1. **Question #1**
   How does LE get a voice to government?
   Ian Hickie 06:12 PM
   see the number of people wiht lived experience in each prolonged co-design of each of these models locally

2. **Question #2**
   Have you factored in temporary nature of the unemployment and higher levels of income support?
   Ian Hickie 06:13 PM
   this is a key question
   the models are dynamic
   we deal with now
   if governments end or reduce the supprt being provided at any time, we can model the likely impacts of this
   We do know that previously (2009) 'austerity' in the face of high unemployment did more harm

3. **Question #3**
   Has the modelling been applied to sub population groups - am particularly interested in the likely impact on Aboriginal and Torres Strait Islander populations, particularly in urban areas.
   Ian Hickie 06:17 PM
   excellent question
   the models can look at these key sub-groups
   but best addressed in our western NSW model

4. **Question #4**
   Does the model include social inputs and outcomes?
   Ian Hickie 06:14 PM
   absolutely!!
   Social disloaction is a key negative affect
   greater mental ill-health leads to greater social connect

5. **Question #5**
   Ian What is the best way to reach people in the western suburbs of Sydney who are suffering from depression and other mental illnesses due to COVID isolation?
   Ian Hickie 06:16 PM
   see the ongoing presentations
   Smart IT-Digital coordination of care
   more skilled team based services outside of hospitals

6. **Question #6**
   How can we help disadvantaged to get free access/education to devices and technology?
   Ian Hickie 06:17 PM
   PHNs and Govts can support directly

7. **Question #7**
   Where does peer support fit in to the care model?
   Ian Hickie 06:18 PM
   soical connection and supports
   can be also be added to further regional models

8. **Question #8**
   I didn't see impact of peer work. Did I miss it?
   Ian Hickie 06:22 PM
   in this current system, it is not a big effect
   BUT
   it can be modeled at large scale and better integrated into the whole picture
   it (like everything else) doesnt exist in isolation

9. **Question #9**
   Has the model already taken into account the positive economic measures (e.g. doubling job seeker, job keeper, bans on evictions, etc) that are likely to have a profound impact on reducing suicide? This isn't a "typical" recession and these should ameliorate the impact of unemployment
   Ian Hickie 06:24 PM
   now that is complicated
   in the short-term yes - using the current data
   BUT
   it needs to get more fine-grained, and we need to see the ongoing 'dynamic' reality
   SO
   like the virus contagion and its effects - we need to stiudy the social contagion and the effects of the interventions in real time

10. **Question #10**
    If you could have access to other data (you don't currently have) that would improve your model, what would be at the top of your list of priorities?
    Ian Hickie 06:26 PM
    fine grained delivery of the big govt finance, education and social programs
    Real time data from health systems - suicide attempts presenting to hospital, acute care and crisis presentations for mental ill-health
    21st C surveying of sub-populations - distress and access to care

11. **Question #11**
    so reducing social isolation is likely to help?
    Ian Hickie 06:27 PM
    Yes
    but it has to be EFFECTIVE!!!
    not everything is the same and much misses those in most need

12. **Question #12**
    Ian - that would be great if PHN's/gov come to the table with free access - to devices/technology/... it needs to be a national initiative - thank you.
    Ian Hickie 06:27 PM
    its essential health infrastructure in the 21st C

13. **Question #13**
    Do you measure or predict the impact on child protection? i.e. reduction of abuse and neglect of children in families?
    Ian Hickie 06:28 PM
    a major long-term factor - but need interventions that actually work

14. **Question #14**
    peer support is really important
    Ian Hickie 06:26 PM
    Yes

15. **Question #15**
    How will this work within the justice system? LGBTI+
    Ian Hickie 06:52 PM
    can be modelled (if the providers of justice are interested)
    LGBTi can be modelled

16. **Question #16**
    Does the modelling include new prescriptions of SSRis/meds or GP diagnoses for anxiety/dep? Many suicides (attempted/completed) don't reach emergency depts.
    Ian Hickie 06:29 PM
    Modeling can use medication use
    our previous published work (BMJ Hall et al) demonstrates that access to medication parallels access to care more generally and reduces suicide (at least for adults)

17. **Question #17**
    Can you describe the model's assumptions about how the impacts of covid will change over time? Eg are increases in unemployment or social isolation modelled as transient or ongoing impacts . Many Thanks
    Ian Hickie 06:36 PM
    great questions:
    the virus itself isnt modeled - its the impact on employment, distress, social isolation etc
    for the economic disruption (which is the critical disruptor - we have only assumed one year of economic disruption (which is very optimistic) but the impact lasts 5 years (based on the gradual reduction in uemployment proposed by the Reserve Bank

18. **Question #18**
    If we are to improve capacity within services, what is the role of workforce development? Not only peer work, which is very important, but do we also need to make psychiatry a more attractive speciality for our future medical students?
    Ian Hickie 06:37 PM
    long-term - YES
    SHORT-TERM- using our specialized workforces (psychiatry, MH nurses, Clinical Psychology, MH-trained GPs, MH-Social work, OT) much more effectively

19. **Question #19**
    What happens where the evidence base doesn't exist for some groups? Eg. CALD populations what happens to considering them, do we compare them to mainstream population?
    Ian Hickie 06:38 PM
    the more detailed information from those communities the better the models are

if the data is absent, then their needs are not well represented

20. Question #20

So is what Julie Sturgess saying mean that the model takes into account all the state-funded and local services, NDIS etc as they change?

Ian Hickie 06:39 PM

YES

(as long as we capture each new random act of Government in a local area….)

21. Question #21

We need to undersdtand the obstacles - Danius Puras

Ian Hickie 06:51 PM

i think you need to participate in the co-design process and test these assumptions for yourself

22. Question #22

The main impact of the economic changes will not be increases in the unemployment rate but rather falls in the proprtion of people who are employed. Has this been modelled? People on JobKeeper will not be 'unemployed' by definition even if they are not working.

Ian Hickie 06:43 PM

over time - we will need to see how many people are actually unemployed or under-employed over time!

employment is also purpose and identity not just money

we dont get well to go to work, we go to work to get well!!

23. Question #23

Will the model be "open sourced" to advise service providers so they can create and adapt to what is predicted to make a difference?

Jo-An Atkinson 06:38 PM

Model is going through peer review process and will be published with all the detail explicit - we are committed to transparency.

24. Question #24

There is research under peer review that seems to be showing no increase in people searching for suicide methods on Google, up to now, and in fact some are showing a reduction in such searches. Has the model incorporated potential unexpected positives in the community during this period? (eg. the "banding together" phenomenon, potential increases in exercise – bike sales through the rook, etc etc)

Ian Hickie 06:45 PM

the model can do that - IF - real evidence emerges for that factor of increased social cohesion during this crisis (and i do hope that it does - because it would save many lives!!)

Historically (as compared with world wars etc), however, all the available evidence is in the opposite direction - particuarly for those who lose their jobs or go out of education

25. Question #25

I wonder how / if modelling differs across age groups?

Jo-An Atkinson 06:40 PM

Yes, our modelling so far indicates interventions can have different impacts on youth cohorts versus total population.

26. Question #26

Just that increase prescriptions can = increase community distress. Therefore obvious increase need. We can agree to disagree around the possible benefits for meds for all.

Ian Hickie 06:46 PM

Are you saying medications cause an overall increase in distress or suicidality?
If so, please provide the evidence

27. Question #27

What other at risk populations might be best served by this type of modelling in relation to allocating funds for health care services? Given the interest from Government in the modelling produced by the Uni, this seems like an opporunity to further influnece health care reform using data.

Ian Hickie 06:47 PM

Great question:
many sub-groups (children, aged) and different populations (Aboriginal and Torres Strait, CALD etc)

28. Question #28

Possibly the western NSW model will only tell us about rural and remote Indigenous populations though - potentially urban Indigenous populations would have a different experience. Perhaps applying it to an urban Indigenous population would also be useful.

Ian Hickie 06:48 PM

agreed
thats why place really matters!!

29. Question #29

Since unemployment contributes significantly to mental health outcomes - have you or do you know of others who may have modelled the impact on mental health of the government ensuring they spend sufficiently to ensure full employment (unemployment below 2%)? A federally funded (Modern Monetary Theory) job guarantee program would importantly be a part of ensuring full employment, with a living wage for those who can not work

Jo-An Atkinson 06:48 PM

Thanks for this suggestion Jayne, we are keen to model this in more detail under our new BMC Centre for Mental Wealth

30. Question #30

No, that presentations to a GP with anx/dep often result in an initial prescription of meds. I'm pretty sure AIHW have this evidence or ?NPS. This could be an indicator of a growth in community distress. Meds could be a person's only therapy hence an a potential effective indicator for the model.

Ian Hickie 06:54 PM

ok - could be true
in our previous extensive research in General Practice
for every GP prescription for an antidepressant there were twice as many psychological interventions
so yes - it is a proxy

31. Question #31

Love the model. Well done guys!

Ian Hickie 06:57 PM

its a start

it should be in all communities - empowering those communities to make smart choices

32. Question #32

Does the model take account of the inequality of access to technology? It is possible that those of lower socieconomic background have less access to technology and digital devices.

Ian Hickie 06:59 PM

key question to address
these are not as obvious as people assume
our work in far western NSW showed very high connectivity

33. Question #33

I love all this modelling and the seemingly excellent opportunity to predict future proportion of problems, suicidality etc. However, I wonder how we get systems to operate in a way that those who are suicidal and 'don't access these' can be 'supported'. The biggest proportion of persons who suicide are in the community and don't actually seek help. Good for system design though

Ian Hickie 07:01 PM

key question
many people who are suicidal do take actions
in family, online, in their education, work or social setting
connecting anywhere anytime is the goal!!

34. Question #34

Are the assumptions the same when you try to use this model across other parts of Australia? How does the outcome/assumptions vary across locations? Or are the statements of a 25-50% increase in suicide based only on the findings from the North Coast model?

Ian Hickie 07:05 PM

no based on our other models in Hunter New England (newcastle and region) and we have developed models for Far Western NSW and Western Sydney
BUT
the best national model would be the composite of models from all 50 regions across Australia

35. Question #35

Do we agree that modelling should be open source and transparent?

Ian Hickie 07:14 PM

yes
see Jo-an s letter to science

36. Question #36

Why do so many people spend so much time saying 'what about those people without access to (communications) technology?' and so little time taking actions to address the problem?! I've just joined the Board of a charity for older people, and we're trying to 'transform' by focusing on getting technology to older people with induction and support. No point wasting time & effort whingeing about the problem when there's lots we can do to solve it!!!

Ian Hickie 07:15 PM

great question'
i dont know why!!

37. Question #37

There were reports in the media last week about possible 25% and 50% rises in the number of deaths by suicide. Was this over 5 years or 1 year?

Ian Hickie 07:03 PM
25-50% per year, for each year over the next 5 years
(assuming that the economic disruption as predicted by the Reserve Bank is at the current level for at least 12 months and then slowly improves

38. Question #38
Really enjoyed this webinar. Do you have any concerns around the media coverage of this modelling over the past week? Terms like surge, spike, epidemic, wave, etc of suicide seem to carry potential harms in terms of normalising suicide in response to the pandemic, particularly if it is linked to monocausal explanations for suicide that people can easily identify with (e.g. unemployment). How do we get the message out there effectively while minimising potential for harm?
Ian Hickie 07:17 PM
i believe the urgency in the media coverage is essential

39. Question #39
Thanks Ian et al, regional responses are crucial, as are those developed with lived experience Ian Hickie 07:17 PM
agreed!!