Centre for Mental Health
Melbourne School of Population and Global Health

Suicide Prevention Research Priorities

Final Report - October 2022

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Table of Contents

Table of Figures

Executive Summary

Background and aim

Suicide continues to be a major public health challenge in Australia with significant individual, community, and societal impacts. Targeted and timely research efforts are essential to effectively address this challenge in a rapidly changing world. Building on our earlier research priority setting exercise conducted in 2017, the present project aimed to inform future priorities in Australian suicide prevention research and identify shifts in research emphasis over time.

Method

We examined current research priorities in Australian suicide prevention research by reviewing grants and fellowships funded and peer-reviewed journal articles published during 2017-2022, which were categorised according to an existing classification framework. We also surveyed key stakeholders with a known interest in suicide prevention research as to where future research emphasis should be placed and categorised their responses according to the same framework. Replicating the methodology from our earlier exercise, enabled us to contrast current and future research priorities and identify any shifts in research emphasis over time.

Key findings

Overall research investment and publication output in Australian suicide prevention research has increased significantly in 2017-2022, with 393 journal articles published and 110 grants and fellowships funded to the tune of $45.1m. This represents more than a quadrupling of total research funding over a 5-year period and a 50% increase in annual publication output compared to our earlier exercise conducted over a 7.5-year period in 2010-2017.

Recent research funding efforts are starting to manifest key changes in the types of research called for by stakeholders, while the associated evidence base is yet to fully materialise in publications. Notably, intervention studies (43%) emerged as the most frequently funded study type, while epidemiological research continued to dominate in published articles (59%). Mirroring stakeholder identified priorities, recent grants and publications reflected a relative shift in emphasis away from suicide and a greater focus on suicide attempts. Young people continued to be the most commonly researched target group. While digital and online settings featured strongly in research funding, stakeholders prioritised research in community settings. Four percent of articles and one quarter of grants noted the inclusion of people with lived experience or co-design.

Conclusions

The recent boost in national research funding for suicide prevention is encouraging and commensurate with the significant scale of the task ahead to develop the evidence base and more effective solutions to address the persistent public health challenge of suicide in Australia. Research funding efforts are driving key changes in research emphasis called for by stakeholders, including a stronger emphasis on intervention research. While publications are also showing some positive signs, the required evidence base on effective interventions, protective factors, and social determinants is yet to fully materialise in this literature to support practice. To effectively address suicide in Australia in the future, it will therefore be important to maintain the overall thrust and direction of national research investment, coupled with a stronger emphasis on research translation. The present findings suggest that key priority areas for future suicide prevention research should address suicide attempts, protective factors, social determinants, community settings, and interventions, and focus on strengthening effective research translation into practice.

Chapter 1: Background and methodological overview

Background

Suicide continues to be a major public health problem in Australia, with suicide rates consistently breaching 12 per 100,000 over recent years.[1] In 2021, the year for which most recent data are available, there were 3,144 deaths by suicide overall, including 2,358 by males and 786 by females. This represents an overall rate of 12.0 per 100,000, and rates for males and females of 18.2 and 6.1 per 100,000, respectively. Suicide and suicidal behaviour have significant individual, community, and societal impacts. For each recorded suicide not only represents a life lost, but many more suicide attempts. An estimated 38% of Australians are directly affected by the suicide or attempted suicide of someone close to them in their lifetime and 5.9% in any given year.[2]

In view of the significant magnitude and ramifications of this ongoing public health challenge and in an effort to save lives and bring hope to those affected by suicide, Australian suicide prevention policy has recently mobilised unprecedented efforts to drive systemic change and foster more concerted approaches to suicide prevention. As a result, arguably more attention is now being afforded to suicide prevention nationally than ever before, as is also indicated by the final report of the Prime Minister's Adviser for Suicide Prevention and the establishment of a designated National Suicide Prevention Office.

In line with this approach, there has also been a strong focus on building the evidence base for suicide prevention and ensuring its effective translation into policy and practice. The Australian Government has increased its investment in suicide prevention research. It has provided support for several initiatives in this area, including funding Suicide Prevention Australia to act as the lead agency for the national Suicide Prevention Research Fund and funding the Centre for Mental Health at the University of Melbourne to play a national leadership role in suicide prevention research translation. The current project aims to assist these agencies and the wider sector to identify priority research areas to be addressed in suicide prevention.

The current project builds on a previous study conducted by our team in 2017,[3] which in turn drew on earlier work by Jorm and colleagues.[4-6] In our 2017 study, we identified research priorities for suicide prevention in Australia with a view to informing Suicide Prevention Australia's ongoing activities and future directions in managing the Suicide Prevention Research Fund. To this end, we compared (then) current research efforts in suicide prevention research with stakeholder-identified priorities.[7] We identified suicide-related journal articles published and grants funded in Australia in 2010-2017 and classified them according to a pre-determined framework. We then elicited the views of stakeholders with an interest in suicide prevention about where future priorities should lie, using a questionnaire which categorised their responses according to the same taxonomy. The take-home message from this work was that much of the existing effort had focused on the epidemiology of suicide and suicidal behaviour whereas stakeholders felt that future emphasis should be on intervention studies and protective factors. They argued that it would only be possible to take the suicide prevention field further by conducting studies of interventions that would allow evidence to amass about what works (and what does not work) in suicide prevention and what keeps people well.[7] This study further identified shifting trends in Australian suicide research, which highlighted the importance of a systematic ongoing approach to monitoring research activity to inform future research priority setting.[8]

Since we conducted this study, the Australian suicide prevention landscape has changed. The Covid-19 pandemic has transformed the ways in which suicide prevention interventions are provided and how research is being conducted, with both virtual service delivery and remote data collection increasingly gaining in prominence. Targeted and timely research efforts are therefore instrumental in informing and addressing many of the current and future challenges faced by Australians. The time is therefore now ripe to update the earlier exercise to determine whether Australian research priorities have shifted. To this end, the present study is largely based on the original methodology and augments it in such a way as to be maximally useful in the current Australian suicide prevention context.

Identifying current and future priorities in suicide prevention research

As part of this project, we conducted three studies to gauge current and future priorities in suicide prevention research. Current priorities were examined via reviews of journal articles published and grants and fellowships funded during the period 2017-2022 inclusive. Future priorities were assessed via a questionnaire of stakeholders' views. Table 1 summarises the method employed in each of the three studies, and additional detail is provided in Chapters 2-4.

Table 1: Summary of studies

CURRENT PRIORITIES IN SUICIDE PREVENTION RESEARCH	FUTURE PRIORITIES IN SUICIDE PREVENTION RESEARCH
Study 1: Review of published literature Analysis of extent and nature of current research, as assessed by examination of abstracts of peer-reviewed journal articles on suicide prevention research published during the period 2017-2022 inclusive.	**Study 3: Web-based questionnaire** Analysis of stakeholders' views on future priorities, elicited via a web-based questionnaire. Stakeholders were selected on the basis of their membership of key groups with a known interest in suicide prevention research.
Study 2: Review of funded grants Analysis of extent and nature of current research, as assessed by examination of summaries of grants and fellowships funded by key granting bodies during the period 2017-2022 inclusive.	

Defining 'suicide prevention research'

Consistent with our 2017 study,[3] and informed by the definition of mental health research used by Jorm and colleagues[4-6] in earlier work, we defined 'suicide prevention research' quite broadly as:

> *'... [involving] activities which collect new data or carry out some novel analysis of existing data, and which pertain to suicide prevention but may not necessarily involve evaluation of suicide prevention initiatives.'*

For the purposes of the current project, research relating to euthanasia was excluded from this definition.

A framework for examining current and future priorities

The reviews of published literature and funded grants/fellowships and the web-based questionnaire were conducted within a comprehensive framework which enabled current and future priorities to be examined in a systematic manner. This framework was largely identical to the one utilised in our earlier study, and included only very minor modifications in terms of three additional items and updates to the terminology of some item categories.[9] Minor modifications included the introduction of a new research setting category ('digital or online'), as well as two research focus items to determine if research included a focus on Covid-19 or Lived Experience (or Co-design). The framework permitted different elements of suicide prevention research to be considered within various classifications, namely research type, suicidal behaviour, suicide method, target group, setting, and focus. For some classifications, such as research type, this framework also enabled examination of higher-level research types and more fine-grained lower-level categories. The sub-categories within the framework are summarised in Table 2.

Table 2: Framework for examining current and future priorities in suicide prevention research

Research type	
a. Assessment studies • Assessment/classification of suicide risk (including development/validation of risk assessment tools) • Assessment studies – Other b. Epidemiological studies • Rates (including comparisons of rates) • Risk factors • Protective factors • Epidemiological studies – Other c. Intervention studies • General intervention issues and approaches • Practice guidelines • Efficacy of universal interventions • Efficacy of selective interventions • Efficacy of indicated interventions • Intervention studies - Other	d. Evaluation of policies/programs/services • Policy evaluation • Program evaluation • Services evaluation • Evaluation of policies/programs/services - Other e. Biological research • Neurobiology (including brain anatomy and physiology) • Genetics • Biological research – Other f. Social science • Sociology • History • Literature or the arts • Media studies (incl. new media and internet) • Social science – Other g. Other h. Not specified / unknown
Suicidal behaviour	
a. Suicide b. Attempted suicide c. Suicidal thoughts	d. Other suicidal behaviour e. Not specified / unknown
Suicide method	
a. Poisoning by drugs b. Poisoning by other (incl. poisoning by other gases and vapours) c. Hanging (incl. strangulation and suffocation) d. Firearms (incl. explosives) e. Drowning	f. Jumping from a high place g. Jumping or lying before a moving object h. Other i. Not specified / unknown
Target group	
a. Young people (aged 24 or less) b. Adults (aged 25-64) c. Older people (aged 65 or more) d. Indigenous people e. People from culturally and linguistically diverse backgrounds f. People in rural and remote areas g. People bereaved by suicide h. People who are gay, lesbian, bisexual, transgender, intersex i. People with mental health problems	j. People with physical health problems k. People with substance use problems l. People who have attempted suicide m. People who come in contact with the justice system n. Men o. Women p. Current or ex-serving military personnel q. Other r. Not specified / unknown
Setting	
a. Communities b. Schools c. Tertiary institutions d. Prisons e. Workplaces f. Primary care settings (e.g. general practice)	g. Emergency departments h. Mental health service settings i. Other health service settings j. Digital or online k. Other l. Not specified / unknown
Research focus (other)	
a. Lived experience (or co-design) b. Covid-19 (or coronavirus) pandemic	

While most of these classifications and the categories within them are largely self-explanatory, it may be worth commenting on Research type. The identified research types were deliberately designed to be as inclusive as possible, and to recognise that suicide prevention research occurs not only in medical and psychiatric domains, but also in the social sciences. In terms of intervention research, universal interventions target whole populations, with the aim of favourably shifting risk and protective factors across the whole population. Selective interventions target population subgroups with particular risk factors for suicide who are not yet exhibiting suicidal thoughts or behaviours. Indicated interventions are designed for people who are already beginning to exhibit suicidal thoughts or behaviours.

The application of the framework can be explained by the example of target group. Each journal abstract and grant summary was coded in terms of the target group that was the focus of the research, in order to determine whether particular target groups had been given greater or lesser priority in the past five years. Similarly, questionnaire respondents were asked to make ratings as to the target group(s) which should be given highest priority. The framework therefore enabled comparisons to be made between the status quo, or current priorities, and stakeholder-identified future priorities.

Structure of the current report

This Final Report describes the overarching project in detail and outlines study findings on current research priorities as reflected in Australian suicide prevention research published and funded during the period 2017-2022 as well as future research priorities as identified by stakeholders. Chapters 2-4 provide methodological information about the three studies and present their key findings. Chapter 5 then synthesises key findings on current research priorities and compares these to findings from our earlier exercise to identify ongoing shifts and continuities in research emphasis. Chapter 5 also contrasts current and future research priorities and makes recommendations for the national research agenda.

Chapter 2: Review of the published literature (Study 1)

Method

Study 1 involved a literature review which analysed the extent and nature of the Australian suicide prevention peer-reviewed literature based on published abstracts from the beginning of August 2017 to the end of May 2022. The literature search, abstract coding and data analysis process is described in detail below.

Abstract identification and management

The literature review was restricted to peer-reviewed journal articles. This approach is a widely accepted method for systematically identifying current research knowledge and trends. This approach also aligns with previous iterations of this review and other similar studies,[5, 7] which affords both quality checks and opportunities for comparisons across time. 'Grey' literature sources including but not limited to book chapters, conference abstracts, letters, reports, news items, magazine articles, theses, and newsletters were beyond the scope of this review due to time and resource limitations.

Three international academic databases (Medline, PsycINFO, and the Cumulative Index of Nursing and Allied Health Literature (CINAHL)) were searched for the period of 1 August 2017 - 31 May 2022 to identify relevant peer-reviewed articles using the search terms suicid* OR self harm OR suicid* attempt* AND Australia.

Articles were excluded if they pertained to euthanasia or assisted suicide, did not include an abstract, did not involve primary research, did not have a first author with an Australian address, reported research not conducted in Australia or where the primary focus was not on suicide.

All database search results were initially downloaded and added to an Endnote database. Duplicates were identified and removed in Endnote. The full Endnote database was exported and uploaded to Covidence for screening, further removal of duplicates, and data extraction.

Abstract classification

Abstract screening in Covidence initially involved checking whether the articles met the key inclusion criteria. In some cases, this information could not be ascertained from the abstract alone (e.g., whether the first author had an Australian address) and these articles were included in the subsequent full text screening stage. Similarly, if the team member coding the abstract was unsure whether the article met the inclusion criteria, the article was marked for a secondary review by another team member. The 'full text' screening stage was based on the abstracts to align with previous iterations of this review, and the full texts of the articles were added to Covidence to allow the reviewer to check any missing information from the abstract (e.g., whether the first author had an Australian address).

Data extraction was conducted on the final list of articles using a customised data extraction template in Covidence based on the framework outlined in Chapter 1. The following information was extracted for each article:

- Year of publication;
- Publication type (primary research, review, evidence-based commentary, not specified / unknown);
- Type of data (qualitative, quantitative, other, not specified / unknown);
- Research design
    - High-level: descriptive, analytical, other, not specified / unknown;
    - Low-level: randomised control trial; non-randomised experimental study; cohort study; cross-sectional study; case control study; systematic review; qualitative study; prevalence study; case series; case report; diagnostic test accuracy study; clinical predication rule; economic evaluation; text and opinion; other;
- Research type
    - High-level: assessment studies; epidemiological studies; intervention studies; evaluation of policies/programs/services; biological research; social science studies; other; not specified / unknown;
    - Low-level: studies regarding assessment/classification of suicide risk; other assessment studies; studies of rates; studies of risk factors; studies of protective factors; other epidemiological studies; studies re. general intervention issues/methods; studies re. practice guidelines; studies re. efficacy of universal interventions; studies re. efficacy of selective interventions; studies re. efficacy of indicated interventions; other intervention studies; policy evaluations; program evaluations; service

evaluations; other evaluations; neurobiological studies; genetic studies; other biological studies; sociological studies; historical studies; literature/arts studies; media studies; other social studies; other studies);

- Suicidal behaviour (suicide; attempted suicide; suicidal thoughts; other; not specified / unknown);
- Suicide method (poisoning by drugs; poisoning by other substance; hanging; firearms; drowning; jumping from a high place; jumping or lying before a moving object; other; not specified / unknown);
- Target group (young people; adults; older people; Indigenous people; people from culturally and linguistically diverse backgrounds; people in rural and remote areas; people bereaved by suicide; people who are gay, lesbian, bisexual, transgender or intersex; people with mental health problems; people with physical health problems; people with substance use problems; people who have attempted suicide; people who come in contact with the justice system; men; women; current or ex-serving military personnel; other; not specified / unknown)
- Setting (communities; schools; tertiary institutions; prisons; workplaces; primary care settings; emergency departments; mental health service settings; other health service settings; digital or online settings; other; not specified / unknown);
- COVID-19; and
- Lived experience (or co-design)

The above categories are generally self-explanatory except for high-level research design, which was based on the definitions of Hennekens and Buring.[10] Descriptive studies involved research on suicide or suicidal behaviour that focused on a single group with no point of comparison. Conversely, analytical studies were those that explicitly compared two or more groups when studying risk and/or protective factors or interventions related to suicide or suicidal behaviour.

During the data classification process, a single option for each category was generally selected, and this was coded as 1, while all non-selected options for the category were coded as 0. For instance, many studies would only focus on suicide and not attempted suicide or suicidal ideation, so these studies would receive a 1 for suicide and 0 for attempted suicide and suicidal thoughts. However, some studies included multiple suicidal behaviours. When this occurred, the different categories were weighted so that the total score summed to 1. Following on with the earlier example, if a study focused on suicide and attempted suicide, these categories would be given a score of 0.50 each respectively, while suicidal ideation would still score 0. Similarly, if a study addressed suicide, attempted suicide, and suicidal ideation, each of these would be given weights of 0.33.

Data for each study was extracted by a single team member (KK, MF, or SM) and subsequently checked by another team member to ensure accuracy and consistency of the results. Before commencing the screening and extraction process, 30 abstracts were independently coded by the three team members (KK, MF, or SM) and discrepancies in the coding were resolved through a review and clarification of the variable definitions.

Data management and analysis

The article extraction data was downloaded from Covidence and converted into an SPSS file for analysis. Simple weighted frequencies and percentages were calculated for each category.

Results

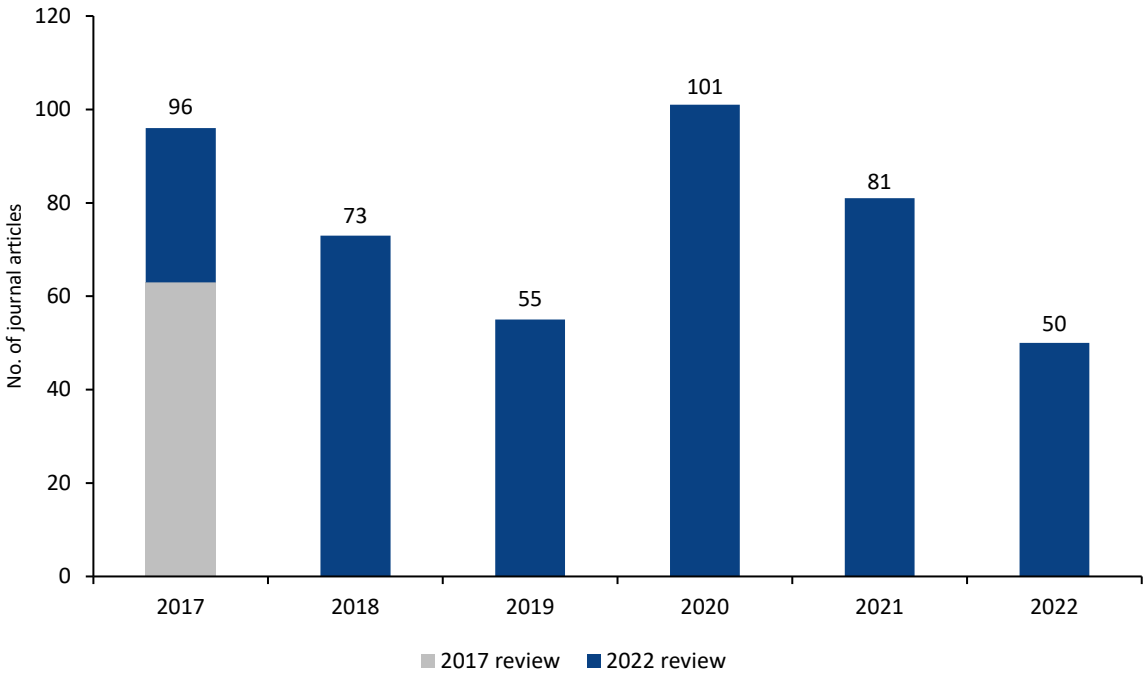
Overview

The database searches yielded 2,069 results, with 1,230 articles for review after duplicates were removed. We excluded a further 837 articles that did not meet the study inclusion criteria outlined earlier. This left 393 (33%) abstracts for review for the 5-year period.

Year of publication

Year of publication information was available for all 393 articles. As can be seen in Figure 1, The number of suicide prevention articles published each year ranged from 50 to 101. It is important to note that the lowest number of articles was for 2022, which only included publications up to the end of May of that year, and therefore may be an under-representation. As a previous iteration of this review covered publications up to July 2017, the data from that iteration were included in the current figure to better represent the total number of publications for 2017. Overall, the number of articles published per year has remained relative stable with the exception of 2019 where there were 55 articles published.

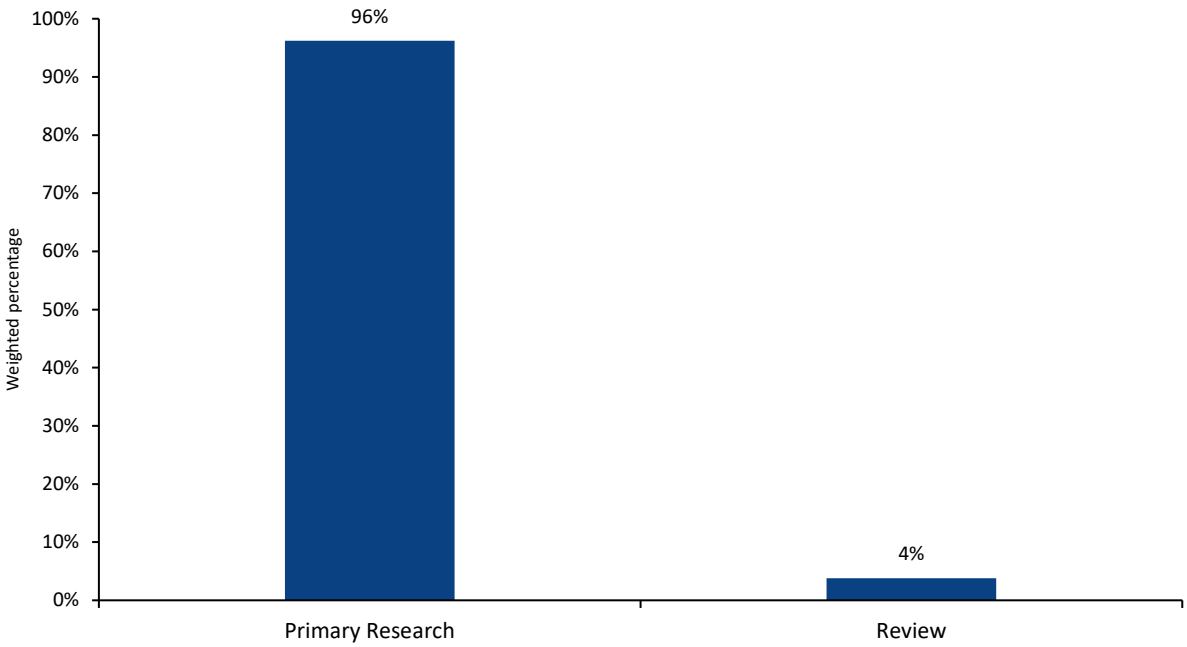
Figure 1: Journal articles for which suicide or suicidal behaviour was the primary focus, by year of publication (n=393)



Publication type

The publication type was identified for all 393 journal articles. As can be seen in Figure 2, the vast majority (96%) of journal articles were primary research, while the remaining 4% were review articles including systematic and scoping reviews, meta-analyses, and other general reviews of the existing literature.

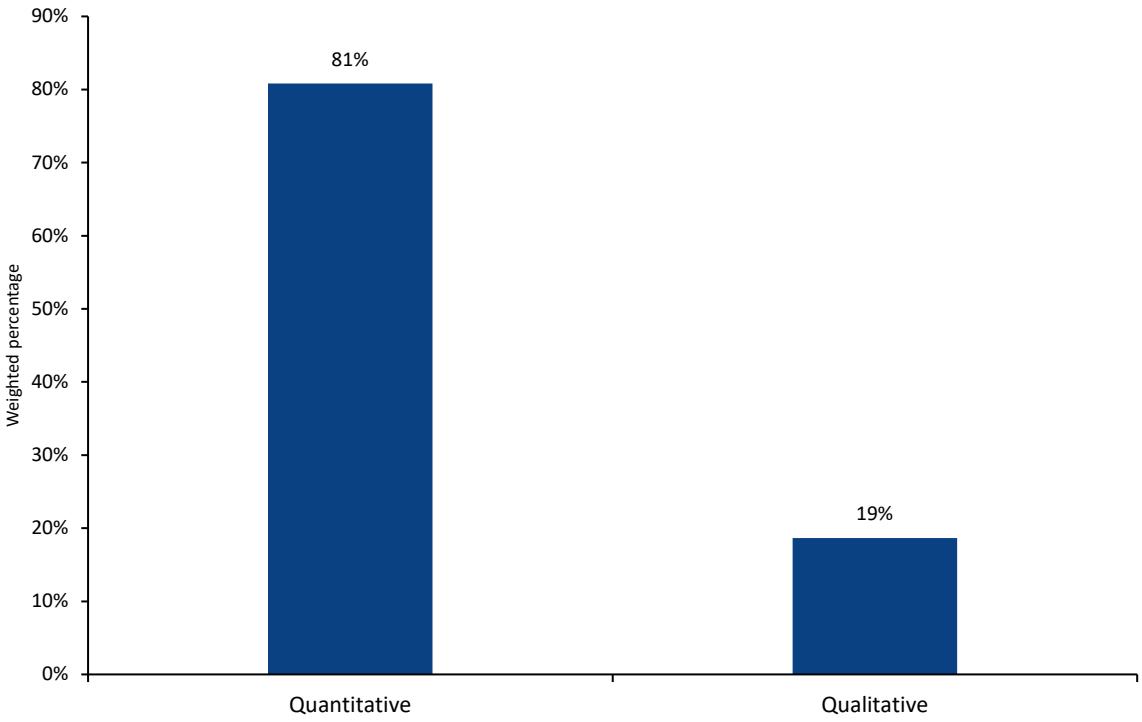
Figure 2: Journal articles for which suicide or suicidal behaviour was the primary focus, by year of publication (n=393)



Type of data

The type of data reported was ascertained for all 393 journal articles. Figure 3 shows that the majority of articles reported quantitative data (81%), while 19% of articles used qualitative data. Although it was not recorded directly for this review, 21 articles (5%) reported a combination of quantitative and qualitative data referred to as mixed methods data.

Figure 3: Journal articles for which suicide or suicidal behaviour was the primary focus, by type of data (n=393)



Research design

The high-level research design was available from the abstracts of all journal articles. As can be seen in Figure 4, 56% of articles used a descriptive design where no comparisons were made. In contrast, 44% of articles utilised an analytical design involving explicit comparisons between groups for suicidal outcomes and risk or protective factors. One study was categorised as 'other' because it utilised machine learning and did not clearly fit into either of these categories.

Figure 4: Journal articles for which suicide or suicidal behaviour was the primary focus, by research design (high-level categories; n=393)

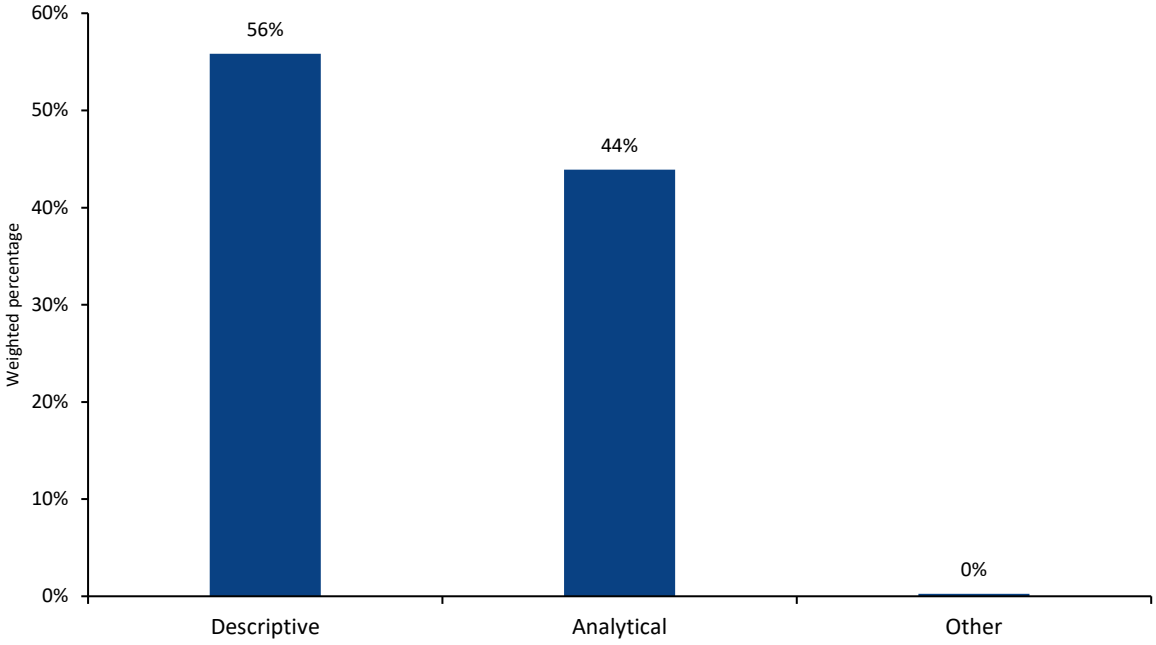
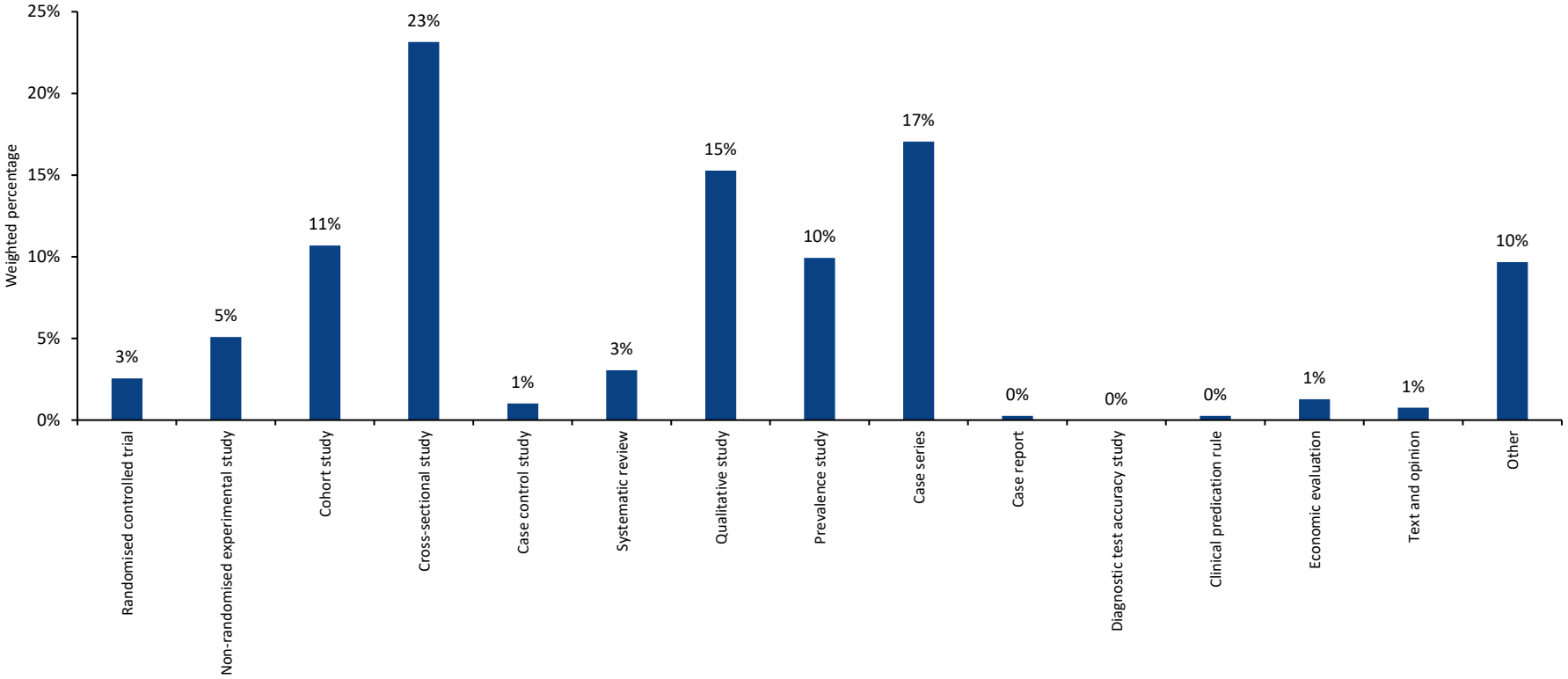


Figure 5 shows the lower-level research design categories, which were also available for all journal articles. The most common study designs were cross-sectional (22%) and case series (19%), followed by qualitative studies (15%). The remaining studies involved a variety of designs. It is also worth noting that 8% of studies were experimental, either using a randomised control design or a non-randomised experimental design.

Figure 5: Journal articles for which suicide or suicidal behaviour was the primary focus, by research design (lower-level categories; n=393)



Research type

The research type was ascertained for all 393 journal articles. Figure 6 presents the high-level research type categories, while Figure 7 provides a more detailed breakdown of the different research types found within the journal articles.

As shown in Figure 6, the most common research type by a considerable margin was epidemiological studies (59%), followed by intervention (18%), evaluation, (10%) and social science studies (4%).

Figure 6: Journal articles for which suicide or suicidal behaviour was the primary focus, by research type (high-level categories; n=393)

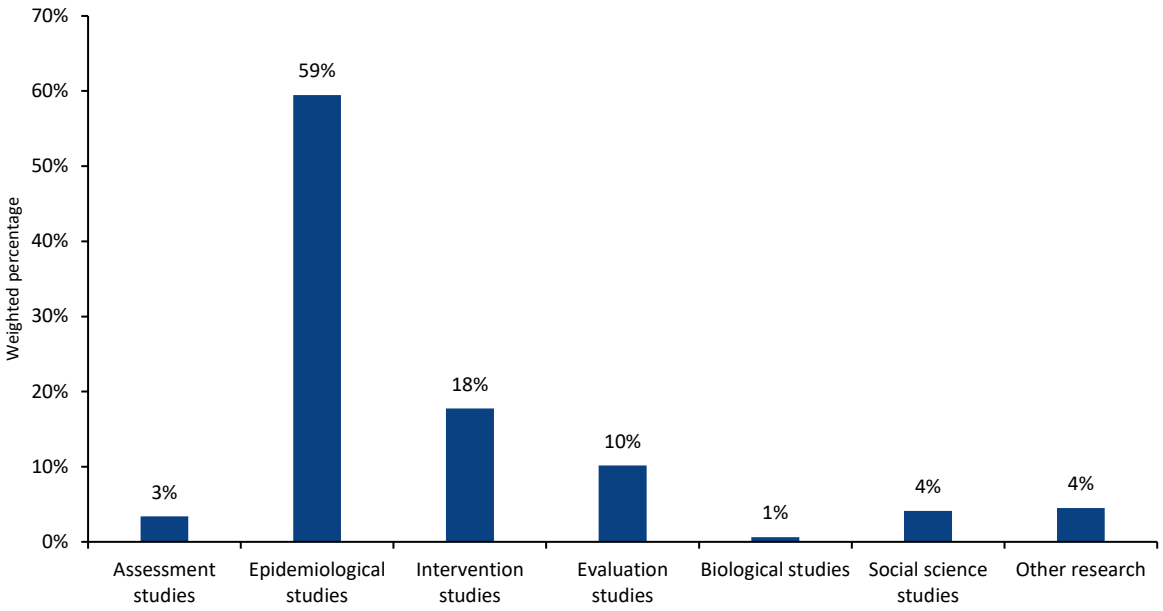
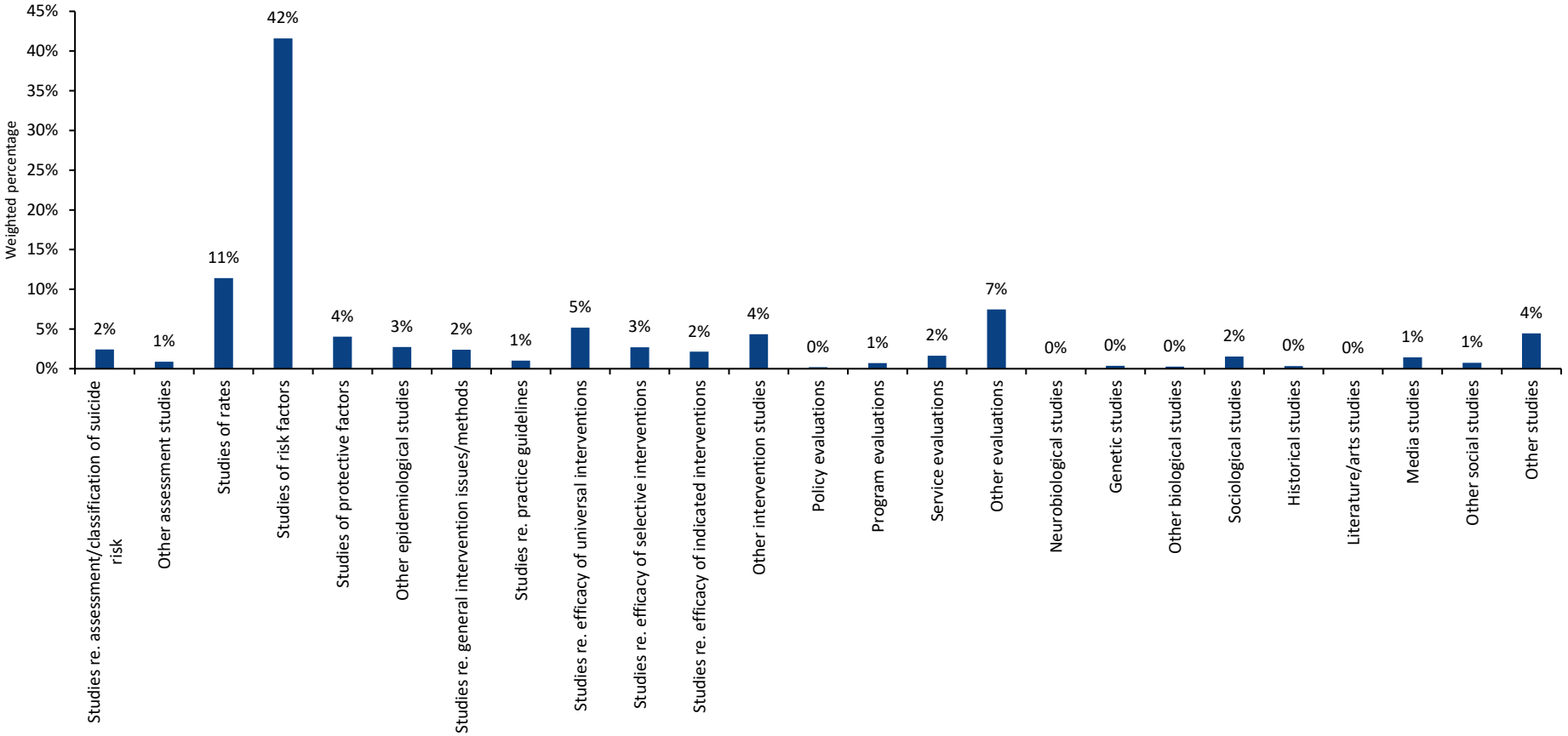


Figure 7 provides a more detailed summary of the research types. Studies of risk factors for suicide were by far the most common (42%) followed by assessment of suicide rates (11%). The remaining research types were less common and covered the full gamut of suicide prevention research from evaluations through to media studies.

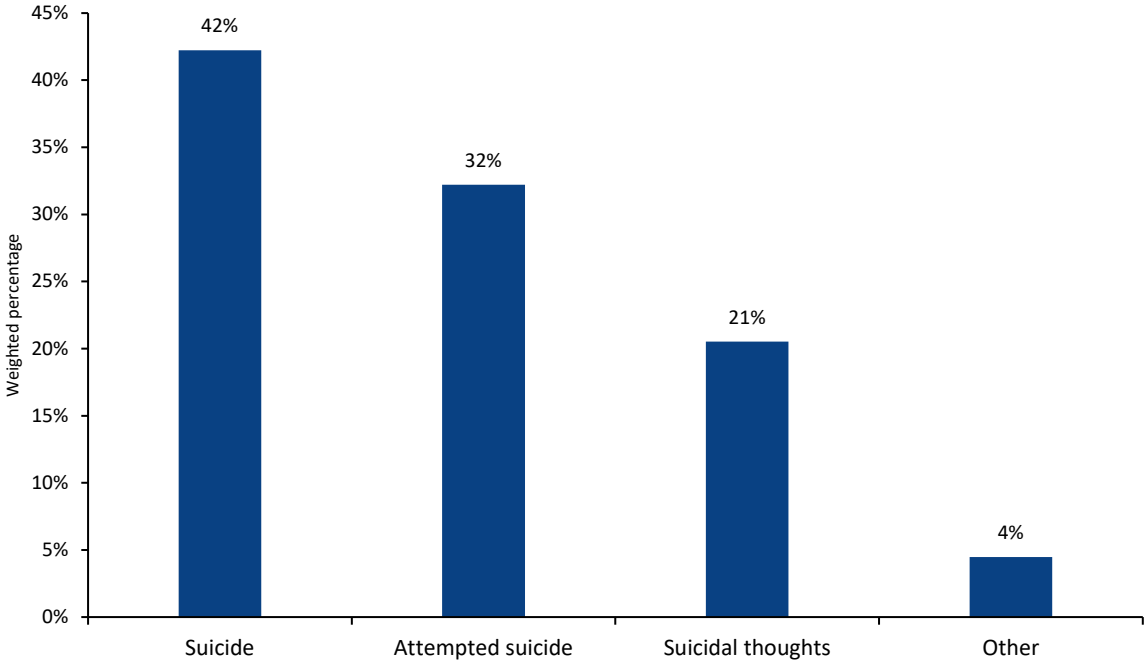
Figure 7: Journal articles for which suicide or suicidal behaviour was the primary focus, by research type (lower-level categories; n=393)



Suicidal behaviour

The type of suicidal behaviour that was the focus of the study was ascertained for 381 of the journal articles. As shown in Figure 8, suicide (42%) was the most common focus, while 32% of articles assessed attempted suicide and 21% addressed suicidal thoughts. The remaining 4% of studies assessed other constructs related to suicidal behaviours and suicide prevention, such as suicide stigma, help seeking, and homicide-suicides.

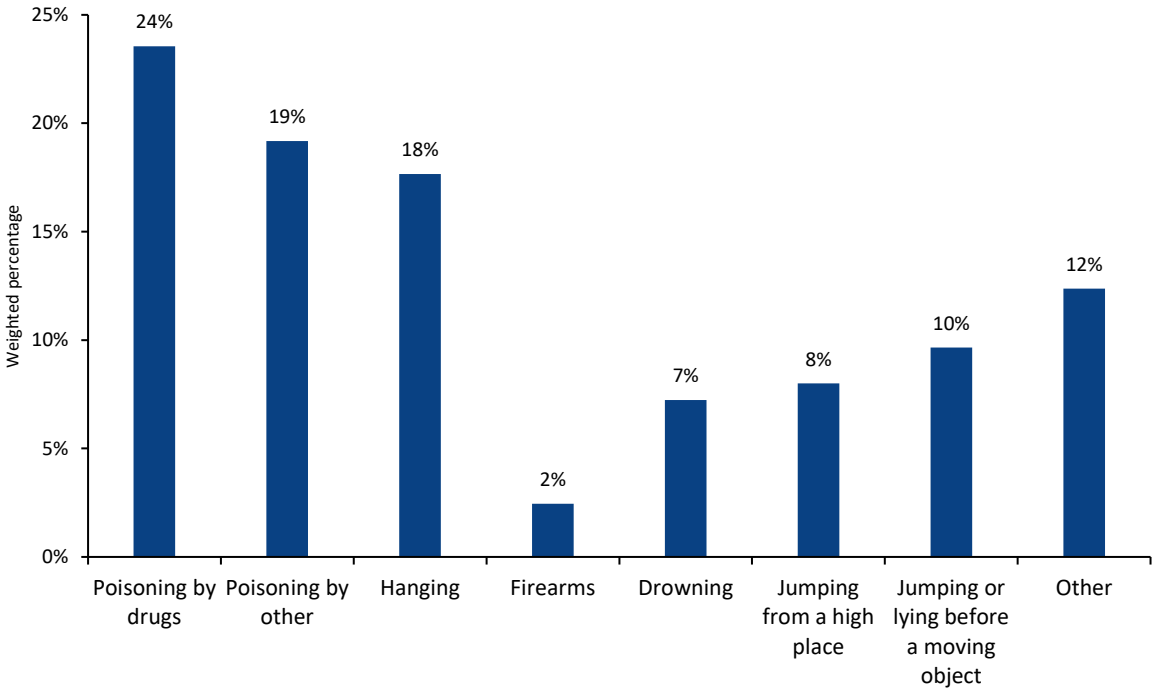
Figure 8: Journal articles for which suicide or suicidal behaviour was the primary focus, by type of suicidal behaviour (n=381)



Suicide method

The method of suicide was identified in 38 (10%) of the abstracts of the journal articles. Figure 9 depicts the suicide methods for the articles where this information was available in the abstract. The most common method was poisoning by drugs (24%), followed by poisoning by other means (19%), and hanging (18%). The 'other' category accounted for 12% of articles and included behaviours such as cutting, self-battery, suffocation, self-immolation, and the use of explosives.

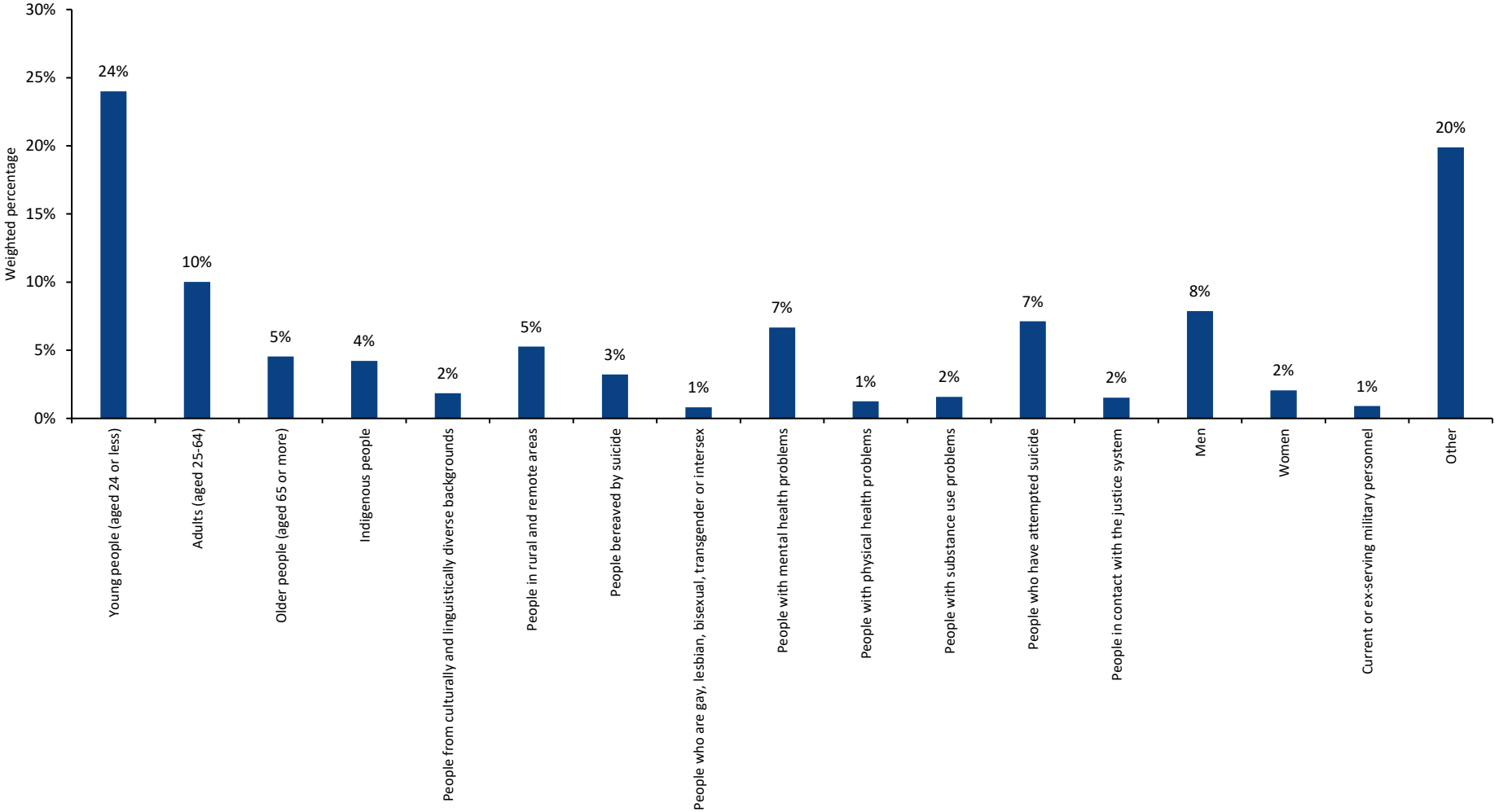
Figure 9: Journal articles for which suicide or suicidal behaviour was the primary focus, by suicide method (n=38)



Target group

Information regarding the target group of the research was ascertained for 310 (79%) articles. As can be seen in Figure 10, young people were the group who received the greatest focus in the literature (24%). The next most common was the 'other' category, which was comprised primarily of specific occupational groups who are at an elevated risk of suicide such as farmers and construction workers, or those who work regularly with those at risk of suicide, for instance emergency service personnel and crisis line staff. Other common target groups included adults (10%), men (8%), people with mental health problems (7%) and people who had attempted suicide (7%).

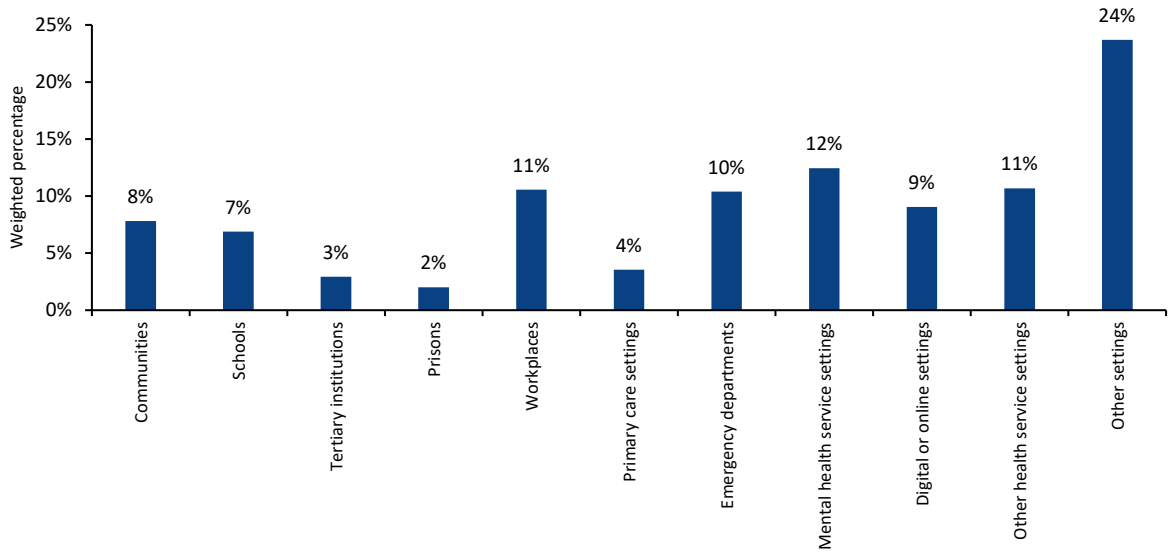
Figure 10: Journal articles for which suicide or suicidal behaviour was the primary focus, by target group (n=310)



Setting

The research setting was discerned for 224 (57%) of the journal articles. Figure 11 shows that 12% of studies addressed mental health service settings, 11% workplaces, and 10% emergency departments. A large proportion of studies (24%) were classified as 'other', which included ambulance attendances, suicide hotspots, and media-based settings.

Figure 11: Journal articles for which suicide or suicidal behaviour was the primary focus, by setting (n=224)



COVID-19

In the current review, 16 (4%) studies explicitly addressed the impact of the COVID-19 pandemic on suicide. These articles were published between 2020 and 2022.

Lived Experience (or co-design)

There were also 16 (4%) articles that noted the inclusion of people with lived experience (or co-design) as part of the study design across all reviewed abstracts.

Chapter 3: Review of funded grants and fellowships (Study 2)

Method

As noted in Chapter 1, the review of funded grants and fellowships analysed the extent and nature of current research by examining grants and fellowships provided for suicide prevention research during the period 2017-2022 inclusive. The grant identification and retrieval process is described in more detail below, as is the way in which the grants and fellowships were coded. The approach to data analysis is also described.

Identification of information about funded grants and fellowships

We identified grants and fellowships funded by the Australian Research Council (ARC), Australian Rotary Health (ARH), Medical Research Future Fund (MRFF), National Health and Medical Research Council (NHMRC), and Suicide Prevention Australia (SPA).

We retrieved publicly available summary information on grants and fellowships awarded by the ARC, MRFF and NHMRC from their respective website repositories on 6 July 2022, while ARH and SPA provided summary funding information directly to the study team on 19 August 2022 and 26 August 2022, respectively. The amount and format of funding information available varied slightly by organisation:

- The ARC, MRFF and NHMRC provided Excel spreadsheets and summary reports detailing all grants and fellowships awarded between 2017 and 2022 inclusive.
- ARH and SPA provided summary information on grant and fellowship funding awarded during 2017-2022 and 2019-2022, respectively, with 2019 being the year in which the SPA Suicide Prevention Research Fund first commenced.

All grants and fellowships were initially examined by two team members (LR, KA) who identified all those that appeared to relate to suicide.

Table 3 provides a summary of the information available on each of the grants and fellowships, broken down by funding body. Note that some funding schemes offered by a particular organisation were not covered by the full time period indicated because they were introduced (or discontinued) during the period.

Table 3: Information available on suicide prevention research grants and fellowships, by funding body

	ARC	ARH	MRFF	NHMRC	SPA
Funding years	2017-2022*	2017-2022*	2017-2022	2017-2022*	2019-2022
Grant type	☑	☑	☑	☑	☑
Chief investigator	☑	☑	☑	☑	☑
Project/fellowship title	☑	☑	☑	☑	☑
Administering institution	☑	☑	☑	☑	☑
State/territory	☑	☑	☑	☑	☑
Start year	☑	☑	☑	☑	☑
Duration	☑	☑	☑	☑	☑
Amount of funding per year	☑	☑	☑	☑	☑
Total funding	☑	☑	☑	☑	☑
Abstract/summary	☑	☑	☑	☑	☑

* For the current study, funding in 2017 only includes grants and fellowships awarded after 11 September.

Coding the grants and fellowships

Grants and fellowships were initially categorised by:

- Year of initial funding;
- Funding (amount per year and total);
- Grant/fellowship focus (suicide primary focus, suicide secondary focus, other focus, not specified / unknown).

We included all grants and fellowships with an official start (or funding commencement) year in the 2017-2022 period, provided the primary focus of funded activities was on suicide and the research was conducted in Australia.

Beyond this, we classified all grants and fellowships in the same way as the journal articles described in Chapter 2, using the framework outlined in Chapter 1. This enabled each grant or fellowship to be categorised according to the following classifications:

- Type of data (qualitative, quantitative, other, not specified / unknown);
- Research design (high-level: descriptive, analytical, other, not specified / unknown);
- Research type (high-level: assessment studies; epidemiological studies; intervention studies; evaluation of policies/programs/services; biological research; social science studies; other; not specified / unknown);
- Suicidal behaviour (suicide; attempted suicide; suicidal thoughts; other; not specified / unknown);
- Suicide method (poisoning by drugs; poisoning by other substance; hanging; firearms; drowning; jumping from a high place; jumping or lying before a moving object; other; not specified / unknown);

- Target group (young people; adults; older people; Indigenous people; people from culturally and linguistically diverse backgrounds; people in rural and remote areas; people bereaved by suicide; people who are gay, lesbian, bisexual, transgender or intersex; people with mental health problems; people with physical health problems; people with substance use problems; people who have attempted suicide; people who come in contact with the justice system; men; women; current or ex-serving military personnel; other; not specified / unknown);

- Setting (communities; schools; tertiary institutions; prisons; workplaces; primary care settings; emergency departments; mental health service settings; other health service settings; digital or online settings; other; not specified / unknown);

- COVID-19; and

- Lived experience (or co-design)

In the case of most grants and fellowships, a single category was selected within each classification and coded as 1 (with the alternative, non-endorsed categories being coded as 0). In some cases, however, a grant or fellowship covered more than one category within a given classification. To avoid double-counting, the alternatives were weighted so that they summed to 1.

Each grant or fellowship was examined and classified according to the above categories by one member of our team (KK, MF), and coding was subsequently validated by another team member (LR, KA, KK).

Data management and analysis

Data provided by the funding bodies and generated during the course of coding the grants and fellowships were entered into an Excel spreadsheet. Simple weighted frequencies and percentages were calculated for each category.

Results

Overview

In total, 58 grants and 52 fellowships were provided for research into suicide or suicidal behaviour between 2017 and 2022. Table 4 provides a breakdown of these grants and fellowships by year of initial funding and funding body, and a full listing is provided in Appendix B.

Table 4: Number of grants and fellowships provided for research into suicide or suicidal behaviour, by year of initial funding and funding body

	ARC	ARH	MRFF	NHMRC	SPA	Total
2017	0	0	0	1	0	1
2018	0	3	1	7	0	11
2019	1	2	2	7	6	18
2020	0	2	3	6	26	37
2021	2	0	1	1	28	32
2022	1	0	0	7	3	11
Total	4	7	7	29	63	110

Note. For the current study, funding in 2017 only includes grants and fellowships awarded after 11 September (ARC, ARH, NHMRC), the end date of the funding period considered in our previous study. Funding in 2022 only includes grants and fellowships awarded up to 6 July (ARC, MRFF, NHMRC), 19 August (ARH), and 26 August (SPA).

The total funding for these grants during the observation period was $45,102,600.[a] Table 5 shows the relative distribution of this funding by year and funding body. Note that the funding for projects of longer than one year duration is split across funding years, according to the way in which it was allocated by the funding body.

The total funding for suicide prevention research has increased substantially over the past five years, amounting to more than $13 million in 2021 and 2022 respectively. The NHMRC has continued to be the most significant funder of suicide prevention research, which is not surprising given its relative level of resources and its health and medical remit. However, newer MRFF and SPA funding schemes have also made considerable investments, together amounting to more than half of overall research funding.

Table 5: Value of grants and fellowships provided for research into suicide or suicidal behaviour, by year and funding body

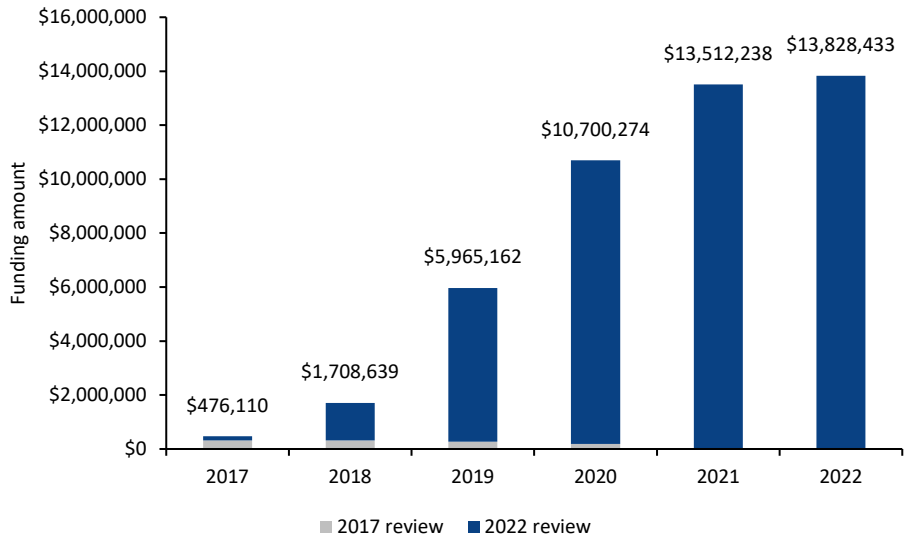
	ARC	ARH	MRFF	NHMRC	SPA	Total
2017	$0	$0	$0	$157,186	$0	$157,186
2018	$0	$28,589	$59,706	$1,301,420	$0	$1,389,715
2019	$110,000	$120,619	$2,058,704	$2,917,797	$493,587	$5,700,708
2020	$110,000	$198,084	$4,119,588	$3,912,046	$2,174,601	$10,514,320
2021	$279,580	$198,084	$4,559,633	$4,043,575	$4,431,367	$13,512,238
2022	$313,771	$106,054	$4,559,633	$5,513,846	$3,335,130	$13,828,433
Total	$813,350	$651,430	$15,357,264	$17,845,870	$10,434,686	$45,102,600

Note. For the current study, funding in 2017 only includes grants and fellowships awarded after 11 September (ARC, ARH, NHMRC), the end date of the funding period considered in our previous study. Funding in 2022 only includes grants and fellowships awarded up to 6 July (ARC, MRFF, NHMRC), 19 August (ARH), and 26 August (SPA).

Figure 12 shows total annual grant and fellowship funding amounts awarded for suicide research during the period 2017-2022, combining data from the present study with data on five additional grants awarded in 2017 (prior to 11 September) identified in our 2017 study. Note that 2022 data only includes grants and fellowships awarded up to July/August, and therefore likely represents an underestimate of total funding for that year.

[a] Our earlier study identified two NHMRC and three ARH grants awarded in 2017 (prior to 11 September). If these were to be included, the total funding amount for 2017-2022 would be $46,190,856. Note that this does not include grants from any funding rounds announced prior to 2017 or after July/August 2022, or for that matter annual proportions of funding announced during the current study period which extend beyond 2022.

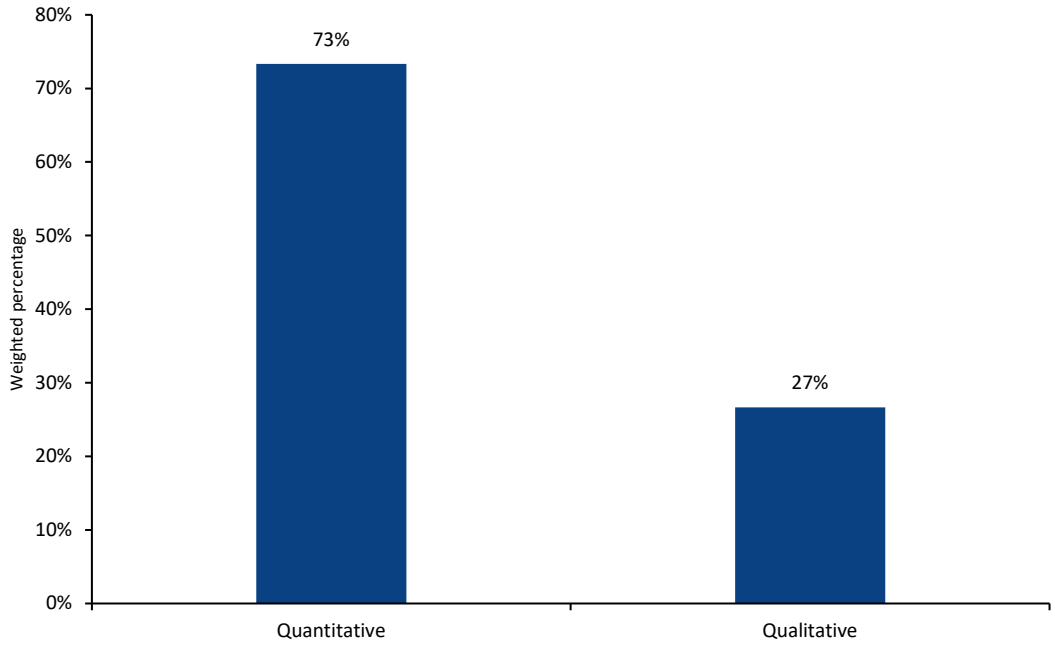
Figure 12: Total annual grant and fellowship funding provided for suicide prevention research (combining 2017 and 2022 review data)



Type of data

The type of data collected via the activities funded could be determined for 30 grants and fellowships. Figure 13 summarises these data types and shows that 73% involved quantitative data collection and 27% qualitative data collection. Eight of these grants (27%) involved both quantitative and qualitative data collection.

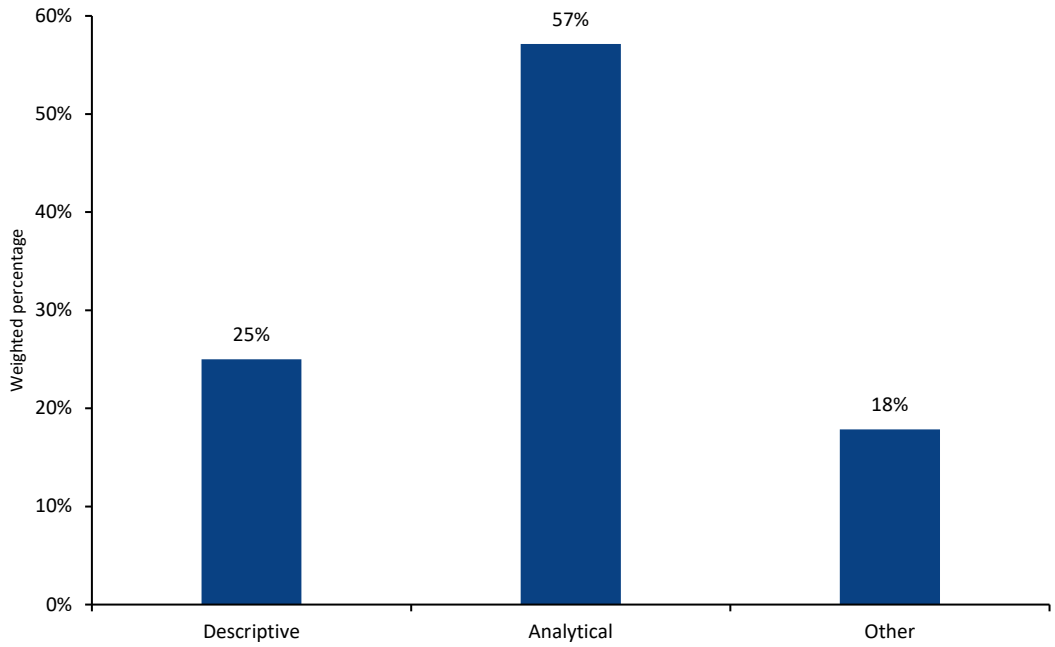
Figure 13: Grants and fellowships provided for suicide prevention research, by type of data (n=30)



Research design

Information on research design was available for 28 grants and fellowships. As Figure 14 shows, 57% employed analytical designs, making comparisons across groups or time. Twenty-five per cent used descriptive designs, with no point of comparison. The other category mainly comprised reviews and a meta-analysis.

Figure 14: Grants and fellowships provided for suicide prevention research, by research design (n=28)



Research type

Research type could be ascertained for all 110 grants. Figure 15 profiles these grants by the high-level categories of research type, and Figure 16 by the lower-level categories.

Figure 15 shows that 43% of grants and fellowships provided funding for intervention studies, 31% for epidemiological studies, and 17% for evaluation studies. Social science (2%) and assessment (<1%) studies were funded to a much lesser extent. No funding was awarded to biological research.

Figure 25: Grants and fellowships provided for suicide prevention research, by research type (high-level categories; n=110)

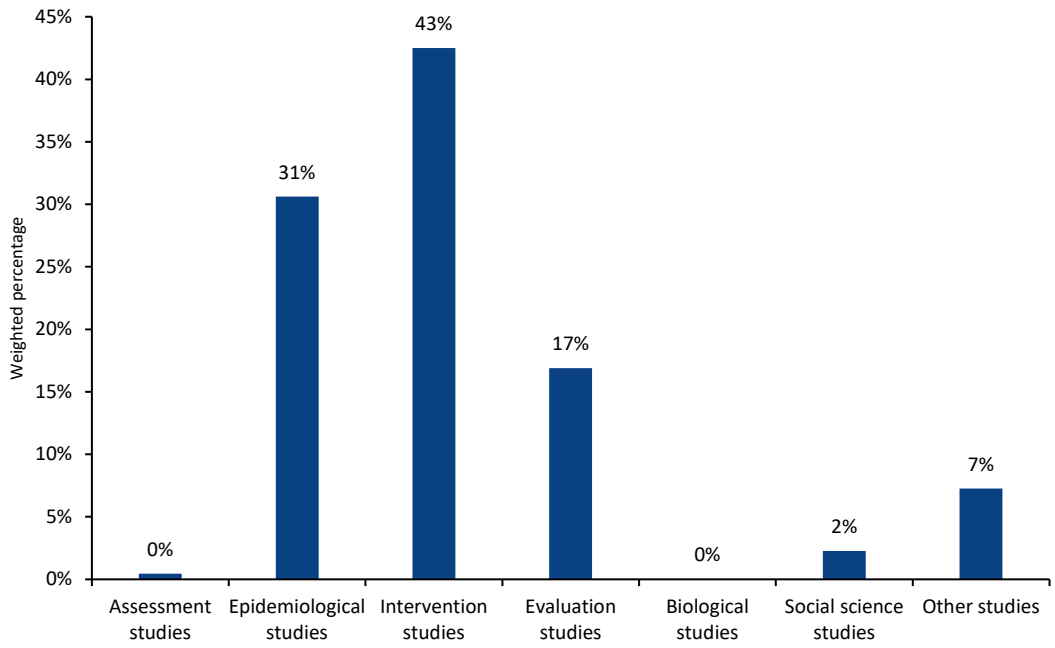
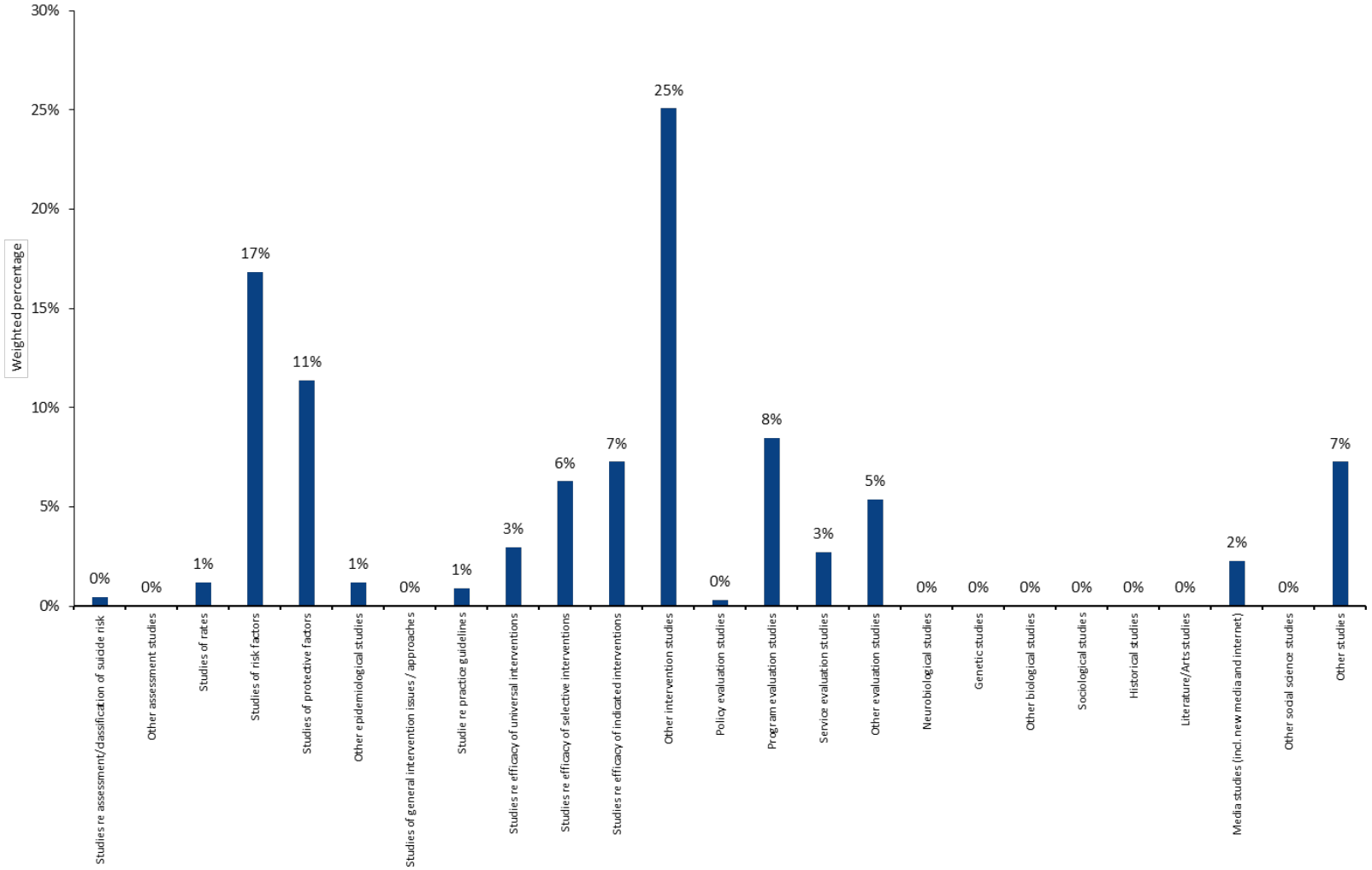


Figure 16 shows lower-level research types which indicate that studies of risk (17%) and protective (11%) factors featured strongly in epidemiological research. Intervention studies primarily examined the efficacy of indicated (7%), selective (6%), and varied other interventions (25%). The latter included among others, digital and online interventions, postvention, and alternatives to the emergency department. Program evaluation (8%) and other evaluation studies (5%) also attracted some grant funding, while several research types were awarded no funding.

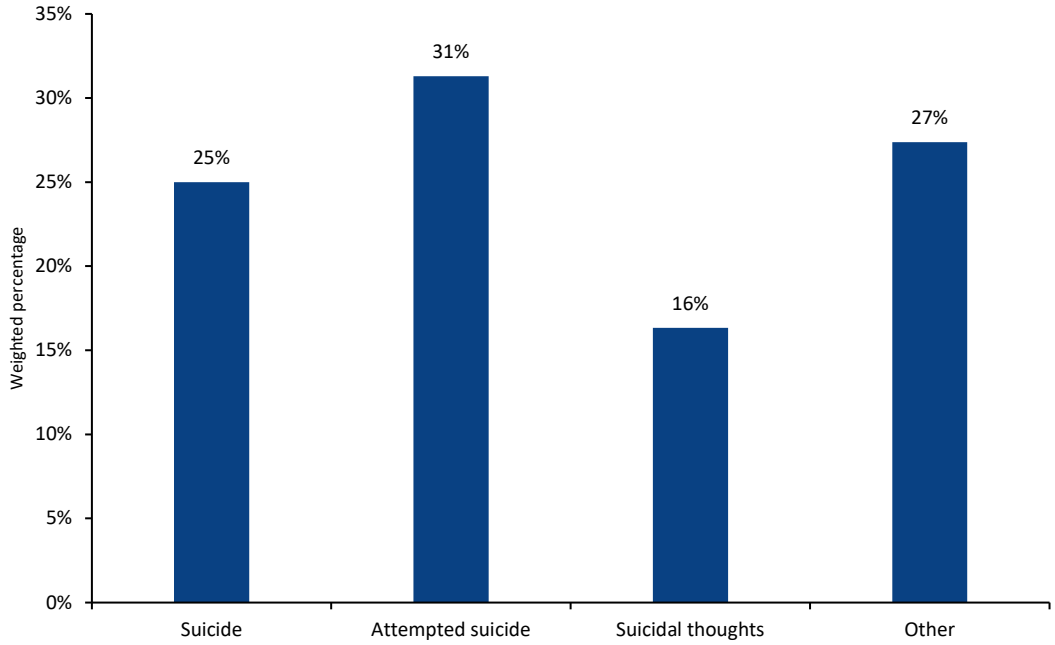
Figure 36: Grants and fellowships provided for suicide prevention research, by research type (lower-level categories; n=110)



Suicidal behaviour

The suicidal behaviour of interest could be ascertained in 98 of funded grants and fellowships. Figure 17 profiles these grants and fellowships and indicates that 31% focused on attempted suicide, 25% on suicide, and 16% on suicidal thoughts. The 'other' category included concepts such as suicide risk, suicidality, lived experience of suicide, or help-seeking.

Figure 47: Grants and fellowships provided for suicide prevention research, by suicidal behaviour (n=98)



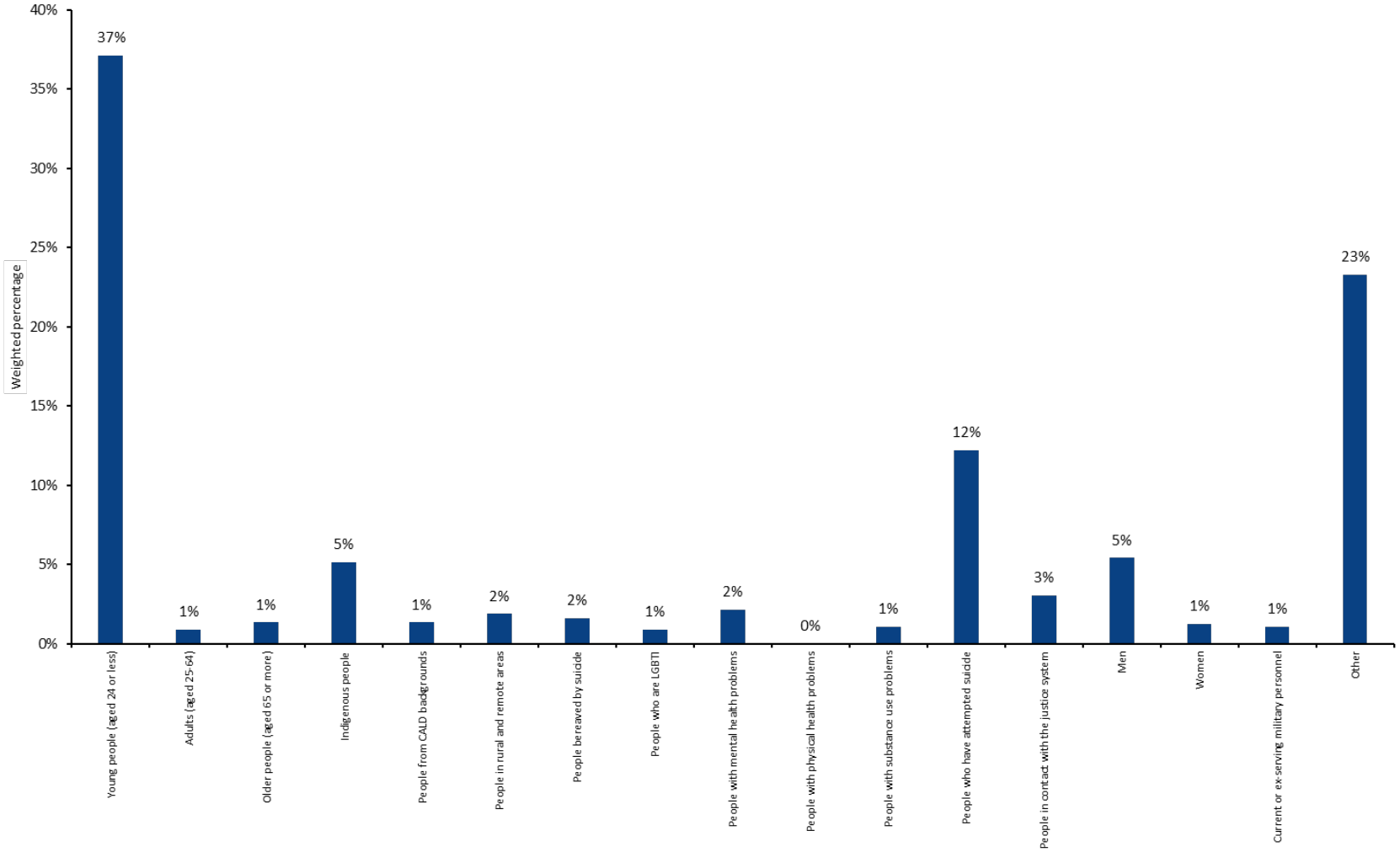
Suicide method

Insufficient information was available on the grants and fellowships to determine whether they funded activities relating to individual suicide methods, with only four grants specifying a focus on poisoning by drugs. Having said this, most appeared to address suicide and/or suicidal behaviour more generally, rather than focusing on specific methods.

Target group

In the case of 92 grants and fellowships, it was possible to make a judgement about whether they related to a particular target group. Figure 18 shows the target group of interest in these 92 grants and fellowships. The greatest emphasis had been given to young people (37%), followed by people who have attempted suicide (12%), men (5%), and Indigenous people (5%). Remaining grants and fellowships targeted a wide range of population groups. No grants or fellowships were identified as having funded research targeting people with physical health problems.

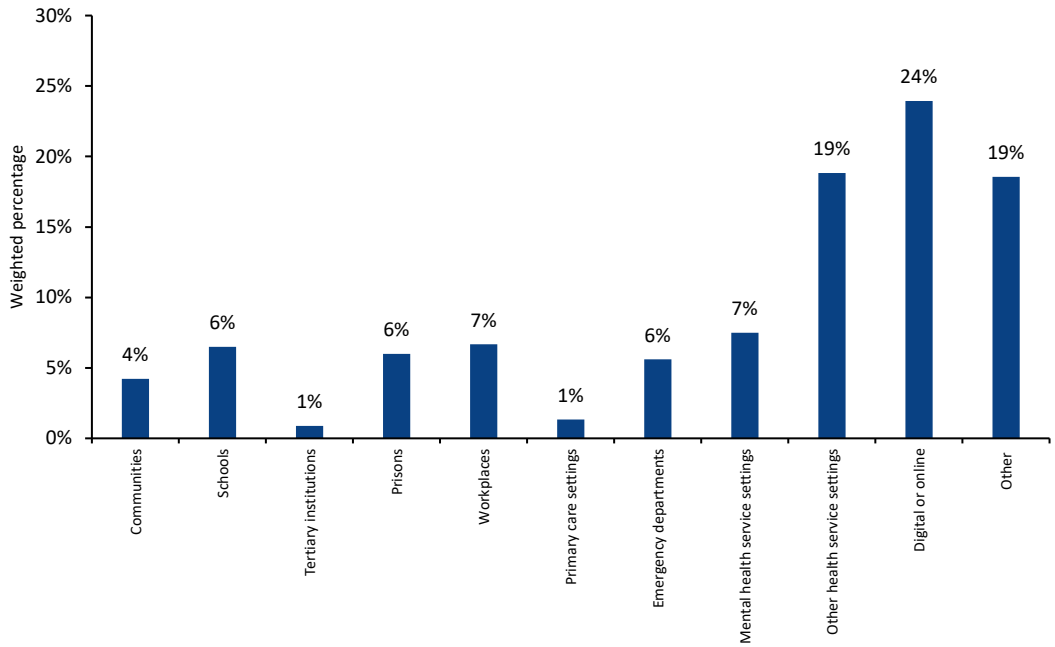
Figure 18: Grants and fellowships provided for suicide prevention research, by target group (n=92)



Setting

Figure 19 shows the research settings associated with the 75 grants for which this information was available. Certain settings took precedence. Twenty-four per cent were concerned with digital or online settings, 19% with other health service settings, 7% with mental health service settings or workplaces, 6% with schools, prisons or emergency departments, while 4% focused on communities. Primary care settings and tertiary institutions accounted for only 1% of grants and fellowships, respectively.

Figure 19: Grants and fellowships provided for suicide prevention research, by setting (n=75)



COVID-19

Of the 110 grants considered in this review, only one grant explicitly addressed the impact of the COVID-19 pandemic on suicide. This grant was awarded in 2021.

Lived Experience (or co-design)

There were 27 (25%) grants that noted the inclusion of people with lived experience (or co-design) as part of the study design.

Chapter 4: Web-based questionnaire (Study 3)

Method

As noted in Chapter 1, the web-based questionnaire was designed to elicit stakeholders' views on future research priorities. Stakeholders were selected on the basis of their membership of groups with a known interest in suicide prevention research. More detail is provided below about the nature and conduct of the questionnaire, the sampling and recruitment strategy, and the data analysis strategy. Information on the response for each group is also presented wherever possible.

The questionnaire

We adapted the questionnaire from our 2017 project to elicit stakeholders' views on where future priorities in suicide prevention should lie. The questionnaire asked stakeholders to consider each of the classifications listed below, and, within each classification, indicate which category they ranked as being of the highest priority.

- Research type (assessment studies; epidemiological studies; intervention studies; evaluation of policies/programs/services; biological research; social science studies; other);
- Suicidal behaviour (suicide; attempted suicide; suicidal thoughts; other);
- Suicide method (poisoning by drugs; poisoning by other; hanging; firearms; drowning; jumping from a high place; jumping or lying before a moving object; other);
- Target group (young people; adults; older people; Indigenous people; people from culturally and linguistically diverse backgrounds; people in rural and remote areas; people bereaved by suicide; people who are gay, lesbian, bisexual, transgender or intersex; people with mental health problems; people with physical health problems; people with substance use problems; people who have attempted suicide; people in contact with the justice system; men; women; current or ex-serving military personnel; other); and
- Setting (communities; schools; tertiary institutions; prisons; workplaces; primary care settings; emergency departments; mental health service settings; other health service settings; digital or online settings; other).

The questionnaire also asked stakeholders a small number of socio-demographic questions and questions about their interest in suicide prevention research and their affiliations with the various groups we were targeting.

The questionnaire was made available online; there was no option for completing a paper-based version of the questionnaire. A copy of the questionnaire is included in Appendix C. Study 3 received ethical approval from the Human Research Ethics Committee at The University of Melbourne (Ethics ID 2022-24668-33131).

Stakeholder identification and recruitment

Stakeholders were selected on the basis of their membership of 16 groups known to conduct, fund, or use suicide prevention research (in clinical practice or in policy-making/planning activities), as well as those who are affected by suicide and/or provide advocacy for people who have been affected by suicide. Table 6 details the stakeholder groups we targeted, and their major role in relation to suicide prevention research. It is acknowledged that some groups may play additional roles.

Table 6: Respondent groups and their major role in relation to suicide prevention research

ROLE IN RELATION TO SUICIDE PREVENTION RESEARCH	GROUP
People who conduct suicide prevention research (or synthesise and disseminate suicide data nationally)	Researchers
	Australian Institute of Health and Welfare (AIHW) – National Suicide and Self-Harm Monitoring System
People who use suicide prevention research (in clinical practice)	Psychiatrists
	General practitioners
	Psychologists
	Mental health nurses
	Alumni of the Australian Institute for Suicide Research and Prevention (AISRAP)
People who use suicide prevention research (in policy-making/planning activities)	National Suicide Prevention Office
	Commonwealth and state/territory senior bureaucrats with responsibility for suicide prevention
	Primary Health Network (PHN) Suicide Prevention Managers
People involved in funding suicide prevention research	Members of the National Health and Medical Research Council (NHMRC)
	Members of Suicide Prevention Australia's Research Advisory Committee (SPA RAC)
	Members of the Australian Rotary Health Research Committee (ARH RC)
People who are affected by suicide and/or provide advocacy for those who have been affected by suicide	Members of Suicide Prevention Australia
	Members of Suicide Prevention Australia's Lived Experience Panel
	Members of Roses in the Ocean (RITO)

Members of each group received an invitation to complete the questionnaire. The invitation included a group-specific embedded link to the questionnaire which enabled us to identify the group from which a respondent came, but not the individual respondent. The precise way in which the invitation was sent depended on the nature and operation of the group (e.g., whether it was represented by an organisation). In some cases, the invitation was sent by us (as an email with an embedded link to the online questionnaire). In others, it was sent by the relevant organisation, either as an email or as an electronic newsletter, again with an embedded link to the questionnaire. Finally, some organisations posted the invitation and the embedded link on their website. Table 7 provides information about the recruitment strategy for each group.

Table 7: Sampling and recruitment strategy, by group

GROUP	SAMPLING AND RECRUITMENT STRATEGY
Researchers	Study invitation circulated to national Suicide Prevention Research Leaders Network by study team, via email with web-link to questionnaire. One reminder sent.
National Suicide and Self-Harm Monitoring System staff (AIHW)	Identified and invited by AIHW staff, via email with web-link to questionnaire. One reminder sent.
Psychiatrists	Study invitation (including web-link to questionnaire) circulated to RANZCP membership base via Psyche newsletter. No reminder sent.
General practitioners	Study email invitation (including web-link to questionnaire) sent to members of the General Practice Mental Health Standards Collaboration by GPMHSC staff. One reminder sent.
Psychologists	Study invitation (including web-link to questionnaire) circulated via APS newsletter and posted on APS Research opportunities webpage. One reminder sent.
Mental health nurses	Study invitation (including web-link to questionnaire) circulated via ACMHN newsletter. One reminder sent.
Alumni of the Australian Institute for Suicide Research and Prevention (AISRAP)	Identified and invited by AISRAP, via email with web-link to questionnaire. One reminder sent.
National Suicide Prevention Office (NSPO)	Identified and invited by NSPO staff, via email with web-link to questionnaire. One reminder sent.
Commonwealth and state/territory senior bureaucrats with responsibility for suicide prevention	Identified and invited by study team and Commonwealth staff, via email with web-link to questionnaire. One reminder sent.
Primary Health Network (PHN) Suicide Prevention Managers	Identified and invited by Mental Health and AOD PHN Cooperative, via email with web-link to questionnaire. One reminder sent.
Members of the National Health and Medical Research Council (NHMRC)	Identified and invited by NHMRC, via email with web-link to questionnaire. No reminders sent.
Members of Suicide Prevention Australia's Research Advisory Committee (SPA RAC)	Identified and invited by SPA RAC, via email with web-link to questionnaire. Two reminders sent.
Members of the Australian Rotary Health Research Committee (ARH RC)	Identified by ARH RC. Invited by study team, via email with web-link to questionnaire. One reminder sent.
Members of Suicide Prevention Australia	Identified and invited by SPA staff, via email with web-link to questionnaire. One reminder sent.

Members of Suicide Prevention Australia's Lived Experience Panel	Identified and invited by SPA staff, via email with web-link to questionnaire. One reminder sent.
Members of Roses in the Ocean (RITO)	Identified and invited by RITO, via newsletter email with web-link to questionnaire and posted on private Facebook forum. No reminder sent.

Invitations were progressively sent to the different groups from 23 August 2022. Wherever possible and appropriate, reminders were sent.

Data management and analysis

Questionnaire data were collected for the period from 23 August 2022 to 12 October 2022. Data were downloaded into SPSS for analysis.

All key analyses are reported as simple frequencies and percentages. For the purposes of the current report, we have reported high-level, aggregated results for the entire respondent group, as well as more fine-grained breakdowns of the questionnaire data by relevant sub-groups.

Respondent numbers

The questionnaire was completed by a total of 208 respondents. A given individual may have received and completed the questionnaire as a member of one group but may also have been affiliated with several other groups. It would have been unreasonable to ask any individual to complete the questionnaire more than once, so we asked them to indicate which other groups they belonged to. This meant that we could determine primary group-based responses based on returned questionnaires, knowing that these would be underestimates, and could then recalculate responses taking into account respondents' additional affiliations. Table 8 shows responses for each primary group (with and without additionally indicated affiliations).

Twenty-six per cent of respondents conducted suicide prevention research; 33% used it in clinical practice; 4% used it in policy and planning; 2% were involved in funding it; and 35% had been affected by suicide or were providing advocacy.

Table 8: Primary group and affiliations

	Primary group							
Affiliations	Researcher	AIHW	Psychiatrist	GP	Psychologist	Mental Health Nurse	SPA members	RITO
Researcher	49	2	1	0	1	1	9	2
AIHW	4	5	0	0	0	0	2	0
Psychiatrist	4	0	8	0	0	0	1	0
GP	2	0	1	34	0	0	1	0
Psychologist	11	0	0	0	15	0	4	2
Mental Health Nurse	1	0	0	0	0	9	0	1
AISRAP alumni	1	0	0	0	0	0	1	1
NSPO	0	0	0	0	0	0	0	0
CW/state/territory	1	0	0	0	1	1	0	0
PHN	0	0	0	0	0	0	0	0
NHMRC	9	0	0	0	0	0	0	1
SPA RAC	3	0	0	0	0	0	4	0
ARH RC	3	0	0	0	0	0	0	0
SPA members	15	0	0	0	0	0	20	8
SPA lived experience	0	0	0	0	0	0	3	5
RITO	2	0	0	0	0	0	2	53
Total primary group	49	5	8	34	15	9	20	53
Total primary group + affiliations	105	7	10	34	17	11	47	73

Note. There were less than five respondents from each of the following primary groups: AISRAP alumni, NSPO, CW/state/territory, PHN, NHMRC, SPA RAC, ARH RC and SPA lived experience panel. To protect respondent anonymity, these responses are omitted from this table.

Results

Research type

Tables 9 and 10 show the research types rated by stakeholder groups as the highest priority for future suicide prevention research. Overall, 47% of stakeholders prioritised intervention studies, with 75% of stakeholders involved in policy and planning identifying intervention studies as the highest priority. This was followed by epidemiological studies (18%), assessment studies (10%), and evaluation studies (10%). More specifically, studies of indicated (14%), universal (13%), and selective interventions (10%), as well as studies assessing suicide risk (10%) and protective factors (10%) were rated as the highest priorities.

Table 9: Research type rated as highest priority for suicide prevention research, by role of primary group (high-level categories)

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	5	73	208
Assessment studies	n	4	14	0	2	1	21
	%	7	21	0	40	1	10
Epidemiology studies	n	7	12	1	1	16	37
	%	13	18	13	20	22	18
Intervention studies	n	28	31	6	2	31	98
	%	52	46	75	40	43	47
Evaluation studies	n	9	3	0	0	9	21
	%	17	4	0	0	12	10
Biological studies	n	0	1	0	0	2	3
	%	0	2	0	0	3	1
Social science studies	n	1	1	0	0	6	8
	%	2	2	0	0	8	4
Other studies*	n	5	6	1	0	8	20
	%	9	9	13	0	11	10

* Other studies identified by respondents included lived experience research, research on health settings and professionals within, cultural context research, child interventions and risk factors and social media research.

Table 10: Research type rated as highest priority for suicide prevention research, by role of primary group (lower-level categories)

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	5	73	208
Studies re. assessment of suicide risk	n	4	14	0	2	1	21
	%	7	21	0	40	1	10
Studies of rates	n	1	0	0	0	2	3
	%	2	0	0	0	3	1
Studies of risk factors	n	1	6	0	0	7	14
	%	2	9	0	0	10	7
Studies of protective factors	n	5	6	1	1	7	20
	%	9	9	13	20	10	10
Studies re. general intervention issues/methods	n	2	8	0	0	7	17
	%	4	12	0	0	10	8
Studies re. practice guidelines	n	0	4	0	0	1	5
	%	0	6	0	0	1	2
Studies re. efficacy of universal interventions	n	9	5	3	0	10	27
	%	17	7	38	0	14	13
Studies re. efficacy of selective interventions	n	5	5	2	2	6	20
	%	9	7	25	40	8	10
Studies re. efficacy of indicated interventions	n	12	9	1	0	7	29
	%	22	13	13	0	10	14
Policy evaluations	n	1	0	0	0	1	2
	%	2	0	0	0	1	1
Program evaluations	n	5	0	0	0	5	10
	%	9	0	0	0	7	5
Service evaluations	n	3	3	0	0	3	9

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	%	6	4	0	0	4	4
Neurobiological studies	n	0	1	0	0	2	3
	%	0	2	0	0	3	1
Genetic studies	n	0	0	0	0	0	0
	%	0	0	0	0	0	0
Sociological studies	n	1	1	0	0	3	5
	%	2	2	0	0	4	2
Historical studies	n	0	0	0	0	1	1
	%	0	0	0	0	1	1
Literature / arts studies	n	0	0	0	0	0	0
	%	0	0	0	0	0	0
Media studies	n	0	0	0	0	2	2
	%	0	0	0	0	3	1
Other studies*	n	5	6	1	0	8	20
	%	9	9	13	0	11	10

* Other studies identified by respondents included lived experience research, research on health settings and professionals within, cultural context research, child interventions and risk factors and social media research.

Suicidal behaviour

When asked to consider the suicidal thoughts and behaviours that should be given highest priority in future research, stakeholders most commonly endorsed suicide attempts (47%), followed by suicide (25%) (see Table 11). The exception was people involved in funding suicide prevention research, where opinion was divided between suicide (40%) and suicide attempts (40%).

Suicide method

Table 12 shows the priority ratings given to studies of various methods of suicide, by stakeholder group. Hanging followed by poisoning by drugs were the methods identified as warranting the greatest attention by most respondents (38% and 32% respectively). This pattern held for all groups except people involved in funding suicide prevention research (75%) and people who conduct suicide prevention research (41%), who identified poisoning by drugs as the top research priority.

Target group

Table 13 profiles the ratings given to particular target groups in terms of the research effort that they should be afforded. Overall, young people (24%) followed by people who have attempted suicide (21%) were rated as the groups which should be the highest research priority. Indigenous people were identified as the third highest priority group overall (14%).

Setting

Overall, communities (33%) were the setting most commonly identified as the highest priority for suicide prevention research (see Table 14). Mental health services (16%), emergency departments (13%), schools (13%), and primary care (12%), and were also identified as research settings which should be prioritised.

Table 11: Suicidal behaviour rated as highest priority for suicide prevention research, by role of primary group

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	5	73	208
Suicide	n	10	16	2	2	21	51
	%	19	24	25	40	29	25
Attempted suicide	n	35	29	5	2	27	98
	%	65	43	63	40	37	47
Suicidal thoughts	n	6	11	1	1	19	38
	%	11	16	13	20	26	18
Other suicidal behaviour*	n	3	12	0	0	6	21
	%	6	18	0	0	8	10

*Other suicidal behaviour identified by respondents included self harm, planning and postvention.

Table 12: Suicide method rated as highest priority for suicide prevention research, by role of primary group

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	4	73	207
Poisoning by drugs	n	22	26	3	3	12	66
	%	41	38	38	75	16	32
Poisoning by other (e.g., poisoning by other gases and vapours, such as motor vehicle exhaust)	n	1	1	0	0	3	5
	%	2	2	0	0	4	2
Hanging (e.g., strangulation & suffocation)	n	20	23	4	1	31	79
	%	37	34	50	25	43	38
Firearms (includes explosives)	n	2	4	0	0	3	9
	%	4	6	0	0	4	4
Drowning	n	0	0	0	0	0	0
	%	0	0	0	0	0	0
Jumping from a high place	n	7	3	0	0	6	16
	%	13	4	0	0	8	8
Jumping or lying before a moving object	n	1	5	0	0	7	13
	%	2	7	0	0	10	6
Other method*	n	1	6	1	0	11	19
	%	2	9	13	0	15	9

* Other suicidal behaviour that was specified by respondents included motor vehicle accidents, cutting, murder suicides and self harm. Respondents could opt out of answering this question, which is why the total N differs from other questions.

Table 13: Target group rated as highest priority for suicide prevention research, by role of primary group

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	5	73	208
Young people (aged 24 or less)	n	12	20	2	2	14	50
	%	22	29	25	40	19	24
Adults (aged 25-64)	n	5	2	1	0	8	16
	%	9	3	13	0	11	8
Older people (aged 65 or more)	n	1	0	0	1	1	3
	%	2	0	0	20	1	1
Indigenous people	n	8	9	2	1	9	29
	%	15	13	25	20	12	14
People from culturally and linguistically diverse backgrounds	n	1	0	0	1	1	3
	%	2	0	0	20	1	1
People in rural and remote areas	n	3	5	0	0	1	9
	%	6	7	0	0	1	4
People bereaved by suicide	n	2	0	0	0	1	3
	%	4	0	0	0	1	1
People who are gay, lesbian, bisexual, transgender or intersex	n	0	2	1	0	1	4
	%	0	3	13	0	1	2

People with mental health problems	n	3	5	0	0	2	10
	%	6	7	0	0	3	5
People with physical health problems	n	0	1	0	0	0	1
	%	0	2	0	0	0	1
People with substance use problems	n	2	0	0	0	0	2
	%	4	0	0	0	0	1
People who have attempted suicide	n	13	13	1	0	17	44
	%	24	19	13	0	23	21
People who come in contact with the justice system	n	0	0	0	0	2	2
	%	0	0	0	0	3	1
Men	n	0	3	0	0	7	10
	%	0	4	0	0	10	5
Women	n	0	1	0	0	0	1
	%	0	2	0	0	0	1
Current or ex-serving military personnel	n	0	3	0	0	2	5
	%	0	4	0	0	3	2
Other*	n	4	4	1	0	7	16
	%	7	6	13	0	10	8

*Other target groups that were specified included asylum seekers, children, individuals impacted by homelessness, medical and health professionals, individuals impacted by family violence, new mothers, people with disabilities, unemployed and low socioeconomic status individuals.

Table 14: Setting rated as highest priority for suicide prevention research, by role of primary group

		People who conduct suicide prevention research	People who use suicide prevention research (clinical)	People who use suicide prevention research (policy/planning)	People involved in funding suicide prevention research	People who have been affected by suicide and/or provide advocacy	Total
	N	54	68	8	5	73	208
Communities	n	18	12	6	4	28	68
	%	33	18	75	80	38	33
Schools	n	4	8	1	1	12	26
	%	7	12	13	20	16	13
Tertiary institutions	n	1	1	0	0	1	3
	%	2	2	0	0	1	1
Prisons	n	0	1	1	0	1	3
	%	0	2	13	0	1	1
Workplaces	n	3	1	0	0	1	5
	%	6	2	0	0	1	2
Primary care settings	n	5	16	0	0	4	25
	%	9	24	0	0	6	12
Emergency departments	n	6	13	0	0	7	26
	%	11	19	0	0	10	13
Mental health service settings	n	11	11	0	0	11	33
	%	20	16	0	0	15	16
Other health service settings	n	1	0	0	0	0	1

	%	2	0	0	0	0	1
Digital or online settings	n	1	1	0	0	2	4
	%	2	2	0	0	3	2
Other*	n	4	4	0	0	6	14
	%	7	6	0	0	8	7

*Other settings that were specified included community cultural and sporting settings, aged care, homeless services, government settings and public spaces

Chapter 5: Discussion

This Final Report presents the findings from three studies which examined current research priorities in Australian suicide prevention research in terms of journal articles published and research grant and fellowship funding awarded during a five-year study period from 2017-2022, as well as future research priorities as identified by stakeholders. Key study findings are briefly summarised and discussed in terms of notable changes that have occurred vis-a-vis key findings and recommendations from our earlier research priorities exercise conducted in 2017. The Final Report also contrasts current and future research priorities and makes recommendations for the national research agenda.

Investment and outputs

Overall research investment and publication output in Australian suicide prevention research has increased significantly over recent years. During the five-year study period between 2017-2022, 393 journal articles have been published in the peer-reviewed literature that qualify as research where suicide is the primary focus. During the same period, 110 grants and fellowships have been funded to the tune of $45,102,600 in the area of suicide prevention.

This represents more than a quadrupling of total grant and fellowship funding awarded over a shorter period, when compared to 36 grants and fellowships awarded over the previous 7.5-year study period (2010-2017) with a total value of $10,580,619. For recent study years with complete data, annual funding rose rapidly from $1,389,715 in 2018 to $13,512,238 in 2021, reflecting average annual funding of $7,779,245 during that period (compared to an average of $1,167,207 annually previously). It is noteworthy that two newer funding schemes included in the current review, namely MRFF and SPA, together accounted for more than half of the overall research investment, while SPA alone accounted for 63 (57%) of all 110 grants and fellowships funded during the observation period.

Publication numbers also increased considerably, with the 393 articles published during the recent 5-year study period (annual average of 77.5 publications for years with complete data) approximating the total number of 424 articles previously published during a 7.5-year study period (annual average 51.6 publications).

Summary of current research priorities and shifts over time

Apart from examining changes in the overall volume of research investment and publication output, we were also interested in any shifts that had occurred in the types of research that were funded and published over recent years, since our last exercise. Noting that our previous exercise had identified a predominance of epidemiological studies on risk factors and recommended boosting research on interventions and protective factors in order to move the field forward, which were clearly lacking at the time.[3, 7] The overall picture emerging from the current exercise is that research funding efforts are leading the charge and are starting to manifest some of the desired changes in the types of research we recommended. While publication outputs are also showing some positive signs, they are still largely trailing in that respect, likely partly due to publication lags.

Priorities for type of research

The profile of funded grants and fellowships showed a clear reversal in the relative funding emphasis given to different types of research (see Figure S3 in the Appendix). Notably, intervention studies (43%) emerged as the most frequently funded study type, followed by epidemiological studies (31%), and evaluation studies (17%). This contrasts with findings from our earlier exercise in which epidemiological studies were funded most often (34%), followed by intervention studies (30%), social science (17%), and evaluation studies (13%). Nonetheless, epidemiological research continued to dominate in published articles (59% vs 60% previously), with only incremental shifts noted towards intervention (18% vs 14%) and evaluation studies (10% vs 6%). While risk factor studies featured prominently in publications (42% vs 37%) and grants (17% in both periods), studies of protective factors have started to attract slightly greater attention in grant funding (11% vs 2%).

Priorities for suicidal behaviour

Compared to a clear dominance of research on suicide in our earlier exercise, recent publications and funded grants and fellowships have reflected a relative shift in emphasis away from suicide and a greater focus on suicide attempts (see Figure S4 in the Appendix). Suicide attempts featured most strongly in funded grants and fellowships (31% vs 21%), followed by suicide (25% vs 57%) and suicidal thoughts (16% vs 22%), alongside varied other suicidal behaviours (27% vs 0%). A similar but lesser shift was noted for publications, where suicide remained the primary focus (42% vs 57%), followed by suicide attempts (32% vs 21%), and suicidal thoughts (21% vs 19%).

Priorities for suicide method

Relatively few of the retrieved journal articles focused on particular suicide methods, but those that did tended to consider poisoning by drugs (24% vs 34%), poisoning by other substances (19% vs 9%), or hanging (18% vs 15%). None of the funded grants and fellowships in our earlier exercise examined a particular suicide method, and only four of the current grants and fellowships specified a focus on poisoning by drugs.

Priorities for target groups

Young people continued to be the most commonly researched target group in both the published literature (24% vs 18%) and funded grants and fellowships (37% vs 49%), followed by adults (10% vs 9%) and people who have attempted suicide (12% vs 5%), respectively, with the latter receiving slightly greater research funding attention (see Figure S5 in the Appendix).

Priorities for settings

Varied settings were studied in both exercises, with no clear shifts discerned over time. Nonetheless, digital and online settings (a new category previously subsumed under 'other settings') featured most strongly in research grants and fellowships (24%), which is perhaps not surprising given the increasing popularity and broad accessibility of these settings, especially in the context of the Covid-19 pandemic. This was followed by other health service (19% vs 0%), mental health service (7% vs 13%), and workplace settings (7% vs 3%). Mental health service settings also featured most in publications (12% vs 16%), closely followed by workplaces (11% vs 17%) and other health service settings (11% vs 16%).

COVID-19

In the current review, 4% of articles and only one funded grant explicitly addressed the impact of the COVID-19 pandemic on suicide.

Lived Experience (or co-design)

Similarly, 4% of articles and 25% of grants in the current review noted the inclusion of people with lived experience (or co-design) as part of the study design.

Contrasting current and future priorities

Overall, stakeholder views on future research priorities remained relatively consistent in direction over time and largely mirrored current priorities evident in research funding. In terms of study type, stakeholders highlighted the greatest future need for intervention studies (47%), and a lesser need for epidemiological studies (18%). More specifically, they called for studies of indicated (14%), universal (13%), and selective interventions (10%), as well as assessment studies (10%), and studies of protective factors (10%). Stakeholders gave greatest future priority to studies of attempted suicide (47%), followed by studies of suicide (25%) and suicidal thoughts (18%), mirroring current funding priorities. Research on hanging (38%) and poisoning by drugs (32%) remained the two highest future research priorities in terms of suicide methods. Consistent with current funding priorities, the top two future target groups identified were young people (24%) and people who have attempted suicide (21%), followed by Indigenous people (14%) and adults (8%). By contrast to current research priorities, stakeholders attached overall greatest future priority to studies in community settings (33%), followed by mental health service settings (16%), emergency departments (13%), schools (13%), and primary care settings (12%), and only little priority to digital or online settings (2%).

On the whole, this signals that future research priorities expressed by stakeholders are starting to align well with current priorities evident in research funding, which is both encouraging and supportive of the present direction and thrust in research funding emphasis. Nevertheless, some discrepancies remain, which point to the benefits of a greater future research funding emphasis on community settings, as well as the need for the body of published literature to fully express the evidence on effective interventions called for by stakeholders.

Some caveats

Several caveats should be borne in mind in interpreting the above findings and considering what they mean for the national suicide prevention research agenda.

The review of published literature drew on peer-reviewed journals only, and it is acknowledged that this strategy would have missed research reported in the 'grey' literature. We considered this was defensible, because it provided a non-arbitrary sampling frame and afforded some check on the quality of reported research, but it would have resulted in an undercount of published literature. The literature search strategy was consistent with our previous exercise and identified articles which referred to the search term 'Australia' in the article title, abstract, or key words. As such, this

strategy would have missed other potentially eligible Australian records that did not make such explicit reference. The number of resulting peer-reviewed articles identified in this study therefore likely represents an undercount of the total Australian publication output during the observation period.

The review of grants and fellowships was restricted to those that were funded by Australia's key competitive granting bodies, which means that it would have missed research funded by governments or other bodies. The profile of funding bodies considered in each exercise varied slightly, with two new key funding bodies included in the recent exercise that contributed significant amounts of funding, which may limit comparability. Annual grant and fellowship funding amounts represent nominal (or unadjusted) dollar values for respective funding years.

It was beyond the scope of the reviews to retrieve full journal articles or complete grant and fellowship proposals, and instead, we relied on abstracts and summaries, respectively. In the main, this précis information was sufficient to make judgements according to the framework articulated in Chapter 1 for examining current priorities in suicide prevention research, but it is acknowledged that in some instances detail was lacking. Whilst largely congruent across both of our exercises, minor modifications made to the classification framework limited direct comparisons in some categories.

The examination of future priorities relied solely on stakeholders' views of where ongoing effort should be placed. Stakeholder views are obviously important, but ideally, other more objective measures of significance would have been taken into account in assessing future priorities, such as the magnitude of the problem and its resulting impacts at individual, community, and health system levels for different groups.

Stakeholders were selected in a manner designed to ensure that they were representative of people who conduct, use or fund suicide prevention research, as well as those who are affected by suicide and/or provide advocacy. However, the questionnaire response varied by group, and the purposive sampling strategy used relied on our team's knowledge of people and organisations with an interest in suicide prevention. The respondent profile varied slightly across both exercises, with greater proportions of researchers (26% vs 16%) and people providing advocacy (35% vs 28%), and a lesser proportion of people using research in clinical practice or policy/planning (37% vs 55%) reflected in the current study, which may limit comparability. In addition, stakeholders had varying degrees of knowledge about what is happening (and should be happening) in suicide prevention research in Australia. For these reasons, some caution should be exercised in generalising the views of questionnaire respondents to other stakeholders.

Implications of the findings for the national research agenda

The considerable recent boost in national research funding for suicide prevention is encouraging and commensurate with the significant scale of the task ahead to develop the evidence base and more effective solutions to address the persistent public health challenge of suicide in Australia. Our findings suggest that some of the key changes in research priorities called for by stakeholders in our previous exercise, including a stronger emphasis on intervention research, are now starting to materialise, albeit for now largely driven by research funding efforts, which lead the way in recalibrating the balance of various research types required. It is also clear that while our combined national publication output has equally increased it is still trailing behind in that important respect and not quite reflecting the much-needed evidence on interventions and protective factors yet to the extent that it could. In view of the larger proportion of intervention studies recently funded and partly still underway, we can therefore likely expect more intervention studies to be published in the near future to further boost existing knowledge gains. Notwithstanding this, our collective understanding of what works (and what does not work) in suicide prevention and what keeps people well is still insufficient, and it is therefore crucial that we continue to bolster this understanding if we are to move the suicide prevention field forward. In some respects, it is only through examining the effectiveness – and ideally the cost-effectiveness – of interventions that our knowledge in this area will increase. Simultaneously, answering questions and further developing our knowledge about protective factors and the mechanisms by which they operate will equally make a significant contribution. The latter also resonates with a growing national policy emphasis on social determinants of suicide that was a feature of the Prime Minister's Adviser's Final Advice, and which is now informing the work of the National Suicide Prevention Office to guide the National Suicide Prevention Strategy. In this context, and whilst beyond the current exercise, it will also become important to consider more clearly to what extent risk (and protective) factor studies (and for that matter intervention studies) are focusing on individual-level risk or social determinants.

A consistent call by stakeholders for more studies with a focus on suicide attempts (rather than suicide) is starting to materialise in both research funding and publications, which is encouraging, as there is much to be learned from

people who have survived suicide attempts. This may also be reflected in the considerable proportion of grants which now explicitly incorporate lived experience and co-design.

While research in community settings consistently ranks as the highest research priority expressed by stakeholders it does not feature as prominently in recent research funding or publication output. As such, with the Covid-19 pandemic easing, there are clear opportunities to strengthen suicide prevention research in communities.

The current project aimed to assist in identifying priority research areas to be addressed in suicide prevention, by examining current emphases and shifts in Australian research published and funded. While a systematic ongoing approach to monitoring research activity is crucial to informing future research priority setting in a rapidly changing world, it can also be supplemented with other sources of information that enable a deep dive into specific emerging priority areas. In order to fully inform future research priorities, it will therefore be important to draw upon other sources of input, including stakeholder views, policy directives, equity considerations, as well as indices of relative or population attributable risk, and measures of burden.

In the future, it will be important to sustain the overall momentum of national research investment, coupled with a greater emphasis on effective research translation, in order to bring about reductions in suicide. Designated research funding schemes such as the Suicide Prevention Research Fund, therefore, have a vital role to play and are evidently well placed to target priority research areas and gaps in suicide prevention, compared to more generic funding bodies with much broader mandates.

Conclusions

The recent Australian policy momentum and strong emphasis on driving systemic change and fostering more concerted approaches to suicide prevention has been welcomed by the sector. Alongside this, there is recognition that building the evidence base for suicide prevention and ensuring its effective translation into policy and practice are keys to addressing the persistent public health problem of suicide in Australia. This priority-setting exercise has shed light on some underpinning shifts in recent Australian suicide prevention research which will be important to consider in informing and further sustaining this overall momentum. We identified significant increases in the total volume of Australian suicide prevention research funded and published over recent years, which is commensurate with the scale and complexity of the task ahead. More specifically, research funding has been leading the way in supporting some of the key research priorities previously called for by stakeholders, including a stronger emphasis on intervention research. While publications are also starting to show some positive signs, the required evidence base on effective interventions, protective factors, and social determinants is yet to fully materialise in this literature to support practice. As some of the impacts of these recent shifts in research emphasis are yet to materialise in the evidence base and suicide prevention practice, it will be important to further sustain the momentum in national research investment, coupled with a stronger emphasis on research translation. The present findings suggest that key priority areas for future suicide prevention research should address suicide attempts, protective factors, social determinants, community settings, and interventions, and focus on strengthening effective research translation into practice.

References

1. Australian Bureau of Statistics. Causes of Death, Australia [Internet] Canberra: ABS; 2022 [Available from: https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2021#intentional-self-harm-deaths-suicide-in-australia.
2. Australian Bureau of Statistics. National Study of Mental Health and Wellbeing [Internet] Canberra: ABS; 2020-21 [Available from: https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.
3. Reifels L, Ftanou M, Krysinska K, Machlin A, Robinson J, Pirkis J. Research Priorities in Suicide Prevention: Final report. Centre for Mental Health, University of Melbourne; 2017.
4. Jorm A, Griffiths K, Christensen H, Medway J. Research Priorities in Mental Health. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Ageing; 2002.
5. Jorm AF, Griffiths KM, Christensen H, Medway J. Research priorities in mental health. Part 1: An evaluation of the current research effort against the criteria of disease burden and health system costs. Australian and New Zealand Journal of Psychiatry. 2002;36:322-6.
6. Griffiths KM, Jorm AF, Christensen H, Medway J, Dear KBG. Research priorities in mental health. Part 2: An evaluation of the current research effort against stakeholders' priorities. Australian and New Zealand Journal of Psychiatry. 2002;36:327-39.
7. Reifels L, Ftanou M, Krysinska K, Machlin A, Robinson J, Pirkis J. Research Priorities in Suicide Prevention: Review of Australian Research from 2010-2017 Highlights Continued Need for Intervention Research. Int J Environ Res Public Health. 2018;15(4).
8. Schlichthorst M, Reifels L, Krysinska K, Ftanou M, Machlin A, Robinson J, et al. Trends in suicide-related research in Australia. Int J Ment Health Syst. 2020;14:2.
9. Robinson J, Pirkis J, Krysinska K, Niner S, Jorm AF, Dudley M, et al. Research priorities in suicide prevention in Australia: A comparison of current research efforts and stakeholder-identified priorities. Crisis. 2008;29(4):180-90.
10. Hennekens CH, Buring JE. Epidemiology in Medicine. Boston: Little, Brown and Co.; 1987.

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Appendix A: List of peer-reviewed journal articles in which suicide or suicidal behaviour was the primary focus

1. Afzali MH, Sunderland M, Batterham PJ, Carragher N, Slade T. Trauma characteristics, post-traumatic symptoms, psychiatric disorders and suicidal behaviours: Results from the 2007 Australian National Survey of Mental Health and Wellbeing. Australian and New Zealand Journal of Psychiatry. 2017;51(11):1142-1151. https://doi.org/10.1177/0004867416683815
2. Alqahtani S, Nehme Z, Williams B, Bernard S, Smith K. Temporal Trends in the Incidence, Characteristics, and Outcomes of Hanging-Related Out-of-Hospital Cardiac Arrest. Prehospital Emergency Care. 2020;24(3):369-377. https://doi.org/10.1080/10903127.2019.1666944
3. Andrewes HE, Hulbert C, Cotton SM, Betts J, Chanen AM. Patterns of Non-Suicidal Self-Injury and Their Relationship with Suicide Attempts in Youth with Borderline Personality Disorder. Archives of Suicide Research. 2018;22(3):465-478. https://doi.org/10.1080/13811118.2017.1358226
4. Andriessen K, Krysinska K, Kõlves K, Reavley N. Suicide Postvention Service Models and Guidelines 2014–2019: A Systematic Review. Frontiers in Psychology. 2019;10. https://doi.org/10.3389/fpsyg.2019.02677
5. Andriessen K, Reifels L, Krysinska K, Robinson J, Dempster G, Pirkis J. Dealing with ethical concerns in suicide research: A survey of Australian researchers. International Journal of Environmental Research and Public Health. 2019;16(7). https://doi.org/10.3390/ijerph16071094
6. Armstrong G, Haregu T, Caine ED, Young JT, Spittal MJ, Jorm AF. High prevalence of health and social risk behaviours among men experiencing suicidal thoughts and behaviour: The imperative to undertake holistic assessments. Australian and New Zealand Journal of Psychiatry. 2020;54(8):797-807. https://doi.org/10.1177/0004867420924098
7. Armstrong G, Ironfield N, Kelly CM, et al. Re-development of mental health first aid guidelines for supporting Aboriginal and Torres Strait islanders who are experiencing suicidal thoughts and behaviour. BMC Psychiatry. 2018;18(1). https://doi.org/10.1186/s12888-018-1809-5
8. Armstrong G, Pirkis J, Arabena K, Currier D, Spittal MJ, Jorm AF. Suicidal behaviour in Indigenous compared to non-Indigenous males in urban and regional Australia: Prevalence data suggest disparities increase across age groups. Australian and New Zealand Journal of Psychiatry. 2017;51(12):1240-1248. https://doi.org/10.1177/0004867417704059
9. Armstrong G, Sutherland G, Pross E, Mackinnon A, Reavley N, Jorm AF. Talking about suicide: An uncontrolled trial of the effects of an Aboriginal and Torres Strait Islander mental health first aid program on knowledge, attitudes and intended and actual assisting actions. PLoS ONE. 2020;15(12 December). https://doi.org/10.1371/journal.pone.0244091
10. Atkinson JA, Page A, Heffernan M, et al. The impact of strengthening mental health services to prevent suicidal behaviour. Australian and New Zealand Journal of Psychiatry. 2019;53(7):642-650. https://doi.org/10.1177/0004867418817381
11. Atkinson JA, Skinner A, Hackney S, et al. Systems modelling and simulation to inform strategic decision making for suicide prevention in rural New South Wales (Australia). Australian and New Zealand Journal of Psychiatry. 2020;54(9):892-901. https://doi.org/10.1177/0004867420932639
12. Bailey E, Mühlmann C, Rice S, et al. Ethical issues and practical barriers in internet-based suicide prevention research: A review and investigator survey. BMC Medical Ethics. 2020;21(1):37. https://doi.org/10.1186/s12910-020-00479-1
13. Bailey E, Robinson J, McGorry P. Depression and suicide among medical practitioners in Australia. Internal Medicine Journal. 2018;48(3):254-258. https://doi.org/10.1111/imj.13717
14. Bailey E, Spittal MJ, Pirkis J, Gould M, Robinson J. Universal suicide prevention in young people: An evaluation of the safe TALK program in Australian high schools. Crisis. 2017;38(5):300-308. https://doi.org/10.1027/0227-5910/a000465
15. Baker D, Blyth D, Stedman T, Meehan T. Case manager perceptions of emergency department use by patients with non-fatal suicidal behaviour. International Journal of Mental Health Nursing. 2021;30(2):487-494. https://doi.org/10.1111/inm.12810
16. Balakrishnan K, Haregu T, Hill AO, Young JT, Armstrong G. Discrimination experienced by sexual minority males in Australia: Associations with suicidal ideation and depressive symptoms. Journal of Affective Disorders. 2022;305:173-178. https://doi.org/10.1016/j.jad.2022.03.009
17. Bandara P, Page A, Hammond TE, et al. Surveillance of Hospital-Presenting Intentional Self-Harm in Western Sydney, Australia, during the implementation of a new self-harm reporting field. Crisis. Published online 2022. https://doi.org/10.1027/0227-5910/a000845

18. Bandara P, Pirkis J, Clapperton A, et al. Cost-effectiveness of installing barriers at bridge and cliff sites for suicide prevention in Australia. JAMA Network Open. 2022;5(4):e226019-e226019. https://doi.org/10.1001/jamanetworkopen.2022.6019
19. Barnard E, Dempster G, Krysinska K, et al. Ethical concerns in suicide research: thematic analysis of the views of human research ethics committees in Australia. BMC Medical Ethics. 2021;22(1):1-10. https://doi.org/10.1186/s12910-021-00609-3
20. Barnfield J, Cross W, McCauley K. Therapeutic optimism and attitudes among medical and surgical nurses towards attempted suicide. International Journal of Mental Health Nursing. 2018;27(6):1826-1833. https://doi.org/10.1111/inm.12490
21. Bartik WJ, Maple M, McKay K. Youth suicide bereavement and the continuum of risk. Crisis. 2020;41(6):483-489. https://doi.org/10.1027/0227-5910/a000653
22. Basocak R, Nargundkar A, Warren LJ. The duality of risk from threats: Are homicidal threats a novel determinant for suicide risk? Behavioral Sciences and the Law. 2021;39(3):358-368. https://doi.org/10.1002/bsl.2526
23. Bastiampillai T, Allison S, Looi JCL, Tavella A, Agis U. Why are Australia's suicide rates returning to the hundred-year average, despite suicide prevention initiatives? Reframing the problem from the perspective of Durkheim. Australian and New Zealand Journal of Psychiatry. 2020;54(1):12-14. https://doi.org/10.1177/0004867419872815
24. Batterham PJ, Calear AL. Incorporating psychopathology into the interpersonal-psychological theory of suicidal behavior (IPTS). Suicide and Life-Threatening Behavior. 2021;51(3):482-491. https://doi.org/10.1111/sltb.12727
25. Batterham PJ, Calear AL, Carragher N, Sunderland M. Prevalence and predictors of distress associated with completion of an online survey assessing mental health and suicidality in the community. Psychiatry Research. 2018;262:348-350. https://doi.org/10.1016/j.psychres.2017.08.048
26. Batterham PJ, Calear AL, Christensen H, Carragher N, Sunderland M. Independent effects of mental disorders on suicidal behavior in the community. Suicide and Life-Threatening Behavior. 2018;48(5):512-521. https://doi.org/10.1111/sltb.12379
27. Batterham PJ, Calear AL, Farrer L, Gulliver A, Kurz E. Efficacy of a transdiagnostic self-help internet intervention for reducing depression, anxiety, and suicidal ideation in adults: Randomized controlled trial. Journal of Medical Internet Research. 2021; 23(1):e22698. https://doi.org/10.2196/22698
28. Batterham PJ, Calear AL, Reily N, Tang S, Han J, Christensen H. Factors associated with professional mental health service use among adults with suicidal ideation. Journal of Affective Disorders. 2022;307:278-285. https://doi.org/10.1016/j.jad.2022.04.013
29. Batterham PJ, Calear AL, Shou Y, et al. Effects of the COVID-19 pandemic on suicidal ideation in a representative Australian population sample–Longitudinal cohort study. Journal of Affective Disorders. 2022;300:385-391. https://doi.org/10.1016/j.jad.2022.01.022
30. Batterham PJ, Gulliver A, Kurz E, et al. The Effect of dissemination pathways on uptake and relative costs for a transdiagnostic, self-guided internet intervention for reducing depression, anxiety, and suicidal ideation: Comparative implementation study. Journal of medical Internet research. 2022;24(5):e34769. https://doi.org/10.2196/34769
31. Batterham PJ, Han J, Calear AL, Anderson J, Christensen H. suicide stigma and suicide literacy in a clinical sample. Suicide and Life-Threatening Behavior. 2019;49(4):1136-1147. https://doi.org/10.1111/sltb.12496
32. Batterham PJ, Poyser C, Gulliver A, Banfield M, Calear AL. Development and psychometric properties of the Functioning and Recovery Scale: A new measure to assess psychosocial functioning after a suicide attempt. Suicide and Life-Threatening Behavior. 2020;50(6):1105-1114. https://doi.org/10.1111/sltb.12656
33. Batterham PJ, van Spijker BAJ, Mackinnon AJ, Calear AL, Wong Q, Christensen H. Consistency of trajectories of suicidal ideation and depression symptoms: Evidence from a randomized controlled trial. Depression and Anxiety. 2019;36(4):321-329. https://doi.org/10.1002/da.22863
34. Batterham PJ, Werner-Seidler A, Calear AL, McCallum S, Gulliver A. Specific aspects of sleep disturbance associated with suicidal thoughts and attempts. Journal of Affective Disorders. 2021;282:574-579. https://doi.org/10.1016/j.jad.2020.12.150
35. Bazley R, Pakenham K, Watson B. Perspectives on suicide prevention amongst members of Christian faith-based organizations. Community Mental Health Journal. 2019;55(5):831-839. https://doi.org/10.1007/s10597-018-0355-4
36. Bellairs-Walsh I, Byrne SJ, Bendall S, et al. Working with young people at risk of suicidal behaviour and self-harm: A qualitative study of Australian general practitioners' perspectives. International Journal of Environmental Research and Public Health. 2021;18(24). https://doi.org/10.3390/ijerph182412926

37. Bellairs-Walsh I, Perry Y, Krysinska K, et al. Best practice when working with suicidal behaviour and self-harm in primary care: A qualitative exploration of young people's perspectives. BMJ Open. 2020;10(10):e038855. https://doi.org/10.1136/bmjopen-2020-038855
38. Bismark M, Scurrah K, Pascoe A, Willis K, Jain R, Smallwood N. Thoughts of suicide or self-harm among Australian healthcare workers during the COVID-19 pandemic. Australian and New Zealand Journal of Psychiatry. Published online 2022:48674221075540. https://doi.org/10.1177/00048674221075540
39. Bond KS, Cottrill FA, Mackinnon A, et al. Effects of the Mental Health First Aid for the suicidal person course on beliefs about suicide, stigmatising attitudes, confidence to help, and intended and actual helping actions: an evaluation. International Journal of Mental Health Systems. 2021;15(1):36. https://doi.org/10.1186/s13033-021-00459-x
40. Borschmann R, Becker D, Coffey C, et al. 20-Year outcomes in adolescents who self-harm: A population-based cohort Study. The Lancet Child and Adolescent Health. 2017;1(3):195-202. https://doi.org/10.1016/S2352-4642(17)30007-X
41. Borschmann R, Mundy LK, Canterford L, et al. Self-harm in primary school-aged children: Prospective cohort study. PLoS ONE. 2020;15(11 November). https://doi.org/10.1371/journal.pone.0242802
42. Borschmann R, Stark P, Prakash C, Sawyer SM. Risk profile of young people admitted to hospital for suicidal behaviour in Melbourne, Australia. Journal of Paediatrics and Child Health. 2018;54(11):1213-1220. https://doi.org/10.1111/jpc.13938
43. Borschmann R, Young JT, Moran P, et al. Ambulance attendances resulting from self-harm after release from prison: a prospective data linkage study. Social Psychiatry and Psychiatric Epidemiology. 2017;52(10):1295-1305. https://doi.org/10.1007/s00127-017-1383-z
44. Borschmann R, Young JT, Moran P, et al. Accuracy and predictive value of incarcerated adults' accounts of their self-harm histories: findings from an Australian prospective data linkage study. CMAJ open. 2017;5(3):E694-E701. https://doi.org/10.9778/cmajo.20170058
45. Botha F, Nguyen VH. Opposite nonlinear effects of unemployment and sentiment on male and female suicide rates: Evidence from Australia. Social Science and Medicine. 2022;292:N.PAG-N.PAG. https://doi.org/10.1016/j.socscimed.2021.114536
46. Bowden M, McCoy A, Reavley N. Suicidality and suicide prevention in culturally and linguistically diverse (CALD) communities: A systematic review. International Journal of Mental Health. 2020;49(4):293-320. https://doi.org/10.1080/00207411.2019.1694204
47. Brakoulias V, Starcevic V, Belloch A, et al. Comorbidity, age of onset and suicidality in obsessive–compulsive disorder (OCD): An international collaboration. Comprehensive Psychiatry. 2017;76:79-86. https://doi.org/10.1016/j.comppsych.2017.04.002
48. Broadbear JH, Dwyer J, Bugeja L, Rao S. Coroners' investigations of suicide in Australia: The hidden toll of borderline personality disorder. Journal of Psychiatric Research. 2020;129:241-249. https://doi.org/10.1016/j.jpsychires.2020.07.007
49. Broadbear JH, Rotella JA, Lorenze D, Rao S. Emergency department utilisation by patients with a diagnosis of borderline personality disorder: An acute response to a chronic disorder. EMA - Emergency Medicine Australasia. Published online 2022. https://doi.org/10.1111/1742-6723.13970
50. Brown K, Toombs M, Nasir B, et al. How can mobile applications support suicide prevention gatekeepers in Australian Indigenous communities? Social Science and Medicine. 2020;258:113015. https://doi.org/10.1016/j.socscimed.2020.113015
51. Burnett ACR, Chen NA, McGillivray L, Larsen ME, Torok M. Surveillance of suicide deaths involving gases in Australia using the National Coronial Information System, 2006 to 2017. Australian and New Zealand Journal of Public Health. 2021;45(3):242-247. https://doi.org/10.1111/1753-6405.13087
52. Burnett ACR, Wong Q, Rheinberger D, Zeritis S, McGillivray L, Torok MH. Suicide among hospitality workers in Australia, 2006–2017. Social Psychiatry and Psychiatric Epidemiology. 2022;57(5):1039-1047. https://doi.org/10.1007/s00127-022-02229-7
53. Burnett A, Chen N, Zeritis S, et al. Machine learning algorithms to classify self-harm behaviours in New South Wales Ambulance electronic medical records: A retrospective study. International Journal of Medical Informatics. 2022;161:e 104734. https://doi.org/10.1016/j.ijmedinf.2022.104734
54. Butler A, Young JT, Kinner SA, Borschmann R. Self-harm and suicidal behaviour among incarcerated adults in the Australian Capital Territory. Health and Justice. 2018;6(1):13. https://doi.org/10.1186/s40352-018-0071-8
55. Buus N, Juel A, Haskelberg H, et al. User involvement in developing the MYPLAN mobile phone safety plan app for people in suicidal crisis: Case study. JMIR Mental Health. 2019;6(4):e11965. https://doi.org/10.2196/11965
56. Byard RW, Gilbert JD. Suicidal decapitation by hanging—A population-based study. Journal of Forensic Sciences. 2018;63(3):958-960. https://doi.org/10.1111/1556-4029.13638
57. Byard RW, Heath K. How common are suicides using nitrous oxide? Medicine, Science and the Law. 2019;59(3):160-163. https://doi.org/10.1177/0025802419852184

58. Cairns R, Brown JA, Wylie CE, Dawson AH, Isbister GK, Buckley NA. Paracetamol poisoning-related hospital admissions and deaths in Australia, 2004–2017. Medical Journal of Australia. 2019;211(5):218-223. https://doi.org/10.5694/mja2.50296
59. Cairns R, Karanges EA, Wong A, et al. Trends in self-poisoning and psychotropic drug use in people aged 5-19 years: A population-based retrospective cohort study in Australia. BMJ Open. 2019;9(2). https://doi.org/10.1136/bmjopen-2018-026001
60. Calear AL, Batterham PJ. Suicidal ideation disclosure: Patterns, correlates and outcome. Psychiatry Research. 2019;278:1-6. https://doi.org/10.1016/j.psychres.2019.05.024
61. Calear AL, Batterham PJ, Sunderland M, Carragher N. Development and validation of static and adaptive screeners to assess suicidal thoughts and behavior. Suicide and Life-Threatening Behavior. 2020;50(1):189-200. https://doi.org/10.1111/sltb.12577
62. Calear AL, McCallum SM, Christensen H, et al. The Sources of Strength Australia project: A cluster randomised controlled trial of a peer-connectedness school-based program to promote help-seeking in adolescents. Journal of Affective Disorders. 2022;299:435-443. https://doi.org/10.1016/j.jad.2021.12.043
63. Calear AL, McCallum S, Kazan D, Werner-Seidler A, Christensen H, Batterham PJ. Application of the inter-personal psychological theory of suicide in a non-clinical community-based adolescent population. Journal of Affective Disorders. 2021;294:235-240. https://doi.org/10.1016/j.jad.2021.07.011
64. Calear AL, Morse AR, Batterham PJ, Forbes O, Banfield M. Silence is Deadly: A controlled trial of a public health intervention to promote help-seeking in adolescent males. Suicide and Life-Threatening Behavior. 2021;51(2):274-288. https://doi.org/10.1111/sltb.12703
65. Campbell G, Darke S, Degenhardt L, et al. Prevalence and characteristics associated with chronic noncancer pain in suicide decedents: A national study. Suicide and Life-Threatening Behavior. 2020;50(4):778-791. https://doi.org/10.1111/sltb.12627
66. Campos AI, Verweij KJH, Statham DJ, et al. Genetic aetiology of self-harm ideation and behaviour. Scientific Reports. 2020;10(1):e9713. https://doi.org/10.1038/s41598-020-66737-9
67. Carison A, Babl FE, O'Donnell SM. Increased paediatric emergency mental health and suicidality presentations during COVID-19 stay at home restrictions. EMA - Emergency Medicine Australasia. 2022;34(1):85-91. https://doi.org/10.1111/1742-6723.13901
68. Carrotte ER, Webb M, Flego A, Vincent B, Heath J, Blanchard M. Acceptability, safety, and resonance of the pilot digital suicide prevention campaign "better off with you": Qualitative study. JMIR Formative Research. 2021;5(3):e23892. https://doi.org/10.2196/23892
69. Carter G, Sperandei S, Chitty KM, Page A. Antidepressant treatment trajectories and suicide attempt among Australians aged 45 years and older: A population study using individual prescription data. Suicide and Life-Threatening Behavior. 2022;52(1):121-131. https://doi.org/10.1111/sltb.12812
70. Cenderadewi M, Franklin RC, Peden AE, Devine S. Fatal intentional drowning in Australia: A systematic literature review of rates and risk factors. PLoS ONE. 2020;15(5):e0231861. https://doi.org/10.1371/journal.pone.0231861
71. Chidgey K, Procter N, Baker A, Grech C. Suicide deaths following police contact: A review of coronial inquest findings. Death Studies. 2022;46(3):675-683. https://doi.org/10.1080/07481187.2020.1758243
72. Chitty KM, Raubenheimer J, Cairns R, Kirby KA, Buckley NA. Deliberate self-poisoning in Australian adolescents is increased on school days. Journal of Psychiatric Research. 2022;148:103-109. https://doi.org/10.1016/j.jpsychires.2022.01.045
73. Chitty KM, Kirby K, Osborne NJ, Isbister GK, Buckley NA. Co-ingested alcohol and the timing of deliberate self-poisonings. Australian and New Zealand Journal of Psychiatry. 2018;52(3):271-278. https://doi.org/10.1177/0004867417722639
74. Chitty KM, Schumann JL, Moran LL, Chong DG, Hurzeler TP, Buckley NA. Reporting of alcohol as a contributor to death in Australian national suicide statistics and its relationship to post-mortem alcohol concentrations. Addiction. 2021;116(3):506-513. https://doi.org/10.1111/add.15180
75. Chong DG, Buckley NA, Schumann JL, Chitty KM. Acute alcohol use in Australian coronial suicide cases, 2010–2015. Drug and Alcohol Dependence. 2020;212:108066. https://doi.org/10.1016/j.drugalcdep.2020.108066
76. Churruca K, Draper B, Mitchell R. Varying impact of co-morbid conditions on self-harm resulting in mortality in Australia. Health Information Management Journal. 2018;47(1):28-37. https://doi.org/10.1177/1833358316686799
77. Churruca K, Mitchell R. Exploring coronial determination of intent for poisoning-related deaths in Australia, 2001-2013. BMC Public Health. 2017;18(1):1-9. https://doi.org/10.1186/s12889-017-4633-9
78. Clapperton AJ. Identifying typologies among persons admitted to hospital for non-fatal intentional self-harm in Victoria, Australia. Social Psychiatry and Psychiatric Epidemiology. 2019;54(12):1497-1504. https://doi.org/10.1007/s00127-019-01747-1

79. Clapperton A, Bugeja L, Newstead S, Pirkis J. Identifying typologies of persons who died by suicide: Characterizing suicide in Victoria, Australia. Archives of Suicide Research. 2020;24(1):18-33. https://doi.org/10.1080/13811118.2018.1507855
80. Clapperton A, Dwyer J, Millar C, Tolhurst P, Berecki-Gisolf J. Sociodemographic characteristics associated with hospital contact in the year prior to suicide: A data linkage cohort study in Victoria, Australia. PLoS ONE. 2021;16(6 June):e0252682. https://doi.org/10.1371/journal.pone.0252682
81. Clapperton A, Newstead S, Bugeja L, Pirkis J. Differences in characteristics and exposure to stressors between persons with and without diagnosed mental illness who died by suicide in Victoria, Australia. Crisis. 2019;40(4):231-239. https://doi.org/10.1027/0227-5910/a000553
82. Clapperton A, Newstead S, Bugeja L, Pirkis J. Relative risk of suicide following exposure to recent stressors, Victoria, Australia. Australian and New Zealand Journal of Public Health. 2019;43(3):254-260. https://doi.org/10.1111/1753-6405.12886
83. Clapperton A, Newstead S, Frew C, Bugeja L, Pirkis J. Pathways to suicide among people with a diagnosed mental illness in Victoria, Australia. Crisis. 2020;41(2):105-113. https://doi.org/10.1027/0227-5910/a000611
84. Corrigan C, Duke G, Millar J, et al. Admissions of children and adolescents with deliberate self-harm to intensive care during the SARS-CoV-2 outbreak in Australia. JAMA Network Open. 2022;5(5):e2211692. https://doi.org/10.1001/jamanetworkopen.2022.11692
85. Crnek-Georgeson KT, Wilson LA, Page A. Factors influencing suicide in older rural males: A review of Australian studies. Rural and Remote Health. 2017;17(4):1-11. https://doi.org/10.22605/RRH4020
86. Crossin R, Scott D, Witt KG, Duncan JR, Smith K, Lubman DI. Acute harms associated with inhalant misuse: Co-morbidities and trends relative to age and gender among ambulance attendees. Drug and Alcohol Dependence. 2018;190:46-53. https://doi.org/10.1016/j.drugalcdep.2018.05.026
87. Cruwys T, An S, Chang MXL, Lee H. Suicide literacy predicts the provision of more appropriate support to people experiencing psychological distress. Psychiatry Research. 2018;264:96-103. https://doi.org/10.1016/j.psychres.2018.03.039
88. Cryer REM, Calear AL, Batterham PJ, Patel SR. Suicide, mental, and physical health condition stigma in medical students. Death Studies. 2020;44(4):230-236. https://doi.org/10.1080/07481187.2018.1539049
89. Currier D, Patton G, Sanci L, et al. Socioeconomic disadvantage, mental health and substance use in young men in emerging adulthood. Behavioral Medicine. 2021;47(1):31-39. https://doi.org/10.1080/08964289.2019.1622504
90. Czeisler M, Wiley JF, Facer-Childs ER, et al. Mental health, substance use, and suicidal ideation during a prolonged COVID-19-related lockdown in a region with low SARS-CoV-2 prevalence. Journal of Psychiatric Research. 2021;140:533-544. https://doi.org/10.1016/j.jpsychires.2021.05.080
91. Dabkowski E, Porter JE. An exploration into suicide prevention initiatives for mental health nurses: A systematic literature review. International Journal of Mental Health Nursing. 2021;30(3):610-623. https://doi.org/10.1111/inm.12872
92. Darke S, Kaye S, Duflou J, Lappin J. Completed suicide among methamphetamine users: A national study. Suicide and Life-Threatening Behavior. 2019;49(1):328-337. https://doi.org/10.1111/sltb.12442
93. Davies K, Read DMY, Booth A, Turner N, Gottschall K, Perkins D. Connecting with social and emotional well-being in rural Australia: An evaluation of 'We-Yarn', an Aboriginal gatekeeper suicide prevention workshop. Australian Journal of Rural Health. 2020;28(6):579-587. https://doi.org/10.1111/ajr.12671
94. Delaney SK, Allison S, Looi JCL, Bidargaddi N, Bastiampillai T. Rapid national increases in the hospitalisation of Australian youth due to intentional self-harm between 2008 and 2019. Australasian Psychiatry. 2022;30(2):166-170. https://doi.org/10.1177/10398562211047919
95. Dickson JM, Cruise K, McCall CA, Taylor PJ. A systematic review of the antecedents and prevalence of suicide, self-harm and suicide ideation in Australian Aboriginal and Torres Strait Islander youth. International Journal of Environmental Research and Public Health. 2019;16(17). https://doi.org/10.3390/ijerph16173154
96. Doran CM, Kinchin I. Economic and epidemiological impact of youth suicide in countries with the highest human development index. PLoS ONE. 2020;15(5):e0232940. https://doi.org/10.1371/journal.pone.0232940
97. Dragovic M, Pascu V, Hall T, Ingram J, Waters F. Emergency department mental health presentations before and during the COVID-19 outbreak in Western Australia. Australasian Psychiatry. 2020;28(6):627-631. https://doi.org/10.1177/1039856220960673
98. Draper B, Krysinska K, Snowdon J, De Leo D. Awareness of suicide risk and communication between health care professionals and next-of-kin of suicides in the month before suicide. Suicide and Life-Threatening Behavior. 2018;48(4):449-458. https://doi.org/10.1111/sltb.12365
99. Du W, Luther M, Desborough J, Rogalewicz M, Glasgow N. Variation in and factors associated with psychosocial interventions for hospitalised self-harm patients in New South Wales, Australia. General Hospital Psychiatry. 2018;54:1-4. https://doi.org/10.1016/j.genhosppsych.2018.06.003

100. Dwyer J, Dwyer J, Hiscock R, et al. COVID-19 as a context in suicide: Early insights from Victoria, Australia. Australian and New Zealand Journal of Public Health. 2021;45(5):517-522. https://doi.org/10.1111/1753-6405.13132
101. Dwyer J, Dwyer J, Hiscock R, et al. Characteristics of patients with cancer who die by suicide: Coronial case series in an Australian state. Psycho-Oncology. 2019;28(11):2195-2200. https://doi.org/10.1002/pon.5207
102. East L, Dorozenko KP, Martin R. The construction of people in suicide prevention documents. Death Studies. 2021;45(3):182-190. https://doi.org/10.1080/07481187.2019.1626938
103. Edwards T, Torok M, McGillivray L, et al. Social media responses to online suicide-related news articles. Crisis. 2021;42(4):309-313. https://doi.org/10.1027/0227-5910/a000724
104. Entilli L, Ross V, De Leo D, Cipolletta S, Kõlves K. Experiences of parental suicide-bereavement: A longitudinal qualitative analysis over two years. International Journal of Environmental Research and Public Health. 2021;18(2):1-13. https://doi.org/10.3390/ijerph18020564
105. Erlangsen A, Banks E, Joshy G, et al. Physical, mental, and social wellbeing and their association with death by suicide and self-harm in older adults: A community-based cohort study. International Journal of Geriatric Psychiatry. 2021;36(5):647-656. https://doi.org/10.1002/gps.5463
106. Erlangsen A, Banks E, Joshy G, et al. Measures of mental, physical, and social wellbeing and their association with death by suicide and self-harm in a cohort of 266,324 persons aged 45 years and over. Social Psychiatry and Psychiatric Epidemiology. 2021;56(2):295-303. https://doi.org/10.1007/s00127-020-01929-2
107. Ferguson M, Dollman J, Jones M, et al. Suicide prevention training - improving the attitudes and confidence of rural australian health and human service professionals. Crisis. 2019;40(1):15-26. https://doi.org/10.1027/0227-5910/a000524
108. Ferguson M, McIntyre H, Martinez L, Eygenraam J, Baker A, Procter N. Development of an evidence-based Evaluation Toolkit for suicide prevention networks in regional Australia. Australian Journal of Rural Health. 2020;28(2):224-228. https://doi.org/10.1111/ajr.12618
109. Ferguson M, Posselt M, McIntyre H, et al. Staff perspectives of safety planning as a suicide prevention intervention for people of refugee and asylum-seeker background: A qualitative investigation. Crisis. Published online 2021:No-Specified. https://doi.org/10.1027/0227-5910/a000781
110. Fildes D, Williams K, Bradford S, Grootemaat P, Kobel C, Gordon R. Implementation of a pilot SMS-based crisis support service in Australia: Staff experiences of supporting help-seekers via text. Crisis. 2022;43(1):46-52. https://doi.org/10.1027/0227-5910/a000758
111. Finlayson M, Simmonds J. Workplace responses and psychologists' needs following client suicide. Omega (United States). 2019;79(1):18-33. https://doi.org/10.1177/0030222817709693
112. Finlayson-Short L, Hetrick S, Krysinska K, et al. A survey of people with lived experience of suicide-related behavior in Queensland, Australia: Their experiences with available resources. Crisis. 2020;41(1):39-46. https://doi.org/10.1027/0227-5910/a000602
113. Fitzpatrick SJ, Handley T, Powell N, et al. Suicide in rural Australia: A retrospective study of mental health problems, health-seeking and service utilisation. PLoS ONE. 2021;16(7 July):e0245271. https://doi.org/10.1371/journal.pone.0245271
114. Fitzpatrick SJ, Read D, Brew BK, Perkins D. A sociological autopsy lens on older adult suicide in rural Australia: Addressing health, psychosocial factors and care practices at the intersection of policies and institutions. Social Science and Medicine. 2021;284:e114196. https://doi.org/10.1016/j.socscimed.2021.114196
115. Fogarty AS, Spurrier M, Player MJ, et al. Tensions in perspectives on suicide prevention between men who have attempted suicide and their support networks: Secondary analysis of qualitative data. Health Expectations. 2018;21(1):261-269. https://doi.org/10.1111/hex.12611
116. Ford R, King T, Priest N, Kavanagh A. Bullying and mental health and suicidal behaviour among 14- to 15-year-olds in a representative sample of Australian children. Australian and New Zealand Journal of Psychiatry. 2017;51(9):897-908. https://doi.org/10.1177/0004867417700275
117. Freeman J, Strauss P, Hamilton S, et al. They told me "This isn't a hotel": Young people's experiences and perceptions of care when presenting to the emergency department with suicide-related behaviour. International Journal of Environmental Research and Public Health. 2022;19(3). https://doi.org/10.3390/ijerph19031377
118. Frei JM, Sazhin V, Fick M, Yap K. Emotion-oriented coping style predicts self-harm in response to acute psychiatric hospitalization. Crisis. 2021;42(3):232-238. https://doi.org/10.1027/0227-5910/a000713
119. Fry M, Abrahamse K, Kay S, Elliott RM. Suicide in older people, attitudes and knowledge of emergency nurses: A multi-centre study. International Emergency Nursing. 2019;43:113-118. https://doi.org/10.1016/j.ienj.2019.01.003
120. Ftanou M, Reavley N, Robinson J, Spittal MJ, Pirkis J. Developing public service announcements to help prevent suicide among young people. International Journal of Environmental Research and Public Health. 2021;18(8). https://doi.org/10.3390/ijerph18084158

121. Ftanou M, Skehan J, Krysinska K, Bryant M, Spittal MJ, Pirkis J. Crafting safe and effective suicide prevention media messages: Outcomes from a workshop in Australia. International Journal of Mental Health Systems. 2018;12(1). https://doi.org/10.1186/s13033-018-0203-5
122. Giallo R, Pilkington P, Borschmann R, Seymour M, Dunning M, Brown S. The prevalence and correlates of self-harm ideation trajectories in Australian women from pregnancy to 4-years postpartum. Journal of Affective Disorders. 2018;229:152-158. https://doi.org/10.1016/j.jad.2017.12.064
123. Hains A, Janackovski A, Deane FP, Rankin K. Perceived burdensomeness predicts outcomes of short-term psychological treatment of young people at risk of suicide. suicide and life-threatening behavior. 2019;49(2):586-597. https://doi.org/10.1111/sltb.12452
124. Han J, Batterham PJ, Calear AL, Ma J. Seeking professional help for suicidal ideation: A comparison between Chinese and Australian university students. Psychiatry Research. 2018;270:807-814. https://doi.org/10.1016/j.psychres.2018.10.080
125. Han J, Batterham PJ, Calear AL, Wu Y, Xue J, van Spijker BAJ. Development and pilot evaluation of an online psychoeducational program for suicide prevention among university students: A randomised controlled trial. Internet Interventions. 2018;12:111-120. https://doi.org/10.1016/j.invent.2017.11.002
126. Han J, Torok M, Gale N, et al. Use of web conferencing technology for conducting online focus groups among young people with lived experience of suicidal thoughts: Mixed methods research. JMIR Mental Health. 2019;6(10):e14191. https://doi.org/10.2196/14191
127. Handley TE, Davies K, Booth A, Dalton H, Perkins D. Lessons from the development and delivery of a rural suicide prevention program. Australian Journal of Rural Health. 2021;29(6):993-998. https://doi.org/10.1111/ajr.12814
128. Handley T, Rich J, Davies K, Lewin T, Kelly B. The challenges of predicting suicidal thoughts and behaviours in a sample of rural Australians with depression. International Journal of Environmental Research and Public Health. 2018;15(5). https://doi.org/10.3390/ijerph15050928
129. Haregu T, Jorm AF, Paradies Y, Leckning B, Young JT, Armstrong G. Discrimination experienced by Aboriginal and Torres Strait Islander males in Australia: Associations with suicidal thoughts and depressive symptoms. Australian and New Zealand Journal of Psychiatry. 2022;56(6):657-666. https://doi.org/10.1177/00048674211031168
130. Hart LM, Cropper P, Morgan AJ, Kelly CM, Jorm AF. Teen Mental Health First Aid as a school-based intervention for improving peer support of adolescents at risk of suicide: Outcomes from a cluster randomised crossover trial. Australian and New Zealand Journal of Psychiatry. 2020;54(4):382-392. https://doi.org/10.1177/0004867419885450
131. Hawgood J, Koo YW, Sveticic J, De Leo D, Kõlves K. Wesley LifeForce suicide prevention gatekeeper training in Australia: 6 month follow-up evaluation of full and half day community programs. Frontiers in Psychiatry. 2021;11:e614191. https://doi.org/10.3389/fpsyt.2020.614191
132. Hawgood J, Krysinska K, Mooney M, et al. Suicidology post graduate curriculum: Priority topics and delivery mechanisms for suicide prevention education. International Journal of Environmental Research and Public Health. 2021;18(18). https://doi.org/10.3390/ijerph18189926
133. Hawton K, Hill NTM, Gould M, John A, Lascelles K, Robinson J. Clustering of suicides in children and adolescents. The Lancet Child and Adolescent Health. 2020;4(1):58-67. https://doi.org/10.1016/S2352-4642(19)30335-9
134. Haynes CJ, Deane FP, Kelly PJ. Suicidal ideation predicted by changes experienced from pre-treatment to 3-month post discharge from residential substance use disorder treatment. Journal of Substance Abuse Treatment. 2021;131. https://doi.org/10.1016/j.jsat.2021.108542
135. Heard TR, McGill K, Skehan J, Rose B. The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities. BMC Psychology. 2022;10(1):23. https://doi.org/10.1186/s40359-022-00724-9
136. Hedley D, Hayward SM, Denney K, et al. The association between COVID-19, personal wellbeing, depression, and suicide risk factors in Australian autistic adults. Autism Research. 2021;14(12):2663-2676. https://doi.org/10.1002/aur.2614
137. Hedrick K, Armstrong G, Coffey G, Borschmann R. Self-harm in the Australian asylum seeker population: A national records-based study. SSM - Population Health. 2019;8:e100452. https://doi.org/10.1016/j.ssmph.2019.100452
138. Hedrick K, Armstrong G, Coffey G, Borschmann R. Self-harm among asylum seekers in Australian onshore immigration detention: How incidence rates vary by held detention type. BMC Public Health. 2020;20(1):1-10. https://doi.org/10.1186/s12889-020-08717-2
139. Hedrick K, Armstrong G, Coffey G, Borschmann R. Temporal variations in the distribution of self-harm episodes and methods across the Australian asylum seeker population: An observational study. PLoS Medicine. 2020;17(8):1-19. https://doi.org/10.1371/JOURNAL.PMED.1003235

140. Hedrick K, Armstrong G, Coffey G, Borschmann R. An evaluation of the quality of self-harm incident reporting across the Australian asylum seeker population according to World Health Organization (WHO) guidelines. BMC Psychiatry. 2020;20(1). https://doi.org/10.1186/s12888-020-02709-7
141. Hetrick SE, Yuen HP, Bailey E, et al. Internet-based cognitive behavioural therapy for young people with suicide-related behaviour (Reframe-IT): A randomised controlled trial. Evidence-Based Mental Health. 2017;20(3):76-85. https://doi.org/10.1136/eb-2017-102719
142. Hielscher E, DeVylder J, Connell M, Hasking P, Martin G, Scott JG. Investigating the role of hallucinatory experiences in the transition from suicidal thoughts to attempts. Acta Psychiatrica Scandinavica. 2020;141(3):241-253. https://doi.org/10.1111/acps.13128
143. Hielscher E, Connell M, Lawrence D, Zubrick SR, Hafekost J, Scott JG. Association between psychotic experiences and non-accidental self-injury: Results from a nationally representative survey of adolescents. Social Psychiatry and Psychiatric Epidemiology. 2019;54(3):321-330. https://doi.org/10.1007/s00127-018-1629-4
144. Hielscher E, DeVylder J, Hasking P, Connell M, Martin G, Scott JG. Mediators of the association between psychotic experiences and future non-suicidal self-injury and suicide attempts: results from a three-wave, prospective adolescent cohort study. European Child and Adolescent Psychiatry. 2021;30(9):1351-1365. https://doi.org/10.1007/s00787-020-01593-6
145. Hielscher E, DeVylder J, Hasking P, Connell M, Martin G, Scott JG. Can't get you out of my head: Persistence and remission of psychotic experiences in adolescents and its association with self-injury and suicide attempts. Schizophrenia Research. 2021;229:63-72. https://doi.org/10.1016/j.schres.2020.11.019
146. Hill AO, Lyons A, Power J, et al. Suicidal ideation and suicide attempts among lesbian, gay, bisexual, pansexual, queer, and asexual youth: Differential impacts of sexual orientation, verbal, physical, or sexual harassment or assault, conversion practices, family or household religiosity. LGBT Health. Published online 2022. https://doi.org/10.1089/lgbt.2021.0270
147. Hill NTM, Too LS, Spittal MJ, Robinson J. Understanding the characteristics and mechanisms underlying suicide clusters in Australian youth: A comparison of cluster detection methods. Epidemiology and Psychiatric Sciences. 2020;29:e151. https://doi.org/10.1017/S2045796020000645
148. Hill NTM, Spittal MJ, Pirkis J, Torok M, Robinson J. Risk factors associated with suicide clusters in Australian youth: Identifying who is at risk and the mechanisms associated with cluster membership. EClinicalMedicine. 2020;29-30. https://doi.org/10.1016/j.eclinm.2020.100631
149. Hill NTM, Witt K, Rajaram G, McGorry PD, Robinson J. Suicide by young Australians, 2006–2015: A cross-sectional analysis of national coronial data. Medical Journal of Australia. 2021;214(3):133-139. https://doi.org/10.5694/mja2.50876
150. Hu N, Taylor CL, Glauert RA, Li J. The pervasive effects of timing of parental mental health disorders on adolescent deliberate self-harm risk. PLoS ONE. 2019;14(8). https://doi.org/10.1371/journal.pone.0220704
151. Hu N, Taylor C, Li J, Glauert R. The impact of child maltreatment on the risk of deliberate self-harm among adolescents: A population-wide cohort study using linked administrative records. Child Abuse and Neglect. 2017;67:322-337. https://doi.org/10.1016/j.chiabu.2017.03.012
152. Hunt T, Wilson CJ, Caputi P, Wilson I, Woodward A. The impact of caller gender on telephone crisis-helpline workers' interpretation of suicidality in caller vignettes. International Journal of Environmental Research and Public Health. 2018;15(4). https://doi.org/10.3390/ijerph15040831
153. Hunt T, Wilson C, Caputi P, Wilson I, Woodward A. Patterns of signs that telephone crisis support workers associate with suicide risk in telephone crisis line callers. International Journal of Environmental Research and Public Health. 2018;15(2). https://doi.org/10.3390/ijerph15020235
154. Hurzeler T, Buckley NA, Noghrehchi F, et al. Alcohol-related suicide across Australia: a geospatial analysis. Australian and New Zealand Journal of Public Health. 2021;45(4):394-399. https://doi.org/10.1111/1753-6405.13122
155. Iorfino F, F. Hermens D, Cross SPM, et al. Prior suicide attempts predict worse clinical and functional outcomes in young people attending a mental health service. Journal of Affective Disorders. 2018;238:563-569. https://doi.org/10.1016/j.jad.2018.06.032
156. Iorfino F, Ho N, Carpenter JS, et al. Predicting self-harm within six months after initial presentation to youth mental health services: A machine learning study. PLoS ONE. 2020;15(12 December). https://doi.org/10.1371/journal.pone.0243467
157. Irteja Islam M, Kabir E, Khanam R. Suicidality, mental disorder and the utilization of mental health services among Australian adolescents. Children and Youth Services Review. 2020;111:N.PAG-N.PAG. https://doi.org/10.1016/j.childyouth.2020.104821
158. Irteja Islam M, Khanam R, Kabir E. The use of mental health services by Australian adolescents with mental disorders and suicidality: Findings from a nationwide cross-sectional survey. PLoS ONE. 2020;15(4):e0231180. https://doi.org/10.1371/journal.pone.0231180

159. Islam MI, Khanam R, Kabir E. Depression and anxiety have a larger impact on bullied girls than on boys to experience self-harm and suicidality: A mediation analysis. Journal of Affective Disorders. 2022;297:250-258. https://doi.org/10.1016/j.jad.2021.10.061
160. Islam MI, Khanam R, Kabir E. Bullying victimization, mental disorders, suicidality and self-harm among Australian high school children: Evidence from nationwide data. Psychiatry Research. 2020;292:113364. https://doi.org/10.1016/j.psychres.2020.113364
161. Islam MI, Ormsby GM, Kabir E, Khanam R. Estimating income-related and area-based inequalities in mental health among nationally representative adolescents in Australia: The concentration index approach. PLoS ONE. 2021;16(9 September):e0257573. https://doi.org/10.1371/journal.pone.0257573
162. Islam MI, Yunus FM, Isha SN, Kabir E, Khanam R, Martiniuk A. The gap between perceived mental health needs and actual service utilization in Australian adolescents. Scientific Reports. 2022;12(1):5430. https://doi.org/10.1038/s41598-022-09352-0
163. Islam MI, Yunus FM, Kabir E, Khanam R. Evaluating risk and protective factors for suicidality and self-harm in Australian adolescents with traditional bullying and cyberbullying victimizations. American Journal of Health Promotion. 2022;36(1):73-83. https://doi.org/10.1177/08901171211034105
164. Islam MI, Yunus FM, Salam SS, Kabir E, Khanam R. Mental health services use among adolescent bullying victims in Australia: Results from a nationwide survey. Children and Youth Services Review. 2022;132. https://doi.org/10.1016/j.childyouth.2021.106312
165. Jackson KP, Welch A, Hopkinson S. Back from the Brink: The experience of hospital after a suicide attempt, and what happens when you go home. Issues in Mental Health Nursing. 2020;41(7):560-567. https://doi.org/10.1080/01612840.2019.1710010
166. Jackson M, McGill K, Lewin TJ, Bryant J, Whyte I, Carter G. Hospital-treated deliberate self-poisoning in the older adult: Identifying specific clinical assessment needs. Australian and New Zealand Journal of Psychiatry. 2020;54(6):591-601. https://doi.org/10.1177/0004867419897818
167. Jacob S, Mwagiru D, Thakur I, Moghadam A, Oh T, Hsu J. Impact of societal restrictions and lockdown on trauma admissions during the COVID-19 pandemic: A single-centre cross-sectional observational study. ANZ Journal of Surgery. 2020;90(11):2227-2231. https://doi.org/10.1111/ans.16307
168. Jain B, Kennedy B, Bugeja LC, Ibrahim JE. Suicide among nursing home residents: Development of recommendations for prevention using a nominal group technique. Journal of Aging and Social Policy. 2020;32(2):157-171. https://doi.org/10.1080/08959420.2019.1652079
169. Jones M, Ferguson M, Walsh S, et al. Perspectives of rural health and human service practitioners following suicide prevention training programme in Australia: A thematic analysis. Health and Social Care in the Community. 2018;26(3):356-363. https://doi.org/10.1111/hsc.12532
170. Jorm AF. Australia's 'Better Access' scheme: Has it had an impact on population mental health? Australian and New Zealand Journal of Psychiatry. 2018;52(11):1057-1062. https://doi.org/10.1177/0004867418804066
171. Jorm AF, Nicholas A, Pirkis J, Rossetto A, Reavley NJ. Associations of training to assist a suicidal person with subsequent quality of support: Results from a national survey of the Australian public. BMC Psychiatry. 2018;18(1):132. https://doi.org/10.1186/s12888-018-1722-y
172. Kennedy AJ, Adams J, Dwyer J, Brumby S. Rural suicide risk and physical ill health: A qualitative study of the Victorian Suicide Register, 2009-2015. Australian Journal of Rural Health. 2021;29(6):927-938. https://doi.org/10.1111/ajr.12801
173. Kennedy AJ, Brumby SA, Versace VL, Brumby-Rendell T. The ripple effect: A digital intervention to reduce suicide stigma among farming men. BMC Public Health. 2020;20(1):1-12. https://doi.org/10.1186/s12889-020-08954-5
174. Kennedy AJ, Brumby SA, Versace VL, Brumby-Rendell T. Online assessment of suicide stigma, literacy and effect in Australia's rural farming community. BMC Public Health. 2018;18(1). https://doi.org/10.1186/s12889-018-5750-9
175. Kennedy AJ, Maple M, McKay K, Brumby S. Suicide and accidental death for Australia's farming families: How context influences individual response. Omega (United States). 2021;83(3):407-425. https://doi.org/10.1177/0030222819854920
176. Kennedy A, Adams J, Dwyer J, Rahman MA, Brumby S. Suicide in rural Australia: Are farming-related suicides different? International Journal of Environmental Research and Public Health. 2020;17(6). https://doi.org/10.3390/ijerph17062010
177. Kerr K, Romaniuk M, McLeay S, Walker S, Henderson J, Khoo A. Guilt and it's relationship to mental illness and suicide attempts in an Australian veteran population with posttraumatic stress disorder. Journal of Military & Veterans' Health. 2021;29(3):7-15.
178. Kerr K, Romaniuk M, McLeay S, Khoo A, Dent MT, Boshen M. Increased risk of attempted suicide in Australian veterans is associated with total and permanent incapacitation, unemployment and posttraumatic stress

disorder severity. Australian and New Zealand Journal of Psychiatry. 2018;52(6):552-560. https://doi.org/10.1177/0004867417718945
179. Kinchin I, Doran CM. The cost of youth suicide in Australia. International Journal of Environmental Research and Public Health. 2018;15(4). https://doi.org/10.3390/ijerph15040672
180. Kinchin I, Russell AMT, Byrnes J, McCalman J, Doran CM, Hunter E. The cost of hospitalisation for youth self-harm: differences across age groups, sex, Indigenous and non-Indigenous populations. Social Psychiatry and Psychiatric Epidemiology. 2020;55(4):425-434. https://doi.org/10.1007/s00127-019-01807-6
181. Kinchin I, Russell AMT, Petrie D, Mifsud A, Manning L, Doran CM. Program evaluation and decision analytic modelling of universal suicide prevention training (safeTALK) in secondary schools. Applied Health Economics and Health Policy. 2020;18(2):311-324. https://doi.org/10.1007/s40258-019-00505-3
182. King KE, Schlichthorst M, Spittal MJ, Phelps A, Pirkis J. Can a documentary increase help-seeking intentions in men? A randomised controlled trial. Journal of Epidemiology and Community Health. 2018;72(1):86-92. https://doi.org/10.1136/jech-2017-209502
183. King K, Dow B, Keogh L, et al. "Is life worth living?": The role of masculinity in the way men aged over 80 talk about living, dying, and suicide. American Journal of Men's Health. 2020;14(5). https://doi.org/10.1177/1557988320966540
184. King K, Schlichthorst M, Millar C, Sutherland G, Too LS. Understanding the context of suicides by older men compared with younger old men and women an exploration of coronial data in Victoria, Australia. Crisis. 2022;43(1):67-71. https://doi.org/10.1027/0227-5910/a000747
185. King K, Schlichthorst M, Turnure J, Phelps A, Spittal MJ, Pirkis J. Evaluating the effectiveness of a website about masculinity and suicide to prompt help-seeking. Health Promotion Journal of Australia. 2019;30(3):381-389. https://doi.org/10.1002/hpja.237
186. King TL, Batterham PJ, Lingard H, et al. Are young men getting the message? Age differences in suicide prevention literacy among male construction workers. International Journal of Environmental Research and Public Health. 2019;16(3). https://doi.org/10.3390/ijerph16030475
187. King TL, Gullestrup J, Batterham PJ, et al. Shifting beliefs about suicide: Pre-post evaluation of the effectiveness of a program for workers in the construction industry. International Journal of Environmental Research and Public Health. 2018;15(10). https://doi.org/10.3390/ijerph15102106
188. King TL, Shields M, Sojo V, et al. Expressions of masculinity and associations with suicidal ideation among young males. BMC Psychiatry. 2020;20(1). https://doi.org/10.1186/s12888-020-2475-y
189. Kõlves K, Crompton D, Turner K, et al. Trends and repetition of non-fatal suicidal behaviour: analyses of the Gold Coast University Hospital's Emergency Department. Australasian Psychiatry. 2018;26(2):170-175. https://doi.org/10.1177/1039856217749059
190. Kõlves K, De Leo D. Suicide bereavement: Piloting a longitudinal study in Australia. BMJ Open. 2018;8(1):e019504. https://doi.org/10.1136/bmjopen-2017-019504
191. Kõlves K, Draper BM, Snowdon J, De Leo D. Alcohol-use disorders and suicide: Results from a psychological autopsy study in Australia. Alcohol. 2017;64:29-35. https://doi.org/10.1016/j.alcohol.2017.05.005
192. Kõlves K, Koo YW, De Leo D. A drink before suicide: Analysis of the Queensland Suicide Register in Australia. Epidemiology and Psychiatric Sciences. 2020;29. https://doi.org/10.1017/S2045796020000062
193. Kõlves K, McDonough M, Crompton D, de Leo D. Choice of a suicide method: Trends and characteristics. Psychiatry Research. 2018;260:67-74. https://doi.org/10.1016/j.psychres.2017.11.035
194. Kõlves K, Zhao Q, Ross V, Hawgood J, Spence SH, de Leo D. Suicide and sudden death bereavement in Australia: A longitudinal study of family members over 2 years after death. Australian and New Zealand Journal of Psychiatry. 2020;54(1):89-98. https://doi.org/10.1177/0004867419882490
195. Koo YW, Kõlves K, de Leo D. Profiles by suicide methods: an analysis of older adults. Aging and Mental Health. 2019;23(3):385-391. https://doi.org/10.1080/13607863.2017.1411884
196. Koo YW, Kõlves K, De Leo D. Suicide in older adults: Differences between the young-old, middle-old, and oldest old. International Psychogeriatrics. 2017;29(8):1297-1306. https://doi.org/10.1017/S1041610217000618
197. Krysinska K, Curtis S, Lamblin M, et al. Parents' experience and psychoeducation needs when supporting a young person who self-harms. International Journal of Environmental Research and Public Health. 2020;17(10). https://doi.org/10.3390/ijerph17103662
198. Krysinska K, Finlayson-Short L, Hetrick S, et al. Support for people bereaved or affected by suicide and for their careers in Queensland: quality of resources and a classification framework. Advances in Mental Health. 2019;17(2):178-195. https://doi.org/10.1080/18387357.2018.1502614
199. Kunde L, Kõlves K, Kelly B, Reddy P, de Leo D. "The masks we wear": a qualitative study of suicide in Australian farmers. Journal of Rural Health. 2018;34(3):254-262. https://doi.org/10.1111/jrh.12290
200. Kyron MJ, Carrington-Jones P, Page AC, Bartlett J, Lawrence D. Factors differentiating adolescents who consider suicide and those who attempt: Results from a national survey of Australian adolescents. Australian Journal of Psychology. 2020;72(2):145-155. https://doi.org/10.1111/ajpy.12267

201. Kyron MJ, Hooke GR, Page AC. Prediction and network modelling of self-harm through daily self-report and history of self-injury. Psychological Medicine. 2021;51(12):1992-2002. https://doi.org/10.1017/S0033291720000744
202. Kyron MJ, Podlogar MC, Joiner TE, McEvoy PM, Page AC, Lawrence D. Allowing nondisclosure in surveys with suicide content: Characteristics of nondisclosure in a national survey of emergency services personnel. Psychological Assessment. 2020;32(12):1106-1117. https://doi.org/10.1037/pas0000949
203. Kyron MJ, Rikkers W, Page AC, et al. Prevalence and predictors of suicidal thoughts and behaviours among Australian police and emergency services employees. Australian and New Zealand Journal of Psychiatry. 2021;55(2):180-195. https://doi.org/10.1177/0004867420937774
204. Lai CCW, Boag S. Chinese versions of the Interpersonal Needs Questionnaire: Psychometric properties, measurement invariance across gender and cultures. PsyCh Journal. 2021;10(4):635-648. https://doi.org/10.1002/pchj.436
205. Lambropoulos V, Guthrie R. Misconduct, self-inflicted injury, and suicide in workers compensation: A review of the Australian legal framework. Journal of Law and Medicine. 2018;26(2):389-406.
206. Law PCF, Too LS, Hill NTM, et al. A pilot case-control study of the social media activity following cluster and non-cluster suicides in Australia. International Journal of Environmental Research and Public Health. 2022;19(1). https://doi.org/10.3390/ijerph19010343
207. Lawes JC, Peden AE, Bugeja L, Strasiotto L, Daw S, Franklin RC. Suicide along the Australian coast: Exploring the epidemiology and risk factors. PLoS ONE. 2021;16(5 May 2021):e0251938. https://doi.org/10.1371/journal.pone.0251938
208. Leach LS, Too LS, Batterham PJ, Kiely KM, Christensen H, Butterworth P. Workplace bullying and suicidal ideation: Findings from an Australian longitudinal cohort study of mid-aged workers. International Journal of Environmental Research and Public Health. 2020;17(4). https://doi.org/10.3390/ijerph17041448
209. Leckning B, Borschmann R, Guthridge S, Bradley P, Silburn S, Robinson G. Aboriginal and Non-Aboriginal emergency department presentations involving suicide-related thoughts and behaviors: Characteristics and Discharge Arrangements. Crisis. 2020;41(6):459-468. https://doi.org/10.1027/0227-5910/a000675
210. Leckning B, He VYF, Condon JR, Hirvonen T, Milroy H, Guthridge S. Patterns of child protection service involvement by Aboriginal children associated with a higher risk of self-harm in adolescence: A retrospective population cohort study using linked administrative data. Child Abuse and Neglect. 2021;113. https://doi.org/10.1016/j.chiabu.2021.104931
211. Leckning B, Hirvonen T, Armstrong G, et al. Developing best practice guidelines for the psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts. Australian and New Zealand Journal of Psychiatry. 2020;54(9):874-882. https://doi.org/10.1177/0004867420924082
212. Lee S, Dwyer J, Paul E, Clarke D, Treleaven S, Roseby R. Differences by age and sex in adolescent suicide. Australian and New Zealand Journal of Public Health. 2019;43(3):248-253. https://doi.org/10.1111/1753-6405.12877
213. Leske S, Kõlves K, Crompton D, Arensman E, de Leo D. Real-time suicide mortality data from police reports in Queensland, Australia, during the COVID-19 pandemic: An interrupted time-series analysis. The Lancet Psychiatry. 2021;8(1):58-63. https://doi.org/10.1016/S2215-0366(20)30435-1
214. Leske S, Paul E, Gibson M, Little B, Wenitong M, Kolves K. Global systematic review of the effects of suicide prevention interventions in Indigenous peoples. Journal of Epidemiology and Community Health. 2020;74(12):1050-1055. https://doi.org/10.1136/jech-2019-212368
215. Long JC, Ruane C, Ellis LA, et al. Networks to strengthen community social capital for suicide prevention in regional Australia: The LifeSpan suicide prevention initiative. International Journal of Mental Health Systems. 2022;16(1):10. https://doi.org/10.1186/s13033-022-00524-z
216. Lubman DI, Heilbronn C, Ogeil RP, et al. National Ambulance Surveillance System: A novel method using coded Australian ambulance clinical records to monitor self-harm and mental health-related morbidity. PLoS ONE. 2020;15(7 July):e0236344. https://doi.org/10.1371/journal.pone.0236344
217. Lyons A, Hill AO, McNair R, Carman M, Morris S, Bourne A. Demographic and psychosocial factors associated with recent suicidal ideation and suicide attempts among lesbian, gay, bisexual, pansexual, queer, and asexual (LGBQ) people in Australia: Correlates of suicidality among LGBQ Australians. Journal of Affective Disorders. 2022;296:522-531. https://doi.org/10.1016/j.jad.2021.09.105
218. Ma JS, Batterham PJ, Calear AL, Han J. Suicide risk across latent class subgroups: a test of the generalizability of the interpersonal psychological theory of suicide. Suicide and Life-Threatening Behavior. 2019;49(1):137-154. https://doi.org/10.1111/sltb.12426
219. Ma JS, Batterham PJ, Kõlves K, et al. Community expectations and anticipated outcomes for crisis support services—Lifeline Australia. Health and Social Care in the Community. Published online 2021. https://doi.org/10.1111/hsc.13557

220. Ma J, Batterham PJ, Calear AL, Sunderland M. The development and validation of the Thwarted Belongingness Scale (TBS) for interpersonal suicide risk. Journal of Psychopathology and Behavioral Assessment. 2019;41(3):456-469. https://doi.org/10.1007/s10862-019-09721-6
221. Maheen H, Dimov S, Spittal MJ, King TL. Suicide in welfare support workers: A retrospective mortality study in Australia 2001-2016. Occupational and Environmental Medicine. 2021;78(5):336-341. https://doi.org/10.1136/oemed-2020-106757
222. Maple M, McKay K, Hess NCL, Wayland S, Pearce T. Providing support following exposure to suicide: A mixed method study. Health and Social Care in the Community. 2019;27(4):965-972. https://doi.org/10.1111/hsc.12713
223. Maple M, McKay K, Sanford R. The attempt was my own! Suicide attempt survivors respond to an Australian community-based suicide exposure survey. International Journal of Environmental Research and Public Health. 2019;16(22). https://doi.org/10.3390/ijerph16224549
224. Maple M, Sanford R. Suicide exposure and impact within a non-representative Australian community sample. Death Studies. 2020;44(6):329-337. https://doi.org/10.1080/07481187.2018.1554609
225. Maple M, Sanford R, Pirkis J, Reavley N, Nicholas A. Exposure to suicide in Australia: A representative random digit dial study. Journal of Affective Disorders. 2019;259:221-227. https://doi.org/10.1016/j.jad.2019.08.050
226. Mattock K, Young J, Bould E. Discourses and Silences: Pets in Publicly Accessible Coroners' Reports of Australian Suicides. Anthrozoos. Published online 2022:No-Specified. https://doi.org/10.1080/08927936.2022.2042084
227. McCallum SM, Batterham PJ, Christensen H, et al. Personality factors associated with suicidal ideation, plans and attempts in adolescents. Journal of Affective Disorders. 2022;310:135-141. https://doi.org/10.1016/j.jad.2022.05.010
228. McGill K, Hackney S, Skehan J. Information needs of people after a suicide attempt: A thematic analysis. Patient Education and Counseling. 2019;102(6):1119-1124. https://doi.org/10.1016/j.pec.2019.01.003
229. McGill K, Hiles SA, Handley TE, et al. Is the reported increase in young female hospital-treated intentional self-harm real or artefactual? Australian and New Zealand Journal of Psychiatry. 2019;53(7):663-672. https://doi.org/10.1177/0004867418815977
230. McGill K, Whyte IM, Sawyer L, et al. Effectiveness of the Hunter Way Back Support Service: An historical controlled trial of a brief non-clinical after-care program for hospital-treated deliberate self-poisoning. Suicide and Life-Threatening Behavior. 2022;52(3):500-514. https://doi.org/10.1111/sltb.12840
231. McGillivray L, Rheinberger D, Wang J, Burnett A, Torok M. Non-disclosing youth: a cross sectional study to understand why young people do not disclose suicidal thoughts to their mental health professional. BMC Psychiatry. 2022;22(1):3. https://doi.org/10.1186/s12888-021-03636-x
232. McGillivray L, Shand F, Calear AL, et al. Profiles of passive and active suicidal ideation and attempts among secondary school students in Australia: a cross-sectional analysis. Archives of Suicide Research. Published online 2021:No-Specified. https://doi.org/10.1080/13811118.2021.1945983
233. McGillivray L, Shand F, Calear AL, et al. The Youth Aware of Mental Health program in Australian secondary schools: 3- and 6-month outcomes. International Journal of Mental Health Systems. 2021;15(1):79. https://doi.org/10.1186/s13033-021-00503-w
234. McGough S, Wynaden D, Ngune I, Janerka C, Hasking P, Rees C. Mental health nurses' perspectives of people who self-harm. International Journal of Mental Health Nursing. 2021;30(1):62-71. https://doi.org/10.1111/inm.12814
235. McGough S, Wynaden D, Ngune I, Janerka C, Hasking P, Rees C. Emergency nurses' perceptions of the health care system and how it impacts provision of care to people who self-harm. Collegian. 2022;29(1):38-43. https://doi.org/10.1016/j.colegn.2021.04.004
236. McHugh CM, Corderoy A, Ryan CJ, Hickie IB, Large MM. Association between suicidal ideation and suicide: Meta-analyses of odds ratios, sensitivity, specificity and positive predictive value. BJPsych Open. 2019;5(2):e18. https://doi.org/10.1192/bjo.2018.88
237. McKay K, Shand F. Advocacy and luck: Australian healthcare experiences following a suicide attempt. Death Studies. 2018;42(6):392-399. https://doi.org/10.1080/07481187.2017.1359218
238. McKay S, Byrne SJ, Clarke A, Lamblin M, Veresova M, Robinson J. Parent education for responding to and supporting youth with suicidal thoughts (PERSYST): An evaluation of an online gatekeeper training program with Australian parents. International Journal of Environmental Research and Public Health. 2022;19(9). https://doi.org/10.3390/ijerph19095025
239. McLaren S. Rurality, reasons for living, and suicidal ideation among Australian men. Death Studies. 2020;46(8):1853-1861. https://doi.org/10.1080/07481187.2020.1863520
240. McPhedran S, Eriksson L, Mazerolle P, De Leo D, Johnson H, Wortley R. Characteristics of homicide-suicide in Australia: a comparison with homicide-only and suicide-only cases. Journal of Interpersonal Violence. 2018;33(11):1805-1829. https://doi.org/10.1177/0886260515619172

241. McPhee R, Carlin E, Seear K, et al. Unacceptably high: an Audit of Kimberley self-harm data 2014–2018. Australasian Psychiatry. 2022;30(1):70-73. https://doi.org/10.1177/10398562211010790
242. Meehan T, Baker D, Blyth D, Stedman T. Repeat presentations to the emergency department for non-fatal suicidal behaviour: Perceptions of patients. International Journal of Mental Health Nursing. 2021;30(1):200-207. https://doi.org/10.1111/inm.12773
243. Melvin GA, Gresham D, Beaton S, et al. Evaluating the feasibility and effectiveness of an Australian safety planning smartphone application: A pilot study within a tertiary mental health service. Suicide and Life-Threatening Behavior. 2019;49(3):846-858. https://doi.org/10.1111/sltb.12490
244. Meurk C, Wittenhagen L, Bosley E, et al. Suicide crisis calls to emergency services: Cohort profile and findings from a data linkage study in Queensland, Australia. Australian and New Zealand Journal of Psychiatry. 2022;56(2):144-153. https://doi.org/10.1177/00048674211009604
245. Miller M, Anderson-Luxford D, Mojica-Perez Y, Sjödin L, Room R, Jiang H. A time-series analysis of the association between alcohol and suicide in Australia. Drug and Alcohol Dependence. 2022;231:e109203. https://doi.org/10.1016/j.drugalcdep.2021.109203
246. Miller P, Brook L, Stomski NJ, Ditchburn G, Morrison P. Suicide risk and social support in Australian resource sector employees: A cross-sectional study. Journal of Community Psychology. 2019;47(3):652-662. https://doi.org/10.1002/jcop.22145
247. Miller P, Brook L, Stomski NJ, Ditchburn G, Morrison P. Depression, suicide risk, and workplace bullying: A comparative study of fly-in, fly-out and residential resource workers in Australia. Australian Health Review. 2019;44(2):248-253. https://doi.org/10.1071/AH18155
248. Milner A, Aitken Z, Law PCF, et al. The relationship between an electronic mental health stigma campaign and suicidal thoughts and behaviours: A two-arm randomized controlled trial in the Australian construction industry. Health Promotion International. 2019;35(3):478-485. https://doi.org/10.1093/heapro/daz034
249. Milner A, Currier D, LaMontagne AD, Spittal MJ, Pirkis J. Psychosocial job stressors and thoughts about suicide among males: A cross-sectional study from the first wave of the Ten to Men cohort. Public Health. 2017;147:72-76. https://doi.org/10.1016/j.puhe.2017.02.003
250. Milner AJ, Shields M, Currier D, King TL. Male-dominated occupations, employment status, and suicidal behaviors among Australian men: A follow-up study using two waves of data from the ten to men cohort. Crisis. 2020;41(1):54-63. https://doi.org/10.1027/0227-5910/a000610
251. Milner A, Bollier AM, Emerson E, Kavanagh A. The relationship between disability and suicide: Prospective evidence from the Ten to Men cohort. Journal of Public Health (United Kingdom). 2019;41(4):707-713. https://doi.org/10.1093/pubmed/fdy197
252. Milner A, King T. Men's work, women's work and suicide: A retrospective mortality study in Australia. Australian and New Zealand Journal of Public Health. 2019;43(1):27-32. https://doi.org/10.1111/1753-6405.12859
253. Milner A, LaMontagne AD, Spittal MJ, Pirkis J, Currier D. Job stressors and employment precarity as risks for thoughts about suicide: An Australian study using the Ten To Men cohort. Annals of Work Exposures and Health. 2018;62(5):583-590. https://doi.org/10.1093/annweh/wxy024
254. Milner A, Maheen H. Suicide prevention in Australia: Does the funding match the burden? Australian and New Zealand Journal of Psychiatry. 2018;52(6):596-598. https://doi.org/10.1177/0004867418773873
255. Milton AC, Davenport TA, Iorfino F, Flego A, Burns JM, Hickie IB. Suicidal thoughts and behaviors and their associations with transitional life events in men and women: Findings from an international web-based sample. JMIR Mental Health. 2020;7(9):e18383. https://doi.org/10.2196/18383
256. Mitchell RJ, Cameron CM. Self-harm hospitalised morbidity and mortality risk using a matched population-based cohort design. Australian and New Zealand Journal of Psychiatry. 2018;52(3):262-270. https://doi.org/10.1177/0004867417717797
257. Mitchell RJ, Harris IA, Balogh ZJ, et al. Determinants of long-term unplanned readmission and mortality following self-inflicted and non-self-inflicted major injury: A retrospective cohort study. European Journal of Trauma and Emergency Surgery. 2022;48(3):2145-2156. https://doi.org/10.1007/s00068-021-01837-3
258. Mitchell RJ, Seah R, Ting HP, Curtis K, Foster K. Intentional self-harm and assault hospitalisations and treatment cost of children in Australia over a 10-year period. Australian and New Zealand Journal of Public Health. 2018;42(3):240-246. https://doi.org/10.1111/1753-6405.12782
259. Mitchell RJ, Seah R, Ting HP, Curtis K, Foster K. PW 0456 Intentional self-harm and assault injury hospitalisation characteristics, treatment cost, and health outcomes of children in australia over a 10-year period. Injury Prevention. 2018;24:A101.2-A101. https://doi.org/10.1136/injuryprevention-2018-safety.279
260. Modini C, Leske S, Roberts S, et al. Maternal deaths by suicide in Queensland, Australia, 2004–2017: An analysis of maternal demographic, psychosocial and clinical characteristics. Archives of Women's Mental Health. 2021;24(6):1019-1025. https://doi.org/10.1007/s00737-021-01107-6

261. Moller CI, Cotton SM, Badcock PB, et al. Relationships between different dimensions of social support and suicidal ideation in young people with major depressive disorder. Journal of Affective Disorders. 2021;281:714-720. https://doi.org/10.1016/j.jad.2020.11.085
262. Money TT, Batterham PJ. Sociocultural factors associated with attitudes toward suicide in Australia. Death Studies. 2021;45(3):219-225. https://doi.org/10.1080/07481187.2019.1626943
263. Munasinghe S, Page A, Mannan H, Ferdousi S, Peek B. Determinants of treatment disengagement among those at risk of suicide referred to primary mental health care services in Western Sydney, Australia. Australian and New Zealand Journal of Psychiatry. 2021;55(3):277-288. https://doi.org/10.1177/0004867420963738
264. Munasinghe S, Page A, Sperandei S, et al. Trends in primary mental health care service use and subsequent self-harm in Western Sydney Australia: policy and workforce implications. International Journal of Environmental Research and Public Health. 2022;19(6). https://doi.org/10.3390/ijerph19063382
265. Murphy BJ, Bugeja LC, Pilgrim JL, Ibrahim JE. Suicide among nursing home residents in Australia: A national population-based retrospective analysis of medico-legal deah investigation information. International Journal of Geriatric Psychiatry. 2018;33(5):786-796. https://doi.org/10.1002/gps.4862
266. Murphy B, Kennedy B, Martin C, Bugeja L, Willoughby M, Ibrahim JE. Health and care related risk factors for suicide among nursing home residents: A data linkage study. Suicide and Life-Threatening Behavior. 2019;49(3):695-706. https://doi.org/10.1111/sltb.12465
267. Mwanri L, Okyere E, Pulvirenti M. Intergenerational conflicts, cultural restraints and suicide: Experiences of young African People in Adelaide, South Australia. Journal of Immigrant and Minority Health. 2018;20(2):479-484. https://doi.org/10.1007/s10903-017-0557-9
268. Nathan S, Maru K, Williams M, Palmer K, Rawstorne P. Koori voices: Self-harm, suicide attempts, arrests and substance use among Aboriginal and Torres Strait Islander adolescents following residential treatment. Health and Justice. 2020;8(1):4. https://doi.org/10.1186/s40352-020-0105-x
269. Ngo NV, Gregor SD, Beavan G, Riley B. The role of bystanders in the prevention of railway suicides in New South Wales, Australia. Crisis. Published online 2021. https://doi.org/10.1027/0227-5910/a000804
270. Ngune I, Wynaden D, McGough S, Janerka C, Hasking P, Rees C. Emergency nurses' experience of providing care to patients who self-harm. Australasian Emergency Care. 2021;24(3):179-185. https://doi.org/10.1016/j.auec.2020.10.004
271. Nicholas A, Bassilios B, King K, et al. An Evaluation of the implementation of the Australian ATAPS suicide prevention services Initiative. Journal of Behavioral Health Services and Research. 2019;46(1):99-115. https://doi.org/10.1007/s11414-018-9609-8
272. Nicholas A, Niederkrotenthaler T, Reavley N, Pirkis J, Jorm A, Spittal MJ. Belief in suicide prevention myths and its effect on helping: A nationally representative survey of Australian adults. BMC Psychiatry. 2020;20(1). https://doi.org/10.1186/s12888-020-02715-9
273. Nicholas A, Pirkis J, Rossetto A, Jorm A, Spittal M, Reavley N. Confidence and intentions to help a person at risk of suicide. Suicide and Life-Threatening Behavior. 2020;50(1):138-150. https://doi.org/10.1111/sltb.12575
274. Nicholas A, Rossetto A, Jorm A, Pirkis J, Reavley N. Importance of messages for a suicide prevention media campaign: An expert consensus study. Crisis. 2018;39(6):438-450. https://doi.org/10.1027/0227-5910/a000517
275. Nickerson A, Byrow Y, O'Donnell M, et al. The association between visa insecurity and mental health, disability and social engagement in refugees living in Australia. European Journal of Psychotraumatology. 2019;10(1). https://doi.org/10.1080/20008198.2019.1688129
276. O'Reilly CL, Moles RJ, Boukouvalas E, El-Den S. Assessing students' mental health crisis skills via consumers with lived experience: A qualitative evaluation. Journal of Mental Health Training, Education and Practice. 2019;14(5):361-371. https://doi.org/10.1108/JMHTEP-01-2019-0007
277. Occhipinti JA, Rose D, Skinner A, et al. Sound decision making in uncertain times: can systems modelling be useful for informing policy and planning for suicide prevention? International Journal of Environmental Research and Public Health. 2022;19(3). https://doi.org/10.3390/ijerph19031468
278. Occhipinti JA, Skinner A, Carter S, et al. Federal and state cooperation necessary but not sufficient for effective regional mental health systems: insights from systems modelling and simulation. Scientific Reports. 2021;11(1):11209. https://doi.org/10.1038/s41598-021-90762-x
279. Ogeil RP, Witt K, Scott D, Smith K, Lubman DI. Self-reported sleep disturbance in ambulance attendances for suicidal ideation and attempted suicide between 2012 and 2017. Journal of Affective Disorders. 2020;265:364-371. https://doi.org/10.1016/j.jad.2019.11.158
280. O'Keefe D, Bowring A, Aitken C, Dietze P. The Association between intentional overdose and same-sex sexual intercourse in a cohort of people who inject drugs in Melbourne, Australia. Substance Use and Misuse. 2018;53(5):755-762. https://doi.org/10.1080/10826084.2017.1363240

281. Olstein J, Finn MD. Daring to speak its name: Perceptions of suicidal ideation among Australian gay men. Journal of Community Psychology. 2022;50(3):1756-1767. https://doi.org/10.1002/jcop.22753
282. O'Toole BI, Dadds M, Outram S, Catts S V. The mental health of sons and daughters of Australian Vietnam veterans. International Journal of Epidemiology. 2018;47(4):1051-1059. https://doi.org/10.1093/ije/dyy010
283. Page A, Atkinson JA, Campos W, et al. A decision support tool to inform local suicide prevention activity in Greater Western Sydney (Australia). Australian and New Zealand Journal of Psychiatry. 2018;52(10):983-993. https://doi.org/10.1177/0004867418767315
284. Page A, Atkinson JA, Heffernan M, et al. Static metrics of impact for a dynamic problem: The need for smarter tools to guide suicide prevention planning and investment. Australian and New Zealand Journal of Psychiatry. 2018;52(7):660-667. https://doi.org/10.1177/0004867417752866
285. Page A, Bandara P, Hammond TE, Stevens G, Carter G. Impact of Covid-19 physical distancing policies on incidence of intentional self-harm in Western Sydney. Australasian Psychiatry. 2021;29(5):562-563. https://doi.org/10.1177/10398562211010808
286. Page A, Sperandei S, Spittal MJ, Milner A, Pirkis J. The impact of transitions from employment to retirement on suicidal behaviour among older aged Australians. Social Psychiatry and Psychiatric Epidemiology. 2021;56(5):759-771. https://doi.org/10.1007/s00127-020-01947-0
287. Pandeya NA, Schluter PJ, Spurling GK, Tyson C, Hayman NE, Askew DA. Factors associated with thoughts of self-harm or suicide among Aboriginal and Torres Strait Islander people presenting to urban primary care: An analysis of de-identified clinical data. International Journal of Environmental Research and Public Health. 2022;19(1). https://doi.org/10.3390/ijerph19010153
288. Parker G. Do changes in employment status induce or "harvest" Suicides? Journal of Nervous and Mental Disease. 2019;207(12):1039-1044. https://doi.org/10.1097/NMD.0000000000001099
289. Peden AE, Franklin RC. Exploring the impact of remoteness and socio-economic status on child and adolescent injury-related mortality in Australia. Children. 2021;8(1):1-17. https://doi.org/10.3390/children8010005
290. Perceval M, Kõlves K, Reddy P, de Leo D. Farmer suicides: A qualitative study from Australia. Occupational Medicine. 2017;67(5):383-388. https://doi.org/10.1093/occmed/kqx055
291. Perceval M, Kõlves K, Ross V, Reddy P, De Leo D. Environmental factors and suicide in Australian farmers: A qualitative study. Archives of Environmental and Occupational Health. 2019;74(5):279-286. https://doi.org/10.1080/19338244.2018.1453774
292. Perceval M, Reddy P, Ross V, Joiner T, Kolves K. Evaluation of the SCARF well-being and suicide prevention program for rural Australian communities. Journal of Rural Health. 2020;36(2):247-254. https://doi.org/10.1111/jrh.12373
293. Perceval M, Ross V, Kõlves K, Reddy P, De Leo D. Social factors and Australian farmer suicide: A qualitative study. BMC Public Health. 2018;18(1):1367. https://doi.org/10.1186/s12889-018-6287-7
294. Petrie K, Crawford J, LaMontagne AD, et al. Working hours, common mental disorder and suicidal ideation among junior doctors in Australia: A cross-sectional survey. BMJ Open. 2020;10(1):e033525. https://doi.org/10.1136/bmjopen-2019-033525
295. Petrie K, Crawford J, Shand F, Harvey SB. Workplace stress, common mental disorder and suicidal ideation in junior doctors. Internal Medicine Journal. 2021;51(7):1074-1080. https://doi.org/10.1111/imj.15124
296. Pham L, Moles RJ, O'Reilly CL, Carrillo MJ, El-Den S. Mental Health First Aid training and assessment in Australian medical, nursing and pharmacy curricula: A national perspective using content analysis. BMC Medical Education. 2022;22(1):70. https://doi.org/10.1186/s12909-022-03131-1
297. Pham TT Le, O'Brien KS, Berecki-Gisolf J, Liu S, Gibson K, Clapperton A. Intentional self-harm in culturally and linguistically diverse communities: A study of hospital admissions in Victoria, Australia. Australian and New Zealand Journal of Psychiatry. Published online August 18, 2021:000486742110634. https://doi.org/10.1177/00048674211063421
298. Pirkis J, Currier D, Bryant M, Bartlett S, Sinyor M, Spittal MJ. Coverage of Robin Williams' suicide in Australian newspapers. Crisis. 2022;43(2):83-89. https://doi.org/10.1027/0227-5910/a000748
299. Pirkis J, Currier D, Too LS, et al. Calls to helplines in Australia following media reports of Robin Williams' suicide. Suicide and Life-Threatening Behavior. 2020;50(6):1115-1120. https://doi.org/10.1111/sltb.12661
300. Pirkis J, Currier D, Too LS, et al. Suicides in Australia following media reports of the death of Robin Williams. Australian and New Zealand Journal of Psychiatry. 2020;54(1):99-104. https://doi.org/10.1177/0004867419888297
301. Pirkis J, John A, Shin S, et al. Suicide trends in the early months of the COVID-19 pandemic: An interrupted time-series analysis of preliminary data from 21 countries. The Lancet Psychiatry. 2021;8(7):579-588. https://doi.org/10.1016/S2215-0366(21)00091-2
302. Porter JE, Dabkowski E, Connolly O, Prokopiv V. Exploring mental health clinicians' perceptions of the Zero Suicide Prevention Initiative. International Journal of Mental Health Nursing. 2022;31(3):536-543. https://doi.org/10.1111/inm.12975

303. Preece D, Kiekens G, Boyes M, et al. Acquired capability for suicide among Belgian and Australian University students: Psychometric properties of the German capability for suicide questionnaire and a test of the interpersonal theory of suicide. Suicide and Life-Threatening Behavior. 2021;51(3):403-415. https://doi.org/10.1111/sltb.12721
304. Pridmore S, Ahmadi J, Pridmore W. Suicide of Australians during the Vietnam War. Australasian Psychiatry. 2018;26(2):149-151. https://doi.org/10.1177/1039856217734740
305. Procter N, Posselt M, Ferguson M, et al. An evaluation of suicide prevention education for people working with refugees and asylum seekers: Improvements in competence, attitudes, and confidence. Crisis. 2021;43(3):205-213. https://doi.org/10.1027/0227-5910/a000777
306. Reifels L, Ftanou M, Krysinska K, Machlin A, Robinson J, Pirkis J. Research priorities in suicide prevention: Review of Australian research from 2010-2017 highlights continued need for intervention research. International Journal of Environmental Research and Public Health. 2018;15(4). https://doi.org/10.3390/ijerph15040807
307. Reifels L, Spittal MJ, Dückers MLA, Mills K, Pirkis J. Suicidality risk and (repeat) disaster exposure: Findings from a nationally representative population survey. Psychiatry (New York). 2018;81(2):158-172. https://doi.org/10.1080/00332747.2017.1385049
308. Rheinberger D, Macdonald D, McGillivray L, et al. "A sustained, productive, constructive relationship with someone who can help"—A qualitative exploration of the experiences of help seekers and support persons using the emergency department during a suicide crisis. International Journal of Environmental Research and Public Health. 2021;18(19). https://doi.org/10.3390/ijerph181910262
309. Rheinberger D, Shand F, Mok K, et al. A qualitative analysis of motivators to participation in suicide-focused research from a community-based Australian sample. International Journal of Environmental Research and Public Health. 2021;18(9). https://doi.org/10.3390/ijerph18094705
310. Richmond-Rakerd LS, Trull TJ, Gizer IR, et al. Common genetic contributions to high-risk trauma exposure and self-injurious thoughts and behaviors. Psychological Medicine. 2019;49(3):421-430. https://doi.org/10.1017/S0033291718001034
311. Rimkeviciene J, O'Gorman J, Hawgood J, De Leo D. Development and validity of the Personal Suicide Stigma Questionnaire (PSSQ): A new tool to assess stigmatization among those who are suicidal. Crisis. 2019;40(5):317-325. https://doi.org/10.1027/0227-5910/a000567
312. River J, Flood M. Masculinities, emotions and men's suicide. Sociology of Health and Illness. 2021;43(4):910-927. https://doi.org/10.1111/1467-9566.13257
313. Roberts CM, Kane RT, Rooney RM, et al. Efficacy of the Aussie Optimism Program: promoting pro-social behavior and preventing suicidality in primary school students. A randomised-controlled trial. Frontiers in Psychology. 2018;8. https://doi.org/10.3389/fpsyg.2017.01392
314. Robinson J, Hill NTM, Thorn P, et al. The #chatsafe project. Developing guidelines to help young people communicate safely about suicide on social media: A Delphi study. PLoS ONE. 2018;13(11). https://doi.org/10.1371/journal.pone.0206584
315. Robinson J, Teh Z, Lamblin M, Hill NTM, La Sala L, Thorn P. Globalization of the #chatsafe guidelines: Using social media for youth suicide prevention. Early Intervention in Psychiatry. 2021;15(5):1409-1413. https://doi.org/10.1111/eip.13044
316. Robinson J, Witt K, Lamblin M, et al. Development of a self-harm monitoring system for Victoria. International Journal of Environmental Research and Public Health. 2020;17(24):1-12. https://doi.org/10.3390/ijerph17249385
317. Rontziokos H, Deane F. Systematic review of suicidal behaviour in individuals who have attended substance abuse treatment. International Journal of Mental Health and Addiction. 2019;17(6):1580-1598. https://doi.org/10.1007/s11469-018-9994-5
318. Ross V, Caton N, Gullestrup J, Kõlves K. Understanding the barriers and pathways to male help-seeking and help-offering: A mixed methods study of the impact of the mates in construction program. International Journal of Environmental Research and Public Health. 2019;16(16). https://doi.org/10.3390/ijerph16162979
319. Ross V, Caton N, Mathieu S, Gullestrup J, Kõlves K. Evaluation of a suicide prevention program for the energy sector. International Journal of Environmental Research and Public Health. 2020;17(17):1-11. https://doi.org/10.3390/ijerph17176418
320. Ross V, Kõlves K, De Leo D. Exploring the support needs of people bereaved by suicide: A qualitative study. Omega (United States). 2021;82(4):632-645. https://doi.org/10.1177/0030222819825775
321. Ross V, Kõlves K, Kunde L, de Leo D. Parents' experiences of suicide-bereavement: A qualitative study at 6 and 12 months after loss. International Journal of Environmental Research and Public Health. 2018;15(4). https://doi.org/10.3390/ijerph15040618
322. Ross V, Koo YW, Kõlves K. A suicide prevention initiative at a jumping site: A mixed-methods evaluation. EClinicalMedicine. 2020;19:100265. https://doi.org/10.1016/j.eclinm.2020.100265

323. Rouen C, Clough AR, West C. Non-fatal deliberate self-harm in three remote Indigenous communities in Far North Queensland, Australia. Crisis. 2019;40(6):422-428. https://doi.org/10.1027/0227-5910/a000589
324. Rozova V, Witt K, Robinson J, Li Y, Verspoor K. Detection of self-harm and suicidal ideation in emergency department triage notes. Journal of the American Medical Informatics Association: JAMIA. 2022;29(3):472-480. https://doi.org/10.1093/jamia/ocab261
325. Sabrinskas R, Hamilton B, Daniel C, Oliffe J. Suicide by hanging: A scoping review. International Journal of Mental Health Nursing. 2022;31(2):278-294. https://doi.org/10.1111/inm.12956
326. Sadler N, Van Hooff M, Bryant RA, Lawrence-Wood E, Baur J, McFarlane A. Suicide and suicidality in contemporary serving and ex-serving Australian Defence Force personnel. Australian and New Zealand Journal of Psychiatry. 2021;55(5):463-475. https://doi.org/10.1177/0004867421998751
327. Sanford RL, Hawker K, Wayland S, Maple M. Workplace exposure to suicide among Australian mental health workers: A mixed-methods study. International Journal of Mental Health Nursing. 2021;30(1):286-299. https://doi.org/10.1111/inm.12783
328. Sankaranarayanan A, Jenkins Z, Castle D, Andrade C. Serum lipids and suicidality among patients with schizophrenia. Schizophrenia Research. 2020;215:479-481. https://doi.org/10.1016/j.schres.2019.10.004
329. Sara G, Wu J, Uesi J, et al. Growth in emergency department self-harm or suicidal ideation presentations in young people: Comparing trends before and since the COVID-19 first wave in New South Wales, Australia. Australian and New Zealand Journal of Psychiatry. Published online 2022:48674221082518. https://doi.org/10.1177/00048674221082518
330. Schlichthorst M, King K, Turnure J, Phelps A, Pirkis J. Engaging Australian men in masculinity and suicide – A concept test of social media materials and a website. Health Promotion Journal of Australia. 2019;30(3):390-401. https://doi.org/10.1002/hpja.246
331. Schlichthorst M, Reifels L, Krysinska K, et al. Trends in suicide-related research in Australia. International Journal of Mental Health Systems. 2020;14(1). https://doi.org/10.1186/s13033-019-0335-2
332. Shand FL, Batterham PJ, Chan JKY, et al. Experience of health care services after a suicide attempt: results from an online survey. Suicide and Life-Threatening Behavior. 2018;48(6):779-787. https://doi.org/10.1111/sltb.12399
333. Shen YT, Radford K, Daylight G, Cumming R, Broe TGA, Draper B. Depression, suicidal behaviour, and mental disorders in older Aboriginal Australians. International Journal of Environmental Research and Public Health. 2018;15(3). https://doi.org/10.3390/ijerph15030447
334. Shepherd SM, Spivak B, Arabena K, Paradies Y. Identifying the prevalence and predictors of suicidal behaviours for indigenous males in custody. BMC Public Health. 2018;18(1):1159. https://doi.org/10.1186/s12889-018-6074-5
335. Shepherd S, Spivak B, Borschmann R, Kinner SA, Hachtel H. Correlates of self-harm and suicide attempts in justice-involved young people. PLoS ONE. 2018;13(2). https://doi.org/10.1371/journal.pone.0193172
336. Sheriff RS, Van Hooff M, Malhi G, Grace B, Mcfarlane A. Childhood determinants of suicidality: Comparing males in military and civilian employed populations. Psychological Medicine. 2019;49(14):2421-2431. https://doi.org/10.1017/S0033291718003355
337. Skehan J, Paton E, Tynan R. The uptake of evidence-informed guidelines for reporting suicide into media codes of practice and policies in Australia. Health Promotion Journal of Australia. 2020;31(3):482-490. https://doi.org/10.1002/hpja.316
338. Skinner A, Occhipinti JA, Song YJC, Hickie IB. Regional suicide prevention planning: A dynamic simulation modelling analysis. BJPsych Open. 2021;7(5). https://doi.org/10.1192/bjo.2021.989
339. Smith DP, Calopedos R, Bang A, et al. Increased risk of suicide in New South Wales men with prostate cancer: Analysis of linked population-wide data. PLoS ONE. 2018;13(6):e0198679. https://doi.org/10.1371/journal.pone.0198679
340. Smith M, McGrath RL, Parnell T, Verdon S, MacDonald JB. Trust, conversations and the 'middle space': A qualitative exploration of the experiences of physiotherapists with clients with suicidal thoughts and behaviours. PLoS ONE. 2020;15(9 September). https://doi.org/10.1371/journal.pone.0238884
341. Snowdon J. Differences between patterns of suicide in East Asia and the West. The importance of sociocultural factors. Asian Journal of Psychiatry. 2018;37:106-111. https://doi.org/10.1016/j.ajp.2018.08.019
342. Snowdon J. Suicide and 'hidden suicide': A comparison of rates in selected countries. Australasian Psychiatry. 2020;28(4):378-382. https://doi.org/10.1177/1039856220917069
343. Snowdon J, Chen YY, Zhong B, Yamauchi T. A longitudinal comparison of age patterns and rates of suicide in Hong Kong, Taiwan and Japan and two Western countries. Asian Journal of Psychiatry. 2018;31:15-20. https://doi.org/10.1016/j.ajp.2017.11.020
344. Snowdon J, Choi NG. Undercounting of suicides: Where suicide data lie hidden. Global Public Health. 2020;15(12):1894-1901. https://doi.org/10.1080/17441692.2020.1801789

345. Snowdon J, Saberi SM, Moazen-Zadeh E. A comparison between the age patterns and rates of suicide in the Islamic Republic of Iran and Australia. Eastern Mediterranean Health Journal. 2020;26(6):748-754. https://doi.org/10.26719/2020.26.6.748
346. Spennemann D. Suicides of Punjabi hawkers in 19th- and early 20th-century Australia. Indian Journal of Psychiatry. 2019;61(4):347-351. https://doi.org/10.4103/psychiatry.IndianJPsychiatry_379_17
349. Sperandei S, Page A, Bandara P, et al. The impact of the COVID-19 pandemic on hospital-treated self-harm in Sydney (Australia). Australian and New Zealand Journal of Psychiatry. Published online 2022:48674211068393. https://doi.org/10.1177/00048674211068393
348. Stallman HM. Online needs-based and strengths-focused suicide prevention training: Evaluation of Care · Collaborate · Connect. Australian Psychologist. 2020;55(3):220-229. https://doi.org/10.1111/ap.12419
349. Stanford S, Jones MP, Hudson JL. Appreciating complexity in adolescent self-harm risk factors: Psychological profiling in a longitudinal community sample. Journal of Youth and Adolescence. 2018;47(5):916-931. https://doi.org/10.1007/s10964-017-0721-5
350. Stapelberg NJC, Sveticic J, Hughes I, et al. Efficacy of the Zero Suicide framework in reducing recurrent suicide attempts: Cross-sectional and time-to-recurrent-event analyses. British Journal of Psychiatry. 2021;219(2):427-436. https://doi.org/10.1192/bjp.2020.190
351. Stapelberg NJC, Sveticic J, Hughes I, Turner K. Suicidal presentations to emergency departments in a large Australian public health service over 10 years. International Journal of Environmental Research and Public Health. 2020;17(16):1-12. https://doi.org/10.3390/ijerph17165920
352. Stefanac N, Hetrick S, Hulbert C, Spittal MJ, Witt K, Robinson J. Are young female suicides increasing? A comparison of sex-specific rates and characteristics of youth suicides in Australia over 2004-2014. BMC Public Health. 2019;19(1):1-11. https://doi.org/10.1186/s12889-019-7742-9
353. Stephenson L, van den Heuvel C, Byard RW. Weighted drownings - An example of augmentation or enhancement of a suicide method. Journal of Forensic and Legal Medicine. 2020;70. https://doi.org/10.1016/j.jflm.2020.101914
354. Stephenson L, Wills S, van den Heuvel C, Humphries M, Byard RW. Increasing use of sodium nitrite in suicides—An emerging trend. Forensic Science, Medicine and Pathology. Published online 2022. https://doi.org/10.1007/s12024-022-00471-8
355. Stewart AC, Cossar R, Dietze P, et al. Lifetime prevalence and correlates of self-harm and suicide attempts among male prisoners with histories of injecting drug use. Health and Justice. 2018;6(1):19. https://doi.org/10.1186/s40352-018-0077-2
356. Summers P, O'Loughlin R, O'Donnell S, Borschmann R, Carlin J, Hiscock H. Repeated presentation of children and adolescents to the emergency department following self-harm: A retrospective audit of hospital data. EMA - Emergency Medicine Australasia. 2020;32(2):320-326. https://doi.org/10.1111/1742-6723.13485
357. Sveticic J, Stapelberg NCJ, Turner K. Suicidal and self-harm presentations to emergency departments: The challenges of identification through diagnostic codes and presenting complaints. Health Information Management Journal. 2020;49(1):38-46. https://doi.org/10.1177/1833358319857188
358. Sveticic J, Stapelberg NJC, Turner K. Suicide prevention during COVID-19: identification of groups with reduced presentations to emergency departments. Australasian Psychiatry. 2021;29(3):333-336. https://doi.org/10.1177/1039856221992632
359. Syed Sheriff R, Van Hooff M, Malhi GS, Grace B, McFarlane A. Childhood determinants of suicidality in men recently transitioned from regular military service. Australian and New Zealand Journal of Psychiatry. 2020;54(7):743-754. https://doi.org/10.1177/0004867420924742
360. Tait G, Carpenter B, Jowett S. Coronial practice, Indigeneity and suicide. International Journal of Environmental Research and Public Health. 2018;15(4). https://doi.org/10.3390/ijerph15040765
361. Tait G, Jowett S, Carpenter B. Coronial decision-making and the management, classification and conceptualisation of the finding of 'suicide.' Mortality. 2020;25(3):297-312. https://doi.org/10.1080/13576275.2019.1645104
362. Taylor R, Page A, Wodak A, Dudley M, Munot S, Morrell S. Confluence of suicide and drug overdose epidemics in young Australian males: Common causality? BMC Public Health. 2018;18(1). https://doi.org/10.1186/s12889-018-5875-x
363. Thienel R, Bryant M, Hazel G, Skehan J, Tynan R. Do Australian media apply recommendations when covering a suicide prevention campaign? Journal of Public Mental Health. 2019;18(2):135-147. https://doi.org/10.1108/JPMH-10-2018-0071
364. Thorn P, Nicole Tm Hill, Lamblin M, et al. Developing a suicide prevention social media campaign with young people (The #Chatsafe Project): Co-design approach. JMIR Mental Health. 2020;7(5):e17520. https://doi.org/10.2196/17520

365. Tighe J, Shand F, McKay K, McAlister TJ, Mackinnon A, Christensen H. Usage and acceptability of the iBobbly app: Pilot trial for suicide prevention in Aboriginal and Torres Strait Islander youth. JMIR Mental Health. 2020;7(12):e14296. https://doi.org/10.2196/14296
366. Too LS, Pirkis J, Milner A, Spittal MJ. Clusters of suicides and suicide attempts: Detection, proximity and correlates. Epidemiology and Psychiatric Sciences. 2017;26(5):491-500. https://doi.org/10.1017/S2045796016000391
367. Too LS, Bugeja L, Milner A, McClure R, Spittal MJ. Predictors of using trains as a suicide method: Findings from Victoria, Australia. Psychiatry Research. 2017;253:233-239. https://doi.org/10.1016/j.psychres.2017.03.057
368. Too LS, Law PCF, Spittal MJ, Page A, Milner A. Widening socioeconomic inequalities in Australian suicide, despite recent declines in suicide rates. Social Psychiatry and Psychiatric Epidemiology. 2018;53(9):969-976. https://doi.org/10.1007/s00127-018-1527-9
369. Too LS, Pirkis J, Milner A, Robinson J, Spittal MJ. Clusters of suicidal events among young people: Do clusters from one time period predict later clusters? Suicide and Life-Threatening Behavior. 2019;49(2):561-571. https://doi.org/10.1111/sltb.12460
370. Too LS, Ross A, Pirkis J, Reavley N, Reifels L. The impact of the “pause. call. be heard” campaign on help-seeking and suicidal behaviors within rail environment in Victoria, Australia. Suicide and Life-Threatening Behavior. 2020;50(2):490-501. https://doi.org/10.1111/sltb.12604
371. Too LS, Spittal MJ. Suicide clusters among top 10 high-risk occupations: a study from 2001 to 2016 in Australia. The Journal of nervous and mental disease. 2020;208(12):942-946. https://doi.org/10.1097/NMD.0000000000001234
372. Torok M, Konings P, Batterham PJ, Christensen H. Spatial clustering of fatal, and non-fatal, suicide in new South Wales, Australia: Implications for evidence-based prevention. BMC Psychiatry. 2017;17(1). https://doi.org/10.1186/s12888-017-1504-y
373. Torok M, Konings P, Passioura J, et al. Spatial errors in automated geocoding of incident locations in Australian suicide mortality data. Epidemiology. 2021;32(6):896-903. https://doi.org/10.1097/EDE.0000000000001403
374. Torok M, Shand F, Phillips M, Meteoro N, Martin D, Larsen M. Data-informed targets for suicide prevention: A small-area analysis of high-risk suicide regions in Australia. Social Psychiatry and Psychiatric Epidemiology. 2019;54(10):1209-1218. https://doi.org/10.1007/s00127-019-01716-8
375. Townsend ML, Jain A, Miller CE, Grenyer BFS. Prevalence, response and management of self-harm in school children under 13 years of age: A qualitative study. School Mental Health. Published online 2022. https://doi.org/10.1007/s12310-021-09494-y
376. Townsend ML, Miller CE, Matthews EL, Grenyer BFS. Parental response style to adolescent self-harm: Psychological, social and functional impacts. International Journal of Environmental Research and Public Health. 2021;18(24). https://doi.org/10.3390/ijerph182413407
377. Trail K, Oliffe JL, Patel D, et al. Promoting healthier masculinities as a suicide prevention intervention in a regional Australian community: A qualitative study of stakeholder perspectives. Frontiers in Sociology. 2021;6:728170. https://doi.org/10.3389/fsoc.2021.728170
378. Turner K, Sveticic J, Almeida-Crasto A, et al. Implementing a systems approach to suicide prevention in a mental health service using the Zero Suicide Framework. Australian and New Zealand Journal of Psychiatry. 2021;55(3):241-253. https://doi.org/10.1177/0004867420971698
379. van Spijker BAJ, Batterham PJ, Calear AL, Wong QJJ, Werner-Seidler A, Christensen H. Self-reported disability and quality of life in an online Australian community sample with suicidal thoughts. Journal of Affective Disorders. 2020;263:707-714. https://doi.org/10.1016/j.jad.2019.11.050
380. Van Spijker BAJ, Werner-Seidler A, Batterham PJ, et al. Effectiveness of a web-based self-help program for suicidal thinking in an Australian community sample: Randomized controlled trial. Journal of Medical Internet Research. 2018;20(2):e15. https://doi.org/10.2196/jmir.8595
381. Walters TE, Wick K, Tan G, et al. Psychological distress and suicidal ideation in patients with atrial fibrillation: Prevalence and response to management strategy. Journal of the American Heart Association. 2018;7(18):e005502. https://doi.org/10.1161/JAHA.117.005502
382. Walton CJ, Bendit N, Baker AL, Carter GL, Lewin TJ. A randomised trial of dialectical behaviour therapy and the conversational model for the treatment of borderline personality disorder with recent suicidal and/or non-suicidal self-injury: An effectiveness study in an Australian public mental health service. Australian and New Zealand Journal of Psychiatry. 2020;54(10):1020-1034. https://doi.org/10.1177/0004867420931164
383. Wark S, McKay K, Ryan P, Müller A. Suicide amongst people with intellectual disability: An Australian online study of disability support staff experiences and perceptions. Journal of Intellectual Disability Research. 2018;62(1):1-9. https://doi.org/10.1111/jir.12442
384. Waterreus A, Di Prinzio P, Badcock JC, Martin-Iverson M, Jablensky A, Morgan VA. Is cannabis a risk factor for suicide attempts in men and women with psychotic illness? Psychopharmacology. 2018;235(8):2275-2285. https://doi.org/10.1007/s00213-018-4924-6

385. Watling DP, Preece MHW, Hawgood J, Bloomfield S, Kõlves K. Developing a post-discharge suicide prevention intervention for children and young people: a qualitative study of integrating the lived-experience of young people, their carers, and mental health clinicians. Child and Adolescent Psychiatry and Mental Health. 2022;16(1):24. https://doi.org/10.1186/s13034-022-00460-3
386. Wayland S, McKay K, Maple M. How is participating in suicide prevention activities experienced by those with lived and living experiences of suicide in Australia? A qualitative study. International Journal of Environmental Research and Public Health. 2020;17(13):1-16. https://doi.org/10.3390/ijerph17134635
387. Whitely M, Raven M, Jureidini J. Antidepressant prescribing and suicide/self-harm by young Australians: Regulatory warnings, contradictory advice, and long-term trends. Frontiers in Psychiatry. 2020;11:478. https://doi.org/10.3389/fpsyt.2020.00478
388. Williamson P, Hope J, Segal J, et al. A critical review of the first six months of operation of a trial Hospital Outreach Post-suicidal Engagement (HOPE) service in Australia. Australasian Psychiatry. 2021;29(3):315-321. https://doi.org/10.1177/1039856220971934
389. Witt K, Madsen T, Berk M, et al. Trajectories of change in depression symptoms and suicidal ideation over the course of evidence-based treatment for depression: Secondary analysis of a randomised controlled trial of cognitive behavioural therapy plus fluoxetine in young people. Australian and New Zealand Journal of Psychiatry. 2021;55(5):506-516. https://doi.org/10.1177/0004867421998763
390. Yelo D, Parkes A, Freeman J, Davey J. Complex and underreported? A study into the prevalence of suicide by motor vehicle in the state of Queensland. Transportation Research Part F: Traffic Psychology and Behaviour. 2021;81:445-456. https://doi.org/10.1016/j.trf.2021.06.015
391. Young JT, Borschmann R, Heffernan E, et al. Contact with mental health services after acute care for self-harm among adults released from prison: A prospective data linkage study. Suicide and Life-Threatening Behavior. 2020;50(5):990-1006. https://doi.org/10.1111/sltb.12639
392. Zubrick SR, Hafekost J, Johnson SE, Sawyer MG, Patton G, Lawrence D. The continuity and duration of depression and its relationship to non-suicidal self-harm and suicidal ideation and behavior in adolescents 12–17. Journal of Affective Disorders. 2017;220:49-56. https://doi.org/10.1016/j.jad.2017.05.050
393. Zwickl S, Wong AFQ, Dowers E, et al. Factors associated with suicide attempts among Australian transgender adults. BMC Psychiatry. 2021;21(1). https://doi.org/10.1186/s12888-021-03084-7

Appendix B: List of funded grants

Australian Research Council

1. Hung Hon C. Improving mental health and safety in the construction industry, 2019.
2. Lawrence D. Reducing self-harm and suicidal behaviours in young people in Western Australia, 2021.
3. Robinson J. Improving young people's online safety when talking about suicide, 2021.
4. Tye M. Understanding how community characteristics shape suicidal behaviour, 2022.

Australian Rotary Health

1. Clapperton A. An investigation of suicide and increasing episodes of non-fatal intentional self-harm among young women in Victoria. A case of method-escalation?, 2019.
2. Gibson M. Translation and replication of a successful Aboriginal and Torres Strait Islander youth suicide prevention and wellbeing intervention, 2018.
3. King K. Testing the impact of 'Breaking the Man Code' workshops on teenage boys' help-seeking, masculinity and suicide risk factors: A cluster randomised controlled trial, 2020.
4. Lal T. To assess the effect of exposure to suicide on firefighters, 2018.
5. Larsen M. Optimising caring contact: Using text messages to support people after a suicide attempt, 2019.
6. Nicholas A. Building a suicide prevention campaign targeted at family members and friends of those at risk of suicide, 2018.
7. Smith L. Tackling the real Tassie devil: Towards best practice for youth suicide prevention in Regional and Rural Tasmania, 2020.

Medical Research Future Fund

1. Bailey S. Indigenous Led Evaluation of Aboriginal Programs (ILEAP), 2021.
2. Christensen H. Developing a comprehensive care pathway for those at risk of suicide but not in care: The Under the Radar Project, 2019.
3. Craig S. The Kids are Not Okay: Emergency department management of acute mental health crises in children and young people, 2019.
4. Eades S. Bringing family, community, culture and country to the centre of health care: culturally appropriate models for improving mental health and wellbeing in Aboriginal and Torres Strait Islander young people, 2020.
5. Giallo R. Suicide prevention among men in early fatherhood: Determining the effectiveness of Working Out Dads, a group-based peer support intervention to reduce fathers' mental health difficulties compared to usual care, 2020.
6. Pirkis J. Preventing suicide in boys and men, 2020.
7. Shand F. Catch them when they fall: Providing best evidence care after a suicide attempt, 2018.

National Health and Medical Research Council

1. Torok M. A developmental approach to suicide prevention and related harm among Australian youth, 2020.
2. Andriessen K. Development of an intervention for bereaved adolescents to facilitate the grief process and to prevent mental health ramifications, 2020.
3. Batterham P. The LifeTrack Project: Population-based longitudinal cohort study to understand suicidal transitions, 2019.
4. Borschmann R. Reducing self-harm, suicide and early mortality in marginalised young people, 2019.
5. Cairns R. Blocking paths to suicide: a data linkage program to identify modifiable risk factors for self-poisoning and suicide in Australia, 2020.
6. Calear A. Connecting kids: Harnessing interpersonal connectedness to reduce suicide risk in youth, 2018.
7. Chitty K. Health service and medicine utilisation before suicide: optimising suicide prevention using population-based linkage of routinely collected data, 2018.
8. Christensen H. Centre of Research Excellence in Suicide Prevention: CRESP II, 2018.
9. Christensen H. Landmark population trials in suicide prevention, 2019.

10. Hickie I. Reducing suicidal thoughts and behaviours in young people presenting for health care, 2019.
11. Hickie I. Optimising personalised care, at scale, for young People with emerging mood disorders, 2019.
12. Hiscock H. Centre of Research Excellence in childhood adversity and associated depression and anxiety, 2020.
13. Milner A. MatesMonitor: Evaluating suicide prevention in the construction industry, 2019.
14. Nicholas A. Building a suicide prevention campaign targeted at family members and friends of those at risk of suicide, 2019.
15. Page A. Evidence for suicide prevention in planning transitions from employment to retirement in older age populations, 2020.
16. Pirkis J. Tackling suicide at suicide hotspots, 2020.
17. Pirkis J. What works in suicide prevention?, 2021.
18. Pirkis J. Preventing suicide in public places, 2022.
19. Rice S. Pragmatic trial of a targeted digital intervention for youth with suicidal thoughts and behaviours attending outpatient care, 2022
20. Rickwood D. Building a Lifeline for the future: Expectations, innovations, outcomes, 2022.
21. Robinson J. Using social media to reduce suicide and self-harm in young people, 2022.
22. Robinson J. A systematic approach to preventing youth suicide, 2022.
23. Robinson J. An integrated response to suicide risk among secondary schools: A regionally-based randomised trial, 2022.
24. Ross V. Mental health promotion and intervention program in the Australian context: MINDUP Australia, 2022.
25. Seidler Z. Men in Mind: Training clinicians to engage men in mental health treatment, 2018.
26. Too L. A novel and systematic approach to better identify and characterise suicide hotspots, 2018.
27. Toombs M. Transforming young Aboriginal and Torres Strait Islander mental Health through new knowledge and co-designed healings, 2017.
28. Torok M. Prevention is better than cure: Development and implementation of an effective multi-strategy approach for youth suicide prevention, 2018.
29. Witt K. Transforming Australia's Ability to Prevent Suicide (the TAAPS Project): Understanding how treatment services can better meet the needs of young Australians at risk of suicide, 2018.

Suicide Prevention Australia

1. Alves T. The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours, 2020.
2. Banfield M. Co-creating safe spaces: Translational research on innovative alternatives to the emergency department for people experiencing emotional distress and/or suicidal crisis, 2021.
3. Biggs L. The hidden epidemic: Suicide in the perinatal period, 2020.
4. Bliokas V. Investigating gender differences in a suicide prevention aftercare program: How can we improve outcomes for all?, 2021.
5. Borschmann R. Contact with the criminal justice system and effective interventions to reduce suicidal thoughts and behaviours, 2020.
6. Boydell K. A Virtual Reality (VR) Tool to cultivate future thinking and positive ideation in place of suicidal thoughts, 2020.
7. Camara D. The effect of individual elements of a standardised suicide prevention care pathway on re-presentation rates with suicide attempts, 2021.
8. Carradus L. Improving suicide prevention in AOD treatment: The design and implementation of a collaborative care intervention for the alcohol and other drug treatment sector, 2021.
9. Chang EP. Cultural, social and emotional wellbeing programs with Aboriginal and Torres Strait Islander Peoples in the justice system, 2021.
10. Dean K. Reducing self-harm and suicidality in vulnerable prisoners: piloting a structured approach to risk assessment and intervention, 2020.
11. D'mello C. Indigenous suicide prevention in Western Australia - Developing an assessment and pilot intervention program designed to decrease suicidal behaviours in young people, 2021.
12. Du W & Lanscar E. Better care and better outcomes for youth experiencing self-harm, 2019.
13. Etuk L. Suicide prevention research - CALD lived experience, 2020.

14. Ferguson M. Implementation of a safety planning suicide intervention in a major Australian hospital: Consumer, carer and clinician outcomes, 2020.
15. Ferreira LC. Leaving no one behind: using data linkage to prevent self-harm and suicide among socially excluded young people in Australia, 2022.
16. Fisher A. The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours, 2020.
17. Fitzpatrick S. A randomised controlled pilot study of an online intervention for families and friends affected by suicide attempt, 2021.
18. Fitzpatrick S & Dalton H. Locating a Good SPACE for rural suicide prevention education, 2021.
19. Han J. Cognitive and behavioural response styles to negative affect precipitating youth suicidal thoughts, 2020.
20. Hasking P. Improving detection and referral for university students at risk of suicide, 2019.
21. Hedley D. Understanding and preventing suicidal behaviour in individuals with Autism Spectrum Disorder, 2020.
22. Hielscher E. Mapping the regional variability of self-harm, suicide attempts, and related risk and protective factors in Australian adolescents to inform suicide prevention strategies, 2021.
23. Higgins D. A review of effective interventions to reduce suicidal thoughts and behaviours among children and young people in contact with the child protection and out of home care system, 2020.
24. Jackson K. Peer Support in Suicide Prevention, 2019.
25. Jamieson N. A war within: Making sense of suicide through narratives with former Australian Defence Force (ADF) Members, 2020.
26. Johnson K. Improving support for LGBTIQ suicidal behaviour: insight from lived experience, 2020.
27. Kay-Lambkin F. Randomised controlled trial of a targeted intervention program for reducing depression, alcohol use, social isolation and suicide in Australians aged 60 years and over, 2019.
28. King K. Evaluating and optimising a suicide awareness training and peer support intervention for the Victorian construction industry in collaboration with Incolink, 2021.
29. King T. Workplace compensation for injury and risk of deliberate self-harm, 2020.
30. Klein P. Bringing consumer and carer lived experience expertise to inform improved service responses to distress, suicidal thoughts and actions of people with a Borderline Personality Disorder (BPD) diagnosis, 2020.
31. Kolves K. The role of unemployment, job insecurity, and financial hardship on suicidal behaviours, and interventions to mitigate their impact: A review of the evidence, 2021.
32. KPMG. Consumer Journey Mapping Project, 2020.
33. Krysinska K. The Voice of people with Lived Experience of suicide (VocLE): A consensus study to develop active research involvement guidelines, 2020.
34. La Sala L. #chatsafe: Helping high school students communicate safely online about suicide, 2021.
35. Larsen M. CCTV analysis of a suicide hotspot – identifying behaviours prior to suicide, 2019.
36. Larsen M. Preventing repeated self-poisoning: A brief therapy text message intervention, 2019.
37. Larsen M. BrighterSide – a randomised controlled trial of a self-guided app for suicidal ideation, 2021.
38. Leckning R. Informing improved hospital and follow-up care for patients presenting with self-harming thoughts and behaviours, 2019.
39. Lin A. EXPAAND WA: Improving aftercare in children and young people who present to emergency departments for deliberate self-harm and suicidal crisis, 2021.
40. Lin A. Can homeless young people be part of the solution in suicide prevention? Assessing the value of homeless young people using safeTALK, 2020.
41. Ma J. Protective pathways for preventing suicide: Examining the role of interpersonal risk and protective factors for suicidality in the community, 2021.
42. Maheen H. Understanding suicide in migrant groups in Australia, 2021.
43. Maple M. Lived experience of suicide, 2020.
44. McGill K. Using sentinel unit data to inform best practice for hospital-presenting deliberate self-harm, 2019.
45. Meyer D. An Evaluation of the Child and Youth HOPE program: Does it make a difference to suicidal outcomes for young people?, 2021.
46. Milne D. Investigating the acceptability and effectiveness of digital monitoring for identifying youth at risk of suicide and improving their engagement with crisis services, 2020.
47. Moller C. Characteristics and longitudinal predictors of suicidality in young people with depression, 2019.

48. Morse A. Safe Haven Café evaluation: Effectiveness and feasibility of an innovative, co-designed, NSW Premier's Priority alternative to the emergency department, 2021.
49. Myfwany M. A mobile phone messaging intervention to support people bereaved by suicide, 2019.
50. Newberry-Dupe J. A three-part, collaborative study of the experience of young people presenting to hospital emergency departments with acute suicidal distress, self-harm and suicide attempt, 2020.
51. Nicholas A. Busting myths to improve suicide prevention from peers, 2021.
52. Onie S. A randomised controlled trial of a targeted help-provision campaign for individuals searching online for suicide means, 2020.
53. Onie S. A randomised controlled trial evaluating a targeted help provision campaign for youth, Culturally and Linguistically Diverse (CALD), and Aboriginal and Torres Strait Islander individuals searching online for suicide means, 2021.
54. Oostermeijer S. Suicide prevention in youth custodial settings: Increasing the skills and capacities of youth custodial staff, 2022.
55. Osborne D. Using user-guided design to build, implement and evaluate a clinical decision support system for suicidal risk in general medical practice, 2020.
56. Pirkis J. The relationship between social media and suicide clusters, 2019.
57. Piron K. "He Aint Heavy, He's My Brother": Mateship mitigating trait-interpersonal predictors of suicidal ideation amongst apprentices, 2021.
58. Procter N. To undertake a rapid review of evidence on what is meant by 'trauma- informed'; a review of the evidence to support a trauma-informed approach in suicide prevention (why it is important); and how this approach can be applied, 2021.
59. Rajaram G. Characteristics and outcomes of young persons presenting to Victorian emergency departments following self-harm, 2021.
60. Reavley N. Evaluation of Australia's first residential peer-support suicide prevention and recovery centre (SPARC), 2020.
61. Rintoul A. Suicide, suicidality, and links to gambling: pathways for prevention, 2022.
62. Robinson J. Understanding the experiences of young people with lived experience of suicidal crisis, 2020.
63. Robinson J. Development and evaluation of best practice guidelines for integrating digital and face-to-face care for young people at risk of suicide, 2021.
64. Scotti Requena S. A randomised controlled trial of a media-based suicide prevention intervention for Australian men, 2021.
65. Shand F. Lived experience of suicide consultation and rapid review, 2021.
66. Stapelberg C. Investigation of psychological interventions in suicide prevention: A comparison of brief Cognitive Behavioural Therapy and the attempted suicide short intervention program, 2019.
67. Strauss P. Co-design and pilot evaluation of an intervention to prevent suicide in LGBTQA+ young people, 2021.
68. Van Velzen L. Using imagery rescripting to treat intrusive, suicide-related mental images in young people with suicidal ideation: targeting a novel potential risk factor for suicidal behaviour, 2020.
69. Yap M. Co-Creation and pilot evaluation of a Therapist-assisted Online Parenting Strategies Program for Suicide Prevention (TOPS-SP) in Adolescents, 2021.

Appendix C: Questionnaire

Suicide Prevention Research Priorities

Our team at The University of Melbourne is working with Suicide Prevention Australia to seek the views of key stakeholders regarding where future suicide prevention research efforts should be focused.

Our team comprises:

- Dr Lennart Reifels – Senior Research Fellow, Centre for Mental Health, University of Melbourne (Email: l.reifels@unimelb.edu.au)
- Dr Karolina Krysinska – Senior Research Fellow, Centre for Mental Health, University of Melbourne (Email: karolina.krysinska@unimelb.edu.au)
- Dr Karl Andriessen – Senior Research Fellow, Centre for Mental Health, University of Melbourne (Email: karl.andriessen@unimelb.edu.au)
- Dr Maria Ftanou – Research Fellow, Centre for Mental Health, University of Melbourne (Email: mftanou@unimelb.edu.au)
- Dr Anna Machlin – Research Fellow, Centre for Mental Health, University of Melbourne (Email: amachlin@unimelb.edu.au)
- Dr Samuel McKay – Research Assistant, Centre for Youth Mental Health, University of Melbourne (Email: samuel.mckay@orygen.org.au)
- Associate Professor Jo Robinson – Head of Suicide Research, Centre for Youth Mental Health, University of Melbourne (Email: jo.robinson@orygen.org.au)
- Professor Jane Pirkis – Director, Centre for Mental Health, University of Melbourne (Email: j.pirkis@unimelb.edu.au)

We would like to invite you to click on the button below and complete the questionnaire. Your responding is voluntary, and you will be free to withdraw at any time.

Your responses to the questionnaire will be anonymous. As you respond to the questionnaire, your responses will automatically be entered into a database which means that no hard copy of the questionnaire will need to be printed. The database will be kept on a password-protected computer in a locked office. All materials will be destroyed after a period of five years. When the findings from the questionnaire are presented publicly (e.g., at conferences or in reports or papers), care will be taken to make sure that you cannot be identified on the basis of your responses. By continuing you are consenting to your responses being used as outlined in the Plain Language Statement.

Australia has limited resources to put into suicide prevention research. Although it would be good if all types of research could be fully supported, in practice some priorities must be set. The purpose of this questionnaire is to find out what you think are the most important priorities. In a number of questions, you are asked to rate the priority which should be given to various areas of research as VERY LOW, LOW, MEDIUM, HIGH or VERY HIGH. **When making these ratings, please use the full range if possible. It will not help in setting priorities if you give the same rating to all areas.**

In making your ratings, please remember that you are **rating priorities for Australian suicide prevention research, rather than priorities for suicide prevention research worldwide.**

1a. Rate the following suicidal behaviours and thoughts in terms of how high a priority they should be for Australian suicide prevention research *[Tick one response per row]*

	Very low	Low	Medium	High	Very high
Suicide					
Attempted suicide					
Suicidal thoughts					
Other suicidal behaviour (please specify) _____					

1b. Of the above suicidal behaviours and thoughts, which do you think should be given the highest priority? *[Tick one response only]*

Suicide	
Attempted suicide	
Suicidal thoughts	
Other suicidal behaviour (as specified in Q1a)	

2a. Rate the following target groups in terms of how high a priority they should be for Australian suicide prevention research *[Tick one response per row]*

	Very low	Low	Medium	High	Very high
Young people (aged 24 or less)					
Adults (aged 25-64)					
Older people (aged 65 or more)					
Indigenous people					
People from culturally and linguistically diverse backgrounds					
People in rural and remote areas					
People bereaved by suicide					
People who are gay, lesbian, bisexual, transgender or intersex					
People with mental health problems					
People with physical health problems					
People with substance use problems					
People who have attempted suicide					
People who come in contact with the justice system					
Men					
Women					
Current or ex-serving military personnel					
Other target group (please specify) _____					

2b. Of the above target groups, which do you think should be given the highest priority? *[Tick one response only]*

Young people (aged 24 or less)	
Adults (aged 25-64)	
Older people (aged 65 or more)	
Indigenous people	
People from culturally and linguistically diverse backgrounds	
People in rural and remote areas	
People bereaved by suicide	
People who are gay, lesbian, bisexual, transgender or intersex	
People with mental health problems	
People with physical health problems	
People with substance use problems	
People who have attempted suicide	
People who come in contact with the justice system	
Men	
Women	
Current or ex-serving military personnel	
Other target group (as specified in Q2a)	

3a. Suicide prevention activities can be carried out in various settings. Rate the following settings in terms of how high a priority they should be for suicide prevention research *[Tick one response per row]*

	Very low	Low	Medium	High	Very high
Communities					
Schools					
Tertiary institutions					
Prisons					
Workplaces					
Primary care settings (e.g., general practice)					
Emergency departments					
Mental health service settings					
Other health service settings					
Digital or online settings					
Other setting (please specify) _____					

3b. Of the above settings, which do you think should be given the highest priority? *[Tick one response only]*

Communities	
Schools	
Tertiary institutions	
Prisons	
Workplaces	
Primary care settings (e.g., general practice)	
Emergency departments	
Mental health service settings	
Other health service settings	
Digital or online settings	
Other setting (as specified in Q3a)	

Content flag: Please note that the following two questions will ask you to rate suicide prevention research priorities in terms of a focus on different suicide methods. It is important to note that you do not have to complete these questions unless you wish to do so. An option to skip ahead will also be provided below. If you experience distress as a result of the issues raised by the questionnaire, please contact Lifeline on 13 11 14, Beyond Blue on 1300 22 4636 or the Suicide Call Back Service on 1300 659 467. Contact details for each of these supports will also be displayed at the end of the questionnaire.

[Click here to continue with the survey]

[Click here to skip over the next two questions]

4a. Rate the following methods of suicide in terms of how high a priority they should be for suicide prevention research *[Tick one response per row]*

	Very low	Low	Medium	High	Very high
Poisoning by drugs					
Poisoning by other substances (includes poisoning by other gases and vapours, such as motor vehicle exhaust)					
Hanging (includes strangulation and suffocation)					
Firearms (includes explosives)					
Drowning					
Jumping from a high place					
Jumping or lying before a moving object					
Other method (please specify) _____					

4b. Of the above methods of suicide, which do you think should be given the highest priority? *[Tick one response only]*

Poisoning by drugs	
Poisoning by other substances (includes poisoning by other gases and vapours, such as motor vehicle exhaust)	
Hanging (includes strangulation and suffocation)	
Firearms (includes explosives)	
Drowning	
Jumping from a high place	
Jumping or lying before a moving object	
Other method (as specified in Q4a)	

5a. Rate the following types of studies in terms of how high a priority they should be for Australian suicide prevention research *[Tick one response per row]*

	Very low	Low	Medium	High	Very high
Studies about assessment or classification of suicide risk (including studies of the development or validation of risk assessment tools)					
Studies of rates of suicide, attempted suicide and/or suicidal thoughts					
Studies of risk factors for suicide, attempted suicide and/or suicidal thoughts					
Studies of protective factors for suicide, attempted suicide and/or suicidal thoughts					
Studies considering general intervention issues and approaches in suicide prevention					
Studies of practice guidelines					
Studies of the efficacy of universal interventions (i.e., interventions targeting whole populations, with the aim of favourably shifting risk and protective factors across the whole population)					
Studies of the efficacy of selective interventions (i.e., interventions targeting population subgroups with particular risk factors for suicide who are not yet exhibiting suicidal thoughts or behaviours)					
Studies of the efficacy of indicated interventions (i.e., interventions designed for people who are already beginning to exhibit suicidal thoughts or behaviours)					
Evaluations of suicide prevention policies					
Evaluations of suicide prevention programs					
Evaluations of services (e.g., health and/or community services)					
Neurobiological studies, including studies of brain anatomy and physiology and their relationship to suicide, attempted suicide and/or suicidal thoughts					
Genetic studies of suicide, attempted suicide and/or suicidal thoughts					
Sociological studies of suicide, attempted suicide and/or suicidal thoughts					
Studies of the history of suicide, attempted suicide and/or suicidal thoughts					
Studies of suicide, attempted suicide and/or suicidal thoughts in literature or the arts					
Studies of suicide, attempted suicide and/or suicidal thoughts in the media					
Other studies on suicide, attempted suicide and/or suicidal thoughts (please specify) _____					

5b. Of the above types of studies, which do you think should be given the highest priority? *[Tick one response only]*

Studies about assessment or classification of suicide risk (including studies of the development or validation of risk assessment tools)	
Studies of rates of suicide, attempted suicide and/or suicidal thoughts	
Studies of risk factors for suicide, attempted suicide and/or suicidal thoughts	
Studies of protective factors for suicide, attempted suicide and/or suicidal thoughts	
Studies considering general intervention issues and approaches in suicide prevention	
Studies of practice guidelines	
Studies of the efficacy of universal interventions (i.e., interventions targeting whole populations, with the aim of favourably shifting risk and protective factors across the whole population)	
Studies of the efficacy of selective interventions (i.e., interventions targeting population subgroups with particular risk factors for suicide who are not yet exhibiting suicidal thoughts or behaviours)	
Studies of the efficacy of indicated interventions (i.e., interventions designed for people who are already beginning to exhibit suicidal thoughts or behaviours)	
Evaluations of suicide prevention policies	
Evaluations of suicide prevention programs	
Evaluations of services (e.g., health and/or community services)	
Neurobiological studies, including studies of brain anatomy and physiology and their relationship to suicide, attempted suicide and/or suicidal thoughts	
Genetic studies of suicide, attempted suicide and/or suicidal thoughts	
Sociological studies of suicide, attempted suicide and/or suicidal thoughts	
Studies of the history of suicide, attempted suicide and/or suicidal thoughts	
Studies of suicide, attempted suicide and/or suicidal thoughts in literature or the arts	
Studies of suicide, attempted suicide and/or suicidal thoughts in the media	
Other studies on suicide, attempted suicide and/or suicidal thoughts (as specified in Q5a)	

Finally, here are a few questions about yourself

6. What is your age? ***[Tick one response only]***

Under 20	
20-29	
30-39	
40-49	
50-59	
60-69	
70 or over	

7. What is your gender? ***[Tick one response only]***

Male	
Female	
Transgender	
Gender not specified	

8. Which of the following statements describe your interest in suicide prevention research? ***[Tick all that apply]***

I conduct suicide prevention research	
I use suicide prevention research (e.g., in clinical work or in policy-making/planning)	
I have been involved in decision-making regarding funding of suicide prevention research	
I provide advocacy for those affected by suicide	
Other (please specify) _____	

9. People were invited to complete this survey because of their affiliation with various groups. Which of the following statements describe the group(s) you belong to? *[Tick all that apply]*

I am a suicide prevention researcher	
I am a member of the Australian Institute of Health and Welfare (AIHW) - National Suicide and Self-Harm Monitoring System	
I am a psychiatrist	
I am a general practitioner	
I am a psychologist	
I am a mental health nurse	
I am an alumnus of the Australian Institute for Suicide Research and Prevention (AISRAP)	
I am a member of the National Suicide Prevention Office	
I am a Commonwealth or state/territory officer with responsibility for suicide prevention	
I am a Primary Health Network (PHN) Suicide Prevention Manager or Chief Executive Officer	
I am a National Health and Medical Research Council (NHMRC) grant review panel member	
I am a Medical Research Futures Fund (MRFF) grant review panel member	
I am an Australian Research Council (ARC) grant review panel member	
I am a member of the Suicide Prevention Australia Research Advisory Committee (SPA RAC)	
I am a member of the Australian Rotary Health (ARH) Research Committee	
I am a member of the Society for Mental Health Research (SMHR) Executive Committee	
I am a member of Suicide Prevention Australia	
I am a member of Suicide Prevention Australia's Lived Experience Panel	
I am a member of Postvention Australia	
I am a someone who has received training from Roses in the Ocean (RITO)	

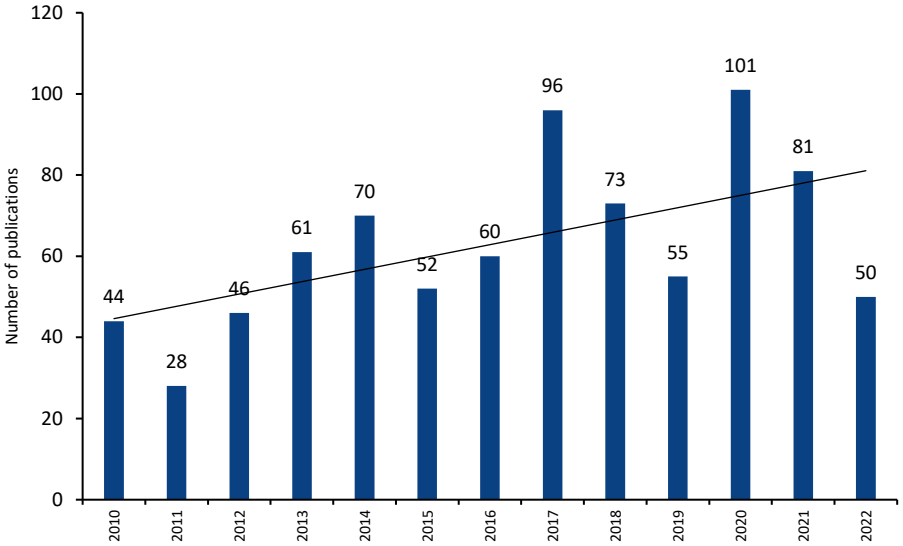
10. Any additional comments?

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE.

If you experience distress as a result of issues raised by the questionnaire, please contact Lifeline on 13 11 14, Beyond Blue on 1300 22 4636 or the Suicide Call Back Service on 1300 659 467

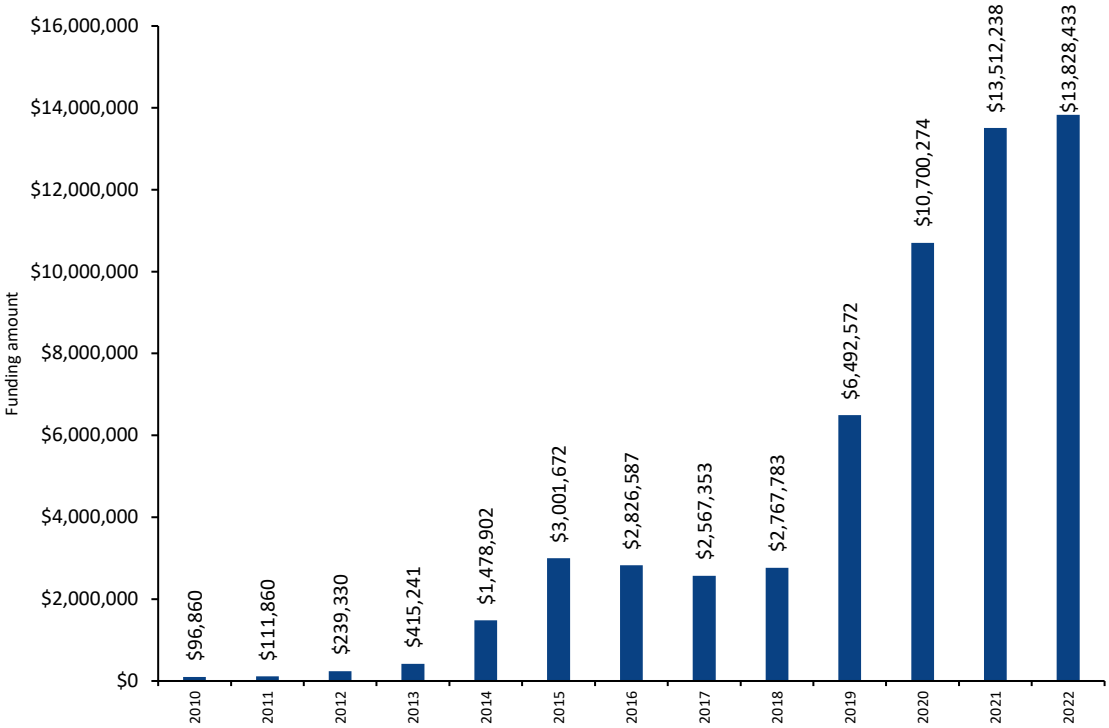
Appendix D: Supplementary figures

Figure S12: Total annual publication output from 2010 to 2022 (n=817)



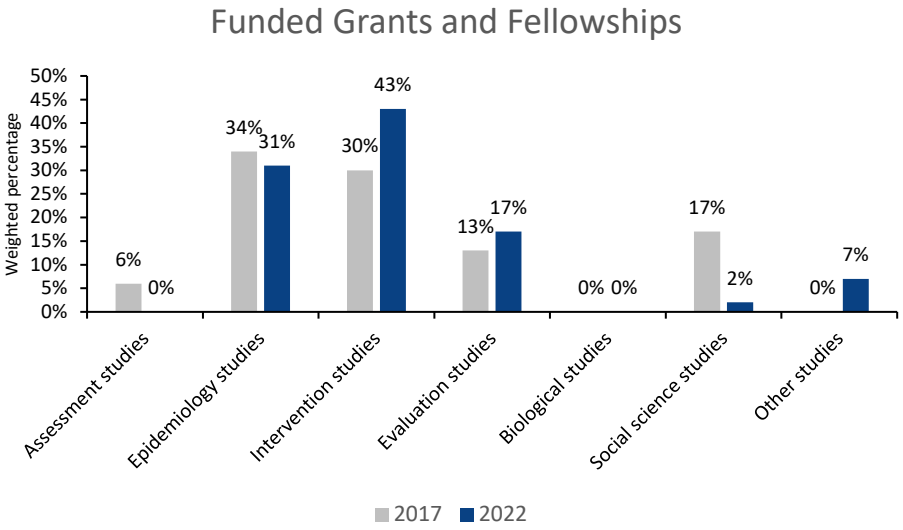
Note: Combining data from 2017 and 2022 reviews. Data for 2022 only includes publications up to the end of May that year, and therefore may be an under-representation.

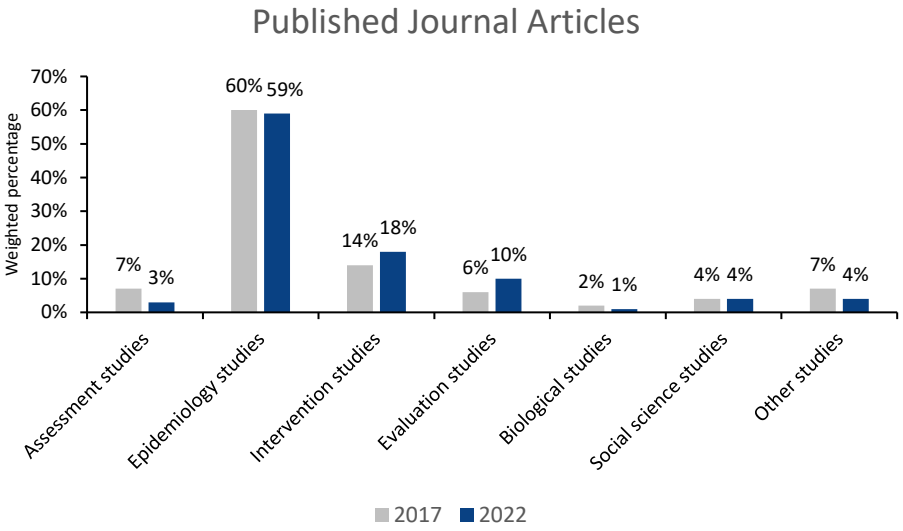
Figure S2: Total annual grant and fellowship funding from 2010 to 2022



Note: Combining full data from 2017 and 2022 reviews. Data for 2022 only includes grants/fellowships awarded up to the end of July/August that year, and therefore may be an under-representation. By contrast to Figure 12 in Chapter 3 (which only included data for grants/fellowships with a funding start or commencement year in 2017-2022), data for years 2017-2019 above also include annual proportions of grant/fellowship funding awarded prior to 2017, thus explaining the variation in annual totals for those years. The profile of funding bodies varied across both reviews.

Figure S3: Shifts in emphasis on research type (comparing 2017 and 2022 studies)





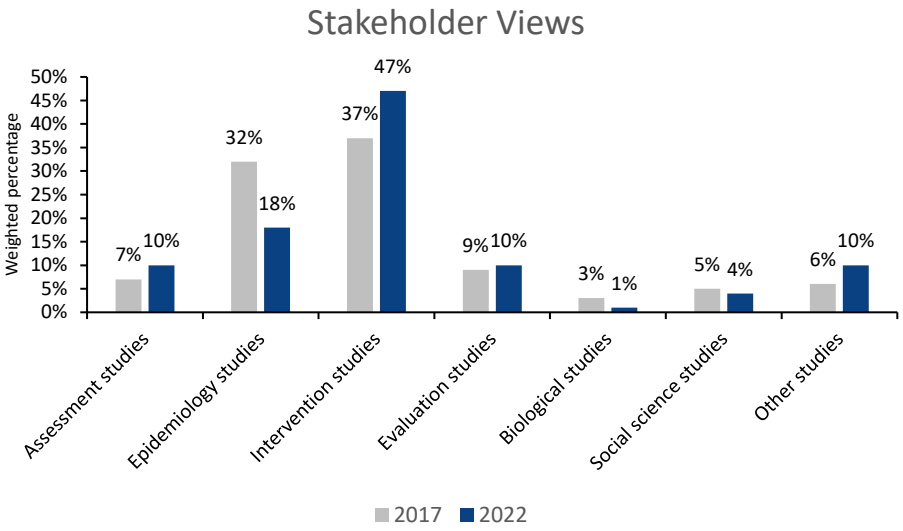
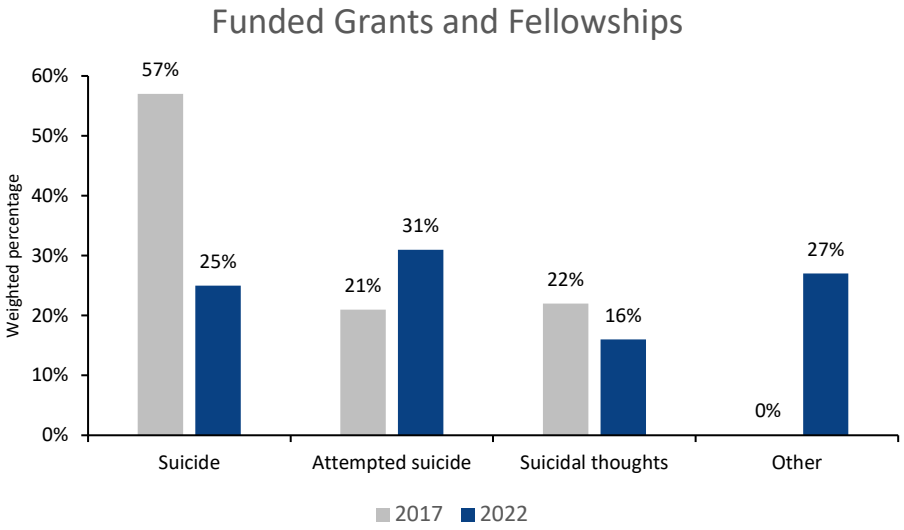
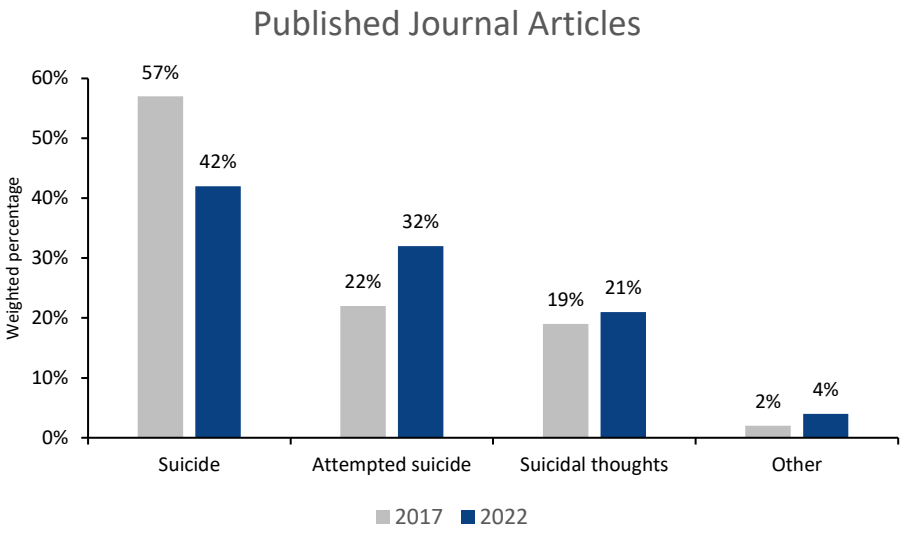


Figure S4: Shifts in emphasis on suicidal behaviour (comparing 2017 and 2022 studies)





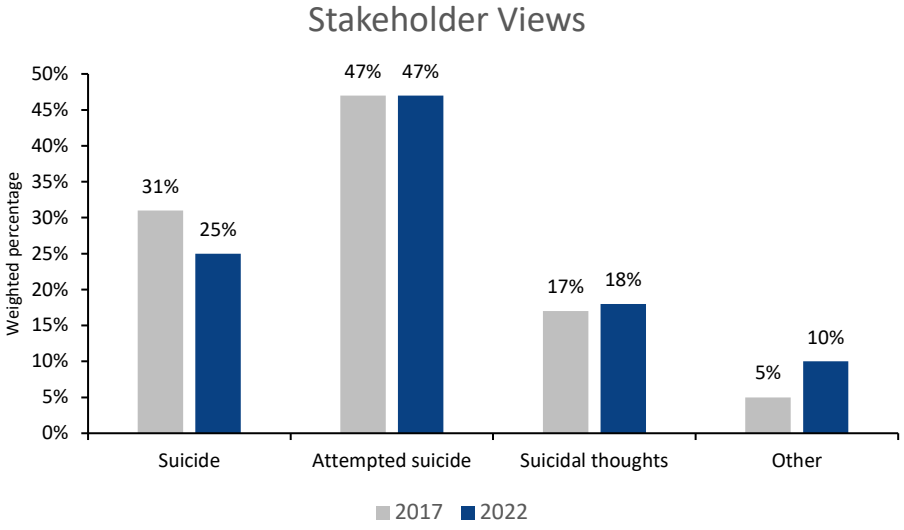
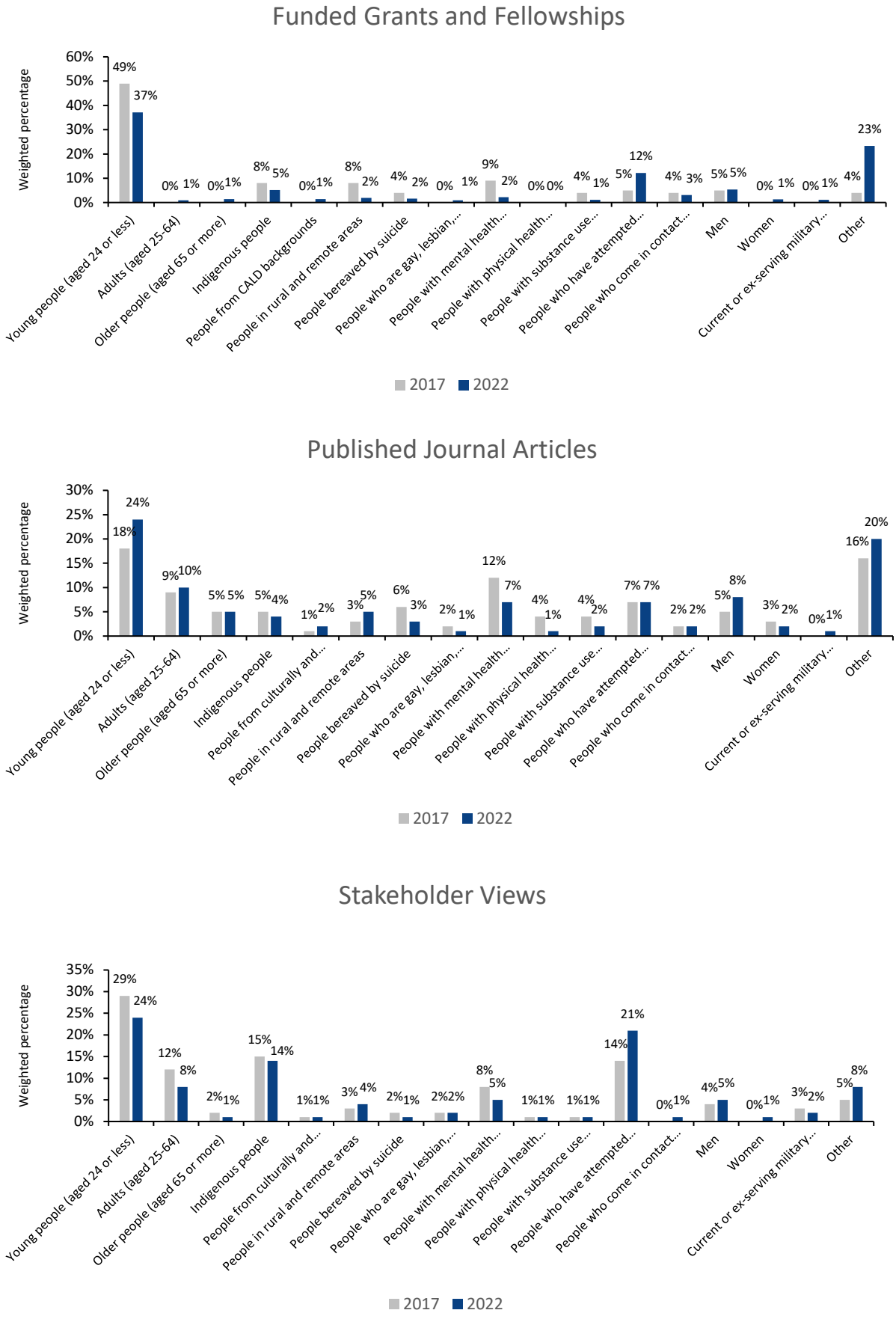


Figure S5: Shifts in emphasis on target group (comparing 2017 and 2022 studies)



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