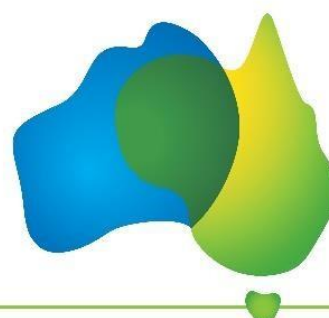


FEBRUARY 2025



**Suicide Prevention
Australia**

ACT 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.
- **In preliminary data, the ACT recorded 7.7 deaths by suicide per 100,000 people in 2023.**
- The National Study of Mental Health and Wellbeing found there were 16.7% of 16-85 year olds who had experienced suicidal behaviour in their lifetime and 3.3% in the past 12 months.

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:⁶

- 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.
- The rate of death by suicide among Aboriginal and Torres Strait Islander people is twice the non-Indigenous rate and increasing.
- LGBTIQ+ communities experience higher rates of mental health issues and suicidal behaviours.⁷

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.⁸

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/3309.0-Suicides-Australia-1994-to-2004)

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 *ibid.*

⁷ 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-and-publications/suicide-and-self-harm-monitoring). Canberra

⁸ 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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Imagine a world without suicide

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

	MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
WHOLE OF GOVT	Suicide prevention legislation	Drafting a Suicide Prevention Act to 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
	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.	\$0.5M over 2 years
LIVED EXPERIENCE	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.	\$0.4M over 4 years
WORKFORCE, THE SECTOR, AND THE COMMUNITY	Review funding processes to protect and sustain 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.	Directorates processes
	Expanding non-clinical options for youth	Suicide prevention specific training for senior staff and guidance officers at school to enable compassionate and effective care and referral, and expanding Safe Havens program	\$1M over 2 years
	Connect men with the supports they need	Men are three times more likely to die by suicide. To reduce the risk of suicide for men in distress, provide continuation of the funding for the <i>Doing it Tough?</i> online directory dedicated to connecting men in the ACT with the support they need.	\$0.4M over 4 years
	Implement hospital guidelines for suicide prevention	Training and implementation of guidelines in the ACT's emergency department regarding those in suicidal distress.	\$1M over 4 years
	Introduce competency frameworks in public-facing agencies	Government to fund the development of industry-specific competency frameworks across high risk areas of government services, such as child services, policing, education, 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.	\$0.5M over 4 years
	Assist suicide prevention organisations to achieve program accreditation	Fund smaller organisations in the ACT annually to attain accreditation to increase effectiveness and trust in suicide prevention programs.	\$0.2M 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 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 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”.⁹

Suicide prevention legislation is a key lever to ensure a whole-of-government approach to suicide prevention. Distress and risk factors span multiple portfolios, including Treasury, Justice, Housing, Transport, and Health. Socio-economic and environmental determinants of suicide need to be core to a Government’s approach to suicide prevention, with funding and policy to address the social, economic, health, occupational, cultural, and environmental factors involved.

Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time. Accordingly, a whole-of-government approach to suicide prevention is key to reducing the impact of suicide in the ACT.

Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities.¹⁰ 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.

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.

⁹ 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)>.

¹⁰ 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.

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.

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 gambling, cost of living, employment and justice.¹¹

This means that lived experience of suicide needs to be embedded across government portfolios and includes a number of directorates 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 Invest in peer workforce development in the ACT.

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

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 \$100,000 for peer workforce members, to help build and diversify the workforce in the ACT, and ensuring more people in distress can seek appropriate assistance in their own community.

¹¹Suicide 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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3. Workforce, sector and the community

3.1 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.¹² 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.¹³ 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

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.

3.2 Expand programs to increase non-clinical responses for youth

Suicide is the leading cause of death among our children and young people.

The education system is faced with complexities of young people experiencing suicidal behaviours and self harm, without the training and tools required to intervene effectively. Suicide prevention

¹² Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2024. [SPA-State-of-the-Nation-Report-AUG24-Web.pdf](#)

¹³ 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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specific training is needed for senior staff and guidance officers in schools to enable compassionate and effective care and referral. Additionally, help-seeking behaviours need to be taught and encouraged in the school environment.

The Safe Havens program provides an effective non-clinical and comfortable space for people experiencing distress. This program offers support in a safe manner, and Suicide Prevention Australia found youth saw this option as much more effective and a much preferred alternative to Emergency Departments.¹⁴ Expanding this service will enable greater reach and decrease distress in a non-clinical setting.

3.3 Connect men with the supports they need

Men are three times more likely to die by suicide. To reduce the risk of suicide for men in distress, provide funding for the *Doing it Tough?* online directory dedicated to connecting men in the ACT with the support they need.

A collaboration project between Suicide Prevention Australia, Australian Men's Health Forum, health professionals, research experts, people with lived experience, and support groups, *Doing It Tough?* is a targeted program for men in NSW.

Men account for 75 per cent of deaths from suicide. Age-standardised rates of death by suicide tend to increase in line with remoteness.

Guiding men through from the first steps of seeking support, the program allows men to access community-led programs in their area. Making the program available in the ACT would ensure that all men at risk of suicide would have access to support. The service allows men to decide for themselves what is appropriate to their need, from local men's groups to online resources or specialist support.

Funding will enable the collation of services, roll out and administration of the site, and the support required to ensure regional coverage of resources and programs.

3.4 Implement 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. 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.

¹⁴ Suicide Prevention Australia. 2022. Youth Report – In Your Words. [SPA Youth-Report In-your-words 12-August-2022-1.pdf](#)

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Implementing Emergency Guidelines throughout the ACT will build a strong and consistent process, which assists both staff and patients in the Emergency Department. Two examples of relevant guidelines are: *Suicide Prevention: A Competency Framework for the Health Sector*¹⁵ and the *Guidelines for integrated suicide-related crisis and follow-up care in Emergency Departments and other acute settings*.¹⁶

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.

3.5 Introduce competency frameworks in public-facing agencies

Throughout the Territory Government, many roles are public-facing, particularly in directorates where distress can be encountered on a regular basis, including Communities, Health and Education. 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. 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.

3.6 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

¹⁵ https://www.suicidepreventionaustralia.org/wp-content/uploads/2023/09/2300905-SPA_Compentency-Framework-Healthcare_v2.pdf

¹⁶ https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/delphi-guidelines-clinical-summary_web.pdf

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A range of evidence-based short training courses exist. Establishing a \$0.5 million fund over four years 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.

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.

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.

3.7 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

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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 a rigorous accreditation is necessarily onerous, but this can mean that smaller organisations find the impost difficult. Suicide Prevention Australia is seeking funding to assist local organisations 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 \$0.2 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. We need a coordinated approach to dealing with this distress and preventing loss of life through suicide, starting with a whole-of-government view.

We can make a difference through the expertise and commitment of the sector, and collaboration with 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.

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Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of

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suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this submission.

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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