Suicide Prevention Australia

March 2025

National Mental Health and Suicide Prevention Agreement Review

Submission

Executive Summary

This submission is structured around the terms of reference for the review. However, across these areas three key themes are apparent:

Firstly, the current agreement takes an overly narrow approach to suicide prevention. By focussing only on the three initiatives of universal aftercare, universal postvention and Distress Brief Support the agreement fails to consider other suicide prevention services, as well as not taking into account services that address the range of socioeconomic and environmental determinants of suicide.

Secondly, there is a lack of transparency around work taken under the agreement. There is no readily available information on outcomes such as the extent to which universal aftercare or postvention has been achieved. There is even a lack of information around activities undertaken and the expenditure or distribution of allocated funding.

Thirdly, from what information is available is appears progress towards the goals of the agreement in suicide prevention has been insufficient. The lack of transparency makes it difficult to assess progress. However, there are strong indications that the goals of the agreement in suicide prevention are not being met.

Suicide Prevention Australia has the following recommendations for the current review to address these and other issues:

1. The Productivity Commission should advise the use of the National Suicide Prevention Strategy's recommendations around taking a social determinants approach and whole-of-government mechanisms to expand the responsibilities, reporting and performance measures for any future national agreement.
2. The Productivity Commission should assess the extent to which the funding allocated to universal aftercare and postvention in the 2021-22 Federal Budget has been expended, and whether universal aftercare and postvention have been achieved, and give advice on what further efforts towards this are required.
3. The Productivity Commission should ensure that advice on opportunities to adopt best practice does not lead to an approach of adopting a single model of aftercare at national of State/Territory level. The productivity advantages of a diversity of models should be investigated and made explicit.
4. The Productivity Commission should investigate the role of funded implementation-focussed and suicide-specific research on enhancing best practice, and make recommendation on methods to ensure well targeted funding of this research, such as the National Suicide Prevention Fund.
5. The Productivity Commission should provide advise on how a future national agreement could address suicide prevention workforce issues to ensure services can respond to current and emerging priorities.
6. The Productivity Commission should investigate the extent of cost-shifting due to gaps in services that impact on aftercare, postvention and Distress Brief Support, and provide advice on addressing this through future agreements taking a more comprehensive approach.
7. The Productivity Commission should advise that mechanisms be put in place to ensure that under a future national agreement, any bilateral agreements must reflect the national commitments more clearly.
8. The Productivity Commission should advise that an independent specialist body, either existing or created, is required to oversee. the governance and reporting responsibilities for the National Agreement.

9. The Productivity Commission should investigate roles regarding decisions on funding of aftercare, postvention and Distress Brief Support and provide advice on how these roles can be clarified and made more transparent in a future agreement.
10. The Productivity Commission should provide advice that a future national agreement must be guided by, and commit to the implementation of, key plans and strategies created by First Nations led processes.

Introduction

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 represent more than 350 members ranging from national household name agencies to small community-based organisations and local collaboratives in every State and Territory; as well as individual service providers, practitioners, researchers, students and people with lived experience. This includes more than 140,000 employees and volunteers across Australia. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

Suicide Prevention Australia welcomes the opportunity to contribute to the Productivity Commission's public consultation as part of the process in conducting a review of the *National Mental Health and Suicide Prevention Agreement*. This submission will address all the terms of reference for this review and is structured around the terms of reference.

Across a number of the terms of reference three key themes are apparent:

- The current agreement takes an overly narrow approach to suicide prevention
- There is a lack of transparency around work taken under the agreement
- From what information is available is appears progress towards the goals of the agreement in suicide prevention has been insufficient

Below these are explored in more detail and recommendations are given on how the Productivity commission might address these and other issues in its review.

Impact of programs and services

This section of the submission addresses the following term of reference:

(a) the impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity.

Aftercare, postvention, and Distress Brief Support are important parts of the suicide prevention system, and research shows are highly effective interventions to prevent suicide, and support those bereaved by suicide.[1] For instance one Australian study found that assertive aftercare could decrease the prevalence of suicide attempts by 19.8%.[2]

However, the Agreement's effectiveness is hindered by failing to take into account a social determinants approach to suicide prevention. Suicide prevention services are affected by a

[1] Page, A., Atkinson, J. A., Heffernan, M., McDonnell, G., & Hickie, I. (2017). A decision support tool to inform Australian strategies for preventing suicide and suicidal behaviour. Public Health Research and Practice, 27(2), 1–7. https://doi.org/10.17061/phrp2721717

[2] Krysinska K, Batterham PJ, Tye M, et al. Best strategies for reducing the suicide rate in Australia. *Australian & New Zealand Journal of Psychiatry*. 2015;50(2):115-118. doi:10.1177/0004867415620024

range of services that address the large number of factors that can lead to suicide. Mental illness is a significant factor and is addressed by the agreement, but suicide is a complex human behaviour that is impacted by multiple other factors. Suicide Prevention Australia has identified 22 different socioeconomic and environmental determinants that can increase the risk of suicide.[3] These include determinants such as financial distress, housing insecurity, adverse childhood experiences, environmental disasters, and domestic and family violence. So services that address these issues, or lack of them, have an impact on suicide prevention services.

A recent series in the health and medical journal the Lancet has recommended that governments around the world should take a public health and a social determinants approach to reducing suicide, arguing "the greatest reductions in suicide are most likely to be achieved through public health measures that target the whole population rather than individuals who are thought to be at particularly heightened risk."[4] Social determinants are described as "the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness…these conditions in which people live and die are, in turn, shaped by political, social, and economic forces" according to the World Health Organisation (WHO).[5]

Using a social determinants approach which would require a whole of government approach to suicide reduction, by considering the impacts of job insecurity, homelessness, domestic violence and financial stress, thus increasing responsibility for suicide prevention from only commonwealth and state health departments to a broader range of government departments. The whole of government approach of the National Suicide Prevention Strategy (the Strategy) provides a guide to the ideal scope of the Agreement, which incorporates a social determinants approach.[6]

Any future agreement should use the Strategy as a basis to formulate a new agreement, using their whole of government approach. The Strategy suggests suicide "prevention capability should also be developed in service settings that provide support around social determinants of health, including legal, financial, employment, relationship and social support services, and aged care providers. Staff in education settings, such as schools and universities, can be upskilled to reach young people."[7]

The Strategy notes, "a whole-of-governments approach is needed to establish accountability across portfolios and across all levels of government—the Australian Government, state and territory governments, and local government. Regardless of the mechanism, a whole-of-governments effort requires the formalisation of processes and structures to ensure the

[3] Suicide Prevention Australia, Socio-economic and Environmental Determinants of Suicide: Background Paper. Accessed at: https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf

[4] Pirkis, Jane et al.2025. Preventing suicide: a public health approach to a global problem. The Lancet Public Health, Volume 9, Issue 10, e787 - e795

[5] Commission on Social Determinants of Health Closing the gap in a generation: health equity through action on the social determinants of health: final report of the Commission on Social Determinants of Health World Health Organization, Geneva, 2008

[6] National Suicide Prevention Office. January 2025. The National Suicide Prevention Strategy 2025-2035. Accessed at: https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy

[7] Ibid.

consideration of suicide prevention in all policies, provide clarity of roles and responsibilities across governments, and support the strengthening of regional efforts."[8]

The Strategy recommends establishing a 'suicide prevention in all policies' approach. This would include creating mechanisms that assess all new policies for their potential impact on suicide and provide guidance to policymakers on options for minimising risks. This would require building capability in all portfolios to ensure policymakers understand the relationship between their policy areas and suicide.[9]

Recommendation 1: The Productivity Commission should advise the use of the National Suicide Prevention Strategy's recommendations around taking a social determinants approach and whole-of-government mechanisms to expand the responsibilities, reporting and performance measures for any future national agreement.

Objectives and outcomes across different populations

This section of the submission addresses the following term of reference:

(b) the effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations

Significant funding has been allocated by the Federal Government towards universal aftercare and postvention in the 2021-22 Federal Budget. While challenges with reporting and governance, as mentioned below, make it difficult to assess, it appears that progress in utilising this funding has been insufficient. Even with a narrow definition of universal aftercare that applies only to hospital admissions, we have not yet reached the point where 100% of people presenting to Emergency Departments (ED) for suicide attempts or distress are being referred to aftercare. Additionally, delays in funding for some aftercare services further hinder the development of universal aftercare. Insights from Suicide Prevention Australia's members, and publicly available information, both indicate that significantly greater action is required in moving towards genuinely universal aftercare and postvention.

There is also concern about the limited scope of the definition of aftercare, particularly for individuals who have not been admitted to an ED. While there has been some consideration of referral pathways to aftercare beyond hospitals, this has, in practice, been a minor focus in most States and Territories. It is important to recognize that suicide attempts related to hospitalization only represent a small portion of the total number of attempts. The *Right from the Start* report, developed by Suicide Prevention Australia in collaboration with several aftercare service providers, emphasizes that broad eligibility— including non-clinical referral pathways—is essential to maximizing both the human and economic benefits of aftercare.[10] By not making aftercare available and accessible to those who have not been hospitalized, we miss a critical opportunity to help prevent future self-harm and suicide.

This review by the Productivity Commission is an opportunity to evaluate whether the proposed reform of moving to universal aftercare and postvention has been effective. In evaluating this reform it is important to examine both actions undertaken as well as the

[8] Ibid.
[9] Ibid.
[10] Suicide Prevention Australia. 2022. Right from the Start: Report on the design of Australia's universal aftercare system. Accessed at: https://www.suicidepreventionaust.org/wp-content/uploads/2022/12/Right-from-the-Start-Final-Report.pdf

outcomes achieved. It may be that significant government actions have not achieved universal aftercare and postvention, indicating that the challenges are greater than expected, and more resources are required. Alternatively, it is possible that government actions have been hampered by cross-jurisdictional delays, indicating that greater priority and cooperation is needed in utilising existing resources. One important indicator of government action is the extent to which allocated funding for universal aftercare and postvention has been fully expended towards this goal. An indicator for the success of universal aftercare is whether the proportion of ED attendances for suicide attempts that are referred to aftercare has increased. However, it should be acknowledged that many suicide attempts do not result in ED attendance, but the extent of aftercare support for all attempts is more difficult to assess. So there should be assessment on both a narrow and broad definition of universal aftercare.

Recommendation 2: The Productivity Commission should assess the extent to which the funding allocated to universal aftercare and postvention in the 2021-22 Federal Budget has been expended, and whether universal aftercare and postvention have been achieved, and give advice on what further efforts towards this are required.

Best Practice Approaches

This section of the submission addresses the following term of reference:

(c) the opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved

Under the National Agreement there has been important work undertaken on models of service provision, particular regarding aftercare.[11] It is crucial to highlight that while a national approach to aftercare is important, this does not imply moving to a single, uniform model. A ranged of effective models of aftercare currently exist.[12] These aftercare models share a consistent structure, but they may include specific innovations in practice. A diversity of funded models enables the testing of different approaches, helping to identify what works best under various conditions. This ultimately leads to productivity improvements from increased innovation, as well as from allowing specific approaches that are most effective in particular contexts, such as specific regions or with specific cohorts.

Recommendation 3: The Productivity Commission should ensure that advice on opportunities to adopt best practice does not lead to an approach of adopting a single model of aftercare at national of State/Territory level. The productivity advantages of a diversity of models should be investigated and made explicit.

A key factor in ensuring that the efficacy of innovations is investigated and shared across models, is implementation focussed research on suicide prevention. Ongoing research into models of suicide prevention, care models, ways to reduce stigma, and research implementation are required in order to ensure that organisations, programs and government are using best practice models in suicide prevention. Research plays a substantial and

[11] See e.g., Martin A, Chakouch C, Josifovski N, McGill K, Kartal D, Leckning B, Hill N, Shand F. Suicide aftercare services: an Evidence Check rapid review brokered by the Sax Institute (www.saxinstitute.org.au) for the Commonwealth Department of Health and Aged Care, 2023.

[12] Suicide Prevention Australia. 2022. Right from the Start: Report on the design of Australia's universal aftercare system. Accessed at: https://www.suicidepreventionaust.org/wp-content/uploads/2022/12/Right-from-the-Start-Final-Report.pdf

essential role in reducing the effect of suicide throughout Australia. Research funding will be required to develop new models of care, and models of delivery are tested, and then evaluated in suicide prevention, especially for areas which have seen little improvement.

An important initiative driving research in this area has been the National Suicide Prevention Research Fund.[13] The aim of the fund is to support world-class Australian research, and facilitate the rapid translation of knowledge into more effective services for individuals, families and communities. The National Suicide Prevention Research Fund also aims to address gaps in suicide prevention research. The Fund has enabled 85 projects across 27 institutions, and included outcomes across First Nations leadership, youth self-harm interventions, workplace mental health, and social media and digital interventions. The collaborations enabled by the Fund between researchers, clinicians, and people with lived experience are helping to build capacity alongside providing greater knowledge of and ability to create strong interventions to suicide.

Recommendation 4: The Productivity Commission should investigate the role of funded implementation-focussed and suicide-specific research on enhancing best practice, and make recommendation on methods to ensure well targeted funding of this research, such as the National Suicide Prevention Fund.

Ability of Services to Respond to Current and Emerging Priorities

This section of the submission addresses the following term of reference:

(d) the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities

The Agreement fails to address suicide prevention workforce issues which significantly reduces extent to which it enables the preparedness and effectiveness of suicide prevention services. Many organisations report an increase in psychological distress as well as an increase in the demand for services. Suicide Prevention Australia runs a quarterly survey looking at community distress, the Community Tracker Survey data shows different risk factors or stressors emerging as causes for the increases in psychological distress.[14]

The latest Community Tracker survey revealed that 73% of Australians say they're feeling more distress than this time last year due to a range of causes including cost-of-living, social isolation and loneliness, housing affordability and relationship breakdown. In addition, nearly one in five (19%) young Australians (18-34) have experienced suicidal distress in the last 12 months, including having serious thoughts of suicide, making a suicide plan, or attempting to take their life.

An essential component of an effective suicide prevention response is the availability of employees who can approach their work through the lens of lived and living experience. To build this workforce, access to training is needed. Also required are actions to address significant issues with the suicide prevention sector workforce such as high rates of burn-out.

This training also needs to encourage the development of peer workforces throughout regional areas, where the rate of suicide is higher and access to services lower. Suicide

[13] More information is available here: https://www.suicidepreventionaust.org/research-grants/
[14] More information is available here: https://www.suicidepreventionaust.org/community-tracker

Prevention Australia recommends the establishment of an annual training fund for peer workforce members, to help build and diversify the workforce across Australia, and ensuring more people in distress can seek assistance in their own community. An expansion of the peer workforce should also consider how to expand it in a way that is sustainable and with better models for career progression.

The National Suicide Prevention Office has been tasked with developing a workforce strategy. Suicide Prevention Australia has advocated that this should be expanded to a workforce initiative, with funded actions implemented under a strategic framework. This could be included in a future agreement.

Recommendation 5: The Productivity Commission should provide advise on how a future national agreement could address suicide prevention workforce issues to ensure services can respond to current and emerging priorities.

Unintended Consequences

This section of the submission addresses the following term of reference:

(e) whether any unintended consequences have occurred such as cost shifting, inefficiencies or adverse consumer outcomes

As outlined above, the lack of a socioeconomic and environmental determinants approach in the National Agreement impacts on the effectiveness of services, but it can also lead to cost-shifting, inefficiencies, and adverse outcomes. A lack of services addressing upstream issues for suicide prevention, such as the range of determinants that can lead to suicide risk e.g. homelessness or social isolation, means that individuals will not receive support until they reach crisis point. This shifts costs between portfolios, and potentially across levels of government, and can lead to more costly crisis interventions. Most critically it results in increased distress, and increased risk that supports will not be able to prevent suicide occurring. Future National Agreements should avoid this by taking a socioeconomic and environmental determinants approach to suicide prevention which allows consideration of upstream factors.

In addition, to a lack of consideration of upstream factors the current National Agreement is narrowly focussed on three specific initiatives. These types of services are important, but they are not the whole of the of the suicide prevention system. They interact and depend on other services. This failure to consider the whole of the suicide prevention system can lead to cost shifting as services take on roles outside their normal scope to address lack of services in other areas. For example, our members have reported that gaps in crisis prevention supports have led to some aftercare services expanding their remit to include those at risk of suicide in addition to suicide survivors. While flexibility in service delivery is important, and in some cases it may be appropriate for aftercare services to admit those at risk of a suicide attempt, this should not be driven by service gaps in other areas as it may result in services attempting to support those they are not equipped to help. So the Agreement, by only covering these three initiatives, hinders effectiveness by not considering other important parts of the suicide prevention system, such as helplines and safe spaces.

Recommendation 6: The Productivity Commission should investigate the extent of cost-shifting due to gaps in services that impact on aftercare, postvention and Distress Brief

Support, and provide advice on addressing this through future agreements taking a more comprehensive approach.

Effectiveness of the Administration of the National Agreement

This section of the submission addresses the following term of reference:

> (f) effectiveness of the administration of the National Agreement, including the integration and implementation of Schedule A and the bilateral schedules that support its broader goals

The heavy reliance on bilateral agreements to provide the majority of the content of agreements led to substantial inequality across states in terms of both activities and funding commitments. For example some bilateral agreements contained no mention of postvention and one bilateral agreement did not cover aftercare. There are commitments made within the National Agreement that are not included in bilateral agreements. For example, a commitment under Clause 110 to implement the Gayaa Dhuwi (Proud Spirit) Declaration (page 25) that was made in the National Agreement that was not included or mentioned in any of the bilateral agreements. And in some cases bilateral agreements appear to include funding priorities already committed to (eg: Head to Health initiatives). There is very little transparency with regards to how the priorities and content of the bilateral agreements were set. And it is not clear that a coordinated approach to priorities was taken.

Recommendation 7: The Productivity Commission should advise that mechanisms be put in place to ensure that under a future national agreement, any bilateral agreements must reflect the national commitments more clearly.

Effectiveness of Reporting and Governance Arrangements

This section of the submission addresses the following term of reference:

> (g) effectiveness of reporting and governance arrangements for the National Agreement

The reporting on the progress of initiatives has been inadequate, and there is no clear picture of the extent to which universal aftercare or universal postvention has been achieved. There is also a lack of transparency regarding funding, and it is unclear to what extent the funds allocated for universal aftercare and universal postvention in the 2021-22 Federal Budget have been expended. For example, $43 million was allocated for Distress Brief Support, but when summing the state spending, only $19 million has been spent in total.

Additionally, there is no consistent method across states for reporting progress. For instance, there is no regular and consistent measure of community wellbeing or psychological distress, nor are there clear targets in place. Measurement should include outcomes measures that are strengths-based. Consideration should be given to groups highly impacted by suicide, such as Aboriginal and Torres Strait Islander peoples, in order to combat deficit-based narratives and to better recognise the strength, resilience and connection of these communities. Reporting should also include measurements of social determinants and their relationship to suicide prevention initiatives.

The inconsistency in reporting and outcome measurement is a significant issue. Without universal measurement of the various levels of interventions, ranging from early prevention and early intervention to crisis services, it is impossible to gauge the true impact. Furthermore, by combining mental health and suicide prevention efforts, it becomes more

difficult to isolate and assess the impact on reducing suicide rates, suicidal ideation, and related issues.

The agreement, which takes a mental health lens, primarily focuses on health services and does not involve other departments such as education and justice. This lack of a Whole-of-Government approach makes it challenging to identify any substantial changes or interventions across different sectors.

Moreover, understanding the spending under this agreement is problematic. Budget papers often hide or make it difficult to isolate spending on specific interventions, leaving uncertainty about whether the promised funding was actually provided and spent as intended.

Finally, there is a lack of transparency regarding co-design processes. Although Roses in the Ocean developed co-design guidelines, it is unclear who has used them or how they were promoted.

We suggest that given the complexity of overseeing the governance and reporting responsibilities for the National Agreement, that an independent specialist body is required. This could be a responsibility vested with an existing body, accompanied by appropriate additional resources, such as the National Suicide Prevention Office (NSPO). Given that the NSPO is currently developing their Outcomes Framework, this could serve as a basis for future reporting. The Outcomes Framework will be essential for measuring the impact of suicide prevention activities and could be extended to monitor progress under any new agreement.

To ensure a truly whole-of-government approach, it is crucial that such an agency remains independent, with the authority to implement and monitor the National Agreement across state and territories, and ensure it aligns with the outcomes and actions in the National Strategy without being hindered by inter-departmental barriers. Such an agency must also be adequately resourced to carry out its functions effectively, ensuring its sustainability and continued ability to address cross-portfolio, cross-jurisdictional, and regional issues. Such a body can also play a vital role in bringing together the necessary expertise to turn the National Strategy into actionable steps.

Recommendation 8: The Productivity Commission should advise that an independent specialist body, either existing or created, is required to oversee. the governance and reporting responsibilities for the National Agreement.

Applicability of roles and responsibilities

This section of the submission addresses the following term of reference:

(h) applicability of the roles and responsibilities established in the National Agreement

There have been a number of problems with both reporting and the allocation of roles under the current Agreement. There is a lack of transparency around roles established in the National Agreement, which meant that it was often unclear how decisions were being made about funding allocations or the location of services. This means that it can be difficult to establish where delays are occurring when funding is late, given services that are impacted no recourse, and increasing uncertainty by making it difficult to predict how significant delays to funding will be.

Recommendation 9: The Productivity Commission should investigate roles regarding decisions on funding of aftercare, postvention and Distress Brief Support and provide advice on how these roles can be clarified and made more transparent in a future agreement.

First Nations people and those with lived and/or living experience

This section of the submission addresses the following term of reference:

(i) without limiting the matters on which the PC may report, in making recommendations the PC should consider the complexity of integrating services across jurisdictions and ensuring that the voices of First Nations people and those with lived and/or living experience of mental ill-health and suicide, including families, carers and kin are heard and acted upon

The National Suicide Prevention Strategy has called for improved connections between services, better promotion of services, and increasing accessibility and availability of services, especially for those in the lowest socio-economic strata and remote areas.

The Strategy includes five essential components of an effective and integrated support system, which are:

- a culture of compassion. Increase engagement with supports through reduced suicide stigma and increased capability of community and services
- accessibility. Ensure affordable, timely and acceptable supports are available
- system-level coordination. Ensure supports are seamlessly linked and easy to navigate
- holistic approaches. Address drivers of distress and sustain engagement
- increased connection. Restore and build wellbeing through increased social connection and community engagement.

For First Nations people it is unclear to what extent the Agreement has impacted on First Nations suicide rates. The Productivity Commission report card found that the government is failing to reach its target to reduce suicide rates, and has failed to reach 15 of the 19 Closing the Gap targets. Suicide rates in First Nations populations have increased over the past five years. In 2023, the rate of suicide among Aboriginal and Torres Strait Islander people was 30.8 per 100,000 people, which is the highest rate over the period from the baseline year in 2018 (23.6 per 100,000 people), although caution is advised in interpreting this result as changes were made to data collection from 2022.

There needs to be suitable governance mechanisms established in future agreements to enable Aboriginal and Torres Strait Islander influence and leadership and effective jurisdictional implementation of Agreements. These governance mechanisms should leverage the policy partnerships established under the Closing the Gap agreement that exemplify self-determination through shared governance between Aboriginal and Torres Strait Islander leaders and the Commonwealth Government.

Future national agreements and bilateral agreements much include a focus on eliminating racism in services and include initiatives focused on enhancing cultural safety. Negative and harmful experiences at services remains a barrier for Aboriginal and Torres Strait Islander peoples accessing suitable services and failure to address these in the current National Agreement is a catastrophic gap. Efforts to address this must be coordinated and directed by national mechanisms such as the National Agreement and in consultation with Aboriginal and Torres Strait Islander peoples.

Future national agreements and bilateral agreements must commit to the implementation of the Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and the forthcoming National Strategic Framework for Aboriginal and Torres Strait Islander peoples' Mental Health and Social and Emotional Wellbeing. These documents provide a guide for how governments can work and fund partnerships with Aboriginal and Torres Strait Islander organisations and communities to reduce the rates of suicide and self-harm amongst Aboriginal and Torres Strait Islander peoples.

Future national agreements and bilateral agreements should include effective governance mechanisms to ensure action is taken in line with these documents to build a culturally safe service system. In addition, the following principles from the National Strategy can be used as basis for the partnership priority, which are:

1.Establish and build on Aboriginal and Torres Strait Islander control, leadership, governance, and coordination of suicide and self-harm prevention activities.

2. Promote youth leadership and oversight of Aboriginal and Torres Strait Islander youth empowerment and suicide and self-harm prevention activities.

3. Increase and strengthen partnerships and shared decision-making arrangements and structures between Aboriginal Controlled Community Health Organisations (ACCHOs), governments, Aboriginal and Torres Strait Islander communities, and people.

4. Continue to develop and refine approaches that support all suicide and self-harm prevention approaches and services to be delivered in partnership with Aboriginal and Torres Strait Islander organisations, communities, and people in genuine and meaningful ways.

5. Support and promote the involvement of a diverse range of Elders and cultural healers in Aboriginal and Torres Strait Islander suicide and self-harm prevention activity design and implementation to ensure that all activity meets cultural governance and is delivered within a cultural framework.

Recommendation 10: The Productivity Commission should provide advice that a future national agreement must be guided by, and commit to the implementation of, key plans and strategies created by First Nations led processes.

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.

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 policy position.