The (extent and) nature of poverty – and its relationship to suicide – in Australia

Lifeline Australia

December 2022

Table of Contents

Executive Summary

Lifeline Australia is the nation's largest suicide prevention service provider, with a history of almost 60 years providing support at scale to Australians in distress. It is in this context we offer our perspectives on poverty – or more appropriately, noting the impacts of both material and social resources on suicidality, *socioeconomic disadvantage* – and its role in suicide. In the submission that follows, and with a grounding in leading models of suicidal behaviour, we systematically outline the impacts (**Impacts: Terms of Reference C)** of poverty on suicidal thoughts and behaviours, and make recommendations for addressing those impacts with a view to reducing lives lost to suicide (**Related matters: Terms of Reference G**). In line with approaches taken in comparable high-income countries we unpack the role of socioeconomic disadvantage in suicidality according to impacts at the individual, community and societal levels and, in those contexts, cover factors including but not limited to income-related status, employment-related status, relationship status and social welfare approach. We conclude by proposing recommendations – again pitched at the individual, community, and societal levels - specifically designed to address several of the identified socioeconomic risk factors. Lifeline Australia welcomes further discussion on issues covered in this submission, or any related matters.

About Lifeline

Operating for over 59 years, Lifeline is Australia's largest suicide prevention service provider, with a vision of an Australia free of suicide.

Lifeline Australia has 23-member organisations. Together, these organisations form a network of 41 Lifeline Centres, operating in all states and territories.

Our network delivers digital services to Australian people in crisis wherever they might be, whenever they are needed and on the platform in which they are most comfortable accessing our support. Examples include Lifeline's 13 11 14 crisis line; an online Crisis Support Chat service; a suicide Hot Spot Service targeting known suicide locations; 13 YARN, an Aboriginal and Torres Strait Islander Crisis Support service, and a range of online self-help and referral resources.

Lifeline Centres also deliver accredited education and training programs focusing on suicide awareness and prevention and community-based suicide prevention initiatives, including upstream services (for example, financial counselling and legal services) and postvention services (for example, counselling, aftercare and bereavement groups) for those impacted by suicide. Importantly, Lifeline has the capability to refer between services operating across platforms and between digital and community services.

Introduction

"Low income or unemployment and poverty constitute conditions which may lead to self-harm or suicide; vice versa, suicides may lead to loss of productivity and income, and thus to an increase in a family's poverty."

Bachmann (2018)

In Australia, as elsewhere in the world, any comprehensive consideration of poverty and its impacts must include an in-depth discussion of suicide. In the material that follows, Lifeline Australia aims to systematically outline the impacts (Impacts: Terms of Reference C) of poverty on suicidal thoughts and behaviours, and makes recommendations for addressing those impacts with a view to reducing lives lost to suicide (Any related matters: Terms of Reference G). We note that for the purposes of this discussion our focus will be on the broader concept of socioeconomic disadvantage. That is to say, we will discuss impacts on suicide from the perspective not only of relative lack of access to *material* resources, but also to relative lack of *social* resources.

Suicide is a complex issue, with success in prevention efforts heavily dependent upon access to, and understanding of, relevant data. Topline data provides some indication of the scale of the issue currently, and some of the groups at heightened risk. In Australia in 2021 there were 3,144 deaths by suicide. Sadly, this equates to 8.6 lives lost by suicide every day. Of the deaths by suicide in 2021, 2358 were males (18.2 per 100 000) and 786 were females (6.1 per 100 000). Further, 219 of those deaths were Aboriginal and Torres Strait Islander people with an age-standardised suicide rate of 27.1 per 100 000 people. Young and middle-aged people are most likely to die by suicide: In 2021, 81.9% of deaths by suicide were amongst people younger than 65 years (Australian Bureau of Statistics (ABS), 2022).

Underneath each of these tragic prevalence statistics sit data that can help inform a more nuanced view of factors contributing to suicidality across a range of subgroups. Importantly, the most recent information from the ABS adds to the now well-established body of evidence that suicide is complex and often multifactorial in nature. For example, it can, but does not always, involve a mental or behavioural disorder (Too et al., 2019). In complex and interrelated ways, multiple factors have been shown to play an important contributing role.

A number of psychosocial risk factors are reliably identified Australian suicide data, and importantly those risk factors can overlap, to impact risk of death by suicide (Australian Institute of Health and Welfare, 2022).Of those risk factors identified, a history of self-harm typically is most prevalent, followed by factors relating to relationships or more specifically, relationship breakdown. In fact, in 2021, 2 of the 3 leading psychosocial risk factors for suicide were relational in nature: The data show that disruption of family by separation and divorce, and relationship problems with spouse or partner are key risk factors for suicide.

A further factor that has reliably been identified as impacting suicide risk is socioeconomic status. Over the past 10 years in Australia, age-standardised suicide rates were highest for those living in the lowest socioeconomic areas. In 2020, the overall suicide rate for people living in the lowest socioeconomic (most disadvantaged) areas (18.1 deaths per 100,000) was twice that of those living in the highest socioeconomic (least disadvantaged) areas (8.6 deaths per 100,000). Such data are consistent with findings from other studies – including a recent report by Mathieu and colleagues (2022) - in which financial hardship was shown to be associated with an increased risk of suicidal behaviour and ideation.

Whilst it's evident that socioeconomic status can and, sadly, in many cases does contribute to suicidality, unpacking the extent and nature of that contribution is complex due to the interrelatedness of suicide risk factors. There is for example robust evidence that socioeconomic status predicts educational attainment (ABS 2009), and that financial disadvantage impacts negatively on human relationships and connection. As regards the latter, Mood and Jonsson note that 'being poor is about not being able to partake in society on equal terms with others, and therefore in the long run being excluded by fellow citizens or withdrawing from social and civic life because of a lack of economic resources' (Mood & Jonsson, 2016, p. 634).

In a bid to isolate the economic element of socio-economic factors on suicide risk, the Australian National University's Centre for Social Research and Methods, in a collaboration with the Australian Institute of Health and Welfare, set out to quantify impact by controlling for a variety of social factors (Biddle et al., 2022). Importantly, their data show that – even when social factors such as education level, housing composition and employment circumstances are considered – absolute income and income uncertainty are associated with suicide risk. Specifically, having a lower income raises the risk of suicide relative to people with a higher income, as does having higher uncertainty about income relative to those with greater certainty, when other factors are controlled for.

Whilst causality in the context of suicide is a complex issue, a report by the Samaritans in the United Kingdom provides a useful summary of the multiple underpinning mechanisms by which socioeconomic disadvantage impacts upon suicidality (Samaritans, 2017). In particular the report notes that impoverished financial circumstances are associated with feelings of defeat, humiliation and entrapment, all of which have been identified - in possibly one of the most internationally influential models of suicide: The Integrated Motivational Volitional Model proposed by Rory O'Connor and colleagues (O'Connor & Kirtley, 2018)- as key moderators in the development of suicidal thoughts and behaviours.

When considering these data, it is vital to remember that suicide is often preventable. Even once people are in suicidal crisis, there is evidence that intervention via mechanisms such as restricting access to means can be effective in disrupting an attempt (Pirkis et al., 2015). And whilst intervention and support in crisis is vitally important, the potential gains from focusing on and

proactively addressing upstream factors – removing some of the underlying causes - have been widely recognized (Jorm, 2021). As such it is vital to both better understand, and design approaches to circumvent, the impacts on suicide risk of socioeconomic disadvantage. In the material that follows, and via discussion at the levels of society, community and the individual, Lifeline Australia addresses both those goals.

IMPACTS (TOR ITEM C)

Poverty and socioeconomic disadvantage in Australia

Whilst there is currently no standardized definition of poverty in Australia, the Australian Council of Social Services (ACOSS) defines poverty as half the median after-tax income of the total population. Based on this calculation, in 2022 the poverty line in Australia is $489 a week for a single adult and $1,027 a week for a couple with two children, based on the latest data from the ABS (Davidson et al., 2022). Estimates suggest that in 2020 almost three million people were living below the poverty line (Duncan, 2022), representing one in eight Australian adults and one-in-six children (Davidson et al., 2022).

Absent from this definition is a consideration of the social context which, as previously mentioned, is an aspect of a broader concept of socioeconomic disadvantage (Whiteman, 2014). Social resources refer to the resources, opportunities and skills that are embedded in a person's social network and relationships that can be leveraged in times of need.

A large number of Australians report experiencing exclusion from social networks. Approximately 1 in 4 Australians aged 15 and over (25% or 5 million people) experience some degree of social exclusion, and 6% (1.2 million) and 1.3% (260,000) experience deep and very deep social exclusion respectively (Australian Institute of Health and Welfare, 2021).

Whilst not all those who experience social exclusion are socioeconomically disadvantaged, there is strong evidence of a relationship between the two: Individuals with lower socioeconomic status generally have lower levels of social capital (Albert & Hajdu, 2020; Mood & Jonsson, 2016). And further to that, evidence shows that a lack of social capital is related to socioeconomic inequalities in health (Halpern-Meekin, 2020; Stephens et al., 2014; Uphoff et al., 2013; Weyers et al., 2008). Consequently, we will discuss impacts on suicide from the perspective not only of relative lack of access to material resources, but also to relative lack of *social* resources.

Impact of socioeconomic factors on suicidal thoughts and behaviours

Suicidal behaviours are widely accepted as arising through a unique, interacting subset of psycho-social factors combined with other background elements and triggering events. A highly influential model of suicidal behaviour - The integrated motivational-volitional (IMV) model (see Figure 1) - identifies a range of background factors and triggering events that in various combinations can precipitate suicidal ideation (O'Connor & Kirtley, 2018). These background and triggering factors of the so-called 'pre-motivational' phase are conceptualized to lay the foundation for subsequent ('motivational' and 'volitional') phases, where an individuals' feelings of being trapped and defeated by their circumstances can overwhelm them to the point that taking their own life seems

the only remaining option.

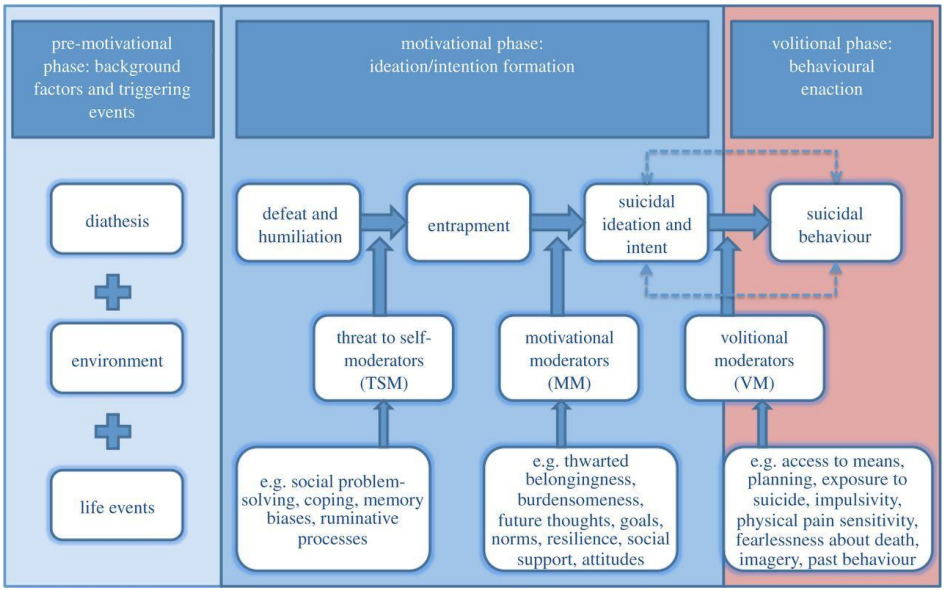

Figure 1. A widely accepted model of the precipitants of suicidal ideation, intentional formation, and behaviour (O'Connor & Kirtley 2018)

Whilst it's important to note that no two suicidal journeys are the same (The National Suicide Prevention Taskforce, 2020a), there is evidence that socioeconomic factors contribute to both individual vulnerabilities and stressful life events in the pre-motivational phase of the IMV model. Evidence suggests, for example, that socioeconomic contexts characterized by deprivation, recession, and poverty are associated with elevated suicide risk. Negative life events driven by social and financial factors including job loss and unemployment, homelessness, and relationship breakdown can also confer suicide risk as additional 'life events' in the pre-motivational phase. According to the IMV model, all of these factors exert an effect on suicide risk in the later motivational and volitional phases by increasing an individuals' sensitivity to feelings of defeat and humiliation, and a sense of being trapped by their situation.

The role of socioeconomic factors in the development of feelings of defeat, humiliation and entrapment - motivational moderators of suicidal behaviour in the IMV model per above - is supported by some important emergent qualitative research. Participants in a study commissioned by the Samaritans (2017) described their suicide attempt as: a response to shame associated with the consequences of socioeconomic disadvantage; a coping mechanism to get through distressing emotions associated with socioeconomic disadvantage; a method to gain control when the individual felt powerless. Participants described these psychological mechanisms in addition to factors arising from a lifetime of disadvantage and compounding economic stressors (Samaritans, 2017).

It is also important to recognise that whilst the IMV model captures factors, events and moderators impacting on the suicidality of an individual, the contributing elements can be

conceptualised as arising at multiple levels and are amplified among different priority groups. More specifically and per Figure 2 below, the complex interplay between socioeconomic disadvantage and suicide can sensibly be considered on an individual, community and social level, with specific reference to priority populations including men, Aboriginal and Torres Strait Islander peoples, and rural and remote communities. In the material that follows we unpack the role of socioeconomic factors in suicidality per this conceptualisation.

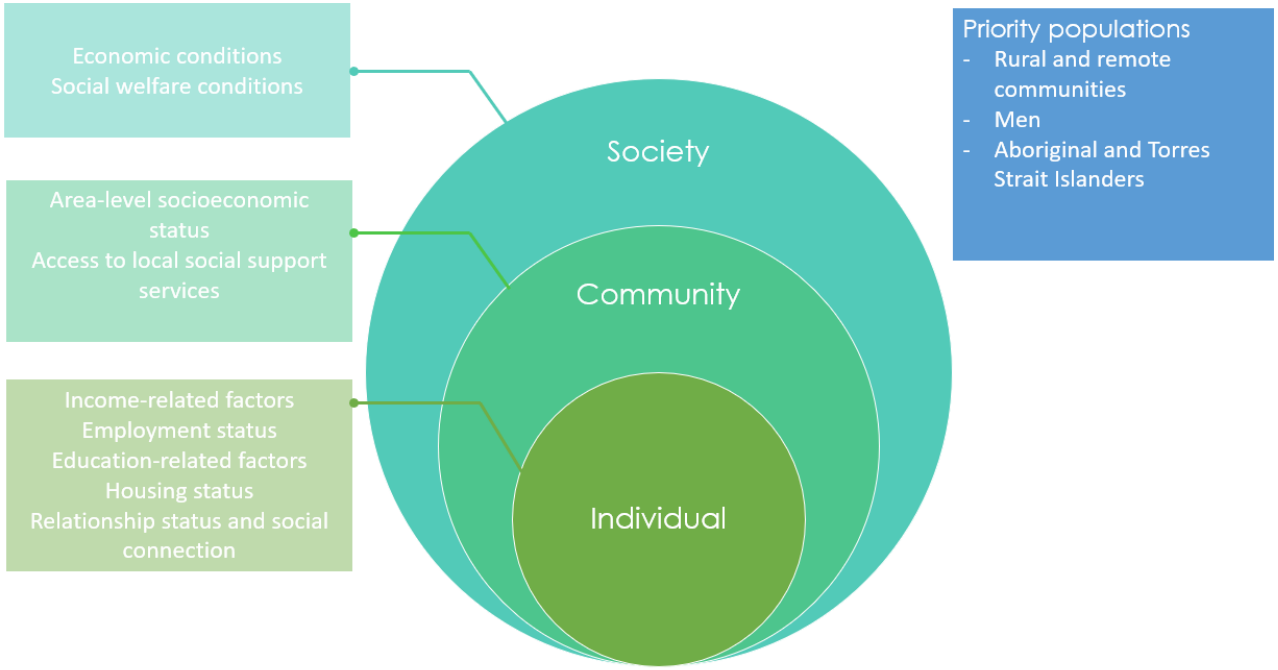

Figure 2. Socioeconomic background factors associated with suicide at an individual, community and social level

Socioeconomic background factors and triggering events

Socioeconomic factors impacting on suicidality at the individual level

Based on a large body of evidence multiple socioeconomic factors have been shown to load onto suicide risk at the level of the individual. Per a report by the Samaritans UK (2017), the individual level is defined as consisting of demographic characteristics, and socioeconomic status, including income level and type of employment, mental health, and health-related behaviours.

Lifeline Australia notes that the factors identified below are not mutually exclusive. Rather, typically they are highly interactive. Advanced statistical techniques are required - and have only in some instances been deployed - to estimate the unique contribution of each factor to suicidality. Notably and per the discussion below, these factors often contribute in complex ways to the heightened risk of identified priority groups.

Factors operating at the individual level to impact suicide risk are:

A) Income-related factors

Multiple income-related factors have been linked to risk of suicide attempts and death.

Overall, people experiencing financial hardship are up to 20 times more likely to attempt suicide than those not experiencing financial hardship (Elbogen et al., 2020). It is of course the case, however, that issues related to income are not the only determinants of financial hardship. As such, research unpacking the specific influence/s of income in suicidality is vital to better understanding the relationship.

In this context, recent research linking Census data, personal income tax data, and Causes of Death data between 2011 and 2016 (Biddle et al., 2022) is of particular significance. Interestingly, results point to the role in suicidality not only of income level, but also of income certainty. As regards the former, those with higher incomes had lower odds of suicide death relative to those with lower incomes. Relative to those in the lowest income quintile, the odds of dying by suicide were 20% lower for those in 3rd income quintile; 40% lower for those in the 4th income quintile and 64% lower for those in the highest income quintile. And as regards the latter, higher income uncertainty (variation in year-to-year income) was associated with higher odds of suicide death relative to those with lower income uncertainty. Importantly and in addition, data show that effects compound. That is, the odds of dying by suicide among those in the highest quintile of income uncertainty (i.e. greater reductions in income) that experienced a reduction of income being 180%higher than those in the lowest uncertainty quintile.

In summary then, income-related factors impact upon suicidality in multiple ways: Not only is level of income important, but so too is variability of income. In addition, the factors compound such that individuals with lower and more uncertain income are at heightened risk of suicide.

B) Employment status

Unemployment and partial employment are linked to risk of suicide.

In the same data-linkage project referred to above (Biddle et al 2022), unemployment was shown to load onto suicide risk even when other factors including income were taken into account. More specifically, people who experienced longer periods of unemployment were shown to be at higher odds of suicide death relative to those who had no experience of unemployment. Importantly, the length of time that an individual is unemployed is critical, with the odds of suicide increasing over time. Specifically, and compared to those who are employed, a 57%, 75% and 103% increase in the odds of suicide was observed at 2, 3, and 4 years of unemployment respectively.

Further, the risks associated with unemployment contribute to the risk profile of particular priority groups, including men and Aboriginal and Torres Strait Islander peoples (Dudgeon et al., 2016; Milner, Morrell, et al., 2014). In the case of Aboriginal and Torres Strait Islander peoples, for example, employment rates and employment conditions are 'broadly recognised' as impacting negatively on social and emotional wellbeing (Dudgeon et al., 2020), which in turn loads onto suicide risk. In the case of men, lack of employment may interact with traditional gender norms such as the 'provider' role as a risk factor for male suicide (Struszczyk et al., 2019).

Taken together, these findings suggest that unemployment increases the risk of suicide, and that risk increases with prolonged unemployment. Additionally, unemployment as a risk factor contributes to the heightened risk associated with key priority groups including men and Aboriginal and Torres Strait Islander peoples.

C) Education-related factors

Higher educational attainment is associated with decreased risk of suicide attempt (see for example Elbogen et al, 2020).

Again referring to the data linkage study reported by Biddle and colleagues (2022) in which the impact on suicide of a range of factors was isolated, data show that those whose highest educational qualification was a diploma/certificate or Year 12 high school or less had higher odds of dying by suicide than those with a Bachelor's degree or higher (with an odds ratio of 1.37 and 1.32 respectively).

Consistent with the impacts of educational attainment levels, *type* of employment is associated with suicide risk in Australia. In 2014, for example, Milner and colleagues (2014) identified that suicide rates were higher amongst lower skilled occupations (e.g., construction workers) than amongst more skilled occupations including technicians.

As such, both educational attainment and the related factor of employment type impact on risk of suicide. The effects are interactive but importantly, educational attainment has been shown to load onto suicide risk even when other factors such as income levels are taken into account.

D) Housing status

Though as for a range of other factors the relationship is complex, homelessness is associated with suicidality.

Attempted suicides have been found to be between 5.4 and 10 times higher among individuals who experience homelessness, compared with the general population (Sinyor et al., 2017; Tsai & Cao, 2019).

An Australian study (Arnautovska et al., 2014) explored the risk associated with homeless and non-homeless persons using Queensland Suicide Register data between 1990 and 2009. They found that homeless persons had almost double the suicide rate of non-homeless people (Risk Ratio=1.9, 95% CI=1.5–2.5).

And in the case of homeless males in particular, data showed them to be at 4.6 times higher suicide rate than homeless women (40.9 per 100,000 for males and 8.9 per 100,000 for women) (Arnautovska et al, 2014).

Of course, homelessness can intersect with a range of other suicide risk factors including unemployment, low income levels and high-income uncertainty. In one demonstration of the interconnectedness of the risks, Arnautovska and colleagues (2014) showed that being unemployed, having a history of legal problems, and having evidence of undiagnosed mental illness diagnosis were strongly associated with suicide among homeless people.

E) Relationship status and social connectedness

Difficulties with relationships and social connections are a key psychosocial factor that is reported prior to deaths by suicide. Problems in relationships with spouse or partner, and disruption of family by separation and divorce were two of the three most prevalent psychosocial risk factors for suicide in Australia in 2021 (ABS, 2022). Not only is the breakdown of relationships a risk factor for suicide, but so is absence of relationships: A large and growing body of research suggests that both objective social isolation and the subjective feeling of loneliness are strongly associated with suicidal outcomes (Calati et al., 2019).

With regards to relationship breakdown, and consistent with the ABS data, relationship breakdown has across multiple studies been shown to contribute to suicidal ideation, attempts and death (Ide et al., 2010; Scourfield & Evans, 2015; Shiner et al., 2009; Wyder et al., 2009). Indeed, in a systematic review reported in 2010, recent separation from a partner was shown to be predictive of the onset of suicidal behaviors (Ide et al, 2010). Further, an Australian study utilizing data from the Queensland Suicide Register found that for people who died by suicide in Queensland, separation was associated with a risk at least 4 times greater than any other marital status. Whilst the risk was heightened for both males and females who were separated, it was particularly high for males aged 15 to 24 (Risk Ratio= 91.62) (Wyder et al, 2009).

Of course, relationship status does not impact upon suicide risk in isolation. Rather, there is often a bi-directional relationship with other risk factors including income and employment: Financial stress for example is one of the leading contributors to separation in Australia, with 7 out of 10 couples reporting that money issues cause tension in their relationship (Relationships Australia, 2019). Even so, and once again turning to the work of Biddle and colleagues in 2022, once income is taken into account, living alone is a key factor loading onto suicide risk.

In summary then, relationship status and social connectedness are important suicide risk factors. More specifically, being alone and recently separated has a marked negative impact on risk. Further, any consideration of the impact of relationship status and social connectedness must include consideration of the multiple other factors which with it intersects, including financial stress.

Socioeconomic factors impacting on suicidality at the community level

Overlaid on the individual factors impacting suicide risk are those operating at the level of the community. Those include the local economic social cultural and physical environment including job opportunities, home ownership, and social networks (Samaritans UK, 2017).

Again, notably and per the discussion below, these factors often contribute to the cumulative heightened risk of priority groups.

The most reliably identified socioeconomic factors operating at the community level are:

A) Area-level socioeconomic status

Socioeconomic deprivation at the community (or area) level – which can be defined as adverse collective circumstances relating to the social, economic or physical environment where people

live, including local income levels, employment rates, and housing quality (Samaritans UK, 2017) - impacts upon suicide risk.

The relationship between socioeconomic status and suicide risk has been amply demonstrated in Australia. Here, age-standardised suicide rates observed in the lowest socioeconomic areas (18.4 deaths per 100,000) are more than double those in the highest socioeconomic areas (8.1 deaths per 100,000) (AIHW, 2022). Complementing those findings, spatial analyses show there is a negative gradient of suicide risk corresponding with population density: In data reported by Cheung and colleagues in 2012 the highest suicide rates were seen in the Northern Territory, Tasmania, northern Queensland, and northern Western Australia. It is important to note however that some specific spatial clusters identified in metropolitan areas (Cheung et al., 2012).

Overall, socioeconomic factors were posited to explain the pattern of elevated suicide risk, with specific reference to socio-economic deprivation, compositional factors (e.g. demographics), levels of suicide risk among Aboriginal communities, and access to healthcare and basic services (Cheung et al, 2012).

Notably, there is a gender effect such that male suicide – which represents approximately 75% of all deaths by suicide - was found to have a strong pattern across geographical regions. Specifically, it was found to have a strong metropolitan-rural-remote gradient such that the highest suicide rates were seen furthest from metropolitan areas, whereas female suicide had a more homogenous pattern. This pattern has been attributed to factors include the high proportion of men employed in agriculture and infrastructure impacted by changing climate patterns, cultural norms emphasizing stoicism and restrictive emotionality, and increased access to lethal means (Cheung et al, 2012).

In summary then, socioeconomic status at the area level has a clear relationship with suicide risk in Australia as elsewhere. Specifically, risk increases as socioeconomic status decreases. And notably, the relationship between socioeconomic status and suicide is most clearly represented amongst the priority group at highest risk: People who identify as male.

B) Access to social support services

Providing access to support services represents - in Australia as in other countries - a significant challenge: Digital exclusion, stigma and oversubscription and undersupply of services are just some of the barriers people experience when seeking help. And importantly, the impact of these issues is to risk an elevation of suicidal behaviour among those not accessing support (Productivity Commission, 2020).

Consistent with this, there are data showing that people with mental illness, and those who experience suicidality, do not consistently access support. Estimates indicate that only one in three Australians with a mental illness has consulted a mental health professional (Andrews et al., 2001), and coronial data indicates that less than half of suicide decedents contact mental health services in the 12 months before their death (Carter et al., 2022; Sveticic et al., 2012).

Importantly, the Productivity Commission's extensive review of Australia's mental health system found that people experience significant access barriers in engaging with social support services: service under-provision, inadequate information out of pocket costs, and geographical disparities

in service access were all reported (2020). For example, the Productivity Commission identified that in 2018-2019 there were significant geographical differences in utilisation of Medicare-rebated psychological services across metropolitan, regional, and remote areas (see Figure 3).

Of course, lack of access to services isn't the only impediment to engaging in helpseeking behaviours. Factors such as stigma also play an instrumental role in preventing people from accessing support services (Clement et al., 2015). And it is for this reason that the National Mental Health Commission is currently working on a National Stigma and Discrimination Reduction Strategy, due for release in 2023.

In summary then, access to social support services has a relationship with suicide risk. Issues relating to access are complex and include digital access (or lack thereof), oversubscription/undersupply of services, and stigma in relation to help seeking.

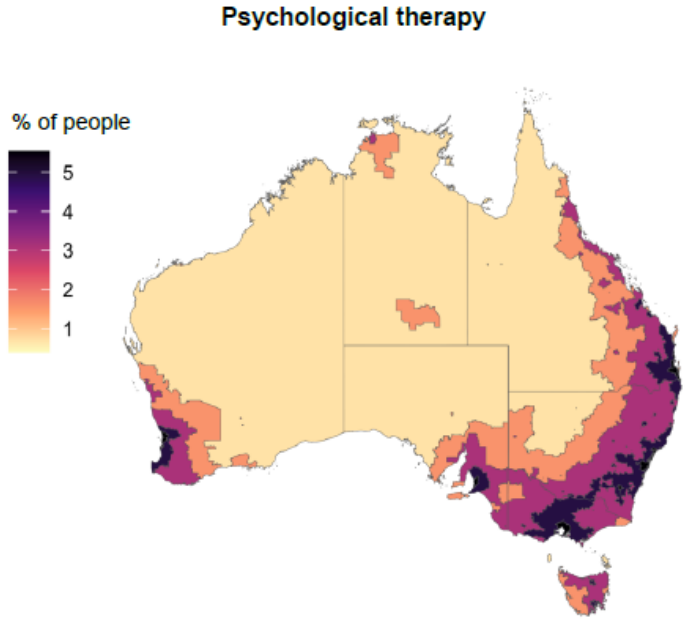

Figure 3. People in remote areas receive less Medicare-rebated mental healthcare, 2018-19 (from Productivity Commission, 2020)

Socioeconomic factors impacting suicide at the societal level

Overlaid on the individual and community factors impacting suicide risk are those operating at the level of society. Those include for example the political, economic and social policies related to social welfare and employment, as well as stigma around suicidality (Samaritans UK, 2017).

Some reliably identified socioeconomic factors operating at the societal level are:

A) Economic conditions

Macro-economic conditions, specifically recessions, economic recoveries, and economic

uncertainty, are associated with population-level increases in suicidal behaviour.

The 2008 Global Financial Crisis (GFC), which triggered the crash of global financial markets and banking systems, was associated with increases in suicide the USA, UK, Europe, and Australia (Barr et al., 2012; Milner, Morrell, et al., 2014; Reeves et al., 2012; Stuckler et al., 2009). Notably, data from Australia show gender and employment status effects: There was an increase in suicide among both employed (7%) and inactive/unemployed males (22%), and inactive/unemployed females (12%) during the GFC (Milner, Morrell, et al., 2014).

Of course, economic conditions interact with a range of other factors to impact upon risk of suicide. Other potential risk factors associated with recessions include economic uncertainty, the magnitude of decline in income relative to local wages, female participation in the workforce, unmanageable debt, including the threat or fear or home repossessions, job insecurity and business downsizing (Samaritans UK, 2017).

Taken in sum, data clearly show a relationship between economic conditions at the societal level and suicide. Whilst as with all other factors, economic factors interact with others to impact upon suicidality, data from large scale financial crises points to a specific role for negative economic conditions in increasing suicide risk.

B) Social welfare conditions

There is evidence that the robustness of national social welfare programs, including income support and unemployment payments, is associated with suicide risk.

In a large-scale international study including data from 31 countries within the OECD, Tuttle (2018) demonstrated that greater social welfare expenditure was associated with reduced suicide risk. Notably, the effect was observed even when a range of confounding factors including GDP, income inequality, divorce and inflation were factored out (Tuttle, 2018).

Similarly, it is the case that within countries, increases in spending on social welfare are associated with reductions in suicide rates (Flavin & Radcliff, 2009; Shiroyama et al., 2021). The converse relationship has also been reported: Austerity is associated with increased suicide rates, particularly among men (Antonakakis & Collins, 2015; Corcoran et al., 2015). Indeed in a notable statement from Stuckler and Basu in their book The Body Economic: Why Austerity Kills, the authors note that “recession hurts, but austerity kills”(2013).

In sum then, social welfare conditions play a role in suicidality at the societal level. More specifically, social welfare has a protective role as regards suicide, and appears to buffer the impacts of negative economic conditions. Moreover, impacts of approach to social welfare appear to contribute disproportionately to male deaths by suicide.

OTHER RELATED MATTERS (TOR G)

Recommendations to address and reduce the impacts of socioeconomic status on suicide:

Lifeline Australia proposes a range of measures to mitigate the suicide risks arising from the multiple and interacting socioeconomic factors described above. Recommendations relating to first to individual and community-level factors, then societal factors are proposed.

Most notably, Lifeline Australia proposes as a key priority the implementation of the

recommendations arising from the Final Advice of the National Suicide Prevention Taskforce(The National Suicide Prevention Taskforce, 2020a, 2020b). Noting per below that the National Suicide Prevention Office will deliver in 2023 a National Suicide Prevention Implementation strategy, Lifeline Australia strongly encourages Federal Government to implement that strategy rapidly and in full.

Individual & Community

1. **There should be greater awareness of, and responsivity to, the impacts of socioeconomic hardship on mental distress, suicidal behaviour and self-harm among practitioners and policy-makers among the welfare, housing, and employment sectors.** This would be achieved through the implementation of the Suicide Prevention Taskforce's suicide prevention decision-making tool to embed suicide prevention into targeted initiatives, service planning, design, implementation and evaluation across sectors and government portfolios (The National Suicide Prevention Taskforce, 2020b).
2. **All governments should commit to improving the capacity and capability of workforces providing financial, employment and relationship support to people experiencing financial challenges**, including:
    a) **All jurisdictions should implement contemporary, evidence- and compassion-based training for frontline workers** who regularly engage with individuals who are experiencing job loss, income loss, problem gambling, issues with alcohol and other drugs, and income insecurity to enable them to respond to distress and suicidality.
    b) Noting the strong association between unemployment, low and unstable income and suicidality**, Lifeline Australia advises consideration be given to funding Services Australia, including Centrelink, to employ additional social workers to support to people at risk of suicide**.
3. **Lifeline Australia advocates for funding for and promotion of scalable, community-based financial counselling services, particularly those with strong links to psychosocial support programs.**
    a) A number of Lifeline Centres provide a free, educative and solutions-focused financial counselling service, but the Lifeline network requires funding to deliver the program nationally.
4. Noting that socioeconomic disadvantage is often paired with digital inequalities that impede helpseeking via online and digital services, Lifeline Australia submits that there is need for:
    a) **Government led support to ensure digital literacy keeps pace with technological developments, and to ensure affordability of digital access, hardware and software** (ACOSS, 2016)**.**
    b) **Government-led support for industry transition to digital platforms, including and particular for providers of community services (ACOSS, 2016)**

Societal

5. **The Australian Government must recognize and respond to socioeconomic disadvantage as a driver of distress and suicidality in the development of suicide prevention**

strategies. Lifeline Australia submits that, per the identified focus area 'mitigating the impact of known drivers of distress' mooted by the National Suicide Prevention Office (see schematic below), the national strategy for suicide prevention must recognise the role of socioeconomic disadvantage. Moreover, and per the principle below of 'addressing specific needs of disproportionately impacted populations', the strategy must address those factors with an intensity and scalability that is proportionate to needs. Specifically, a focus must be applied to high-risk/priority groups including adult and older men, Aboriginal and Torres Strait Islander peoples, people from CALD communities, LGBTI+ people, and Veterans.

6. **Commitment to the whole-of-government approach to suicide prevention to mitigate suicide risk associated with socioeconomic disadvantage.** The research presented in this submission highlights that the drivers of suicide are diverse and span multiple government portfolios. Consistent with the Suicide Prevention Taskforce's Advice to the Prime Minister, Lifeline Australia submits that suicide prevention should be a whole-of-government priority and coordinated across all government portfolios including Health and Aged Care, and Social Services. Lifeline Australia further submits that all welfare, housing, employment policies should include an analysis of potential impacts on mental health and suicidal behaviour. We note that a decision-making tool is already available to support Government agencies develop suicide prevention-specific action plans and specific initiatives (The National Suicide Prevention Taskforce, 2020b).
7. **Government should seek input from diverse stakeholders to inform policy that redresses socioeconomic disadvantage.** Per the material above, Lifeline Australia submits the factors leading to suicide are diverse, and that the prevention of suicide requires multi-faceted strategies including alleviation and mitigation of socioeconomic disadvantage. In this regard Lifeline Australia welcomes the Government's commitment to establish a statutory Economic Inclusion Advisory Committee, promised as part of its negotiations relating to the passage of The Secure Jobs, Better Pay legislation through the Parliament. Lifeline notes the Committee will provide advice on economic inclusion, including policy settings, systems and structures, and the adequacy, effectiveness and sustainability of income support payments ahead of every Federal Budget. Lifeline Australia specifically submits that organisations including ours should formally be engaged to provide input and advice in relation to each pre-budget report.

References

Albert, F., & Hajdu, G. (2020). Association between poverty indicators and social relations. *Journal of Poverty and Social Justice*, *28*(3), 401–423. https://doi.org/10.1332/175982720X15966472176159

Andrews, G., Henderson, S., & Hall, W. (2001). Prevalence, comorbidity, disability and service utilisation. *British Journal of Psychiatry*, *178*(2), 145–153. https://doi.org/10.1192/bjp.178.2.145

Antonakakis, N., & Collins, A. (2015). *The Impact of Fiscal Austerity on Suicide Mortality: Evidence across the "Eurozone Periphery."*

Arnautovska, U., Sveticic, J., & de Leo, D. (2014). What differentiates homeless persons who died by suicide from other suicides in Australia? A comparative analysis using a unique mortality register. *Social Psychiatry and Psychiatric Epidemiology*, *49*(4), 583–589. https://doi.org/10.1007/s00127-013-0774-z

Australian Bureau of Statistics. (2022). *Intentional self-harm deaths (Suicide) in Australia 2021*. Causes of Death, Australia.

Australian Council of Social Services. (2016). *Staying connected: the impact of digital exclusion on people living on low-incomes and the community organisations that support them*. https://www.acoss.org.au/wp-content/uploads/2016/01/Digital-Divide-Policy-Snapshot-2016-Final.pdf

Australian Institute of Health and Welfare. (2021). *Social isolation and loneliness*. Australia's Welfare 2021. 07/12/2022https://www.aihw.gov.au/reports/australias-welfare/social-isolation-and-loneliness-covid-pandemic

Australian Institute of Health and Welfare. (2022). *Psychosocial risk factors and deaths by suicide* . Suicide & Self-Harm Monitoring.

Bachmann, S. (2018). Epidemiology of suicide and the psychiatric perspective. In *International Journal of Environmental Research and Public Health* (Vol. 15, Issue 7). MDPI AG. https://doi.org/10.3390/ijerph15071425

Barr, B., Taylor-Robinson, D., Scott-Samuel, A., McKee, M., & Stuckler, D. (2012). Suicides associated with the 2008–10 economic recession in England: A time-trend analysis. *BMJ*, *345*.

Biddle, N., Marasinghe, D., & Ellen, L. (2022). *Social and Economic Factors associated with Suicide in Australia: A Focus on Individual Income*. 07/12/2022https://www.aihw.gov.au/getmedia/32419cdd-b9c7-4f7c-aeee-a58c51eb4439/Social-and-economic-factors-associated-with-suicide-in-Australia-a-focus-on-individual-income.pdf.aspx

Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. In *Journal of Affective Disorders* (Vol. 245, pp. 653–667). Elsevier B.V. https://doi.org/10.1016/j.jad.2018.11.022

Carter, G., Sperandei, S., Spittal, M. J., Chitty, K., Clapperton, A., & Page, A. (2022). Characteristics of suicide decedents with no federally funded mental health service contact in the 12 months before death in a population-based sample of Australians 45 years of age and over. *Suicide and Life-Threatening Behavior*. https://doi.org/10.1111/sltb.12928

Cheung, Y. T. D., Spittal, M. J., Pirkis, J., & Yip, P. S. F. (2012). Spatial analysis of suicide mortality in Australia: Investigation of metropolitan-rural-remote differentials of suicide risk across states/territories. *Social Science and Medicine*, *75*(8), 1460–1468. https://doi.org/10.1016/j.socscimed.2012.04.008

Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. In *Psychological Medicine* (Vol. 45, Issue 1, pp. 11–27). Cambridge University Press. https://doi.org/10.1017/S0033291714000129

Corcoran, P., Griffin, E., Arensman, E., Fitzgerald, A. P., & Perry, I. J. (2015). Impact of the economic recession and subsequent austerity on suicide and self-harm in Ireland: An interrupted time series analysis. *International Journal of Epidemiology*, *44*(3), 969–977. https://doi.org/10.1093/ije/dyv058

Davidson, P., Bradbury, B., & Wong, M. (2022). *Poverty in Australia 2022: A snapshot*.

Dudgeon, P., Bray, A., Smallwood, G., Walker, R., & Dalton, T. (2020). *Wellbeing and Healing Through Connection and Culture.* .

Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., & Holland, C. (2016). *Solutions that work: What the evidence and our people tell us*.

Duncan, A. (2022). *Behind the Line: Poverty and disadvantage in Australia 2022*.

Elbogen, E. B., Lanier, M., Montgomery, A. E., Strickland, S., Ryan Wagner, H., & Tsai, J. (2020). Financial strain and suicide attempts in a nationally representative sample of us adults. *American Journal of Epidemiology*, *189*(11), 1266–1274. https://doi.org/10.1093/aje/kwaa146

Flavin, P., & Radcliff, B. (2009). Public Policies and Suicide Rates in the American States. *Social Indicators Research*, *90*(2), 195–209. https://doi.org/10.1007/s11205-008-9252-5

Halpern-Meekin, S. (2020). Social Poverty and Relational Resources. *Contexts*, *19*(2), 40–45. https://doi.org/10.1177/1536504220920195

Ide, N., Wyder, M., Kolves, K., & de Leo, D. (2010). Separation as an Important Risk Factor for Suicide: A Systematic Review. *Journal of Family Issues*, *31*(12), 1689–1716. https://doi.org/10.1177/0192513X10365317

Jorm, A. (2021). *Recruiting more mental health workers won't stop suicides. Preventing child abuse and neglect will*. The Conversation. https://theconversation.com/recruiting-more-mental-health-workers-wont-stop-suicides-preventing-child-abuse-and-neglect-will-171110

Mathieu, S., Treloar, A., Hawgood, J., Ross, V., & Kõlves, K. (2022). The Role of Unemployment, Financial Hardship, and Economic Recession on Suicidal Behaviors and

Interventions to Mitigate Their Impact: A Review. In *Frontiers in Public Health* (Vol. 10). Frontiers Media S.A. https://doi.org/10.3389/fpubh.2022.907052

Milner, A., Morrell, S., & LaMontagne, A. D. (2014). Economically inactive, unemployed and employed suicides in australia by age and sex over a 10-year period: What was the impact of the 2007 economic recession? *International Journal of Epidemiology*, *43*(5), 1500–1507. https://doi.org/10.1093/ije/dyu148

Milner, A., Niven, H., & LaMontagne, A. (2014). Suicide by occupational skill level in the Australian construction industry: data from 2001 to 2010. *Australian and New Zealand Journal of Public Health*, *38*(3), 281–285. https://doi.org/10.1111/1753-6405.12205

Mood, C., & Jonsson, J. O. (2016). The Social Consequences of Poverty: An Empirical Test on Longitudinal Data. *Social Indicators Research*, *127*(2), 633–652. https://doi.org/10.1007/s11205-015-0983-9

O'Connor, R. C., & Kirtley, O. J. (2018). The integrated motivational-volitional model of suicidal behaviour. In *Philosophical Transactions of the Royal Society B: Biological Sciences* (Vol. 373, Issue 1754). Royal Society Publishing. https://doi.org/10.1098/rstb.2017.0268

Pirkis, J., Too, L. S., Spittal, M. J., Krysinska, K., Robinson, J., & Cheung, Y. T. D. (2015). Interventions to reduce suicides at suicide hotspots: A systematic review and meta-analysis. *The Lancet Psychiatry*, *2*(11), 994–1001. https://doi.org/10.1016/S2215-0366(15)00266-7

Productivity Commission. (2020). Mental Health. In *Media* (Vols. 1–3, Issue Report no. 95). www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf

Reeves, A., Stuckler, D., McKee, M., Gunnell, D., Chang, S. sen, & Basu, S. (2012). Increase in state suicide rates in the USA during economic recession. *The Lancet*, *380*(9856), 1813–1814. https://doi.org/10.1016/S0140-6736(12)61910-2

Relationships Australia. (2019, January). *Finances and Relationships*. https://relationships.org.au/document/january-2019-finances-and-relationships/?highlight=%20financial%20stress%20is%20one%20of%20the%20main%20contributors%20to%20relationship

Samaritans. (2017). *Socioeconomic disadvantage and suicidal behaviour: Report*. 07/12/2022https://media.samaritans.org/documents/Socioeconomic_disadvantage_and_suicidal_behaviour_-_Full.pdf

Scourfield, J., & Evans, R. (2015). Why Might Men Be More at Risk of Suicide After a Relationship Breakdown? Sociological Insights. *American Journal of Men's Health*, *9*(5), 380–384. https://doi.org/10.1177/1557988314546395

Shiner, M., Scourfield, J., Fincham, B., & Langer, S. (2009). When things fall apart: Gender and suicide across the life-course. *Social Science and Medicine*, *69*(5), 738–746. https://doi.org/10.1016/j.socscimed.2009.06.014

Shiroyama, T., Fukuyama, K., & Okada, M. (2021). Effects of financial expenditure of prefectures/municipalities on regional suicide mortality in Japan. *International Journal of Environmental Research and Public Health*, *18*(16). https://doi.org/10.3390/ijerph18168639

Sinyor, M., Kozloff, N., Reis, C., & Schaffer, A. (2017). An Observational Study of Suicide Death in Homeless and Precariously Housed People in Toronto. *Canadian Journal of Psychiatry*, *62*(7), 501–505. https://doi.org/10.1177/0706743717705354

Stephens, N. M., Cameron, J. S., & Townsend, S. S. M. (2014). Lower Social Class Does Not (Always) Mean Greater Interdependence: Women in Poverty Have Fewer Social Resources Than Working-Class Women. *Journal of Cross-Cultural Psychology*, *45*(7), 1061–1073. https://doi.org/10.1177/0022022114534768

Struszczyk, S., Galdas, P. M., & Tiffin, P. A. (2019). Men and suicide prevention: a scoping review. In *Journal of Mental Health* (Vol. 28, Issue 1, pp. 80–88). Taylor and Francis Ltd. https://doi.org/10.1080/09638237.2017.1370638

Stuckler, D., & Basu, S. (2013). *The Body Economic: Why Austerity Kills.* . Basic Books. .

Stuckler, D., Basu, S., Suhrcke, M., Coutts, A., & McKee, M. (2009). The public health effect of economic crises and alternative policy responses in Europe: an empirical analysis. *The Lancet*, *374*(9686), 315–323. https://doi.org/10.1016/S0140-6736(09)61124-7

Sveticic, J., Milner, A., & de Leo, D. (2012). Contacts with mental health services before suicide: a comparison of Indigenous with non-Indigenous Australians. *General Hospital Psychiatry*, *34*(2), 185–191. https://doi.org/10.1016/j.genhosppsych.2011.10.009

The National Suicide Prevention Taskforce. (2020a). *Compassion First: Designing our national approach from the lived experience of suicidal behaviour* (Issue August). https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/2. Compassion First.pdf

The National Suicide Prevention Taskforce. (2020b). *Shifting the Focus: A national whole-of-government approach to guide suicide prevention in Australia* (Issue August). https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/4. Shifting The Focus.pdf

Too, L. S., Spittal, M. J., Bugeja, L., Reifels, L., Butterworth, P., & Pirkis, J. (2019). The association between mental disorders and suicide: A systematic review and meta-analysis of record linkage studies. *Journal of Affective Disorders*, *259*(August), 302–313. https://doi.org/10.1016/j.jad.2019.08.054

Tsai, J., & Cao, X. (2019). Association between suicide attempts and homelessness in a population-based sample of US veterans and non-veterans. *Journal of Epidemiology and Community Health*, *73*(4), 346–352. https://doi.org/10.1136/jech-2018-211065

Tuttle, J. (2018). Specifying the Effect of Social Welfare Expenditures on Homicide and Suicide: A Cross-National, Longitudinal Examination of the Stream Analogy of Lethal Violence. *Justice Quarterly*, *35*(1), 87–113. https://doi.org/10.1080/07418825.2017.1293711

Uphoff, E. P., Pickett, K. E., Cabieses, B., Small, N., & Wright, J. (2013). A systematic review of the relationships between social capital and socioeconomic inequalities in health: A contribution to understanding the psychosocial pathway of health inequalities. In *International Journal for Equity in Health* (Vol. 12, Issue 1). https://doi.org/10.1186/1475-

9276-12-54

Weyers, S., Dragano, N., Möbus, S., Beck, E. M., Stang, A., Möhlenkamp, S., Jöckel, K. H., Erbel, R., & Siegrist, J. (2008). Low socio-economic position is associated with poor social networks and social support: Results from the Heinz Nixdorf Recall Study. *International Journal for Equity in Health*, *7*. https://doi.org/10.1186/1475-9276-7-13

Wyder, M., Ward, P., & de Leo, D. (2009). Separation as a suicide risk factor. *Journal of Affective Disorders*, *116*(3), 208–213. https://doi.org/10.1016/j.jad.2008.11.007