

STATE OF THE NATION IN SUICIDE PREVENTION

A survey of the suicide prevention sector



September 2024



Suicide Prevention
Australia

Highlights



Suicide Prevention Australia

THE SURVEY

318

RESPONSES

47%

Suicide Prevention Australia members

11,000

employees and volunteers represented

22%

on behalf of an organisation

STATE OF THE SUICIDE PREVENTION SECTOR

A truly national sector

Continuing increased demand

Additional funding is needed



Delivering services and supports across the country and in remote, rural, regional and metropolitan communities

71%

of respondents have seen increased demand for services over the past 12 months

80%

Four out of five respondents require increased funding to meet increased demand

STATE OF THE COMMUNITY

Social determinants matter

Changes over time

At-risk groups need more support

Respondents said the greatest risks to suicide rates over the next 12 months are:



86% cost of living and personal debt



83% housing access and affordability

Both cost of living and housing access were of substantially less concern previously in 2021 when both were under **60%**

Only **4%** of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to

STATE OF THE SUICIDE PREVENTION AUSTRALIA NATIONAL POLICY PLATFORM

Whole-of-government		91% of respondents believe a whole-of-government approach to suicide prevention is required	78% of respondents support a national Suicide Prevention Act
Lived experience		61% of respondents have lived experience represented in the governance structures of their organisation	64% More than half of respondents reported the peer workforce (including peer workers) is not appropriately funded and resourced
Data and evidence		86% of organisations need access to reliable, timely and accurate suicide prevention data	51% of respondents don't have access to the data they need now
Workforce, sector and community capacity		67% of organisations do not have sufficient staff and volunteers to meet workforce needs	86% of respondents believe all members of the community should have access to suicide prevention training

Foreword

The 2024 State of the Nation in Suicide Prevention survey is the fifth iteration of this key information gathering tool. I am proud to introduce this report that presents its findings. The survey provides an annual snapshot of the suicide prevention sector, state of the community and our National Policy Platform.

This year, over 300 members of the suicide prevention community completed the survey. We are delighted with the high level of engagement as it allows us to paint a very clear picture of the suicide prevention landscape. I want to thank each and every one of you who took the time to provide on-the-ground insights into the operations, challenges, and opportunities impacting suicide prevention efforts across Australia.

Access to data is incredibly important in suicide prevention. As in previous years, the survey contained over 50 questions which were developed with our members and people with lived experience. All of the feedback we receive is useful. It guides our advocacy and government relations work and ensures that we can provide a united voice for the sector.

Sadly, it has been another challenging year. We heard that there has been unprecedented demand for services and that additional funding is essential to ensure that organisations can continue to remain operational and provide adequate support to people experiencing distress. The silver lining to the increase in demand for services is that more people are seeking support.

As an organisation, Suicide Prevention Australia has been advising government, business and economic leaders on the increased levels of distress in our communities and the need for additional funding. We remain committed to ensuring that organisations and vulnerable members of the community remain supported during this difficult time.

Similar to last year's survey, the *2024 State of the Nation in Suicide Prevention Report* underscores the importance of the key priorities of our National Policy Platform: a whole-of-government approach, lived experience, data and evidence, and workforce, sector and community capacity. So that we can drive suicide prevention reform, these priorities remain at the forefront of our work.

I hope that you will find the report useful and that in these challenging times you remain hopeful. While there is much more work to be done, we have seen a growing groundswell of support in the community for suicide prevention which I believe will help drive real change. What our governments, sector and community do from here will decide whether we 'turn the trend' towards zero suicide.



Nieves Murray
Chief Executive Officer
Suicide Prevention Australia



Executive Summary

About us

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for service providers, practitioners, researchers, local collaboratives, and people with lived experience across the suicide prevention sector, so that together we can save lives.

We are a member-based organisation that is guided by people with lived experience of suicide. Our members include the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders. We believe that through collaboration and a shared purpose, we can work towards our ambition of a world without suicide.

About the survey

We designed the State of the Nation in Suicide Prevention survey to gather in-depth intelligence from our membership and the broader suicide prevention sector. Findings from the survey inform our key priorities and guide our advocacy and government relations work. The survey opens in July each year and closes in early August. All members of the suicide prevention sector, including organisations, individuals and other stakeholders, are encouraged to complete the survey.

This is the fifth iteration of our annual survey and, this year, we received 318 responses. Many respondents were answering on behalf of large organisations which together comprised over 11,000 employees and volunteers.

The *State of the Nation in Suicide Prevention Report* is structured into three parts:

- 1. State of the sector** – looking at the type of organisations operating in the sector, their priorities and challenges and the current operating environment
- 2. State of the community** – looking at the current and emerging risks for suicide prevention across the community as well as those groups most at risk
- 3. State of the platform** – looking at the key priorities of our National Policy Platform, including whole-of-government reform, accurate, reliable data and workforce strategy.



STATE OF THE SECTOR

The suicide prevention sector comprises organisations and individuals working to prevent suicide in our community. Our survey shows a highly diverse sector, with a mix of organisations differing in numbers of staff, numbers of volunteers, types of location, modes of service, and population groups they provide services to.

The sector is adaptive, with 40% of respondents having changed the services they provide over the past year. Demand continues to increase for most (71%) services, and many (80%) reported a need for additional funding, support, or resources to meet changes in service demand. External funding factors, including reliance on grants and delays in government funds, pose key challenges to the sector's work. The sector remains highly collaborative with 89% of respondents working with government agencies and other groups in the community.

STATE OF THE COMMUNITY

The broader community is also facing challenges. Economic factors, such as cost of living, unaffordable housing and unemployment, are currently key risk factors for suicide while social factors, such as social isolation and relationship breakdown, continue to also place pressure on individuals.

Often, it is those who are already vulnerable who are facing increased risks. Only 4% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to.

Some of the insights contained in this section of the report were informed by a YouGov survey, held between 1 and 5 August 2024, with a total sample size of 1,056 adults, comprising a nationally representative sample of Australians aged 18 years and older. The YouGov data was weighted by age, gender and region to reflect the latest Australian Bureau of Statistics (ABS) population estimates.

STATE OF THE PLATFORM

Suicide Prevention Australia published the updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community capacity. We surveyed the sector to gauge current attitudes and key issues raised in the National Policy Platform.

There continues to be overwhelming support (91%) for a whole-of-government approach to reducing the risk of suicide. There is strong support to legislate this whole-of-government approach through a national Suicide Prevention Act, with more than three-quarters of respondents (78%) supporting Commonwealth legislation.

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. We are engaging people with lived experience in a variety of ways, including advisory groups, targeted consultations and networks to share information and opportunities. More is required to support the lived experience workforce, including the peer workforce. Six-out-of-ten respondents (64%) do not believe the peer workforce is appropriately funded.

While 86% of respondents believe they need access to reliable, accurate suicide prevention data, 51% do not have access to the data they need right now.

A good deal of uncertainty is apparent in the survey regarding workforce issues. Over 67% of respondents said they do not have the staff and/or volunteers they need, and a further 14% are unsure. Asked about whether their organisation is intending to increase staff numbers in this financial year, 41% were unsure.

Further information

If you would like more information on the State of the Nation Survey and its results, please contact policy@suicidepreventionaust.org.



Part One: State of the Sector

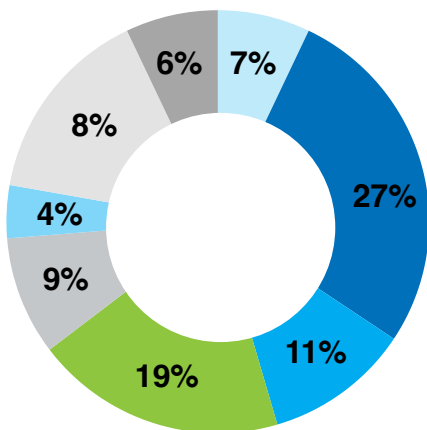
Australia's suicide prevention sector comprises organisations and individuals, working to prevent suicide across our community. It includes organisations of all sizes, practitioners, researchers, people with lived experience and community leaders. The sector delivers across the spectrum, from advocacy, education and community support through to clinical and non-clinical services. Our 318 respondents represent a large share of Australia's suicide prevention sector. Many respondents were answering on behalf of large organisations, which together comprised over 11,000 employees and volunteers. In the State of the Nation in Suicide Prevention survey, we asked them about the work they do, where they do it and how it is changing.



SECTOR AT A GLANCE

Suicide prevention services are delivered by a diverse workforce

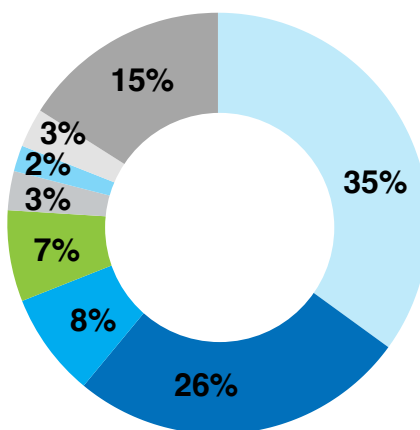
Number of paid employees in organisation



N=284

- 0
- 1-20
- 21-49
- 50-199
- 200-499
- 500-999
- 1000+
- Unsure

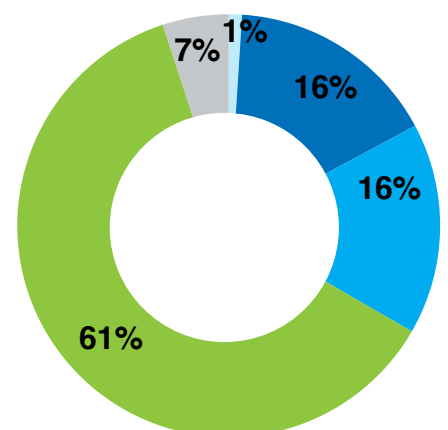
Number of unpaid volunteers in organisation



N=284

- 0
- 1-20
- 21-49
- 50-199
- 200-499
- 500-999
- 1000+
- Unsure

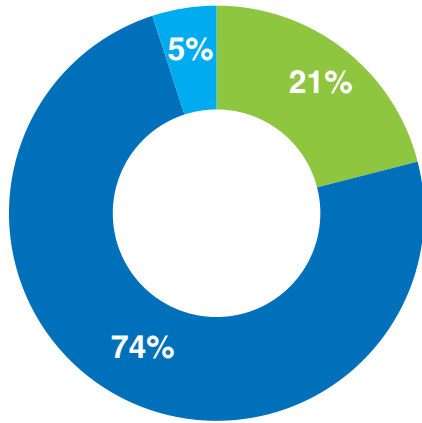
Age of organisation



N=284

- Within the last 12 months
- Within the last 5 years
- 6-10 years
- More than 11 years
- Unsure

Does the organisation rely on volunteers to operate?



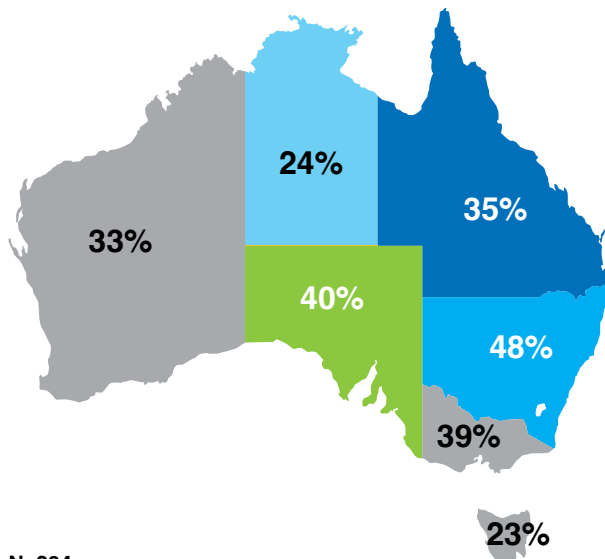
N=284

- The sector consists of many diverse organisations of all sizes. Over a quarter (27%) of responding organisations had between 1 and 20 paid employees, 11% had between 21 and 49, a further 19% had between 50 and 199 paid employees, and 28% had 200 or more employees.
- Similarly, over one-quarter of organisations (26%) had 1 to 20 unpaid employees, while 8% had between 21 and 49, and 7% had between 50 and 199 unpaid employees, and only 8% had over 200 unpaid employees.
- Just over one-fifth of organisations (21%) rely on volunteers to operate.
- Just under three-fifths of organisations (61%) were established more than 11 years ago, while only 1% were established within the last 12 months.

● Yes ● No ● Unsure

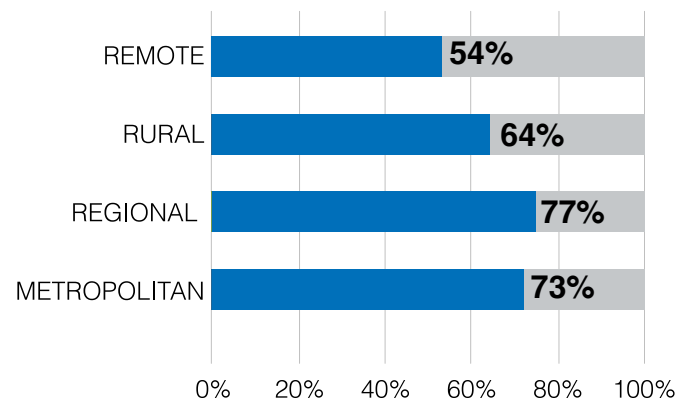
Suicide prevention services and support is available nationwide

Where does the sector deliver services across Australia?



N=284

Which areas does your organisation operate?



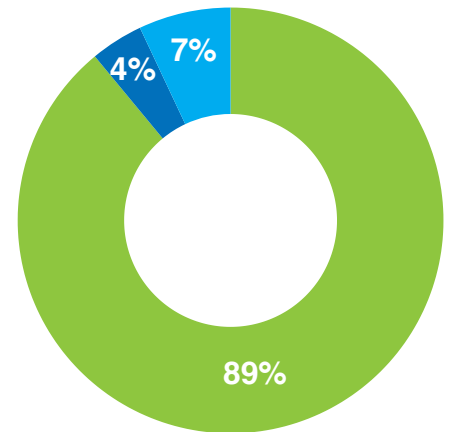
N=284

- The sector has a true national footprint with every state and territory having at least 23% of responding organisations delivering services there.
- Organisations support diverse communities across remote, rural, regional and metropolitan areas of Australia.

Collaboration

Does your organisation work with government agencies (eg. Primary Health Networks), other not-for-profit organisations and community-based organisations?

- Suicide prevention organisations are highly collaborative.
- Nine-out-of-ten respondents work with government agencies, other not-for-profit and community-based organisations.



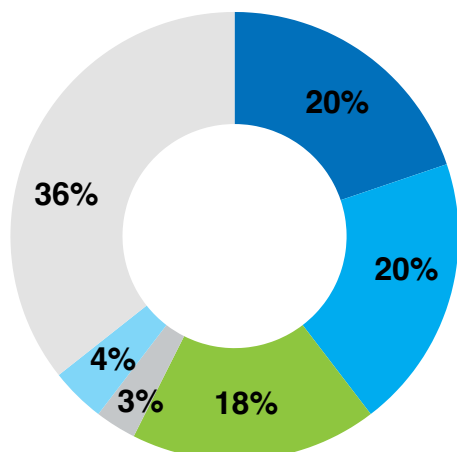
N=214 ● Yes ● No ● Unsure



SERVICES

Approximately how many people accessed your suicide prevention services within the last 12 months?

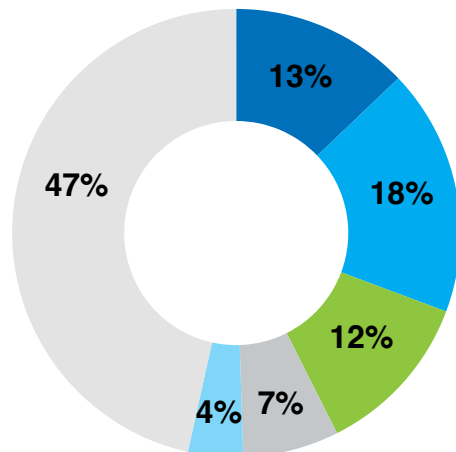
Calls



N=214

- 1-100
- 100-1000
- 100,000+
- 1001-10,000
- 10,001-100,000
- Unsure

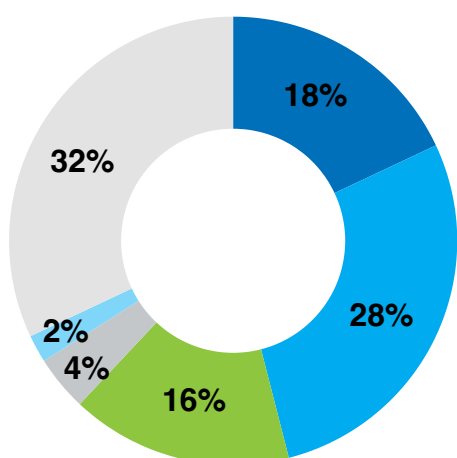
Internet Visits



N=199

- 1-100
- 100-1000
- 100,000+
- 1001-10,000
- 10,001-100,000
- Unsure

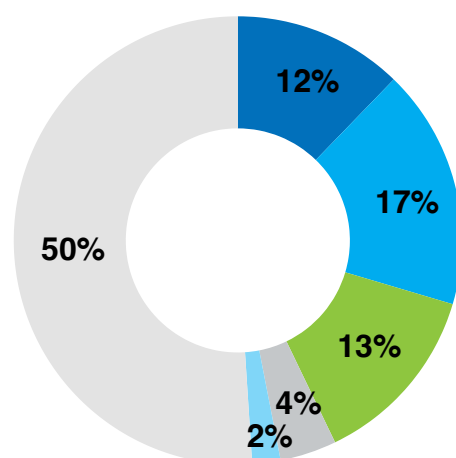
Face to Face



N=228

- 1-100
- 100-1000
- 100,000+
- 1001-10,000
- 10,001-100,000
- Unsure

Accessed Resources



N=206

- 1-100
- 100-1000
- 100,000+
- 1001-10,000
- 10,001-100,000
- Unsure

- Two-fifths of respondents (40%) received between 1 and 1,000 phone calls, while one-quarter of respondents (25%) received over 1,000 calls.
- Just over one-quarter of respondents (31%) reported that between 1 and 100 people accessed their suicide prevention services via the internet, while just over one-fifth of respondents (23%) indicated that more than 1,000 people accessed their services via the internet.
- Just under a half of the respondents (46%) reported that between 1 and 1,000 people accessed their suicide

prevention services face-to-face, while just over one-fifth (22%) reported that more than 1,000 people accessed their suicide prevention services face-to-face.

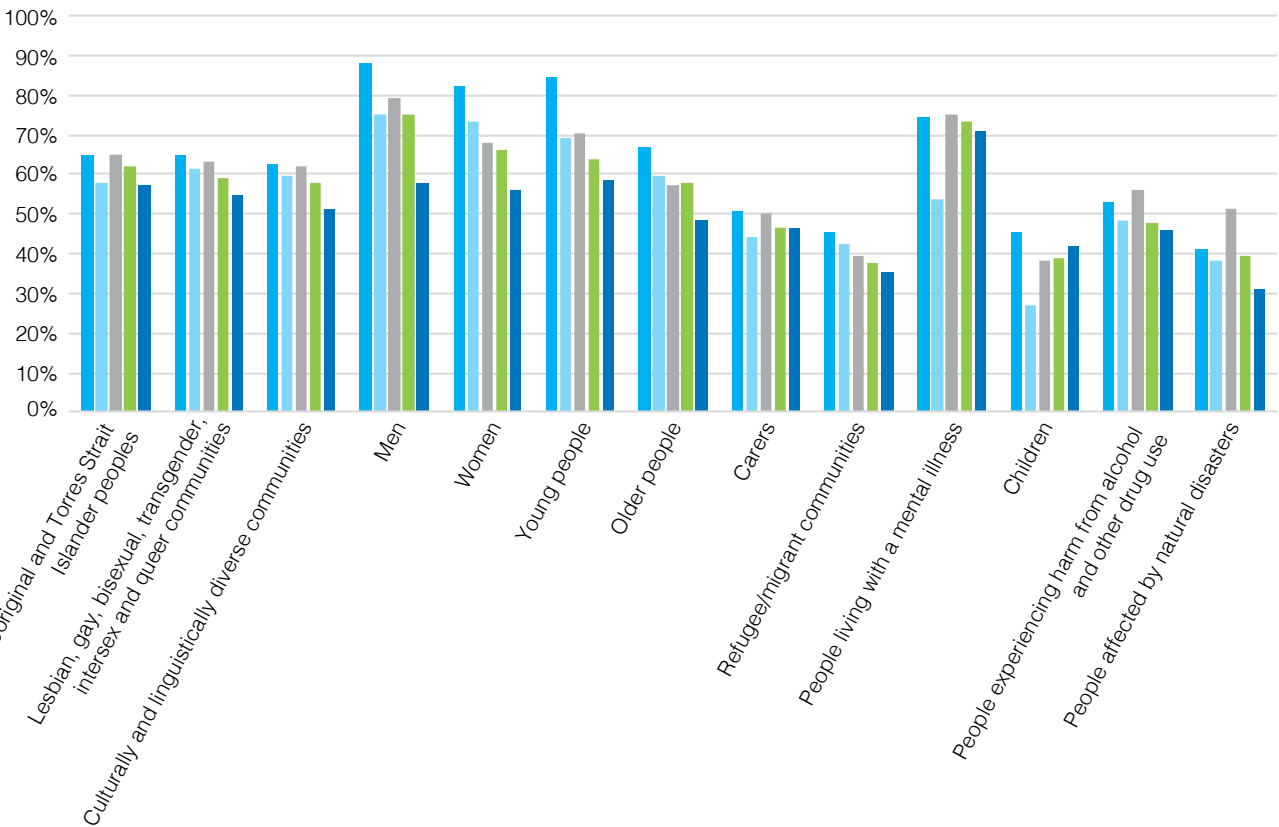
- Just over one-quarter of respondents reported that there were between 1 and 1,000 people (29%) who accessed their resources, such as downloaded documents, from a website. A smaller number of organisations (19%) indicated that more than 1,000 people accessed their resources from a website.

SERVICE DEMAND CHANGES

Services for diverse Australian communities

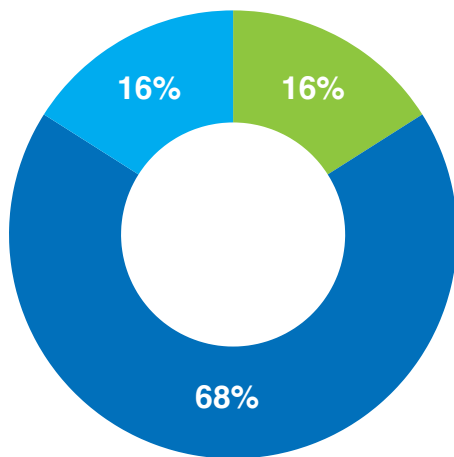
Population groups serviced

● 2020 ● 2021 ● 2022 ● 2023 ● 2024



N=284

Provision of services to most groups is stable. However, provision appears to be decreasing for a number of population groups, namely women, young people, older people and refugee/migrant communities.



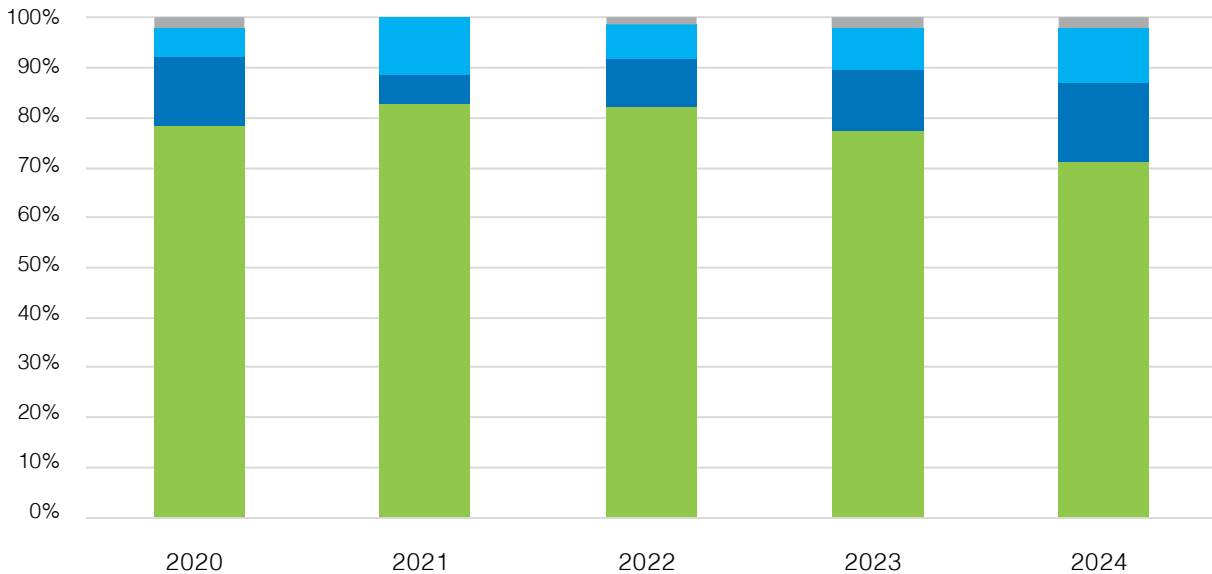
N=284 ● Yes ● No ● Unsure

Has the demographics of those you support changed over the last 12 months?

A majority of respondents (68%) indicated that the demographics of the people they support had not changed in the past 12 months, while 16% suggested there was a material change.

Changes in demand

Has demand for your services changed in the last 12 months?



N = 284

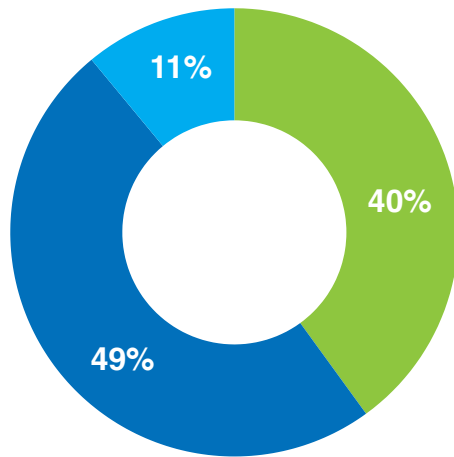
● Yes, increase ● No change ● Unsure ● Yes, decrease

- Just under three-quarters of respondents identified an increased demand for services over the past 12 months (71%). This was a slight decrease from the 2023 results (77%) and the 2022 results (88%).
- While the decrease is a welcome development, the majority of respondents still reported increases in demand every year.

Respondents highlighted service gaps in the areas they service, including:

- Lack of services and support for people from culturally and linguistically diverse communities
- Lack of access to community services and wrap-around support
- Not enough face-to-face, peer-led crisis intervention suicide prevention services
- Considerable staffing gaps and limited capacity to meet high levels of demand
- Significant wait times for services for people at risk of suicide
- Services not available in all areas
- Limited capability to address the broader, systemic drivers of suicide.

A significant number of organisations require additional funding, support or resources to meet demand



N=284 ● Yes ● No ● Unsure

Have the types of services you provide changed within the last 12 months?

- Two-fifths of organisations indicated that the types of services provided within the last 12 months changed (40%) while just under half of all organisations indicated that there has been no change (49%).

We asked participants who reported that the types of services they provide have changed over the last 12 months to share feedback on how they have changed. Two key themes were evident in the responses.

1. Lack of funding

A number of respondents reported that the types of services they provide have changed due to lack of funding. They also reported that services were struggling due to lack of funding and some had to close, while other respondents indicated that they were unable to provide resources, such as promotional materials at community events, due to funding constraints. One respondent also indicated that they have changed their programs so that they are more efficient and are cheaper to deliver, and this has resulted in constraining what they offer to the bare minimum. De-funding and the loss of services are problematic, given that many respondents also reported that there has been an increase in the demand for services and the number of people needing support.

N = 115

2. Offering services in new areas

Similar to last year's survey, several respondents reported expanding their services into new areas. Examples included:

- Expanding services to support a wider demographic and different priority population groups, such as older Australians, children and young people, and people experiencing family violence
- Offering digital services
- Broadening services to provide new offerings, such as wellness workshops, mental health services, family services, financial services and health promotion activities
- Implementing new alternative and peer-led models of care.

“ Now, there is no-one to help these people to cope, get them information at ground level. People are told to search online but I found not all people can access or have the capability or ability to go online. ”



“ We are constantly expanding all services and tweaking them to address issues. At this current time, our organisation is looking to expand into working with suicide prevention teams and services to address this, as an alarming growth is occurring with clients that have either attempted or contemplating suicides. So, we are networking to see what we can do to provide assistance to lessen this crisis. ”

“ We are an organisation that is responsive to need. Sometimes we get drawn to an area that is not part of our original plan but is necessary. ”

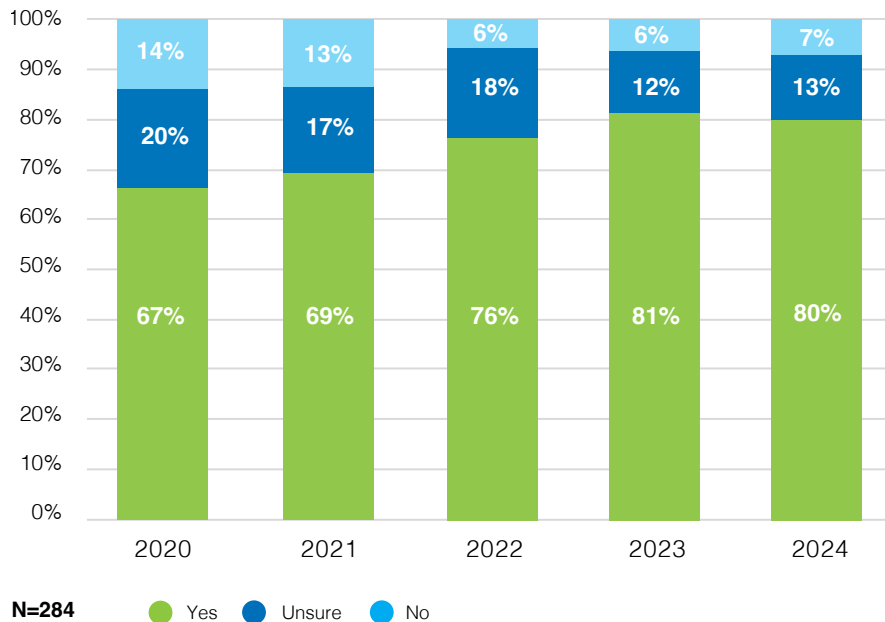




FUNDING

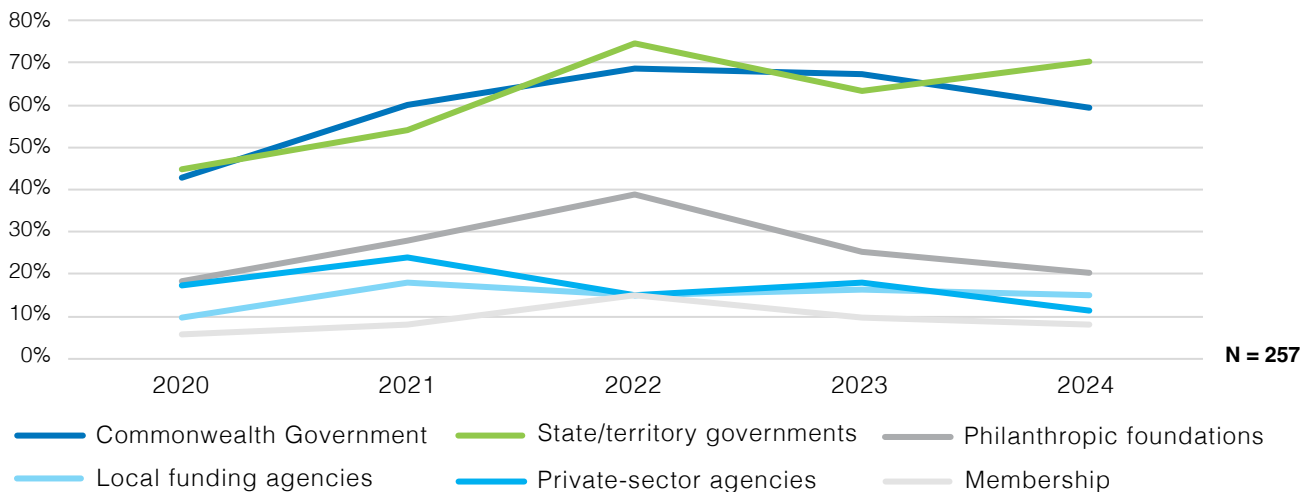
Additional funding is needed to meet changing demand

Does your organisation require additional funding, support or resources to meet changes in service demand?



- Four-out-of-five respondents (80%) reported a need for increased funding to meet changing demands for services, similar to the previous year (81%).
- Unsurprisingly, given the sector consistently reporting an increase in demand each year, over time we see an increase in those reporting a need for additional funding.

Sources of funding

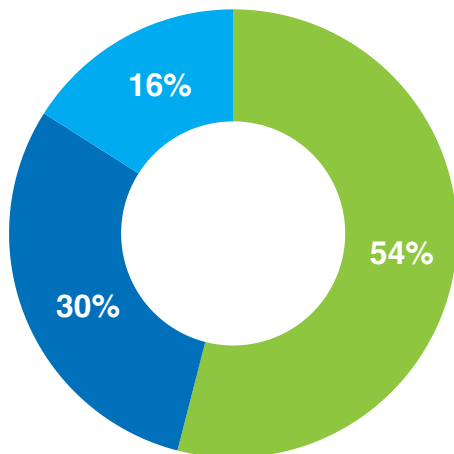


- When surveyed about existing funding sources, the majority of respondents identified Commonwealth (60%) and state and territory governments (70%) funding sources, a decrease from 64% for Commonwealth and an increase from 60% from the state and territory governments on last year's survey. This could represent a shift in where the sector is sourcing its funding.
- Contributions from private donors fell to 29% from 39% while funding from private sector agencies decreased to 11% from 17%.

The majority of funding in the sector comes from both Commonwealth and state/territory governments. The number of respondents reporting that they are funded by these sources increased between 2020 and 2022, but have fallen in 2023 and 2024. These rises and falls do not necessarily correspond with increases and decreases in overall funding levels, since it is possible for a greater number of organisations to receive smaller funding amounts, or fewer organisations to receive larger funding amounts.

External funding factors pose key challenges to the sector and those we support

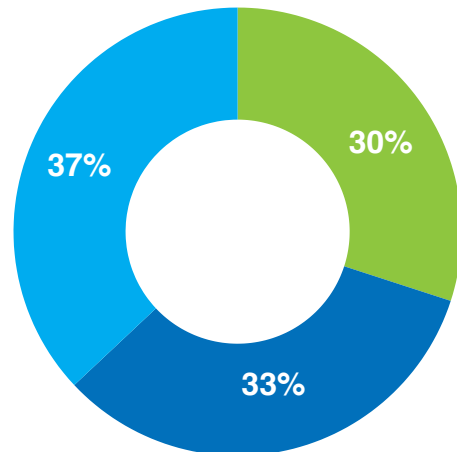
Does your organisation rely on external funding grants to remain sustainable?



N=239

● Yes ● No ● Unsure

In the last 12 months has any of your organisation's government funding arrived late?



N=239

● Yes ● No ● Unsure

- Three-in-ten respondents (30%) reported government funding had arrived late in the past 12 months. This is an improvement from two-fifths (40%) last year and almost half (49%) in 2022.
- A significant share of funding remains short-term, with close to seven in ten (69%) secured for under three years and increase from over half (55%) last year.

A little over half of respondents (54%) reported a reliance on external funding, a decrease from 60% in 2023 and 57% in 2022.

Close to half of the respondents reported the climate for funding security had changed in the past year (48%)

- Reported changes in the funding environment over the past 12 months include:
 - Funding is not predictable, stable or sustainable
 - A shift to more online services rather than face-to-face
 - Temporary funding resulting in temporary roles which affects recruitment
 - Focus more on short-term funding for innovative new models of care
 - Funding has not reflected inflation.

Part Two: State of the Community



Our sector works across the community and sees the impact and challenges of distress daily. In our State of the Nation in Suicide Prevention survey, we asked for views on the risks facing our community and the opportunities to prevent suicide in these challenging times.

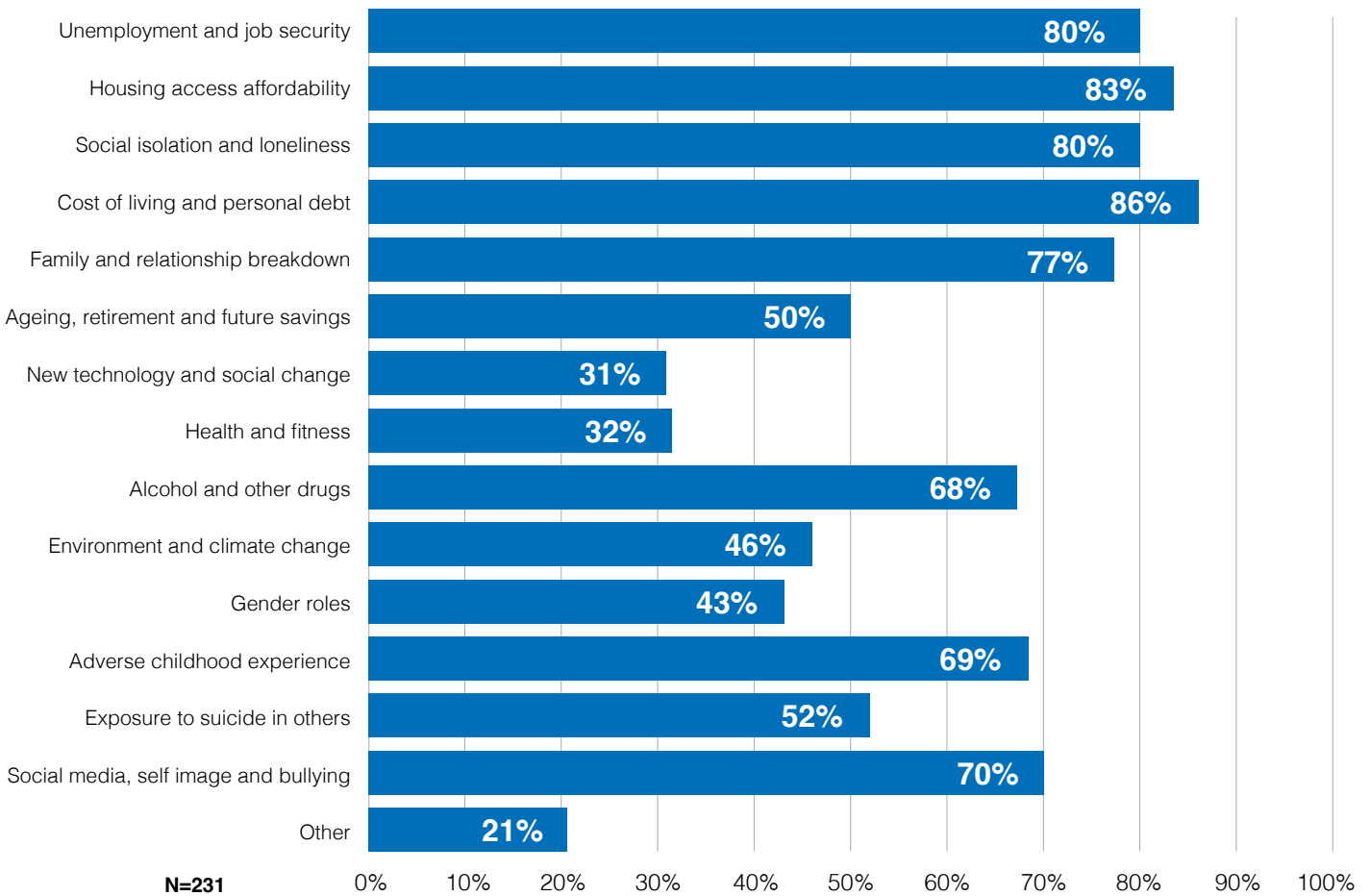
EMERGING AREAS OF RISK

Community insights from the 2024 YouGov polling on suicide prevention shows:

- Over one-quarter (26%) of Australians aged 18 and over know someone in their personal networks, either directly or indirectly, who died by or attempted suicide in the past 12 months
- Close to half (49%) of Australians aged 18 and over have cited elevated distress due to cost-of-living and personal debt compared to the same time last year
- Sadly, 15% of Australians report having experienced suicidal behaviour in the past 12 months.

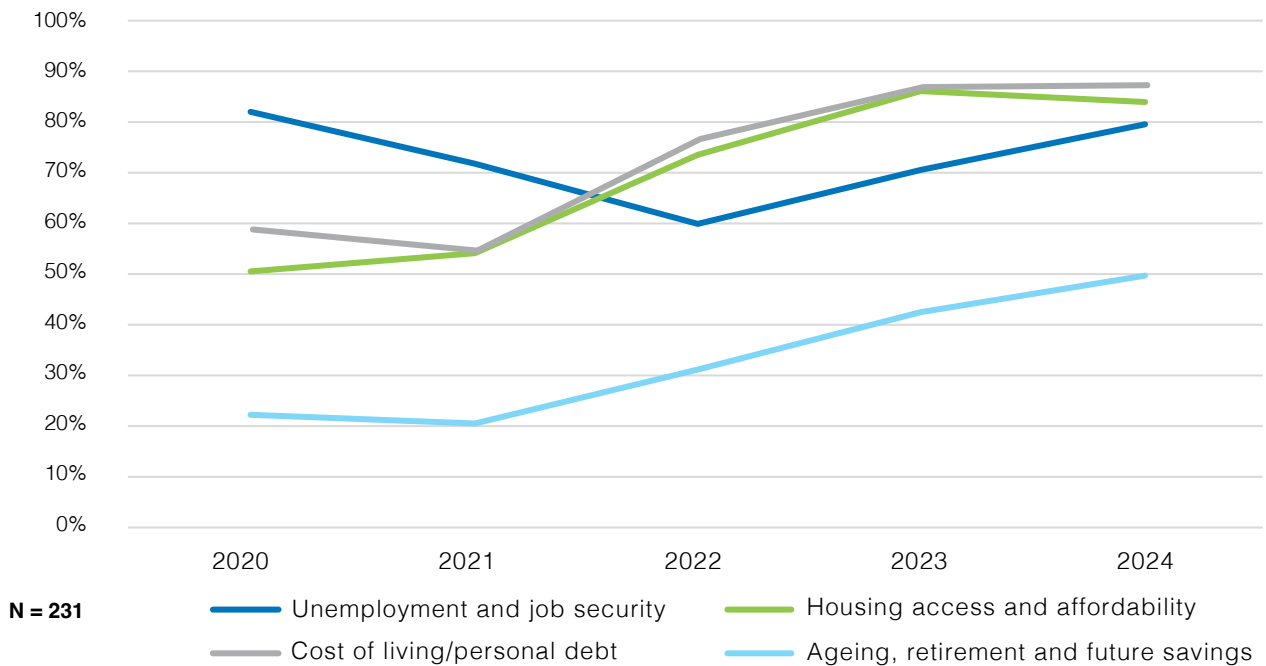
The social determinants of health and wellbeing continue to pose significant risks to suicide rates

What will pose the most significant risk to suicide rates over the next 12 months?

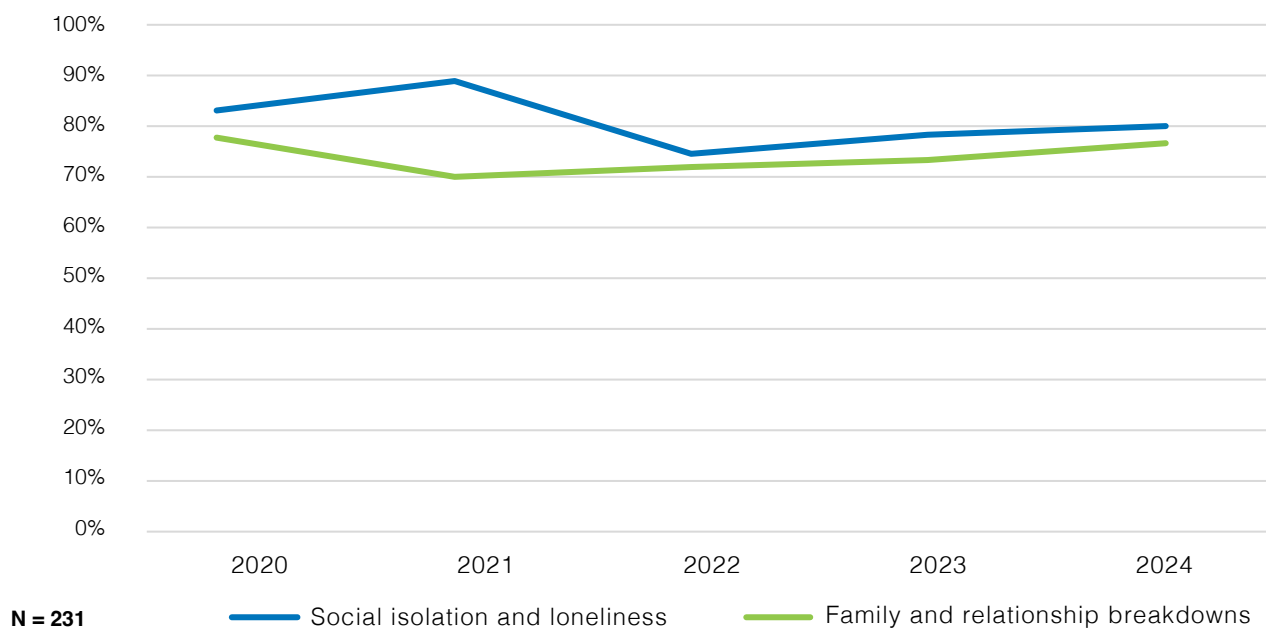


- Suicide is a complex, multi-factorial human behaviour and is usually a response to many contributing factors or 'risk factors' rather than a single cause.
- Housing affordability and cost of living/debt are the two top risk factors.
- Social isolation, family and relationship breakdowns and unemployment are also significant risk factors.

Risks over time

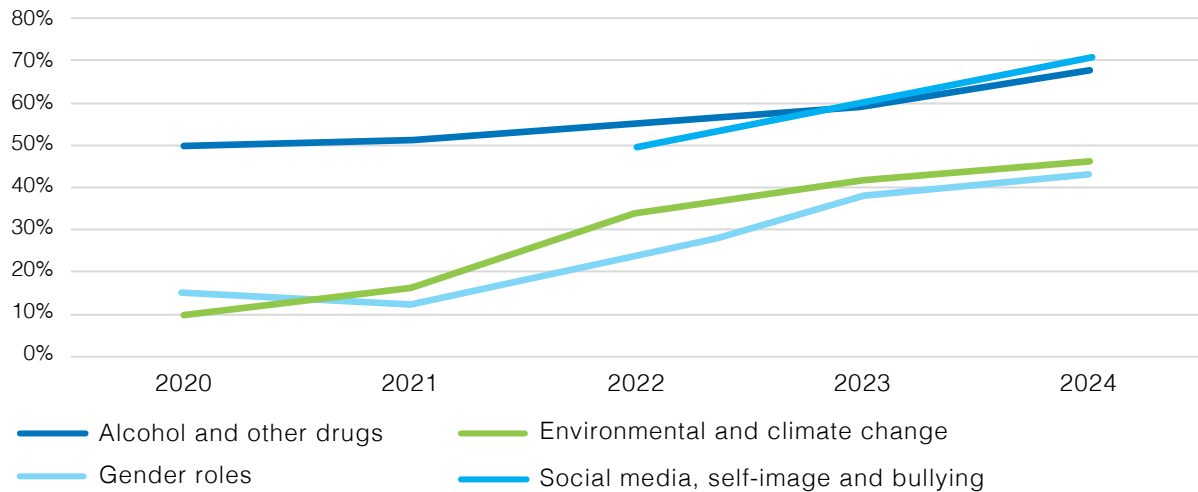


In the more difficult economic times following the Covid-19 pandemic, it is unsurprising to see an increase in the assessed risk from the majority of the economic risks of suicide. The exceptions are unemployment and job insecurity, which aligns broadly with national unemployment statistics.



In contrast to the economic factors, we have seen a slight reduction in the assessment of risks from social factors, following the end of social distancing measures and lockdowns.

Significant risks to suicide over the next 12 months



N = 231




We have also seen slight increases in a number of lower risk factors. (Note that the risks from social media, self-image and bullying has only been tracked since 2022.)

Community insights from the 2024 YouGov polling on suicide prevention shows:

- Most worryingly, nine in ten (91%) Australians believe that social and economic circumstances will pose a significant risk to suicide rates in Australia this time next year
- Similarly, cost of living and personal debt (70%) followed by housing access and affordability (55%) and family and relationship breakdowns (55%) are believed to pose the most significant risks
- Social media, self-image and bullying (53%) has risen to be the third-most common social and economic circumstance that Australians believe pose significant risks to suicide rates in Australia (up from 7th position in May 2024 by the nearest decimal place).



Respondent views on interventions needed to tackle emerging suicide risks

Top rated risk	Second rated risk	Third rated risk
 <p>Cost of living and personal debt</p>	 <p>Housing access and affordability</p>	 <p>Social isolation and loneliness</p>
<ul style="list-style-type: none"> - Raising the rate of welfare benefits to allow adequate stable food and shelter - Targeted suicide prevention strategies for disadvantaged communities (eg. migrants, refugees and asylum seekers) - Policies to freeze rent, build government housing, provide free university, Centrelink access support, hotline to call and access financial support 	<ul style="list-style-type: none"> - Building more housing as per current government policy but more quickly - Social and public housing to be rapidly available and dispersed throughout communities instead of high-rise developments - Restrictions on investment properties, including levies and rental caps 	<ul style="list-style-type: none"> - Enable community-led events that encourage participation - Investment in rural community hubs to bring together health and wellbeing services in a welcoming environment - Increased investment and roll out of peer-led models that bring communities and people together in peer-led environments

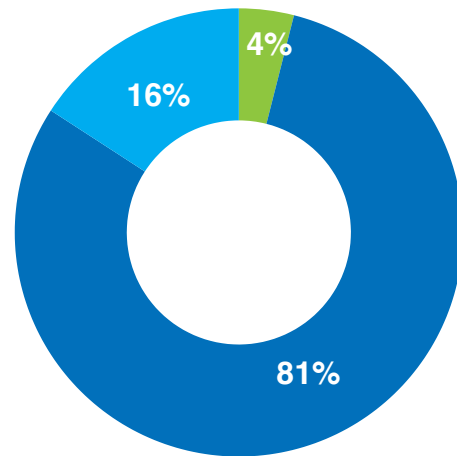
N = 229

“ Government must step up to help the individuals and organisations and those individuals and organisations that are experiencing super wealth need to get more involved in supporting local initiatives. ”



PRIORITY GROUPS

Are programs and services targeted to priority populations at risk of suicide currently appropriately funded, resourced, and responded to?

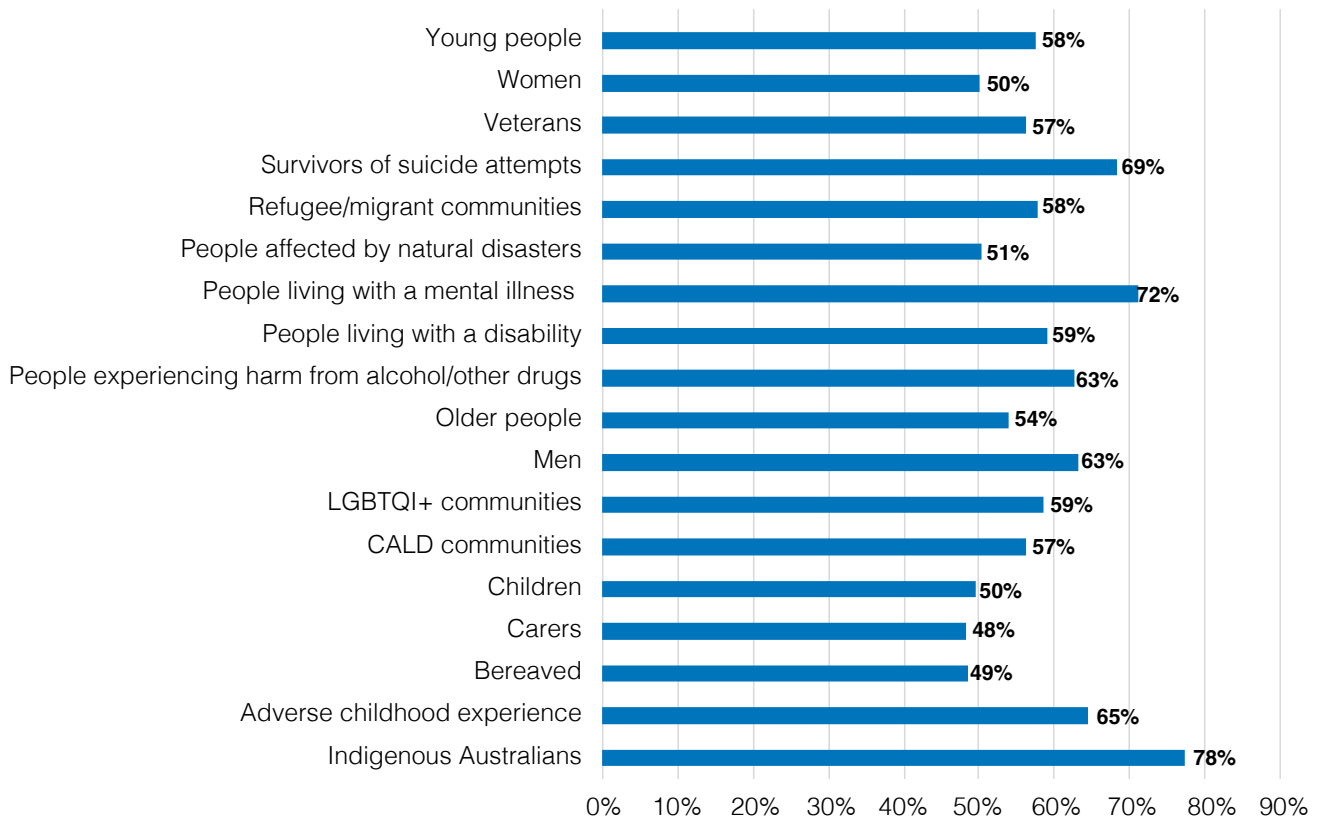


N=218

● Yes ● No ● Unsure

More needs to be done to meet the needs of priority population groups

Which population groups require further support



N=218

- There was overwhelming support for additional funding for priority population groups.
- Respondents predominantly agreed (81%) that programs and services targeted to priority populations at risk of suicide are not appropriately funded, resourced or responded to.
- Significantly, only 4% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to.

Respondents identified actions required to address the needs of priority groups.

Genuine co-design **outreach services** a whole of government approach **place-based specialist services** increased funding **investment in community-led research community-led programs and initiatives timely. Quality and long-term service delivery** more services where it counts **affordable mental health support services** training and education opportunities **peer groups** Closing the Gap **lived experience representation safe and accessible services** early intervention initiatives **more frontline workers**

A large number of the identified actions were supported by numerous respondents:

- Build the lived experience workforce
- Invest in place-based approaches and community services
- Have a national whole-of-government approach to suicide prevention
- Have long-term funding cycles
- Provide safe, culturally appropriate and accessible services
- Increase access to peer support and free support programs
- Increase awareness and education to empower communities
- Invest in suicide prevention research co-designed with people with lived experience.



Part Three: State of the Platform



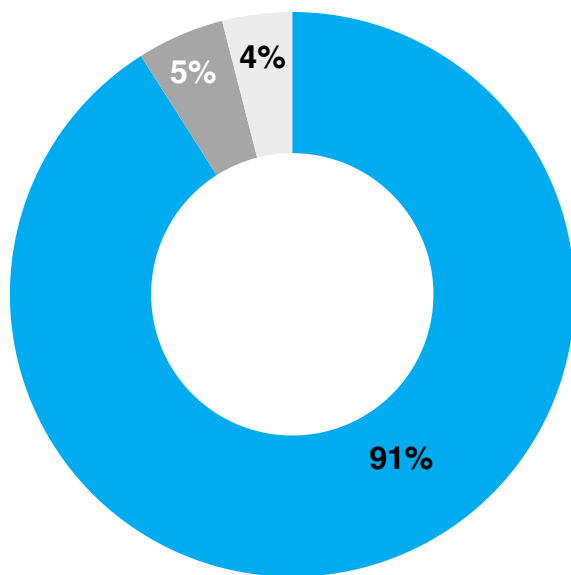
Suicide Prevention Australia published our updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

Pillar One: Whole-of-Government

Suicide is complex, multi-factorial human behaviour with many contributing risks. This is why Suicide Prevention Australia advocates for a whole-of-government approach and whole-of-community approach to suicide prevention. Our National Policy Platform outlines the need for a whole-of-government approach to suicide prevention that addresses the social determinants of health and wellbeing.

There continues to be overwhelming support for a whole-of-government approach

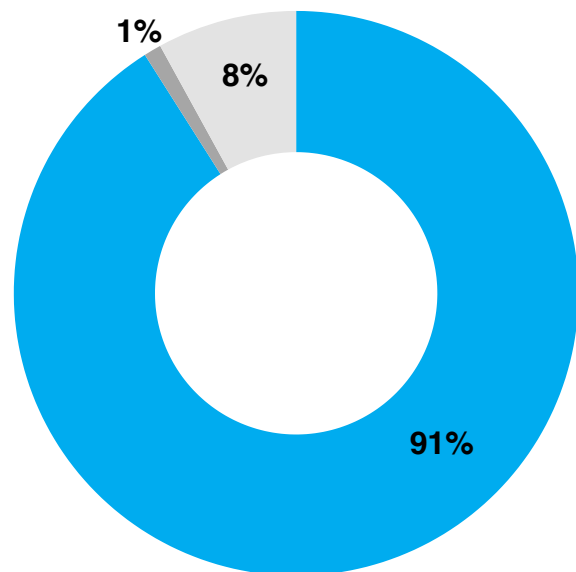
Do you believe a whole-of-government approach to suicide prevention is required?



N=222

● Yes ● No ● Unsure

Do you believe all government decisions should consider the risk of suicide and have clear plans in place to respond?



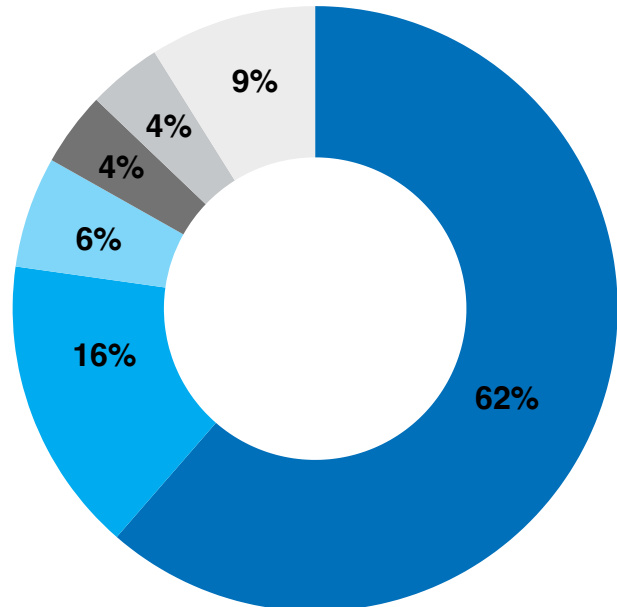
N=222

● Yes ● No ● Unsure

- There is overwhelming support (91%) for a whole-of-government approach to address the social determinants of health that contribute to the risk of suicide.
- This remains consistently high, with a similar percentage of respondents supporting this approach in 2020 to 2024.
- 91% of respondents believe that all government decisions should consider the risk of suicide and have clear plans in place to respond to any negative impacts following on from those decisions.

There is strong support for a Suicide Prevention Act

To what extent do you agree or disagree that Australia should introduce a standalone Suicide Prevention Act similar to South Australia and other countries like Japan, that looks to take a whole-of-government approach?



N=222

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Strongly disagree
- Somewhat disagree
- Don't know

- There is strong support for a Suicide Prevention Act, with more than three-quarters of respondents agreeing or strongly agreeing that Australia should introduce such an act.
- Only 8% of respondents disagreed with introducing a Suicide Prevention Act.



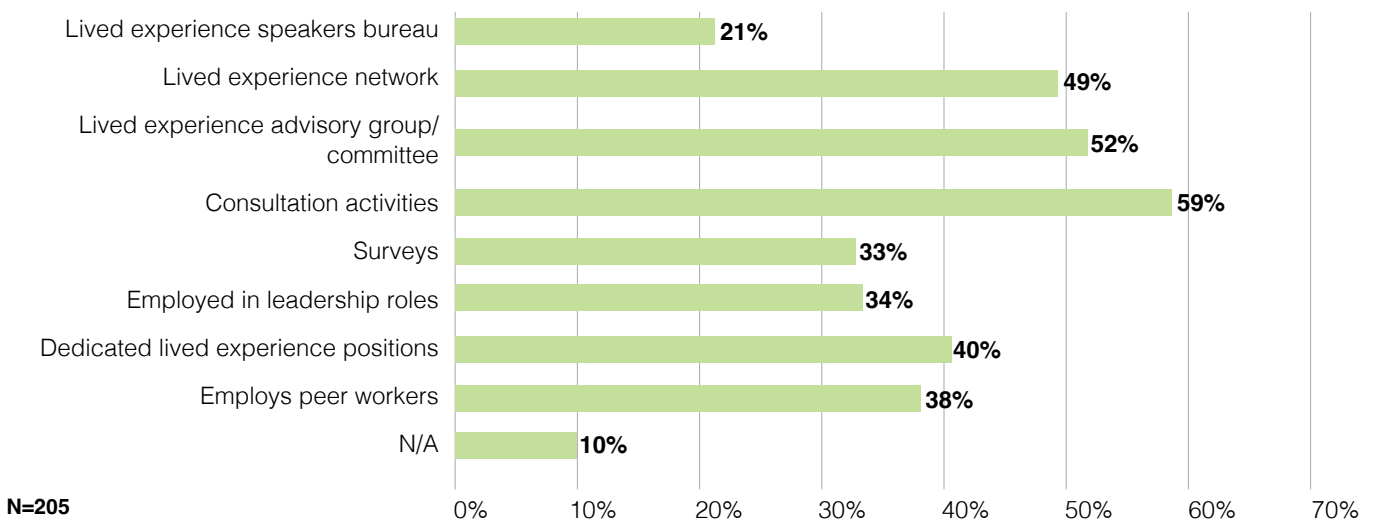


Pillar Two: Lived Experience

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. The National Policy Platform outlines the need for lived experience to be central to suicide prevention and to be integrated into policy development, service design, implementation, research and evaluation.

How does your organisation engage people with lived experience?

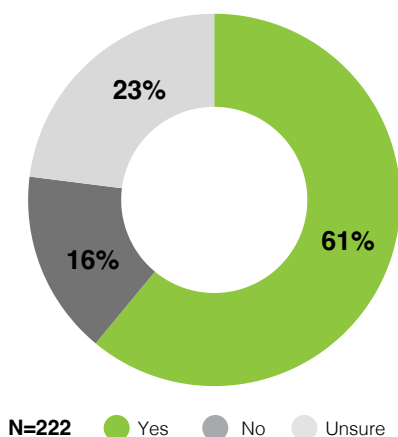
How does your organisation engage people with lived experience?



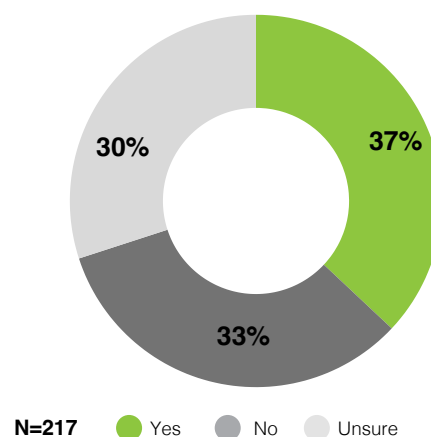
- The suicide prevention sector primarily engages people with lived experience through consultation activities, including workshops and roundtables (58%), lived experience advisory groups or committees (51%), and lived experience networks that share information and opportunities for participation (48%).

Steps taken to integrate lived experience in all aspects of suicide prevention

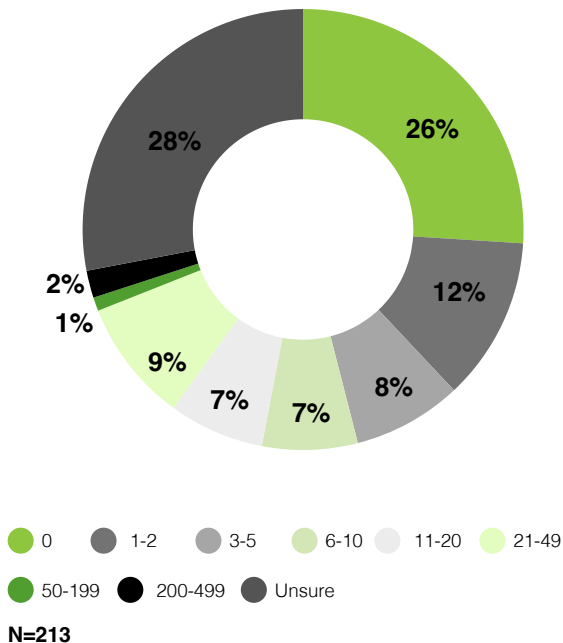
Is lived experience represented in your governance structures?



Does your organisation have a lived experience paid participation policy?



What is your organisation's number of lived experienced paid positions?



- People with lived experience are represented in three-fifths (61%) of governance structures across the sector.
- Nearly two-fifths of the sector have a lived experience paid participation policy (37%) and this is a slight increase from 2023 (34%). Over one-quarter of respondents are unsure whether the organisation they work for has one (30%).
- Over one-quarter of organisations have no lived experience paid positions (26%) while a larger number of respondents are unsure whether their organisation has dedicated paid lived experience roles (28%). Organisations with between 3 and 5 paid lived experience roles account for one-tenth (8%), between 6 and 10 positions for 7%, 11–20 positions for 7% and 21–49 for 9%. Only 3% of organisations have over 50 lived experience paid positions.

Sector ideas on how to integrate lived experience into decision-making

We asked participants what needs to be done to integrate lived experience and insights into decision-making in the sector and in government. From the 209 responses received, the following key themes emerged:

Engage lived experience in co-design

The sector reported that people with lived experience should be involved in genuine co-design to help improve suicide prevention policy, initiatives and services. This requires that diverse lived experience voices are heard and empowered and that people with lived experience are involved in strategic discussions and decision-making processes.

Commit to lived experience roles in governance structures

The sector reported that lived experience expertise should be at the centre of governance frameworks and embedded across suicide prevention programs. Respondents identified that there should be dedicated lived experience leadership roles at Board and senior management level and across suicide prevention organisations.

N=209

Increase funding for lived experience roles

The sector reported that there should be dedicated funding so that organisations can employ lived experience experts in decision-making positions and across all levels of the sector. Respondents also identified that, to adequately acknowledge the value of lived experience knowledge and expertise, all lived experienced positions should be paid and that there should be career progression opportunities. To help ensure that lived experience is embedded across suicide prevention organisations, it was suggested that lived-experience-led governance could be considered a key eligibility criteria to receive government funding.

Improve support systems for people with lived experience

The sector indicated that there is a need to improve support systems for people with lived experience so that they can safely be involved in decision-making processes. Respondents also identified that there should be an increase in non-intimidating ways for people with lived experience to provide their insights, including through surveys, focus groups and think tank opportunities. To help ensure that people with lived experience feel encouraged to participate, it was identified that policy makers should really listen and take into account lived experience views and values in their decision-making processes.



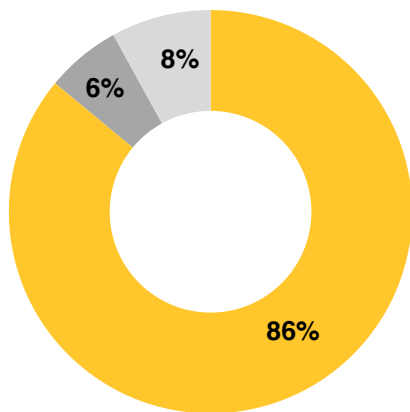
Pillar Three: Data and Evidence

Our National Policy Platform outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes.

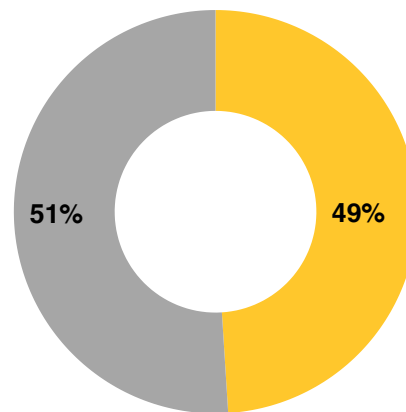
The suicide prevention sector needs access to data and there are gaps in current data systems

Does your organisation need access to reliable, timely, accurate suicide prevention data?

Does your organisation have access to the data it needs right now?



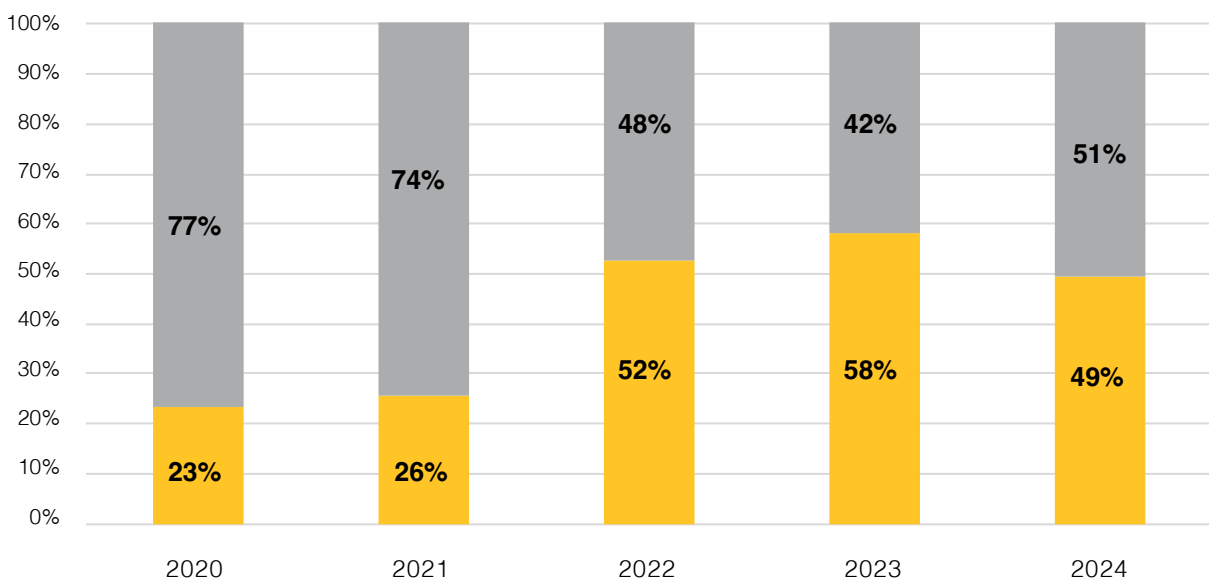
N=239 Yes No Unsure



N=215 Yes No

- A large percentage (86%) of organisations continue to need access to reliable, accurate suicide prevention datasets, and around half (51%) do not have access to the data they need right now.

Has access to the data needed right now

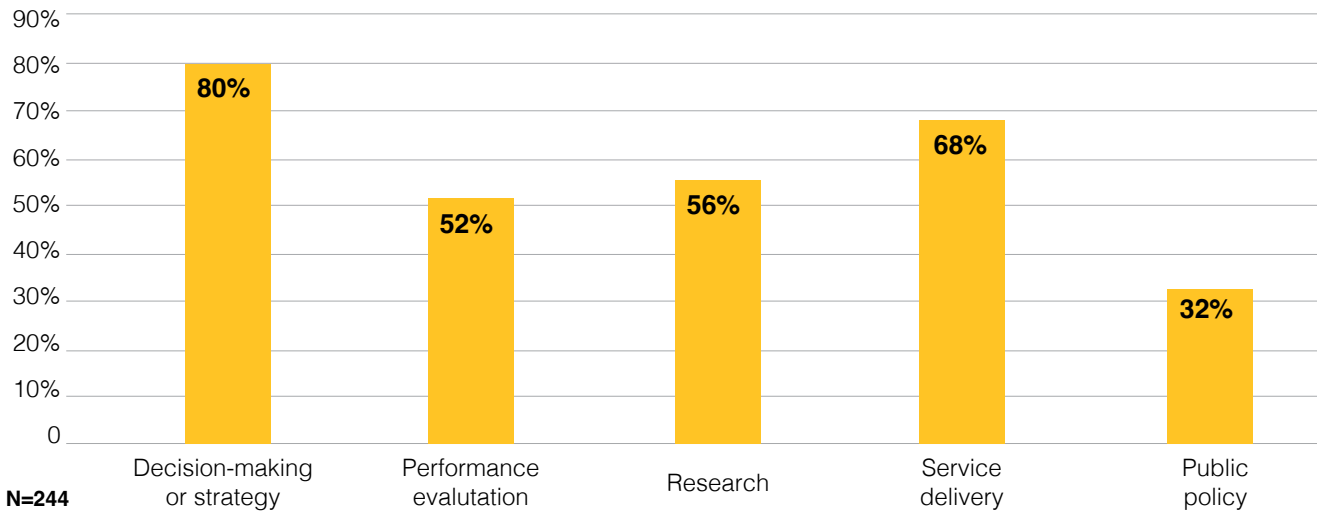


N=244 Yes No

- It is positive to see there is an increase in the number of respondents indicating they have the data they need. The jump in 2022 may be due, at least in part, to the work being done by Australian Institute of Health and Welfare and other organisations in providing increased access to data. It should be noted that, despite this progress, 51% of respondents still say they do not have access to the data they need, and data accessibility was reported slightly lower than last year.

Data can empower organisation to do more

What does your organisation primarily use suicide prevention data for?



- Four in five (80%) organisations use suicide prevention data for decision-making or strategy, up from 66% in 2023. Service delivery remains at 68%, similar to how it was in 2023.

Despite progress, gaps remain and more needs to be done to provide the data the sector needs

We asked participants what data they need that they cannot currently access. From a range of responses received, the following key themes emerged:

Suicide registers for all states and territories

Similar to the registers in New South Wales, Victoria, and Queensland, we are seeing respondents request for registers across all states and territories.

Better data on suicide attempts

At the time of writing, the Australia Bureau of Statistics' National Study on Mental Health and Wellbeing is being relied upon for data on this topic. There are calls to look at other data to have a fuller picture of what the situation in Australia is.

Information regarding funding

The sector is requesting for more data on funding, how it is accessed, how it is being used, as well as trends over time.

N=92

“ We receive suspected suicide data in our area but health data on ED presentations for mental health, NSSI, attempts etc would help us target our efforts appropriately. Contextual data on losses would also help us better direct prevention efforts.

”



Pillar Four: Workforce, Sector and Community Capacity

Our National Policy Platform emphasises the need for a sustainable workforce, quality sector practice and community-wide capability for suicide prevention.

In context: Defining the suicide prevention workforce

Suicide Prevention Australia takes the view that the suicide prevention workforce should be defined as broadly as possible. A broad view of the suicide prevention workforce reflects a whole-of-community approach to suicide prevention and includes everyone who is likely to interact with or make decisions that affect someone who might be vulnerable to suicide.

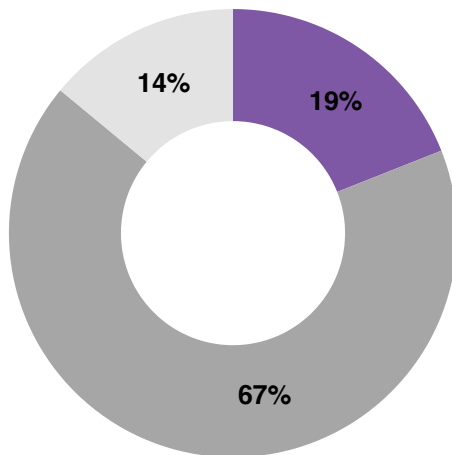
As outlined in our previous representations to government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

- The clinical workforce, encompassing doctors, nurses and allied health professionals, who interface with individuals at risk of suicide and in suicidal crisis
- The formal suicide prevention and mental health workforce, encompassing those working in suicide prevention, response, crisis support or postvention setting (eg. emergency first responders, the lived experience workforce, the postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers). In most cases, this segment of the workforce should co-exist and be complementary to the mental health workforce, leveraging and sharing infrastructure where appropriate
- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across government departments, social services, employer groups, miscellaneous service providers, community-based organisations and other settings where individuals vulnerable to suicide or suicidality are likely to present.



There are major workforce challenges and most providers do not have sufficient staff or volunteers

Does your organisation currently have sufficient staff and/or volunteers to meet your workforce needs?

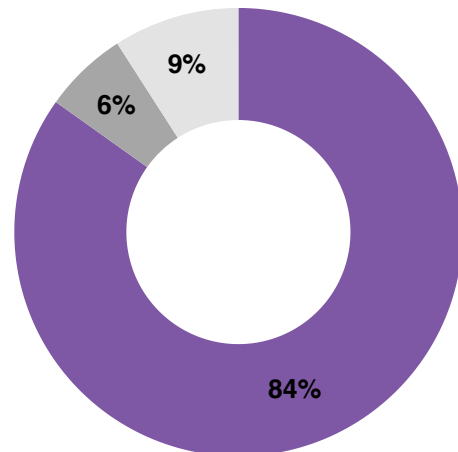


● Yes ● No ● Unsure

N=213

- A majority of respondents do not currently have the staff and/or volunteers they need (67%) while less than one-fifth (19%) report they do.

Does Australia need a comprehensive, fully-funded Suicide Prevention Workforce Strategy?

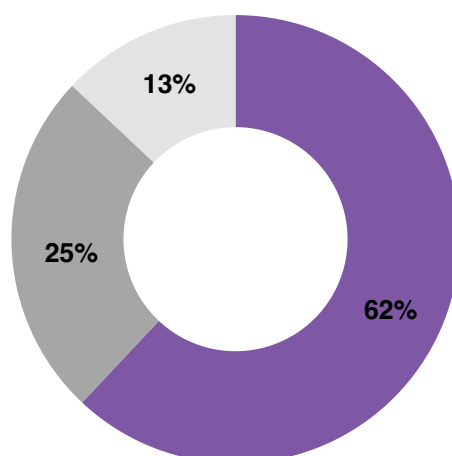


● Yes ● No ● Unsure

N=224

- More than eight-out-of-ten respondents (84%) believe Australia needs a comprehensive, fully-funded Suicide Prevention Workforce Strategy.

Do you and your colleagues/employees have access to the skills and training necessary to meet service delivery needs?



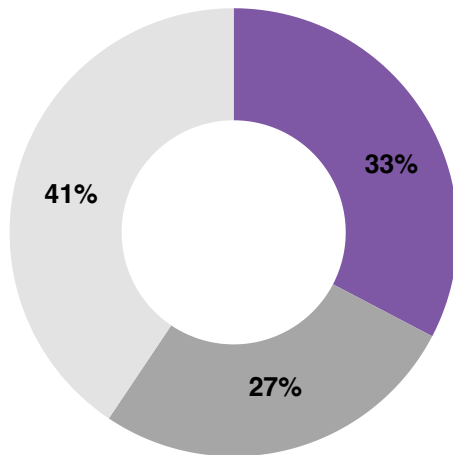
● Yes ● No ● Unsure

N=214

- Three-in-five respondents (62%) report having access to the skills and training necessary to meet service delivery needs, yet one-quarter (25%) say they do not.
- The skills and training needs identified by respondents include:
 - Aboriginal trauma-informed training
 - Technology advances and use of artificial intelligence in resource development
 - Affordable Certificate IV training for those employed as lived experience peer workers
 - Mental health first aid
 - Programs designed with input from lived/living experience persons in paid capacity.

The sector continues to grow with significant workforce recruitment expected in the near term

Is your organisation intending to increase the full-time-equivalent staff numbers in 2024/25?



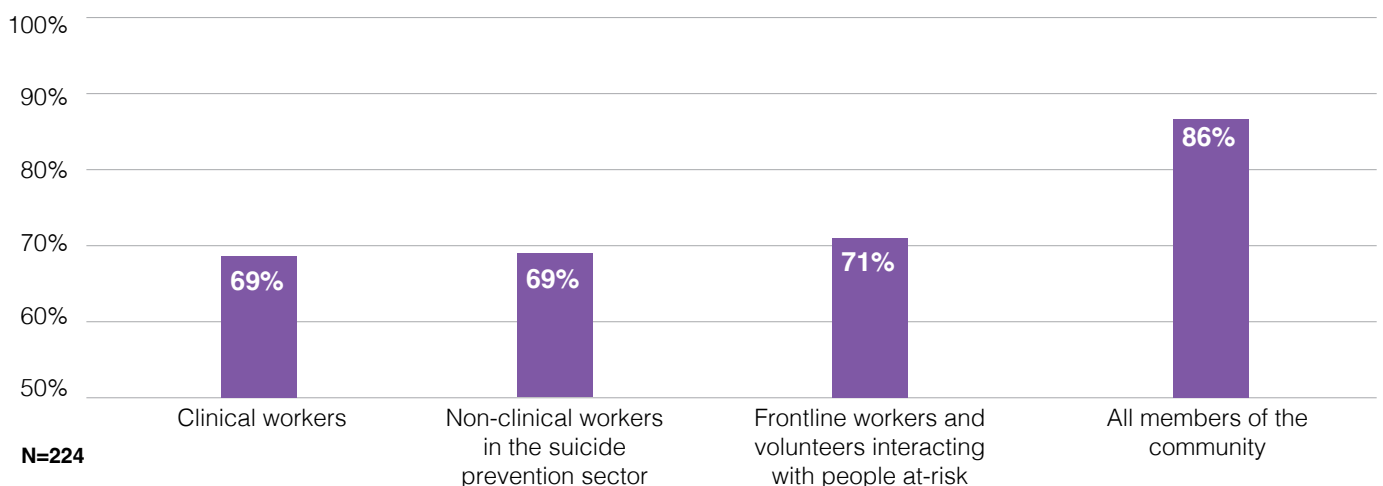
- 33% of responding organisations intend to increase their staffing levels in 2024/25. This is the same level compared to 2023 but has fallen from 37% in 2022.
- The level of staffing uncertainty remains the same at 41% (42% in the previous year).

Yes No Unsure

N=212

There is strong support to build community capability for suicide prevention

Who should have access to suicide prevention training?



- There continues to be widespread support for broader access to suicide prevention training (ie. training that helps individuals identify signs of distress and support people to services that are available).

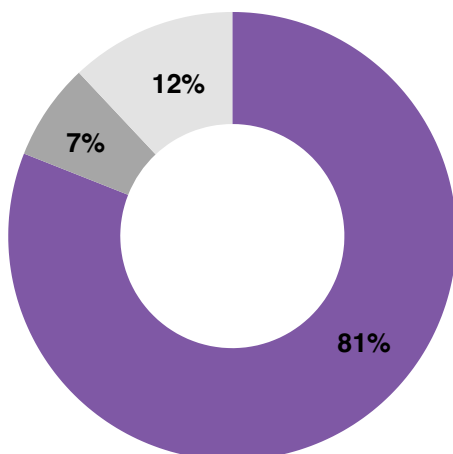
Community insights from the 2024 YouGov polling on suicide prevention:

- Almost one-fifth (18%) of Australians say they have visited, sought help, or searched from a suicide prevention service in the past 12 months.
- Among personal networks, the most prevalent form of help seeking for suicidal behaviour was from friends (30%), followed by a partner (25%), and a parent/guardian (18%).
- Encouragingly, two-thirds (68%) of Australians who have been formally diagnosed with a mental illness in the past 12 months have visited, sought help, or searched for advice from a suicide prevention service in the past 12 months, with even more having sought help from a personal network (86%).



The sector is committed to safe, quality and effective suicide prevention practice

Should governments prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services?



N=222 ● Yes ● No ● Unsure

- Approximately four-fifths of respondents (81%) believe governments should prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services.
- 23% of respondents have achieved accreditation through the national Suicide Prevention Accreditation Program, up from 17% in the previous year. However, only 12% say they will get accredited in the next 24 months (6% in the next 12 months and 6% in the next 24 months), down from 27% last year (19% in the next 12 months and 8% in the next 24 months).
- Over half (54%) of programs and services have been evaluated by an external body, with 33% of all programs and services being evaluated on an annual or six-monthly basis.

Australia's first National Suicide Prevention Standards

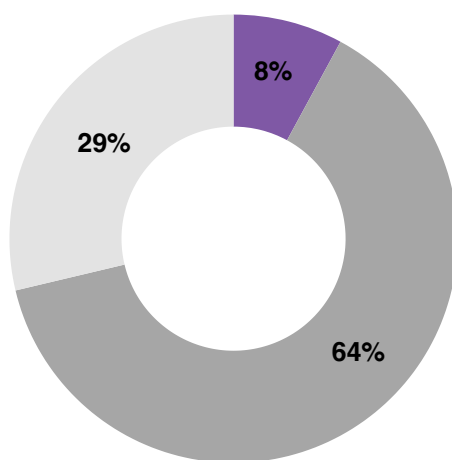
The Suicide Prevention Accreditation Program supports organisations to implement safe, high-quality and effective suicide prevention and postvention programs in Australia. We are striving to ensure that every person who needs support can access a consistent, high-quality and safe standard of care.

Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the *Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition* (the Standards).

The Suicide Prevention Accreditation Program is for all suicide prevention and postvention programs. A suicide prevention program is one that is implemented to address, prevent or respond to suicidal behaviours and their impact on people, families, communities and the Australian population.

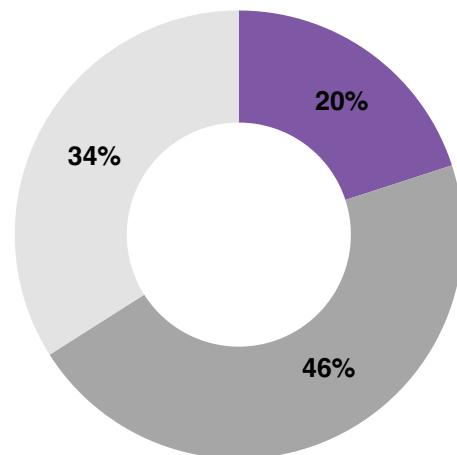
Peer workforce

Is the suicide prevention peer workforce (including peer workers) appropriately funded and resourced?



N=221 Yes No Unsure

Have there been any changes to suicide prevention peer workforce funding and resources within your organisation in the last 12 months?



N=221 Yes No Unsure

- More than half of respondents reported the peer workforce (including peer workers) is not appropriately funded and resourced (64%).
- Almost half of respondents say there has not been any changes to peer workforce funding and resourcing in the last 12 months (46%). This is more than double the previous year where around two-fifths (18%) said there were no changes.
- The sector reported 17% of organisations have between 1 and 2 dedicated lived experience paid positions in their organisations, 12% have between 3 and 5, 9% have between 6 and 10, 9% have between 11 and 20, and 12% have between 21 and 49 paid positions (excludes respondents who were unsure of the number).
- Regardless of organisational size, it is more likely than not that there is at least one paid lived experience position. However, around two in five organisations with less than 200 paid positions report zero paid lived experience positions. This trend changes once there are more than 200 paid employees, with the figures falling to around one in five organisations.

Acknowledgements

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived experience of suicide. This knowledge and insight are critical in informing all aspects of suicide prevention policy, practice and research.

Advice from the Suicide Prevention Australia Lived Experience Panel and other individuals with lived experience has helped guide the development of the *2024 State of the Nation in Suicide Prevention Report*, including on the design of new and updated questions, the addition of a lived experience section and in responding in large numbers to the 2024 survey.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy and advocacy work. Suicide Prevention Australia thanks all involved in the development of the *2024 State of the Nation in Suicide Prevention Report*.



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