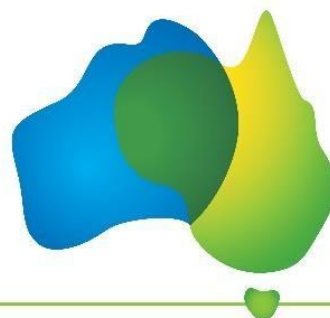


JANUARY 2025



**Suicide Prevention
Australia**

Pre-Budget 2025-26

Submission

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About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. With more than 350 members, we represent the largest, and many of the smallest, organisations working in suicide prevention. We exist to provide a clear, collective voice for the suicide prevention sector. We support and strengthen the services of our members, serve as an information channel connecting the sector and the voice of lived experience to government, as well as providing leadership, policy services, and research support to the sector.

Suicide Prevention Australia releases the quarterly [Community Tracker](#) to analyse trends in levels of distress in the community, and the annual [State of the Nation in Suicide Prevention](#) report to provide a unique perspective on suicide risks and issues facing the suicide prevention sector.

The Community Tracker – December 2024

Key findings from the Community Tracker show families are at the forefront of distress levels.

- 31 per cent of Australians with children under 18 sought help from a suicide prevention service in the last 12 months, an increase of 10 percentage points in 12 months.
- 85 per cent of Australians with children under 18 at home are feeling elevated levels of distress. This figure is significantly higher than the general population (75%) and Australians without children under 18 at home (69%).
- Cost-of-living and personal debt is the number one cause of distress for people with children under 18 at home (50%), followed by family and relationship breakdown (32%), housing access and affordability (28%), Social isolation and loneliness (20%), Unemployment and job security (20%), Environmental and climate change (16%), Social media, self-image and bullying (16%), and Alcohol and other drugs (13%).
- Nine in ten Australians continue to believe that social and economic circumstances will still pose a significant risk to suicide rates in Australia this time next year.
- Twenty-eight per cent of Australians say they know someone in their personal life or networks who has died by or attempted suicide.

State of the Nation 2024

The 2024 State of the Nation in Suicide Prevention reports shows that 71 per cent of suicide prevention organisations have seen an increase in demand over the last 12 months and 80 per cent require additional funding to keep up.

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, and limited capability to address the broader, systemic drivers of suicide.

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Suicide in Australia

The need to act on reducing the impact of suicide in Australia is urgent. Suicide rates in Australia have not decreased in the last 20 years. In 2004, the age-standardised rates for men and women were 16.8 per 100,000 and 4.3 per 100,000 respectively.¹ By 2022, that stood at 18.9 per 100,000 for males, and 6.1 per 100,000 for females.²

We need funded, implemented, whole-of-Government action, urgently to tackle the causes of distress and suicidal risk. The costs of inaction are clear:

- Each year, suicide and self-harm cost Australia \$28.8 billion.³
- Each year, 55,000 people attempt suicide.⁴
- Each year, more than 3,000 lives are lost to suicide.⁵ Nine lives a day.
- The Causes of Death preliminary data identified increasing rates of death across many States.⁶

Suicide is a complex and multi-factorial issue. We need to view it with a lens that is more than clinical – one that takes into account the social, environmental, and economic risk factors and responses to suicidality. Suicide impacts the whole community, but the risk is felt particularly acutely among specific groups of Australians:⁷

- Seventy-five per cent of deaths from suicide are men.
- The highest rate in an age group is among women aged 50 to 54.
- Suicide is the leading preventable cause of death for young people.
- Regional and rural communities throughout Australia have a higher rate of death.⁸
- The rate of death by suicide among Aboriginal and Torres Strait Islander people is twice the non-Indigenous rate and increasing.
- Ex-serving male Defence personnel experience suicide rates 26 per cent above average male rates.⁹
- LGBTIQ+ communities experience higher rates of mental health issues and suicidal behaviours.¹⁰

¹ Australian Bureau of Statistics. 2006. *Suicides, Australia 1994-2004*. Canberra. [3309.0 - Suicides, Australia, 1994 to 2004 \(abs.gov.au\)](https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release)

² Australian Bureau of Statistics. (2023). *Causes of Death, Australia*. ABS. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.

³ Productivity Commission. 2020. *Mental Health*. Report no 95, Canberra.

⁴ Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. <https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release>.

⁵ Australian Bureau of Statistics. "Causes of Death, Australia." ABS, 2023, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.

⁶ Australian Bureau of Statistics. "Causes of Death, Australia." ABS, 2023, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>. Canberra

⁷ *ibid.*

⁸ Australian Institute of Health and Welfare. 2023. Suicide and self-harm monitoring data. [Suicide by remoteness areas - Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports/15/suicide-and-self-harm-monitoring-data)

⁹ Australian Institute of Health and Welfare. 2024. Web release: [Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2022, Report editions - Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports/15/suicide-and-self-harm-monitoring-data). Canberra

¹⁰ Australian Institute of Health and Welfare. 2024. Suicide and self-harm Monitoring Web release: [LGBTIQ+ Australians: suicidal thoughts and behaviours and self-harm - Australian Institute of Health and Welfare](https://www.aihw.gov.au/reports/15/suicide-and-self-harm-monitoring-data). Canberra

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Imagine a world without suicide

These figures, and the lives behind them, come at a time of elevated distress in the community. The Suicide Prevention Australia Community Tracker has found 75 per cent of Australians are experiencing higher levels of distress than they were 12 months ago, due to factors including cost of living, housing affordability, and relationship breakdown.¹¹ Families are being hit particularly hard.

The Need for Action

The resources and frameworks we need are available and ready to make real change.

The Draft National Suicide Prevention Strategy release was finally welcomed in September last year. States around the country are working on Suicide Prevention strategies, and some to enact their own Suicide Prevention Acts.

During Suicide Prevention Australia's consultations with our members on the National Strategy, the resounding and repeated comment was that we have been working towards the Strategy for 20 years. Now we need action.

This Budget provides an opportunity to set in place the foundations for the implementation of the National Strategy, using the years of consultation and preparation that have gone into it, and make meaningful progress in reducing the impact of distress and suicide in our community.

The action we need encompasses four major areas, reflecting Suicide Prevention Australia's National Policy Platform:

- **Whole-of-Government action;**
- **Lived experience;**
- **Workforce, the sector, and the community; and**
- **Data and evidence.**

All of these are areas that will complement and assist the maximisation of benefit from the National Strategy. Some initiatives are included in the Strategy, and can be readily and easily implemented ahead of the rollout.

¹¹ Suicide Prevention Australia. 2024. [Suicide Prevention Australia Community Tracker](https://www.suicidepreventionaust.org/community-tracker) - <https://www.suicidepreventionaust.org/community-tracker> Sydney

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Time to Act: Suicide Prevention Australia's Pre-Budget Priorities.

	MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
WHOLE-OF-GOVERNMENT ACTION	National Suicide Prevention Strategy	Begin planning, funding, and realising the full and meaningful implementation of the National Suicide Prevention Strategy by undertaking departmental analyses to allow existing resources to be utilised with a suicide prevention lens and funding first tranches of implementation.	Operational budgets for agencies \$2M allocation in 2025-26 for first tranches of implementation
	National Suicide Prevention Office Independence	Ensure funding for the National Suicide Prevention Office as coordinator of National Strategy implementation.	Continuation of Existing Budget with additional funding of \$0.5M annually for additional resourcing
	Suicide prevention legislation	Drafting a Suicide Prevention Act to assist the rollout of the National Strategy through agencies and increase agency responsiveness, provide an underpinning whole-of-government approach and embed suicide lived experience across government.	\$1M over 2 years for drafting and consultation
LIVED EXPERIENCE	Review to enhance embedding suicide prevention lived experience	Undertake a review across government to establish areas of good practice in embedding suicide prevention lived experience, with the review conducted by an appropriate lived experience led body.	\$1M over 2 years
	Consultation on enhancing suicide lived experience leadership	Resource a comprehensive, and lived experience led, consultation program to investigate what mechanisms, such as a lived experience peak body, would further develop and support suicide lived experience leadership.	\$1M for consultation and planning
	Invest in peer workforce development, especially in regional areas	Provision of training for peer workforce and retention incentives for regional workforce, through provision of an annual \$1 million fund to provide training for applicants.	\$4M over 4 years
DATA AND EVIDENCE	Improve the availability and use of data on suspected deaths by suicide	Invest in the Australian Institute of Health and welfare to provide a platform for consistency in data collection and releases from State and Territory suicide registers, including vital information such as priority populations.	\$2M in 2025-26
	Improving data timeliness and impact	Funding for the ABS to conduct the Mental Health and Wellbeing Survey every four years to deliver timely evidence to improve suicide prevention policy.	\$12M in 2026-27 to 2027-28
	Support suicide prevention research focussed on translation into practice	Continue the Suicide Prevention Research Fund to ensure leadership in research and translation to address all aspects of suicide.	\$15m over 4 years, at \$3.75m per annum
WORKFORCE, THE SECTOR, AND THE COMMUNITY	Review the funding processes to protect community organisations	Improve funding arrangements to improve workforce and service continuity through longer contracts, timely commencement/renewal of contracts, indexation and paid participation for people with lived experience of suicide.	Departmental Review
	Support the nationally consistent rollout of hospital guidelines	Incentive funding program for States to implement and provide training for hospital guidelines regarding those in suicidal distress.	\$4M over 4 years
	Provide competency training to public-facing agencies	Government to fund the development of industry-specific competency frameworks in high risk areas of government services, such as welfare, child services, taxation, policing and the justice system, to provide a tailored approach to build on the evidence of 'what works' regarding the knowledge and skills required for workforces.	\$0.55M over 3 years
	Equip the Community to respond effectively to suicidal behaviours	Make evidence-based "first aid" suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk by establishing a community training fund.	\$4.8M over 4 years
	Assist suicide prevention organisations to achieve program accreditation	Fund 50 smaller and regional organisations annually to attain accreditation to increase effectiveness and trust in suicide prevention programs.	\$4M over 4 years

1. Whole of Government

A whole-of-government approach to suicide prevention that addresses the socio-economic and environmental determinants of suicide is core to effective action.

Suicide is a complex, multifactorial human behaviour with many risk factors and influences. Mental illness can be a driver of suicide risk, but a range of other socio-economic and environmental factors are also significant determinants of suicide risk. These determinants include financial distress, adverse childhood experiences, environmental disasters and a number of others. A focus on the on socio-economic and environmental determinants of suicide targets those who are likely to become at increased risk of suicidality. This is critical, as a significant number of Australians who lose their life to suicide each year are not accessing a health service at the time of death.

1.1 National Suicide Prevention Strategy implementation

Begin planning, funding, and realising the full and meaningful implementation of the National Suicide Prevention Strategy

The National Suicide Prevention Strategy (National Strategy) was developed by the National Suicide Prevention Office (NSPO). After extensive consultation a final draft was released for public comment and received strong support. The finalised version is awaiting approval for release. The National Strategy facilitates a whole-of-government approach and provides a ten-year roadmap which allows all levels of government to immediately start allocating resources and agencies towards evidence-based suicide prevention initiatives. It requires ongoing funding from all governments to ensure full and meaningful implementation.

The National Strategy is the product of extensive consultation with the suicide prevention sector, people with lived and living experience of suicide, and specialist researchers.¹² The National Strategy builds on the work of the sector, and so reflects the needs of the sector and acts to provide certainty and unity to drive suicide prevention efforts across Australia.

This blueprint establishes a strong focus on prevention and the drivers of distress, to facilitate meaningful and long-lasting change and to reduce the unacceptable rate of suicide in our communities. It also provides a clear path for Governments to begin allocating resources and analysing agency capacities to allow for smooth implementation. With the Strategy released, and many actions identified which can be taken immediately upon implementation, it is important that there is commitment, both in policy and Budget, to begin this implementation.

This Budget provides an important step forward in this commitment if adequate funding is made available to ensure effective and meaningful commencement. Funding should at minimum include resources for the NSPO to coordinate on implementation across all departments and agencies with actions in the strategy. Funding should also include resources for each of those portfolios to work on implementation planning and initial actions.

¹² National Mental Health Commission. (2023). Overview of the development process of the National Suicide Prevention Strategy. [Overview of the development process of the National Suicide Prevention Strategy | Have Your Say - National Mental Health Commission](#)

1.2 National Suicide Prevention Office (NSPO) independence

Ensure the independence, effectiveness and sustainability of the National Suicide Prevention Office

The National Suicide Prevention Office is a vital and consultative agency which is valued by the sector. The work it undertakes is essential to meaningfully reducing the impact of suicide across the country.

It is particularly essential at the current time that the NSPO remains resourced and able to fulfil its functions, including oversight of the recently released draft Advice on the National Suicide Prevention Strategy.

The NSPO's current roles and functions have been subject to rigorous review and consultation with the sector to ensure they are fit for purpose. Located currently within the National Mental Health Commission, the NSPO has pursued its roles and functions with a whole-of-government view and a concentration of meaningful consultation with the sector. The preparation of the draft Advice on the National Suicide Prevention Strategy, based on extensive consultation with the sector, is a reflection of the important role the NSPO holds both in systemic change and in sector confidence.

To facilitate a whole-of-government approach it is critical that the NSPO remains independent with the ability to drive the implementation of the National Strategy without facing the barriers of inter-Departmental processes. The NSPO must remain adequately resourced and able to fulfil its functions to ensure sustainability so that it can continue to address captures cross portfolio, cross-jurisdictional and regional issues.

The NSPO, as a specialist coordinating body, is well placed to provide oversight and impetus and should have the ability to drive implementation without facing the barriers of inter-departmental processes and inherent delays. It should also be the first point of contact for information related to the roll out of the National Strategy for Local, State and Territory Governments. The NSPO can play an important role in pulling together the expertise needed to translate the National Strategy into action.

In addition, the NSPO is currently developing a suicide prevention outcomes framework which will be critical in measuring the impact of suicide prevention activities, including the implementation of the National Strategy. The work of the NSPO also includes the vital development of the National Suicide Prevention Workforce Strategy with a focus on the lived experience workforce and peer workforce. Central to building workforce capacity and capability, this work is a cornerstone in the sustainability and growth of the sector.

Following the current review of the NMHC and NSPO, it is essential that the NSPO remain independent, and resourced to continue meaningful work including the implementation of the National Strategy, and development of the Outcomes Framework and the Workforce Strategy. In addition to current resourcing, additional funding and staffing may be required to cater for this work.

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1.3 Suicide Prevention Legislation

Create suicide prevention legislation to introduce to the Federal Parliament to mandate a whole-of-government approach and embed suicide lived experience across government

“No single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress”.¹³

Suicide prevention legislation is another key lever to ensure a whole-of-government approach to suicide prevention. There are a range of elements that a Suicide Prevention Act could incorporate that are within the constitutional powers of the Commonwealth government. This can include mandating that Commonwealth Departments and Agencies consider how to reduce the risk of suicide in their activities by having suicide prevention plans, such a requirement might have prevented activities that have place people at risk of suicide (e.g. Robodebt). Legislation can also create a suicide prevention lived experience council to advise government and embed the voice of lived experience across government decision-making. And an act can be mirror legislation, with the Commonwealth providing a set of provisions which States can enact laws to follow, helping ensure coordination across States. This is increasingly important as South Australia already has an act and NSW is working on a Bill currently.

Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities. An Act is necessary to ensure decision-makers across Government are united in working to prevent suicides. Legislation can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

Internationally, Japan, Canada, South Korea and Argentina have implemented Suicide Prevention Acts.¹⁴ In November 2021, South Australia became the first Australian jurisdiction to pass a *Suicide Prevention Act*. New South Wales is undertaking consultations in preparation for an Act.

2. Lived Experience

Embedding lived experience leadership, expertise and insights into all aspects of suicide prevention recognises both the importance and unique impact of lived experience. Lived experience is central to suicide prevention and should be integrated into policy development, service design, implementation, research and evaluation. The importance of lived experience is increasingly recognised, yet more needs to be done to ensure lived experience leadership, expertise and insights are fully embedded in all aspects of the suicide prevention system including relevant governance structures alongside workforce.

¹³ National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention. Canberra; August 2020, p 8. Accessed online at [https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/\\$File/3.%20Interim%20Advice%20Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/3.%20Interim%20Advice%20Report.pdf).

¹⁴ Takeshima, Tadashi et al (2014). Suicide prevention strategies in Japan: A 15-year review (1998–2013). Journal of public health policy. 36. 10.1057/jphp.2014.42.

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2.1 Review to enhance embedding suicide prevention lived experience in government

A number of government agencies already have effective methods to incorporate the voice of lived experience into the planning and actions. However, suicide is impacted by a range of factors including financial distress, environmental disasters, gambling, and food insecurity.¹⁵

This means that lived experience of suicide needs to be embedded across government portfolios and includes a number of departments and agencies who may not have significant expertise in this area. One method for enhancing the contributions of suicide lived experience would be to undertake a review across government to establish areas of good practice and how these could be applied to other areas. Such a review should be conducted by an appropriate lived experience led body selected by an open tender process with lived experience representatives included in the process.

2.2 Lived Experience Leadership

Fund a broad a rigorous consultation process across those with lived experience of suicide to establish what mechanisms, such as a funded peak body, would further develop leadership in suicide lived experience

Greater authenticity of engagement of people with suicide lived experience is needed to demonstrate commitment to co-design and delivery of suicide prevention strategies, services and initiatives. A commitment to genuine collaboration entails that people with lived experience are involved in every stage of policy development from the planning stage through to the evaluation process. This requires a supportive and safe environment which recognises the value and unique understanding provided by people with lived experience of suicide.

Many within the suicide lived experience community have said this could be achieved through the formation of a national peak body for suicide lived experience, driving the embedding of lived experience in government and suicide prevention organisations. However, there are a range of different ideas around the structure and roles that a suicide lived experience peak body might play. And some have advocated for other models to enhance leadership. Also, a number of existing organisations already play critical roles in this space.

Funding would be required for an appropriate lived experience led organisation to undertake comprehensive sector consultation on what is required to further develop leadership in suicide prevention lived experience.

2.3 Invest in peer workforce development, especially in regional areas

An essential component of an effective suicide prevention response is the availability of employees who can approach their work through the lens of lived and living experience

¹⁵Suicide Prevention Australia. (2023). Socio-economic and Environmental Determinants of Suicide. <http://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Bacjground-Paper-August-2023-Designed.pdf>.

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To build this workforce, access to training is needed. This training also needs to encourage the development of peer workforces throughout regional areas, where the rate of suicide is higher and access to services lower.

Suicide Prevention Australia is seeking the establishment of an annual training fund providing \$1 million for peer workforce members, to help build and diversify the workforce across Australia, and ensuring more people in distress can seek assistance in their own community.

3. Data and Evidence

3.1 Improve the availability and use of timely data on suspected deaths by suicide.

Data and evidence are critical to driving better suicide prevention policy, planning and practice

Nearly 90 per cent of suicide prevention organisations agree their organisations need access to reliable, accurate suicide prevention datasets.¹⁶ Yet a significant number of suicide prevention organisations (51%) do not have access to the data they need right now.

Access to timely and accurate data allows improved service planning and delivery, better targeting of funding and resources, and improved knowledge of evidence-based strategies and interventions which will deliver a reduction in the rate of suicide. Increased data on priority populations is also needed to help those people most at risk of suicidal behaviours and deaths.

Significant progress has been made in creating a network of suicide registers across jurisdictions and the work of the AIHW Suicide and Self-Harm monitoring Unit has been critical in coordinating and progressing this work. However, more is needed as not all jurisdictions have registers and of those that do not all can report regularly as small numbers risk privacy violations. What is needed is a method of combining register data across Australia, but inconsistencies in registries and reporting impede this. In addition, a platform is required to grant confidential access to data from smaller jurisdictions for vetted representative of suicide prevention community services to aid their planning, and to qualified researchers to allow studies that will enhance understanding of suicide.

Suicide Prevention Australia calls on the Government to invest through the AIHW to provide a national platform to allow consistency in data collection and releases from State and Territory suicide registers, including vital information such as priority populations. The AIHW has previously worked closely with the relevant coronial and other bodies in the States and Territories to coordinate the collation of their suicide register data, and is well-placed to undertake further work with State and Territories to bring this data into a platform for expert use.

¹⁶ Suicide Prevention Australia. (2024) State of the Nation in Suicide Prevention 2024. <https://www.suicidepreventionaust.org/our-work/state-of-the-nation>

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3.2 Improving data timeliness and impact

The most recent Australian Bureau of Statistics (ABS) National Mental Health and Wellbeing Survey was released in 2023, following a 17-year hiatus

This Survey included important information into suicidal behaviours, ideation, and attempts, but extreme gap between data sets reduced the capacity to identify trends, and the utility of its data.

Suicide Prevention Australia is calling on the Government to fund the Australian Bureau of Statistics National Mental Health and Wellbeing Survey (ABS Survey) so that it can be undertaken more regularly, at intervals of no more than four years. The ABS survey should also be expanded to collect data on the linkages between risk factors of suicidality and suicidal behaviours and suicide attempt data. This expanded data set would enable policy makers and service providers to target protective factors, as well as measure the efficacy of strategies, policies and services. Australia's wellbeing cannot be accurately reflected without tracking the incidence of suicide.

The extreme gap between Survey data also meant methodologies had changed, data became difficult to compare because of events such as the Covid-19 pandemic, and trends could not be reliably identified.

Regular ABS Survey releases would enable identification of trends, impact evaluation, and linkage opportunities to existing datasets, such as the Australian Bureau of Statistics' annual Causes of Deaths releases. Accurate and reliable data is vital to plan and provide suicide prevention services, and to ensure programs and interventions are evidence-based and safe for communities.

3.3 Support suicide prevention research focussed on translation into practice

Support research excellence by continuation of the National Suicide Prevention Research Fund

The Suicide Prevention Research Fund was established by the Federal Government to support research into suicide prevention.

With the conclusion of this contract in June 2025, Suicide Prevention Australia is seeking urgent funding to continue this valuable program.

The aim of the fund is to support world-class Australian research, and facilitate the rapid translation of knowledge into more effective services for individuals, families and communities. The Suicide Prevention Research Fund also aims to address gaps in suicide prevention research.

The Suicide Prevention Research Fund plays a substantial and essential role in reducing the effect of suicide throughout Australia. The Fund has enabled 85 projects across 27 institutions, and included outcomes across First Nations leadership, youth self-harm interventions, workplace mental health, and social media and digital interventions.

The collaborations enabled by the Fund between researchers, clinicians, and people with lived experience are helping to build capacity alongside providing greater knowledge of and ability to create strong interventions to suicide.

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Action needs to be taken urgently by investing \$15 million over the next four years to ensure the continuation of this essential Fund.

4. Workforce, sector and the community

4.1 Review funding processes to protect and sustain community organisations

Funding arrangements should not create uncertainty and obstacles to the efficient operation of the sector, but that's exactly what is occurring

Short-term contracts, delays in renewed funding, lack of indexation, and overdue payments are creating an environment where certainty and sustainability are undermined, alongside continuity of workforces and services.

Transparency around government funding decisions should be improved. Long-term contracts and indexation provide a level of certainty and security which may help suicide prevention organisations attract, support and retain the suicide prevention workforce and will ensure that organisations can continue to provide high-quality services to vulnerable members of the community. These improvements will ensure that suicide prevention organisations can plan accordingly and have the right set of resources to meet the needs of the community.

Findings from our 2024 State of the Nation survey show that seventy per cent of respondents are experiencing increased demand for services over the past 12 months. Four out of five respondents (80%) require increased funding to meet increased demand.¹⁷ It is critical that funding is provided to ensure that people who need support can access services, and particularly high-risk and vulnerable members of the community.

The survey also highlighted that 30 per cent of respondents reported government funding had arrived late in the past 12 months, and short-term funding remained dominant, with 69 per cent (an increase from 55 per cent a year earlier) secured for three years or less.¹⁸ This changing funding environment meant that funding was not predictable, stable or sustainable, temporary funding resulted in temporary roles which affected recruitment; and that funding had not reflected inflation

We note that there have been improvements in funding processes, such as increased indexation arrangements. However, such improvements are not currently universal, and more work is needed. Government should work towards funding frameworks where five-year contracts become standard, especially for established services running evidence-based continuing programs. Contracts should be finalised 12 months prior to the start or renewal of a program, and funds provided in advance.

¹⁷ Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2024. [SPA-State-of-the-Nation-Report-AUG24-Web.pdf](#)

¹⁸ Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2024. [SPA-State-of-the-Nation-Report-AUG24-Web.pdf](#)

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4.2 Support the national rollout of hospital guidelines for suicide prevention

Hospital Emergency Departments are often the first point of contact for someone in suicidal crisis, and the support and treatment provided has a significant impact on their risk of attempting or dying by suicide in the future

Suicide Prevention Guidelines can help Emergency Departments to deal more effectively and compassionately with suicidal behaviours. Whilst hospitals are a State responsibility the Commonwealth can play a role in ensuring nation-wide consistent best practice.

By providing an incentive fund of \$1 million a year for States to put in place mechanisms for training and implementation, Guidelines can build a strong and consistent process, assisting both staff and patients in Emergency Departments. Two examples of such Guidelines are the recently released Black Dog Institute update of best-practice guidelines for use around Australia,¹⁹ and the Suicide Prevention Competency Framework for the Health Sector.²⁰

These Guidelines provide the health system with tools to better equip and support staff, ensuring adequacy of care that is compassionate and respectful to every person in suicidal crisis who presents to the emergency department and other acute settings. Providing incentives for State action will help to ensure that Australians can receive this level of care regardless of where they live.

4.3 Introduce competency frameworks in public-facing agencies

Throughout the Australian Public Service, many roles are public-facing, particularly in areas where distress can be encountered on a regular basis, including Centrelink, Child Support Services, the Australian Taxation Office, Courts, and many other agencies. The impacts of this work, affect both the public, and public sector employees. It is critical to ensure these workers are embedding suicide prevention practices into their dealings with members of the public and in their own workplaces.

In collaboration with members and stakeholders, Suicide Prevention Australia developed [Suicide Prevention: A competency framework](#) to enhance and build capacity, and capability of the non-clinical suicide prevention workforce to respond to people experiencing suicidal thoughts and behaviours. The Framework is informed by, and brings together, knowledge experts in workplace suicide prevention and suicide prevention training. The Framework provides a starting point for employers and staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour in their workplace.

This framework is general and can be applied to any organisation or workplace. Using this as a basis a number of industry specific frameworks have been created, including for universities, the health sector, mining (in development) and volunteer firefighting (in development). To support efforts to build capacity on responding to suicide risk, Government should fund the development of industry-specific competency frameworks in high risk areas of government services, such as welfare, child

¹⁹ <https://www.blackdoginstitute.org.au/news/new-sp-guidelines-for-ed-launched/>

²⁰ https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/2300905-SPA_Compentency-Framework-Healthcare_v2.pdf

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services, taxation, policing and the justice system. Building on the Suicide Prevention Australia Framework this can provide a tailored approach to build on the evidence of ‘what works’ regarding the knowledge and skills required for workforces in suicide prevention across diverse settings. Indicative costing for projects to development of industry-specific competency frameworks in these high-risk areas would be \$550,000 over three years.

4.4 Equip the Community to respond effectively to suicidal behaviours through training

Evidence-based “first aid” suicide prevention training needs to be more easily accessible to key members of the community who commonly encounter people at risk

A range of evidence-based short training courses exist. Establishing a \$1million fund to provide access to key community members to undertake training and facilitate access to the training courses that meet their needs would improve community responses to and understanding of suicidal risk and behaviours. The majority of these funds would provide community members with “credit” to undertake their choice of existing evidence-based suicide prevention course. Access to this would be provided by an existing learning platform Learnlinc. This platform already provides subscribers with access to this range of existing courses, as well as providing learning structures to help embed course content, and a large range of free resources. The investment of \$4.8 million over four years would provide 8,000 community members across Australia with free access to Learnlinc and credit to undertake a short suicide prevention course of their choice.

People experiencing suicidal distress interact with diverse sectors of the community. It is a critical moment when a person discloses their distress or suicidal thoughts for the first time, so it is vital to build suicide prevention skills and knowledge throughout the community. This can include everyone from clinicians to frontline service workers and teachers, along with members of the broader community who often provide informal support, such as pharmacists or barbers.

With appropriate evidence-based suicide prevention training, these connectors within communities are capable of having a conversation with a patient, customer, student or neighbour and provide vital assistance to help reduce their risk of suicide.

“First aid training” in suicide prevention equips recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide.

Suicide Prevention Australia has designed and piloted an online suicide prevention learning platform to help upskill and equip the community. Learnlinc is an ongoing and supported learning-based platform for individuals to identify learning needs, fulfil learning goals, and apply that learning to suicide prevention. It was created in collaboration with experts in suicide prevention and suicide prevention training to provide a space for individuals and organisations to identify and access a variety of existing learning resources.

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This initiative would significantly expand the number of community members who are equipped to identify suicide and refer those at risk to help. This will significantly reduce distress in the community as each person with access to Learnlinc may interact with a number of those experiencing distress. And if even a small proportion of these community members prevent a suicide, it could potentially save hundreds of lives.

4.5 Assist suicide prevention organisations to achieve program accreditation

The Suicide Prevention Accreditation Program is a vital initiative that supports organisations in implementing safe, high-quality, and effective suicide prevention and postvention programs in Australia. This program is governed by the Suicide Prevention Australia Standards for Quality Improvement, which have been precisely developed in collaboration with individuals who have lived experience of suicide, help-seekers, clinicians, service providers, and accreditation experts.

Accreditation ensures that all accredited programs meet the highest standards of quality and effectiveness, giving assurance and accountability to funding agencies that the programs are evidence-based and of the highest quality. Through this, accreditation also promotes a culture of continuous improvement and innovation in the field of suicide prevention, ensuring the best outcomes for our community, as well as ensuring best use of Government funds.

The process of accreditation is necessarily onerous, but this can mean that smaller organisations find the impost difficult. Suicide Prevention Australia is seeking funding to assist 50 smaller and regional organisations annually to complete accreditation to ensure the highest quality and effectiveness of their programs, and to ensure their access to funding opportunities. This would include covering both the process of accreditation and resourcing roles that can assist smaller organisations with the actions required to become accredited, and is estimated to require \$4 Million over four years.

Once a program is undertaken or has achieved accreditation, it is then listed in our [Accreditation Directory](#). PHNs and Coordinators have been encouraged to consider whether programs are accredited or working towards accreditation under the national standards when undertaking commissioning processes. This also provides the Government with a strong level of assurance as to which programs and organisations offer quality and fit-for-purpose training worthy of funding.

Conclusion

Our community is feeling distress, and this need is hitting the community-based suicide prevention sector hard. Governments haven't kept up with the processes and resources that are needed to equip both the sector and the community to respond effectively to suicide.

All of the components are available, through the expertise and commitment of the sector, Government agencies, people with lived and living experience, researchers, and community leaders. What we need is the leadership of the Government to tie these strands together through commitment, funding, implementation, and processes which serve and don't hinder the cause. We need action to ensure these initiatives are funded and implemented, not subject to the delays and discussions which have replaced actions in recent years.

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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 positions. Suicide Prevention Australia thanks all involved in the development of this submission.

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