UNFINISHED BUSINESS:

Implementation of the National Suicide Prevention Adviser's ***Final Advice***

First year progress report

April 2022

Suicide Prevention Australia

Foreword

If you add up all the suicide prevention and mental health inquiries over the past three years you quickly get to 21. That's more than one every two months, the equivalent of an inquiry every 52 days.

Across endless consultations people with lived experience have bravely shared their insights, researchers have crunched many numbers and our members have been beyond generous in their consultation advice. We have the roadmap, and we need to keep following it.

Most significant among these reviews was the Final Advice of the Prime Minister's National Suicide Prevention Adviser. As a sector, we worked hard to help guide this work and were proud to see its release 12 months ago.

Thanks to the Final Advice, and other valuable work, we know what needs to be done. We know the shifts and enablers required to turn the trend towards zero suicides. It's time now for action. Sustained and ongoing action.

As you will see in this report, there's been some positive progress in the last year. Few of these recommendations can be achieved in one year, they are long-term shifts and several are underway.

Many have worked hard to kick-off these very important, systemic and long-term reforms. Yet, there's much more to be done in the months and years to come. We can't take our foot off the pedal and now is the time to double-down on early progress.

Whoever forms government after this federal election will take the reins of power at a critical time for suicide prevention. We know the risk of suicide rates are often highest two to three years after a crisis, pandemic or natural disaster. We know there's record levels of distress across our community.

This report makes clear to all parties that sustained and systemic change is required. There is progress being made, but there's 'unfinished business' when it comes to suicide prevention and the national reform agenda.

We need to finish what we've started. Implementation matters and it's time to get on with it. All recommendations from the Final Advice must be implemented.

Nieves Murray
CEO
Suicide Prevention Australia

Background

Twelve months ago the Final Advice of the Prime Minister's National Suicide Prevention Adviser, Ms Christine Morgan, was released. The Final Advice outlines major and lasting reforms that are needed to deliver a connected and compassionate suicide prevention system.

The Final Advice was the culmination of 18 months of engagement across government, the suicide prevention sector, researchers and communities. Over 3,000 people with lived and living experience of suicide shared their insight and knowledge to inform this report. Its findings were strongly supported across the sector and community.

To drive change, it identified four key enablers: a whole of government approach, lived experience knowledge and insight, data and evidence to drive outcomes, and workforce and community capability.

Four further priority shifts were also recommended: responding earlier to distress, connecting people to compassionate services and supports, targeting groups that are disproportionately affected by suicide and delivering policy responses that improve security and safety.

About this report

This report is intended to help track progress in delivering on recommendations of the Prime Minister's National Suicide Prevention Adviser's Final Advice. Its first edition is released on the one-year anniversary of the Final Advice and future reports will be released annually.

There's no doubt this reform agenda is systemic and long-term, it will take time and sustained action to achieve. This requires bipartisan support and commitment above and beyond politics.

The Final Advice made recommendations across four key enablers and four key shifts. Each includes a number of priority actions to drive a more connected and compassionate approach to suicide prevention.

These include a number of significant reforms and it would not be reasonable to expect their full delivery overnight or within the first 12 months. The varied status of many recommendations is not intended as a criticism of material work to date, but rather to transparently demonstrate that while progress is being made, much more is still needed and that systemic change requires sustained funding and reform commitments.

The report tracks progress on each of the Final Advice priorities and rates progress over the past twelve months as one of the following:

	Major progress
	Moderate progress
	Nil/minimal progress

In the context of a federal election and as the Final Advice was commissioned by and accepted on behalf of the Australian Government, this report tracks progress at the Commonwealth level. This does not discount the critical role State and Territory jurisdictions play in suicide prevention, including across a number of these recommendations. The progress of State and Territory Governments will be the subject of a separate report later in 2022.

Final Advice

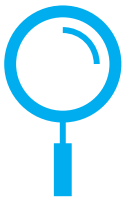
Suicide Prevention Australia

Leadership and governance

to drive a whole-of-government approach

Lived experience

knowledge & leadership



Data and evidence

to drive outcomes

Workforce and community capability

Respond

earlier to distress

Connecting people

to compassionate services and supports

Targeting groups

that are disproportionately impacted by suicide

Policy response

to improve security and safety

Leadership and governance to drive a whole-of-government approach

Suicide Prevention Australia

Final Advice Recommendation: All governments work together to deliver a whole-of-government approach – at the national (cross-jurisdictional), jurisdictional (cross-portfolio) and regional levels; with national outcomes to be developed and adopted by all governments.

Priority Actions	Status	Progress of Australian Government Response (Year One)
1.1 All governments to continue or shift to a whole of government approach, with suicide prevention authorised by First Ministers and mechanisms to drive cross-portfolio action implemented.		• The National Suicide Prevention Office (NSPO) has been established with a whole-of-government focus. The NSPO sits within the National Mental Health Commission (NMHC) and Health portfolio. The Final Advice states that this was preferred by some jurisdictions, but consultations indicated that it should operate as a separate authority with enabling legislation • The Assistant Minister for Suicide Prevention reports to the Prime Minister and is supported by both the Department of Health and Department of Prime Minister and Cabinet • The National Agreement commits to a whole-of-government approach including commitments to consider suicide prevention in a range of human services areas
1.2 A National Suicide Prevention Strategy is developed to align with the National Agreement on Mental Health and Suicide Prevention, identifying initiatives which require a strategic national approach.		• A public commitment to a National Strategy has been identified as a priority but the strategy is yet to be developed • The National Agreement does not reference a National Suicide Prevention Strategy
1.3 A National Suicide Prevention Office is established in 2021 to set strategic directions, build capabilities, support cross-jurisdictional and cross-portfolio action and report on agreed outcomes.		• The NSPO was established in late 2021 and its advertised remit includes strategic directions, capability building, cross-jurisdictional and cross-portfolio action • It is not clear whether reporting on agreed outcomes will be included in the NSPO list of responsibilities
1.4 The National Agreement on Mental Health and Suicide Prevention to include strengthened and resourced regional arrangements for suicide prevention.		• The National Agreement was announced in March 2022 and has been signed by a majority of jurisdictions • The Agreement commits to more integration and the development of national guidelines on regional commissioning and planning within the first twelve months • The National Mental Health and Suicide Prevention Agreement (National Agreement) recognises that a whole-of-government approach is required, and that many enablers of suicide prevention reform are beyond the influence of the health system alone and span all aspects of where people live, work, learn and socialise. It commits Parties to a range of actions directed towards suicide prevention • The 2022 Budget commits $30.2 million to deploy regional and community-based suicide prevention systems and $10.4 million for a Suicide Prevention Regional Response Leader to coordinate suicide prevention activities in all Primary Health Networks

The establishment of a NSPO and a new National Agreement put in place the foundations for a whole-of-government approach. With half of those who die by suicide each year not accessing mental health services at the time, we'll only turn the trend towards zero suicides if we embed this approach across government and the community.

The current location of NSPO within the Health portfolio and National Mental Health Commission will limit its ability to drive this much-needed change.

Central agency coordination and First Minister leadership will be critical to driving human service, education and economic portfolios to consider suicide in their work.

At a high level, the new National Agreement sets the right direction for reform but it's the actions that sit under it and implementation that will matter. The new National Suicide Prevention Strategy must take the next step towards reform with concrete actions, clear accountability and real change.

Lived experience knowledge and leadership

Suicide Prevention Australia

Final Advice Recommendation: Recognising that measurement of outcomes is essential to monitor impacts of suicide prevention initiatives, all governments commit to work together to identify data needed for such measurement, undertake to improve the quality and timeliness of that data, and enable sharing across agencies.

Priority Actions	Status	Progress of Australian Government Response (Year One)
2.1 All governments integrate lived experience expertise into leadership and governance structures for suicide prevention.		• There have been some appointments to leadership positions, including a Lived Experience Executive Director in the NMHC and advertisement of a Director of Lived Experience in the NSPO • The recruitment advertisements for other positions in the NSPO did not explicitly include prioritisation or integration of lived experience knowledge and expertise into the planning and delivery of the NSPO's whole-of-government priorities or governance • Many more lived experience appointments will be required to fully integrate lived experience expertise into leadership and governance structures for suicide prevention • Lived experience engagement in the development of the National Agreement was limited, there was one confidential engagement with representative bodies and consumer peaks but no significant opportunity to advise on this important agreement • The National Agreement commits to collaboration with people of lived experience however at the governance level this is limited to input rather than a governance role
2.2 All governments include a requirement for demonstrated engagement and co-design with people who have lived experience of suicide in funded research, services and programs.		• No clear progress on this priority action, the Leadership Program and other procurement leavers could be used to include requirements for lived experience engagement to demonstrated engagement with people who have lived experience

Priority Actions	Status	Progress of Australian Government Response (Year One)
2.3 All governments commit adequate funding and implement support structures to build the lived experience workforce, including the lived experience peer workforce.		• While there has been a commitment for peer worker scholarships for the mental health system and the release of mental health peer workforce guidelines, there has been no investment specific to the suicide prevention peer workforce • Specific commitments and resources are needed to develop the suicide prevention lived experience workforce as distinct from the mental health workforce • Activity funding for lived experience leadership in the National Suicide Prevention Leadership Support Program (NSLPLP) may provide some support • Activity funding for lived experience leadership in the National Suicide Prevention Leadership Support Program (NSLPLP) includes lived experience support
2.4 All governments increase lived experience research, particularly focused on people who have experienced suicidal distress and/or attempted suicide.		• The two-year $4 million extension of the National Suicide Prevention Research Fund will enable further lived experience research and the co-design of research with people who have a lived experience of suicide • Further concerted and cross-jurisdictional efforts will be required to increase lived experience research, including to evaluate suicide prevention interventions and improve understanding of fidelity and scalability of programs.

Lived experience knowledge and leadership is essential to driving down suicide rates. Only with the courage, insight and wisdom of those who have been touched by suicide will we create meaningful change. The Final Advice recognises the need for lived experience to be integrated in all aspects of suicide prevention from planning and policy development through to design, delivery and implementation.

Much more is needed to progress this priority. There has been some progress with the welcome development of peer workforce guidelines, a $3.1 million commitment to scholarships and a new activity in the NSPLP. Sadly, early opportunities to prioritise lived experience across roles in the NSPO and in the development of the National Agreement have been missed.

To fully integrate lived experience into all that we do requires change and investment. The 2022 Budget failed to deliver funds for supporting structures or the suicide prevention peer workforce. Investment is needed to support people with lived experience to genuinely partner with governments and across the sector.

Data and evidence to drive outcomes

Suicide Prevention Australia

Final Advice Recommendation: Recognising that measurement of outcomes is essential to monitor impacts of suicide prevention initiatives, all governments commit to work together to identify data needed for such measurement, undertake to improve the quality and timeliness of that data, and enable sharing across agencies.

Priority Actions	Status	Progress of Australian Government Response (Year One)
3.1 All jurisdictions maintain or, where not already in place, establish a suicide register and mechanisms for the routine collection and timely sharing of data on suicide, suicide attempts and self-harm.		• Suicide registers have been established in NSW, QLD, VIC, TAS • Suicide registers are progressing in ACT, NT and SA • There has been no commitment to a register in WA • More work is required to increase timely sharing of data at the local level. There are major gaps in data on self-harm and suicide attempts that need to be addressed as a priority across a number of community data points
3.2 Regular national surveys to determine the population prevalence of suicidal ideation, self-harm and suicide attempts and to ensure adequate data capture – including in relation to priority populations.		• The National Mental Health and Wellbeing survey was undertaken last year however results released to date have not included any substantial suicide prevention data, including the estimated number of annual suicide attempts. More comprehensive results are to be released in mid-2022 including the number of Australians including self-harm and suicidality • This was the first time the survey was commissioned in 12 years and there is no clear commitment to regular surveys • The Government has also committed $30.5m funding over 7 years to measure mental health in the Aboriginal and Torres Strait Islander population. The survey will be co-designed and implemented with Aboriginal and Torres Strait Islander peoples, to ensure it is culturally appropriate and meets the needs of the community • The Government has committed $18.8 million over 3 years from 2022-23 to undertake a child mental health and wellbeing study with at least one follow-up survey
3.3 The National Office for Suicide Prevention to lead: (a) the development of a national outcomes framework for suicide prevention, informed by lived experience, to be applied at the program and service level as well as the national level; and (b) the development of national definitions of, and standards for, self-harm and suicide attempts.		• The NSPO has been established, with responsibility for these actions, but it is unclear yet whether progress is being made on these priorities • The National Agreement commits to developing and reporting on a range of indicators, outcome measures and KPIs which reflect the objectives and goals of the Agreement

Priority Actions	Status	Progress of Australian Government Response (Year One)
3.4 All jurisdictions work with the National Office for Suicide Prevention to set priorities for suicide prevention research and share knowledge for continual improvement.		• No clear progress on this priority action

Data, evidence and research need to inform all that we do in suicide prevention. Major progress has been made with the Australian Institute of Health and Welfare's Suicide and Self-Harm Monitoring System. The system has reduced the delay in access to data on suicide deaths and provided further insights into ambulance attendances and emergency department presentations. A $4 million two-year extension to the National Suicide Prevention Research Fund has also been delivered and will drive important translational research.

Notwithstanding these developments, more is still needed to provide local, real-time and accessible data. Without increased access to this data, when and where it's needed, service providers and policy makers will be constrained to provide timely and targeted responses to distress. We still lack a full national picture and remaining jurisdictions need to establish suicide registers and to improve attempt, distress and self-harm data.

The National Agreement makes a welcome commitment to national outcomes for suicide prevention across a range of areas. This work is urgently needed and should be developed with the sector and people with lived experience. Outcomes need to enable both shared and individual accountability across a range of service, access and distress indicators and more broadly to assess a whole-of-government approach.

Workforce and community capability

Suicide Prevention Australia

Final Advice Recommendation: All governments to commit to prioritising evidence-based and compassion-focused workforce development to drive cultural change in and improve the capacity and capability of all (formal and informal) workforces involved in suicide prevention.

Priority Actions	Status	Progress of Australian Government Response (Year One)
4.1 All jurisdictions resource contemporary and evidence-based training for clinical and other health staff. All jurisdictions implement contemporary compassion-based training for frontline workers that enable them to respond to distress – especially those providing financial, employment and relationship support to people experiencing distress.		• Activity five of the NSPLSP includes a focus on national suicide prevention training • A Mental Health and Suicide Prevention Unit has been established in the Australian Public Service Commission and includes a focus on public sector capability building • The 2021-22 Budget included support for general practitioners and other medical practitioners by providing specialised training and resources to enhance their capacity to address mental health concerns of patients • The government is also providing compassion-based training for workers in the justice system supporting people with mental health conditions • $60.7 million has been committed to implement the 10-year National Mental Health Workforce Strategy (the Strategy), to deliver a sustainable, skilled, supported and equitably distributed mental health workforce to meet Australia's current and future needs. • The Australian Government is working with states and territories to establish a national Distress Intervention Trial. An agreement has been reached with NSW and QLD to fund two trials in each jurisdiction
4.2 The National Office of Suicide Prevention works with all jurisdictions and relevant stakeholders to lead the development of a national suicide prevention workforce strategy.		• The NSPO has been established but there is no significant progress on this priority at this stage • The National Agreement commits to the NSPO developing a National Suicide Prevention Workforce Strategy that will include government departments, social services, educators, employer groups, miscellaneous service providers, community-based organisations and other settings where a risk of suicide may present for individuals • The NSPO needs to be properly resources to undertake this significant work

Training for evidence-based suicide prevention capability should be as common in the community as CPR and First-Aid. The Final Advice recognises this for clinical and health staff and frontline workers supporting people experiencing distress. While $18 million over three years in the NSPLP will provide some investment in this training, more is required and additional resources are needed to build community capability.

Key investments in new services and supports will not succeed without commensurate investment in the suicide prevention workforce. The lack of progress on a National Suicide Prevention Workforce Strategy risks undermining other important reforms. A comprehensive, fully-funded National Suicide Prevention Workforce Strategy and implementation plan is needed. This strategy should outline the long-term vision for the workforce and specific actions to ensure accessibility, capability, skills, supply, retention and sustainability. This needs to include social supports and other non-clinical supports to reconnect people who have survived suicide attempts with their families and communities.

Respond earlier to distress

Suicide Prevention Australia

Final Advice Recommendation: As a priority action and reform, all governments work together to develop and implement responses that provide outreach and support at the point of distress, to reduce the onset of suicidal behaviour.

Priority Actions	Status	Progress of Australian Government Response (Year One)
5.1 Coordinated cross-jurisdictional and cross-portfolio action to intervene early in life to: (a) mitigate the impacts of adverse childhood experiences; (b) strengthen supports for families; and (c) ensure early access to programs, treatment and support for children and young people.		• The National Children's Mental Health and Wellbeing Strategy was launched in 2021 supported by $317 million in funding including new Head to Health Kids multidisciplinary hubs, parenting education and support, perinatal mental health intimations and Kids Helpline. This builds on the existing National Support for Child and Youth Mental Health Program • A number of 2021-22 Budget initiatives support intervening earlier in life, including perinatal mental health screening, new child mental health and wellbeing hubs, online parenting education programs and initiatives to prevent and better respond to child sexual abuse in all settings as well as other initiatives focused on child mental health and wellbeing
5.2 Developing, implementing and evaluating a scalable early distress intervention for people experiencing: (a) intimate relationship distress; (b) employment or workplace distress; (c) financial distress; and (d) isolation and loneliness.		• The 2021 Budget committed to a brief distress intervention trial. • The Commonwealth has entered agreements with NSW, QLD and Victoria to trial this intervention, it is not included in other bilateral agreements.
5.3 Implementing and evaluating interventions that support people through transitions, including: (a) entering or being released from justice settings; (b) leaving military service; (c) finishing or disengaging from education or vocational settings; (d) entering retirement; and (e) engagement with aged or supported care services.		• The National Agreement commits to improve mental health and suicide prevention outcomes for those who interact with the justice system including through implementing best practice programs and increased data collection • The Government has established a Royal Commission into Defence and Veteran Suicide. The systemic analysis of the contributing risk factors, including the possible contribution of transition arrangements, has been included as an area of focus within the Royal Commission's Terms of Reference • The National Suicide Prevention Leadership Support Program has also funded activities to address this recommendation

Unequivocally, the evidence supports responding earlier to distress. Early intervention delivers better social and economic outcomes and benefits individuals and the broader community. The Final Advice importantly recognises the need for governments to work together and better support people earlier and at the point of distress.

There has been limited progress to date on the priority actions outlined in the Final Advice. A new National Children's Mental Health and Wellbeing Strategy and several Budget announcements commit to earlier supports for children, but it is unclear how these specifically address priorities of the Final Advice.

Funding has been committed to a trial a Distress Brief Intervention Trial. To date, not all jurisdictions have agreed to progress a trial under bilateral agreements. More is required to implement and evaluate a range of interventions that support people through transitions that may occur at a point of distress.

Connecting people to compassionate services and supports

Suicide Prevention Australia

Final Advice Recommendation: All governments work together to progress service reform to achieve integrated, connected and quality services for people experiencing suicidal distress, people who have attempted suicide as well as caregivers and people impacted by suicidal behaviour.

This includes all governments working together to implement priority actions from the National Suicide Prevention Strategy for Australia's Health System 2020-2023 and the National Mental Health and Wellbeing Pandemic Response Plan.

Priority Actions	Status	Progress of Australian Government Response (Year One)
6.1 Integrated digital and face-to-face supports to improve accessibility, service options and appropriate levels of service.		• Head to Health Centres have been announced and funded across Australia and a focus will be on the integration of digital and face-to-face services • Testing of digital transformation is underway and follows extensive engagement • Standards have been released by the Australian Commission on Safety and Quality in Health Care to improve the quality of digital mental health service provisions and describe the level of care and safeguards required • The Initial Assessment and Referral Tool (IAR) has been rolled out in Head to Health Centres as part of phone service. This is designed to improve accessibility, promote integration, support consistency and enable referral to appropriate services
6.2 New service models incorporating compassionate community-based support for people experiencing suicidal distress.		• No signiifcant progress on this priority action • The 2021 Budget included $6.6 million to implement national standards for Safe Spaces services
6.3 Aftercare services for anyone who has attempted suicide or experienced a suicidal crisis.		• The 2021 Budget committed to universal aftercare subject to a National Agreement with States and Territories • Agreement has been reached to deliver universal aftercare in NSW, the Northern Territory, Queensland and the ACT but not South Australia
6.4 Timely and compassionate supports for families, friends, caregivers and impacted communities, including bereavement and postvention responses.		• The 2021 Budget committed to universal aftercare subject to a National Agreement with States and Territories • Agreement has been reached to ensure all people in NSW, QLD and the NT have access to postvention but not in the ACT and SA

Priority Actions	Status	Progress of Australian Government Response (Year One)
6.5 Connecting alcohol and other drug prevention and treatment services to our suicide prevention approach		• The National Agreement commits to improve coordination between services, clear pathways for people with co-occurring alcohol and other drug use and mental illness, ensuring warm referrals from services and integrated services • The Agreement also commits to develop a nationally consistent approach to data collection to understand prevalence, sharing research and findings and build workforce capability

Any Australian experiencing or impacted by suicidal distress should have access to compassionate, quality and connected services when they need them. This recommendation makes critical suggestions to deliver much-needed support to those at-risk, those who have attempted suicide or those who are bereaved by suicide.

Despite substantial Commonwealth investment, much more work is required to achieve universal access to aftercare. Bilateral agreements with New South Wales and Victoria, the Northern Territory, Queensland and the Australian Capital Territory commit to universal aftercare in these jurisdictions. However, no such clear commitment has been reached with South Australia. Similarly, postvention is not included in bilateral agreements with the South Australian and Australian Capital Territory Governments.

A previous suicide attempt is among the highest risk factors for a future suicide death. Aftercare has been proven to reduce suicide, yet around half of those discharged from an emergency department following a suicide attempt do not currently receive follow-up aftercare. Universal aftercare is not a 'nice to have', it's a 'must-have' and all jurisdictions must work together to achieve this without delay.

Targeting groups that are disproportionately impacted by suicide

Suicide Prevention Australia

Final Advice Recommendation: All governments to apply an equity approach to suicide prevention planning and funding to prioritise targeted approaches for populations that are disproportionately impacted by suicide.

Priority Actions	Status	Progress of Australian Government Response (Year One)
7.1 National funding of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy from 2021, implementing Indigenous leadership and governance, place-based initiatives and building on workforce and community strengths.		• The 2021 Closing the Gap report committed to a strategy and this work has been developed • $8.6 million over three years was committed in the 2022 Budget for a National Closing the Gap Policy Partnership on Social and Emotional Wellbeing • $8.5 million has been committed to continue the Red Dust Program for Aboriginal and Torres Strait Islander men, women and youth in the Northern Territory
7.2 All jurisdictions to commit to identifying priority actions for male suicide prevention to be incorporated into the National Suicide Prevention Strategy, including: (a) the Commonwealth government to lead on identifying priority actions that leverage their government services and systems, such as employment services, family law courts, relationship services and aged care; and (b) all jurisdictions to review and report on the accessibility of their funded services and programs for men.		• Activity seven of the NSPLSP is designed to support at-risk populations and communities, including males and includes expanded funding as part of the new program • The National Agreement did not include males as a priority cohort, the Department has noted this list is not exhausted and men are included within a number of other groups identified • $6 million has been allocated for the Support for the Fly-in, Fly-Out (FIFO) and Drive-in, Drive-Out (DIDO) workers program and will support better mental health and suicide prevention outcomes in industries
7.3 All jurisdictions contribute to identifying national actions for priority populations to be included in a National Suicide Prevention Strategy, including: children and young people; LGBTIQ+ communities; culturally and linguistically diverse communities; veterans and their families; and those living in rural and regional communities impacted by adversity.		• Activity seven of the NSPLSP is designed to support at-risk populations and communities, including males and includes expanded funding as part of the new program • The National Agreement did not include males as a priority cohort, the Department has noted this list is not exhaustive and men are included within a number of other groups identified • $6 million has been allocated for the Support for the Fly-in, Fly-Out (FIFO) and Drive-in, Drive-Out (DIDO) workers program and will support better mental health and suicide prevention outcomes in industries
7.4 Drawing from regular data reviews and evidence, all jurisdictions contribute to identifying national actions for occupations and industries with higher rates of suicide.		• No clear progress on this priority action • The National Agreement identifies the critical opportunities for prevention, early intervention and the provision of supports in workplaces

The Final Advice recognises that some groups of Australians have a much higher risk of suicide than others. Addressing the risk of suicide among these priority cohorts requires strategic and sustained policy responses and is critical to realising our vision of a world without suicide.

There has been mixed progress on priority actions to achieve better outcomes for those disproportionately impacted by suicide. While the NSPLP includes increased funding for some, this fund was substantially over-subscribed and many projects have not received the dedicated investment that is required.

The 2022 Budget failed to substantially invest in a number of high-risk cohorts, including men, LGBTQI+ and Aboriginal and Torres Strait Islander communities.

Despite males representing three out of four suicide dates, the National Agreement did not consider them in the list of priority cohorts. Strategy, funding and collaboration with people of lived experience are essential to progressing this recommendation.

Strategic and coordinated approaches which address the structural drivers that contribute to high rates of poor mental health outcomes and suicidality are needed. For example, in LGBTIQ+ communities discrimination and stigma are linked to poor mental health outcomes. Across priority cohorts, there is a need to genuinely partner with those disproportionately impacted by suicide such as Aboriginal and Torres Strait Islander people by supporting their plans and frameworks.

Policy responses to improve security and safety

Suicide Prevention Australia

Final Advice Recommendation: Working towards a 'suicide prevention in all policies' approach, all governments: build capabilities within key policy teams and departments, and review existing policies to enhance opportunities for improved security and enhanced safety through a National Strategy.

Priority Actions	Status	Progress of Australian Government Response
8.1 Working towards a 'suicide prevention in all policies' approach, all governments: build capabilities within key policy teams and departments, and review existing policies to enhance opportunities for improved security and enhanced safety through a National Strategy.		• The NSPO has been tasked with building capability for suicide prevention and needs to be equipped with sufficient resources and authority to progress this work across Governments

Progress on this has been limited to date yet this priority remains an important recommendation. Suicide Prevention Australia urges the passage of a national Suicide Prevention Act to ensure all government agencies consider the role of suicide prevention in their work and collaborate towards shared objectives to drive down suicide rates.

Suicide Prevention Australia

For general enquiries
02 9262 1130
admin@suicidepreventionaust.org
www.suicidepreventionaust.org

There are crisis services available 24/7 if you or someone you know is in distress

Lifeline: 13 11 14
www.lifeline.org.au

Suicide Call Back Service: 1300 659 467
www.suicidecallbackservice.org.au

Acknowledgement 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 suicide prevention policy, practice and research. Advice from the Lived Experience Panel and other individuals with lived experience helped guide the research, consultation and analysis outlined in this report.

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 priorities and advocacy. Suicide Prevention Australia thanks all involved in the development of this report.