

12 September 2022

Submission to the Victorian suicide prevention and response strategy

Financial Counselling Victoria (FCVic) welcomes the opportunity to make a submission to the Victorian suicide prevention and response strategy.

About Financial Counselling Victoria

Financial Counselling Victoria (FCVic) is the peak body and professional association for financial counsellors in Victoria. Financial counselling is a regulated profession providing free, confidential, and independent advice and advocacy for people experiencing financial hardship. As part of its role, FCVic advocates on behalf of financial counsellors and their clients on systemic issues that cause and exacerbate poverty and hardship.

Executive Summary

Financial problems combine and interact with other contributory factors across all areas as a driver of suicide risk. The Victorian suicide prevention and response strategy must incorporate actions at individual, relationship, community, and society levels to address poverty, debt, and financial hardship.

Financial counsellors engage with a diverse range of people and communities experiencing significant stress and trauma, covering the full range of identified priority groups, and more. Financial counsellors well understand from their practice that financial difficulties, debt, and hardship are important contributors to suicidality amongst the many groups of people they work with.

Drawing on client experiences, our members' professional observations and FCVic's work with communities, this submission outlines key insights financial counselling can contribute to the development of a suicide prevention and response strategy. It focuses on relevant discussion paper questions – specifically 2b, 3, 4, 5a, 5c and 5d.

In Australia today, no strategy in relation to suicide is complete without addressing the drivers of indebtedness, financial hardship, and vulnerability – whether they are being directly experienced, or there is simply a grounded fear that they are around the corner.

While cohort differences are important in determining the most effective interventions with different groups, financial counsellors see debt and financial issues running as a common thread through the lives of all the people they work with. A state-wide suicide prevention

and recovery strategy must consider how to reduce the harms from these issues, which as social determinants are too often accepted as ‘part of the wallpaper’.

As professionals, financial counsellors work to take practical and concrete steps to assist and empower individuals confronted with seemingly intractable financial problems to stabilise and resolve them, using a non-judgemental and holistic approach. Our members also apply their practice expertise to recognise and advocate to change the structural and systemic factors that can turn things like simple access to utility services into a debt nightmare.

FCVic makes the following recommendations:

- 1. That small business owners, in light of the economic impacts of disasters, including the 2019-20 bushfires and the pandemic, be added to the list of groups at higher risk for the strategy to focus on.**
- 2. That the Victorian Government lobby the Federal Government to address drivers of financial stress and suicide risk, including inadequate income support and inadequate Medicare funding.**
- 3. That the strategy include, as a priority area, protective action on reducing risks from scams and market exploitation.**
- 4. That the strategy incorporate consideration of systemic factors as a principle in its development and implementation. In particular, the strategy should regard financial issues and financial vulnerability as key drivers of suicide risk across all parts of the community, and that effective supports for people under financial stress or in financial hardship must form an essential part of an effective holistic response to risk factors and real client/patient needs.**
- 5. That the Victorian Government develop initiatives to address inadequate incomes in targeted groups.**
- 6. That the Victorian Government establish a task force to develop piloting and evaluation options for integrating financial counselling into mental health services.**
- 7. That the Victorian Government fund additional professional development for financial counsellors to ensure they are optimally skilled in preventing and responding to suicide risk.**

Our federal body, Financial Counselling Australia (FCA) has undertaken extensive research and policy work on gambling, with a focus on suicide as a key harm arising from gambling. Drawing on this expertise, FCA has made a submission focusing on suicide linked to gambling which we strongly endorse.

We also support the submission to this Consultation from the Victorian Responsible Gambling Foundation.

Introduction

When clients present to financial counsellors with financial concerns, there are almost always comorbidities and underlying issues involved, including trauma, and stigma and shame connected with debt and vulnerability, and mental distress. Financial counsellors are trained specifically to work with clients with complex needs in a holistic way that focuses on taking financial issues away as stressors from their situation.

Financial counsellors are supported with continuous professional development to build a skillset which includes:

- Trauma-informed practice
- Vicarious trauma training
- Working with clients experiencing challenging emotions and behaviours
- Knowledge of both legal and ethical considerations in alignment with the Collaborative Recovery Model (exploring Duty of Care and Dignity of Risk).

Financial vulnerability is interlinked with social, health and mental health impacts, including social isolation, energy poverty, homelessness, stress, anxiety, and depression.

It is seen in:

- metropolitan, rural, and regional locations
- First Nations communities
- LGBTIQ+ communities
- disabled people
- older persons
- migrant and refugee communities, and
- amongst those impacted by disasters

It is seen amongst people affected by:

- unemployment
- family violence
- gambling
- alcohol and other drug use
- mortgage stress, or trapped in other debts to banks, utilities or pay day lenders
- debt collectors
- significant fines debts, or rates arrears
- possible loss of their small business

In all these areas, financial counsellors provide practical and feasible assistance, working to advise, support, advocate for, and empower their clients around financial issues. Financial counselling can be an effective intervention and postvention for people experiencing suicidal thoughts or behaviours. In many cases, by stabilising a spiralling debt situation, or resolving apparently unmanageable debt burdens, financial counsellors create the headspace to enable other problems to be addressed.

Discussion questions

When considering the discussion questions, we identified two important analytical frames:

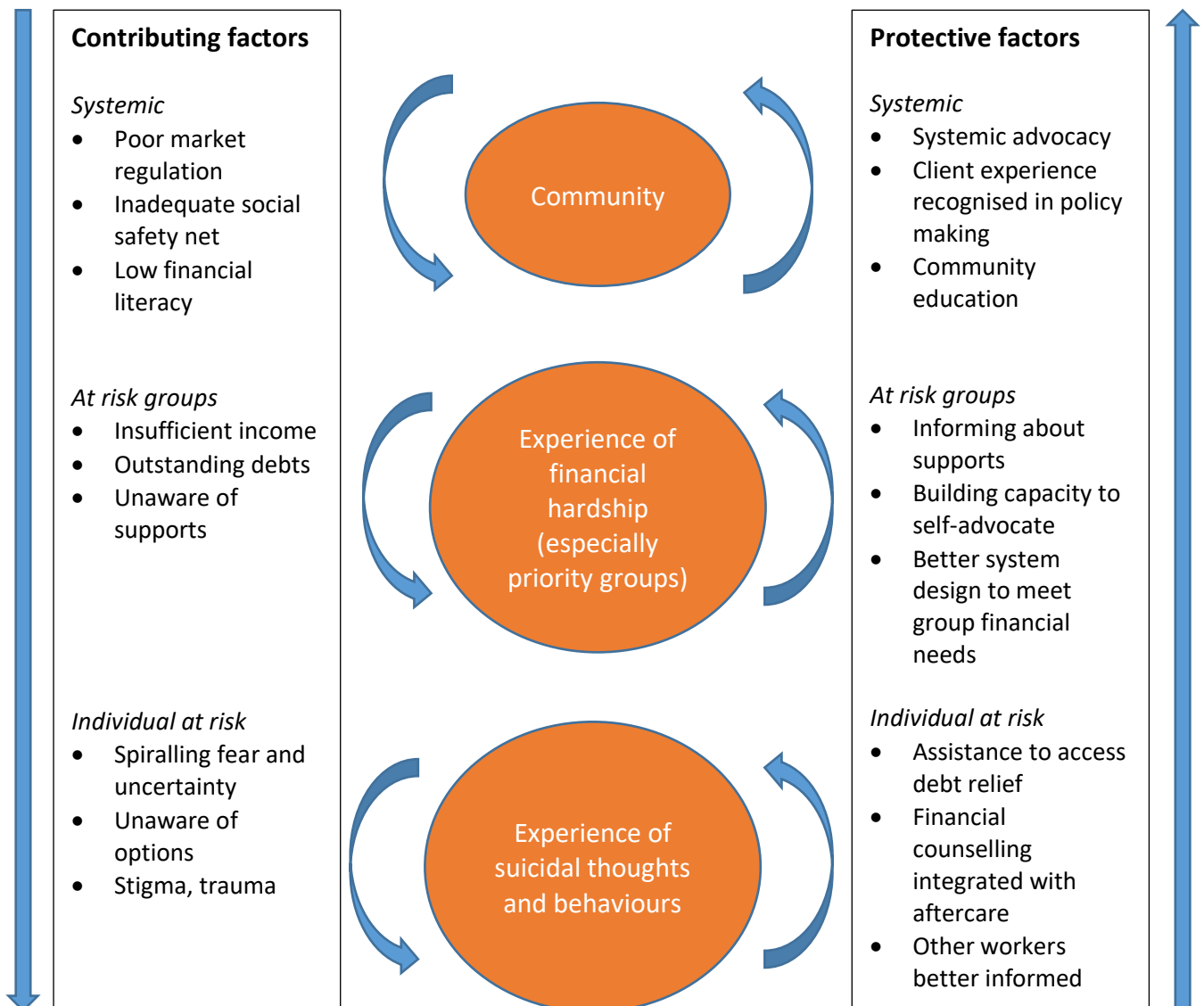
- the role played by contributing factors set out in Table 1; and,
- the grouping of issues into priority groups and priority areas.

While analytically useful to pull apart these various factors, this approach can risk obscuring the interconnections between them. The interconnections need to be understood in terms of their impacts on people's lives in a variety of circumstances.

For example, the contributing factors are grouped into individual, relationship, community, and societal levels, with 'financial problems (including housing and employment)' included in the list of community factors. Yet in people's lives, financial problems are experienced at the individual and relationship levels, and poverty and hardship are also significant societal problems.

Our sector brings particularly important insights into this. As client advocates, financial counsellors bring an awareness of the extent to which 'financial problems' manifest at all these levels. Poverty, hardship, and financial stresses are common threads across the priority groups as a contributory factor for suicidality, and impeding recovery. As a corollary of this, any countervailing protections – that is, addressing financial issues – can be a protective/preventive factor, and assist in response and recovery strategies.

Diagram: How the financial counselling sector can introduce protective factors that reduce the risk of suicide



Priority populations

2a. In the discussion paper we have listed a series of groups that may need a greater focus in the strategy. Is this list appropriate? (Yes/No)

No

2b. If not, which other higher risk groups do we need to prioritise for targeted and comprehensive action now?

Small business owners

Small business owners should be added as a priority group. Financial counsellors working with small business owners, especially those impacted by COVID-19 lockdowns and restrictions, or by other disasters such as bushfires, see significant rates of suicidality linked to potential business failure and debt.

Most small business owners' sense of self and identity is tied up with their business, so if the business fails, they experience a strong sense of personal failure. Small business owners may also be in vulnerable personal circumstances, including being impacted by family violence, illness, relationship breakdown or other stressors which can have a compounding negative effect on their mental health if their business is also struggling. In addition, small business owners' personal and business debts are often linked, for example the primary place of residence may be being used as security for a business loan.

Because their financial situation and mental health are entwined, a decline in one will trigger a decline in the other. The point at which a small business owner seeks help often only comes when their situation is dire and potentially beyond repair. In the last two years, small business financial counsellors in Victoria have transferred calls through to Lifeline and have had clients end up in hospital on suicide watch. This highlights the need for coordination between different forms of support, so if people reach out where they feel most comfortable, they will get the support they need at an earlier stage.

Victorian small business owners have access to two key support services in our sector, and the experience of financial counsellors in those services point to the importance of addressing these issues.

- *Small Business Debt Helpline* is a national telephone financial counselling service which was established in 2020 in response to the 2019-20 bushfires and has received continued funding from the Commonwealth Government. A relatively large proportion of calls it receives are from Victorian small business owners, probably reflecting the impacts of the pandemic lockdowns and restrictions.
- *Partners in Wellbeing* is a collaborative service model involving financial counselling, psychosocial wellbeing support and business advice. It was also established in 2020, is funded by the Victorian Government and was developed to help meet an identified gap in the mental health and wellbeing needs of the Victorian community due to the psychosocial challenges experienced by the COVID-19 pandemic.

The Partners in Wellbeing Small Business Financial Counselling program has supported over 900 clients in the first two years of operation, with strong demonstrated outcomes, including 12% of clients seeing an increase in household income and 10% clients having an eviction averted.¹

Often small business owners reaching out for assistance to Partners in Wellbeing specifically sought financial counselling, rather than psychosocial wellbeing supports, reflecting the sense that the root cause of their issues was pandemic related financial losses. This exemplifies how financial counselling can provide practical supports, and also act as a 'soft entry' point, enabling referrals to other mental health supports when needed.

Case study from a small business financial counsellor (name has been changed)

John was a mechanic who presented to the financial counsellor because his small business was failing. During COVID-19, demand for motor mechanics decreased. He wasn't making a profit at all; in fact, he was going backwards.

When John looked at his business figures, it was clear that his business, that he had for four years, had never been profitable. But it was an outlet for him. His relationship had ended four years ago, and he was now the sole carer of his 15-year-old son who had special needs. It was tough.

John was over-burdened with debts, both personal and related to the small business. He expressed suicidal intentions to the financial counsellor. John had the numbers for Lifeline and Mensline on the fridge, but he didn't want to speak to them.

He said the financial counsellor was a good sounding board because she was non-judgemental and made him feel heard. She encouraged him to make an appointment with his GP.

After they spoke, John assured the financial counsellor that he would not take his life and that he would speak to her the following day, which he did.

The following day, John made an appointment with his GP. He thanked the financial counsellor.

¹ This data was collected by the Partners in Wellbeing Small Business Financial Counselling Team in order to demonstrate some findings from the first two years of program operation.

Case study from a small business financial counsellor (name has been changed)

Jenny is a 35 year old woman living in private rental with her partner and three children from a former marriage in outer North Melbourne. One child with a disability. Highly distressed and overwhelmed with suicidal ideation. Risk factors are imminent loss of business, suicide of former husband, client presentation and self-reported risk.

She is receiving mental health support from Partners in Wellbeing (PIW) and also an external mental health service. She was referred to financial counselling from a PIW wellbeing support worker.

Jenny has been conducting a pergola installation business which was her sole income source. She has just ceased trading due to a variety of adverse conditions involving staff and weather, as well as high debt levels, and currently has no income. No child support as children's father completed suicide. No Family Tax Benefit. Disabled child has Youth Allowance. May be entitled to another payment but would require re-diagnosis and is reluctant to submit the child to this process.

Jenny is devastated by the loss of her business and the realisation her situation is irretrievable. Various debts totalling around 200K. Payments were largely up to date but have recently been missed so client is now receiving contacts from creditors and has no way of paying them going forward. This is causing extreme distress and she cannot continue due to her poor mental health. She has been advised by an accountant that most likely her only option is bankruptcy and she has already commenced completing online bankruptcy forms.

The financial counsellor liaised with PIW wellbeing worker to ensure client wellbeing, and provided extensive information, guidance and support during process of finalising business, surrendering company assets, finalising taxation documents, dealing with debt collection processes and completion of bankruptcy forms. The financial counsellor ensured that the company went into dormant state lawfully to put Jenny in a position where she was legally able to declare bankruptcy, also corresponded with ASIC to deregister the company.

Jenny was able to obtain a waged position, declare bankruptcy and move on with her life debt free. She had a hugely improved mental health state and was very grateful and happy with the service. She was very relieved to have the company and business closed down and all debt collection activity stopped. This case study also highlights the value of the holistic collaboration of financial counselling and mental health services to clients who are mentally fragile as well as needing financial guidance.

Recommendation 1: That small business owners, in light of the economic impacts of disasters, including the 2019-20 bushfires and the pandemic, be added to the list of groups at higher risk for the strategy to focus on.

Priority areas

3. What priority areas should be included in the strategy to create the greatest impact and help us achieve our vision?

The Discussion Paper provides a list of potential priority areas, and we agree they are all of great importance to address.

With regard to the last in that list – *a responsive, integrated and compassionate system* – we make the following comments:

Inadequacy of social safety net systems

Suicide Prevention Australia's 2022 Social Security Policy Position document identifies social security as a key protective factor for suicide, with the part it can play providing capability for people to engage with their communities, and notes that current welfare supports are inaccessible and inadequate.²

Currently, JobSeeker Payment is just \$46 a day, and has not been increased in real terms for 25 years, while the cost of living and costs involved with meaningful social participation have skyrocketed. People who rely on social security payments are living in poverty³, and this is strongly associated with an increased risk of suicidality. In addition, income support recipients live in ongoing fear of payments being cut off abruptly due to failure to meet compliance obligations, or technical problems with Services Australia systems. The Robo-debt scheme is the latest and most egregious example of how our social security system can fail vulnerable people and operate as a driver of suicide risk.

Australian Council of Social Service's (ACOSS) 'Raise the Rate for Good' campaign is calling for all working age social security payments to be increased to \$70 to ensure that people reliant on income support have enough money to cover their basic needs, including access to mental health supports. Adequate income support also plays an important role in reducing risk of social isolation. We strongly endorse this campaign, and see it as closely connected to taking protective action in order to reduce suicide risks.

Similarly, our recent [submission to the Senate Inquiry into the purpose, intent and adequacy of the Disability Support Pension](#), highlighted the social, mental and physical costs of a key social safety net support that is inaccessible and unfair in its operation. These costs are borne by the community by human suffering, and a range of health and mental health impacts, including, we believe, increased risks of suicide in some circumstances.

² Suicide Prevention Australia, 'Social Security Policy Position', May 2022, https://www.suicidepreventionaust.org/wp-content/uploads/2022/05/L01_SPA_Social-Security-Policy-Position_v2.pdf, accessed 26 August 2022

³ Davidson, P., Saunders, P., Bradbury, B. & Wong, M. (2018). Poverty in Australia. ACOSS/UNSW Poverty and Inequality Partnership Report No. 2, Sydney

Recommendation 2: That the Victorian Government lobby the Federal Government to address drivers of financial stress and suicide risk, including inadequate income support and inadequate Medicare funding.

In addition, we propose two other priority areas for the strategy:

A systems-based approach which recognises financial issues and financial vulnerability as key contributing factors to suicide risk across all parts of the community

Suicide prevention and response must consider financial issues as an equally significant contributing factor to suicide, adding to and exacerbated by other contributing factors. When considered as a focus, it also provides significant opportunities for protective and preventive interventions, including financial counselling.

Stronger regulation of markets and enforcement of consumer protections

Financial counsellors assist people with a wide range of consumer issues, including energy debt, insurance, banking, car loans, debt collectors, rental issues and scams. A fair marketplace is essential to protecting the rights and wellbeing of Victorian consumers.

The impact of scams in the context of suicide risk is significant. Financial counsellors report that scam victims experience intense feelings of shame and humiliation, particularly when there is a significant financial loss or accrual of debt associated with having been scammed. Humiliation is acknowledged as a key driver for the emergence of suicidal ideation in Suicide Prevention Australia's 2020 report 'Leading with Empathy'.⁴

In Australia, investment and online dating scams continue to be the most financially devastating. Between January and mid-September 2021, losses of \$211 million were reported to Scamwatch, an 89 per cent increase compared to the same period last year.⁵

⁴ Lakeman, R., & FitzGerald, M. (2008), as cited in "Leading with Empathy", Suicide Prevention Australia, 2020

⁵ National Debt Helpline, 'Scams', 2020, <https://ndh.org.au/complex-situations/scams/>, accessed 31 August 2022

Case study from a metropolitan financial counsellor (name has been changed)

Cathy was referred to financial counselling after reaching out to a friend late at night from a hotel room she had booked to stay in when she met her partner in person for the first time after being in an online relationship for 3 months.

She realised something wasn't right when she went to pick him up at the airport and he wasn't there. On returning to the hotel, looking at the gifts she had bought him, she finally realised she had been part of an online dating scam. She considered suicide and fortunately reached out to her friend and told her she had lost over \$20,000 of her life savings through the scam.

The financial counsellor worked with Cathy to understand how scams work and that she was not likely to get her money back. Cathy told the financial counsellor how much shame and embarrassment she felt. She was connected to therapeutic counselling and received good support from both services to a point where she was able to report the scam, protect her identity and move away from the scam to begin working in a corporate job to secure her future financially.

Recommendation 3: That the strategy include, as a priority area, protective action on reducing risks from scams and market exploitation.

Principles

4. What principles should guide the development and implementation of the strategy?

The development of the strategy should be guided by an awareness that suicide arises out of a complex interplay between social and economic systems, community, and individual circumstances. A key principle therefore should be that the strategy balances addressing both individual and system factors.

The Final Report of the Royal Commission into Victoria's Mental Health System emphasised the importance of a recovery-oriented approach, where the person determines what recovery means to them, and is empowered to 'have control of [their] own life and future'⁶.

This approach aligns closely with the strengths-based approach and empowerment model, which are key principles of the financial counselling profession.

Poverty and hardship are profoundly disempowering and stigmatising. They deprive people of options and often leave them feeling there is no way out. The trauma and psychological distress they are linked to and can cause, can in their turn, exacerbate the financial issues.

Debt spiral is a term used in our sector to describe how losses and debts compound, the ways in which ever more desperate people turn to ever more expensive forms of credit to get themselves out of a hole. A similar logic applies to what financial counsellors see in many clients, who are in, or at risk of entering what is best described a debt-mental health spiral.

In that context, when looking at the example principles in the Discussion Paper, the person-centred and recovery-oriented focus is welcome, and we strongly support what are proposed as principles.

However, it is important not to lose sight of system level issues, and they should be recognised in the principles as well. As we have outlined in this submission, there are a range of systemic factors that contribute to and exacerbate financial hardship and vulnerability, and thereby act as contributory factors to suicide, that can be changed through active reform efforts.

Recommendation 4. That the strategy incorporate consideration of systemic factors as a principle in its development and implementation. In particular, the strategy should regard financial issues and financial vulnerability as key drivers of suicide risk across all parts of the community, and that effective supports for people under financial stress or in financial hardship must form an essential part of an effective holistic response to risk factors and real client/patient needs.

⁶ Royal Commission into Victoria's Mental Health System, Final Report, page 12

Case study from a metropolitan financial counsellor (name has been changed)

Jane was a 56-year-old woman, living by herself in a private rental. She had a full-time job in admin and was divorced with two adult children. She had started a business as a beautician a few years ago, but the business had gone under. She had taken out a credit card and personal loan to pay staff wages, but it still wasn't enough.

Jane closed the business, but the credit card and personal loan ended up with debt collectors, and she had two large ATO debts – one for PAYG and one for Super Guarantee. Her total debts were more than \$87,000. Jane was referred to financial counselling by the ATO as she could not afford the repayments they needed, and her Super Guarantee debt was not eligible for a 'non-pursuit' (ATO's deferral term). Her only option was bankruptcy.

Jane was extremely distressed by the idea of bankruptcy and was very concerned the Trustee would claim her car (her only asset). She had tried to do the right thing but felt her life had been ruined by the debts and she had nothing left to live for.

Jane told the financial counsellor that she was suicidal and had a plan and the means to carry it out.

The financial counsellor spoke with Jane about her support network, her children and extended family. Jane spoke with her family and realised they would provide emotional support and care regardless of her financial situation.

Jane then accepted that she would go bankrupt and told the financial counsellor that she was no longer suicidal. The financial counsellor assisted the client to go bankrupt and the client said she felt relieved that it could be a fresh start.

Suicide prevention and response initiatives and actions

5a. In addition to the Royal Commission's recommended initiatives, what other initiatives should be included in the strategy?

Our submission proposes 2 initiatives for inclusion in the strategy.

1. Our submission has argued above that the Victorian Government should advocate with the Federal Government to address drivers of financial stress and suicide risk, such as inadequate income support and inadequate Medicare funding.

In addition, and in recognition of the individual, relational, community and social problems caused by inadequate incomes, the Victorian Government should consider initiatives to address this issue. This could include, for example, state concessions and income support in relation to energy debt, or medium and long-term recovery from disasters.⁷

Such interventions have a lot of scope to be expanded and deployed to reduce poverty and strengthen the social safety net as a suicide prevention approach.

Recommendation 5: That the Victorian Government develop initiatives to address inadequate incomes in targeted groups.

2. Since the Royal Commission into Victoria's Mental Health System (RCVMHS), we have seen increases in the cost of living, mortgage stress, bushfires and floods, an ongoing pandemic, and a decline in real wages. Each of these factors puts enormous strain on people and communities, particularly in relation to financial concerns.

In our [submission to the RCVMHS](#), we recommended the establishment of pilot programs employing financial counsellors in mental health service teams. This was not addressed by the RCVMHS. However, the Department of Health has recently funded a pilot linking financial counsellors into mental health services in Shepparton, and preliminary analysis shows strong evidence supporting this service model.

There are a range of models that can be used – financial counsellors could be embedded in mental health services, or there could be referral arrangements, or co-location arrangements with existing financial counselling services in partnership with mental health/suicide care organisations. Below is a description of a new innovative service arrangement demonstrating the potential benefits of integrating financial counselling into service models.

⁷ The South Australian Government has recently announced doubling the Cost of Living Concession for the 2022/23 financial year to provide additional relief to people on low and fixed incomes. SA Government, 'Relief is on the way for those who need it most', May 2022, <https://www.premier.sa.gov.au/media-releases/news-items-2022/relief-is-on-the-way-for-those-who-need-it-most>, accessed 31 August 2022

Recommendation 6: That the Victorian Government establish a task force to develop piloting and evaluation options for integrating financial counselling into mental health services.

Co-location of financial counselling and suicide aftercare - Bendigo

Bendigo Family and Financial Services (Bendigo Family) is co-located with Mind Australia's Way Back service in Bendigo. Together, the services have developed a co-working model whereby:

- People accessing the Way Back service are offered access to financial counselling
- Those who wish to take up this offer see a financial counsellor within the first few days of their contact with the service.

A high proportion (around 65%) of Way Back clients has opted to connect with financial counselling in the first instance. As a result, Bendigo Family has worked with 44 individual clients, including 3 partners.

Of the 44 individual clients:

- The majority (23 clients) were aged between 25 and 40, with the next largest group (12 clients) aged between 41 and 60, 6 clients were under 25 years of age, and 1 client was over 60 years
- 27 clients identified as women and 17 as men.

The average number of financial counselling appointments per client was 2.75, with numbers of appointments per client ranging from one through 11.

The largest group (17 clients) were receiving Jobseeker, 13 clients were waged and 9 clients were receiving the Disability Support Pension.

Clients sought support with (up to three items recorded per client):

- Current bills 20 clients
- Outstanding debts 17 clients
- Developing a budget 15 clients
- Material aid 11 clients
- Housing 4 clients
- Other 9 clients.

The Way Back Support Service and Bendigo Family financial counselling service

The Way Back Support Service provides practical, non-clinical support following a suicide attempt. The service supports people within the first three months after a suicide attempt, in an effort to reduce the likelihood of further attempts and ensure people receive treatment and appropriate care.

Bendigo Family provides services where financial crisis is identified as a key issue and provides immediate financial counselling and emergency relief food parcels to support these clients through crisis stages and ongoing to achieve financial security. Currently Bendigo Family works with a high percentage of these clients. The financial counsellor works closely with the clients Mental Health Practitioner as part of a wraparound service for the client.

All referrals are within the first few days of entering the program with a warm referral or joint appointment with financial counsellor and mental health practitioner where the client meets the financial counsellor in a safe and controlled environment. The first session is a casual conversation to paint a picture for the client of what financial counselling is and gain an understanding of what is the main priorities as seen by the client.

The next appointment is made usually within a few days to start addressing some of the client financial issues. The financial counsellor at this stage needs to be aware if the financial stress is a main driver of the client's suicidality and to work in an appropriate way for the client to move forward. Having the Way Back and financial counselling programs co-located allows for the financial counsellor and the mental health practitioner to work together when supporting the client, allowing for conversations and case-planning when required.

The Hope Program delivered through Bendigo Health is also co-located at Bendigo Family's Bendigo office providing support for individuals who have had psychotic episodes and who are at risk of suicide. Bendigo Family provides immediate services where financial issues are identified as a key issue.

Some examples of the financial issues presented by Way Back clients are:

- i. Incomplete taxation lodgments for over 10 years where client was convinced, he would be locked up for evading his tax. After some work with this client and sitting with him while his taxes were completed, he received a \$14,000 tax refund which was life changing for him.
- ii. Client injured in workplace accident 12 years ago, received a payout but was not advised that after 8 years she was able to apply for Centrelink DSP. As part of her Workcover settlement medical costs were to be covered but this was too difficult for her to claim these expenses. Client was left her parents' house and was behind in rates, electricity, gas, water, was unable to care for herself. Her driveway was very steep, and she found it difficult to leave her property. Bendigo Family's financial counsellor supported client to receive Centrelink jobseeker while the Way Back worker completed application for DSP. The financial counsellor organised payment plans for all utilities in the hardship areas getting some of debt wiped and some matched with her payments, completed URG applications, referred client to appropriate agency for Workcover support with the medical costs. Our ER department was also able to deliver precooked meals while we explored other options of support for ongoing meal support within her budget.
- iii. Client did not return to his employment some 6 months ago due to bullying but did not want to report the bullying, financial counsellor spoke with employer stating client's mental health and was able to get separation certificate which allowed Centrelink jobseeker payments to be applied for. Client had left all his tools behind which he had only part paid for. Financial counsellor was able to apply for a No Interest Loan Scheme (NILS) loan to pay for the tools and get debt waivers for 2 outstanding debts. The Way Back mental health practitioner supported client to pick up his tools.

5c. In addition to training, what else is needed to support frontline workforces and other social and health services workforces to respond compassionately to: people experiencing suicidal thoughts and behaviour; suicide attempt survivors; and families and carers?

Wherever possible, financial counsellors value working together with other health, mental health, legal and social services to support their clients. Unfortunately, many of these other services have little knowledge or awareness of financial counselling, which limits their capacity to respond effectively to key client needs. An expanded awareness of financial counselling, and capacity to work in an integrated fashion with financial counsellors on the part of other sectors would be of significant benefit to service users.

Case study from a metropolitan financial counsellor (name has been changed)

Dean was a 52-year-old man with two teenage children whose marriage ended a few years ago. He had always had high-paying jobs in the health industry. In 2021 he lost his job for 6 months, and his debts increased due to a loss of income. He had \$4000 in mortgage arrears, 3 credit card debts, a high car loan and some utility debt.

Dean got a new job in January 2022 and was referred to a financial counsellor as he wanted assistance in getting the mortgage arrears capitalised. The financial counsellor was able to assist him with this, and got partial debt waivers for his other debts, with affordable payment plans in place.

In June 2022, his employer's business went under, and Dean was made redundant. He started drinking very heavily, mainly due to financial stress as he couldn't pay the mortgage, car loan, credit cards, utilities, etc. He spent a large part of his redundancy payment on alcohol.

Dean told the financial counsellor that he that he found his financial concerns overwhelming and felt he had failed in every respect. He was hospitalised with internal bleeding as the result of a suicide attempt, although he did not disclose this to hospital staff when they asked if he was suicidal.

He was discharged, and subsequently hospitalised twice more with bleeding. He told the financial counsellor that he needed to go to rehab and that his sister would be in contact. Dean's sister was very concerned he was an elevated risk for suicide and had both the plan and means to attempt suicide again.

The financial counsellor contacted the CAT Team due to the heightened risk; the CAT Team declined to attend but sent Victoria Police for a welfare check, who took Dean directly to the hospital to be involuntarily admitted to the psychiatric ward. On arrival at the hospital, they were told there were no available psych beds, so Dean was again sent home.

The financial counsellor linked him in with an Anglicare AOD Counsellor to try and get him fast-tracked to rehab. Dean advised that the financial counsellor was the only person he had spoken with that had linked him into an AOD service, despite numerous suicide attempts and hospital visits.

Dean said that feeling as though he was going to lose everything (house, car etc) drove him to drink more heavily and to attempt suicide multiple times. Up until the job-loss debt spiral, Dean's mental health had been stable, and he had never felt suicidal.

5d. How can we better educate and build the capacity of workplaces to reduce the risk of suicide and better support staff? What capabilities or supports are required?

The answers to these questions need to include recognition of financial distress and financial vulnerability as significant contributing factors for suicidality, and increasing awareness of this in the community, including in workplaces.

This means not seeing financial issues as subsidiary, but rather a central component of the systems-based approach to developing a community safety net that helps prevent suicide and assist people in their recovery.

Financial counsellors have a unique blend of skills and training in this area, and their practice is trauma-informed with a focus on client empowerment. For these reasons, financial counsellors are a reliable first port of call for people experiencing suicidal thoughts and behaviour. Recent special funding has enabled us to deliver a range of training including for financial counsellors to maintain their own mental strength and support their team, as well as support clients with complex needs. While this has been limited in time and scope, it has been embraced in our sector, and shown what is possible to develop. Also, it has demonstrated great need and demand for this type of training.

In addition, ideas and approaches change and evolve. In order to work in an integrated way with other services, the financial counselling sector needs to continue to stay up to date with what current approaches are.

Recommendation 7: That the Victorian Government fund additional professional development for financial counsellors to ensure they are optimally skilled in preventing and responding to suicide risk.

Thank you for the opportunity to make a submission to The Victorian suicide prevention and response strategy. Please contact FCVic Campaigns and Advocacy Manager Georgia Robenstone on (03) 9663 2000 or grobenstone@fcvic.org.au if you have any questions.

Yours Sincerely,



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Appendix: Money and Mental Health

As the discussion paper notes, mental illness can be a contributory factor for suicide, as can financial difficulty. Research about the links between financial troubles and mental distress, given their mutual contributory roles in suicide, is of some relevance to considering their operation as contributory factors.

Beyond Blue, in partnership with the Australian Securities and Investments Commission (ASIC), has funded a study into the relationship between financial wellbeing and mental health. Conducted by social researcher Heartward Strategic, the study reports on analysis of the Household Income and Labours Dynamics Australia (HILDA) longitudinal survey, concluding (quoted):

- 14% of Australian adults experienced both financial hardship and mental health symptoms at any time over the five years from 2014 to 2019
- People experiencing financial challenges are twice as likely to be experiencing mental health challenges as those who are not experiencing financial challenges
- People experiencing mental health challenges are twice as likely as those who are not to also be experiencing financial challenges
- Similar relationships exist between other financial indicators and mental health, including:
 - major worsening of finances
 - unpaid bills
 - lack of emergency funds
 - socio-economic disadvantage
 - material deprivation
 - poorer perceived financial prosperity.
- The negative impacts of financial and mental health challenges can accumulate over time, and can be reciprocally reinforcing, leading to downward spirals and entrenched issues. Downward spirals can be unexpected and can progress more quickly and be more difficult to halt or reverse than the people experiencing them initially anticipate
- A positive relationship also exists between financial wellbeing and mental health, supporting resilience and recovery. Financial wellbeing is significantly associated with mental health in the literature and the HILDA data, and they are shown to have cumulatively positive impacts on each other over time.