UNFINISHED BUSINESS:

The second annual report on the implementation of the National Suicide Prevention Adviser's ***Final Advice***

Second year progress report

May 2023

Suicide Prevention Australia

Foreword

If you add up all the suicide prevention and mental health inquiries in Australia from when the COVID-19 pandemic began to today, you'll find at least 26. That's more than one every two months, the equivalent of an inquiry every 45 days.

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

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

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

We released our first implementation report on the one year anniversary of the release of the Final Advice. There was some progress then, yet much more do be done. We've updated this report to track what's happened two years on.

Few of these recommendations can be achieved in one year, they are long-term shifts and several are underway. Many have worked hard to kick-off these very important, systemic and long-term reforms. Yet, there's more work to be done in the months and years to come.

As I said last year, we can't take our foot off the pedal and we need to keep on with the progress. The stakes are simply too high.

We're seeing rising rates of suicide as we emerge from the pandemic, face soaring cost-of-living pressures and face the aftermath of myriad environmental disasters. What we do now matters. What we need to do is finish what we've started. We need to finish the Final Advice. Implementation matters and it's time to fully implement all recommendations of the Final Advice.

Nieves Murray
CEO
Suicide Prevention Australia

Background

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

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

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

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

About this report

This report, the second annual edition, is intended to help track progress in delivering on recommendations of the Prime Minister's National Suicide Prevention Advisor's Final Advice.

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

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

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

The report tracks progress on each of the Final Advice priorities and rates progress over the past 24 months as one of the following:

	Major progress
	Moderate progress
	Nil/minimal progress

In the context of a federal election and as the Final Advice was commissioned by and accepted on behalf of the Australian Government, this report tracks progress at the commonwealth level. This does not discount the critical role state and territory jurisdictions play in suicide prevention, including across a number of these recommendations.

Final Advice priorities

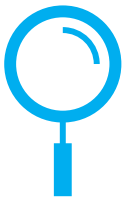
Suicide Prevention Australia

Leadership and governance

to drive a whole-of-government approach

Lived experience

knowledge & leadership



Data and evidence

to drive outcomes

Workforce and community capability

Respond

earlier to distress

Connecting people

to compassionate services and supports

Targeting groups

that are disproportionately impacted by suicide

Policy response

to improve security and safety

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

Suicide Prevention Australia

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

Priority Actions	Status	Progress of Australian Government Response
1.1 All governments to continue or shift to a whole-of-government approach, with suicide prevention authorised by First Ministers and mechanisms to drive cross-portfolio action implemented.		• The National Suicide Prevention Office (NSPO) has been established with a whole-of-government focus. The NSPO sits within the National Mental Health Commission (NMHC) and Health portfolio. The Final Advice states that this was preferred by some jurisdictions, but consultations indicated that it should operate as a separate authority with enabling legislation. • Under current portfolio arrangements, the government has appointed an Assistant Minister for Mental Health and Suicide Prevention, assisting the Minister for Health and Aged Care, supported by the Department of Health and Aged Care as opposed to Prime Minister under the previous Government, supported by both the Department of Health and Department of Prime Minister and Cabinet. • The National Agreement commits to a whole-of-government approach including commitments to consider suicide prevention in a range of human services areas and an interjurisdictional Working Group on Improving Mental Health and Preventing Suicide Across Systems has been established.
1.2 A National Suicide Prevention Strategy is developed to align with the National Agreement on Mental Health and Suicide Prevention, identifying initiatives which require a strategic national approach.		• Work is well progressed on a new National Suicide Prevention Strategy lead by the NSPO. • A scoping paper was released in late 2022 and development is underway to finalise the strategy. A draft strategy will be released for public consultation in the last quarter of 2023. • Draft work on the strategy builds on, and is consistent with, the reform direction outlined in the Final Advice.

Priority Actions	Status	Progress of Australian Government Response
1.3 A National Suicide Prevention Office is established in 2021 to set strategic directions, build capabilities, support cross-jurisdictional and cross-portfolio action and report on agreed outcomes.		• The NSPO was established in January 2022 and its remit includes strategic directions, capability building, cross-jurisdictional and cross-portfolio action. • The NSPO is responsible for: - Developing a National Suicide Prevention Strategy. - Leading the development of a national outcomes framework for suicide prevention, which is informed by lived experience, and identifies national measures of reform progress beyond traditional suicidality indicators, including reduced distress. - Advising and supporting all levels and parts of government to take coordinated, comprehensive and consistent action to reduce suicide and suicidality. - Working with all jurisdictions and stakeholders to lead the development of a National Suicide Prevention Workforce Strategy.
1.4 The National Agreement on Mental Health and Suicide Prevention to include strengthened and resourced regional arrangements for suicide prevention.		• The National Agreement was announced in March 2022 and has been signed by all jurisdictions. • The Agreement commits to more integration and the development of national guidelines on regional commissioning and planning within the first 12 months. • In addition to the commitments under the National Agreement, the 2022-23 Budget committed $30.2 million to support regional and community-based suicide prevention systems and $10.4 million for a Suicide Prevention Regional Response Leader to coordinate suicide prevention activities in all Primary Health Networks (PHNs). PHNs have begun recruiting to these roles and guidelines for the allocation of funds have been issued by the commonwealth.

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

The current location of NSPO within the Health portfolio and National Mental Health Commission will limit its ability to drive this much-needed change. Central agency coordination and First Minister leadership will be critical to driving human service, education and economic portfolios to consider suicide in their work.

At a high level, the new National Agreement sets the right direction for reform but it's the actions that sit under it and implementation that will matter. Working towards a new National Suicide Prevention Strategy is positive and comprehensive and presents an opportunity to accelerate suicide prevention reform with concrete actions, clear accountability and meaningful change.

Lived experience knowledge and leadership

Suicide Prevention Australia

Final Advice Recommendation: All governments commit to integrate lived experience knowledge into national priority setting, planning, design, delivery and evaluation of suicide prevention services and programs.

Priority Actions	Status	Progress of Australian Government Response
2.1 All governments integrate lived experience expertise into leadership and governance structures for suicide prevention.		• There have been some appointments to leadership positions, including a Lived Experience Executive Director in the NMHC and advertisement of a Director of Lived Experience in the NSPO. • Many more lived experience appointments will be required to fully integrate lived experience expertise into leadership and governance structures for suicide prevention. • Lived experience engagement in the development of the National Agreement was limited, there was one confidential engagement with representative bodies and consumer peaks but no significant opportunity to advise on this important agreement. • The National Agreement Senior Officials Group includes four designated lived experience positions. While this goes some way towards lived experience within the governance structure, it is disproportionate to the 19 government officials in the group's membership and does not permit for the full diversity of lived experience. Requests to increase lived experience representation have not yet been accepted.
2.2 All governments include a requirement for demonstrated engagement and co-design with people who have lived experience of suicide in funded research, services and programs.		• There has been some progress towards engagement with people who have lived experience in co-design processes for universal aftercare, postvention and distress brief interventions funded through the National Agreement. • The establishment of a Lived Experience Partnership Group to advise the NSPO is an important forum to ensure lived experience engagement under the new National Strategy and subsequent work undertaken by the office. • The NSPO, in partnership with the Australian Institute of Health and Welfare, has embedded lived experience advice into the National Suicide and Self-harm Monitoring System, with an evaluation of the system identifying this was a specific strength in the development process. • Progress will only be achieved if early engagement translates to authentic co-design and it will be important for government to demonstrate the outcomes from work underway. • Further work is needed to ensure a lived experience requirement in other suicide prevention research, services and programs.

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

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

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

This includes the establishment of the Lived Experience Partnership Group advising the NSPO, which has 14 members and meets monthly to advise on the operational work of the NSPO including the development of the National Suicide Prevention Strategy.

To fully integrate lived experience into all that we do requires change and investment. The 2022 Federal Budget failed to deliver funds for supporting structures or the suicide prevention peer workforce. Investment is needed to support people with lived experience to genuinely partner with governments and across the sector. Funding for mental health consumer and carer peaks announced by the Minister for Health in January 2023 is welcomed, yet does not provide specific funding for increased lived experience representation of suicide.

Data and evidence to drive outcomes

Suicide Prevention Australia

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

Priority Actions	Status	Progress of Australian Government Response
3.1 All jurisdictions maintain or, where not already in place, establish a suicide register and mechanisms for the routine collection and timely sharing of data on suicide, suicide attempts and self-harm.		• Suicide registers have been established in Victoria, Queensland, New South Wales, South Australia, Australian Capital Territory and Tasmania. Work is underway to establish registers in the Northern Territory and Western Australia. • To date only Victoria and New South Wales publicly report suspected deaths by suicide in a regular, timely way. • More work is required to increase timely sharing of data on suicide attempts and self-harm, the National Suicide and Self-Harm Monitoring System is making positive progress.
3.2 Regular national surveys to determine the population prevalence of suicidal ideation, self-harm and suicide attempts and to ensure adequate data capture – including in relation to priority populations.		• The National Mental Health and Wellbeing survey was undertaken in late 2021 with first cohort data released in mid-2022. • The data released did not include a reliable updated figure on the number of annual suicide attempts in Australia but an updated figure is expected by the end of 2023. • This was the first time the survey was commissioned in 12 years and there is no clear commitment to a more regular survey.
3.3 The National Office for Suicide Prevention to lead: (a) the development of a national outcomes framework for suicide prevention, informed by lived experience, to be applied at the program and service level as well as the national level; and (b) the development of national definitions of, and standards for, self-harm and suicide attempts.		• The NSPO has been established, with responsibility for these actions, early work on the development of a framework commenced in 2022 with further work expected following the National Strategy. • The National Strategy, currently being developed by the NSPO, will include priority actions that aim to strengthen approaches to suicide prevention data and lay the foundations for the development of the National Suicide Prevention Outcomes Framework. • The National Agreement commits to developing and reporting on a range of indicators, outcome measures and KPIs which reflect the objectives and goals of the Agreement.

Priority Actions	Status	Progress of Australian Government Response
3.4 All jurisdictions work with the National Office for Suicide Prevention to set priorities for suicide prevention research and share knowledge for continual improvement.		• No significant progress on research aspects of this recommendation. • A Mental Health and Suicide Prevention Data Governance Forum has been established by Mental Health Senior Officials (MHSPSO) to oversee and facilitate implementation of the data and performance measurement commitments specified in the National Agreement. • The NSPO has established a Jurisdictional Collaborative Forum, which aims to support collaboration on suicide prevention and ensure alignment of suicide prevention activities between the commonwealth and all state and territory governments.

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

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

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

Workforce and community capability

Suicide Prevention Australia

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

Priority Actions	Status	Progress of Australian Government Response (Year One)
4.1 All jurisdictions resource contemporary and evidence-based training for clinical and other health staff. All jurisdictions implement contemporary compassion-based training for frontline workers that enable them to respond to distress – especially those providing financial, employment and relationship support to people experiencing distress.		• Activity five of the NSPLSP includes a focus on national suicide prevention training. • A Mental Health and Suicide Prevention Unit has been established in the Australian Public Service Commission and includes a focus on public sector capability building. • The 2021-22 Budget included support for general practitioners and other medical practitioners by providing specialised training and resources to enhance their capacity to address mental health concerns of patients. • The government is also providing compassion-based training for workers in the justice system supporting people with mental health conditions. • $60.7 million has been committed to implement the 10-year National Mental Health Workforce Strategy to deliver a sustainable, skilled, supported and equitably distributed mental health workforce to meet Australia's current and future needs. • The Australian Government is working with states and territories to establish a national Distress Intervention Trial. Bilateral agreements will fund trials in NSW, QLD and Victoria. This trial will include distress intervention training for all frontline workers and can support individuals with or without a presentation related to suicidal intent.
4.2 The National Office of Suicide Prevention works with all jurisdictions and relevant stakeholders to lead the development of a national suicide prevention workforce strategy.		• The NSPO has been established and will progress the development of a National Suicide Prevention Workforce Strategy following the development of the new National Strategy. • The National Strategy, currently being developed by the NSPO, will include priority actions that aim to build suicide prevention workforces and lay the groundwork ahead of the National Suicide Prevention Workforce Strategy. • The National Agreement commits to the NSPO developing a National Suicide Prevention Workforce Strategy that will include government departments, social services, educators, employer groups, miscellaneous service providers, community-based organisations and other settings where a risk of suicide may be present for individuals. • The NSPO needs to be properly resourced to undertake this significant work and further government investment may be required to address immediate workforce gaps.

Training for evidence-based suicide prevention capability should be as common in the community as CPR and First-Aid. The Final Advice recognises this for clinical and health staff and frontline workers supporting people experiencing distress.

Primary Health Networks (PHNs) play a key role in the coordination and commissioning of community-based suicide prevention activity and the 2022-23 Budget included investment to support regional initiatives in suicide prevention in every PHN. This included $30.2 million to provide PHNs with resources to invest in gaps in their local suicide prevention systems, which may include training and capacity building, and $10.4 million for a Suicide Prevention Regional Response Leader to coordinate suicide prevention activities.

While the $18 million investment over three years in the NSPLSP is also providing additional support for training, more is required and additional resources are needed to build community capability.

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

Respond earlier to distress

Suicide Prevention Australia

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

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

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

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

Funding has been committed to a trial a Distress Brief Intervention Trial. To date, only three jurisdictions have agreed to progress a trial under bilateral agreements (NSW, Victoria and Queensland). More is required to implement and evaluate a range of interventions that support people through transitions that may occur at a point of distress.

Connecting people to compassionate services and supports

Suicide Prevention Australia

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

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

Priority Actions	Status	Progress of Australian Government Response
6.1 Integrated digital and face-to-face supports to improve accessibility, service options and appropriate levels of service.		• Head to Health Centres have been announced and funded across Australia and a focus will be on the integration of digital and face-to-face services. • Testing of digital transformation is underway and follows extensive engagement. Digital aspects of the Head to Health roll out include video conference and tele-health with specialist providers where a local centre cannot acquire the required workforce. Future Head to Health roll-out will provide consumers choice for engaging with phone services which includes options for video link. • Standards have been released by the Australian Commission on Safety and Quality in Health Care to improve the quality of digital mental health service provisions and describe the level of care and safeguards required. • The Initial Assessment and Referral Tool (IAR) has been rolled out in Head to Health Centres as part of phone service. This is designed to improve accessibility, promote integration, support consistency and enable referral to appropriate services.
6.2 New service models incorporating compassionate community-based support for people experiencing |suicidal distress.		• Minimal progress on this priority action. • The 2021 Budget included $6.6 million to implement national standards for Safe Spaces services.
6.3 Aftercare services for anyone who has attempted suicide or experienced a suicidal crisis.		• The 2021 budget committed to universal aftercare subject to a National Agreement with states and territories. • Bilateral Agreements have been reached to deliver universal aftercare in all jurisdictions except for South Australia. A 12-month extension has been agreed with South Australia to allow time to consider further expansion. • Work is underway on the co-design of universal aftercare services, building on existing aftercare models developed nationally.

Priority Actions	Status	Progress of Australian Government Response
6.4 Timely and compassionate supports for families, friends, caregivers and impacted communities, including bereavement and postvention responses.		• The 2021-22 Budget committed to national postvention subject to a National Agreement with states and territories. • The Commonwealth continues to invest in postvention services nationally (through StandBy), with NSW, QLD, VIC and the NT agreeing to co-fund services through the National Agreement Bilaterals. Postvention services remain available in the ACT, TAS, WA and SA. • There has been no material progress on supporting families, friends and caregivers of people who are in suicidal distress.
6.5 Connecting alcohol and other drug prevention and treatment services to our suicide prevention approach.		• The National Agreement commits to improving coordination between services, clear pathways for people with co-occurring alcohol and other drug use and mental illness, ensuring warm referrals from services and integrated services. • The Agreement also commits to develop a nationally consistent approach to data collection to understand prevalence, share research and findings and build workforce capability. • Primary Health Network service structures that include suicide prevention, mental health and alcohol and other drugs may present opportunities for further integration across service portfolios.

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

Despite substantial commonwealth investment, much more work is required to achieve universal access to aftercare. Bilateral agreements with all jurisdictions, except South Australia, confirm commitments to universal aftercare, including agreement to continue and expand aftercare services and trial enhancements to service models.

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

Targeting groups that are disproportionately impacted by suicide

Suicide Prevention Australia

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

Priority Actions	Status	Progress of Australian Government Response
7.1 National funding of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy from 2021, implementing Indigenous leadership and governance, place-based initiatives and building on workforce and community strengths.		• The 2021 Closing the Gap report committed to a strategy and this work has been progressed by Gayaa Dhuwi (Proud Spirit) Australia but is not yet finalised. • $8.6 million over three years was committed in the 2022 Budget for a National Closing the Gap Policy Partnership on Social and Emotional Wellbeing and the first meeting took place in late March 2023. • $8.5 million has been committed to continue the Red Dust Program for Aboriginal and Torres Strait Islander men, women and youth in the Northern Territory. • Outside of budget announcements, the commonwealth invests in a range of community-led social and emotional wellbeing, mental health and suicide prevention activities, including the Culture Care Connect Program and 13 YARN.
7.2 All jurisdictions to commit to identifying priority actions for male suicide prevention to be incorporated into the National Suicide Prevention Strategy, including: (a) the Commonwealth Government to lead on identifying priority actions that leverage their government services and systems, such as employment services, family law courts, relationship services and aged care; and (b) all jurisdictions to review and report on the accessibility of their funded services and programs for men.		• Activity seven of the NSPLSP is designed to support at-risk populations and communities, including males. Funding is supporting a number of projects that are supporting men where they work as well as in situations where broader support is needed. • The National Agreement did not include males as a priority cohort, the department has noted this list is not exhaustive and men are included within a number of other groups identified. • $6 million has been allocated for the support of the Fly-in, Fly-Out (FIFO) and Drive-in, Drive-Out (DIDO) workers program and will support better mental health and suicide prevention outcomes in industries.
7.3 All jurisdictions contribute to identifying national actions for priority populations to be included in a National Suicide Prevention Strategy, including: children and young people; LGBTIQ+ communities; culturally and linguistically diverse communities; veterans and their families; and those living in rural and regional communities impacted by adversity.		• Activity seven of the NSPLSP is designed to support at-risk populations and communities, including those outlined in recommendation 7.3 • The National Agreement included LGBTIQ+ communities as a priority cohort and the Commonwealth Government has announced a $26 million investment in health and medical research focusing on LGBTIQA+ communities. • The upcoming National Strategy will provide an opportunity to identify key actions for those groups disproportionately impacted by suicide.

Priority Actions	Status	Progress of Australian Government Response
7.4 Drawing from regular data reviews and evidence, all jurisdictions contribute to identifying national actions for occupations and industries with higher rates of suicide.		• No clear progress on this priority action • The National Agreement identifies the critical opportunities for prevention, early intervention and the provision of supports in workplaces

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

There has been mixed progress on priority actions to achieve better outcomes for those disproportionately impacted by suicide. While the NSPLSP included an expansion of funding, it is noted that the program received a large number of applications which exceeded the total allocated funds available.

Substantial investment is required in a number of high-risk cohorts, including men, LGBTQI+ and Aboriginal and Torres Strait Islander communities.

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

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

Policy responses to improve security and safety

Suicide Prevention Australia

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

Priority Actions	Status	Progress of Australian Government Response
8.1 Working towards a 'suicide prevention in all policies' approach, all governments: build capabilities within key policy teams and departments, and review existing policies to enhance opportunities for improved security and enhanced safety through a National Strategy.		• The forthcoming National Strategy will identify opportunities to consider suicide prevention across all levels of government and all portfolios and improve security and safety in the community.

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

Suicide Prevention Australia

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

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

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

Acknowledgement Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from the Lived Experience Panel and other individuals with lived experience helped guide the research, consultation and analysis outlined in this report.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy priorities and advocacy. Suicide Prevention Australia thanks all involved in the development of this report.