

STATE OF THE NATION IN SUICIDE PREVENTION

A survey of the suicide prevention sector



September 2023



Suicide Prevention
Australia

Highlights

THE SURVEY

363 responses – highest in survey history | **44%** of respondents are members of Suicide Prevention Australia | **73%** of member responses were from organisations

STATE OF THE SUICIDE PREVENTION SECTOR

A truly national sector



Delivering services and supports across the country and in remote, rural, regional and metropolitan communities

Continuing increased demand

77%

of respondents have seen increased demand for services over the past 12 months

Additional funding is needed

81%

Three out of four respondents require increased funding to meet increased demand

A challenging funding environment – majority of organisations (57%) have had funding arrive late in the last year

STATE OF THE COMMUNITY

Social determinants matter

greatest risks to suicide rates over the next 12 months



84% cost of living and personal debt



84% housing access and affordability



77% social isolation

Concern for the future

81%

More than 8 in 10 respondents anticipate a rise in suicide rates over the next year

At-risk groups need more support

Only **9%** of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to

STATE OF THE SUICIDE PREVENTION AUSTRALIA NATIONAL POLICY PLATFORM

Whole-of-government		92% of respondents believe a whole-of-government approach to suicide prevention is required	78% of respondents support a national Suicide Prevention Act
Lived experience		55% of respondents have lived experience represented in the governance structures of their organisation	62% of respondents reported the peer workforce (including peer workers) is not appropriately funded and resourced
Data and evidence		93% of organisations need access to reliable, timely and accurate suicide prevention data	43% of respondents don't have access to the data they need now
Workforce, sector and community capacity		64% of organisations don't have sufficient staff and volunteers to meet workforce needs	88% of respondents believe all members of the community should have access to suicide prevention training

Foreword

The fourth iteration of our State of the Nation in Suicide Prevention report continues its strong track record as a key tool for monitoring our sector. It provides an annual snapshot of our sector, the state of the community and our national policy platform.

These on-the-ground insights into the operations, opportunities and challenges facing our sector are critical for paving the way forward in suicide prevention. With over 50 questions the survey provides a wealth of knowledge about the work we do, the challenges we face, and ideas to drive down the rates of suicide. This year we received over 350 responses to the survey from a variety of organisations and individuals across all States and Territories, and from rural, regional and metropolitan areas.

As the national peak body for suicide prevention in Australia, we conduct this survey to keep informed and gather regular intelligence from the many service providers, practitioners, researchers, organisations and individuals working to prevent suicide in our community.

The survey shows our strengths as a sector; we remain a highly collaborative sector with more than seven out of ten respondents working with government agencies, other not-for-profit and community-based organisations. We are also a diverse sector, with organisations large and small, in different communities, serving different groups.

However, it also displays the challenges many organisations face, with a significant number of services and having access to the data they need, and majority of organisations having to deal with late funding in the final year.

This year we have added additional questions to better understand the role of lived experience in our sector. The results are encouraging, but also demonstrate that there is much more work to be done in ensuring that lived experience insights inform our actions.

Finally, a number of the questions give respondents the opportunity to share their ideas on what is needed to support their work. There continues to be an overwhelming majority of support for the idea that a whole-of-government approach is needed to combat the risk of suicide. There is continuing strong support for a Suicide Prevention Act. In addition, a large number of respondents have taken the time in the open-ended questions to give us their thoughts and suggestions.

We thank everyone who took the time to give us their insights in the survey. These inputs are critical for driving and guiding our work towards a world without suicide.




Nieves Murray
Chief Executive Officer
Suicide Prevention Australia

Executive Summary

About us

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We believe that through collaboration and a shared purpose, we can work towards our ambition of a world without suicide.

We're a member-based organisation that's guided by people with living and lived experience of suicide.. We have over 400 members, including the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders.

About the survey

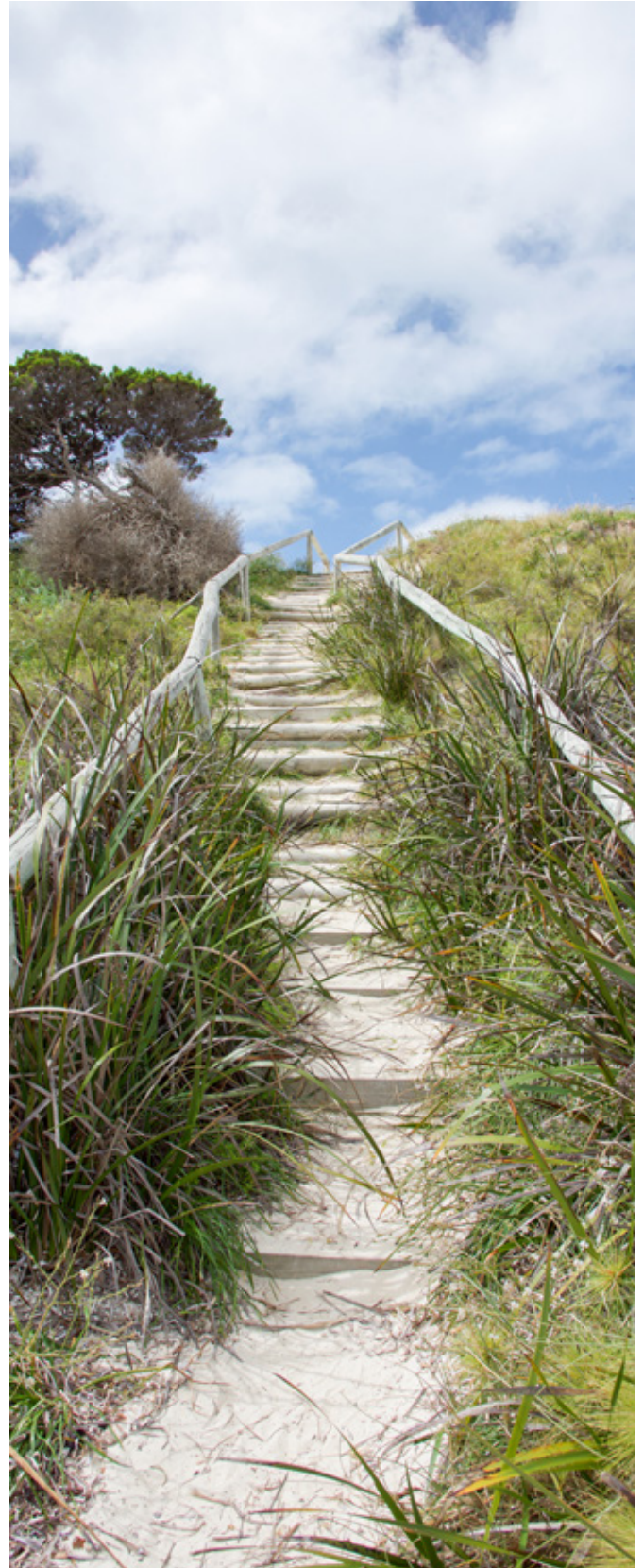
We designed the State of the Nation in Suicide Prevention survey to gather in-depth intelligence from our membership and the broader suicide prevention sector. As the national peak body, it informs our role as a clear, collective voice for the sector and supports us to work towards our ambition of a world without suicide.

The state of the sector survey is opened each year in July and closes in early August. It is open to all in the suicide prevention sector, including organisations, individuals and other stakeholders. This is the fourth iteration of the survey.

Some of the state of the community insights were informed by a YouGov survey between 10th - 13th August 2023 including a total sample size of 1,007 adults, comprised of a nationally representative sample of Australians aged 18 years and older. The YouGov data was weighted by age, gender and region to reflect the latest Australian Bureau of Statistics (ABS) population estimates.

The State of the Nation in Suicide Prevention report is structured into three parts:

- 1. State of the sector** - looking at the type of organisations in the sector, their priorities and challenges and the current operating environment.
- 2. State of the community** - looking at the current and emerging risks for suicide prevention across the community as well as those groups most at risk.
- 3. State of the platform** - looking at the key priorities of our National Policy Platform including whole-of-government, lived experience, data and evidence, workforce, sector and community.



STATE OF THE SECTOR

The suicide prevention sector comprises organisations and individuals working to prevent suicide in our community. Our survey shows a highly diverse sector with a mix of organisations differing in numbers of staff, numbers of volunteers, types of location, modes of service, and population groups they provide services to.

The sector is adaptive, with over 40% of respondents changing the services they provide over the past year. Demand continues to increase for most (77%) services, and many (81%) reporting a need for additional funding, support, or resources to meet changes in service demand. External funding factors, including reliance on grants and delays in government funds, pose key challenges to the sector's work. The sector remains highly collaborative with 77% of respondents working with government agencies and other groups in the community.

STATE OF THE COMMUNITY

The broader community is also facing challenges and many in the sector (81%) anticipate increases in suicide rates in the next year. Economic factors such as cost of living, debt, unaffordable housing and unemployment are currently key risk factors for suicide. Whilst social factors such as relationship breakdown and isolation continue to also place pressures on individuals.

Often it is those who are already vulnerable that are facing increased risks. Only 9% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to.

STATE OF THE PLATFORM

Suicide Prevention Australia published our updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community capacity. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

There continues to be overwhelming support (92%) for a whole-of-government approach to reducing the risk of suicide. There is strong support to legislate this whole-of-government approach through a national Suicide Prevention Act, with more than three-quarters of respondents (78%) supporting Commonwealth legislation.

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. We're engaging people with lived experience in a variety of ways, including advisory groups, targeted consultations and networks to share information and opportunities. More is required to support the lived experience workforce, including the peer workforce. Six out of ten respondents do not believe the peer workforce is appropriately funded.

While 93% of respondents believe they need access to reliable, accurate suicide prevention data, 43% don't have access to the data they need right now. This figure continues to improve but the need for more real-time data, including priority cohorts and suicide attempts, was again restated by respondents.

A good deal of uncertainty is apparent in the survey regarding workforce issues. Over 60% of respondents said they do not have the staff and/or volunteers they need, and a further 13% are unsure. Asked about whether their organisation is intending to increase staff numbers in this financial year 42% were unsure.

Further information

If you would like more information on the State of the Nation Suicide Prevention' and its results, please contact policy@suicidepreventionaust.org.

Part One: State of the Sector

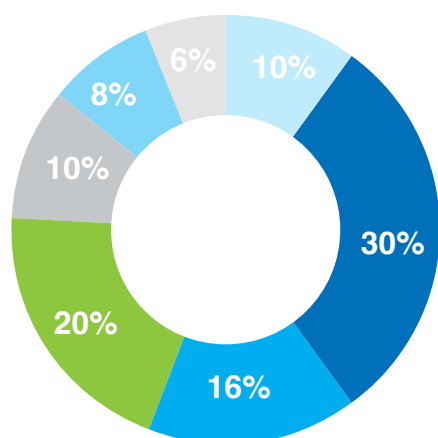
Australia's suicide prevention sector comprises organisations and individuals, working to prevent suicide across our community. It includes organisations of all sizes, practitioners, researchers, people with lived experience and community leaders. The sector delivers across the spectrum from advocacy, education and community support through to clinical and non-clinical services. Our 363 respondents comprise a large share of Australia's suicide prevention sector. In the State of the Nation in Suicide Prevention, we asked them about the work they do, where they do it and how it's changing.



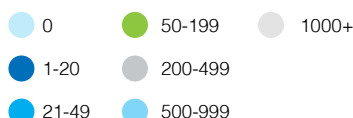
SECTOR AT A GLANCE

Suicide prevention services are delivered by a diverse workforce

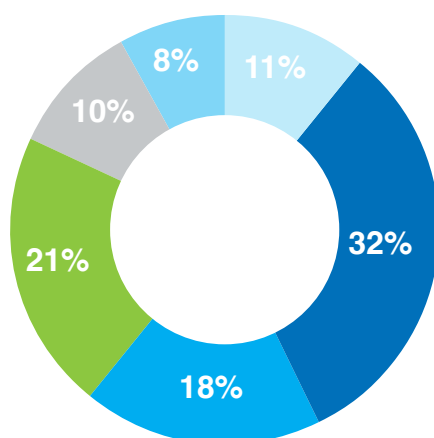
**Number of paid employees
in organisation**



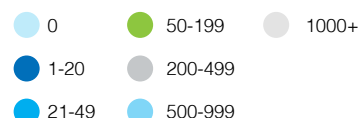
N=145



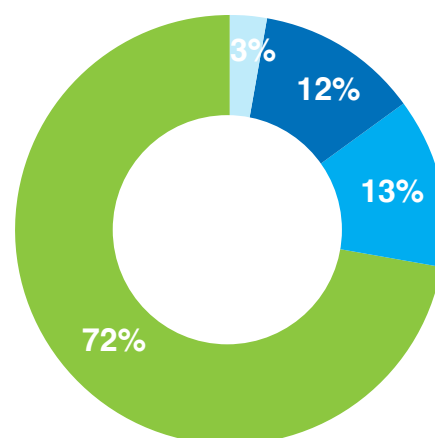
**Number of unpaid
employees in organisation**



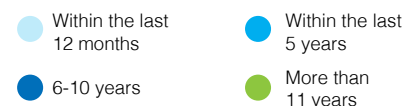
N=145



Age of organisation



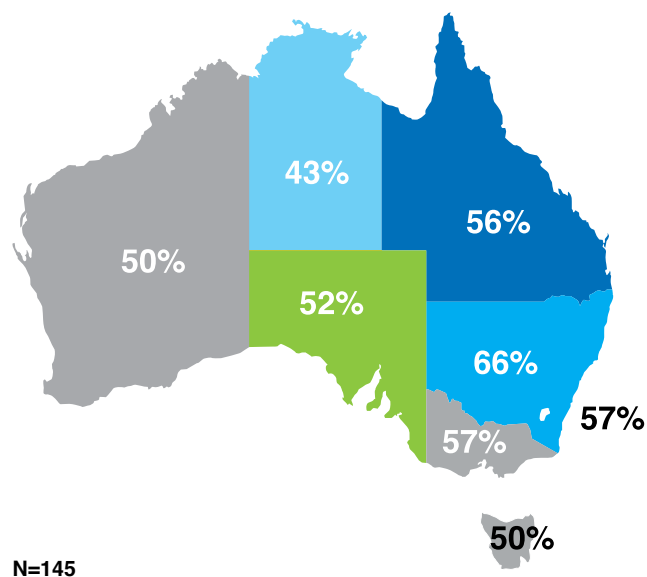
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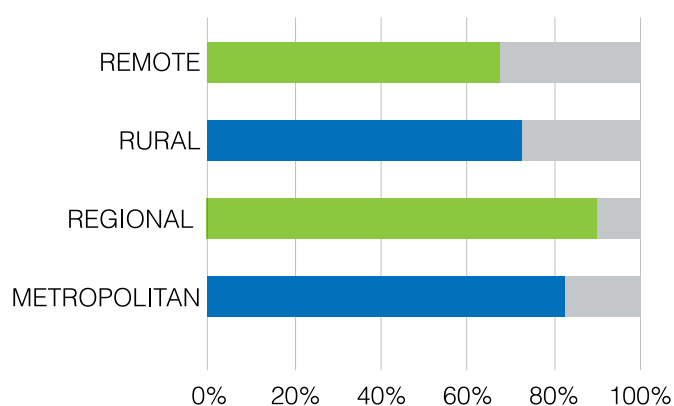
- The sector consists of many diverse organisations of all sizes, almost a third (30%) of responding organisations had between 1-20 paid employees, a further 20% had between 50-199 paid employees, and 14% had 500 or more employees.
- Nearly one third of organisations (32%) had 1-20 unpaid employees, 18% had between 21-49, and over 21% had between 50-199 unpaid employees.
- Just under three quarters of all organisations (72%) were established more than 11 years ago, while only 3% were established within the last 12 months.

Suicide prevention services and support is available nation-wide

Where does the sector deliver services across Australia?



Which areas does your organisation operate?



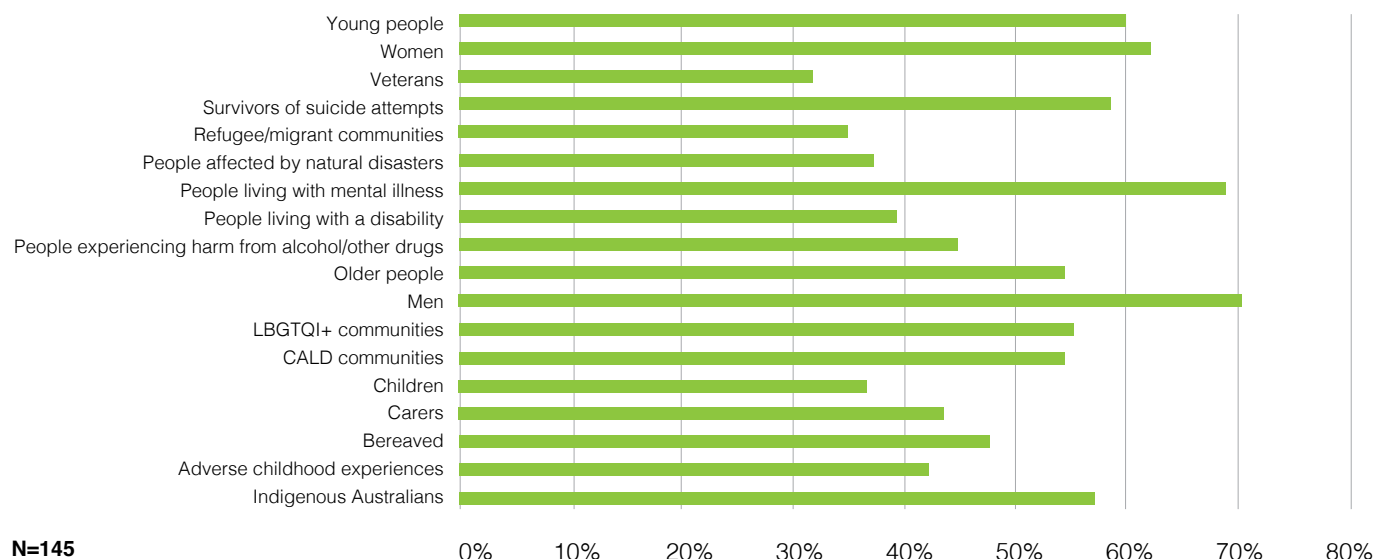
- The sector has a true national footprint with every state and territory having at least 43% of responding organisations delivering services there.
- Organisations support diverse communities across remote, rural, regional and metropolitan Australia.



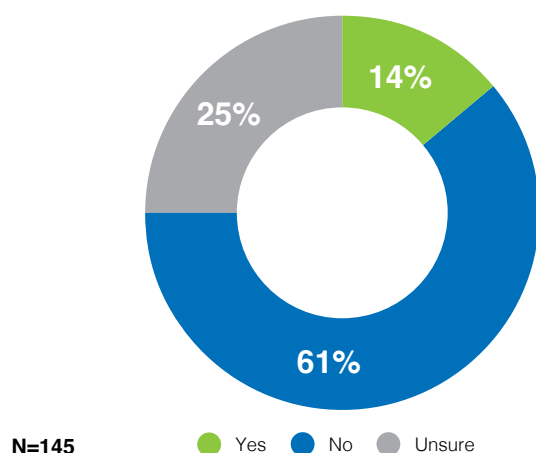
SERVICE DEMAND

Services meet the needs of Australians diverse communities

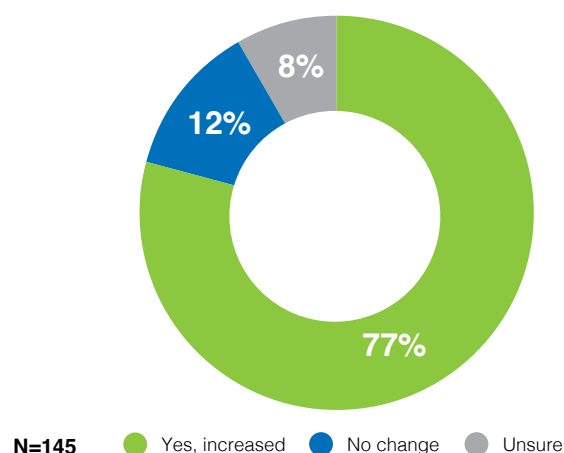
What main population groups does your organisation provide services to?



Has the demographics of those you support changed over the last 12 months?



Has demand for your services changed in the last 12 months?



Respondents highlighted service gaps in the areas they service including:

- Not enough GP's, psychologists, and psychiatrists to meet demand.
- Lack of Aboriginal Community Controlled Organisations.
- Limited clinical services and significant wait times.
- Insufficient access to gender affirming care.
- Scarcity in postvention services across Australia.

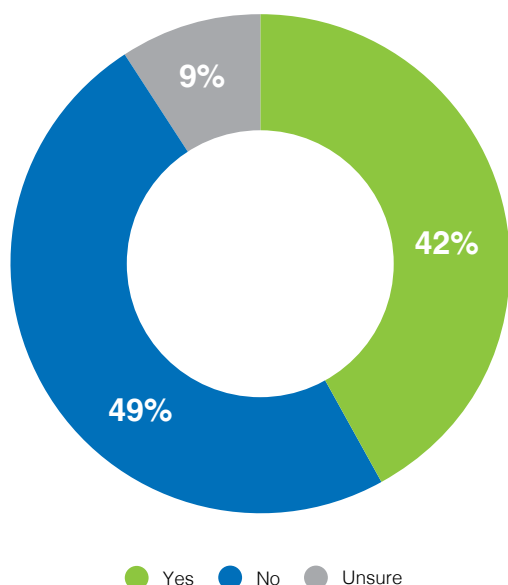
- More than three quarters of respondents identified an increased demand for services over the past 12 months (77%), however this was a decrease from the 2022 results (88%).
- A majority of respondents (61%) indicated that the demographics of the people they support had not changed in the past 12 months, while just 14% suggested there was a material change.

Community insights from the 2023 YouGov polling on suicide prevention:

- Nearly three in ten (29%) Australians say they know someone in their personal life or networks, who has died by or attempted suicide either directly (16%) or indirectly (16%).
- Over seven in ten (71%) Australians say they have experienced elevated distress (beyond normal levels) due to social and economic circumstances compared to August 2022.
- The top three circumstances that are causing elevated distress include cost of living and personal debt (46%), social isolation and loneliness (24%) and housing and affordability (24%).

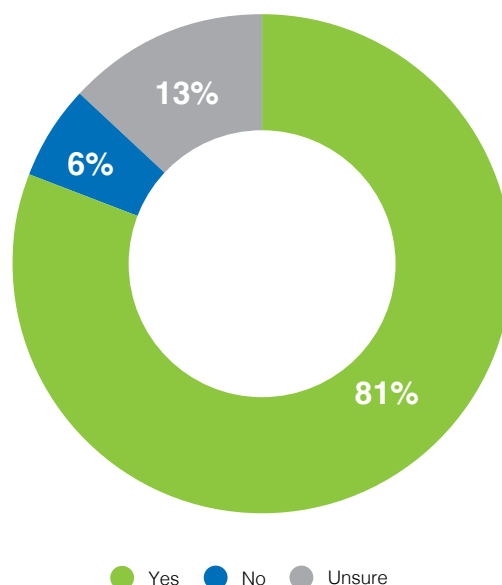
The types of services provided in the last 12 months have not significantly changed

Have the types of services you provide changed within the last 12 months?



N=145

Does your organisation require additional funding, support, or resources to meet changes in service demand?



N=145

- There was a similar proportion of organisations which indicated that the types of services provided within the last 12 months either changed (42%) or did not change (49%).
- An overwhelming majority (81%) of organisations reported that they require additional funding, support, or resources to meet changes in service demand.

We asked participants who reported that the types of services they provide have changed over the last 12 months to share feedback on how they have changed. Two key themes were evident in the responses:

Offering services in new areas

Similar to last year's survey several of the respondents reported expanding their services into new areas. Examples included: offering crisis support via text and chatlines, developing new peer support services, providing preventative care workshops, increased outreach in disaster affected communities, offering community and health professional education and mentoring services, and expanding services to support different priority population groups.

N=60

Providing cost of living relief

Many respondents indicated that the types of services they provide have changed due to increased demand as communities face acute daily living pressures. It was reported that services are now providing meals, that people are spreading out appointments with psychologists due to financial strain and that there is a growing need for financial counselling. A respondent indicated that services are adapting to support people experiencing cost of living pressures, homelessness and food insecurity.

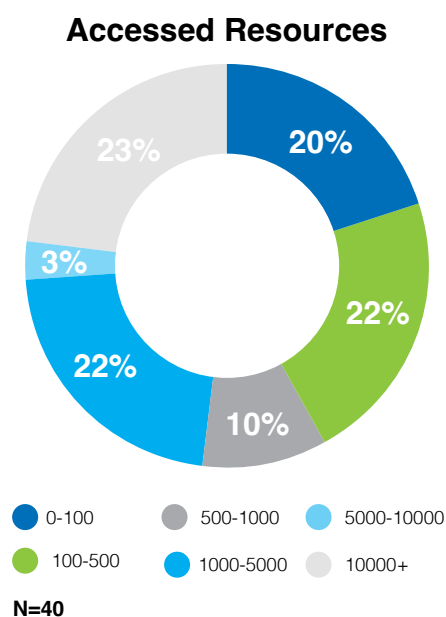
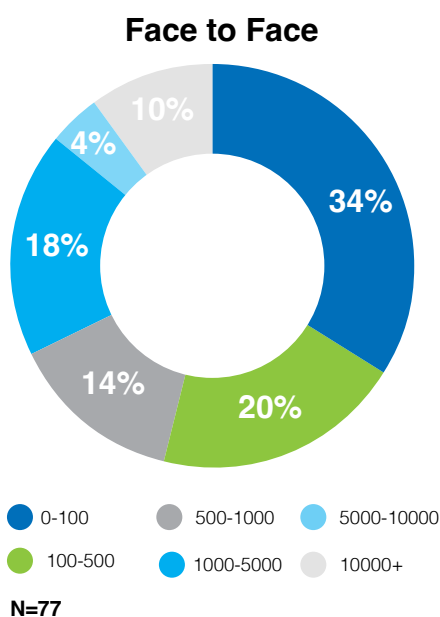
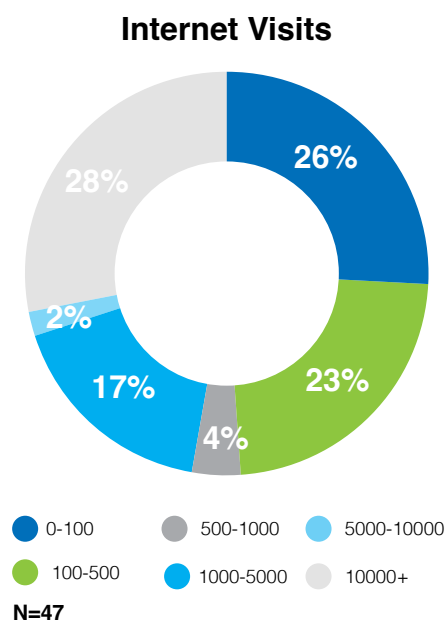
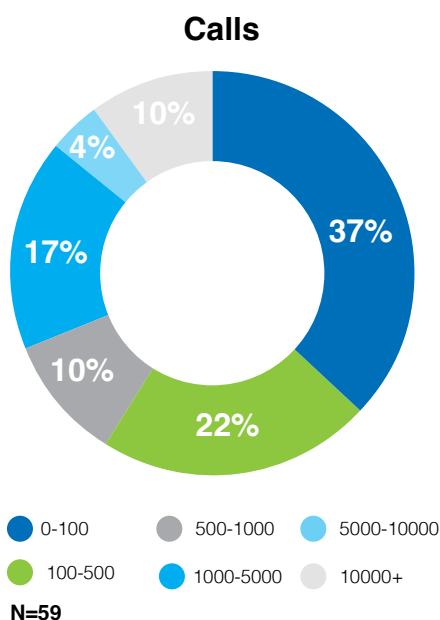
“Development and delivery of more sophisticated ‘practical support’ to attract and engage more men at risk of suicide.”

“We have expanded to have groups all over the nation and have augmented our helpline staff and hours.”

“In the last twelve months, we have started providing Individual Advocacy services for people with mental health challenges that need support having their rights protected and their needs met in legal, health, employment and housing contexts.”



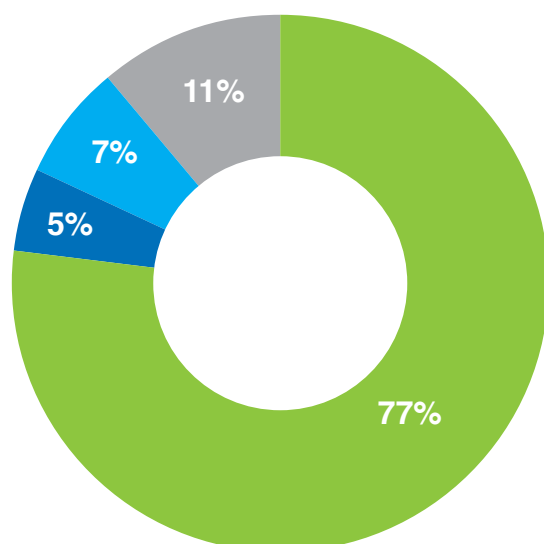
Approximately how many people accessed your suicide prevention services within the last 12 months?



- Just under three fifths of respondents (59%) received between 0-500 phone calls, while 14% received over 5,000.
- Nearly half of the respondents (49%) reported that between 0-500 people accessed their suicide prevention services online, while just under a quarter (23%) indicated that over 10,000 people accessed their services via the internet.
- Only 14% of respondents reported that over 5,000 people accessed their suicide prevention services face to face. A majority of services (34%) indicated that between 0-100 people accessed their services, while 20% reported 100-500 people received face to face support.
- A similar number of organisations reported that there were between 0-100, 100-500, 1,000-5,000 and 10,000 people who accessed their resources such as downloaded documents from a website. A small number of organisations (3%) indicated that there were approximately 5,000-10,000 people who accessed resources.

COLLABORATION

Does your organisation work with Government agencies (e.g. Primary Health Networks), other not-for-profit organisations and community-based organisations?



- Suicide prevention organisations are highly collaborative.
- More than seven out of ten respondents work with government agencies, other not-for-profit and community-based organisations.

● Yes
 ● No
 ● Unsure
 ● Not Applicable

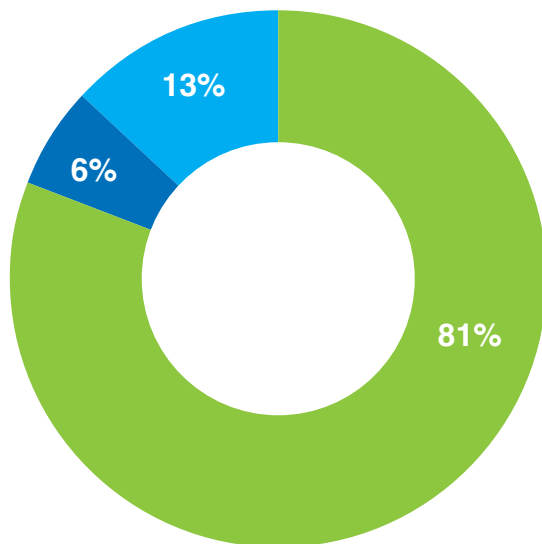
N=290



FUNDING

Additional funding is needed to meet changing demand

Does your organisation require additional funding, support, or resources to meet changes in service demand?



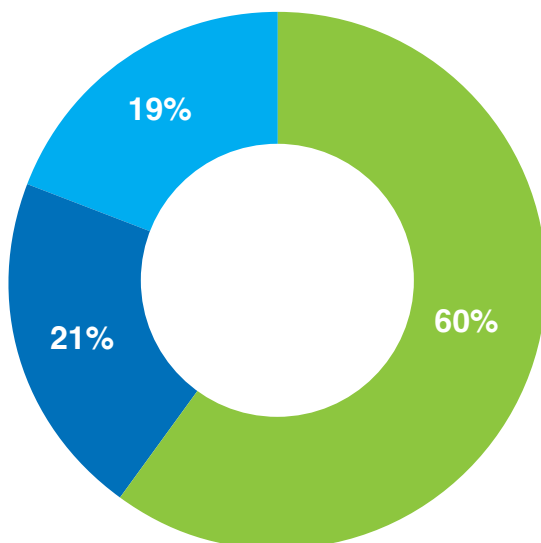
- Four out of five respondents (81%) reported a need for increased funding to meet changing demands for services, an increase from 66% in 2020, 64% in 2021, and 76% in 2022.
- When surveyed about existing funding sources, a large share of respondents identified Commonwealth (64%) and state and territory governments (60%) funding sources, a decrease from 67% for Commonwealth and 73% from the state and territory governments on last year's survey which could represent diversification in funding sources.
- Contributions from private donors fell to 39% from 42% while funding from private sector agencies increased to 17% from 14%.

Yes No Unsure

N=145

External funding factors pose key challenges to the sector and those we support

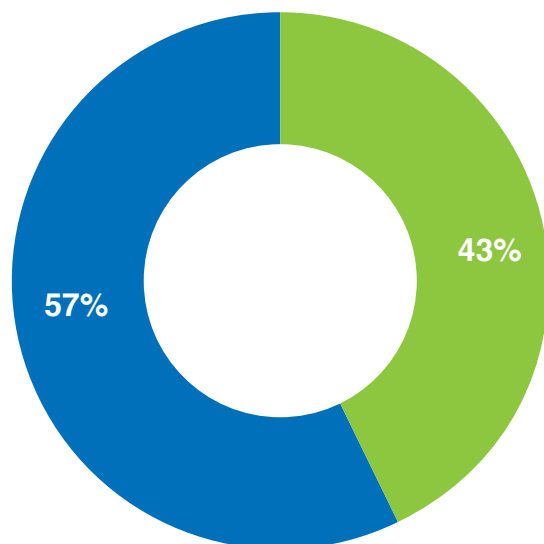
Does your organisation rely on external funding grants to remain sustainable?



Yes No Unsure

N=118

In the last 12 months has any of your government funding arrived late?



- Three out of five respondents (60%) reported a reliance on external funding, increasing from 57% in 2022 and 50% in 2021.
- Two in five (43%) reported government funding had arrived late in the past 12 months. This is an improvement from one in two (49%) last year but worse than one in four (25%) in 2021.
- A significant share of funding remains short-term, with close to seven in ten (69%) secured for under three years and increase from over half (55%) last year.

● Yes ● No

N=108

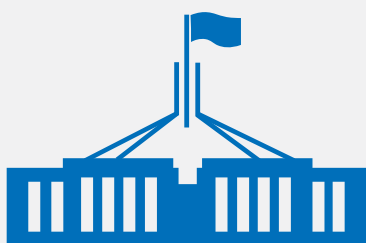
Half of the respondents reported the climate for funding security had changed in the past year (51%)

- Reported changes in the funding environment over the past 12 months include:
 - Uncertain and late timing of funds leading to workers leaving due to job insecurity
 - Fewer multi-year opportunities amidst growing demand and need for longer term planning
 - Due to rising costs, there is lower capacity to employ skilled staff with the expectation to do more with less. At the same time, governments are forced to rein in funding.
 - Less successful in grant applications due to volume of applicants
 - Not many funding organisations working collaboratively with Suicide Prevention Networks
 - Harder to access information
 - People are experiencing donation fatigue
 - Funding may increasingly be allocated on evidence based and outcome related criteria in addition to providers with financial strength and rigorous risk management systems being favoured for funding
- Federal government has deprioritised suicide prevention and folded it back within mental health rather than whole-of-community approaches
- Big organisations are getting funding instead of smaller ones that need it most
- Commonwealth government appears to favour short-term support using inexperienced staff over longer-term support provided by highly experienced staff.
- Suicide prevention is not seen as a priority
- No state government commitment to aftercare or postvention services
- Change of government is causing uncertainty in funding
- Move to a commissioning model makes funding uncertain
- Unrealistic KPIs, people in offices making poor legislation
- The number of respondents reporting a change in the funding climate increased from 49% in the 2022 survey.

In context: How is the suicide prevention sector funded?

Suicide prevention in Australia is supported through a complex series of funding arrangements between government and service providers; between the Commonwealth, state and territory governments; philanthropic sources and donations; and through providers selling services and products supporting suicide prevention. The Australian Institute of Health and Welfare's 2018 Australia's Health Report has summarised these arrangements, highlighting the lack of clarity and consistency in funding for suicide prevention.

This is an outline of how funding for suicide prevention in Australia is currently organised:



Commonwealth funding:

The Commonwealth Government is a significant source of direct funding for suicide prevention, including through contributions to the new National Agreement for Mental Health and Suicide Prevention, funding for Primary Health Networks to commission services and the National Suicide Prevention Leadership Support Program.



State and territory funding:

The jurisdictions support the Commonwealth Government's suicide prevention activities with their own locally delivered plans and programs. States and territories are also contributing funds under the new National Agreement on Mental Health and Suicide Prevention.



Philanthropic sources:

Many not-for-profit organisations, operating in the suicide prevention sector, receive funding from philanthropic sources. This includes private donations from individuals, as well as donations from organisations exercising corporate social responsibility.

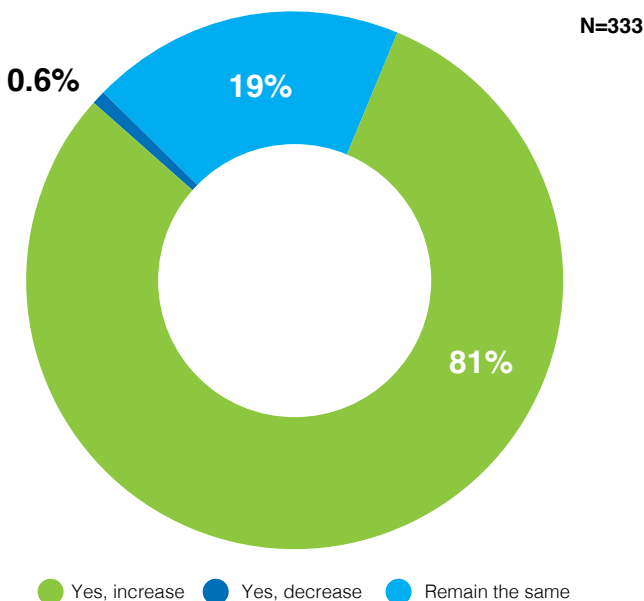
Part Two: State of the Community

It's been another challenging year for our community. The ongoing impact of the COVID-19 pandemic has been felt alongside natural disasters and emerging cost of living pressures. Our sector works across the community and sees the impact and challenges of distress daily. In our State of the Nation in Suicide Prevention, we asked for views on risks facing our community and opportunities to prevent suicide in these challenging times.

EMERGING AREAS OF RISK

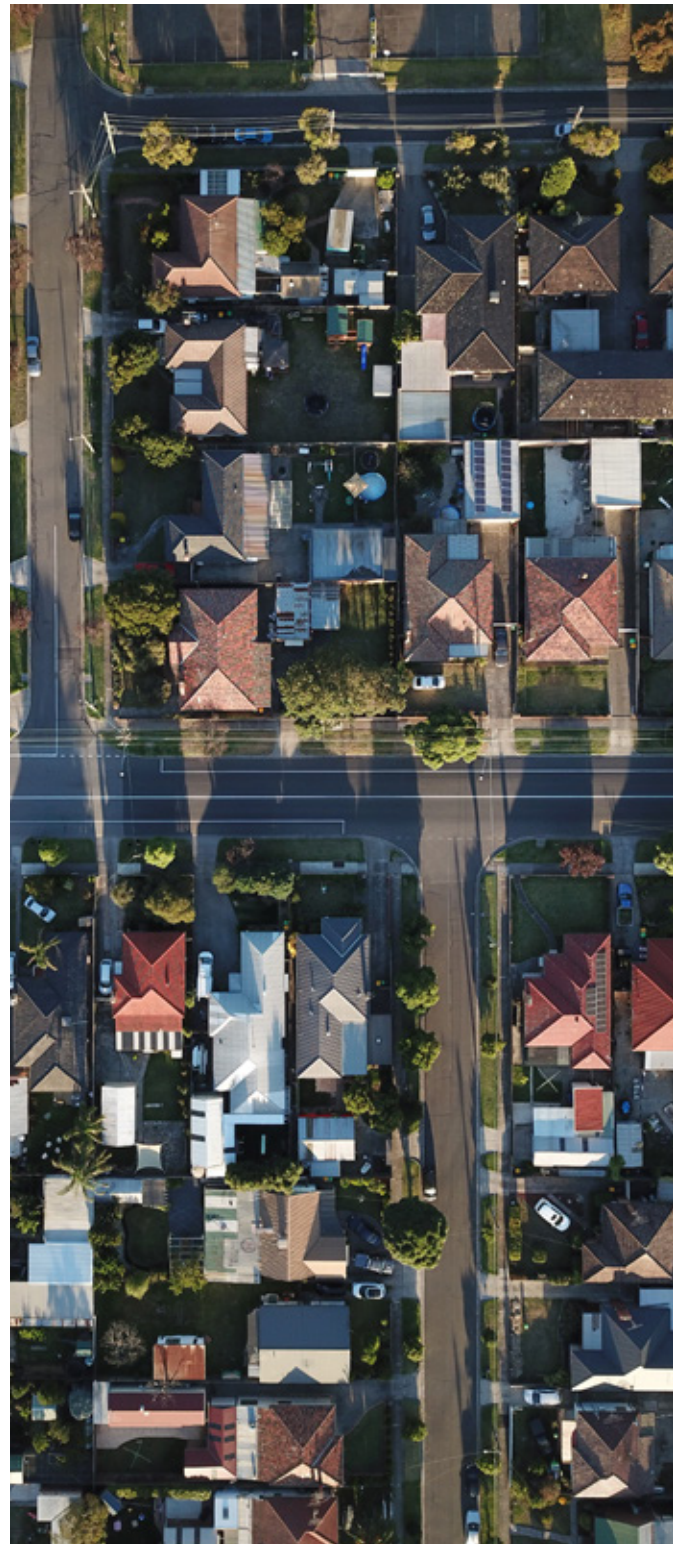
The sector is preparing for further challenges and ongoing suicide risks in our community

Based on current social, economic and policy settings, do you anticipate changes in suicide rates over the next 12 months?



Community insights from the 2023 YouGov polling on suicide prevention:

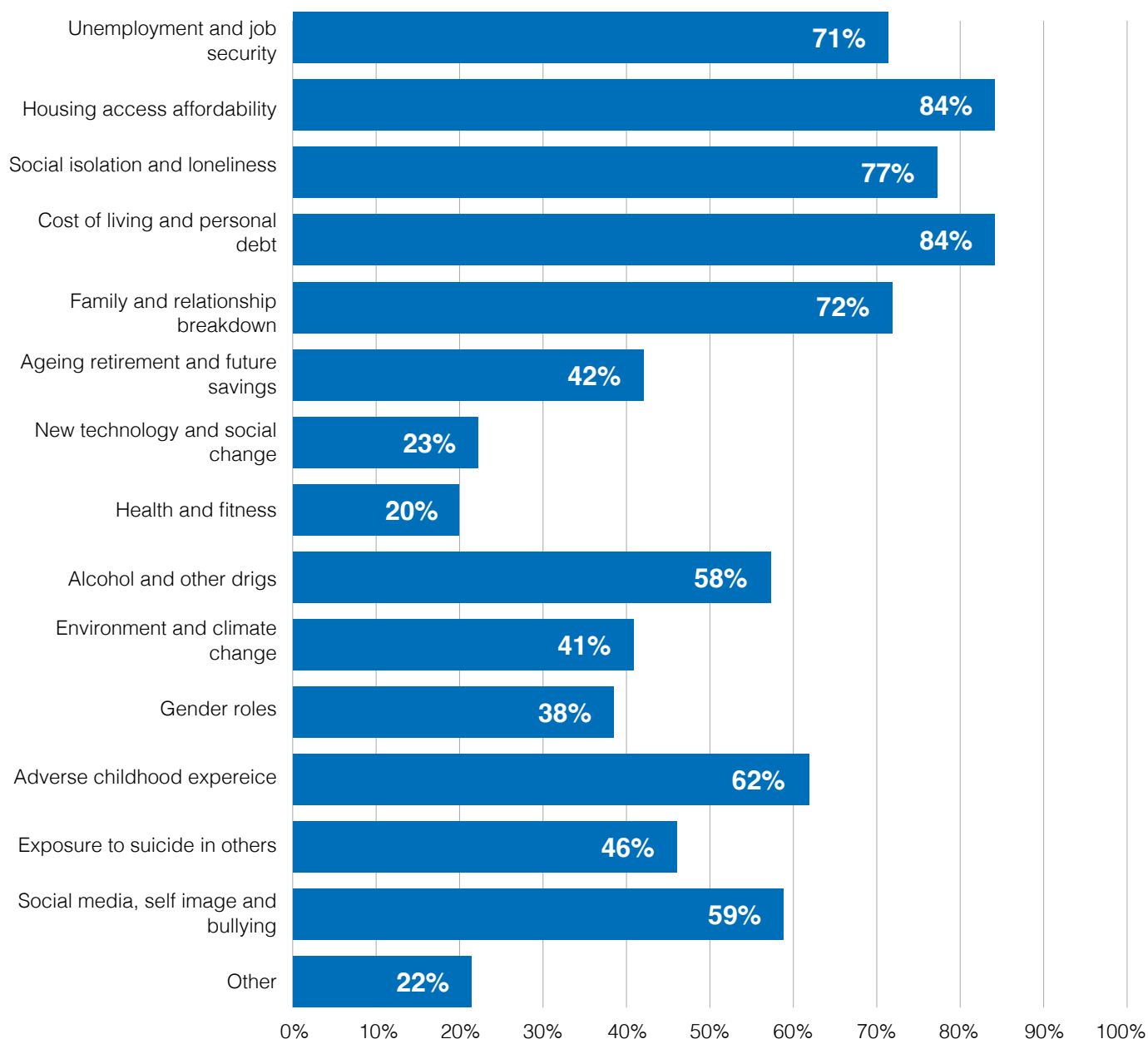
- Nearly nine in ten (88%) of Australians believe that based on recent social and economic circumstances, current suicide rates are likely to be higher this year compared with this time last year.
- Nearly nine in ten (88%) of Australians believe that based on current social and economic circumstances, future suicide rates are likely to be higher next year compared to this year.





The social determinants of health and wellbeing continue to pose significant risks to suicide rates

What will pose the most significant risk to suicide rates over the next 12 months?






N=333

- Suicide is a complex, multi-factorial human behaviour and is usually a response to many contributing factors or 'risk factors' rather than a single cause.
- Housing affordability and cost of living/debt are the two top risk factors.
- Social isolation, family and relationship breakdowns and unemployment are also significant risk factors.

Community insights from the 2023 YouGov polling on suicide prevention:

- Almost nine in ten (88%) Australians believe that social and economic circumstances will pose a significant risk to suicide rates in Australia this time next year
- Similarly, cost of living and personal debt (68%) followed by housing access and affordability (55%) and family and relationship breakdowns (50%) are believed to pose the most significant risks

Respondent views on interventions needed to tackle emerging suicide risks*

Top rated risk	Second rated risk	Third rated risk
 <p>Cost of living and personal debt</p> <ul style="list-style-type: none"> - Newstart Allowance and Rental Support needs to be increased to above the poverty line. - Pause on interest rate rises; incentives offered to large chain supermarkets to stop grocery price increase - There needs to be significant policy change in interest rates, minimum wage, superannuation payments and subsidised accessibility to services 	 <p>Housing access and affordability</p> <ul style="list-style-type: none"> - Create more housing availability in all areas (emergency housing, intermediate housing, and permanent housing). - Better use of vacancy in office buildings where employees have adopted hybrid work arrangements 	 <p>Social isolation and loneliness</p> <ul style="list-style-type: none"> - Support for organisations that have programs to get people involved - ABC campaigns, look at funding of TAFE, apprenticeships and universities to reengage people, supported community gardens

N=76

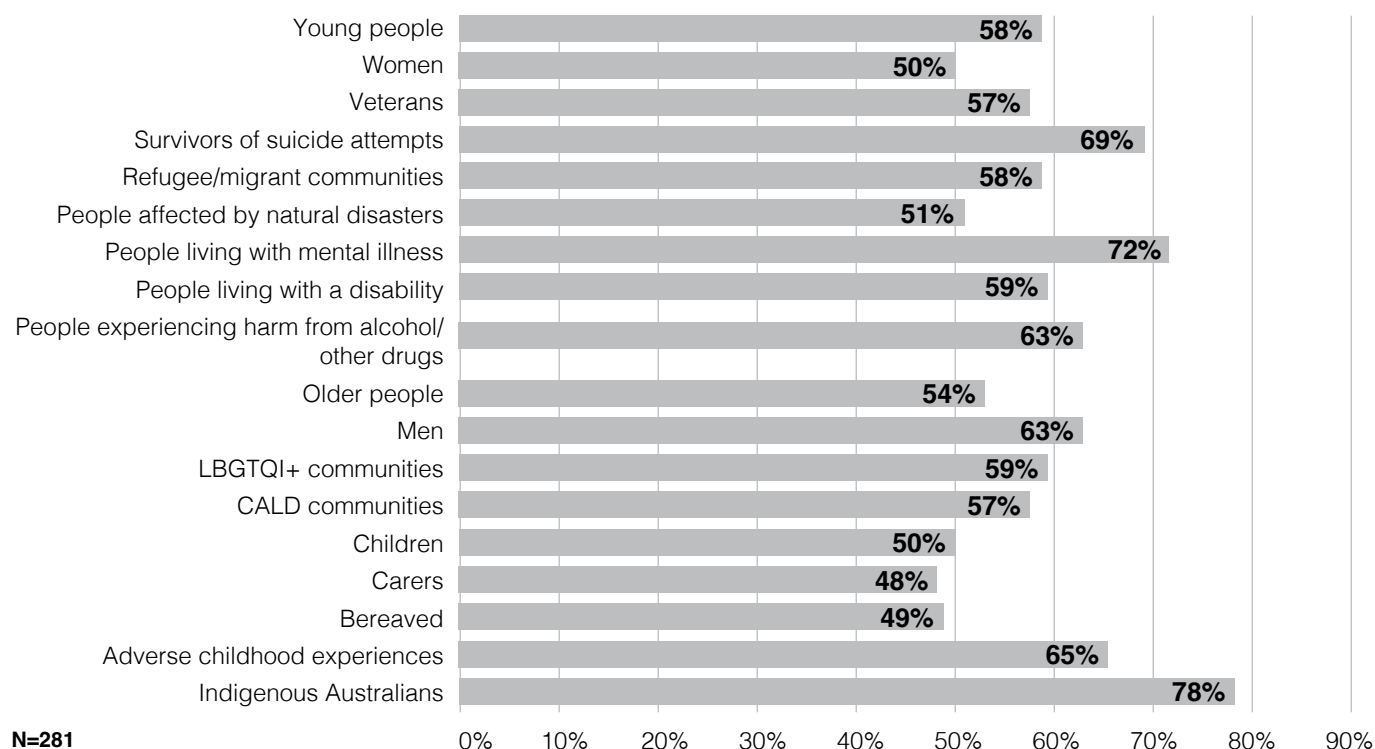
“As a single mother working more than full time with three children, the increased cost of living including rent and bills has actually had me at a point where it would be easier to end it all. There is no relief in sight. There is no reprieve.”



PRIORITY GROUPS

More needs to be done to meet the needs of priority population groups.

Which population groups require further support?



- There was overwhelming support for additional funding for priority population groups.
- Respondents predominantly agreed (75%) that programs and services targeted to priority populations at risk of suicide are not appropriately funded, resourced or responded to.
- Significantly only 9.1% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to.

Respondents identified actions required to address the needs of priority groups.

Additional **funding** **free support services** more awareness and education **targeted resources** paid lived experience co-design More helpline providers **Affordable support services** more peer support **federal, state and territory government cooperation** less wait times better trained clinicians a **skilled and diverse workforce** focus on human connectedness **wrap around care** empowerment

A large number of the identified actions were supported by numerous respondents:

- Invest in growing and training the mental health and suicide prevention workforce.
- More localised responses tailored and led by priority groups.
- Increase funding for early intervention and prevention.
- Awareness and education to empower priority groups.
- Improve access to free support services.
- Build service capacity to work with priority groups.
- A national whole of government approach to suicide prevention.

Part Three:

State of the Platform

Suicide Prevention Australia published our updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

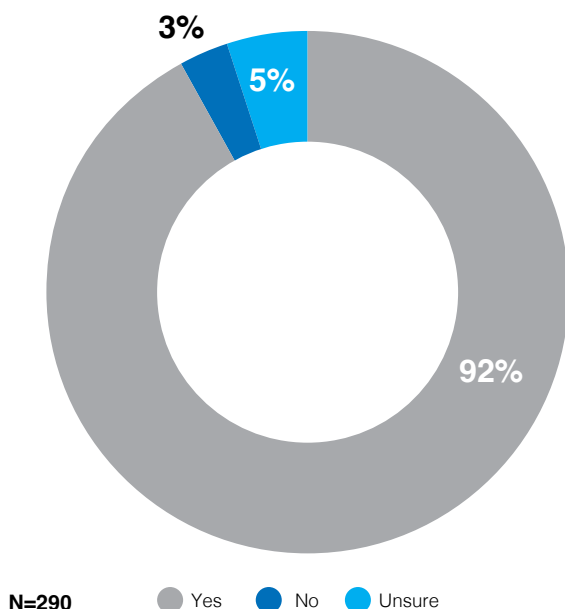
Pillar One:

Whole-of-Government

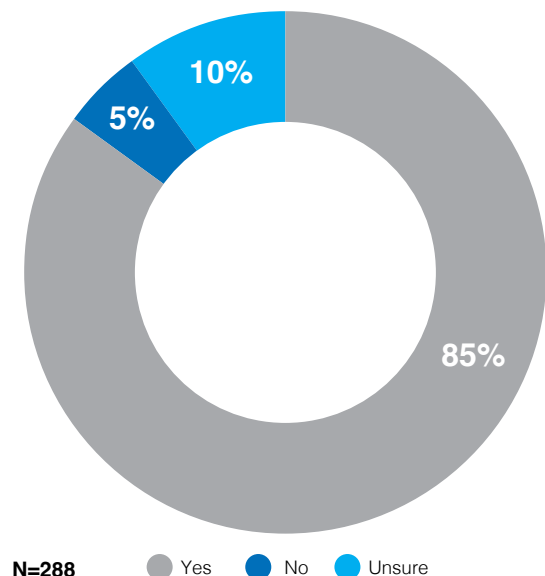
Suicide is complex, multi-factorial human behaviour with many contributing risks. This is why Suicide Prevention Australia advocates for a whole-of-government approach, a whole-of-community approach to suicide prevention. Our National Platform outlines the need for a whole-of-government approach to suicide prevention that addresses the social determinants of health and wellbeing.

There continues to be overwhelming support for a whole-of-government approach

Do you believe a whole-of-government approach to suicide prevention is required?



Do you believe all government decisions should consider the risk of suicide and have clear plans in place to respond?

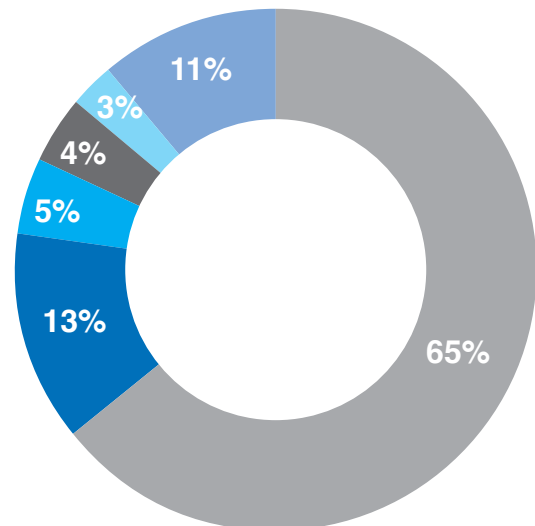


- There is overwhelming support (92%) for a whole-of-government approach to address the social determinants of health that contribute to the risk of suicide.
- This remains consistently high, with a similar percentage of respondents supporting this approach in 2020 to 2022.
- 85% of respondents believe that all government decisions should consider the risk of suicide and have clear plans in place to respond to any negative impacts following on from those decisions, and this is similar to responses in 2021.

There is strong support for a Suicide Prevention Act

To what extent do you agree or disagree that Australia should introduce a standalone Suicide Prevention Act similar to South Australia and other countries like Japan, that looks to take a whole-of-government approach?

- There is strong support for a Suicide Prevention Act, with more than three-quarters of respondents agreeing or strongly agreeing that Australia should introduce such an act.
- Only 7% of respondents disagreed with introducing a Suicide Prevention Act.



N=285

Strongly agree
Somewhat agree
Neither agree nor disagree
Strongly disagree
Somewhat disagree
Don't know

Community insights from the 2023 YouGov polling on suicide prevention:

- Seven in ten (72%) of Australians agree that Australia should introduce a standalone Suicide Prevention Act that looks to take a whole-of government approach.
- Eight in ten (80%) of Australians who know someone directly who has died by or attempted suicide in the past 12 months agree that Australia should introduce a standalone Suicide Prevention Act that looks to a whole-of-government approach.



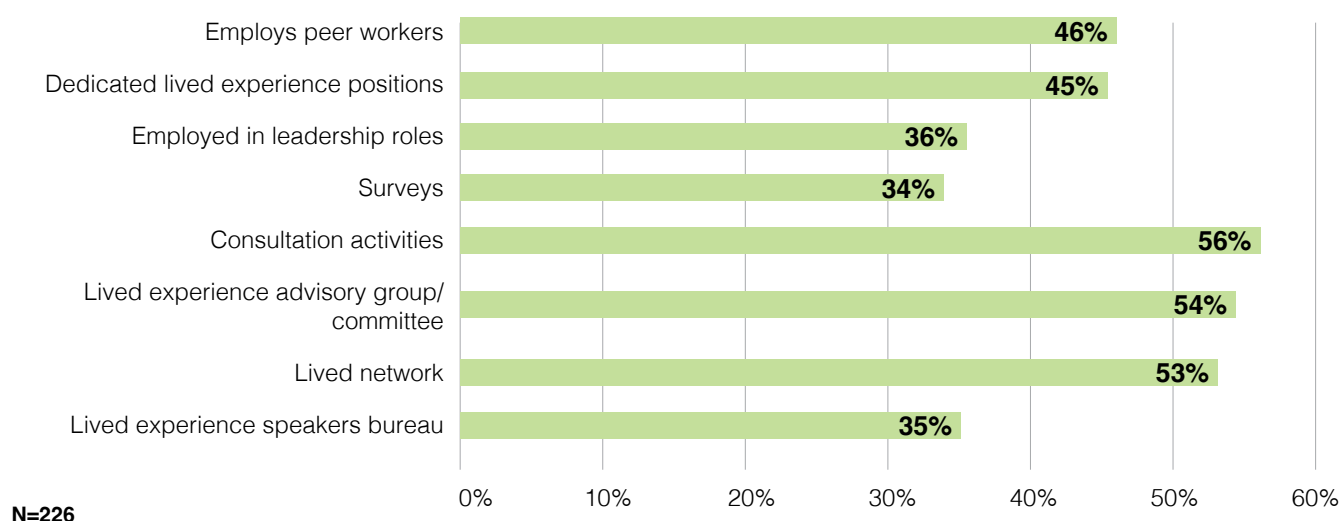


Pillar Two: Lived Experience

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. Our National Policy Platform outlines the need for lived experience to be central to suicide prevention and should be integrated into policy development, service design, implementation, research and evaluation.

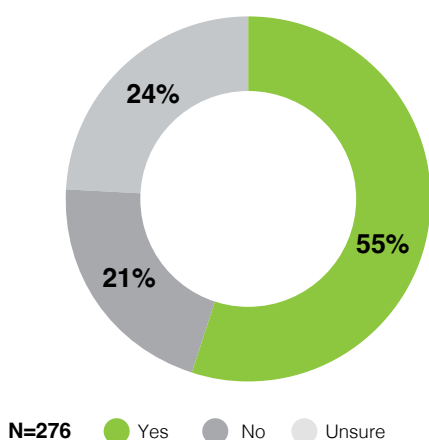
Lived experience in the suicide prevention sector

How does your organisation engage people with lived experience?

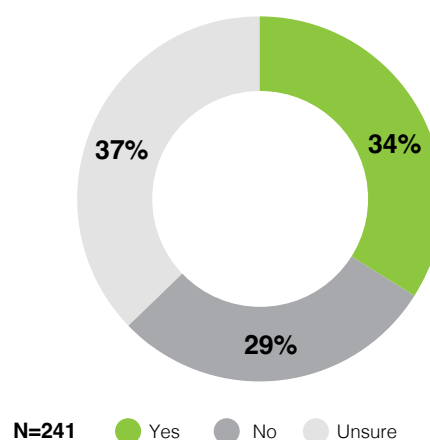


- The suicide prevention sector primarily engages people with lived experience through consultation activities including workshops and roundtables (56%), lived experience advisory groups or committees (54%), and lived experience networks that share information and opportunities for participation (53%).

Is lived experience represented in your governance structures?



Does your organisation have a lived experience paid participation policy?



- People with lived experience are represented in more than half of governance structures across the sector.
- More than a quarter of the sector have a lived experience paid participation policy (34%), and a similar amount are unsure whether the organisation they work for have one (37%).

The 2022 National Agreement on Mental Health and Suicide Prevention resulted in Bilateral Agreements among all states and territories. All schedules across jurisdictions included commitments to adopting a consultative approach with people with lived experience in all matters of service design, planning, implementation, evaluation, data and governance, and to building structures and supports for the lived experience workforce.

More recently, the Commonwealth Government committed \$8.5 million to support those with a lived experience of mental health in policy and service development by funding the establishment of two independent national mental health lived experience peak bodies. One will represent mental health consumers and the other mental health carers, families and kin.

Of the total funding investment, \$7.5 million was allocated to the two peak bodies, \$900,000 to Lived Experience Australia to continue leading lived experience research and capacity building of consumers and carers, and \$100,000 to establish a regular stakeholder forum to increase partnership and accountability with the sector.

Commonwealth, State and Territory Governments have commissioned a lived experience co-design process to further develop aftercare, postvention and distress supports being delivered under the National Agreement.

While momentum has been building in recent years to better include lived experience in policy and service design decision-making, gaps remain in equipping the suicide prevention peer workforce and meaningful integration of lived experience in all aspects of suicide prevention. Additional focus is required to ensure the supporting structure can grow and sustain a lived experience workforce.



Sector ideas on how to integrate lived experience into decision-making

We asked participants what needs to be done to integrate lived experience and insights into decision-making in the sector and in government.

From 90 responses received, the following key themes emerged:

- **Greater recognition and value of lived experience is needed by governments, sectors, and services**

Majority of responses identified the need for better recognition and understanding of the value of lived experience in decision-making, policy, and service design. Respondents identified this could be achieved through greater understanding of the benefits of co-design and co-production with people with lived experience, addressing culture, paid participation, and further development of the evidence-base for integrating people with lived experience into the suicide prevention workforce.

- **Designated roles for lived experience including in leadership positions are needed**

The sector reported a need for designated lived experience roles and leadership positions throughout governments, sectors, and services. PHNs should have designated lived experience positions and be included in commissioning processes.

- **Lived experience engagement and positions must be paid and supported**

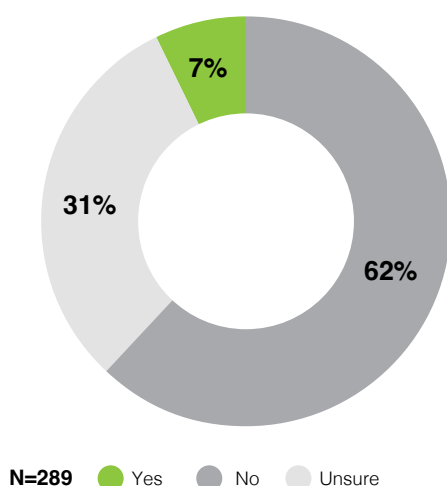
The sector reported more paid participation engagement opportunities for people with lived experience are needed, and lived experience positions should be supported in the workplace through supervision, training, and professional development opportunities to enhance skills.

- **Lived experience in government decision-making and engagement at all stages of policy and service design, implementation, and evaluation**

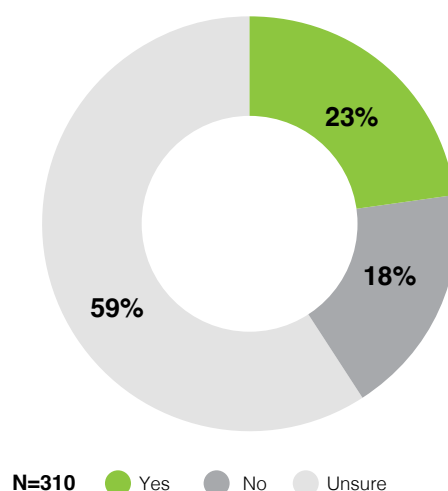
The sector reported lived experience must be valued and present in all government policy and service decision-making for suicide prevention. This must progress beyond consultancy roles to meaningful recognition, value, and leadership of lived experience in all levels of government policy and service design, implementation, and evaluation.

Peer workforce

Is the suicide prevention peer workforce (including peer workers) appropriately funded and resourced?



Have there been any changes to suicide prevention peer workforce funding and resources in the last 12 months?



- More than half of respondents reported the peer workforce (including peer workers) is not appropriately funded and resourced (62%).
- More than half of the respondents are unsure if there have been any changes to peer workforce funding and resourcing in the last 12 months (59%), up from 48% in 2022, suggesting greater clarity is required on peer workforce development in Australia.



Number of paid lived experience positions compared to number of paid employees in organisations



- The sector reported 16% of organisations have 1-2 dedicated lived experience paid positions in their organisations, 11% have 3-5, 10% have 6-10, 11% have 11-20, and 11% have 21-49 paid positions.
- When comparing against the number of paid employees overall in an organisation, organisations with less paid staff employ either zero or a small amount of people in dedicated lived experience positions. This is likely due to funding constraints experienced by smaller sized organisations and limited resources for capacity building.
- There were 8 organisations with 50-199 paid employees who don't have dedicated paid lived experience positions, and 6 organisations of the same size who employ 11-20 dedicated paid lived experience positions.

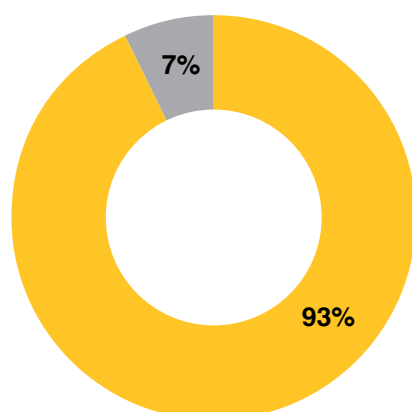
“Lived experience needs to be at the forefront of all leadership and governance mechanisms, equally sharing power in visible, genuine and substantial ways.”

Pillar Three: Data and Evidence

Our National Policy Platform outlines the need for reliable, time and meaningful data and evidence that drives better policy, practice and outcomes

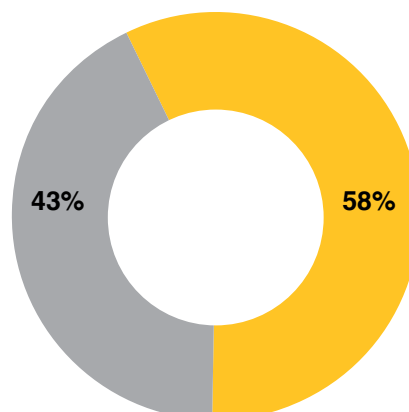
The suicide prevention sector needs access to data and there are gaps in current data systems

Does your organisation need access to reliable, timely, accurate suicide prevention data?



N=123 ● Yes ● No

Does your organisation have access to the data it needs right now?



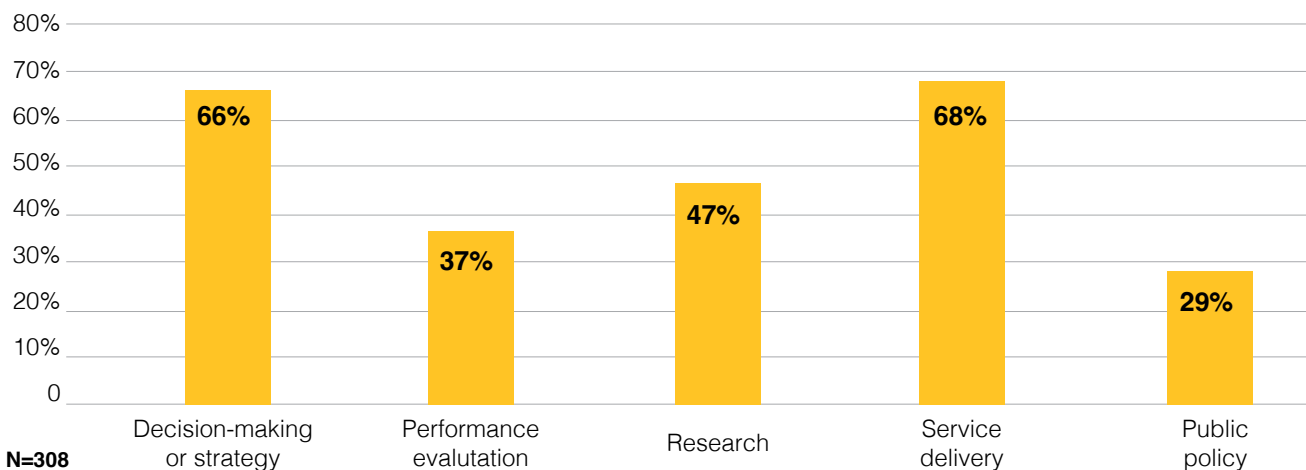
N=120 ● Yes ● No

- There continues to be an overwhelming consensus (93%) that organisations need access to reliable, accurate suicide prevention datasets, and around two in five (43%) do not have access to the data they need right now.
- Data accessibility has improved slightly, as more than half (58%) have access to the data they need which is up from 52% in 2022.

Data can empower organization to do more

- Service delivery (68%) and decision-making or strategy (66%) are the main use cases for organisations who rely on suicide prevention data

What do you primarily use suicide prevention data for?



Despite progress, gaps remain and more needs to be done to provide the data the sector needs

We asked participants what data they need that they can't currently access.

From a range of responses received, the following key themes emerged:

- **Need for live local data**

In order to create responses that support communities in a timely manner, more needs to be done to ensure that data is available to organisations so they can create effective strategies that target those in need.

- **Lack of data on suicide and suicide attempts by priority groups**

Data on different priority groups continues to be requested by organisations as it could provide insight into trends or specific stressors unique to different communities.

- **Calls for data on social determinants of suicide**

Organisations are requesting for data on social determinants of suicide in order to develop strategies that can address them.

- **Lack of consistency in suicide data reporting**

States and territories not having unified suicide monitoring systems prevents certain jurisdictions from having access to that data and making it difficult to generate any insights due to lack of comparability.

N=69

“National data is state based and inconsistent. We need reform in each state to standardise the identification, collection and analysis of suicide and social determinant related data.”

Sector ideas on improving the collection and reporting of suicide data in Australia



Clinical registries to enable the collection of wider demographic information and key risk factors for suicide, including mental illness and addiction comorbidities



More granular detail by region, gender splits and stats on social determinants



Recent data on suicide deaths in each LGA



Pillar Four: Workforce, Sector and Community Capacity

Our National Policy Platform emphasises the need for a sustainable workforce, quality sector practice and community-wide capability for suicide prevention.

In context: Defining the suicide prevention workforce

Suicide Prevention Australia takes the view that the suicide prevention workforce should be defined as broadly as possible. A broad view of the suicide prevention workforce reflects a whole-of-community approach to suicide prevention and includes everyone who is likely to interact with or make decisions that affect someone who might be vulnerable to suicide.

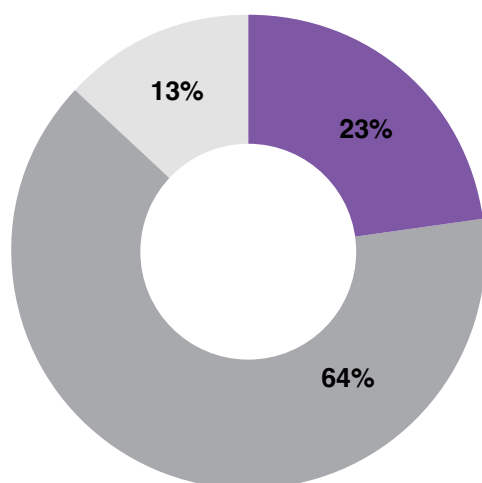
As outlined in our previous representations to government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

- The clinical workforce, encompassing doctors, nurses and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis.
- The formal suicide prevention and mental health workforce, encompassing those working in suicide prevention, response, crisis support or postvention setting (eg. emergency first responders, the lived experience workforce, the postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers). In most cases, this segment of the workforce should co-exist and be complementary to the mental health workforce, leveraging and sharing infrastructure where appropriate.
- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across government departments, social services, employer groups, miscellaneous service providers, community-based organisations and other settings where individuals vulnerable to suicide or suicidality are likely to present.



There are major workforce challenges and most providers do not have sufficient staff or volunteers

Do you currently have sufficient staff and/or volunteers to meet your workforce needs?

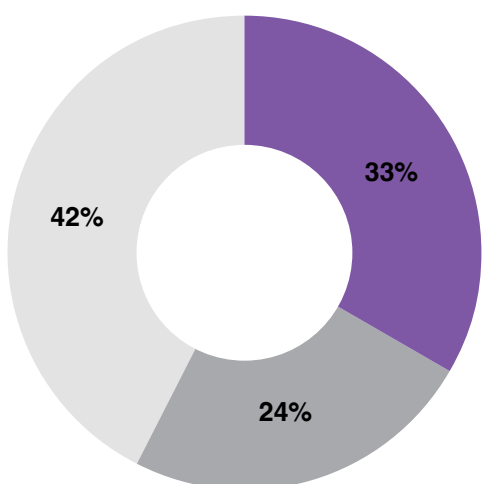


N=261

- A vast majority of respondents do not currently have the staff and/or volunteers they need (64%) while less than a quarter report they do (23%).
- Approximately eight out of ten respondents (82%) believe Australia needs a comprehensive, fully-funded Suicide Prevention Workforce Strategy.

- Over half of respondents report having access to the skills and training necessary to meet service delivery needs (58%), yet 29% do not. This is a slight increase from 25% in 2022 who reportedly did not have access to the necessary skills and training to meet service delivery needs.
- The skills and training needs identified by respondents include (=246):
 - Suicide-specific interventions, including suicide prevention training (e.g. ASIST, Mental Health First Aid and other gatekeeper training).
 - Capacity building to support the lived experience workforce (including upskilling people with lived experience, wellbeing support in the workplace, and understanding of co-design and co-production best practice).
 - Capacity building to support the suicide prevention sector including data, research, evaluation, communication, collaboration, and governance skills
 - Trauma-informed approaches.
 - Cultural safety to meet the needs for specific at-risk cohorts including First Nations, LGBTQIA+SB, and culturally and linguistically diverse populations.
 - Workplace suicide prevention training and initiatives to support sector staff e.g. vicarious trauma training, self-care, and resilience building.

The sector continues to grow with significant workforce recruitment expected in the near-term



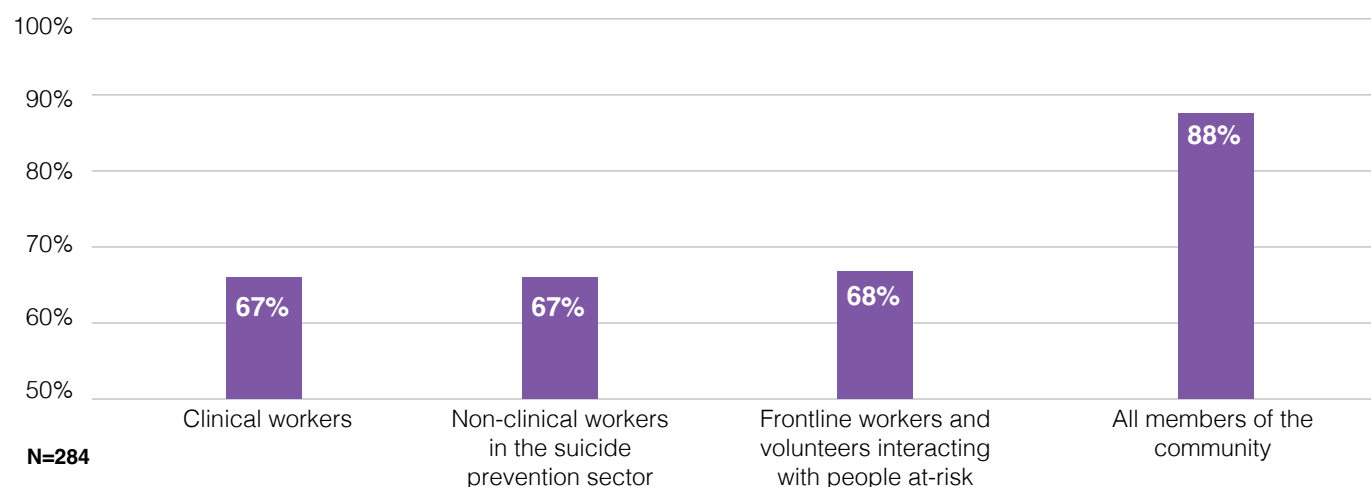
N=259

Is your organisation intending to increase the full-time-equivalent staff numbers in 2023/24?

- 33% of responding organisations intend to increase their staffing levels in 2023/24. This is a slight decrease from 37% in 2022 but remains higher than 30% in 2020.
- The level of staffing uncertainty has significantly increased to 42% from 30% in 2022.

There is strong support to build community capability for suicide prevention

Who should have access to suicide prevention training?



- There is widespread support for broader access to suicide prevention training (i.e. training that helps individuals identify signs of distress and support people to services that are available).
- The sector support both clinical and non-clinical workers having access to training (67%).
- The sector support all members of the community (88%) and 68% support frontline workers and volunteers interacting with people at-risk having access to training.

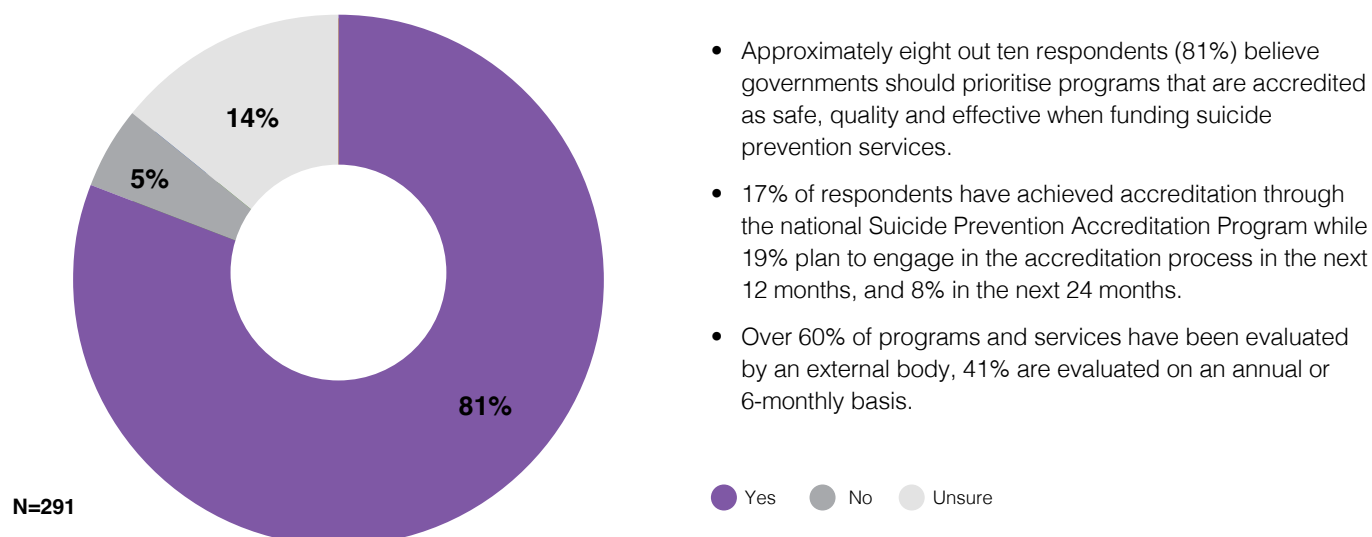
Community insights from the 2023 YouGov polling on suicide prevention:

- Just a fifth (20%) of Australians say they have visited, sought help, or searched for a suicide prevention service in the past 12 months.
- Encouragingly, (71%) Australians that have been formally diagnosed with a mental illness in the past 12 months, have visited, sought help, or searched for advice from a suicide prevention service in the past 12 months.



The sector is committed to safe, quality and effective suicide prevention practice

Should Governments prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services?



Australia's first National Suicide Prevention Standards

The Suicide Prevention Accreditation Program supports organisations to implement safe, high-quality and effective suicide prevention and postvention programs in Australia. We are striving to ensure that every person who needs support can access a consistent, high-quality and safe standard of care.

Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (the Standards).

The Suicide Prevention Accreditation Program is for all suicide prevention and postvention programs. A suicide prevention program is one that is implemented to address, prevent or respond to suicidal behaviours and their impact on people, families, communities and the Australian population.

Over 160 programs have been registered for accreditation with 75 now fully accredited.

Acknowledgements

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience of suicide. 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 development of the 2023 State of the Nation in Suicide Prevention Report including on the design of new and updated questions, the addition of a lived experience section and in responding in large numbers to the 2023 survey.

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 and advocacy work. Suicide Prevention Australia thanks all involved in the development of the 2023 State of the Nation in Suicide Prevention Report.



Suicide Prevention
Australia

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