Response to the Consultation for the Draft Advice on the National Suicide Prevention Strategy

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Contact Details:
Ms Jamila Padhee
National Coordinator
FASSTT (Forum of Australian Services for Survivors of Torture and Trauma)
M: 0434 534 614
E: jamilapadhee@fasstt.org.au
W: www.fasstt.org.au

1. Introduction

The Forum of Australian Services for Survivors of Torture and Trauma (FASSTT) welcomes the opportunity to respond to the consultation on the Draft Advice for the National Suicide Prevention Strategy. FASSTT is a network of Australia's eight not-for-profit specialist rehabilitation agencies that work with refugee survivors of torture and trauma, the majority of whom arrived in Australia under the refugee and humanitarian program or sought asylum after arriving. Primarily funded by the Commonwealth Government, FASSTT agencies work to address the impact of torture and trauma on the individual, family, and community through the provision of direct services, including psychological assessments, psycho-therapeutic interventions, group and family therapy, youth activities, natural therapies, and community development. In addition, FASSTT members conduct research, participate in advocacy, and offer professional development and capacity building to service providers.

Our submission contains responses to the consultation questions and concludes with a list of recommendations for consideration.

A list of FASSTT members has been provided as an appendix to this submission.

2. Response to the consultation questions

Question: How well does the Advice on the Strategy articulate what is required for long-term change in suicide prevention?

FASSTT commends the Draft Advice on the Strategy for comprehensively articulating much of what is required for long-term change in suicide prevention. We welcome the Strategy's acknowledgement that suicide prevention strategies must not just support those in suicidal crisis, but also holistically work to prevent socio-economic and other hardships from escalating into suicidal crisis in the first instance. We commend the Strategy for acknowledging that systemic disadvantages and disparities in opportunities can hinder the ability for people to thrive (thereby increasing their risk of suicide), and must be addressed.

As multifactorial discrimination has been identified as a major cause of mental health inequities,[1] we are pleased that the Strategy recognises the importance of an intersectional approach to suicide prevention. We also applaud the Strategy for recognising the harmful effects of discrimination, racism, and social exclusion on wellbeing and mental health. People from refugee and refugee-like backgrounds (along with those from other culturally and linguistically diverse backgrounds) can experience racism and discrimination in all aspects of their lives, which can impede their recovery from trauma. In addition, harmful media portrayals of refugees and people seeking asylum can reinforce negative stereotypes and increase instances of discrimination and racism.[2] To reduce the risk of mental ill-health and suicide among people from refugee and refugee-like backgrounds, it is therefore imperative that more is done to acknowledge and address racism and discrimination across all aspects of society.

[1] M. Khan, M. Ilcisin & K. Saxton, 'Multifactorial discrimination as a fundamental cause of mental health inequities,' *International Journal for Equity in Health*, vol. 16, no. 43, 2017, https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-017-0532-z, accessed 8 October 2024.

[2] C. Sullivan, C. Vaughan & J. Wright, 'Migrant and refugee women's mental health in Australia: a literature review,' (October 2020), School of Population and Global Health, University of Melbourne, p. 14, https://www.mcwh.com.au/wp-content/uploads/Lit-review_mental-health.pdf, accessed 2 October 2024.

We are pleased that the Strategy recognises the importance of improved data collection in understanding the prevalence of suicide, suicide risk factors, and at-risk populations. We welcome the recommended actions contained in Table 37, including to expand the ability of the National Suicide and Self-Harm Monitoring System to improve routine identification of groups disproportionately impacted by suicide (ce3.1b). We also welcome the Strategy's recommendation to increase the availability of tailored, culturally appropriate support for migrants at a higher risk of suicide (ko7.3c). However, FASSTT is of the view that better data is first required to accurately identify which groups are impacted 'disproportionately.'

Recommendation ko7.3c notes that migrants from Oceania and Africa are at a higher risk of suicide. While the cited study by Maheen and King did find higher rates of suicide among migrants from Oceania and Africa, it cautioned that there are significant gaps in the collection of migration-related data relevant to suicide risk, including ethnicity, visa status, and length of residence.[3] These factors are well-established as influencing mental ill-health and acculturation stress, which can increase suicidality.[4] Further, data collected by the Australian Institute of Health and Welfare (AIHW) on suicides among refugees and humanitarian entrants excludes people seeking asylum and refugees granted protection visas onshore. Without comprehensive data, it becomes difficult to accurately identify specific risk factors affecting different migrant communities and populations that are disproportionately impacted. In turn, many people seeking asylum and refugees are likely to remain at risk, with government policies unchanged.

We endorse Maheen and King's recommendation for national data collection efforts, including through police and coronial reports, to capture this critical migration-related information. This will allow for a more accurate and granular identification of high-risk groups within Australia's migrant communities, including people seeking asylum.

We welcome the Strategy's proposals to recruit researchers from affected communities (ce3.2b). In addition, we support the Strategy's recommendations to enhance the evaluation of government-funded suicide prevention activities, including through funding independent organisations to support services that lack capacity to conduct in-house evaluation (ce3.3a).

Question: Is there anything critical to preventing suicide in Australia that the Advice on the Strategy does not address?

While the Draft Advice on the Strategy is comprehensive and proposes a number of important measures for preventing suicide in Australia, FASSTT has identified several critical issues that it does not address, as outlined below.

1. The identification of at-risk populations

While we commend the Strategy for recognising culturally and linguistically diverse people as a priority population, they are not homogenous group. As such, it is essential that the Strategy views them

[3] H. Maheen & T. King, 'Suicide in first-generation Australian migrants, 2006–2019: a retrospective mortality study,' *The Lancet Regional Health - Western Pacific,* vol. 39, 2023, p. 10, https://www.thelancet.com/action/showPdf?pii=S2666-6065%2823%2900163-3, accessed 3 October 2024.
[4] Ibid.

dynamically[5] and explicitly acknowledges that each culturally and linguistically diverse community has distinct needs, challenges, protective factors, and risk factors.

As the World Health Organization notes, people from refugee backgrounds are at an increased risk of suicide.[6] While state and territory plans differ, some have explicitly recognised this (in line with the 2022 National Mental Health and Suicide Prevention Agreement)[7] and proposed targeted interventions to address the unique risk factors and needs of people seeking asylum and refugees.[8] A critical oversight of the Draft Advice on the Strategy is that it fails to do the same.

FASSTT is concerned that refugees are only mentioned briefly once in the Strategy, and in the context of improving the capacity of services to assist distressed individuals affected by poor social determinants, not as a specifically high-risk population. Further, we note that people seeking asylum are not mentioned in the Strategy at all, except briefly on page 31 in relation to immigration detention as a suicide risk factor. We commend the Strategy for recognising the detrimental impacts of immigration detention, as self-harm rates among people seeking asylum in immigration detention are up to 376 times greater than the hospital-treated rates of self-harm in the Australian community.[9] However, given the extensive trauma they often experience — not just in immigration detention, but before arriving in Australia and while living in the Australian community too — we feel the minimal focus given to their risk factors is inadequate.

Considering the long-term role of the Strategy, it is important to ensure that it has sufficient breadth to address the needs of people from asylum seeking and refugee/refugee-like backgrounds.

1.1 People from refugee and refugee-like backgrounds as an at-risk group

People from refugee and refugee-like backgrounds often experience multiple traumatic events over a prolonged period which can increase their risk of self-harm and suicide. These can include traumatic experiences before arriving in Australia, such as harassment and intimidation, torture, arbitrary imprisonment, physical and sexual violence, and war. They often experience a range of stressful challenges and experiences during settlement too, including:

- Separation from family and loved ones, many of whom remain in dangerous situations overseas.

[5] As recommended by Suicide Prevention Australia. See Suicide Prevention Australia, 'Final CALD Position Paper' (2022), https://www.suicidepreventionaust.org/wp-content/uploads/2022/01/Final-CALD-Position-Paper.pdf, accessed 15 October 2024.
[6] World Health Organization, 'Fact sheets – suicide,' https://www.who.int/news-room/fact-sheets/detail/suicide, accessed 22 October 2024.
[7] Commonwealth of Australia, 'National Mental Health and Suicide Prevention Agreement' (2022), p. 25, https://federalfinancialrelations.gov.au/sites/federalfinancialrelations.gov.au/files/2022-03/nmh_suicide_prevention_agreement.pdf, accessed 22 October 2024.
[8] For example, see action items 31 to 33 in the Queensland Suicide Prevention Plan 2019-2029 (p. 39) here: https://www.qmhc.qld.gov.au/sites/default/files/every_life_the_queensland_suicide_prevention_plan_2019-2029_web.pdf.
[9] The study referenced in the Strategy found that the rates of self-harm episodes among people seeking asylum detained in Immigration Detention Centres, Alternative Places of Detention, and Immigration Transit Accommodation are 187 times, 220 times and 376 times the hospital-treated rates of self-harm in the general Australian community, respectively. See K. Hedrick et. al, 'Self-harm among asylum seekers in Australian onshore immigration detention: how incidence rates vary by held detention type,' *BMC Public Health*, vol. 20, no. 592, 2020, bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-08717-2#Sec3, accessed 17 October 2024.

- Social isolation and feeling disconnected to one's culture. Due to experiences of violence and persecution overseas, some refugee communities in Australia may be fragmented and suspicious of others.[10]

- Racism and discrimination. Racism can be institutional (established as a normal behaviour within an institution, organisation, or society); interpersonal (occurring during interactions between individuals or groups in the form of harassment, exclusion, abuse, or off-handed comments and 'jokes'); and systemic (normalised and entrenched in the cultural norms, ideologies, laws, policies, and practices of a society, organisation, or institution).[11]

- Acculturation distress from adapting to life a new country, including learning a new language, developing an understanding of unfamiliar cultural norms and societal expectations, and navigating complex legal, health, and education systems.

- Experiences in onshore and offshore immigration detention centres. Several suicide attempts and deaths have occurred in onshore and offshore immigration detention facilities, including in recent years.[12] Those who remain in Australia after being medically evacuated from offshore detention facilities hold six month bridging visas and cannot access government support, and many live in fear of being re-detained and returned to Nauru.[13]

- Challenges associated with the normal life cycle, including maintaining relationships, raising a family, securing employment and housing, managing illness, and ageing.

- Barriers to obtaining Australian citizenship. Citizenship is essential to ensuring refugees can rebuild their lives and leads to improved mental health and settlement outcomes.[14] However, many refugees face substantial hurdles to obtaining citizenship due to stringent testing and language requirements, with the process identified as in need of reform.[15]

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[10] Australian Association of Social Workers, NSW Refugee Service, & the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors, 'Working with people from refugee backgrounds – a guide for social workers' (2022), p. 34, https://www.startts.org.au/media/Working-with-people-from-refugee-backgrounds-A-guide-for-social-workers-2nd-Edition_2022.pdf, accessed 21 October 2024.

[11] Federation of Ethnic Communities' Councils of Australia, 'An Anti-Racism Framework: Experiences and Perspectives of Multicultural Australia' (2024), pp. 2-3, https://fecca.org.au/wp-content/uploads/2024/10/FECCA-NARF-Report-V6.pdf, accessed 24 October 2024.

[12] See The Guardian, 'Iraqi man dies in suspected suicide at Villawood Immigration Detention Centre' (29 January 2023), https://www.theguardian.com/australia-news/2023/jan/29/iraqi-man-dies-in-suspected-suicide-at-villawood-immigration-detention-centre, accessed 3 October 2024; B. Doherty, ''If anything happens to me, look after my family': Manus Island death leaves unanswered questions on offshore detention,' *The Guardian* (23 March 2024), https://www.theguardian.com/australia-news/2024/mar/23/manus-island-refugee-inquest-faysal-ishak-ahmed, accessed 3 October 2024.

[13] S. Passardi et. al, 'Moral injury related to immigration detention on Nauru: a qualitative study,' *European Journal of Psychotraumatology,* vol. 13, no. 1, 2022, p. 8, https://www.tandfonline.com/doi/full/10.1080/20008198.2022.2029042, accessed 23 October 2024.

[14] When compared to refugees and asylum seekers on temporary visas. See A. Nickerson et. al, 'The mental health effects of changing from insecure to secure visas for refugees,' *Australian New Zealand Journal of Psychiatry,'* vol. 57, no. 11, 2023, pp. 1489-1492, https://pmc.ncbi.nlm.nih.gov/articles/PMC10619169/#section10-00048674231177950, accessed 17 October 2024. See also B. Drožđek et. al, 'Is legal status impacting outcomes of group therapy for posttraumatic stress disorder with male asylum seekers and refugees from Iran and Afghanistan?', *BMC Psychiatry*, vol. 12, no. 148, 2013, https://bmcpsychiatry.biomedcentral.com/articles/10.1186/1471-244X-13-148, accessed 21 October 2024.

[15] Department of Home Affairs, 'Multicultural Framework Review,' https://www.homeaffairs.gov.au/about-us/our-portfolios/multicultural-framework-review/towards-fairness, accessed 14 October 2024.

1.2 People seeking asylum as a particularly at-risk group

While each individual responds to trauma and stress differently, there are several additional factors that can increase the risk of psychological distress and suicidality among people seeking asylum, even compared to refugee and humanitarian entrants and other permanent migrants.[16] These include:

(i) Navigating the Refugee Status Determination process and experiencing prolonged visa uncertainty: Multiple studies have demonstrated that people seeking asylum who are subjected to prolonged visa uncertainty are at a greater risk of mental ill-health than those with permanent visa status or citizenship and report higher rates of severe psychological distress and suicidal ideation.[17] FASSTT has witnessed this through our work, with many asylum seekers – who have now been living in limbo for over a decade – experiencing a deterioration in their mental health, a loss of purpose, persistent suicidal ideation, and what the literature has coined 'lethal hopelessness.'[18] Deaths by suicide among this cohort have occurred, including as recently as August 2024, with the time spent on a temporary visa reported as a suspected contributing factor.[19]

(ii) Barriers to securing or maintaining employment: Some people seeking asylum are prevented from working due to their visa conditions, and those with work rights may find that the skills, qualifications, and work experience they acquired overseas are not recognised. Prospective employers may be reluctant to hire and invest in training people from non-English speaking backgrounds, particularly those on short-term bridging visas. This can force people into irregular, cash-in-hand jobs, placing them at a higher risk of poor working conditions and exploitation.[20]

(iii) Exclusion from essential services: The social determinants of health, such as income and social status, safe housing, and access to healthcare, influence health inequities and outcomes.[21] People seeking asylum are more vulnerable to poor physical and mental health due to systemic inequalities in these areas and face significant barriers

[16] This is particularly true for people seeking asylum from the 'Legacy Caseload,' which refers to those who arrived by boat between August 2012 and January 2014 (and could not be transferred offshore). See Australian Human Rights Commission, 'Lives on hold: refugees and asylum seekers in the 'Legacy Caseload' (2019), p. 40, https://humanrights.gov.au/sites/default/files/document/publication/ahrc_lives_on_hold_2019.pdf, accessed 24 October 2024.
[17] N. Procter, MA. Kenny, H. Eaton & C. Grech, 'Lethal hopelessness: Understanding and responding to asylum seeker distress and mental deterioration,' *International Journal of Mental Health Nursing*, vol. 27, no. 1, 2018, p. 451, doi:10.1111/inm.12325, accessed 2 October 2024; L. Berg, S. Dehm & A. Vogl, 'Refugees and asylum seekers as workers: radical temporariness and labour exploitation in Australia,' *UNSW Law Journal,* vol. 45, no. 1, 2022, p. 68, https://www.unswlawjournal.unsw.edu.au/wp-content/uploads/2022/04/Issue-451-Berg-et-al.pdf, accessed 3 October 2024.
[17] E. Newnham et. al, 'The mental health effects of visa insecurity for refugees and people seeking asylum: a latent class analysis,' *International Journal of Public Health,* vol. 64, 2019, p. 770, https://link.springer.com/article/10.1007/s00038-019-01249-6, accessed 3 October 2024; R. Rostami et. al, 'The mental health of Farsi-Dari speaking asylum-seeking children and parents facing insecure residency in Australia,' *The Lancet Regional Health – Western Pacific,* vol. 24, 2022, p. 9, https://www.thelancet.com/action/showPdf?pii=S2666-6065%2822%2900163-8, accessed 3 October 2024.
[18] N. Procter, MA. Kenny, H. Eaton & C. Grech, 'Lethal hopelessness: Understanding and responding to asylum seeker distress and mental deterioration,' *International Journal of Mental Health Nursing*, vol. 27, no. 1, 2018, p. 451, doi:10.1111/inm.12325, accessed 2 October 2024.
[19] See ABC News, 'Grief and shock in Melbourne after Tamil asylum seeker dies by self-immolation' (28 August 2024), https://www.abc.net.au/news/2024-08-28/tamil-asylum-seeker-self-immolates-melbourne-protest/104281638, accessed 3 October 2024.
[20] M. Alegría et. al, 'Social Determinants of Mental Health: Where We Are and Where We Need to Go,' *Current Psychiatry Reports,* vol. 20, no. 11, 2018, https://link.springer.com/article/10.1007/s11920-018-0969-9, accessed 17 October 2024.
[21] World Health Organization, 'Social determinants of health,' https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1, accessed 9 October 2024.

to accessing the services and supports that are important to improving wellbeing. Due to their temporary visa status, they are ineligible for Centrelink payments, social housing, disability support, and other essential services available to Australian citizens. Depending on their visa conditions, they may not have access to Medicare and may feel reluctant to seek treatment for physical or mental health concerns. With no safety net in the event of financial hardship, unemployment, or illness, many people seeking asylum are faced with homelessness and food insecurity. Previous research into the prevalence of homelessness among this cohort, while limited, has suggested that 20% of people sleeping rough in Sydney's central business district are non-residents.[22] In addition, 55% of people seeking asylum who responded to a survey conducted by the Jesuit Refugee Service and Western Sydney University reported experiencing homelessness at some point since arriving to Australia.[23]

1.3 Mental health and suicidal crisis support for people from refugee and refugee-like backgrounds

Although these experiences and stressors can heighten the risk of mental ill-health and suicidality among refugees and people seeking asylum, they often face numerous hurdles to accessing mental health and crisis support.

Stigma, shame, past experiences of discrimination, a fear of authorities (including police involvement), and a developing level of mental health literacy can prevent people from refugee backgrounds from seeking mental health support when needed.[24] They often miss out on vital suicide prevention services and mental health information due to a lack of availability in community languages, or because resources are limited to select languages.[25] Existing resources can be challenging to locate, may not be culturally appropriate, and/or may not always be available in multimedia formats, which are particularly important for those who cannot read or write in their primary language.

Further, there are often little to no culturally appropriate options available in times of suicidal distress and crisis. For example, while important mental health services like the Transcultural Mental Health Line and the Multicultural Connect Line exist, they are only open during business hours and do not function as crisis services.[26] People in suicidal distress who require an interpreter face additional barriers to accessing existing crisis services like Lifeline, as they must first contact the Translating and Interpreting Service (TIS).[27] This can be a challenging and intimidating process to navigate. As crisis

[22] St Vincent's Hospital, 'St Vincent's partners with frontline service providers to unite for Sydney's homeless non-residents' (30 August 2022), https://www.svhs.org.au/newsroom/news/st-vincent-s-partners-with-frontline-service-providers-to-unite-for-sydney-s-homeless-non-residents, accessed 21 October2024.

[23] Jesuit Refugee Service & the Translational Health Research Institute - Western Sydney University, 'A place to call home survey findings' (August 2021), https://aus.jrs.net/wp-content/uploads/sites/20/2021/08/A-Place-to-Call-Home-Survey-Findings.pdf, accessed 21 October 2024.

[24] R. Radhamony et. al, 'Perspectives of culturally and linguistically diverse (CALD) community members regarding mental health services: A qualitative analysis,' *Journal of Psychiatric and Mental Health Nursing*, vol. 30, no. 4, 2023, https://onlinelibrary.wiley.com/doi/10.1111/jpm.12919, accessed 21 October 2024.

[25] South Western Sydney Local Health District & South Western Sydney Primary Health Network, 'South Western Sydney Regional Mental Health and Suicide Prevention Plan to 2025' (2021), p. 27, https://swsphn.com.au/wp-content/uploads/2021/12/regional-mental-health-and-suicide-prevention-plan-to-2025-south-western-sydney.pdf, accessed 22 October 2024.

[26] For example, the Transcultural Mental Health Centre's website asks those in suicidal distress to call Lifeline or the Suicide Callback Service. See Transcultural Mental Health Centre, https://www.dhi.health.nsw.gov.au/transcultural-mental-health-centre-tmhc/transcultural-mental-health-line, accessed 4 October 2024. See also Multicultural Connect Line, https://worldwellnessgroup.org.au/multicultural-connect-line-about, accessed 24 October 2024.

[27] Lifeline, 'Language support,' https://www.lifeline.org.au/language-support/, accessed 4 October 2024.

supports are often not perceived to be culturally appropriate, community leaders become default 'first responders.' However, the Strategy does not recognise the importance of upskilling community and faith leaders to provide this vital function.

Healthcare and other essential support services do not consistently operate in a trauma-informed or culturally sensitive manner. Although exposure to trauma can impact memory, executive functioning, and emotional regulation,[28] people from refugee and refugee-like backgrounds are sometimes excluded from services for not meeting attendance or engagement expectations. In addition, while more research is needed, the findings of one study suggest that non-clinical factors may contribute to the decision to impose involuntary mental health treatment, including social disadvantage and being born overseas.[29]

People with lived experience of suicidal crisis have emphasised the importance of coordinated care to assist people through acute distress and establish supports to address underlying causes of suicidal behaviours,[30] with research suggesting that coordinated aftercare effectively reduces the risk of further suicide attempts.[31] However, the experiences of our clients indicate that knowledge of support services available to refugees and people seeking asylum varies widely between healthcare professionals. This, coupled with an often limited number of referral pathways, can result in some people not receiving coordinated and culturally appropriate care following a suicidal crisis.

2. Postvention

Through supporting people who have lost a loved one to suicide, suicide postvention also functions as a vital component of suicide prevention, as people bereaved by suicide are at a higher risk of dying by suicide themselves.[32] Although the Strategy acknowledges this, postvention is only mentioned once in relation to providing access to universal postvention and bereavement support (ko5.2f). The Strategy can do more to recognise the important role of postvention in the immediate, short, and long terms. It should propose actions that will build the confidence and capacity of all Australians to support those bereaved by suicide, including in the workplace.

3. Risks to safety and security: racism

While the Strategy broadly acknowledges the harmful effects of racism, it does not provide recommendations to address racism in the settings where it most frequently occurs.

For example, people from culturally and linguistically diverse backgrounds frequently report experiencing racism within education institutions. Research has shown that children and young people are most likely to experience racism at school,[33] which can significantly impact their learning, development, sense of belonging, and recovery from trauma. It can also lead to school disengagement. However, the Strategy does not acknowledge this, and the recommended actions targeting schools

[28] A. Evans & P. Coccoma, 'Trauma-informed care: How neuroscience influences practice' (Sussex: Routledge, 2014), p. 6.
[29] A. Corderoy et. al, 'Factors associated with involuntary mental healthcare in New South Wales, Australia,' *BJPsych Open*, vol. 4, no. 10, 2024, p. 6, https://pmc.ncbi.nlm.nih.gov/articles/PMC10951846/#sec2, accessed 21 October 2024.
[30] Department of Health, 'National Suicide Prevention – Executive Summary' (December 2020), https://www.health.gov.au/sites/default/files/documents/2021/04/national-suicide-prevention-adviser-final-advice-executive-summary.pdf, accessed 22 October 2024.
[31] K. Krysinska et. al, 'Best strategies for reducing the suicide rate in Australia,' *Australian & New Zealand Journal of Psychiatry*, vol. 50, no. 2, 2016, pp. 115-118, https://journals.sagepub.com/doi/10.1177/0004867415620024, accessed 21 October 2024.
[32] Life in Mind, 'Postvention,' https://lifeinmind.org.au/suicide-prevention/approaches/postvention, accessed 21 October 2024.
[33] Australian Human Rights Commission, 'Where does racism happen?', https://humanrights.gov.au/our-work/education/where-does-racism-happen, accessed 22 October 2024.

(for example, k01.1e) only address bullying. It is important to differentiate racism from bullying as racism extends to institutional and societal structures and requires different interventions. Using the terms interchangeably, instead of explicitly acknowledging racism, can also minimise the historical and ongoing impact of racism on marginalised communities.[34]

Responsibility for acknowledging and addressing racism should not rest with those who experience it – it should be shared by all Australians and the systems and institutions that perpetuate it.[35] It is therefore critical that national and state/territory-based frameworks explicitly acknowledge and address racism in these institutions, including in schools, with robust mechanisms established to record and report racism.

In addition, it would be beneficial for the Strategy to address racism and other factors contributing to school disengagement to ensure that children and young people are supported to complete their education.

4. Reducing economic security: employment opportunities

The Strategy makes several commendable recommendations designed to ensure equitable access to employment opportunities. However, they do not explicitly address the challenges faced by people from refugee backgrounds in this area. Employment agencies are not always equipped to effectively support people from refugee and non-English speaking backgrounds and may mistakenly assume they are low skilled. Difficulties obtaining formal recognition of overseas qualifications is a significant source of stress and frustration for many people from refugee backgrounds and can de-value their skills and experience. Workplace mentoring programs that support people from refugee backgrounds to build their confidence, improve their English, and develop an understanding of Australian workplace culture can help ensure that employment opportunities are accessible. It would be beneficial for the Strategy to incorporate such initiatives.

Question: Are there any recommended actions in the Advice on the Strategy that you do not understand, or need more information about?

How the Strategy's recommended actions will effectively address the needs of refugees and people seeking asylum is unclear to us. To address this issue, we recommend that the Strategy includes priority populations throughout all action items and recommendations.

For example, while the Strategy notes that actions and supports must address the underlying factors contributing to suicidal distress, and recognises that people can face intersecting levels of discrimination and disadvantage, many of its recommendations and action items do not fully take these factors into account, including:

ko3.2c: Provide adequate income support.

[34] A. Kemperman, 'Does labelling racism as bullying perpetuate a colour-blind approach when working with culturally diverse families?' (March 2024), *Emerging Minds*, https://emergingminds.com.au/resources/racism-bullying-culturally-diverse-families/#why-is-using-the-terms-bullying-and-racism-interchangeably-a-problem, accessed 24 October 2024.
[35] Australian Human Rights Commission, 'Mapping government anti-racism programs and policies' (July 2024), https://humanrights.gov.au/our-work/race-discrimination/publications/mapping-government-anti-racism-programs-and-policies, accessed 21 October 2024.

ko3.2e: Provide equitable and inclusive access to safe, secure and affordable housing across the spectrum of housing and housing services…

ko3.2f: Develop a systematic process that ensures people retiring or leaving the workforce… are proactively offered financial, physical health and mental health supports.

While these recommended actions are a positive step and may help reduce suicide risk for some cohorts, they do not address the specific circumstances that can elevate the suicide risk among people seeking asylum as they are excluded from accessing these important supports.

Similarly, Table 6 contains recommendations to mitigate health risks, including that services for people experiencing severe and enduring mental illness are enhanced and expanded (ko2.2a). While this is needed, it is not clear if or how the specific needs of refugees and asylum seekers with severe mental illness will be addressed. This includes those without Medicare, as they face substantial barriers to receiving the appropriate diagnosis and treatment.

As such, we ask that the Strategy's recommendations consider these barriers and explicitly propose targeted solutions to reduce the risk of suicide among people from refugee and refugee-like backgrounds, in consultation with people with lived refugee and asylum seeking experience. This would help ensure the Strategy achieves its vision of being an equity-focused strategy that addresses systemic disadvantage and the root causes of suicidal distress.

Further, we ask that the Strategy's recommended actions incorporate the needs of people seeking asylum and refugees with intersecting identities, including those who are LGBTQIA+, as they may be at an even greater risk of experiencing mental health distress and suicidal ideation. Up to 67% of forcibly displaced LGBTQIA+ individuals who participated in research conducted by the Forcibly Displaced People Network (FDPN) reported experiencing discrimination when accessing support services in Australia.[36] This included experiencing homophobia or transphobia when accessing services for culturally and linguistically diverse people or refugees and asylum seekers, and racism when accessing LGBTQIA+ services.[37] To ensure people from refugee and refugee-like backgrounds who are LGBTQIA+ can access inclusive and safe support, the actions recommended to increase the availability of suicide prevention services for LGBTQIA+ people (ko7.3b) should include allocating funding for LGBTQIA+ peer workers with lived refugee experience and funding for LGBTQIA+ refugee-led organisations. FDPN's report makes several recommendations that are pertinent to this matter, including enhancing data collection, funding research, and mandating training programs to equip service staff with the knowledge and skills to support the needs of LGBTQIA+ people from refugee and refugee-like backgrounds.[38]

Question: Which actions do you think are the highest priority?

FASSTT is of the view that actions addressing the following areas should be prioritised:

1. Racism and discrimination.

[36] B. Cochrane, T. Dixson, & R. Dixson, '"Inhabiting Two Worlds At Once": Survey on the experiences of LGBTIQA+ settlement in Australia' (2023), *Forcibly Displaced People Network*, p. 10, https://www.fdpn.org.au/wp-content/uploads/2024/02/inhabiting-two-worlds-report-into-lgbtiqa-settlement-outcomes-fdpn-colour.pdf, accessed 22 October 2024.
[37] Ibid, pp. 42-43.
[38] Ibid, p. 12.

2. Economic insecurity, including ensuring equitable access to employment opportunities and income and housing support.
3. Social inclusion.
4. Support for cultural, community, and faith leaders.
5. Improving access to (and availability of) mental health services.

However, it is important to reiterate that many of the Strategy's actions are currently inaccessible for refugees, asylum seekers, and other temporary visa holders. The following recommendations aim to address these gaps.

3. Recommendations

Recommendation 1: The Strategy should explicitly recognise refugees and people seeking asylum as two distinct groups at a greater risk of suicide.

While recognising culturally and linguistically diverse communities as an at-risk group is welcome, these communities are not homogenous. Refugees and asylum seekers, in particular, are two distinct groups that experience unique challenges that can heighten their risk of suicide.

The Strategy should explicitly acknowledge them as distinct at-risk groups and develop tailored interventions to improve their wellbeing and address their unique suicide risk factors. To ensure national consistency, the Strategy should serve as a model for state and territory plans and encourage them to include all priority populations in their strategies and action items, including people seeking asylum and refugees.

Recommendation 2: The Strategy should ensure that the distinct needs of all priority populations, including refugees and people seeking asylum, are acknowledged and addressed in all action items and recommendations.

People with lived refugee and asylum seeking experience (and the organisations supporting them) should be consulted to ensure the Strategy's recommendations and action plans are relevant, targeted, and will improve the effectiveness of suicide prevention initiatives in their communities. While each community and individual are different, recommended action items that may help address the distinct needs of refugees and people seeking asylum could include:

2a) Training staff working in essential services (including in the health, education, employment, housing/homelessness, legal, disability, and family and domestic violence sectors) on refugee experiences, using interpreters, and culturally appropriate, trauma-informed responses. To ensure comprehensive and coordinated care, training should also cover service referral pathways available for asylum seekers and refugees and emphasise the importance of building and improving partnerships to expand support pathways.

2b) Training healthcare and other essential services staff on how to effectively respond to refugees and people seeking asylum experiencing distress or suicidal crisis. Training should include the specific drivers for suicide and self-harm common among these communities, including living in limbo, uncertainty about the future, and distress from

prolonged separation from family and loved ones.[39] In addition, training should cover the dynamic legal and policy risk factors that can place people seeking asylum at a higher risk of acute distress and suicide, which include changes to visa status, having a visa refused or cancelled, and government policy shifts. These factors should be considered when assessing their suicide risk.

2c) Resourcing, training, and supporting community and faith-based leaders and refugee-led organisations to incorporate suicide prevention, postvention and grief support, and mental health initiatives and skills training in their work with communities (and/or enhance existing initiatives).

2d) Improve the accessibility and effectiveness of current suicide prevention, crisis, aftercare, and postvention support services for culturally and linguistically diverse people, including people from refugee and refugee-like backgrounds. Consideration should be given to the establishment and funding of targeted services as a supplement to existing services to address specific barriers and needs, which can include language, cultural safety, fear of authorities, and mental health literacy.

2e) Funding the development of written and multimedia mental health and suicide prevention and postvention resources in community languages, including smaller and emerging languages. People with lived refugee experience should be consulted on the development and dissemination of resources.

2f) Resourcing refugee-led LGBTQIA+ organisations to deliver training to relevant service providers on how to provide inclusive and safe support to LGBTQIA+ people from refugee and refugee-like backgrounds.

2g) LGBTQIA+ peer workers with lived refugee experience should be included as part of action item ko7.3b, which focuses on embedding designated LGBTIQ+ peer workers across suicide prevention services by resourcing dedicated positions.

2h) Ensuring all people seeking asylum and refugees have equitable access to income, housing, and other supports when needed, regardless of their visa status or protection visa application stage.[40] On a state government level, this could involve increasing funding to non-government organisations working with this cohort and reviewing the eligibility criteria for housing and homelessness services. On a federal level, the

[39] N. Procter et. al, 'An Evaluation of Suicide Prevention Education for People Working With Refugees and Asylum Seekers,' *Crisis*, vol. 43, no. 3, 2022, p. 207, https://econtent.hogrefe.com/doi/10.1027/0227-5910/a000777#_i10, accessed 18 October 2024.

[40] While there are exceptions, people seeking asylum who cannot work are generally only eligible for Status Resolution Support Services payments if their protection visa application is at the primary or merits review stages. This means that many individuals who have been living in limbo in Australia for over ten years are ineligible, despite meeting the program's other criteria (which includes not having work rights or not being able to work due to a diagnosed health condition or caring responsibilities). See Department of Home Affairs, 'Status Resolution Service,' https://immi.homeaffairs.gov.au/what-we-do/status-resolution-service/status-resolution-support-services, accessed 17 October 2024.

eligibility criteria for the Status Resolution Support Services Program should be urgently reviewed so all people seeking asylum can access support if in financial hardship.[41]

Recommendation 3: The Strategy should recommend standardised data collection practices that capture suicide risks and deaths among refugees and people seeking asylum.

The Strategy should recommend that data relating to suicide deaths and risk factors among refugees and asylum seekers – not just migrants and others from culturally and linguistically diverse backgrounds – is collected and analysed. Improved data collection by coroners and police will better identify at-risk populations, improve understanding of the specific risks they face, and help inform policy and targeted programs and interventions. Information should include visa status, ethnicity, and time spent in Australia.[42]

Recommendation 4: The Strategy should explicitly recognise and address racism in the settings where it most frequently occurs, including education institutions.

It is important to differentiate racism from bullying and other forms of harm as racism extends to institutional and societal structures and requires different interventions.[43] While the Strategy broadly acknowledges the harmful effects of racism, it does not provide recommendations to address and prevent racism in the settings where it most frequently occurs. Recommendations targeting schools, which currently only address bullying, should be amended to include anti-racism initiatives.

[41] Ibid.

[42] In line with recommendations made by Maheen and King. See H. Maheen & T. King, 'Suicide in first-generation Australian migrants, 2006–2019: a retrospective mortality study,' *The Lancet Regional Health - Western Pacific,* vol. 39, 2023, p. 10, https://www.thelancet.com/action/showPdf?pii=S2666-6065%2823%2900163-3, accessed 3 October 2024.

[43] A. Kemperman, 'Does labelling racism as bullying perpetuate a colour-blind approach when working with culturally diverse families?' (March 2024), *Emerging Minds*, https://emergingminds.com.au/resources/racism-bullying-culturally-diverse-families/#why-is-using-the-terms-bullying-and-racism-interchangeably-a-problem, accessed 24 October 2024.

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APPENDIX 1

FASSTT Member Agencies

ACT

Companion House

Head Office
41 Templeton St, Cook, ACT 2614
(02) 6251 4550
info@companionhouse.org.au
companionhouse.org.au

NSW

NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors

Head Office
152-168 The Horsley Drive, Carramar, NSW 2163
(02) 9646 6700
stts-startts@health.nsw.gov.au
startts.org.au

NORTHERN TERRITORY

Melaleuca AUSTRALIA Everyone belongs

Head Office
24 McLachlan Street, Darwin City, NT 0800
(08) 8985 3311
admin@companionhouse.org.au
melaleuca.org.au

QUEENSLAND

QPASTT

Head Office
28 Dibley Street, Woolloongabba, QLD 4102
(07) 3391 6677
connect@qpastt.org.au
qpastt.org.au

SOUTH AUSTRALIA

sttars

Head Office
81 Angas Street, Adelaide South, SA 5000
(08) 8206 8945
enquiries@sttars.org.au
sttars.org.au

TASMANIA

phoenix CENTRE

Head Office
Level 2, 1A Anfield Street, Glenorchy, TAS 7010
(03) 6234 9138
reception@mrctas.org.au
mrctas.org.au/phoenixcentre

VICTORIA

Foundation House
The Victorian Foundation for Survivors of Torture Inc.

Head Office
4 Gardiner Street, Brunswick, VIC 3056
(03) 9389 8900
info@foundationhouse.org.au
foundationhouse.org.au

WESTERN AUSTRALIA

asetts
rebuilding lives together

Head Office
286 Beaufort Street, Perth, WA 6000
(08) 9227 2700
executive@asetts.org.au
asetts.org.au