Wesley mission

Suicide Prevention Australia

Joint white paper:

Reducing distress in the community following the COVID-19 pandemic

June 2020

Contents

Wesley Mission

Implementing effective solutions to protect Australian lives requires a whole of government and whole of community approach. Australia's response to the COVID-19 pandemic has practically demonstrated the success that a joined-up approach can have.

A popular analogy describing the impact of the COVID-19 crisis is, 'we're all in the same storm, but not in the same boat'. This bears out in our experience at Wesley Mission, with some people reaching a point of crisis within days and many others who, after months of increased isolation or having depleted their available resources, will find themselves in crisis even after the significant threat of the virus has passed. Understanding the social and economic factors that underlie distress and increase people's vulnerability to suicidality is critical if we are to address the important secondary impacts of this pandemic.

Suicide prevention has been essential to the work of Wesley Mission since the then Superintendent, Rev Sir Alan Walker, began Lifeline in 1963. Responding to the growing number of suicide deaths in Australia, Wesley LifeForce was established in 1995 and is a national program providing suicide prevention services that educate and empower local communities, supporting people most at risk. More than 40,000 people have been trained through the program to intervene to prevent suicide.

In this paper you will hear reflected the voices of people from some of the more than 100 community-led networks who have reported on the impact that the COVID-19 pandemic has had in their local community. With a presence in every state and experience in areas where the problem of suicide hits the hardest Wesley LifeForce Networks are uniquely able to engage Australia's diverse communities at a grassroots level.

Also included are perspectives from frontline Wesley Mission teams in the areas of homelessness, early intervention work with children and their families, financial and gambling counselling, mental health support for older people along with emergency relief services. The recommendations provided in this paper are proposed to alleviate the distress experienced by the vulnerable people that Wesley Mission's services connect with every day.

We are proud to be a member organisation of Suicide Prevention Australia and to partner with a national peak body that powerfully advocates for this most vital issue. Together, we invite you to consider how we can all contribute and advocate for solutions to support a resilient Australia.

Rev Keith V Garner AM
CEO/Superintendent

Suicide Prevention Australia

The COVID-19 pandemic has proven to be a unique crisis: one which has resulted in more than 400,000 lives lost around the globe at the time of writing this paper. Lives that we must remember.

We also recognise the impact of COVID-19 extends to millions of others, many of whom have lost their jobs, been separated from their loved ones, and – perhaps for the first time – are struggling with their mental health and wellbeing.

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We count among our members the largest and many of the smallest suicide prevention and mental health not-for-profits, practitioners, researchers and leaders. We are proud to publish this paper in partnership with Wesley Mission, which brings more than a century of expertise in compassionate care for many of the most vulnerable in our community.

We have focused on the broader social and economic factors that we know link with distress. This is an important departure from a mental health specific approach, which fails to consider the many Australians in distress who do not experience mental illness but are in crisis because of their life circumstances. People who are out of work, who are experiencing violence at home, who are homeless or who have a drug or alcohol addiction and are vulnerable to distress and suicidality.

We have provided a positive roadmap of proposals to address the needs of these groups in Australia's recovery from the COVID-19 pandemic. Importantly, we have focused on protective factors – solutions that if taken up, will do much to ensure the mental health and wellbeing impacts of the COVID-19 response are minimised.

We are pleased to see the Australian Government proactively consider the mental health and wellbeing of Australians in its National Mental Health Pandemic Response Plan. Drawing from recent evidence and on the ground practice, this paper is designed to provide government with a series of considerations to inform the rollout of the plan. We hope these considerations prove to be useful in designing a considered approach to our recovery effort; one that considers the opportunity that we are presented with to transform our economy and society for the better.

Nieves Murray
Chief Executive Officer

Executive summary

The COVID-19 pandemic is a watershed event in the history of Australia and the world: challenging our public health systems and experts, and bringing unprecedented shifts in our global economy, society and how we live as families and individuals.

Australia has, however, emerged from the pandemic much stronger than most. We are uniquely placed to rebuild our economy and society more rapidly than many other countries around the world. The Australian Government, in partnership with private and not-for-profit sectors, can now proactively set in place the foundations necessary for a healthy and flourishing Australian society. The National Mental Health and Pandemic Response Plan has sent a strong signal that the Australian Government intends to embark on this effort. However, we are signalling policymakers to consider the underlying factors that bring distress in our community.

This paper will highlight some of the risk factors that are now emerging. In doing so, we do not intend to raise concern in the broader community, but rather draw from evidence and Wesley Mission's frontline experience to shine a light on areas the government might consider as it plans and mobilises Australia's recovery effort in the medium term.

The first section summarises **themes emerging from the evidence**. This summary provides an overview of some of the latest literature on COVID-19 and previous pandemics; and the link between major events such as COVID-19 and suicidality. This evidence is sobering, however there are early findings in the literature that point to the capacity of well-targeted mental health interventions to minimise risk. Most of these interventions have already been taken up in the National Mental Health and Pandemic Response Plan. For example, the significant expansion and promotion of alternative modes of mental health service delivery.

We have then provided **a brief overview of the relationship between emerging changes in our economy and how these could increase the risk factors for suicide**. We have not attempted to predict what an increase, if any, would equate to, but rather to signal the relationship between economic recession, unemployment and financial distress. We are urging the government to carefully consider the future of protective measures such as JobKeeper and JobSeeker in its plans for economic recovery.

Wesley Mission, through interviews with its specialist homelessness service, has identified that **changes to the safe housing arrangements for people experiencing homelessness are likely to impact their wellbeing**. The shift to hotel-style accommodation and back to former hostel arrangements will disrupt the lives of an already vulnerable population; in addition to those Australians who may become homeless if the economic downturn continues in the medium term. We ask the government to take up the recommendation of the recent Draft Report of the Productivity Commission Inquiry into the Mental Health Commission and consider investment in long-term, safe, affordable housing so that Australians who lack the security of a place to call home have options available to them.

The Australian Government has already shown significant leadership in upscaling support for victims of domestic violence. There are reports from leading domestic and family violence organisations, including Wesley Mission's operations on the ground, that **social distancing measures have exacerbated the conditions that increase risk for victims of domestic and family violence**, and the Australian Government's investment is a step in the right direction. More needs to be done however, to support workers in this challenging field to recognise the signs where families may be at risk of suicidal behaviours. We call on the Australian Government to consider an investment in targeted suicide prevention training for these frontline personnel, in addition to other key touchpoints for vulnerable members of the community.

Finally, the **media plays a significant role in informing the community about the developing COVID-19 situation**. There is a strong public interest in transparent, factual information concerning COVID-19. However, our independently commissioned analysis of media sentiment has found coverage, particularly concerning the relationship between the pandemic response and suicidality, has at times been alarmist. We encourage the Australian Government to continue widely promoting its fact-based sources of information on COVID-19, while informing the media of its role in safe reporting and language use concerning suicide.

We welcome the proactive response taken by governments across Australia to COVID-19: an unprecedented disruption in our economy, society and way of life. We hope that this report provides a useful snapshot of some of the considerations that will prove to be important as governments consider the mental health and suicide prevention aspects of their recovery effort.

Together, we can achieve a world without suicide.

Summary of recommendations

	Recommendations
Economic overview	The Australian Government consider: 1. Increasing the base rate of JobSeeker after the coronavirus supplement expires. 2. Extending JobKeeper beyond September 2020 to target employers in industries that continue to see the most significant impact.
Domestic violence	Governments to consider: 3. Funding the adaption of existing suicide prevention and mental health training programs to build Domestic and Family Violence (DFV) workforce capacity to screen for mental health issues, suicide risk and practice suicide interventions with at-risk groups.
Social isolation	The Australian Government to consider: 4. Government to fund the development and delivery of mental health and wellbeing screeners in retirement villages. 5. Government to invest in a model of care for retirement villages, which addresses and responds to older Australians mental health and wellbeing. 6. Government to deliver a national survey into the impacts of COVID-19 on the mental health and suicidality of all Australians.
Substance abuse and alcohol consumption	Governments to consider: 7. Funding for tailored (preferably pre-service) suicide prevention training and education for frontline hospital staff. 8. Include addressing suicide risk within future national, state and territory drug and alcohol strategies. 9. Funding packages to support screening by alcohol and substance service providers for mental health issues and suicidal ideation in at-risk clients and consumers.
Homelessness	Governments to consider: 10. Extending moratoriums on evictions to support people who will experience prolonged financial distress. 11. Addressing long-term housing and strategies, including the Housing First approach, in the recovery phase of COVID-19.
The role of media	The Australian Government should continue to: 12. Widely promote fact-based sources of information on COVID-19.

What the evidence says

The current COVID-19 pandemic was first confirmed in Australia in late January 2020 and has seen a total of 7285 cases and 102 deaths[1]. Australian Government response measures have included social distancing, closure of many businesses and services, boosting the capacity of health systems and economy through the provision of support packages, isolation of people who contract the virus and contact tracing the people they encounter, travel restrictions and fines for people caught breaking social distancing measures in some states and territories[1].

Australia is already beginning to see the impact response measures are having on the lives of Australians. The Australian Bureau of Statistics (ABS) report 45 per cent of Australians aged 18 years and over have been financially impacted by COVID-19 over the period mid-March to mid-April 2020, and 31 per cent of household finances have worsened[2]. The ABS further identified changes in mental health and wellbeing throughout COVID-19, in comparison to data from 2017-2018 National Health Survey, reporting almost twice as many Australians are experiencing anxiety during social distancing[2].

We have undertaken a review of recent literature on COVID-19 and other pandemics to identify the public mental health and suicide impact.

Five key themes have emerged from our evidence review:

- the relationship between pandemic response measures and mental health
- links exist between increased suicide rates, attempts and behaviours during pandemics
- risk factors for suicide during pandemics
- mental health for frontline workers during pandemics
- methods for addressing the public health impact.

The relationship between pandemic response measures and mental health

Pandemic response measures such as physical distancing, quarantine, travel restrictions and criminalisation for people who don't comply with such orders can amplify social isolation, anxiety, stigma, discrimination and feelings of uncertainty within the broader community. This can lead to poor mental health or the exacerbation of existing mental health problems[3,4].

Response measures compromise access to common protective factors for suicide such as social support and connection, employment, planning for the future and access to mental health care[5]. COVID-19 and past global pandemics report psychological impacts such as loneliness, helplessness, fear and anger because of quarantine or social distancing[9,4,6,7,8]. In a rapid review of the psychological impact of quarantine, it was reported that such impacts are experienced due to "confinement, loss of usual routine, and reduced social and physical contact with others[9]".

Increases in anxiety levels during COVID-19 have been reported globally. A web-based cross-sectional survey in China (n=603) to assess population mental health burden during COVID-19 identified one in three participants demonstrated anxiety disorders yielding similar results to the psychological impact caused by SARS[10,11]. The study further reported higher rates of depressive symptoms among young people than older people, and high rates of poor sleep quality among healthcare workers[10]. A cross-sectional survey in Hong Kong on the psychological impact during COVID-19 (n=1715) reported risk perception towards COVID-19 in the community was high, with 97 per cent of respondents reporting they were worried about COVID-19 and an increase in general anxiety levels identified[12].

Suicidality during pandemics

While evidence concerning the impact of COVID-19 on the community is still emerging, past pandemics such as SARS[15] and The Great Influenza[13] have been linked to increased levels of distress. During the SARS epidemic in 2003, the suicide rate in Hong Kong reached an

unprecedented high (18.6 per 100,000 people), from previous years (16.5 per 100,000 people in 2002 and 15.3 per 100,000 people in 2001)[14,15].

A study into the impact of suicide rates during the SARS epidemic found a significant increase among older people aged 65 and above over the month of April 2003 in comparison to previous years[14]. The significant increase in suicide rates among older people was attributed to loneliness and disconnectedness[14]. It was further determined through examination of cases notes from Coroner Court's death records that the SARS epidemic appeared to trigger suicidal thoughts among older people[14].

In March 2020, a man from Bangladesh died by suicide due to stigma and discrimination from people within his community who suspected he had COVID-19, and in February 2020 a man in India died by suicide to prevent transmission to other people within his community[16]. Stigma and discrimination are perpetuated by fear and misinformation during pandemics and can prevent people from engaging in help-seeking behaviours and accessing support services[6].

Risk factors for suicide during pandemics

While evidence concerning the impact of COVID-19 on the community is still emerging, past pandemic response measures can amplify risk factors for suicide such as unemployment, financial stress, social isolation, mental illness (e.g. depression, post-traumatic stress disorder (PTSD) symptoms), homelessness, domestic violence and drug and alcohol misuse[5,9].

Evidence indicates that COVID-19 will have significant social, economic and financial impacts on individuals, communities and broader economies[4]. This impact is already being felt in Australia, with one in 13 Australians (7.5 per cent) reporting "their household lacked the money to pay one or more bills on time, and one in 10 (10 per cent) had to draw on accumulated savings to support basic living expenses[2]". Grattan Institute estimates that between 1.9-3.4 million Australians will be unemployed due to physical distancing, and while the JobKeeper wage subsidy will provide support for many, the unemployment rate is estimated to rise between 10 and 15 per cent[17].

During COVID-19, several countries (China, France, Brazil, Italy and the United States) have reported increases in domestic violence[28]. Pandemic response measures pose significant safety concerns for people who may be in isolation with their abuser, who are unable to seek help due to the forced closure of shelters and support services[28]. These concerns will be further compounded by limited financial income and unemployment because of COVID-19[28].

Stress is a key risk factor for alcohol misuse[18]. A study of hospital employees (n=549) exposed to SARS to examine alcohol abuse/dependence symptoms in Beijing, identified that three years post outbreak, current alcohol/dependence symptoms were associated with being quarantined or working in 'high risk' units[19].

The mental health of frontline workers

Frontline workers are increasingly at risk of developing poor mental health during pandemics due to potential exposure to the virus, potential to transmit the virus to their loved ones, moral injury (e.g. 'not doing enough' narratives), having to work in environments where necessary equipment (whether medical or preventative e.g. masks) are under resourced or being assigned to work in 'high risk' units[20,21,22].

A strong evidence base exists on the increase of emotional distress among healthcare workers during and post pandemic outbreaks[6,7].

A study surveyed the psychological impact of SARS exposure on hospital workers in Beijing (n=549) and found 10 per cent experienced high levels of PTSD symptoms following the epidemic[23,6]. Employees who quarantined, worked in high-risk units (e.g. SARS units) or had loved ones who were infected, were "two to three times more likely to have high PTSD symptom levels, than those without these exposures[21,6]". These results are consistent with a survey of healthcare workers at three Toronto hospitals (n=1557), in which higher psychological stress

scores were reported among nurses and healthcare workers who provided care to SARS patients[24].

Similar results are found in a study of hospital practitioners (n=359) involved in responding to the MERS outbreak in Korea in 2015, where those directly involved in MERS-related care provision demonstrated the highest risk for PTSD symptoms[25].

Aligning the Australian Government's pandemic response with the evidence

Overall, the Australian Government's pandemic response aligns with existing evidence. Actions the government have taken, which align with recommendations from the evidence review include:

- establishing a COVID-19 support line and additional funding to expand existing support services
- expanding Medicare-subsidised telehealth services for all Australians, with extra incentives to General Practitioners (GPs) and other health practitioners also delivered
- funding accurate timely data and modelling of the mental health impacts of COVID-19
- investment into suicide prevention research and service improvement to enhance evidence-based support
- dedicated mental health support for frontline health workers through digital platforms developed to provide advice, social support, assistance in managing stress and anxiety, and more in-depth treatment without having to attend in-person sessions
- strengthening mental health services to reach vulnerable groups such as older Australians, culturally and linguistically diverse communities, carers of people who live with a mental illness and Aboriginal and Torres Strait Islander peoples
- initiatives and schemes to support Australians experiencing financial hardship and unemployment
- providing information and guidance on maintaining good mental health during the pandemic and how to access further mental health services and care through existing digital mental health portal, Head to Health.

Economic overview

This summary publicly reports the economic shifts that have been seen following the COVID-19 response. It outlines the evidence concerning the association between economic downturn and suicidality, and potential mitigating factors; and some early recommendations for Australian Governments to consider.

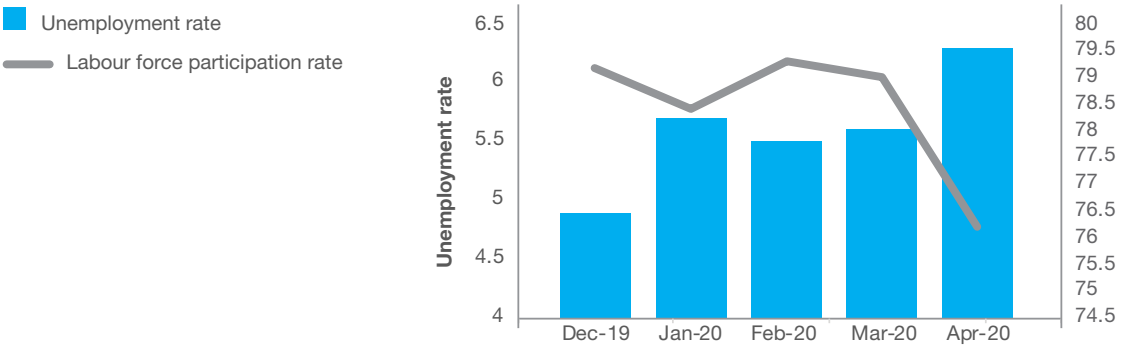
Our concern in this paper is not to conduct an in-depth analysis of the economic impacts, but to discuss the relationship between those impacts and a potential increase in suicidality or the suicide rate; and interventions that might ameliorate this impact.

The current situation

Australia is uniquely placed among the countries affected by the COVID-19 pandemic. A strong public health response combining a comprehensive testing regime, rapidly imposed border restrictions, progressive 'lockdown' measures and physical distancing resulted in a small caseload in comparison with our population[26]. At the time of writing this paper, physical distancing measures were being gradually loosened, with sectors in the economy that had largely lain dormant for two months (such as the food and accommodation sectors) beginning to open for business.

The COVID-19 response has significantly impacted the Australian economy. The introduction of these changes has seen significant shifts in Australia's labour market, with total employment falling by almost 600,000. Figure 1.0 below plots the downward shift in the labour force participation rate from December 2020 to April 2020; a decrease of nearly 3.5 per cent; together with the increase in unemployment during the same period[27].

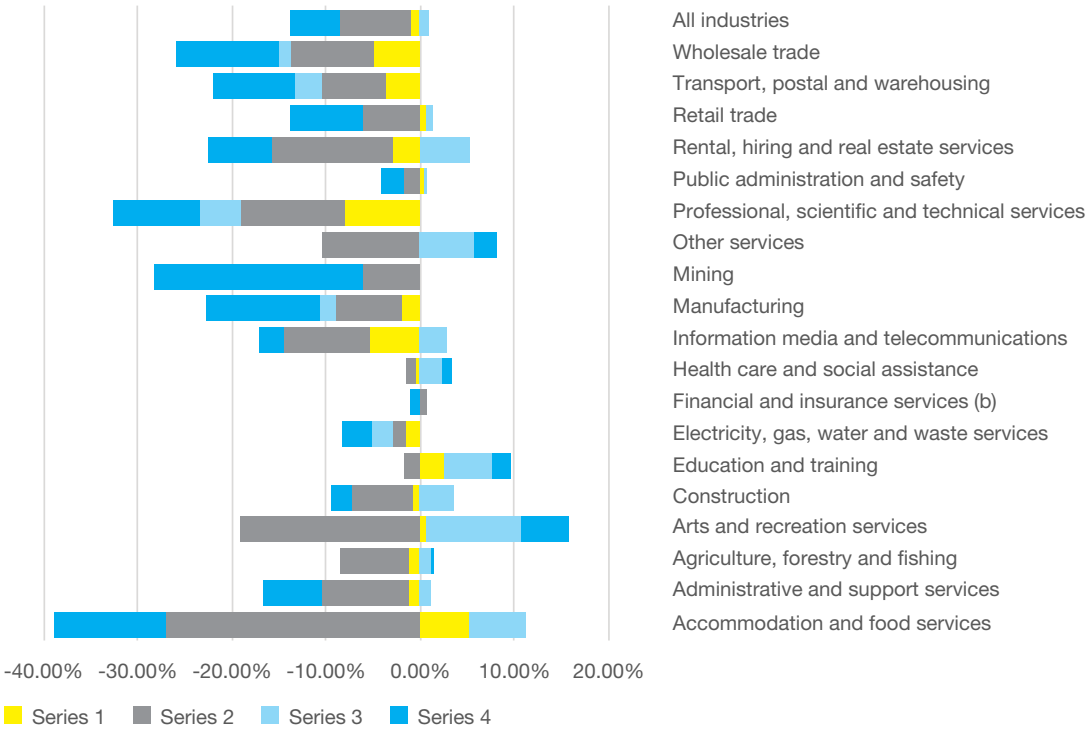
Figure 1.0 Changes in the unemployment rate and labour force participation rate



Source: Australian Bureau of Statistics

The industries most affected by the shutdown have seen the greatest proportion of job losses (Figure. 2.0). These include the accommodation and food services industry, which has seen nearly a third of all jobs lost since the introduction of shutdown measures in March, and the arts and recreation industry, which has seen nearly 19 per cent of jobs lost since lockdown measures were imposed[28].

Figure 2.0 Changes in jobs by industry: 14 March – 2 May 2020



Source: Australia Bureau of Statistics

The impact of the COVID-19 response on Australia's economy has however, been moderated by the Australian Government's significant investment in measures designed to stem the impact on employment and business; and provide the newly unemployed with a safety net.
The government's 'JobKeeper' payment is a job retention measure enabling businesses affected by COVID-19 to claim a $1,500 fortnightly contribution toward the wages of each employee[29].
The treasury's revised estimates show the JobKeeper payment is subsidising the wages of 3.5 million people, costing an estimated $70 billion over six months[30].

The second significant change was an adjustment to the JobSeeker payment available to the unemployed. In April 2020, the Australian Government added a $500 fortnightly Coronavirus Supplement to the JobSeeker payment for unemployed people, while relaxing mutual obligation requirements[31]. Both JobSeeker and JobKeeper were announced as temporary measures and are due to expire in September 2020.

Economic impact and suicide/suicidality

While it can be challenging to demonstrate causality between suicide and any single factor, there is an association between economic recession and increasing suicide rates, particularly in high-income nations. A systematic review found 31 of 38 previous studies had established a positive association between economic recession and suicide. The same study also establishing that the global recession following the 2008 financial crisis, had also been associated with an increase in suicide rates in Europe and North America[32]. Analysis of suicide rates in Australia found the impact on suicide rates following the 2008 crisis was less significant, reflecting the greater resilience of the Australian economy. Although some sectors, particularly construction, had seen a marked increase in suicide rates that correlated with a significant downturn in the industry[33].

The downstream impacts of economic downturn are also linked with increasing suicide rates. **Unemployment** is a well-established risk factor for suicide; particularly in high-income countries

such as Australia. An analysis of time series data across 30 countries from 1960-2012 found that the effect of unemployment was particularly significant on male suicide in all welfare state regimes; with a heavier impact seen in those states where unemployment protections were less generous[34].

Financial distress, another common outcome of economic downturn, also links with suicidality. A systematic review of the health impacts of indebtedness found people who could not service their debts experienced suicidal ideation and depression more often than the general population[35]. While a separate study found levels of personal debt are also associated with suicidal ideation, suicidal attempts and suicide even after adjusting for socioeconomic factors, lifestyle behaviours and other risk factors[36].

There is also evidence however, that access to social safety nets and unemployment support measures ameliorate the impact of economic recession on suicide risk. A 2014 review of literature associated with risk factors and preventative strategies, tentatively found that nations that maintained social welfare spending during recessions (rather than embarking on an austerity regime), invested in targeted unemployment interventions and fostered responsible media reporting, saw less significant increases in their suicide rates during economic recessions. Similarly, an analysis of time series data across 30 countries from 1960-2012, found that the effect of unemployment was particularly significant on male suicide in all welfare state regimes; with a greater impact seen in those states where unemployment protections were less widely available or supported[37].

The outlook for Australia

While Australia has better weathered the COVID-19 pandemic in comparison with many other countries, the continuing economic impacts is expected to be longer lasting. The most recent forecasts from the treasury show Australia is in recession and will see a decline in Gross Domestic Product (GDP) of more than 10 per cent in the June quarter; the largest fall in Australia's history and representing a loss of $50 billion to the economy[38]. Treasury has also estimated a continued increase in the unemployment rate, which is predicted to increase to 10 per cent by the end of June[39].

The Reserve Bank of Australia's most recent outlook has forecast a faster recovery for Australia; predicting that while a further 7 per cent of Australians will become unemployed by the end of the June quarter, the gradual easing of lockdown measures will see the economy begin to recover by December 2020; with full recovery perhaps possible by December 2021[40]. Even if this somewhat conservative outlook comes to fruition, approximately 900,000 more Australians will be out of work by September; at the time when the JobKeeper and JobSeeker payments are due to expire.

Proposals for consideration

As outlined above, the availability of social supports is an important mitigating factor for the impact of unemployment on distress. The JobKeeper and JobSeeker payments have been a welcome source of relief for businesses seeking to retain their staff and the newly jobless. The availability of these measures are perhaps an important factor in the less than predicted suicide rates indicated by the National Suicide Prevention Adviser in May[41]. The Australian Government has however, clearly stated that JobKeeper and the Coronavirus Supplement to JobSeeker are intended as temporary measures only, and that continuing them in the longer term would not be fiscally sustainable.

Given the important protective role social safety nets play in reducing distress and suicide risk, we ask the Australian Government to consider an approach that maintains fiscal responsibility, while ensuring that the many Australians who are seeking work will have adequate basic support. Taking the Coronavirus Supplement out of the equation, the base rate of JobSeeker (formerly Newstart) has not increased in real terms since 1994, despite the increasing cost of the necessities of life such as housing, groceries and utilities[42]. An increase to the base rate has

however, attracted broad support from business as well as the not-for-profit sector: with the Business Council of Australia and the National Council of Social Services joining the call[43].

We agree that the base rate of JobSeeker needs to increase following the gradual phasing out of JobSeeker and JobKeeper provisions, so that people experiencing the challenges of employment insecurity can meet their basic needs and have the support necessary to find meaningful work when it becomes available.

We also suggest that the Australian Government consider extending JobKeeper, in adjusted form, beyond September 2020. The extension would target the subsidy to employers in industries that continue to see the most significant impacts, such as the food and accommodation services as well as the arts and recreation industries. This extension would moderate the fiscal impact of JobKeeper, while ensuring businesses in industries most vulnerable to job loss are supported to retain their employees until a broader economic recovery is apparent.

Recommendations

The Australian Government to consider:

- increasing the base rate of JobSeeker after the coronavirus supplement expires
- extending JobKeeper beyond September 2020 to target employers in industries that continue to see the most significant impact.

Emerging areas of suicide risk following the COVID-19 pandemic

Domestic violence

What does the evidence say about domestic violence?

Domestic and family violence (DFV) involves a variety of abusive and controlling behaviours that can be physical or non-physical. Evidence shows that women who experience intimate partner violence (IPV) are at higher risk for suicidal ideation and attempts, with research linking the severity of IPV with suicidality[44].

Government-mandated social distancing, travel restrictions and closures of schools are vital public health responses to supressing disease transmission. The impact of response measures can have significant wellbeing and safety concerns for individuals trapped in their homes with a violent perpetrator. Perpetrators commonly monitor and control their partner's actions and isolate victims from friends and family[45]. There are emerging reports from DFV agencies that perpetrators are using tactics such as 'self-imposed restrictions' to increase fear and control[46].

An interview with senior management for Wesley Mission's Community Service Centres reported that although domestic violence is an embedded component of their work, preparation is underway for an expected increase in domestic violence cases.

DFV agencies have stated that individuals experiencing hardship are misinformed about general levels of restriction by their perpetrators[47]. The Women's Safety NSW survey on the impacts of COVID-19, report more than 40 per cent of survey respondents have witnessed an increase in the number of people requesting support, and 44.9 per cent identified 'escalating and worsening violence' as being a major issue impacting those in need[48].

Wesley Mission reported that although domestic violence is an embedded component of their work, preparation is underway for an expected increase in domestic violence cases[49].

Problem gambling, substance abuse, alcohol consumption and financial hardship are key indicators for the prevalence of domestic violence. These indicators increase the likelihood, frequency and severity of domestic violence cases.

Similarly, when asked about evidence of trends of domestic violence amongst people in need, a general decline in the number of people seeking and accessing face-to-face support services was reported. This could be due to physical isolation measures, fearing disease transmission if outdoors or being unaware that services are still operating. This could also be due to increased monitoring by perpetrators, which reduces the visibility of DFV occurring within communities[50].

Evidence from the interview showed that emergency relief support services have observed an increased number of callers presenting with problem gambling and financial hardship. The next wave of people needing support, are expected to present with an increase in domestic violence cases.

Problem gambling, substance abuse, alcohol consumption and financial hardship are key indicators for the prevalence of domestic violence. These indicators increase the likelihood, frequency and severity of domestic violence cases[51]. The Women's Safety NSW survey showed that 36.2 per cent of respondents stated that violence and abuse stemmed from financial pressures and stresses, due to the pandemic. Compounding risk factors such as financial distress and lack of social support leads to an increased risk of DFV[52].

Domestic violence in relation to suicide prevention and mental health

The Australian Federal Government declared COVID-19 a disaster in May 2020[53]. Analysis of previous disasters and catastrophic events has shown an increase in domestic violence cases for many months after their conclusion. Examples include:

- an increased chance of IPV one to two years following the 2010 earthquake in Haiti
- close to 50 per cent increase in reports of domestic violence in Othello, Washington post-eruption of Mount St. Helens
- partner physical abuse nearly doubling in some counties in Mississippi post-Hurricane Katrina[54].

Wesley LifeForce Network members reported that, drawing from their experience of the 2009 Black Saturday fires, it was important to include considerations of domestic and family violence impacts in disaster management planning. Staff also require targeted training to equip them to identify post traumatic stress (PTS) in domestic and family violence victims.

In an Australian case study investigating domestic violence following the 2009 Black Saturday Bushfire catastrophe, more than half of female participants directly related their experience of domestic violence as being new or increased[55]. A later study found domestic and family violence survivors had reported increased incidence of mental illness (for example, post-traumatic stress disorder and depression) because of the disaster. It is important to address the domestic violence impacts on mental health and suicide outcomes that are likely to occur due to the COVID-19 pandemic.

Wesley Lifeforce surveyed 30 of its community Suicide Prevention Network members across 23 of its networks. Networks represented three major cities, 13 regional, four remote and three very

More than a third (37%) of our survey respondents said the pandemic has increased domestic violence in their communities.

remote areas in Australia on the impact of COVID-19 on domestic violence in communities. More than half of respondents reported the pandemic has negatively impacted domestic violence in their communities. Network members identified comprehensive disaster planning, specialist training in early identification of PTSD as key mechanisms for building resilience and equipping frontline workers to assist in a disaster response[56].

Network members noted that DFV anger management classes via phone have not been as effective as face-to-face and increases in alcohol and drug use in communities has led to an increase in domestic violence cases[57].

Mental illness, unemployment and financial distress are key risk factors for suicide[58]. The risk of suicide increases when a combination of risk factors occurs[59]. Evidence demonstrates that the severity of IPV is strongly associated with an elevated risk of suicide and poor mental health (e.g. PTSD, depression and anxiety). By addressing the mental health needs of victims, the risk of suicide can be reduced[60].

On 9 August 2019, the Federal Government released the Fourth Action Plan of the *National Plan to Reduce Violence against Women and their Children 2010-2022*[61]. The framework has been developed to reduce violence against women and children. Although it has been drafted from evidence-based research and consultations with community and experts, the plan does not address suicide prevention among victims.

Recommendation

We recommend government:

- fund the adaption of existing suicide prevention and mental health training programs to build DFV workforce capacity to screen for mental health issues, suicide risk and practice suicide interventions with at-risk groups.

Substance abuse and alcohol consumption

What does the evidence say about substance abuse and alcohol consumption?

Recent literature has explored the impact of the COVID-19 response on addiction or substance abuse disorders. Overall, findings show the impact of COVID-19 on people with alcohol and other drug problems has been largely indirect as they evolve from risk factors such as social isolation, housing, incarceration, employment and reduced access to recovery or health services[62]. The increased use of substances in combination with the above risk factors is linked to suicide, which is why the research recommends a multidisciplinary approach to substance abuse[63,64]. Such an approach provides flexible access to services and reduces risk of relapse and suicide.

Those who suffer from underlying health conditions such as diabetes, cancer, heart and respiratory diseases, related to the prolonged use of substances such as alcohol, cigarettes and other illicit substances, are severely at-risk for COVID-19. This is primarily due to the immunocompromised state of persons who suffer from the former, as well as damage to lung tissue inhibiting their ability to respond to infection[65]. Literature suggests that opioid use, which has already increased in recent times would be compounded by the outbreak of COVID-19[66]. Often those with opioid use disorder, experience co-morbidities that make them more susceptible to other health issues. Stimulant use is linked to inflammation and damage to lung tissue, which also increases susceptibility[67].

Social distancing measures and restrictions may hinder the ability of persons with substance abuse disorders to access recovery services or attend syringe service programs such as methadone clinics[68]. This may lead to reduced supervision or assistance to administer

We interviewed Wesley Mission's emergency relief management, who informed us that a lack of physical support for people struggling with substance abuse may increase their rates of use. This is especially the case where the client is also experiencing social isolation.

medications and increases risk of opioid overdoses or fatalities. There is also the risk of individuals relapsing on opioids if support services are limited or not easily accessible. Divulging in substance use to alleviate exceptional fears, stresses and grief associated with being isolated and living through a pandemic is known to occur[69]. The disruption of community access to illicit substances may cause a surge in treatment seekers. This has consequences for potential overdose risk, as well as the extremely high pressure and demand for community, rehabilitation and health services.

The societal stigma that exists around people with substance abuse issues may also be worsened by hospital resources being at capacity and prioritising allocation of resources towards COVID-19[70]. People with substance abuse disorders may not be prioritised if they present with COVID-19 symptoms, due to existing stigmas. Such stigmas include the flawed perception that 'weak character and poor choices' are causes of addiction[71].

Substance abuse and alcohol consumption in relation to suicide prevention and mental health

Social isolation is highlighted as one of the key risk factors for both substance abuse and suicidality[72]. An interview with senior management from Wesley Mission providing support in emergency relief, suggests that a lack of physical support for persons struggling with substance abuse may increase levels of use, particularly when social isolation is also a factor involved[73]. The significant stresses on both mental health and general wellbeing caused by COVID-19,

means that risk factors for both substance use and suicide are impacted. Research also suggests that underemployment, poverty and marked increases in opioid abuse are factors contributing to increased suicide rates in the United States[74].

Evidence shows that lengthy or repeated exposure to a stressful and traumatic event increases the risk of alcohol abuse or dependence. Results from a survey assessing the psychological impact of the 2003 SARS outbreak of 549 randomly selected hospital employees in Beijing,

An assessment of the psychological impact of the 2003 SARS outbreak of 549 randomly selected hospital employees in Beijing, revealed symptoms of alcohol abuse and dependence in individuals that were quarantined or worked in high-risk areas.

China, revealed symptoms of alcohol abuse and dependence three years post outbreak in individuals that were quarantined or worked in high-risk areas. The study also found a significant association between PTSD symptoms and alcohol abuse/dependence. The findings suggest that the associated mental health consequences of experiencing the SARS epidemic can result in long-term alcohol abuse and dependence[75].

Wesley Mission's Specialist Homelessness Services highlighted that being confined to a small space and unable to indulge in harmful drug and alcohol behaviours, may perpetuate detoxification and withdrawal symptoms. Such symptoms can be life-threatening and involve

29.63% of Wesley LifeForce Suicide Prevention Networks' survey respondents identified that the pandemic has negatively impacted alcohol and drug abuse in their communities.

considerable fear for risk of suicide[76]. This is supported by research indicating that risk of suicidal ideation is increased in persons experiencing emotional distress from opioid withdrawal[77].

Referencing Wesley LifeForce Suicide Prevention Networks' survey[78], findings on the impact of COVID-19 on alcohol and drug abuse in communities indicate that a majority, 29.63 per cent, believe this issue has negatively impacted their communities. An already existing problem in many communities, some network members have noticed an increase in substance use and alcohol consumption due to COVID-19.

Recommendations

The provision of timely and community-based support has been commonly raised as a recommendation for suicide prevention throughout literature[79]. Through multidisciplinary approaches, it has provided people greater flexibility as they tackle not just substance use problems, but other life problems[80]. The outbreak of COVID-19 has resulted in the emergence of a variety of services such as counselling being held remotely via telehealth, or the use of technology for many organisations to work from home[81]. This has implications on service delivery as the move to online delivery expands the reach of and individual accessibility to many services.

Telehealth is an example where government funding allows vulnerable persons to access vital consultations and services remotely to maintain social, physical and mental health[82]. Similar programs in the United States have also been raised in the literature to assert that the combination of government funding with widely reaching services, is a strong approach to reducing the health inequities that are exacerbated by the current circumstances[83]. We suggest for the government to continue to fund telehealth and other flexible service provisions for individuals who experience substance use problems. As an upstream prevention measure, government funding of community awareness campaigns to support early detection and prevention of substance use problems, may also lessen the impact on frontline acute service in meeting increased demand because of COVID-19.

We ask government to consider:

- funding tailored (preferably pre-service) suicide prevention training and education for frontline hospital staff
- include addressing suicide risk within future national, state and territory drug and alcohol strategies
- funding packages to support screening by alcohol and substance service providers for mental health issues and suicidal ideation in at-risk clients and consumers.

Social isolation

What does the evidence say about social isolation?

Social distancing includes self-isolating at home, curbing travel modes and opportunities, closure of non-essential business and schools and restrictions on social gatherings, such as funerals and weddings, to limit spreading the disease[84].

Specific groups such as older people, young people, women, people living with a mental illness,

Operators from Wesley Mission's Mental Health and Resilience program informed us during interviews that loneliness and isolation among older people is being exacerbated by the COVID-19 response. As older people are less likely to have access to social media or possess digital literacy, their access to social connection can be severely limited.

people with substance use issues, people experiencing homelessness, migrant workers, and people from culturally and linguistically diverse communities, can be disproportionately impacted by social distancing measures[85].

Links exist between social isolation and the experience of psychological harm[86]. For example, post-traumatic stress symptoms are heightened by extended periods of isolation, financial distress, and worry of contracting infection[87]. Heightened anxieties due to pandemic fears can intensify existing mental health problems[88].

44.44% of our survey respondents felt mental health and wellbeing in their community has been negatively impacted, while one-third believed there has been a strong negative impact. Respondents stated that this is a difficult time for individuals with existing mental health illness, and mental health issues such anxiety and depression can stem from social isolation.

Recent research into the psychological impacts of COVID-19 highlight the damaging impacts of social isolation and loneliness on mental health and wellbeing[89]. The authors stated, "a major adverse consequence of the COVID-19 pandemic is likely to be increased social isolation and loneliness, which are strongly associated with anxiety, depression, self-harm and suicide attempts across the lifespan[90]."

A little less than one-third of Wesley LifeForce Suicide Prevention Networks' survey respondents (29.63%) believed that suicide has been negatively impacted in their communities, while one-fourth (25.93%) believed it has been strongly negatively impacted.

44.44 per cent of respondents in Wesley LifeForce's Suicide Prevention Networks survey[91] felt mental health and wellbeing in their community has been negatively impacted. Respondents stated that this is a difficult time for individuals with existing mental health concerns and anxiety and depression can stem from social isolation. Respondents shared concerns that suicide has also been negatively impacted in their communities, reporting suicides among young people

have occurred during the pandemic. Fears were also shared about the impact increased social stressors and social isolation will have on community wellbeing during COVID-19 and potential adverse outcomes.

Social isolation and older Australians

Maintaining bonds and social interactions for older people can be a challenge due to COVID-19 social distancing and social isolation measures.

Older Australians are more vulnerable to COVID-19, and as a result, are likely to be isolated and segregated for longer periods of time. Wesley Mission's Mental Health and Resilience Program for Older Australians have reported increased rates of loneliness and isolation among their clients, particularly those who are more anxious about their vulnerability to COVID-19. Older people are less likely to have access to social media and technology which limits their access to social connection during COVID-19[92].

Evidence demonstrates links between increased suicide rates and epidemics. One study in Hong Kong following the SARS outbreak reported significant increases in suicide rates among adults aged 65 and over[93]. Suicide rates during this period reached a historical high at 18.6 per 100,000 people. The study identified that loneliness and disconnectedness experienced by older people as likely to be associated with increased suicide rates[94].

Wesley LifeForce, in partnership with Western Sydney University, initiated and conducted quantitative research to represent the population needs of older people living independently in Wesley Mission's retirement villages. The Wesley Village Residents Wellbeing Prospective Research conducted prior to COVID-19, focused on residents mental health, wellbeing and suicidality[95]. The research involved older people living independently and examined the impact of social engagement, environmental and socio-cultural factors on loneliness, anxiety, depression and suicidal ideation. Key results from the research indicated:

- a large proportion of women living alone[96] are at risk of loneliness and as a result at higher risk of poor mental health and suicide which may be heightened during social distancing
- older men who did not express social engagement with Wesley Mission activities were more likely to experience depression and anxiety
- links between poor mental health and suicidality were associated with residents' apartment size i.e. people living in larger units had less reports of loneliness[97].

These results can more broadly indicate the potential impact of social distancing and social isolating as experienced in older Australians during COVID-19.

Recommendations for older Australians

- Government to fund the development and delivery of mental health and wellbeing screeners in retirement villages.
- Government to invest in a model of care for retirement villages which addresses and responds to older Australian's mental health and wellbeing.

Recommendations for social isolation

Government to deliver a national survey into the impacts of COVID-19 on the mental health and suicidality of all Australians[98].

Homelessness

What does the evidence say about homelessness?

There are more than 100,000 people who are homeless across Australia. Census data from 2016 reports the majority of Australians experiencing homelessness are male (58 per cent) and more than 20 per cent were between 25-34 years old[99]. Aboriginal and Torres Strait Islander peoples make up one quarter of all Australians experiencing homelessness[100].

Individuals who are homeless or at-risk of homelessness are at higher risk of exposure to COVID-19. Lacking access to basic hygiene and sanitation facilities, living in congregate spaces such as shelters or encampments, and being more transient and mobile, prevents effective monitoring, quarantining and opportunities for disease treatment[101].

Research reports that those experiencing homelessness have an increased prevalence of chronic disease, comorbidities and a lower life expectancy in comparison to people living in homes[102]. Other factors that increase the impact of COVID-19 among people experiencing homelessness include existing mental health problems, substance abuse, compromised immune systems and limited access to support services[103].

Homelessness in relation to suicide prevention and mental health

In April 2020 the NSW Government announced an interim stop on evictions of residential tenants by landlords for 60 days to assist in increasing support for people experiencing financial distress during COVID-19[104]. Banks have also declared a maximum six-month deferment on mortgage payments[105]. While these measures are welcome, they are temporary and provide only short-term relief.

37.04% respondents believed that homelessness has been negatively impacted in their community. Furthermore, respondents noted that although many people experiencing homelessness have been accommodated in hotels, the concern is around overcrowding in homes in remote areas and the strategy to maintain accommodation post-COVID-19.

As explored earlier in this report, financial distress and insecurity are key risk factors for mental health issues[106]. The unemployment impact of the pandemic will have a long-term effect on the financial distress and debt experienced and may place people at risk of homelessness once government supports are withdrawn.

Wesley Mission's Specialist Homelessness Services[107] provide prevention and early intervention, crisis intervention, transitional housing for up to two years, rough sleeper engagement, and post-crisis support to vulnerable populations. They shared how their work practices have changed to comply with social isolation and distancing measures. Individuals who had formerly been housed temporarily in hostels and shelters including those that were rough sleeping, are now accommodated in hotels[108].

Wesley LifeForce Suicide Prevention Networks survey[109] reported 37.04 per cent respondents believed homelessness had been negatively impacted in their community. Respondents further noted that although many people experiencing homelessness have been accommodated in hotels, there are concerns for overcrowding in homes in remote areas and the strategy to maintain accommodation post-COVID-19.

Studies have shown that inadequate housing or homelessness is linked to poor mental health impacts[110]. Pollution, poor lighting, noise and less access to green spaces prominent in slum settings can intensify mental health problems and experiences of violence[111].

Wesley Mission's Homes for Heroes program[112] is a transitional accommodation facility providing outreach and case management support and referrals for veterans who are at risk of homelessness. In an interview with program management, general heightened anxiety in relation to social isolation measures was reported among at-risk veterans. A decrease in social connection due to physical distancing has led to a relapse in substance abuse and an increase in alcohol consumption. This is concerning for vulnerable veterans at risk of homelessness as evidence demonstrates a link between substance abuse and alcohol consumption to increased suicide rates[113].

Secure, long term housing provides stability and safety which enables people to access mental health and substance use supports. The Housing First model is an evidence-based approach to ending homelessness by quickly transitioning people into affordable housing, while providing ongoing support to maintain housing security. The Housing First model has been implemented in the US, UK, Europe, Canada and New Zealand[114,115].

Research into the efficacy of the Housing First model demonstrates reductions in homelessness, substance abuse and use of crisis services, increases in people accessing mental health services, and improvements in health and wellbeing[116,117,118,115,119].

Recommendations

- Governments to extend the moratorium on evictions to support people who will experience prolonged financial distress during the recovery phase of COVID-19.
- Governments to address long-term housing and accommodation strategies, including the Housing First approach, in the recovery phase of COVID-19.

The role of the media

The unfolding COVID-19 pandemic is changing the way Australians work and live, and the media is assisting to inform the public about COVID-19, the government's response and the actions expected of all Australians to help contain the virus.

The media has an essential place in civil society - informing the community about matters of public interest, and, often, holding decision-makers to account. During a crisis this informational role is particularly important, as accurate, timely updates allay public concern and influence responsible health behaviours; while ambiguity or the lack of accurate information can exacerbate distress levels [120].

Research following the H1N1 virus, for example, found that the invisible threat of the virus, combined with predictions by virologists of worst case scenarios, heightened anxiety in Canada [121]. A separate analysis of media coverage of the H1N1 virus in the Netherlands found the type and sentiment of media coverage linked with the type of information provided by media sources [122]. The Dutch Centre for Infectious Disease Control shared alarming information and predictions, leading to media coverage that was alarmist and created unnecessary levels of anxiety in the community about the threat the virus presented [123].

As with previous pandemics, the COVID-19 virus has presented a new and invisible threat to public health, albeit a threat that has proven to be much greater in light of the faster spread and higher mortality rate of the virus. The evidence shows that the media requires access to neutral, fact-based information from reliable sources to convey coverage that informs, rather than raises distress in the community.

Official sources of information

The Australian Government regularly shares reliable, accurate and timely information about COVID-19 via several platforms:

- the Department of Health website (health.gov.au) provides comprehensive daily updates on key facts and figures, public health advice and information about support services
- the Coronavirus Australia app is available on both android and Apple devices. The app provides users with up-to-date, factual information and health advice, the latest caseload data, key contacts, a symptom checker and 'push' notifies users of urgent information.

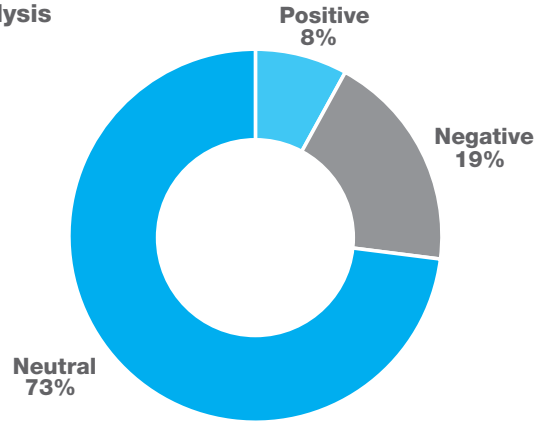
The information shared via these platforms is neutral and fact-based. The media, as with the rest of the Australian public, has access to these channels.

Coverage of COVID-19

We commissioned an independent sentiment analysis to ascertain whether the media's availability of fact-based, reliable government information had positively influenced the nature of Australian coverage about COVID-19.

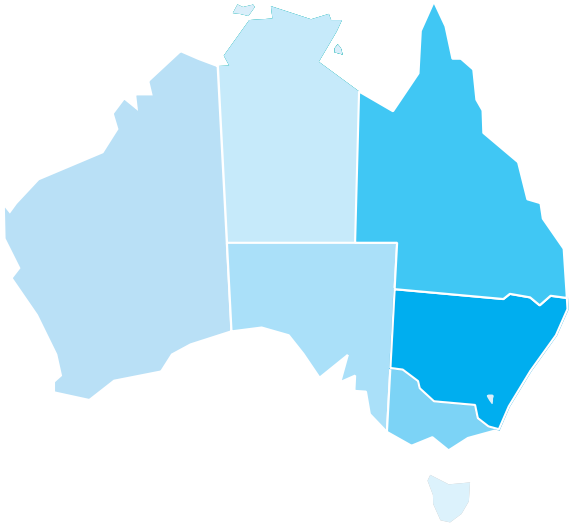
The analysis in Figure 4.0 shows nearly three quarters of all content taking a neutral stance. The availability of accurate, reliable and neutral information from reliable government sources may be influencing the style of coverage. Our analysis commissioned from Meltwater shows key words used in COVID-19 related content are not emotive, and include neutral terms such as 'covid', 'cases, 'home', 'virus' and, perhaps reflecting the localised nature of coverage, 'Australia'.

Figure 4.0 Sentiment Analysis Jan-May 2020



Source: Meltwater analysis commissioned by Suicide Prevention Australia

The analysis also shows coverage was more extensive in jurisdictions with higher COVID-19 caseloads. As depicted in Figure 5.0, New South Wales, Queensland and Victoria have seen greater coverage of the COVID-19 crisis through their media channels. This points to a greater demand for information about COVID-19 in states where consumers were more likely to be affected.



Source: Meltwater analysis commissioned by Suicide Prevention Australia

The total volume of negative coverage (19 per cent), however, was more than double than that of positive coverage (eight per cent) about the pandemic. As Australian Governments progressively ease lockdown restrictions, we are hopeful that media reportage concerning these changes will begin to address the balance between positive and negative coverage concerning COVID-19. We encourage the Australian Government to continue widely promoting its fact-based sources of information on COVID-19 and promote stories of hope.

A note on safe language

Suicide Prevention Australia and Wesley Mission are signatories of Everymind's National Communications Charter. While both organisations strongly believe the media should shine a light on suicide as a preventable problem, we believe this should be in a way that reduces stigma around mental health and suicide and encourages people to seek help[124].

Recommendation

The Australian Government should continue to:

- widely promote fact-based sources of information on COVID-19.

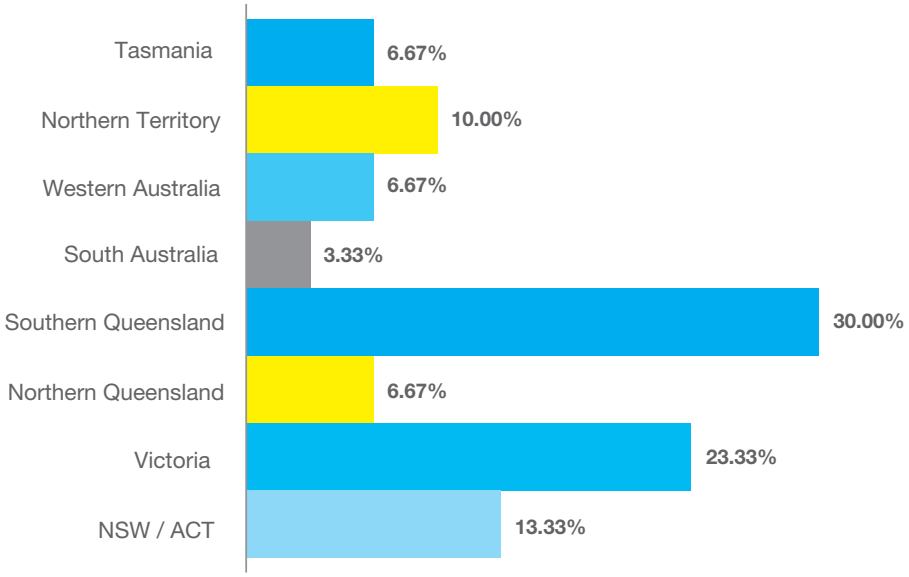
Appendix
Impacts of COVID-19 Wesley LifeForce Suicide Prevention Networks Survey

Survey results from Wesley LifeForce Suicide Prevention Network members.

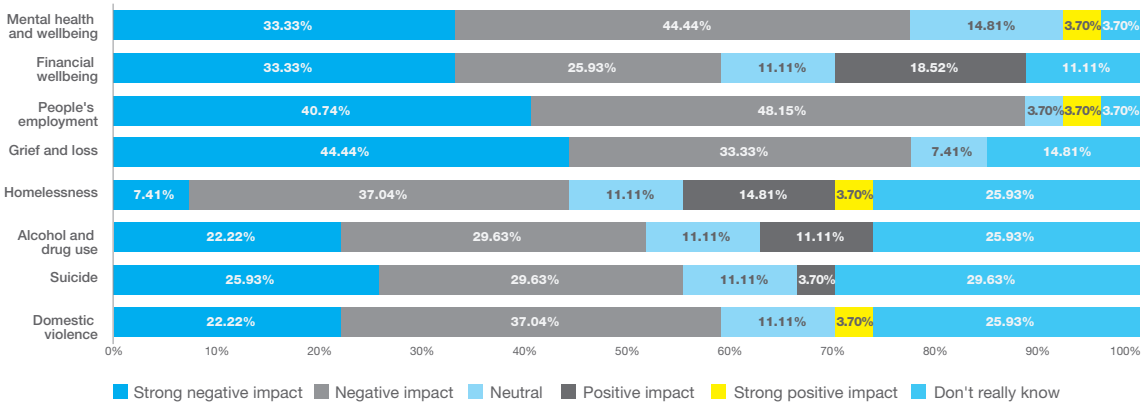
Demography

The following data was collected from 6 May to 12 May 2020. The survey contained 21 questions and elicited a maximum of 30 responses via a survey and an online webinar poll from across 23 Wesley LifeForce Suicide Prevention Networks. Sites surveyed included three major cities, 13 regional, four remote and three very remote areas across Australia.

a. The distribution of survey participants as per their regional cluster is shown in the graph below.



b. Respondents were asked to rate the impact on the following issues in their community as a result of COVID-19 (n=30).



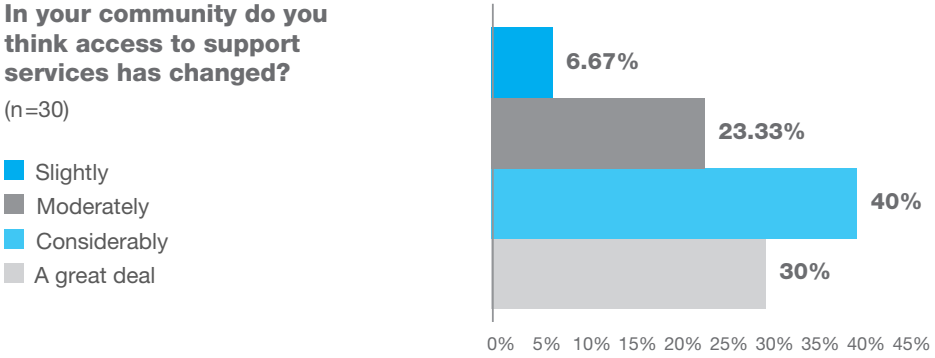
These results indicate that for each of the key issues, the majority of the respondents felt there has been either a negative or strongly negative impact, indicating the need to explore the intersection of these issues with increasing risk for worsening mental-health health outcomes and suicidality.

Close to 50 per cent of the respondents reported a negative impact on people's employment in their community, and the majority (33.33 per cent) reported a strong negative impact on financial wellbeing. As per some Suicide Prevention Network members, in regional and remote rural areas individuals working in non-essential industries have lost employment. As a result of these issues, Network members have expressed concern for coping strategies such as an increase in gambling, and the long-term impacts of such behaviours.

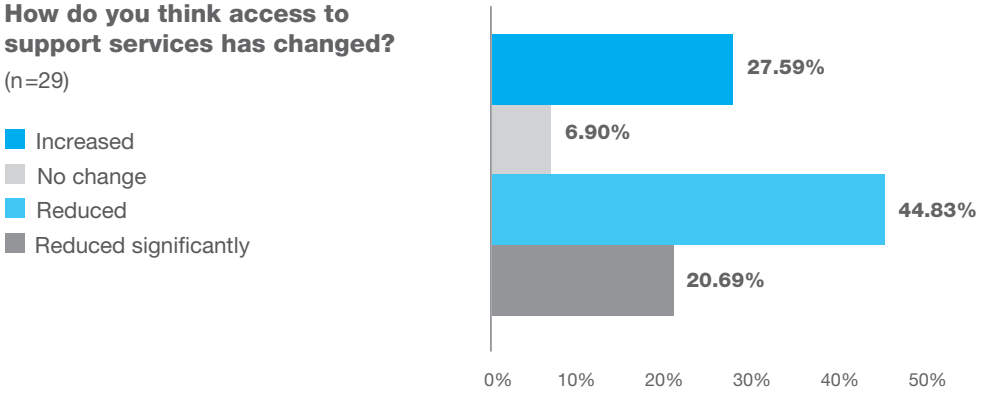
A significant amount (44.44 per cent) also believed COVID-19 has had a negative impact on grief and loss in their communities. This is especially true in communities where kinship ties are strong, and a feeling of guilt remains from being unable to formally bid farewell to loved ones who have died by suicide or any other cause.

c. For this question, support services refer to services offered for domestic violence, suicide prevention, mental health and wellbeing, drug and alcohol use, homelessness, grief and loss programs, employment and financial wellbeing.

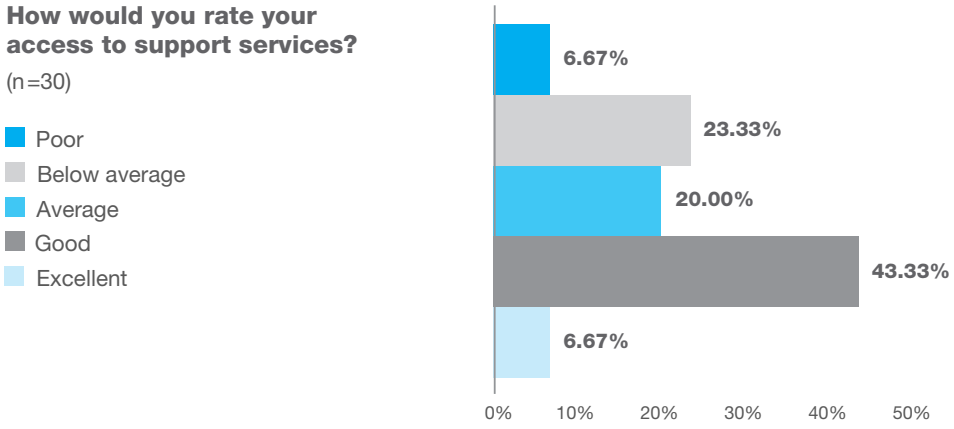
In your community do you think access to support services has changed?
(n=30)



How do you think access to support services has changed?
(n=29)



How would you rate your access to support services?
(n=30)

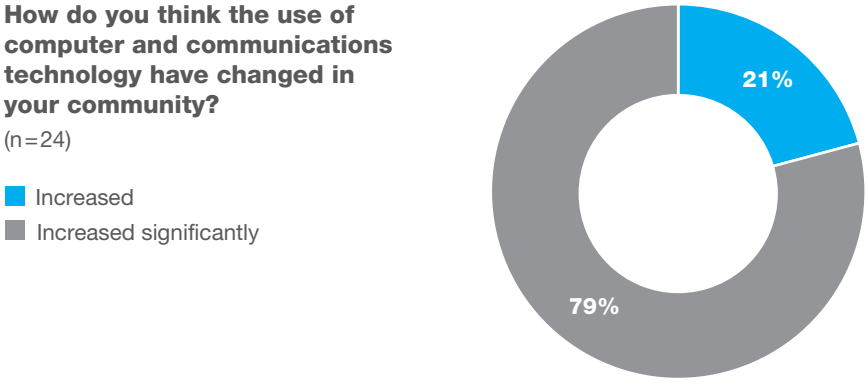


As demonstrated in the graphs above, 40% per cent of the respondents reported that access to support services have considerably changed, with 44.83 per cent believing that access has

reduced. Even so, 43.33 per cent of the respondents still believe that they would rate their access to support services as being 'good', with only 6.67 per cent rating their access as being 'excellent'. Reflections from Network members suggest that a demonstrated drop in access to services may be due to individuals feeling safer by staying indoors. While some believe that services are offering more support and flexible options, other respondents also believe that in-person consultations are more effective than telehealth operations, the demand for services has increased or individuals lack resources to avail alternative opportunities for support. More targeted support services are requested for young people, as being considered a vulnerable and at-risk population, in the communities.

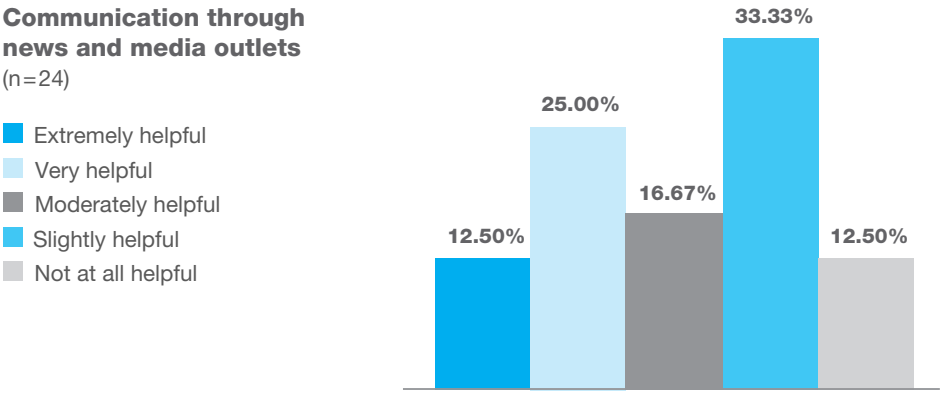
Regarding support services, it was also noted that travel restrictions and lack of public transport in regional and remote areas has prevented access to support services. As such, the services are not transitioning across towns, and with a shortage of collective group of services, some network sites are facing fragmented service delivery.

d. **How do you think the use of computer and communications technology have changed in your community?**
(n=24)



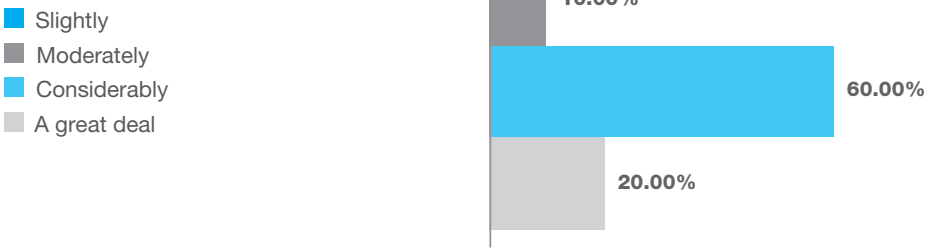
A noteworthy majority of 79 per cent of respondents answered the question above believing that there has been a significant increase in the use of computer and communications technology in their community. However, some respondents still felt that this mode of communication can be complex and disadvantageous for the older population or remote communities that lack access, understanding of and financial means to the internet, mobile phones or computers.

e. **Communication through news and media outlets**
(n=24)

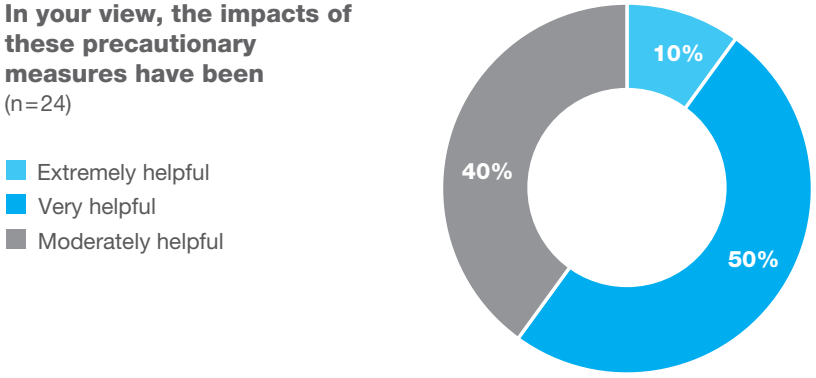


When asked about communication through news and media outlets, we received a varied response, with the majority (33.33 per cent) believing that the communication has been slightly helpful. Network members reported that although they would like to remain informed and updated, there has been an overwhelming amount of information, often portrayed negativity which has contributed to panic, fear and confusion. Streamlining information, accompanied by messages of hope, are recommended to ensue less anxiety in communities.

Within your community is physical isolation and physical distancing measures followed
(n=10)

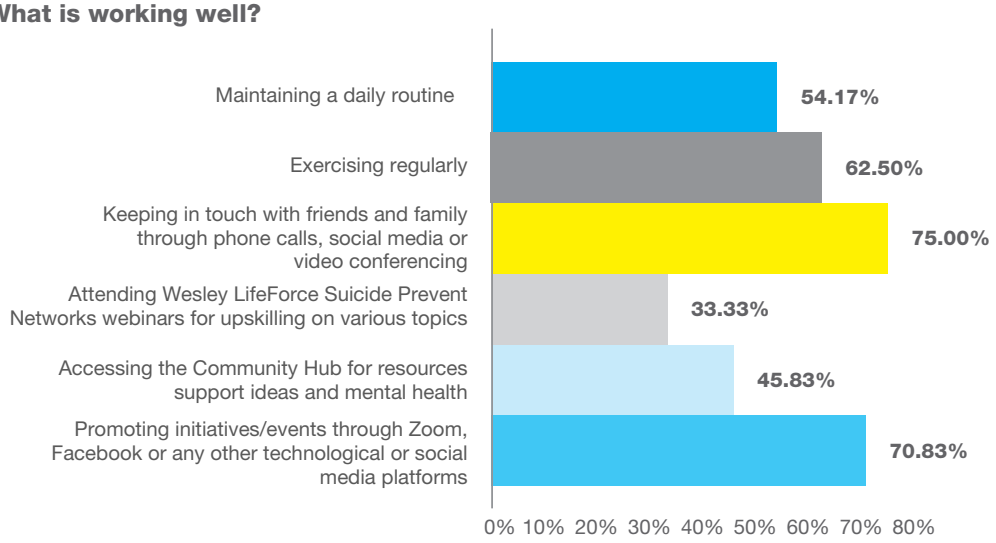


In your view, the impacts of these precautionary measures have been
(n=24)



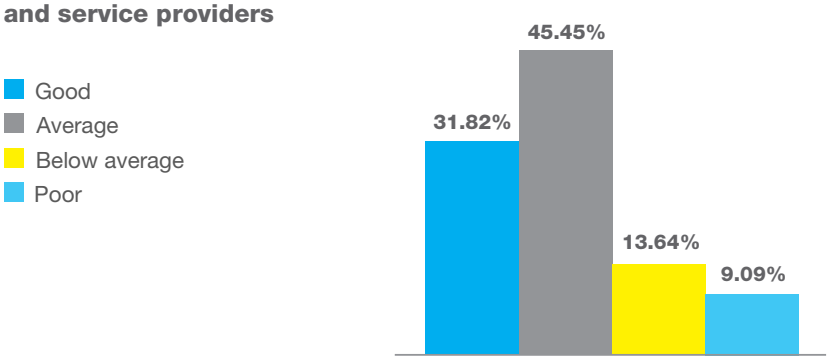
Although the sample size is small, six out of the 10 respondents for this question believed that (a) physical isolation and physical distancing measures have been considerably adhered to, with 50 per cent reporting that the impacts of these precautionary measures have been very helpful. In addition to adhering to precautionary measures to help reduce disease transmission, some Network members stated that working from home and home schooling is a challenge in the current climate. Additionally, there is the likelihood of increased disconnectedness amongst individuals that do not have access to or knowledge of technology and online platforms. While some respondents believe that such measures have resulted in increased appreciation for friends and family, others worry that the emotional and mental health cost of social isolation is yet to be recognised.

Suicide Prevention and COVID-19: What is working well?



In regard to suicide prevention and the COVID-19 pandemic, 75 per cent of respondents believed that keeping in touch with friends and family through phone calls, social media or video conferencing is working well for them. This feeds into the idea that computer and communications technology are playing key roles in helping individuals remain socially connected.

Support from government and service providers



Of all respondents, 45.45 per cent believe that support from government and service providers has been average. When asked how support from government and service providers can be improved, network members provided multiple and varied responses. Some members believed that ongoing and increased funding for telehealth appointments for mental health counselling is important for communities that have experienced compounding impacts of disaster trauma. This also includes greater coordination from government in preventive and educational services to address adverse psychosocial outcomes. There is also a recommendation to continue funding cycles on a long-term basis, with attention given to financial counselling and technological services for ease of access to online support.

Additionally, it was recommended that mental health resources should be streamlined and targeted toward vulnerable groups including but not limited to, young people, older people, Aboriginal and Torres Strait Islander communities, and the unemployed. This also includes frontline, essential workers that have faced stress and anxiety during COVID-19 response efforts.

Communities also believe that there is a lack of pathways to care for community members and are calling for more guidelines on the services available and how to connect with services during this time. This is especially true for remote and rural areas where a shortage of local health personnel and resources, long distances and current limitations on public transport have hindered access to support services. Furthermore, it was suggested that in addition to employing more social workers for counselling and support, in order to maintain efficacy, some essential services should continue offering face-to-face support for individuals who require that connection.

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Access support

Need help right now?

Lifeline
13 11 14
Suicide Call Back Service
1300 659 467
Ambulance and Police
000

Need support?

Wesley Financial Counselling
1300 827 638

National Debt Hotline
1800 007 007

Wesley Gambling Counselling
1300 827 638

Wesley Edward Eagar Centre
Crisis accommodation
1300 259 789

Open Arms, Veterans and Veterans Family Counselling Service
1800 011 046

1800RESPECT
Domestic violence, sexual assault and family violence

Kids Helpline
1800 55 1800

MensLine Australia
1300 78 99 78

Counselling Online
Drug and alcohol counselling
counsellingonline.org.au

Family Drug Support Australia
1300 368 186

National Alcohol and Other Drug hotline
1800 250 015

Homelessness services by state

NSW
Link2Home
1800 152 152

Victoria
Crisis Accom. Service
1800 825 955

Queensland
Homeless Hotline (HPIQ)
1800 474 753

Australian Capital Territory
Call OneLink
1800 176 468

South Australia
Homelessness Gateway
1800 003 308

Youth Gateway
(aged between 15 and 25 years)
1300 306 046 or 1800 807 364

Northern Territory
ShelterMe
shelterme.org.au

Tasmania
Homeless Connect
1800 800 588

Western Australia
Crisis Care
1800 199 008

How can I get involved?

Join a Wesley LifeForce Network, which brings together people and organisations in local communities to raise awareness about suicide, while empowering members to develop suicide prevention strategies at a grassroots level.
Call 1800 100 024 or **email** lifeforce@wesleymission.org.au

Book suicide prevention training with Wesley LifeForce Training, which aims to educate and equip Australians with the tools to recognise and help someone who is at risk of suicide.
Visit wesleymission.org.au/suicide-prevention-training

Join Suicide Prevention Australia at suicidepreventionaust.org/membership

For media reporting

Refer to Mindframe at mindframe.org.au for safe media reporting, portrayal and communication guidelines about suicide, mental health, alcohol and other drugs.

Wesley Mission

220 Pitt Street Sydney NSW 2000
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(02) 9263 5555
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Suicide Prevention Australia

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Wesley mission

Suicide Prevention Australia