relationships at an individual and societal level. While social isolation may lead to feelings of loneliness, people who are socially isolated may not necessarily experience loneliness

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<sup>33</sup> VanderWeele, Hawkey, Thisted, & Cacioppo, 2011.

## **The impact**

The full extent of the impact of loneliness on health and wellbeing remains widely unrecognised. The problem is prevalent in Australia, and appears to be growing. A recent survey from the Australian Red Cross found that as many as 5.6 million Australians are suffering from loneliness, with young men most likely to feel lonely.

As an organisation that helps more than 100,000 people feel better each year, On the Line sees and hears about the impact of loneliness every day. 22% of people who contact an On the Line support line report loneliness as the primary reason they are seeking help. In the past two years, On the Line has seen a 200% increase in clients reporting loneliness as the primary cause of their distress.

Australia's ageing population and increased life expectancy means that the issue will only become more urgent as time goes on.

## **Loneliness as a disease**

Loneliness is increasingly being classified as a disease and there is a growing body of research that shows society is in the midst of a loneliness epidemic. Loneliness now kills more people annually than obesity and studies have shown that loneliness may increase the risk of premature death by as much as 50 percent.

Although loneliness plays a substantial role in causing and exacerbating emotional distress, in part due to a lack of supportive relationships, recent research into loneliness has also provided a greater understanding of how it physically ravages the human body. Prominent researchers like Julianne Holt-Lunstad from Brigham Young University found that insufficient social connection is a bigger risk factor to health than obesity, so much so that it poses a health risk equivalent to smoking up to 15 cigarettes a day.

Loneliness makes us more susceptible to catching viruses, but has been shown to worsen symptoms of many ailments, from emotional issues such as depression, anxiety and suicidal ideation, to physical afflictions like poor cardiovascular health and heart disease; stroke; Alzheimer's disease; High blood pressure; cancer and premature death.

## **Recommendations**

- Promote action and initiatives that help people recognise the value and power of strong social connections.
- Review the feasibility of a formal program for all levels of education systems and public health campaigns that outlines the benefits of strong social connections, while also providing opportunities to learn the skills necessary to find, foster and grow close social bonds.
- Increase opportunities for social contact through community building initiatives.
- Treat loneliness as a public health threat and provide funding and support to address it with high priority.
- Improve telecommunications services for rural and remote areas.
- Adding social connectedness as a key health indicator against which to measure the health of our population.

## 4. Suicide prevention (Secondary and Tertiary approach)

Suicidal ideation and people taking their own lives are, in part, outcomes of the hopelessness and despair that people may feel as a consequence of unresolved psychological distress and issues in their lives.

Recent ABS data shows that suicide and self-harm is a growing health crisis. In 2017, suicide was the 13th leading cause of death<sup>34</sup> (up from 15th position in 2016) and also the leading cause of death among people aged 15 to 44 years. More than 600 people took their own lives in Victoria alone during this period.<sup>35</sup> Men, people living in remote and regional areas, and people who identify as Indigenous Australians are disproportionately over-represented in suicide statistics.

It is widely believed that for each death by suicide, there are at least 20 more attempts.<sup>36</sup> In addition, each suicide has been shown to have a devastating direct or indirect ripple effect on potentially hundreds of family, friends, colleagues and others.<sup>37</sup>

Many current suicide prevention services operating at local, state and national level are recognised to be effective means of providing support. However, as detailed previously in this submission, current approaches to suicide prevention focus heavily on the outcomes and symptoms of suicidal behaviour. As a result, contact with an individual engaged in help-seeking behaviour often occurs only once they are experiencing significant psychological distress.

Since the treatment of a more acute level of psychological distress necessitates a correspondingly greater level of care, the consequence is that many current suicide prevention services, such as On the Line's Suicide Call Back Service are dramatically over-subscribed.

Suicidal behaviour is complex and multi-faceted. In 2017, the ABS<sup>38</sup> reported that 43% of people who died by suicide were living with a mental health issue. Suicide is not typically classified as a mental health disorder, rather it is the result of a person's inability to cope with the pressure of great psychological pain. While mental health issues (particularly where co-morbid or complex issues are present) are known to increase the risk of suicidal thoughts and behaviours, this relationship is correlative rather than causative.

Indeed recent research<sup>39</sup> suggests that suicide arises from a deficit in coping skills, and therefore proposes a paradigm shift in suicide prevention that focuses on social health and wellbeing, rather than a medical model of mental health and risk management. Under this model, the focus of suicide prevention activities at a community level would therefore be on supporting people to get their needs met: enhancing coping skills, building resilience and protective factors such as developing quality relationships.

### Recommendations

- Increase availability and accessibility of all levels of suicide prevention, with particular focus on early identification that addresses low intensity issues that could otherwise lead or contribute to suicidal ideation.
- Consultation and promotion of the views of those with lived experience.
- Improve support for current suicide prevention services that are known to be effective and which are over-subscribed due to demand far outstripping supply.
- Increase awareness of protective factors like psychosocial support and preventative programs that assist vulnerable people, with special emphasis on strategies to build resilience and coping skills, and address loneliness and isolation.
- Actively promote key messages that reduce the stigma of help-seeking behaviour, particularly among higher risk cohorts like men, Indigenous people and regional Australians.
- Enact comprehensive federal, state and community-level approaches to reduce suicide.

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<sup>34</sup>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Australia's%20leading%20causes%20of%20death,%202017~2>

<sup>35</sup> <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02017>

<sup>36</sup> <https://www.betterhealth.vic.gov.au/health/ConditionsAndTreatments/suicide-and-mental-illness>

<sup>37</sup> [https://www.beyondblue.org.au/docs/default-source/research-project-files/stride-final-report-the-ripple-effect.pdf?sfvrsn=a385c1ea\\_2](https://www.beyondblue.org.au/docs/default-source/research-project-files/stride-final-report-the-ripple-effect.pdf?sfvrsn=a385c1ea_2)

<sup>38</sup> <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2017~Main%20Features~Intentional%20self-harm,%20key%20characteristics~3>

<sup>39</sup> <https://www.theage.com.au/national/care-collaborate-connect-new-approach-to-suicide-prevention-20190122-p50sx2.html?btis>

## 5. Conclusion

The prevalence of mental illness in our society and the flow-on effects it produces warrants a response at the highest level and a mental health system that encompasses Primary, Secondary and Tertiary approaches, with particular attention to the initiatives summarised below.

- Increasing investment and resourcing in awareness, psychoeducation, resilience and coping skills building and self-care initiatives.
- Early intervention, including increasing support for low intensity mental health issues.
- Implementing tailored models of support that work with the strengths, capabilities and preferences of the help-seeking cohort.
- Increasing access through flexible delivery, improved communications infrastructure, increased resourcing and reduced end-user costs.
- Addressing the damaging impact of stigma on help-seeking behaviour and access rates.
- Elevating the importance and effectiveness of strong relationships as a protective factor against mental illness and suicide.
- Treat loneliness and social isolation as a public health threat and allocate corresponding resources to address this core issue
- Increase availability, accessibility and support for suicide prevention services.
- Enact comprehensive federal, state and community level approaches to mental health issues and suicide.