



24 October 2024

Dr. Michael Gardner
Head of the National Suicide Prevention Office
PO Box R1463
Royal Exchange NSW 1225

Submitted via email: nspo@nspo.gov.au

Dear Doctor Gardner,

Amaze submission to Advice on the National Suicide Prevention Strategy (consultation draft).

Amaze works to build acceptance and understanding of autism in communities, educational settings, organisations and businesses, and wider society. Informed by evidence, experts and lived experience, we influence policy change for Autistic people and provide independent, credible information and resources to individuals, families, professionals, government, and the wider community. We are closely connected with the community through our national Autism Connect helpline, peer support networks and capacity building initiatives.

We welcome your comprehensive draft advice on the National Suicide Prevention Strategy, particularly its focus on prevention. We agree that if implemented in full, the Strategy has the capacity to drive a sustainable and whole of governments approach to suicide prevention and ensure suicide prevention is considered in all relevant aspects of policy and program development. However, it is implementation in full that is of critical importance. The advice must move beyond advice and be implemented in full in the strategy.

Our submission is focused on ensuring the Strategy meets the needs of Autistic people. In summary, we recommend that:

- Autistic people are identified as a priority cohort in the Strategy.
- The Strategy is linked to the National Roadmap to Improve the Health and Mental Health of Autistic People (Autism and Health Roadmap), currently under development.

1. Identify Autistic people as a priority cohort.

We welcome your recognition that people with disability constitute a priority cohort, experiencing disproportionate impacts of suicide and requiring tailored solutions. We also welcome your recognition that neurodivergent people can have distinct needs that require dedicated support and specialised care, and that this cohort can face challenges accessing diagnosis, treatment and support. We support your recommendation to review the experiences of neurodivergent people in receiving care from key health services, to identify opportunities for improvement.

However, it should be recognised that there is already **significant evidence demonstrating the disproportionately high suicide rates and particular service system needs of Autistic people**, including those from intersectional cohorts. In particular, recently published global [research](#) (2024) and an evidence and lived experience informed [Policy Brief](#) (2024) by the Olga Tennison Autism Research Centre (OTARC), endorsed by Amaze, illustrate that:

- Autistic people have a threefold to fivefold increased risk of death by suicide, compared to non-Autistic people.
- Autistic people without intellectual disability are more than five times more likely to die by suicide compared to non-Autistic people.
- The risk of death by suicide for Autistic females relative to non-Autistic females is significantly larger than the risk for Autistic males relative to non-Autistic males.
- Among Autistic children, the average age of first suicide attempt is 12 years of age.
- Autistic people are at significantly increased risk of suicidal thoughts and behaviour, with 81% experiencing suicidal ideation.
- Autistic people are likely underrepresented in suicide data given the large numbers of Autistic people that remain undiagnosed.
- Autistic people experience heightened and unique factors that increase the risk of suicide, as well as unique barriers to accessing suicide prevention supports and services.
- Almost 2% of all suicide deaths globally in 2021 could have been avoided if the risk for death by suicide was not elevated for Autistic people.
- Globally in 2021, there was more fatal health burden due to suicide mortality among Autistic people than for cocaine use disorders, rabies, or testicular cancer among the total population.

OTARC's [Policy Brief](#) (2024) highlights the leading contributors to suicide thoughts, behaviours and death among Autistic people. These include:

- Later age of autism diagnosis, contributing to isolation, negative self-perception and access to timely and appropriate supports.
- Autistic traits, including masking or hiding of Autistic traits which contributes to mental health conditions.
- Cultural and social exclusion, including discrimination, loneliness and bullying.

- Co-occurring mental health conditions, with Autistic people almost twice as likely to experience one or more mental health conditions, compared to non-Autistic people, and difficulties accessing diagnosis due to diagnostic overshadowing.
- Substance use, which is thought to affect around 8% of the Autistic population
- Life stressors, including health/treatment-related stressors, interpersonal loss, and physical danger.
- Gender diversity, with rates of autism significantly higher among trans and gender diverse people, compared to cisgender people).

OTARC also identifies evidence of unique barriers to accessing autism services and supports, including general healthcare barriers, economic barriers, location distance and travel, sensory sensitivity, communication barriers and provider barriers. It highlights that these barriers are compounded by systemic factors including the complexity of systems (such as the NDIS) and scant availability of specialist autism-informed care.

Based on this evidence, **OTARC recommends that the National Suicide Prevention Strategy identify Autistic people as a priority population at significantly increased risk of death by suicide.** We strongly endorse this recommendation and agree that the Strategy should drive targeted actions to prevent suicide deaths among Autistic Australians, developed and implemented in co-design with Autistic people, their families and carers and the autism sector.

Learnings may be taken from steps recently taken in the UK's [Suicide Prevention in England: 5 year cross-sector strategy \(2023\)](#), to identify Autistic people as a priority group for suicide prevention.

Autistic people were identified as a priority group due to the robust evidence of disproportionate suicide rates, key contributors to high suicide rates and evidence of the need for tailored and targeted actions. The Strategy highlights that while many actions in the Strategy will support Autistic people, tailored approaches are needed to tackle the specific preventable risk factors and tailor support to their needs. The UK Strategy identifies tailored actions to improve access to diagnosis, health and mental health support, community support, the autism knowledge and skills of health and care professionals and improve the evidence base related to autism and suicide. It also commits to further consideration on how to better support Autistic students.

We would also encourage you to review the International Society for Autism Research Policy Brief titled [Autism Community Priorities for Suicide Prevention \(2021\)](#) which identifies further comprehensive actions to effectively identify, treat and support Autistic people at risk of suicide.

Identification of Autistic people as a priority cohort is also of critical importance to ensure that a cross section of Autistic people, with a diversity of experiences and perspectives, are involved in the co-design of the Strategy, including its actions to address suicide prevention and its Outcomes Framework. It would also help ensure that the outcomes framework drives the measurement of the impacts of the Strategy (and other relevant policy and programs) on Autistic people, with the data systems strengthened to include the autism identifiers required to enable these measures. **The Outcomes Framework must measure the impacts of the Strategy on priority populations.**

2. Link the Strategy to the Autism and Health Roadmap.

The Australian Government is currently drafting an Autism and Health Roadmap. In September it released its draft Roadmap for consultation. Amaze's submission is available [here](#) and highlights the importance of the Roadmap comprehensively addressing suicide prevention.

In our submission, we recommend that the Roadmap be linked to the Strategy to ensure the Roadmap is not siloed from broader, whole of governments, suicide prevention policy, and ensure that the outcomes of the Strategy and Roadmap are robustly and comprehensively measured for Autistic people.

Accordingly, we strongly recommend that the Strategy expressly link to the Roadmap under development.

3. We are ready to assist.

Please contact me by email at david.tonge@amaze.org.au or by phone on [03 9657 1600](tel:03_9657_1600) if we can assist by providing further information or answering any questions you may have.

Yours sincerely,



David Tonge
Chief Executive Officer