



# Suicide and Mental Health

Suicide is complicated human behaviour with many diverse risk factors. Preventing suicide is a very complex issue with no single solution.

When a person decides to take their own life, research indicates that it is usually a culmination of life experiences, emotional responses to distress and a lost sense of hope in the future. It can occur across the lifespan with many variable motivations, sometimes exacerbated by adverse experiences as a child, the impact of alcohol and drugs or loss of a relationship, job or ability to live life as it was expected.

Over 3,000 people tragically die by suicide each year, and only half are accessing mental health services at the time. Around half of those who die by suicide each year have a mental health condition, mood disorders including depression are identified in 40% of suicides. To reach our vision of zero suicides requires concerted efforts and investment in mental health services as well as addressing varied risks factors and social determinants.

Mental illness is one of many factors that can contribute to a person's decision to take their own life but is rarely the only reason. We know that mental illnesses such as depression, psychosis and substance use are associated with an increased risk of suicide. But we also know that experiencing risk factors doesn't necessarily mean a person will think about or attempt to take their own life.

The mental health system has an important part to play in early identification and treatment of people with suicidal ideation and support after an attempted suicide but we know that men, who have the highest rates of suicide, are less likely to seek help and that an improved mental health system will not be enough to address all the suicide risk factors.

As outlined by Lifeline Australia, 'mental health and suicide are connected, but not the same'. Many individuals with mental ill-health are not affected by suicidal thoughts and not all people who attempt or die by suicide have a mental health problem. Some individuals at-risk of suicide may access clinical mental health services while others may seek support from non-clinical suicide prevention services operating online or in the community.

So how do we reduce suicide?

Suicide Prevention Australia's National Platform has four pillars. These are:

- A whole of government approach that addresses the social determinants of health
- Embedding lived experience in all aspects of suicide prevention
- Reliable, timely and meaningful data to drive policy, practice and outcomes



- Suicide prevention requires a sustainable workforce, quality practice and community-wide capability

Mental Health Australia has also called upon government to:

- Include lived experience leadership into the development and delivery of mental health services across all levels
- Provide government leadership and accountability with structures across jurisdictions to deliver an integrated end-to-end system and addressing the social determinants of mental health
- Implementation of a co-designed community focussed mental health system with a national community mental health dataset and growing psychosocial supports to match need
- Address urgent mental health workforce gaps

The similarities are clear. To reduce lives lost to suicide we need to have whole of government approaches to tackle the social determinants of health; lived experience embedded into policy and practice; improved data systems; implementation of a community based mental health service system and address the gaps in the suicide prevention and mental health workforces.

While the mental health and suicide prevention sectors are unique and distinct, there are also many shared challenges and opportunities. Many organisations and individuals interact with both sectors. Significant growth in service demand, challenges to grow workforces and the need for more timely, reliable data are common issues across these sectors. These should be addressed by government as a priority and in an integrated way.

Mental Health Australia and Suicide Prevention Australia believe that through collaborative effort and shared purpose, we can achieve our shared vision of a world without suicide.

## **Contacts:**

Media contact: Nikki Hogan, Director, External Relations, Mental Health Australia  
[nikki.hogan@mhaustralia.org](mailto:nikki.hogan@mhaustralia.org) or **0402 528 022**.

Media contact: Clare Kinsella, Director of Communications and Media, Suicide Prevention Australia. [clarek@suicidepreventionaust.org](mailto:clarek@suicidepreventionaust.org) or **0427 689 689**

Media contact: Six O'Clock Advisory is Patrick O'Beirne, [p.obeirne@sixoclock.com.au](mailto:p.obeirne@sixoclock.com.au) or **0407 041 836**.

## **Reporting advice for media professionals:**

**Everymind** is a leading voice on the prevention of mental ill-health and the promotion of mental health and wellbeing. **Mindframe** is an initiative of and managed by Everymind and funded by the Australian Government under the National Suicide Prevention Leadership and Support Program. **Mindframe** supports safe media reporting, portrayal and communication about suicide, mental ill-health, alcohol and other drugs and eating disorders.

<https://mindframe.org.au/suicide/communicating-about-suicide>

<https://mindframe.org.au/mental-health/communicating-about-mental-ill-health>

