



October 2024

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# **Consultation – Advice on the National Suicide Prevention Strategy Consultation draft**

Suicide Prevention Australia Submission

## Summary

Suicide Prevention Australia has consulted with the suicide prevention sector on the *Advice on the National Suicide Prevention Strategy draft*. From these consultations a number of key points have been made clear:

- There is strong support for this national strategy on suicide prevention, based on thorough consultation with the sector
- The broad scope and whole-of-government approach of the draft is considered appropriate and necessary
- The overall content of strategy is supported, with some suggested improvement to specific aspects (see details below)
- There is a significant amount of frustration in the sector that the actions in the strategy have not already been implemented
- There is a widely held view that the framing of the draft as "advice" shows a lack of commitment to implementation by the government, and that the government should demonstrate its commitment by releasing the final version as a strategy and not as advice on a strategy.
- There are calls for the strategy to be finalised and released as soon as possible.
- There are calls for the government to begin work immediately on high priority actions (see below for details)

## Introduction

At the request of its members Suicide Prevention Australia has prepared this submission to the public consultation for the *Advice on the National Suicide Prevention Strategy draft*. The content is drawn from member input given at a number of sector forums as well as individual inputs in writing from those in the sector.

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 shared purpose, we can work towards our ambition of a world without suicide. With more than 350 members representing more than 140,000 workers, staff and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives and people with lived experience. We represent the sector from small community-based organisations to national household name agencies.

This submission is structured to align with the prompt questions provided in the materials for the consultation. The next five sections address each of the prompt questions as follows:

- **Addressing the requirements for long-term change** - How well does the Advice on the Strategy articulate what is required for long term change in suicide prevention?
- **Critical missing aspects** - Is there anything critical to preventing suicide in Australia, that the Advice on the Strategy does not address?
- **Changes to specific actions** - Are there any recommended actions in the Advice on the Strategy that you do not understand, or need more information about?
- **Priority actions** - Which actions do you think are the highest priority?
- **Other matters** - Is there anything else you would like to tell us in response to the draft Advice on the Strategy?

## Addressing the requirements for long-term change

*(This section addresses the prompt question: How well does the Advice on the Strategy articulate what is required for long term change in suicide prevention?)*

Consultations with the sector have made clear that a national strategy is required for long-term change and that the current draft reflects well what is required to achieve this. In particular the cross-government scope of the document, and the structure that included both prevention and support as well as critical enablers, were both praised by those consulted.

The National Strategy is the product of extensive consultation with the suicide prevention sector, people with lived and living experience of suicide, and specialist researchers.<sup>1</sup> The significance of the National Strategy is that it provides a roadmap and clear direction on what action is needed to prevent suicide in Australia. This blueprint establishes a strong focus on prevention and the drivers of distress, to facilitate meaningful and long-lasting change and to reduce the unacceptable rate of suicide in our communities. It also provides a clear path for Governments to begin allocating resources and analysing agency capacities to allow for smooth implementation.

The National Strategy builds on the work of the sector, and so reflects the needs of the sector and acts to provide certainty and unity to drive suicide prevention efforts across Australia. It also builds on, and to some degree replicates, the Final Advice of the National Suicide Prevention Advisor, released in 2021, which called for urgency in implementing a range of similar recommendations.<sup>2</sup>

While some of the recommendations of the Final Advice, such as the establishment of the National Suicide Prevention Office, have been achieved, several recommendations remain incomplete or unactioned.<sup>3,4</sup> Many of the recommendations outlined in the Final Advice have increased in urgency, including the call for whole-of-government approaches, the essential embedding of lived experiences into decision-making, improved access to postvention and aftercare, and investment in peer workforces and priority populations, which are all foundations for this National Strategy.

The strength of the National Strategy lies in its whole-of-government, multi-jurisdictional vision, which embeds suicide prevention across agencies, into workforces, and into community responses. The National Strategy has the capacity to create a cultural shift within government, with bipartisan support, so that suicide prevention is prioritised, and that evidence-based initiatives and activities are in place across Australia to adequately support people in suicidal distress and to prevent suicide.

Prime Minister, Hon Anthony Albanese MP, described the need for whole-of-government action on suicide prevention across multiple portfolios: "Family breakdown, sexual abuse, unemployment, financial loss or insecurity, homelessness, domestic and family violence, social isolation, drug or alcohol dependency – these are all possible contributors [to suicide]. That is why we are taking a whole-of-government approach aimed at reducing drivers of distress in their structural and systemic forms."<sup>5</sup>

<sup>1</sup> National Mental Health Commission. (2023). Overview of the development process of the National Suicide Prevention Strategy. [Overview of the development process of the National Suicide Prevention Strategy | Have Your Say - National Mental Health Commission](#)

<sup>2</sup> Department of Health and Aged Care. (2021). National Suicide Prevention Advisor – final advice. [National Suicide Prevention Adviser – final advice | Australian Government Department of Health and Aged Care](#)

<sup>3</sup> Suicide Prevention Australia. (2022). Unfinished Business – implementation of the National Suicide Prevention Adviser's Final Advice. [SPA-Final-Advice-Report.pdf \(suicidepreventionaust.org\)](#)

<sup>4</sup> Suicide Prevention Australia. (2023). Unfinished Business – the second annual report on the implementation of the National Suicide Prevention Adviser's Final Advice. [SPA Final-Advice-Report 2023.pdf \(suicidepreventionaust.org\)](#)

<sup>5</sup> Albanese, A. 2024. Speech. Online at <https://www.pm.gov.au/media/world-suicide-prevention-day-breakfast#:~:text=Tuesday%2010%20September%202024.%20Canberra.%20The%20Hon%20Anthony>

An implemented National Strategy has the capacity to create a cultural shift within and across governments so that suicide prevention is prioritised across portfolios, and that evidence-based initiatives and activities are in place across Australia to adequately support people in suicidal distress and to prevent suicide. The National Strategy will provide an overarching framework so that clear action is taken across Australia to prevent suicide and will ensure that there are clear lines of responsibility. It will act to unite the sector, provide certainty, encourage cross-functional collaboration, and help prevent silos. It is also significant in that it shows to the community and sector that suicide prevention is a key priority, and that all levels of government are taking suicide prevention seriously.

There is overwhelming support across the sector for a whole-of-government approach to reducing the risk of suicide. In particular, over 90% of respondents of our 2024 State of the Nation in Suicide Prevention survey support a whole-of-government approach to reducing the risk of suicide.<sup>6</sup> The role of non-Health Departments in suicide prevention is illustrated by the examinations of the 2024 Royal Commission into Defence and Veteran Suicides and the 2023 Royal Commission into the Robodebt Scheme.<sup>7,8</sup> An initial analysis by Departments of the sections of the National Strategy which fall under their current or potential responsibility would enable a better-resourced and effective implementation of the National Strategy, as well as creating a suicide prevention lens within the culture of all Departments.

As outlined, in the Draft Strategy discussion paper, “At its heart, this Strategy asks governments, agencies, services, communities, and all members of the community to recognise their role in suicide prevention and work together to achieve change. There is no more essential task.”<sup>9</sup>

## Critical missing aspects

*(This section addresses the prompt question: Is there anything critical to preventing suicide in Australia, that the Advice on the Strategy does not address?)*

In general, during consultations very few items were identified as missing. However, three critical omissions were identified that could strengthen the strategy:

- Suicide prevention legislation
- Further actions specifically on men, in response to the significantly disproportionate rate of death
- Workforce care and support

**Suicide prevention legislation:** The strategy does not acknowledge the potential value of legislation, such as a Suicide Prevention Act, in enhancing the effectiveness of this strategy by embedding suicide as a national priority and requiring actions such as mechanisms to ensure suicide risk is considered in policy decisions. Although action ce1.1 proposes the development of mechanisms to ensure suicide risk is considered in policy decisions, the mechanisms are not specified. It would

<sup>6</sup> Suicide Prevention Australia. (2024). State of the Nation in Suicide Prevention: A survey of the suicide prevention sector. [SPA-State-of-the-Nation-Report-AUG24-Web.pdf \(suicidepreventionaust.org\)](#)

<sup>7</sup> Royal Commission into Defence and Veteran Suicide. (2024). Volume 1 – Final Report. Executive summary, recommendations and the fundamentals. [Final Report - Volume 1: Executive summary, recommendations and the fundamentals \(royalcommission.gov.au\)](#)

<sup>8</sup> Commonwealth of Australia. (2023). Report of the Royal Commission into the Robodebt Scheme. [Royal Commission into the Robodebt Scheme - Full Report](#)

<sup>9</sup> National Suicide Prevention Office. (2024). Advice on the National Suicide Prevention Strategy – Consultation Draft. [0b04b7718562afec3dab79f60291b22f Advice on the National Suicide Prevention Strategy consultation draft 09-09-24.docx \(live.com\)](#)

strengthen the act to give a specific mechanism, such as legislation requiring suicide prevention plans in all relevant government agencies.

**Further actions specifically on men:** Although some actions, such as ko7.3a, specifically address men, in consultations it was raised that given the disproportionate numbers of men who die by suicide in Australia,<sup>10</sup> there should be more actions that focus on men and which help ensure that men do not reach the point of suicidal crisis. In particular, the National Strategy should contain clear actions to increase help-seeking behaviours and access to support services. It is critical that these actions men are co-designed with men to ensure they are fit for purpose. (It should be noted that while a significant amount of input from the sector noted insufficient amount of specific actions on men, some input highlighted that all priority groups face barriers. This recommendation of increased focus on men is not intended to minimise or deny the impacts on other cohorts. Our members represent diverse areas and specialties of suicide prevention, and the need for ensuring recognition, actions, and funding for both priority populations at greater risk of suicidal behaviours, and the social, environmental and economic determinants of suicide is inherent to the success of the Strategy.)

**Funding of community controlled organisations:** Adequate funding is crucial for community-controlled organisations to provide the necessary services and ensure that mainstream health services deliver safe and inclusive care. Experiences of marginalisation and discrimination are significant barriers for help seeking for many within marginalised priority populations, so increasing the number of mainstream services may not be effective without properly funding for community-controlled organisations. Many organisations already work with these populations, but they lack the funding to meet the demand. The strategy should include an action as a critical enabler that funding agencies should engage in regular reviews to ensure that funding flows directly to those programs under community governance.

**Workforce care and support:** Although workforce is included as an enabler, there is no sense that there is caring and support for those in the workforce delivering caring or services. Lack of support potentially leads to burnout and high staff turnover. There is discussion about expanding the workforce, but caring for their existing workforce or attracting people into the workforce is not covered.

**Improved funding processes:** Funding cycles and their impact on service provision, planning and integration frequently come up in our discussions across the sector. Funding cliffs that are across the sector create uncertainty, and have an impact on the wellbeing of the workforce. Greater transparency, continuity, and certainty in funding processes is central to a sustainable sector and workforces. Under current processes, sustainability and confidence of the sector are curtailed, leaving many workforces on short term contracts and organisations unable to guarantee longer term provision of services.

## Changes to specific actions

*(This section addresses the prompt question: Are there any recommended actions in the Advice on the Strategy that you do not understand, or need more information about?)*

Overall those consulted felt that the majority of actions were clear and appropriate. However, there are some suggestions for actions that could be improved by being framed around utilising existing initiatives.

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<sup>10</sup> Australian Institute of Health and Welfare. (2023). Suicide & self-harm monitoring - deaths by suicide over time. [Deaths by suicide over time - Australian Institute of Health and Welfare \(aihw.gov.au\)](https://www.aihw.gov.au/reports/mental-conditions/suicide-and-self-harm-monitoring)

**ko2.2d:** This action should be made more specific by including action to develop and implement a national epidemiological data system that collects data on neurodiversity diagnoses, particularly autism given the disproportionate numbers of Autistic people who die by suicide.

**ko5.2b or ko5.2c:** In addition to advice and counselling supports, actions ko5.2b or ko5.2c should include resourcing the family law system to ensure that all judges and registrars are able to undertake basic suicide prevention training to enable them to identify those at risk of suicide.

**ko6.3a:** The National Strategy has identified that there is a need to build suicide prevention capability among members of the community and under action ko6.3a recommends the ‘promotion of suicide prevention training in the community’. An existing and effective mechanism for enhancing community skills is Suicide Prevention Australia’s Learnlinc Platform. The online learning platform was developed to connect individuals with quality resources to facilitate learning and skills development in the field of suicide prevention.<sup>11</sup> A key strength of the platform is that it provides access to over 150 learning resources including accredited gatekeeper training or foundation training, population and other risk factor specific learning resources, and advances learning resources for suicide prevention to support a systemic approach to suicide prevention. The National Strategy should recommend that resources should be provided to make the Learnlinc Platform freely available to key community members in order to increase uptake of suicide prevention training in the community.

**ko9.1a:** Under action ko9.1a the National Strategy recommends the ‘development of national best-practice guidance for crisis support services, including emergency department with a view to resourcing nationally consistent implementation’. There are a number of existing resources that can provide guidance, for example the Black Dog Institute Suicide Prevention Guidelines for Emergency Departments,<sup>12</sup> Suicide Prevention Australia’s Health Sector Competency framework,<sup>13</sup> or suicide prevention guidelines informed by Pisani AR, Murrie DC, Silverman MM.<sup>14</sup> To avoid duplication, this action should recommend existing resources be utilised where appropriate. In addition, the action recommends that “mental health expertise being a core part of staff capability development”, the focus here should be on suicide prevention expertise.

**ce2.3a:** Lived experience expertise and inclusion is significantly broader than ‘embedding of lived experiences into decision making’. The evidence is overwhelming that when lived experience of suicide is meaningfully included in service design and implementation, the outcomes are greatly enhanced. To drive such reform, it is suggested that this action should include that all funding and commissioning of programs and services to target suicide prevention should be lived experience led or demonstrate meaningful inclusion of lived experience in the design, implementation, and evaluation.

**ce3.2b:** The National Strategy recognises the importance of suicide prevention research and states that an effective approach to suicide prevention is underpinned by robust evidence and evaluation. The National Strategy also acknowledges that increased and sustained investment in suicide prevention research is necessary. The National Suicide Prevention Research Fund (Research Fund) is well-placed to undertake this research, and necessary evaluation and could be included as a

<sup>11</sup> Suicide Prevention Australia. (2024). Learnlinc – About. [Learnlinc - Suicide Prevention Australia](#)

<sup>12</sup> Black Dog Institute. (2023). Recommendations for integrated suicide-related crisis and follow-up care in emergency departments and other acute settings. [BDI ED Guidelines-2024-Final.pdf \(blackdoginstitute.org.au\)](#)

<sup>13</sup> Suicide Prevention Australia. (2024). [A Competency Framework for the Health Sector](#)

<sup>14</sup> Pisani, A. R., Murrie, D. C., & Silverman, M. M. (2016). Reformulating suicide risk formulation: from prediction to prevention. *Academic Psychiatry*, 40, 623-629.

mechanism for this action.<sup>15</sup> The Research Fund was established in 2017 by the Commonwealth Government to support research into suicide prevention. Funding for this crucial initiative will conclude in June 2025 and an additional \$15 million is needed to enable an enhanced research program over four years. This funding can be used to undertake research which advances our understanding of suicide and translates this knowledge into practical, impactful policy and suicide prevention services.

**ce4.2b:** The Strategy should reflect the urgency to reform tertiary and primary healthcare, and in-community (peer navigator) workforce approaches to suicide prevention. This should include funding to implement the support structures needed to build the lived experience workforce.

## Priority actions

*(This section addresses the prompt question: Which actions do you think are the highest priority?)*

In consultations it was clearly expressed that the critical enabler actions were of the highest priority. All were regarded as important, but the following six are of particular significance:

- ce1.1a Establish a 'suicide prevention in all policies' approach
- ce2.1a Build the capability of government departments and agencies to work with people with lived and living experience of suicide
- ce3.2b Strengthen the capacity and capability in the suicide prevention research sector through increased and sustained investment in suicide prevention research
- ce3.3a Enhance evaluation of government-funded suicide prevention activities
- ce3.3c Develop and implement an approach to the regular monitoring of, and reporting on, the implementation of the National Suicide Prevention Strategy
- ce3.4c Expand the ability of the National Suicide and Self-harm Monitoring System to inform timely translation into policy, program and service responses

The critical enablers underpin the National Strategy and given that they are structured around the following four main areas of system reform, governance, lived and living experience involvement, data and evidence shifts, and workforce they should be fully implemented as a key priority. As these critical enablers are mutually enforcing, this will facilitate a systems approach to suicide prevention and address the structural issues which creates barriers to an effective suicide prevention system. Suicide Prevention Australia supports the Critical Enablers as the foundation for the National Strategy and asks the Federal Government to commit to undertake imminent planning for prioritising, funding, and embedding these key measures.

It should be noted that Australian states and territories have unique and varying populations with differing needs. In addition, there is a lack of consistency in the range of services available across jurisdictions and lack of uniformity in how services are delivered. Given that each jurisdiction is unique, actions under the National Strategy should be implemented as a priority according to the needs of each jurisdiction to address immediate needs and gaps. There are jurisdictional differences in the reach of suicide prevention services and services funded under the bilateral agreements. This should be addressed in the National Strategy to ensure consistency between service access across jurisdictions.<sup>16</sup> In particular, the lack of provision of aftercare services in SA highlights the discrepancies between jurisdictions and the bilateral agreements. The National Strategy should ensure that these gaps are addressed as a matter of priority.

<sup>15</sup> Suicide Prevention Australia. (2024). *Research Grants: The National Suicide Prevention Research Fund*. [Research Grants - Suicide Prevention Australia](#)

<sup>16</sup> Martin A, Chakouch C, Josifovski N, McGill K, Kartal D, Leckning B, Hill N, Shand F. (2023). *Suicide aftercare services: an Evidence Check rapid review brokered by the Sax Institute for the Commonwealth Department of Health and Aged Care*. [Evidence Check – Suicide Aftercare Services \(health.gov.au\)](#)

## Other matters

*(This section addresses the prompt question: Is there anything else you would like to tell us in response to the draft Advice on the Strategy?)*

The following issues were raised in consultations and although they do not relate to the content of the document, they are important points relating to the National Strategy.

**The framing of the document as “advice”:** Throughout consultations and development leading up to the release of the document for public consultation it was referred to as a national strategy. However, on its release it was described as “advice” on a national strategy. The decision to deliver the document as advice instead of as a Strategy fails to communicate a sense of commitment or urgency in enacting the meaningful change promised to the sector and wider community. International expert opinion is clear, with the International Association for Suicide Prevention recommending a National Strategy as best practice.<sup>17</sup> The intensive levels of consultation that have occurred over the last two years for this National Strategy, and years prior to that for the Final Advice, mean that all factors are in place for this National Strategy to be adopted as such, recognising the intensive contributions and support of the sector. We urge the government to reconsider the approach and to realign the Advice with the original commitment to a framework with an implementation plan.

**Funding to ensure the full and meaningful implementation of the National Strategy:** Funding will play a vital and key role in the success of the National Strategy and will determine whether the recommended actions are fully and meaningfully implemented. Suicide Prevention Australia strongly urges that all governments commit to providing ongoing funding to ensure the successful implementation of the National Strategy. Without sufficient funding actions under the Draft Strategy will not have the intended effect and will not help reverse the high rate of suicide in Australia. Sustainable funding for community-led responses is also of utmost importance.

**The need for an independent National Suicide Prevention Office:**

The scope of the strategy, its whole-of-government approach, and the provisions that reach into other sectors, including Local Government and the community, reinforce the need for a strong and independent National Suicide Prevention Office with the ability to drive the implementation without facing the barriers of inter-Departmental processes. The Office also can play an important role in pulling together the expertise needed to translate this strategy into action. The authority and stature of the National Suicide Prevention Office will ensure that there is clear leadership and accountability at a national level and will help drive down the rate of suicide in Australia.

## Conclusion

After twenty years of advice and consultation, the suicide prevention sector is eager to ensure that the National Strategy drives down the rate of suicide in Australia and is ready to help ensure successful implementation and enactment.

Suicide Prevention Australia urges the expeditious adoption of the Advice as a Strategy, not Advice, and its implementation and funding as a matter of urgency. The breadth and importance of the recommendations also necessitates an independent statutory body, the National Suicide Prevention Office, to be centrally located to provide oversight and impetus. The recommendations need the definition provided by a specialist coordinating body.

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<sup>17</sup> International Association for Suicide Prevention. (2023). IASP Policy Position on National Suicide Prevention Strategies. [IASP National Strategy Policy](#)



The National Strategy provides a roadmap which allows all levels of government to immediately start allocating resources and agencies towards initiatives which are focused on reducing the rate of suicide in Australia. Layers of the recommendations are simply directing agencies that are already funded and operating to add a suicide-prevention lens to their operations. Other recommendations involve merely equipping agencies and organisations to further the work they are already undertaking. Involving the vast network of agencies, from the suicide prevention sector to local, State, Territory and Federal Government departments will enable the efficient and non-duplicative rollout of this valuable work.

## Acknowledgements 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 individuals with lived experience helped guide the analysis and recommendations outlined in this submission.

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 positions. Suicide Prevention Australia thanks all involved in the development of this submission.