

Federal Budget 2021 - Table

Theme		Suicide Prevention Australia's position	Productivity Commission Final Report	NSPA's Final Report	Federal Budget
Whole of government	•	 Fund a permanent National Suicide Prevention Office, responsible for a whole-of-government approach to suicide prevention. Fund the National Suicide Prevention Office to develop a National Suicide Prevention Plan. Make First Ministers responsible, and all Ministers accountable for suicide prevention. Commonwealth to fund the National Suicide Prevention Office to produce a suicide prevention workforce strategy and implementation plan. Pass a Suicide Prevention Act, providing a legislative framework for a three-yearly National Suicide Prevention Plan. 	In part	Yes	In part • \$12.8 million over four years from 2021–22 to establish the National Suicide Prevention Office which will oversee the national approach to suicide prevention
Reliable data	•	Run the National Mental Health and Wellbeing Survey every three years, starting in 2020. Increase the frequency of the Child and Adolescent Survey of Mental Health and Wellbeing and complete the next iteration in 2020. Make the National Suicide Prevention Office responsible for information management for suicide prevention.	In part	Yes	In part • [Note: The Government has launched the first phase of Australia's \$89.5 million Intergenerational Health and Mental Health Study – the National Study of Mental Health and Wellbeing. February 2021 announcement]

	•	Influence the jurisdictions to create nationally consistent Suicide Deaths Registers.			 \$117.2 million to establish a comprehensive evidence base to support real time monitoring and data collection for mental health and suicide prevention systems
Equipping the suicide prevention workforce	•	Create a suicide prevention workforce strategy and implementation plan.	Not addressed	Yes	 Not addressed [Note: The Budget does include \$58.8 million to grow the mental health workforce, which will include initiative that enhance the suicide prevention workforce.]
Quality improvement for the suicide prevention sector	•	Fund the extension of the Quality Improvement Program into a fully-fledged sector led accreditation system.	Not addressed	In part	Not addressed
Suicide Prevention Research Fund	•	Fund the Suicide Prevention Research Fund to conduct a second phase of the Suicide Prevention Fund Research Grants Program.	Not addressed	Not addressed	Not addressed
Universal access to aftercare	•	Everyone who has survived a suicide attempt or has presented to an emergency department with suicidal behaviours should have assertive aftercare support.	Yes	Yes	 Yes \$158.6 million over four years from 2021–22 to work with states and territories to achieve universal aftercare services for all Australians discharged from hospital following a suicide attempt and to trial initiatives to provide aftercare services to those that may not have presented to a hospital [Note this funding is conditional on achieving a National Mental Health and Suicide Prevention Agreement with States and Territories.]
Universal access to postvention	•	Continue to invest in a universal access to national postvention service.	Not addressed	Yes	 In part \$22.0 million over four years from 2021–22 to work with states and territories to continue

	•	Invest in the establishment of postvention peer support programs in every jurisdiction delivered by national postvention services.			postvention services nationally to support peopl who are bereaved by suicide
	•	Develop a compassionate workforce strategy.			
Targeted support for vulnerable groups	•	The Commonwealth Government should fund the creation and implementation of a national male suicide prevention strategy.	Not addressed	In part	In part
	•	Fund Aboriginal Community Controlled Health Organisations to provide the Aboriginal community with suicide prevention, postvention and aftercare programs, as well as funding for COVID mental health initiatives.	Yes	Not addressed	 \$79.0 million over four years from 2021–22 to implement initiatives under the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy providing crisis and suppo services for Aboriginal and Torres Strait Islander
	•	Fund targeted, specialist programs and services tailored to remote and regional Aboriginal and Torres Strait Islander communities.	In part	In part	people
	•	Allocate sufficient funding so that all the Federal government targets will be met under the recently signed 2020 Closing the Gap agreement.	Not addressed	Not addressed	
	•	Fund improved data collection, including creating a national minimum dataset for CALD communities inclusive of mental health, suicide and self-harm data.	Not addressed	In part	
	•	Fund the co-design of culturally appropriate mental health services and suicide prevention programs, which would be jointly implemented by CALD community organisations to address stigma, target vulnerable groups and increase utilisation of mental health and suicide prevention services in CALD communities.	Not addressed	In part	 \$16.9 million over four years from 2021–22 to provide mental health services and support to Australians from culturally and linguistically diverse communities, including for survivors of torture and trauma
	•	Fund peer-led community-controlled LGBTQI organisations to develop tailored mental health and suicide prevention initiatives, services, and programs to build community			

	•	capacity and resilience, and overcome barriers LGBTQI people face accessing healthcare services. Establish national architecture to coordinate LGBTQI health through the establishment of a National LGBTQI Commissioner responsible for consolidating best practice standards, national data, identifying disparities at the national level, and coordinate national health responses including for mental health and suicide prevention. An LGBTQI Commissioner should be supported by an LGBTQI Health Taskforce.	Not addressed	Not addressed	
Responding to future disasters	•	Budget for approximately \$30 million annually in discretionary funds to respond to need for suicide prevention in the event of future disasters or economic crises, such as bushfires, floods, epidemics for extended time periods after a disaster.	Not addressed	Not addressed	Not addressed
Responding to the economic impacts of COVID-19	•	Maintain payment support for industries at similar levels to JobKeeper until June 2022 for industries that continue to see the most significant impacts. Support State and Territory Governments to address the shortfall in the number of supported housing places and the gap in homelessness services for people with severe mental illness. Invest in targeted suicide prevention training for domestic and family violence frontline personnel. Fund tailored pre-service suicide prevention training and education for frontline hospital staff, and funding packages to support screening by alcohol and substance service providers for mental health issues and suicidal ideation in at-risk clients and consumers.	In part	In part	 In part \$9.5 billion over five years from 2020–21 to increase support for people eligible for working age payments including JobSeeker Payment \$124.7 million over two years from 2021–22 to support workers in the housing and homelessness sector [Note: Although the budget contains no suicide prevention training DFV frontline personnel, there is \$998.1 million over four years from 2021–22 (and \$2.3 million in 2025–26) for initiatives to reduce, and support the victims of Family, Domestic and Sexual Violence (FDSV) against women and children.]

For more information

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