

5.0 Setting the scene: Homelessness and suicide policy

The Australian Government recognises the complex nature of suicide and has taken a broad approach to suicide prevention.²³ Suicide prevention is addressed in a number of policy areas outside of mental health including education, employment, community welfare, family and housing.²⁰

Homelessness policy in Australia

The existing Australian government response to homelessness is informed by the White Paper on homelessness.²⁴ This White Paper entitled *The Road Home: A National Approach to Reducing Homelessness* set two ambitious goals to be achieved by 2020. These goals include halving overall homelessness and offering supported accommodation to all rough sleepers who need it.

To achieve these goals three key approaches were outlined:

- Turn off the tap: Develop evidence-based prevention and intervention strategies that reduce the burden of homelessness
- Improving and expanding services: Address both mainstream services and specialist services so that people experiencing homelessness can seamlessly receive the services they need
- Breaking the cycle: Some people cycle in and out of homelessness for extended periods of time. Services need to meet people's requirements in new and innovative ways in order to break the cycle of homelessness.

The strategic initiatives outlined in the White Paper are implemented through the National Affordable Housing Agreement (NAHA) and associated national partnership agreements. The NAHA came into effect in 2009, following the 2003 Commonwealth State Housing Agreement and is an agreement between the Commonwealth, the States and the Territories to ensure that all Australians have access to affordable, safe and sustainable housing that contributes to social and economic participation.²⁵ The NAHA outlines expectations and roles of the Commonwealth, the States and the Territories to improve programs and services that address housing and homelessness and to address the issue of social inclusion.²⁵

A range of National Partnership Agreements have been developed to support the NAHA including the \$1.1 billion National Partnership Agreement on Homelessness (NPAH). This agreement was developed in 2009 to address the NAHA outcome that individuals who are experiencing, or are at risk of, homelessness have access to sustainable housing and to enhance social inclusion. This agreement expired on June 30, 2013 and a Transitional National Partnership Agreement on Homelessness has been agreed upon until June 30, 2014 while a new longer term response to homelessness is finalised.²⁶ The Transitional National Partnership Agreement on Homelessness will continue to work toward the goals outlined in the White Paper on homelessness.²⁶

In Western Australia, The Department of Child Protection and Family Support is responsible for the coordination and implementation of the NPAH. As part of this, the Department of Child Protection and Family Support has engaged with government agencies and 71 not-for-profit organisations to deliver 20 programs across WA.²⁷ These programs target a range of population groups, including young people, and aim to reduce homelessness by focusing on early intervention and increasing integrated service delivery.

For a full overview on the progress of the NPAH in Western Australia and related programs see the Western Australian Auditor General's Report available at audit.wa.gov.au/wp-content/uploads/2013/05/report2012_13.pdf



Suicide prevention policy and frameworks in Australia and Western Australia

The National Suicide Prevention Strategy (NSPS) has been operational since 1999 and is funded by the National Action Plan on Mental Health.²³ The NSPS guides suicide prevention policy across Australia.²³ The NSPS focuses on the promotion, prevention and early intervention of suicide.²³ Living is for Everybody (LIFE) Framework is part of the NSPS and provides a strategic framework for suicide prevention in Australia and outlines the type of suicide prevention strategies that are required to reduce the incidence of suicide.¹⁴ These prevention strategies exist on a continuum and range from whole population strategies such as education, to indicated interventions for vulnerable individuals, to ongoing treatment and support for those in recovery.¹⁴

For an overview of the Living is for Everybody (LIFE) Framework and the continuum of suicide prevention activities visit www.livingisforeveryone.com.au/life-framework.html and for more information on the NSPS visit www.health.gov.au/internet/main/Publishing.nsf/Content/mental-nsps



The Mental Health Commission provides governance and support in the delivery of mental health services and the promotion of mental wellbeing to organisations and government department across Western Australia, including to the Department of Health.²⁸ The Mental Health Commission is leading mental health reform and is overseeing the implementation of Mental Health 2020 Strategic Policy. To allow for greater integration of mental health and drug and alcohol prevention and treatment services the Drug and Alcohol Office will be merged with the Mental Health Commission in 2014.

The objectives of the Mental Health Commission are to provide:

- person-centred services that support recovery
- connected whole of government and community approaches
- a balanced investment in new priorities²⁸

The Western Australian Suicide Prevention Strategy 2009-2013 (The Strategy) is aligned with the Living is for Everybody (LIFE) Framework.¹⁴ It is funded by the Mental Health Commission and led by the Ministerial Council for Suicide Prevention. The Strategy provides a framework to direct suicide initiatives in Western Australia. The Strategy has six key action areas that are actioned through local Community Action Plans (CAPs). These CAPs will work towards decreasing both suicide and suicide attempts across the population.²⁹

The six action areas are:

- Improve the evidence base and understanding suicide prevention
- Building individual resilience and the capacity for self-help
- Improving community strength, resilience and capacity in suicide prevention
- Taking a coordinated approach to suicide prevention
- Providing targeted suicide prevention activities
- Implementing standards and quality in suicide prevention

YACWA's Homeless Youth Suicide Prevention Project is a CAP that has focussed upon improving the evidence base and understanding suicide prevention, improving community strength, resilience and capacity in suicide prevention whilst taking a coordinated approach to suicide prevention. In addition to this, the following literature review and sector consultation seeks to identify best practice standards and quality in suicide prevention in relation to young people and the Youth Sector in WA.

6.0 Risk factors, protective factors and warning signs

Mental illness is a major risk factor for suicide and an episode of psychological distress is frequently the 'tipping point' to an act of suicide.²⁰

The reasons why people become suicidal are unclear. There are particular risk and protective factors that may influence the likelihood of a person engaging in suicidal behaviour.¹ Common aspects can include the desire to escape pain or emotions associated with hopelessness and ambivalence.³⁰ Suicide often results from a combination of a number of risk factors that are complex and intertwined (see Figure 2.0).

Providing an overview of the unique risk and protective factors for suicide in homeless young people will assist in developing a thorough understanding and the subsequent development of suicide prevention initiatives within this group. However, risk factors should be interpreted with caution as they continually change and do not provide information about an individual or their definitive risk of suicide.³⁰ The evidence presented in Table 1.0 provides a brief overview of some of the individual, social and structural risk factors for suicide in homeless young people that have been identified in the literature. Table 1.0 illustrates that homeless young people experience many of the risk factors associated with suicide, which increases their vulnerability and highlights the importance of increasing suicide prevention efforts within this marginalised group.

Figure 2.0 Risk factors for suicide in young people who are homeless

