

Insight **to** Impact:

How the Suicide Prevention
Research Fund creates
knowledge to save lives

2024



Suicide Prevention
Australia

Acknowledgements

Suicide Prevention Australia would like to acknowledge the Traditional Owners of all Country throughout Australia. We recognise their continuing connection to land, water and culture and pay our respects to Elders, past and present, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.

Suicide Prevention Australia would like to acknowledge the importance of lived and living experience and all those lost to suicide. We remember those we have lost to suicide and acknowledge the suffering suicide brings when it touches our lives. We also recognise the suffering and distress felt by around 55,000 people who attempt suicide each year. We are brought together by experience and unified by hope.

Suicide Prevention Australia would like to acknowledge the Australian Government for establishing the Suicide Prevention Research Fund in 2018 to support world-class Australian research into patterns of suicide, risk factors, and individual and community-level interventions, and to facilitate the translation of that knowledge into more effective suicide prevention responses.

Help numbers

Lifeline	13 11 14
Suicide call back service	1300 659 467
Beyond Blue	1300 22 4636
Standby support after suicide	1300 727 247
QLIFE: Support for LGBTIQ+ individuals, their friends and families, and health professionals	1800 184 527
13 YARN: An Aboriginal & Torres Strait Islanders crisis support line.	13 92 76

Contents

Executive Summary	2
Key facts	5
Reflections from the sector	6
Research projects making a difference	8
1. Walking forwards with moral injury	8
2. Searching for better answers	12
3. Centring lived experience with an intersectional approach	15
4. Rolling out a model for Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander People	19
5. Involving high school students in suicide prevention training	23
6. Building safety for young people impacted by suicide	26
7. Using data to bring people together and inform better care pathways	29
8. Edge of the Present	33
Overview of the Suicide Prevention Research Fund	36
Where to from here? Key lessons and ongoing research priorities	39
Appendix: National Suicide Prevention Research Fund supported projects	42

Executive Summary

From tackling suicide and self-harm in a remote prison, to harnessing the power of the internet in suicide prevention efforts and developing better care pathways for people who self-harm – this report shows how research supported by the Suicide Prevention Research Fund (SPRF) is making a meaningful difference across diverse contexts.

As a result of one project, educators, parents and carers now are more able to support families in having conversations about suicide and self-harm with their children, as well as feeling better equipped to discuss online safety with their students.

Another project has filled critical gaps in knowledge and understanding among policymakers and service providers about the intersectional lived experiences of LGBTIQ+ communities, with the findings translated into innovative training materials.

This report provides many ground-breaking insights for addressing the devastating toll of suicide. It underscores the importance of government investment in suicide prevention research for producing evidence to help inform policy and service delivery across multiple sectors, including in primary healthcare and other healthcare settings.

Preventing suicide is one of the most important challenges we face as a nation, especially at a time when communities are dealing with increasing pressures and very real challenges, including the cost of living crisis, housing insecurity and the growing impacts of climate change. Each year, more than 3,000 people die from suicide in Australia and 55,000 suicide attempts are made. As well as the impacts upon individuals, families and communities, suicides are estimated to cost the Australian economy up to \$30 billion each year.

While almost all Australians are touched in some way by suicide and suicidal behaviours, some groups carry a much heavier burden. These include Aboriginal and Torres Strait Islander people, veterans, young people, older people, members of the LGBTIQ+ community, men, people with mental illness, people with disability and many other groups.

This report documents the wide-ranging impacts of research undertaken with support from the SPRF, which is managed by Suicide Prevention Australia on behalf of the Australian Government. The SPRF was established by the Australian Government in 2018 to support world-class Australian research into patterns of suicide, risk factors and individual and community-level interventions, and to facilitate the translation of that knowledge into more effective suicide prevention responses.

A key strength of the SPRF is that research projects are undertaken in collaboration between researchers, clinical and community organisations and people with a lived and living experience of suicide. The Fund also has a role in building the capacity of the research community to establish a strong pipeline of innovative ideas.

The Fund's Research Advisory Committee, comprising expert researchers, service providers and individuals with lived experience, plays a key role in guiding the fund's strategic direction and ensuring its alignment with community needs. The impact of the Fund has grown considerably since its introduction, with 22 grants made in 2024 compared with 13 grants in 2019.

In this report, we highlight how suicide prevention research is making a difference for Australian communities by presenting eight case studies featuring diverse settings and approaches. This report also finds that Australian suicide prevention research is having an international impact, with engagement reported from many countries, including Norway, Canada, The Netherlands and Aotearoa/ New Zealand.

The eight case studies are:

1. **Walking forwards with moral injury:** Ground-breaking research into the concept of moral injury, psychological wounds inflicted when core moral beliefs are violated, has revealed that understanding these experiences is key to developing more effective suicide prevention and support services for veterans.
2. **Searching for better answers:** Internet searches for suicide-related terms correspond to higher suicide rates, suggesting people search these terms before an attempt. This project evaluated whether certain high-risk Google searches could trigger ads linking to tailored suicide prevention messages, resources and a hotline. It prompted thousands of clicks to resources, creating a safer online space.
3. **Centring lived experience with an intersectional approach:** This research into lived experiences of suicidal behaviour within LGBTIQ+ communities was translated into innovative training materials that have been rolled out in Victoria, with hopes for national implementation.
4. **Rolling out a model for Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander People:** An evaluation of the Kimberley Empowerment Healing and Leadership Program, which has been delivered in a remote prison in Western Australia's north-west to tackle high rates of psychological distress, self-harm and suicide.
5. **Involving high school students in suicide prevention training:** This research project aims to prevent youth suicide by adapting existing resources for high school-aged youth, educators and parents. It has received positive feedback and strong demand in schools.
6. **Building safety for young people impacted by suicide:** This research on online risks for young people exposed to suicide aims to prevent suicide clusters. It led to the development of targeted campaigns that reached over 6.5 million people. This research is now influencing international strategies.
7. **Better care pathways:** These findings, showing that local clinical data can be used to understand where care is working and to guide resource allocation, have been used to improve practices in local mental health services and to inform better care pathways for people who self-harm.
8. **Edge of the Present:** An evaluation of the pioneering Edge of the Present virtual reality experience, which was developed with input from people with lived experiences. The ten-minute mixed reality experience offers seven immersive nature scenes, fostering positive future thinking to counter suicidal thoughts.

In addition to these projects, the SPRF has supported many other significant pieces of research. A full list with brief descriptions is given in the Appendix.

Suicide Prevention Research Fund grants 2018-2024



How research strengthens the suicide prevention sector

1. Enables innovation in suicide prevention approaches

Research supports the development of innovative approaches to suicide prevention, including digital and technology-driven solutions, such as mobile apps and virtual care. This allows the sector to provide accessible and scalable support to people at risk.

2. Supports continuous evaluation and improvement

When assessing and evaluating intervention programs, researchers can identify what works, what doesn't and how programs and services can be improved. This helps to ensure that suicide prevention efforts remain effective, adaptive and responsive to emerging challenges.

3. Provides evidence for targeted interventions

Research provides the evidence needed to develop, implement and refine effective suicide prevention strategies and interventions by helping to identify risk factors, understand underlying causes of suicide and evaluate the effectiveness of prevention strategies. It also uncovers patterns and trends in suicidal behaviour to enable development of targeted interventions that address specific needs within at-risk populations.

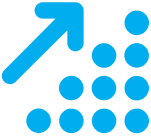








4. Informs policy

Research supports the development of effective, evidence-based advocacy, policies, programs and services to reduce suicide rates. It helps target resources and informs budgetary decision-making and social and economic outcomes.

By fostering collaborations between researchers, clinicians and people with lived experience, the SPRF is bridging the gap between research and practical application. This fund builds capacity among emerging researchers, strengthening the next generation's ability to address suicide prevention with the depth and rigor this demands.

Key facts

POPULATION LEVEL

 <p>Suicide is the leading cause of premature death in Australia</p>	 <p>Over 3,000 people die by suicide each year</p>	 <p>Males account for over 75% of deaths by suicide</p>
 <p>The rate of suicide among First Nations people is double the general population</p>	 <p>People from LGBTIQ+ communities experience higher rates of mental ill-health and suicide</p>	 <p>Suicide among veterans is 18% higher than the general population</p>
 <p>Suicide is the leading cause of death among young Australians aged 15 – 24</p>	 <p>Highest rates of suicide are among males aged 85+</p>	 <p>Survivors of suicide attempts are at higher risk of future suicide death</p>

ECONOMIC IMPACTS

 <p>The economic cost of suicide is up to \$30 billion each year</p>	 <p>Cost of living and debt causes distress to 46% of Australians</p>	 <p>Housing access and affordability causes high rates of distress to Australians</p>
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IMPACTS ON SUICIDE PREVENTION SECTOR

<p>70%</p> <p>of sector has seen increased demand for services in the last 12 months</p>	<p>67%</p> <p>of organisations do not have sufficient staff or volunteers to meet workforce needs</p>	<p>95%</p> <p>say that priority populations at risk of suicide are not appropriately funded, resourced and responded to</p>
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Reflections from the sector

“ The Suicide Prevention Research Fund has enabled Suicide Prevention Australia to support the development, testing and implementation of innovations in suicide prevention. This pioneering work is delivering positive outcomes for at-risk groups in the community as well as building up the next generation of researchers into this complex social challenge in Australia. ”

Professor Don Nutbeam

Chair of Suicide Prevention Australia Research Advisory Committee
Executive Director, Sydney Health Partners, University of Sydney

“ This report underscores the critical importance of investment in suicide prevention research. Over seven years the Suicide Prevention Research Fund has underwritten vital research that delivers tangible, life-saving outcomes across Australia. It bridges the gap between research and practical application. The impact this research has on ensuring that services and programs are meeting the needs of people experiencing distress cannot be underestimated. ”

Nieves Murray

CEO of Suicide Prevention Australia

“ The Suicide Prevention Research Fund helps strengthen the relationship between people with lived experience and suicide prevention researchers, ensuring the principle of ‘nothing about us, without us’ remains at the heart of our work. ”

Ingrid Ozols

Managing Director, Mental Health at Work

“The Suicide Prevention Research Fund has allowed me to undertake research in an area that has been overlooked for decades. With this funding I was able to publish the first independent study of gambling-related suicide in Australia and also progress urgent research to better understand the determinants of gambling-related suicidal crisis and amplify the voices of those with lived experience of serious gambling harm. I was invited to present these findings at Parliament House in Canberra and contribute this evidence to national discussions about gambling reform. This research would not have been possible without the support of the SPRF.”

Associate Professor Angela Rintoul

Principal Research Fellow & Research Integrity Advisor, Health Innovation and Transformation Centre, Federation University Honorary Principal Research Fellow, Melbourne School of Population and Global Health, University of Melbourne

“The Suicide Prevention Research Fund has yielded major benefits for my team and our work. It has enabled us to conduct projects that are more innovative than those that might have been funded through traditional sources. For example, we were fortunate enough to receive funding to use novel methodological approaches to explore the relationship between social media activity and suicide clusters. Perhaps even more importantly, the Suicide Prevention Research Fund has helped us to build the capacity of the future suicide prevention research workforce. Several members of my team have secured PhD scholarships or postdoctoral fellowships that have allowed them to develop their skills as independent researchers in a field that they are passionate about.”

Professor Jane Pirkis

Professorial Fellow, Mental Health Melbourne School of Population and Global Health, University of Melbourne

“The grant funding provided by the Innovation Research Grant has been instrumental in advancing our research. It enabled the successful development and delivery of the Minds Together online program for family and friends supporting someone who has attempted suicide. The grant allowed us to conduct extensive promotional activities, reaching over half a million people, and recruit participants for our feasibility and acceptability study. Without this funding, the depth and reach of our research would not have been possible and it has significantly contributed to expanding our understanding of digital mental health interventions.”

Dr Philippa Ditton-Phare

Project Lead, Everymind Conjoint Lecturer, University of Newcastle

Research projects making a difference

1 Walking forwards with moral injury

About

Dr Nikki Jamieson's journey from personal tragedy to pioneering research highlights the complex intersection of suicide and moral injury among Australian veterans.

Fuelled by her son's suicide while he was serving in the army, Dr Jamieson's ground-breaking work explored the profound impact of moral injury on veterans' wellbeing.



Dr Nikki Jamieson

Findings

Veterans emphasised the importance of validation, acceptance, and finding new purpose as crucial to healing. Understanding this phenomenon is key to improving suicide prevention and other services for serving and ex-serving personnel, a group of people more vulnerable to suicide than the overall general population.

Impacts

In addition to published articles and a book, Dr Jamieson's advocacy extends to policy and training initiatives, and informed the Royal Commission into Defence and Veteran Suicide.

She is working to integrate moral injury recognition into clinical practice and institutional frameworks, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and International Classification of Diseases (ICD), for better diagnosis and treatment.

Walking forwards

Learning and understanding more about suicide through research has helped Dr Nikki Jamieson cope with the immense grief and loss from the suicide death of her son while he was serving in the army.

In the wake of her son's death and facing her own personal crises, Dr Jamieson found herself grappling with the need for transformation, both for herself and for others. "Part of that," she reflects, "was actually understanding what suicide was."

In pursuit of answers, she came across the concept of 'moral injury' – a term used to describe the deep psychological wounds inflicted when actions or events violate a person's core moral framework so significantly it results in intense feelings of betrayal, guilt, anger, shame, self-condemnation, or increasing thoughts of suicide.

"Moral injury is a deep violation of who we believe we are or who we believe others to be," Dr Jamieson says, recognising her son's struggles in this definition. And while moral injury has been increasingly associated with suicide in defence forces globally, she found that there had been little research undertaken in the Australian context.

In 2020, Dr Jamieson was awarded a SPRF Scholarship to help her complete the final year of her PhD with a focus on exploring the connection between suicide and moral injury in Australian veterans.

Key publications

From her research, titled, *A war within: Making sense of suicide through narratives with former Australian Defence Force (ADF) Members*, Dr Jamieson has published multiple peer-reviewed journal articles and written a book, *Darkest Before Dawn: Australian Veterans' Accounts of Moral Injury*, detailing the lived experiences of veterans with moral injury.

Former ADF members – both female and male – have an increased risk of suicide compared with the general population, according to the [Australian Institute of Health and Welfare](#).

Ex-serving males are 26 per cent more likely to die by suicide than the general Australian male. While ex-service females are 107 per cent more likely (2.07 times) to die by suicide than the general Australian female, it is important to note that the overall suicide rate for ex-serving females is lower than that for ex-serving males.

Understanding why this occurs is key to improving suicide prevention, support and other services for serving and ex-serving personnel.

The Royal Commission into Defence and Veteran Suicide notes that little is known about the reasons for a high number of suicide deaths among Australians who have served in the ADF. It cites research showing that one-third of ex-serving ADF members experience high psychological distress and one-quarter report some form of suicidal ideation.

Dr Jamieson has also been closely involved with the Royal Commission and is hopeful that more will be done to prevent moral injury.

Through her ground-breaking qualitative research exploring the experiences of former ADF members living with moral injury, Dr Jamieson learnt more about how they continue to “walk forwards post-service” – the overarching theme identified in the study.

One of the study participants said: “I think moral injury is not something you get better from...Moral injury is about assisting a person to empower themselves, to pull that shattering back together into a story they can walk forward with.”

Other findings identified in the analysis of participant interviews include: the importance of understanding through validation, acceptance and reconciliation; narratives of personal change and growth and the importance of helping others.

Re-finding purpose post-service was critical to the participants’ transformation and helpful in overcoming moral injury. Sharing their story in the research project was part of their transformative journey as they felt like they were giving something back and to help others.

One female participant said: “I never had a voice; I have a voice now. And it’s about how you use that.”

“Findings from the research are already helping to effect tangible change, informing the delivery of more appropriate support for former and current members of the ADF experiencing moral injury.”

Dr Nikki Jamieson

In a similar vein, Dr Jamieson says the research has contributed to her own transformative journey – one she describes as post-traumatic growth – following her son’s death.

“Fundamentally, for me, it’s always been about stopping [suicide], stopping people having to live with what I have to live with every single day.”

Findings from the research are already helping to effect tangible change, informing the delivery of more appropriate support for former and current members of the ADF experiencing moral injury. For example, Dr Jamieson has supported the development of the Chaplains Moral Injury Skills Training course for Chaplains – “who are frontline to people experiencing moral injury”. She hopes that eventually everybody in the ADF will have access to a similar type of training for moral injury.

Collaborating with institutions like La Trobe, Harvard and Duke Universities, Dr Jamieson also seeks to embed the concept of ‘moral injury’ within the next version of the Diagnostic and Statistical Manual (DSM) of Mental Disorders and International Classification of Disease (ICD) – both of which inform how we diagnose and treat conditions in Australia.

Given moral injury is often confused with post-traumatic stress disorder (PTSD) – as many aspects of the conditions overlap – the inclusion of moral injury in the next DSM will help clinicians better differentiate between PTSD and moral injury and ensure more appropriate support is provided to clients.

In addition to her research and advocacy work, Dr Jamieson has founded [Moral Injury Australia](#), an organisation providing resources for moral injury. She is also in the process of publishing both a 'CORE moral injury framework' and a 'transformation model' to help guide and support clinicians and clients with the assessment and treatment of moral injury.

Her work has been amplified far and wide, with keynote presentations, education workshops and publications. She has written a second book and e-book, *Coping With Moral Injury – Strategies for Healthcare Professionals*.



Validation matters. Image from Mindframe collection

2 Searching for better answers

About

This world-leading research investigated whether the internet can be harnessed in suicide prevention efforts so that people are directed to support services when they search with particular keywords that are 'red flags' for concern.



Dr Sandersan Onie

Findings

This research showed the internet can be used in suicide prevention efforts to direct people to support services when they search with particular keywords. It also demonstrated the benefits of bringing together tech companies, people with lived experience, digital marketing experts and researchers.

Impacts

This high-profile research prompted thousands of clicks to resources, creating a safer online space. It generated strong engagement across diverse sectors, including the tech sector, in creating safer online spaces. It has attracted global interest, including from the World Health Organization and the G20 Summit in 2022. It demonstrates the importance of the suicide prevention sector working with external stakeholders.

Searching

Can the internet be harnessed in suicide prevention efforts so that people are directed to support services when they search with particular keywords that are 'red flags' for concern? This was the question that researcher Dr Sandersan (Sandy) Onie sought to answer with the support of a Suicide Prevention Australia Innovation Research Grant.

His work has since gone on to attract global headlines and won technical and financial support from tech giants – including Reddit, TikTok, Google and Meta – and from GroupM, the world's biggest advertising company.

He has been invited to present a TEDx Talk on his findings, join the World Health Organization's mental health committee, lead an event for mental health reform at the G20 Summit in 2022 and respond to queries from Egypt, Germany, India and beyond.

Dr Onie, a psychological researcher from Indonesia and research fellow at the Black Dog Institute in Sydney, had observed how a banner with the hotline for Australia's suicide prevention line often would come up on online search results, particularly if someone was actively looking for suicide supports.

He also found that some keywords, such as those referring to loneliness or hopelessness, did not trigger a link to the hotline and that some generated links were potentially harmful. For example, when he typed in keywords relating to a well-known Australian location where suicides occur, "instead of giving me the hotline number, it gave me a map," he told the *British Medical Journal*. The risk was not confined to Australia, with a search on Indonesian Google generating tips on 'how to end your life' rather than links to support.

Coming from a family with a long history of mental health issues and his own lived experience of suicidality, Dr Onie knows personally and professionally how critical a timely, targeted intervention can be in saving someone's life. Yet fewer than half of people who attempt suicide reach out for help. "If we are to reach them, we need to meet them where they are, be there at the right time, in the right way, for the right person," he said. "It won't matter how good our treatments are if we can't get people through the door."

"This project was started by lived experience, wanting to reach out to people," he said. "But what makes it really special is the coming together of researchers, people with lived experience, digital marketing experts, designers and more to make a product that can help everyone."

Dr Sandersan Onie

In 2020, under a Suicide Prevention Australia Innovation Research Grant, Dr Onie set out to evaluate whether people might be more likely to seek help if certain high-risk search terms on Google acted as 'red flags' to prompt an advertisement that linked to tailored messages, resources and a hotline.

Previous studies had shown that people may search for suicide-related terms on the internet before an attempt, including using keywords not directly associated with crisis (e.g. 'feeling empty', 'worried about divorce' and 'alcohol use'). Studies also showed that rising internet searches for suicide-related terms predict subsequent increases in national suicide rates.

Dr Onie led two studies that looked at engagement with an advertising campaign designed to reach individuals contemplating suicide. The first campaign ran for 16 days in which crisis-related keywords, such as 'I want to disappear', would trigger an ad and landing page to help people find the national suicide hotline number.

The second, run over 19 days, was expanded, using a wider range of keywords and leading people to a co-designed website with a wider range of offerings, such as lived experience stories, calming and distracting activities and links to support services and hotlines.

In the first study, the ad was shown 16,505 times, was clicked 664 times (4.02 per cent click rate) and prompted 101 calls to the hotline. In the second, the ad was shown 120,881 times and clicked 6,227 times (5.15 per cent click rate); of these 6,227 clicks, there were 1,419 (22.8 per cent) engagements with the site, a substantially higher rate than the industry average of three per cent.

A campaign in Indonesia also showed potential for poorer countries or communities. In an as yet unpublished study, high engagement numbers were recorded off low-cost advertising, making the intervention affordable and effective. In one region, a campaign led to almost triple the rate of professional help-seeking.

Working alongside Dr Onie from the start has been Black Dog's Crisis and After Care Lived Experience Advisory Group, which is responsible for the information generated on the landing pages, as well as advising on what search terms to use and which platforms might work better. Its input led to a recent pilot with Reddit in a successful campaign to engage with a younger cohort.

"This project was started by lived experience, wanting to reach out to people," he said. "But what makes it really special is the coming together of researchers, people with lived experience, digital marketing experts, designers and more to make a product that can help everyone."

There are risks and limitations to the work, of course, including that privacy regulations mean the researchers cannot know whether people who click onto the landing pages go on to access support and avoid suicide.

However, Dr Onie believes a key lesson is that answers for suicide prevention will not come just from within the suicide prevention sector. "We have all these other incredible fields using data, using artificial intelligence, using community – so if we want to solve the public health issue that suicide is, we need to do it together," he said.

The research continues to grow and plans are underway to use this approach across multiple platforms, so that every person who is in distress and engages in online behaviours indicative of distress will be met with the help that they want and need. To that end, a summit co-led by Dr Onie sought to bring the industry together to understand how the suicide prevention sector can utilise multiple platforms to create a safety net or ecosystem that meets people where they are.

Dr Onie is amazed that the simple question 'can we run some ads on Google to see if we can help people who are suicidal?' has managed to "bring the world's major tech companies together, for the first time, to see whether we can have a healthier online ecosystem that is safe for everyone regardless of where they are in their point of distress".



Reaching out. Image from Mindframe collection

3 Centring lived experience with an intersectional approach

About

This research was led by people with lived experience of intersectionality, and generated new insights into lived experiences of suicidal behaviour within LGBTIQ+ communities, including First Nations LGBTIQ+SB people and LGBTIQ+POC in Australia.

It also explored the factors that influence and protect against suicidal behaviour in these communities, who face high risks of suicide but are too often left out of research. The research put as much focus on strengths as risks — looking at sources of acceptance, affirmation and connection that help participants to live affirmatively.



Professor Katherine Johnson

Findings

The researchers found that some services and health professionals had very little knowledge about LGBT+ lives at all. The findings have filled critical gaps in knowledge and understanding for policymakers and health and community services.

They highlight the important role of connection at many levels — family, community, cultural, Country and others — and individual strategies or interventions have helped participants to live positively with suicidal thoughts.

Impacts

The research findings have been translated into innovative training materials that have been rolled out in Victoria, with hopes for national implementation. The research team and advisory group are determined that their work should create change by guiding policy and generating effective training for suicide prevention services.

Centring lived experience

For Dr Vanessa Lee-Ah Mat, a Yupungathi and Meriam woman, it was a breakthrough moment when she visited the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to be told how keen staff were to engage with suicide prevention training that emerged from a lived experience research project she was involved in.

“They said, ‘we’re ready now to work in this space’. That was a direct result of the research,” recalled Dr Lee-Ah Mat, a cultural broker and social epidemiologist, who has a strong background in advocating for human rights and social justice for the LGBTIQ+ population and was the first First Nations Australian to lead the International Lesbian, Gay, Bisexual, Trans and Intersex Association Oceania branch.

“Now the idea is to get that training across to the rest of services: not just Aboriginal and Torres Strait Islander health services, but also family, women’s, family violence and legal services, and not just for Aboriginal and Torres Strait Islander people but non-Indigenous people as well,” she said.

The *Understanding LGBTQA+SB* (Lesbian, Gay, Bisexual, Transgender, Asexual plus Sistergirl and Brotherboy) *suicidal behaviour and improving support: insight from intersectional lived experience* research project was launched with a Suicide Prevention Australia Innovation Research Grant in 2020, amid evidence showing that LGBTIQ+ people in Australia are 20 times more likely to have considered suicide than the general population.

The research had two main aims. One was to generate new insights into lived experiences of suicidal behaviour within LGBTIQ+ communities including First Nations LGBTQA+SB people and LGBTIQ+POC in Australia.

The other was to better understand the factors that influence and protect against suicidal behaviour in these communities, with as much focus on strengths as risks — looking at sources of acceptance, affirmation and connection that help participants to live affirmatively.

“[people] embody multiple identities, creating overlapping and interdependent systems of discrimination or disadvantage...”

Professor Katherine Johnson

The acronym LGBTQA+SB is used throughout the research report to recognise the diverse genders and sexualities of research participants and acknowledge that, despite attempts, researchers were unable to recruit participants who identified with intersex variations.

“These are stories that are often missing from accounts of LGBTQA+SB experiences of suicidal distress,” said Professor Katherine Johnson, Dean of the School of Global, Urban and Social Studies at RMIT University, who had done similar research previously in the United Kingdom.

Professor Johnson led the project with RMIT colleague Dr Nicholas Hill and Dr Lee-Ah Mat, then an academic at the University of Sydney, alongside partners specialising in LGBTIQ+ community support (Switchboard) and lived experience of suicide (Roses in the Ocean). RMIT’s Social Change Enabling Impact Platform funded the translation of the research into innovative training materials.

Its focus on intersectionality is what distinguishes this work from previous LGBTIQ+ suicide prevention research in Australia, drawing attention to how people “embody multiple identities, creating overlapping and interdependent systems of discrimination or disadvantage”, Professor Johnson said. This includes, but is not limited to First Nations Peoples, People of Colour, cultural and linguistic diversity, faith background, age, abilities, alongside diverse genders and sexualities.

“We know from research that, often when someone has an intersectional experience, you can fall through the cracks between support services or communities of support,” she said.

“So, for example, you might expect that the LGBTIQ+ community steps in to provide support for someone with suicidal thoughts, but if you’re a Person of Colour or you’re First Nations, it may not do so in the same way or the best way, whether that’s because of discrimination or lack of visibility or another reason that means someone doesn’t feel safe, comfortable or included.

“Similarly, suicide prevention or other services more connected to First Nations or People of Colour may not understand or be open to the experiences of LGBTIQ+ members of their communities,” she said.

Lived experience was at the heart of this baseline research, with 20 LGBTQ+ adults recruited from across Australia to contribute stories and insights about their intersectional experiences. Three were First Nations people, seven were people of colour — small numbers overall but making for comparatively high representation. All members of the research team also came from the LGBTIQ+ community and had their own lived experiences of either suicidal distress or having lost someone to suicide.

Taking care

It was, Professor Johnson said, “a very careful piece of research, as it should be”, with the team and advisory group determined that it should create change by guiding policy and generating effective training for suicide prevention services.

For Associate Professor Dr Lee-Ah Mat, what also stood out was the care taken in conversations with First Nations participants, recognising that too often research is conducted on and about First Nations people, not with them and for them.

“The most important part of it is that Indigenous people had control,” she said. “Such is the process when research is considered alongside Indigenous governance.”

As the first First Nations Suicide Prevention Australia Board member, she also welcomed the shift that the project signified from research on “triage” in suicide support to critical examination of prevention and early intervention.

“Western triage does not go to the depth of what is needed for Aboriginal and Torres Strait Islander people,” she said.

One of the early findings of the project was that some services and health professionals had very little knowledge about LGBTQ+ lives at all. In response, the project report and training materials provide social and cultural context and use a composite narrative approach to tell people’s stories, “elevating the richness and complexity within our participants’ lives”, while maintaining privacy and confidentiality.

The team also heard that suicidal distress can begin at “an incredibly young” age, including from early childhood, driven by a sense of ‘not belonging’. “Gender identity and/or sexuality featured in accounts of

suicidal distress but were rarely the sole cause,” the research found, warning against a conflation of LGBTQA+ identification with suicidality. “Rather it is feelings of isolation, fear of rejection and experiences of social and cultural rejection associated with homophobia, transphobia and racism.”

With its strengths-based approach to suicide prevention, the research highlights the role of connection at many levels — family, community, cultural, Country and others — and individual strategies or interventions that have helped participants to live positively with suicidal thoughts, for some through their whole lives. While it notes the complexity in promoting protective factors when there is intersectionality, offering support can be straightforward — “sometimes just a sense of someone looking out for you can have immense benefit”, Professor Johnson said.

“Many people who have lived experience of suicide ideation keep on living and we have much to learn from them about what helps to live with suicidal distress,” she said. The research team hopes to be able to scale up the research and evaluate the effectiveness of the training.



Filling critical gaps in knowledge and understanding.

Image from Mindframe collection

4 Rolling out a model for Cultural, Social and Emotional Wellbeing for Aboriginal and Torres Strait Islander People

About

This research project delivered and evaluated a community-developed program to help reduce high rates of psychological distress, self-harm and suicide within First Nations communities, with a specific focus on people in the justice system.

It involved the Kimberley Empowerment Healing and Leadership Program (KEHLP) in Derby prison in the north of Western Australia. Staff at Danila Dilba Health Service were trained to implement a similar program in Darwin.



Dr Ee Pin Chang

Findings

Preliminary data from the KEHLP show its promising potential for reducing psychological distress and building resilience. Researchers have also drawn important lessons about decolonising research and the need for longer timeframes for research of this nature.

The findings highlight the importance of addressing the impacts of colonisation, such as intergenerational trauma, ongoing racism, discrimination, and unresolved issues related to self-determination.

Impacts

The hope is that similar programs can be rolled out across Australia to reduce high rates of psychological distress, self-harm and suicide within First Nations communities, and with a specific focus on people in the justice system.

The research has informed wide-ranging advocacy work, including the provision of expert witness statements for coronial inquests into First Nations deaths in custody. The researchers have also contributed to academic publications advocating for systemic change within prisons to make mental health services more culturally safe and appropriate for First Nations people.

Rolling out a model

A profound sense of healing and hope emerges among First Nations men in prison when they have the opportunity to talk about their lives and develop a deeper understanding of the personal and systemic issues that have brought them into custody.

That is one of the observations from the Kimberley Empowerment Healing and Leadership Program (KEHLP), which has been delivered in a remote prison in Western Australia's north-west. The hope is that similar programs can be rolled out across Australia to reduce high rates of psychological distress, self-harm and suicide within First Nations communities and with a specific focus on people in the justice system.

"It's really powerful when people have the opportunity to reflect on trauma and significant events in their lives, to try to make sense of it all and find a way forward," says Zaccariah Cox, a health professional with cultural connections to the Nimanburru people from the Eastern Dampier Peninsula and Kija people from the central Kimberley.

Mr Cox is Senior Manager in Social and Emotional Wellbeing and Mental Health at Kimberley Aboriginal Medical Services (KAMS), which works with Centacare Kimberley to deliver KEHLP to the West Kimberley Regional Prison in Derby.

The SPRF supported a research project to deliver and evaluate KEHLP in Derby prison and train Danila Dilba Health Service staff to implement a similar program in Darwin.

"It's really powerful when people have the opportunity to reflect on trauma and significant events in their lives, to try to make sense of it all and find a way forward."

Zaccariah Cox

Kimberley Aboriginal Medical Services

Mr Cox says the program developed from the grassroots, resulting from consultations with community members on the ground who were dealing with trauma and suicide.

"It's community-based, community-developed...that for me is the starting point for impact," he said.

First Nations people in Australia are the most imprisoned people in the world, making up only three per cent of the Australian population but accounting for 33 per cent of the prison population.

For young people, incarceration rates are even worse, particularly in Western Australia and the Northern Territory. Despite making up just 6.7 per cent of the population, First Nations young people account for more than 70 per cent of young people locked up in Perth's Banksia Hill Juvenile Detention Centre.

First Nations academic Professor Pat Dudgeon says the reasons for high incarceration rates are linked to the impacts of colonisation, such as intergenerational trauma, ongoing racism, discrimination and unresolved issues related to self-determination, as the landmark Royal Commission into Aboriginal Deaths in Custody also identified.

To support efforts to address these harms, Suicide Prevention Australia awarded a two-year Post-Doctoral Fellowship to research associate, Dr Ee Pin Chang, who works at the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP) at the School of Indigenous Studies at the University of Western Australia under Professor Dudgeon's supervision.

From 2012, Professor Dudgeon, a Bardi woman from the Kimberley, led the National Empowerment Project (NEP), conducting consultations in 11 communities across Australia to develop a Cultural, Social and Emotional Wellbeing (CSEWB) Program to promote wellbeing and address high rates of suicide and psychological distress among First Nations people.

The Derby and Darwin programs are based on a holistic and interdependent social and emotional wellbeing framework, connections across seven overlapping domains: body; mind and emotions; family and kin; community; culture; Country; and spirituality and ancestors.

"The programs are co-designed with people with lived experience of suicidal behaviour and provide a strengths-based, holistic Indigenous mental health framework," Professor Dudgeon said. "This is of course guided by the complex interrelationships between cultural, social, emotional, spiritual, political and historical determinants of health."

Dr Chang's study, *Addressing the over-representation of Aboriginal and Torres Strait Islander people in the justice system through enhancing social and emotional wellbeing*, sets out to evaluate the efficacy of the programs in reducing psychological distress and building resilience. The study also sought to examine whether a reduction in self-reported psychological distress during program delivery is sustained in the longer-term and is associated with reduced contact with justice system, alcohol/drug use, domestic violence and suicide risks.

Empowering

Professor Dudgeon, Dr Chang and colleagues had already evaluated the CSEWB Program within the justice system in Perth, finding that participants at the Boronia Pre-Release Centre for Women reported significantly reduced levels of psychological distress after completing the CSEWB Program, the first time it had been delivered in a prison setting.

"Many had not thought before about their lives as being impacted by colonisation and intergenerational trauma, so something clicked for them," Dr Chang said. "The CSEWB Program speaks to cultural ways of knowing, being and doing, so it is very empowering and participants reported feeling hopeful for the future."

However, plans to continue delivery and evaluation of the CSEWB Program at Boronia were disrupted significantly by COVID-19 pandemic restrictions. The research then included training Danila Dilba Health Service staff to deliver it in Darwin. Professor Dudgeon had an existing research relationship with Danila Dilba and Darwin had been one of the communities consulted for the NEP.

"When we work within a community, we always look for existing established relationships because it takes time to build trust and relationships for meaningful collaboration," Dr Chang said. It was critical she said, that, as part of decolonising research, First Nations community researchers both delivered the programs and conducted the direct evaluations with prison participants.

Her role was to train team members in participatory action research and to work with them on reflective analysis of the results, which required her to be "very aware of my own unconscious biases" as a non-First Nations researcher.

Based on preliminary data collected, participants reported lower levels of psychological distress after participating in the KEHLP. KAMS and Centacare Kimberley are currently delivering the sixth iteration of the KEHLP and a publication on the findings is pending further data collection.

The research also highlighted many challenges with delivery and evaluation of such programs, including: the time and complexity involved in applying for ethical approvals; workforce and other pressures on community-controlled health organisations which are best for program delivery; and cultural issues, such as where local languages did not have words for Western concepts like feeling 'hopeless'.

There were also particular challenges in prison settings, including lack of access to Country or other healing locations and internal prison issues, such as temporary staff shortages, which meant participants had to miss crucial sessions.

"If you want to do it properly, you need time to go through the ethics, to establish the relationship and trust and make sure that your interpretation of the findings is correct by involving facilitators who conducted the evaluation in the data analysis," Dr Chang said.

"So I think one of the big learnings would be the need for more time for projects like this. The process is really important and two years is actually not quite enough."

While the project has been delayed, Dr Chang has engaged in other research and advocacy work related to her research, such as assisting Professor Dudgeon with expert witness statements for coronial inquests into First Nations deaths in custody. She is collaborating with Curtin University researchers on a review paper into First Nations deaths in custody advocating for systemic change within prisons to make mental health services more culturally safe and appropriate for First Nations inmates, as a suicide prevention strategy.



Professor Pat Dudgeon, highlighting the
impacts of colonisation

5 Involving high school students in suicide prevention training

About

This research project seeks to prevent youth suicide by adapting existing online resources for high school-aged youth, educators, and parents. It has received positive feedback and strong demand in schools.



Dr Louise La Sala

Findings

It is safe to develop a suicide prevention intervention with young people, and important to tackle the myth that talking about self-harm and suicide is unsafe for young people.

There is a desire for suicide prevention programs in high schools, and younger children should also be considered in online suicide prevention interventions.

Impacts

Educators, parents and carers feel better able to support families in having conversations about suicide and self-harm with their children, as well as feeling better equipped to discuss online safety with their students.

Efforts are underway to expand the program nationally and globally, ensuring evidence-based and impactful interventions for youth research and the need for longer timeframes for research of this nature.

Involving high school students

Dr Louise La Sala's research aims to address growing concerns about youth suicide by empowering high school students with appropriate skills and tools to help them communicate safely online about suicide and self-harm.

"Suicide is the leading cause of death for those in Australia under the age of 25 years and we need to be doing everything we can to drive those numbers down," she says.

Dr La Sala was awarded a Post-Doctoral Fellowship under the SPRF to support adaptation of the #chatsafe guidelines for high-school aged young people, their parents or carers and educators.

Orygen, an organisation that works with young people on mental health research, policy and education, first developed the #chatsafe guidelines in 2018 and updated them in 2023. The guidelines are a “soft entry point into suicide prevention intervention training”, as well as digital literacy, Dr La Sala says.

Orygen’s work with young people found that “for a whole range of reasons young people turn to the internet for support”. However, while friends want to help them, they’re not always sure how to, according to Dr La Sala, who has an extensive background researching social media interactions and online behaviours of young people.

“We know that young people are seeing content about self-harm and suicide on social media and we believe strongly that we have to give all young people the tools to keep themselves safe when they’re navigating this sort of content online,” she said.

An evaluation of the #chatsafe suicide prevention social media campaign, co-designed with young people between 17 and 25 years, found that it is safe to develop a suicide prevention intervention with young people.

These are important findings. For various reasons, including stigma and fear, very few youth mental health programs specifically target self-harm and suicide. There is a “persistent worry that talking about self-harm and suicide is unsafe and we need to tackle that myth”, Dr La Sala says.

Valuable lessons

In addition to working with high school students in Victoria to co-design a social media suicide prevention campaign, Dr La Sala is building the capacity of educators, parents and carers to support students to be safe online. While the project is still underway and has seen some challenges in implementation, Dr La Sala has received positive feedback and learned valuable lessons along the way.

Dr La Sala says the most valuable lessons from the project so far include learning of the “real desire” for this type of program in high schools and that younger children should also be considered in online suicide prevention interventions because those as young as seven and eight years old are already using social media.

She also says that “developing good interventions or suicide prevention for young people takes time, good relationships and collaboration”.

Educators have told Dr La Sala they feel better able to support families in having conversations about suicide and self-harm with their children, as well as feeling better equipped to discuss online safety with their students.

One educator involved in the training told Dr La Sala, “Working with young people in this vulnerable space, you’re always scared that you’re going to say the wrong thing. And as teachers, we don’t get a lot of professional development and training on how to deal with such a delicate subject... so that professional development was fantastic.”

Likewise, parents and carers attending the program’s educational sessions reported they valued the opportunity to develop skills to initiate these conversations with their children.

One parent said, “The insights into the interaction between social media and young people’s health was eye-opening and the advice on safe language [was] very constructive and useful.”

However, for a range of reasons, “it’s been a challenge taking suicide prevention programs into schools”, which often are inundated by programs, Dr La Sala said.

Time and school-resourcing are among the biggest challenges – “You can’t change the culture of school-based suicide prevention in a year,” she said.

The Post-Doctoral Fellowship has enabled Dr La Sala to start developing vital partnerships and relationships with schools that will help ensure school-based programs are appropriate and evidence-based.

“We know that young people are seeing content about self-harm and suicide on social media and we believe strongly that we have to give all young people the tools to keep themselves safe when they’re navigating this sort of content online.”

Dr Louise La Sala

“I feel passionately that we have to come up with ways of doing this properly, so that the programs that are available to schools are evidence-based and have impact and are safe,” Dr La Sala said.

Dr La Sala is continuing to work with Victorian high schools to find students to co-design the social media campaign and has started conversations with the New South Wales Department of Education to implement the program there. It is expected the project will wrap up in 2024 and results will be published in the first half of 2025.

With the support of Meta, the parents’ and carers’ resource and the educators’ resource have been globalised and now are available in 15 and 22 countries respectively.

Dr La Sala has also had the opportunity to discuss the #chatsafe program with the Australian e-Safety Commission, which may list it as a Trusted eSafety Provider.

All of this time engaging people, developing relationships and learning will speak to the overall success, according to Dr La Sala.



Ensuring young people have the tools to stay safe. Image from Mindframe collection

6 Building safety for young people impacted by suicide

About

This world-leading research on online risks for young people exposed to suicide seeks to prevent suicide clusters. It examined the impact of the #chatsafe intervention and led to the development of targeted campaigns in Australia and New Zealand to communities affected by suicide, reaching over 6.5 million people.



Professor Jane Pirkis

Findings

#chatsafe is a safe postvention response and can potentially help reduce the risk of imitation or 'contagion' after a suicide has occurred.

Young people are more willing to intervene after receiving #chatsafe content and their self-efficacy, confidence and safety when communicating about suicide on social media improved.

There is no evidence that the #chatsafe postvention caused any harm.

Impacts

This research is having an international impact, with uptake in countries including Norway, Canada and the Netherlands.

It has led to multiple collaborations with health authorities in Australia and New Zealand, resulting in more than 20 postvention campaigns aimed at specific communities where a suicide has occurred.

The work is also being used in advocacy for greater online safety, including work with young people, policymakers and the social media industry.

Building safety

Australian researchers are leading the way globally in investigating online risks and protective factors for young people exposed to a suicide with the aim of developing effective interventions that can help prevent or limit devastating suicide clusters. The research has been steered by Professor Jane Pirkis, Director of the

Centre for Mental Health and Community Wellbeing in the Melbourne School of Population and Global Health, and Professor Jo Robinson, Head of Suicide Research at Orygen.

Funded by a Suicide Prevention Australia Innovation Research Grant, their work has led to significant real-world impacts, including multiple collaborations with health authorities in Australia and New Zealand. These collaborations have been postvention programs — interventions that occur after a death by suicide to support those bereaved or affected by the event.

Around six per cent of suicides by young people in Australia occur in clusters, which can then trigger devastating ripple effects for families, friends and communities.

“Sadly, one suicide can sometimes be followed by others,” Professor Pirkis said. “This may happen if, for example, suicide is glamorised or normalised,” she said, adding that suicide clusters may emerge in online and offline social networks and are more likely to occur among young people than other groups.

There are concerns about the relationship between social media and suicide clusters. However, robust evidence is lacking and this was one of the first studies to look at how social media can be used as a preventative tool.

“We have since taken #chatsafe and used it as part of a postvention response that has reached millions. Taken together, the demonstrable efficacy and the very broad reach equate to a significant impact.”

Professor Jane Pirkis

“Our research is about making sure that if a suicide does occur, any online discussion about it is safe and supportive,” said Professor Pirkis.

Professor Pirkis led a pilot case-control study, using a novel approach to examine whether Facebook activity differed following suicides that did and did not occur in clusters. It was the first study to provide such data and, although it had limitations because of the complexity of conducting this sort of research online, it provided preliminary evidence that may help to explain the concept of clustering.

Subsequently, in an international first, Professor Robinson led a trial involving 260 people aged 16 to 25 years who had been recently exposed to suicide. Through platforms like Instagram, Facebook and Snapchat, her team tested the #chatsafe intervention, developed by Orygen to support young people to communicate safely online about self-harm and suicide.

Each week over the six-week trial, the researchers sent direct messages of tailored content that had been co-designed with young people to the participants. The content covered safe communication about death, how to seek help and tips on supporting friends if they were worried about them.

Many participants reported increased willingness to intervene as a result of receiving the #chatsafe content and said their perceived internet self-efficacy, confidence and safety when communicating about suicide on social media had improved. Importantly, there was no evidence that the postvention caused any harm.

“The research provided evidence that #chatsafe was a safe and potentially efficacious intervention that could form part of future postvention responses and help reduce the risk of imitation or contagion after a suicide has occurred,” Professor Robinson said.

Backed by their findings, the research team has been working with health departments and Primary Health Networks to conduct more than 20 postvention campaigns to date across Australia and New Zealand, aimed at specific communities where a suicide has occurred.

“We are notified when a young person dies by suicide, so we can roll out a #chatsafe campaign to the young people in the community impacted by that death, as well as adult-facing resources for parents and carers, and specific resources for educators,” Professor Robinson said.

So far, the campaigns have registered 46 million ‘impressions’ (the number of times their material shows up on a news feed), reaching more than 6.5 million individuals and generating 250,000 ‘click throughs’ to the #chatsafe website for more information.

Significant impact

“Our research showed that #chatsafe was efficacious in equipping young people to intervene if they were concerned about someone online,” said Professor Pirkis.

“We have since taken #chatsafe and used it as part of a postvention response that has reached millions. Taken together, the demonstrable efficacy and the very broad reach equate to a significant impact.”

In further impact, the researchers are using these findings, as well as findings from other projects, to help advocate for greater online safety. This includes work with young people, policymakers and the social media industry.

“We’re very quick to blame social media for everything, but not as quick to look at how we could use it part of our suicide prevention strategies going forward,” said Professor Robinson, who is a member of Meta’s Self-Injury Advisory Group.

The research is being taken up internationally, including by Norway as part of its National Suicide Prevention Strategy and other countries such as Canada and the Netherlands are following suit.

The researchers hope next to test the #chatsafe postvention in a large-scale international trial and to see online safety form part of national suicide prevention strategies all over the world.

“It’s been a really good example of where a relatively small, simple study has led to really strong real-world impact,” Professor Pirkis said.

7 Using data to bring people together and inform better care pathways

About

This research examined how a local clinical dataset can be used to inform better care pathways for people who self-harm.

Findings

Local clinical data can be used to understand where the care is working and to guide resource allocation.

Data helps health professionals understand which groups need prioritising and what they might need.

This work demonstrated the importance of developing partnerships with the local First Nations community to ensure research is culturally safe.

Impacts

The findings have been used to improve practices in local mental health services and to build health service capacity to use data.

Additionally, Dr Katie McGill was seconded to the Australian Department of Health and Aged Care to provide advice on how to better use health data to inform care, including what quality and safety indicators need to be tracked to measure and evaluate aftercare.

This work has developed relationships with local, state and federal governments, local health networks and local First Nations health services and these will help enable future collaborations.

The findings have led to changes in care models across NSW and have been widely disseminated through peer-reviewed publications, national and international conference presentations and policy reports.



Dr Katie McGill

Using data

For Dr Katie McGill, developing networks and building capacity in her local health service to use data are among the greatest impacts and achievements from her PhD research.

The relationships will enable future collaborations and has contributed to the NSW Hunter region being able to play a continuing role in suicide prevention, Dr McGill says.

“The studies allowed people to come together and talk – we connected; we built a relationship. Locally, there is a better understanding and commitment to research and evidence informing what we do within our mental health service and thinking about how we can contribute” to that evidence, she said.

Dr McGill’s PhD, titled *Improving self-harm data to improve care: the case for a clinical (quality) register in Australia*, enabled her to build connections with local, state and federal governments, local health networks and local First Nations health services.

Through a series of four individual studies, made possible because of standard assessment and data collection processes implemented at Calvary Mater Newcastle Hospital about 20 years ago, Dr McGill’s PhD thesis demonstrated how a local clinical data set can be used to inform better care pathways for people who self-harm.

“This study highlighted the importance of developing partnerships with the local Aboriginal and Torres Strait Islander community to ensure research is culturally safe.”

Dr Katie McGill

While there are treatments and therapies known to be effective for people experiencing a suicide crisis, less is known about their application in routine care and what outcomes they translate into. In 2019, Dr McGill was awarded a SPRF PhD Scholarship to explore this gap and build a foundation for future work.

As a clinical psychologist with over 20 years’ experience working in mental health promotion and suicide prevention and now as the aftercare manager with the Hunter New England Local Health District, Dr McGill says she really wants people in suicidal crisis who present at the mental health service to be linked into appropriate supports and with the treatments they need.

The four studies completed in the PhD were “very diverse,” but all used the same data source, “demonstrating the different ways you can use data to understand where the care is working, to know where to put resources,” and understand which groups need prioritising and what they might need, Dr McGill said.

The first of the four studies used the clinical register data to explore local trends of self-harm in young females to compare with data reported by the Australian Institute of Health and Welfare (AIHW) showing that hospital-treated self-harm in young females had increased nationally between 2000 and 2012.

Highlighting the value of clinical registers for epidemiological research, the study showed that the local hospital self-harm rates (444 per 100,000) were higher than state (378 per 100,000) and national rates (331

per 100,000) reported by AIHW, but that the local rates had not increased over time.

The reported increase in national hospital-treated self-harm by the AIHW could be due to a variety of factors, Dr McGill says, including changes in clinical coding practices (such as more people being admitted versus presentations) or improved coding practices.

The second study was an evaluation of the NSW Mental Health Act's Accredited Persons policy, where a health professional other than a doctor is accredited to refer people who are at significant risk to themselves or others to an involuntary mental health assessment, as it was implemented at the Calvary Mater Newcastle Hospital.

The evaluation directly informed policy translation and clinical practice as it showed that an accredited person delivered comparable results to a medical professional in terms of referrals. The hospital has continued this program.

In the third study, Dr McGill worked with a local First Nations advisory group, consisting of a First Nations mental health workforce coordinator, a First Nations community controlled health organisation representative and other key stakeholders, to use the clinical register to gain a better understanding of routine care for First Nations people presenting to the hospital after self-harm.

Cultural safety matters

In addition to learning more about discharge destinations (for example, to a psychiatric hospital) for First Nations and non-First Nations patients, this study highlighted the importance of developing partnerships with the local First Nations community to ensure research is culturally safe.

This study has contributed to a growing foundation of knowledge about how to improve outcomes, including working with the First Nations mental health and wellbeing service manager to explore how psychiatric re-admissions for First Nations people can be reduced.

The fourth study evaluated the Way Back Support Service in the Hunter region, a service funded by the Australian Government to provide three months of aftercare following a hospital-treated suicide attempt. The study focused on investigating the effectiveness of the Way Back Support Service in reducing deliberate self-poisoning and psychiatric hospital admissions within a 12-month follow up period.

While the evaluation did not identify any significant difference in the proportion or number of self-poisoning readmissions between the intervention and control groups, it “really highlighted we need to better understand aftercare and what people want after a hospital presentation for self-harm”, Dr McGill says.

Each Local Health District in New South Wales now has an aftercare manager to make progress on this.

The evaluation also learnt valuable lessons for informing the evaluation of the national dissemination of the program, Dr McGill says.

Dr McGill's research has been disseminated widely via multiple peer-reviewed publications, international and national conference presentations and a policy report. She also participated and won her heat of the 2021 University of Newcastle's Three Minute Thesis (3MT) competition.

Additionally, Dr McGill was seconded to the Australian Department of Health and Aged Care to provide advice on how to better use health data to inform care, including what quality and safety indicators need to

be tracked to measure and evaluate aftercare.

Her PhD has informed the next wave of research, including a small pilot of a psychological treatment, called a collaborative assessment and management of suicidality, that has been effectively demonstrated in community settings, but not previously explored in an in-patient setting.

Dr McGill has also received a Suicide Prevention Australia Implementation Grant to trial an implementation strategy to improve completion and quality of safety planning in community mental health settings.

In addition, she is exploring the impact of the introduction of a Mental Health Care Navigator at Calvary Mater Newcastle hospital on time in emergency departments for people presenting with mental health concerns.



Building connections. Image from Findframe collection

8 Edge of the Present

About

This world-leading research evaluated the Edge of the Present virtual reality experience, which offers participants seven immersive nature scenes, fostering positive future thinking to counter suicidal thoughts.

This virtual reality tool was developed with input from people with lived experience and presents promising possibilities in suicide prevention for people with previous suicide ideation or self-identified depression.



Professor Katherine Boydell

Findings

The Edge of the Present virtual reality tool created positive future thinking and ways to replace thoughts about suicide with positive ideation in at-risk people.

As the VR tool is being used in a high-risk population, it has to be managed carefully with experienced professionals on hand should a person become triggered or experience an emotional crisis.

Impacts

Local community members with lived experience were trained as research assistants to promote the study within their networks, building their skills and capacity.

Headspace Maroochydore hosted Edge of the Present for three months, using it as a suicide prevention tool alongside their resident clinicians, Boydell said.

The research has led to international collaborations and been published in peer-reviewed journals, in a book chapter and lay reports, as well as being presented at conferences on suicide prevention.

Edge of the Present

Can a virtual reality experience of nature, such as watching snowflakes fall, help to promote positive thoughts about the future in people who have previous experience of suicide ideation or self-identified depression? This is the question investigated by a world-first pilot study, which showed some potential benefits for this methodology.

Called Edge of the Present, the ten-minute mixed reality experience allows the user to enter a virtual world, experiencing seven different nature-based settings. The user has control over the scenes they want to immerse themselves in by opening and closing a door, with even greater immersion experienced when opening a window.

“It is very tactile,” says Professor Katherine Boydell, lead researcher of the tool's evaluation. Different experiences include grass growing beneath your feet, overlooking mountaintops and watching snowflakes fall before your eyes.

As hopelessness and poor positive future thinking increase suicide risk, Boydell and colleagues explored the potential and feasibility of the Edge of the Present experience in cultivating positive future thinking and ways to replace thoughts about suicide with positive ideation. Developed and co-designed with people who had experience of suicide ideation, the intervention is also based on ideological theories of embodiment and positive future thinking.

The virtual reality (VR) tool was evaluated through patient experience with 130 people in Queensland responding to qualitative interviews and standardised questionnaires to measure hopelessness and wellbeing. Participants completed questionnaires before and after the ten-minute Edge of the Present experience.

Increased wellbeing

Questionnaire results showed statistically significant decreases in levels of hopelessness and negative mood, as well as a statistically significant increase in wellbeing. This suggests that the ten-minute experience can have a positive impact on the mood and wellbeing of someone with suicide ideation.

Given it was such a short intervention, the team “were pleasantly surprised” with the quantitative results, Boydell said.

However, “equally if not more importantly”, Boydell said the conversations with people about the experience helped the research team understand more about “why we might see these significant changes in mood”, with people remembering their connections to nature, family and past experiences.

Through these memories, people described their wish to engage in nature again and explained their future plans to do so, thus engaging in positive future thinking.

One female participant in the evaluation said of the program:

“It was exhilarating... it was magic. It was over the top beautiful. It was a very pleasant, amazing experience. So many different forms of nature. I loved it. I’m in heaven... I feel peaceful. I feel happy. Serene. A magical experience. That just took me to another land, another place, with beautiful thoughts. I don’t remember the last time I felt that way...”

Other words used by study participants to describe the novel VR experience include “beyond expectations”, uplifting, invigorating, surreal, fabulous, inspiring and phenomenal, Boydell said.

Boydell received a Suicide Prevention Research Innovation Fund to evaluate the project titled, *A Virtual Reality (VR) Tool to Cultivate Future Thinking and Positive Ideation in Place of Suicidal Thoughts*. For Boydell, Head of the Arts-Based Knowledge Translation Lab at the Black Dog Institute and Director of Knowledge Translation at Sydney Partnership for Health Education Research and Enterprise, using the Edge of the Present program was a powerful and unexpected experience.

“It’s almost like an escape. It’s like you really are somewhere else and you don’t want it to end,” she said.

However, Boydell cautioned that, as the VR tool is being used in a high-risk population, it has to be managed carefully with experienced professionals on hand should a person become triggered or experience an emotional crisis.

“It was exhilarating... it was magic. It was over the top beautiful. It was a very pleasant, amazing experience. So many different forms of nature. I loved it. I’m in heaven... I feel peaceful. I feel happy. Serene. A magical experience. That just took me to another land, another place, with beautiful thoughts. I don’t remember the last time I felt that way...”

Female participant

The next steps will be to explore the technology’s effect over time and by dose. Questions to consider include: How long does the effect last? Do hopefulness and mood continue improving over time? Is there an optimum number of sessions to maintain positive benefits?

Another aspect to consider in the future is how to make the tool more accessible, Boydell said. The evaluation was set up in a physical room, she said, but they have considered its possible application in mental healthcare waiting rooms, for example.

Boydell said some of the bigger impacts from the project were less direct, including the success of the project’s research manager in winning a PhD scholarship at the University of Sydney’s VR Centre.

In addition, local community members with lived experience were trained as research assistants to promote the study within their networks, building their skills and capacity. Headspace Maroochydore hosted Edge of the Present for three months, using it as a suicide prevention tool alongside their resident clinicians, Boydell said.

The research has been published in peer-reviewed journals, in a book chapter and lay reports, as well as being presented at various conferences on suicide prevention. Because VR is “kind of sexy”, it attracted a lot of media and public attention, Boydell said.

The project has also led to international collaborations and interest beyond the focus on suicide prevention, Boydell said.

Overview of the Suicide Prevention Research Fund

The SPRF was established by the Australian Government in 2018 to support world-class Australian research into patterns of suicide, risk factors and individual and community-level interventions and to facilitate the translation of that knowledge into more effective suicide prevention responses.

A key strength of the SPRF is that research projects are undertaken in collaboration between researchers, clinical and community organisations and people with a lived and living experience of suicide. The Fund also has a role in building the capacity of the research community to establish a strong pipeline of innovative ideas.

History of the grants

In 2015, Suicide Prevention Australia published the *Suicide Prevention Research Action Plan*, which outlined the importance of translational research. After two years of extensive advocacy, Suicide Prevention Australia was invited by the Commonwealth Government to submit a tender in 2017 for a research funding grant.

On winning the funding, Suicide Prevention Australia committed \$2.3 million in the 2018/19 financial year to the National SPRF.

The 12-member Research Advisory Committee, chaired by Professor Donald Nutbeam and reporting to the Suicide Prevention Australia board, was established in 2018. The Committee commissioned a report from the Centre for Mental Health at the University of Melbourne to inform future research priorities and recommend the types of research grant that should be funded. The Innovation Grants were established in March 2018, closely followed by the PhD Scholarships in July 2018. A year later in July 2019, the Post-Doctoral Fellowships were established.

The first round of applications was received for the Innovation Grants and PhD Scholarships in early 2019 and 14 research grants were allocated a few months later. The Suicide Prevention Hub was also funded to identify best-practice services and programs, leading to the establishment of an Accreditation Program and Best Practice Directory as well the Learning Hub (now called Learnlinc).

GRANT TYPES

 PhD Scholarships	 Post-Doctoral Fellowships	 Innovation Research Grants
<p>Provide funding for successful applicants to attain a Doctor of Philosophy (PhD). Supports research relevant to all aspects of suicide prevention and to develop a capacity for original independent research in Australia. Funded by Suicide Prevention Australia and the applicant's university to support outstanding graduates who are at the early part of their research career.</p>	<p>Provide funding for successful applicants, who have already attained a Doctor of Philosophy (PhD), to further their research career. The focus is on building research capacity in:</p> <ul style="list-style-type: none"> • studies of indicated, selective and universal interventions to prevent suicide and suicidal behaviour; and • the protective factors against suicide and the mechanisms by which these protective factors operate. 	<p>Supports partnerships between researchers in suicide prevention and programs and services to meet the objectives of the fund. Successful project teams will be able to position themselves to competitively apply for research funding to further advance understanding of suicidal behaviour and prevention. The research objectives are more exploratory in nature or more developmental in design.</p>
<p>Aims:</p> <ul style="list-style-type: none"> • support excellent clinical and applied research in suicide prevention • advance promising early career researchers and promote enhanced opportunities for diverse career pathways • enable research and research training in high quality and supportive environments • expand Australia's knowledge base and research capability • enhance the scale and focus of research relevant to the Suicide Prevention Research Fund priorities. 	<p>Aims:</p> <ul style="list-style-type: none"> • develop and expand evidence to support innovative interventions across the spectrum of suicide prevention • foster the expansion and development of research leadership in suicide prevention • enhance the scale and focus of research relevant to the Suicide Prevention Research Fund priorities • contribute to the evidence base to inform and improve future services, systems and policies related to suicide prevention in Australia. 	<p>Aims:</p> <ul style="list-style-type: none"> • generate knowledge about suicidal behaviour • provide greater insights on the interruption or prevention of suicidal behaviour • explore new ways or improved practices in suicide prevention • undertake the testing and piloting of new services and programs for suicide prevention • provide meaningful relationships between research and the application to services and program innovation.

A fourth grant type, the Implementation Science Grants, was launched in 2023 and is outside the scope of this report.

By 2019/20, 37 research grants had been awarded at 21 different institutions. In 2024, the total number of grants awarded under the National SPRF stands at 88. For a full list of all research grants and their status see the Appendix [page 42].

Management and oversight

Suicide Prevention Australia manages the SPRF on behalf of the Australian Government, drawing on our in-depth understanding of the suicide prevention sector. Through initiatives like the State of the Nation, Community Distress reports and insights gathered from our members, we identify and prioritise critical research needs to strengthen the sector. This approach guides both our awarded grants and commissioned research projects.

The Research Advisory Committee, comprising expert researchers, service providers and individuals with lived experience, plays a key role in guiding the fund's strategic direction and ensuring its alignment with community needs.

“Suicide Prevention Australia was able to convince the Australian Government that the research fund would be independent of any one research institute. Rather, it would focus on supporting the best research to deliver the best outcomes for the community in understanding suicide and reducing its impact on our lives.”

Sue Murray OAM

formerly with Suicide Prevention Australia and now Managing Director, Zero Suicide Institute of Australasia

Where to from here?

Key lessons and ongoing research priorities

Suicide prevention in Australia is continually evolving, especially in the wake of COVID-19, which has accelerated the shift towards virtual care. To effectively address suicide, it is imperative to establish a robust evidence base that supports both policy and service delivery. While the increase in national research funding for suicide prevention is promising, sustained investment is crucial to maintain momentum and ensure long-term impact.

Summary of research findings and impacts

- Services informed by lived experience tend to be more accessible and offer support that is timely and relevant.
- Inclusion of lived experience voices ameliorates the stigma of suicide.
- First Nations-led services lead to better outcomes for First Nations people.
- After completing First Nations-led programs, participants reported significantly reduced levels of psychological distress.
- Systemic change is required within prisons to make mental health services more culturally safe and appropriate for First Nations inmates.
- It is safe to develop a suicide prevention intervention with young people.
- It is important to tackle the myth that talking about self-harm and suicide is unsafe for young people.
- Online and social media suicide prevention campaigns can be effective in communicating with young people about suicides to prevent suicide clusters.
- Australian research has been adopted internationally, including in Norway, Canada and The Netherlands as well as in Australia and New Zealand.
- The internet and social media platforms, often scrutinised for their role in suicide clusters, are being re-purposed as powerful tools for prevention.
- Self-guided apps and virtual reality tools can combat suicidal ideation and promote positive thinking.
- Digital technology as tools for suicide prevention is translatable at a global level.
- Cutting-edge technologies, such as data linkage and speech-assisted suicide risk detection, enable responders to identify at-risk individuals with increasing accuracy.
- Data can be used at the local level to support at-risk groups.

KEY LESSONS FROM RESEARCH

1. It is important to decolonise research with First Nations people and ensure that research parameters allow adequate time and funding for building relationships and trust, navigating complex ethics processes, partnering with appropriate service providers, and that co-design, delivery and evaluation of programs is undertaken with First Nations people.
2. More research is needed on the impact of intersectional vulnerabilities on suicide risk, as well as on effective interventions for LGBTIQ+ communities, particularly those who have intersecting experiences of discrimination or marginalisation.
3. Research continues to highlight the potential of affordable, effective, targeted and scalable technology-enabled interventions to prevent suicide in Australia and around the world. Research has been a powerful driver for bringing the world's major tech companies together to create a healthier online ecosystem.
4. This research highlights that it is both feasible and necessary to address self-harm and suicide with young people in ways that are safe and evidence-based.

The SPRF must receive ongoing, significant funding to continue addressing key research gaps and aligning future priorities with the needs of the sector and emerging policy areas as addressed in the Closing the Loop publication, [Closing the loop: suicide prevention research priorities](#). It is essential that the allocation of future grant funding not only aligns with available funding but also meets the evolving needs of communities and policymakers.

The key research priorities, as identified in [Closing the loop: suicide prevention research priorities](#), continue to be:

- Culturally appropriate and community-led interventions for First Nations People
- Prevention strategies for marginalised and high-risk groups
- Digital and technology-driven interventions
- Early identification and intervention
- Understanding the impact of social determinants of health
- Improving data collection and surveillance
- Evaluation of current suicide prevention programs
- Integration of mental health services and suicide prevention
- Postvention strategies
- Policy and system-level research.

Addressing these priorities will be critical in advancing suicide prevention in Australia, ensuring that interventions are evidence-based, culturally sensitive and capable of making a significant impact in reducing suicide rates over the next decade.

“ My team and I have been incredibly fortunate to receive grant funding from Suicide Prevention Australia. This funding has been key to enabling us to initiate and further research programs, enabling us to develop up approaches to make them more viable for other funding opportunities. We’ve therefore been able to leverage SPA funding to apply to other funding bodies to further this work. In addition to the material support, we have also appreciated the way SPA have been interested in and receptive to supporting suicide research and building the evidence base among under-recognised or marginalised groups. ”

Assoc. Professor Tania King

Melbourne School of Population and Global Health, University of Melbourne



Building relationships and trust is critical. Image from Mindframe collection

Appendix: National Suicide Prevention Research Fund supported projects

Category	University	Grant Type	Principal Investigator	Project title
Groups disproportionately affected by suicide	University of Newcastle	Innovation	Prof Frances Kay-Lambkin	Randomised controlled trial of a targeted intervention program for reducing depression, alcohol use, social isolation and suicide in Australians aged 60 years and over
Groups disproportionately affected by suicide	University of NSW	PhD Scholarship	Ms Grace McKeon	A co-designed physical activity intervention delivered online for first responders and their partners - In collaboration with Anytime Fitness
Groups disproportionately affected by suicide	Murdoch Children's Research Institute	Innovation	Dr Laura Biggs	The hidden epidemic: Suicide in the perinatal period
Groups disproportionately affected by suicide	University of Melbourne	Commissioned Research	Dr Rohan Borschmann	Contact with the criminal justice system and effective interventions to reduce suicidal thoughts and behaviours
Groups disproportionately affected by suicide	La Trobe University	Post-Doctoral Fellowship	Dr Darren Hedley	Understanding and preventing suicidal behaviour in individuals with Autism Spectrum Disorder
Groups disproportionately affected by suicide	Menzies School of Health Research	Innovation	Josie Povey	Aboriginal and Islander Mental Health Initiative for Youth (AIMhi-Y) App Feasibility study
Groups disproportionately affected by suicide	RMIT University	Innovation	Prof Katherine Johnson	Improving support for LGBTIQ suicidal behaviour: insight from lived experience
Groups disproportionately affected by suicide	University of NSW	Innovation	Prof Kimberlie Dean	Reducing self-harm and suicidality in vulnerable prisoners: piloting a structured approach to risk assessment and intervention
Groups disproportionately affected by suicide	University of Wollongong	PhD Scholarship	Lenna Carradus	Improving suicide prevention in AOD treatment: The design and implementation of a collaborative care intervention for the alcohol and other drug treatment sector.
Groups disproportionately affected by suicide	University of Melbourne	PhD Scholarship	Simone Scotti Requena	A randomised controlled trial of a media-based suicide prevention intervention for Australian men
Groups disproportionately affected by suicide	University of Newcastle	Innovation	Dr Hazel Dalton	Locating a Good SPACE for rural suicide prevention education
Groups disproportionately affected by suicide	Monash University	Post-Doctoral Fellowship	Dr Kylie King	Evaluating and optimising a suicide awareness training and peer support intervention for the Victorian construction industry in collaboration with Incolink.

Category	University	Grant Type	Principal Investigator	Project title
Groups disproportionately affected by suicide	Griffith University	PhD Scholarship	Kurt Piron	He Aint Heavy, He's My Brother: Mateship Mitigating Trait-Interpersonal Predictors of Suicidal Ideation Amongst Apprentices
Groups disproportionately affected by suicide	University of Western Australia	PhD Scholarship	Craig D'mello	Indigenous Suicide Prevention in Western Australia - Developing an Assessment and Pilot Intervention Program Designed to Decrease Suicidal Behaviours in Young People
Groups disproportionately affected by suicide	University of Western Australia	Post-Doctoral Fellowship	Dr Ee Pin Chang	Cultural, Social and Emotional Wellbeing Programs with Aboriginal and Torres Strait Islander Peoples in the Justice System
Groups disproportionately affected by suicide	University of Western Australia	Post-Doctoral Fellowship	Dr Penelope Strauss	Co-design and pilot evaluation of an intervention to prevent suicide in LGBTQA+ young people
Groups disproportionately affected by suicide	University of Melbourne	Post-Doctoral Fellowship	Dr Humaira Maheen	Understanding suicide in migrant groups in Australia
Groups disproportionately affected by suicide	University of Melbourne	Post-Doctoral Fellowship	Dr Angela Nicholas	Busting myths to improve suicide prevention from peers
Groups disproportionately affected by suicide	University of NSW	Post-Doctoral Fellowship	Dr Oliver Watkeys	Preventing suicide in the face of adverse childhood experiences
Groups disproportionately affected by suicide	University of Melbourne	Post-Doctoral Fellowship	Dr Angela Clapperton	Preventing Railway suicide in Australia: Informing, Enhancing and Evaluating Prevention Interventions
Groups disproportionately affected by suicide	La Trobe University	Post-Doctoral Fellowship	Dr Claire Brown	Co-development of a Novel Autism Suicide Prevention Resource Hub for Mental Healthcare Professionals (MHP)
Groups disproportionately affected by suicide	Deakin University	PhD Scholarship	Casey Hoskings	Identifying longitudinal trajectories, risk and protective factors, and effective prevention approaches for suicide in early fatherhood.
Groups disproportionately affected by suicide	University of Melbourne	PhD Scholarship	Bonnie Scarth	What helps women experiencing perinatal suicidal behaviour: Development of consensus recommendations for a whole-family approach to perinatal suicide prevention
Groups disproportionately affected by suicide	University of Wollongong	PhD Scholarship	Emily Arnold	Sports-Based Suicide Prevention for Adolescent Females: Ahead of the Game.
Groups disproportionately affected by suicide	University of Melbourne	Innovation	Dr Tania King	Suicide risk among young carers: using population-linked data to address a key research need
Groups disproportionately affected by suicide	Menzies School of Health Research	Innovation	Dr Josie Povey	Ngawurramangajirri (we care for each other): Understanding resilience and peer support through a digital mental health co-design project with the Tiwi LGBTIQ+ community
Groups disproportionately affected by suicide	University of Melbourne	Innovation	A/Prof Ada Cheung	Thriving Transitions: A peer support suicide prevention program for trans people on a waitlist to access gender affirming care
Health Equity	Menzies School of Health Research	PhD Scholarship	Mr Bernard Leckning	Informing improved hospital and follow-up care for patients presenting with self-harming thoughts and behaviours.

Category	University	Grant Type	Principal Investigator	Project title
Health Equity	University of Newcastle	PhD Scholarship	Ms Katherine McGill	Using sentinel unit data to inform best practice for hospital-presenting deliberate self-harm - In collaboration with Regional Australia Bank
Health Equity	Swinburne University of Technology	PhD Scholarship	Debra Osborne	Using User-guided Design to build, implement and evaluate a clinical decision support system for suicidal risk in general medical practice
Health Equity	University of South Australia	Post-Doctoral Fellowship	Dr Monika Ferguson	Implementation of a safety planning suicide intervention in a major Australian hospital: Consumer, carer and clinician outcomes
Health Equity	University of Melbourne	Innovation	Dr Tania King	Workplace compensation for injury and risk of deliberate self-harm
Health Equity	University of Sydney	Commissioned Research	Dr Alana Fisher	The role of alcohol and other drugs in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours.
Health Equity	Australian Housing and Urban Research Institute	Commissioned Research	Dr Tom Alves	The role of housing insecurity and homelessness in suicidal behaviour and effective interventions to reduce suicidal thoughts and behaviours
Health Equity	University of Wollongong	Innovation	Prof Vida Bliokas	Investigating gender differences in a suicide prevention aftercare program: How can we improve outcomes for all?
Health Equity	Bond University	PhD Scholarship	Dayne Camara	The effect of individual elements of a standardised suicide prevention care pathway on re-presentation rates with suicide attempts
Health Equity	Monash University	Innovation	Dr Marie Yap	Co-Creation and Pilot Evaluation of a Therapist-assisted Online Parenting Strategies Program for Suicide Prevention (TOPS-SP) in Adolescents
Health Equity	Australian National University	Post-Doctoral Fellowship	Dr Jennifer Ma	Protective pathways for preventing suicide: Examining the role of interpersonal risk and protective factors for suicidality in the community
Health Equity	University of South Australia	Evidence Review	Prof Nicholas Procter	To undertake a rapid review of evidence on what is meant by 'trauma- informed'; a review of the evidence to support a trauma-informed approach in suicide prevention (why it is important); and how this approach can be applied.
Health Equity	Griffith University	Evidence Review	Dr Kairi Kolves	The role of unemployment, job insecurity, and financial hardship on suicidal behaviours, and interventions to mitigate their impact: A review of the evidence
Health Equity	Federation Uni of Australia	Post-Doctoral Fellowship	Dr Angela Rintoul	Suicide, suicidality, and links to gambling: pathways for prevention
Health Equity	Curtin University	PhD Scholarship	Kassandra Hon	Empowerment in Action: An Ecological Approach to Suicide Prevention via Self-Injury Disclosure and Stigma Reduction
Health Equity	University of Newcastle	Implementation Science	Dr Katie McGill	Improving uptake and quality of safety planning in a public mental health service
Health Equity	University of NSW	Innovation	Dr Mark Larsen	CCTV analysis of a suicide hotspot – identifying behaviours prior to suicide

Category	University	Grant Type	Principal Investigator	Project title
Health Equity	University of Melbourne	Innovation	Prof Jane Pirkis	The relationship between social media and suicide clusters
Health Equity	University of NSW	Innovation	Dr Mark Larsen	Preventing repeated self-poisoning: A brief therapy text message intervention.
Health Equity	University of New England	Innovation	Prof Myfanwy Maple	A mobile phone messaging intervention to support people bereaved by suicide
Health Equity	University of NSW	Innovation	Prof Katherine Boydell	A Virtual Reality (VR) Tool to Cultivate Future Thinking & Positive Ideation in Place of Suicidal Thoughts
Health Equity	University of NSW	Innovation	Dr Sandersan Onie	A randomised controlled trial of a targeted help-provision campaign for individuals searching online for suicide means.
Health Equity	University of Melbourne	Post-Doctoral Fellowship	Dr Laura Van Velzen	Using imagery rescripting to treat intrusive, suicide-related mental images in young people with suicidal ideation: targeting a novel potential risk factor for suicidal behaviour
Health Equity	University of NSW	Innovation	Dr Mark Larsen	BrighterSide – a randomised controlled trial of a self-guided app for suicidal ideation
Health Equity	University of Melbourne	Innovation	Prof Jo Robinson	Development and evaluation of best practice guidelines for integrating digital and face-to-face care for young people at risk of suicide
Health Equity	University of Newcastle	Innovation	Dr Sally Fitzpatrick	A Randomised Controlled Pilot Study of an Online Intervention for Families and Friends Affected by Suicide Attempt
Health Equity	University of NSW	Post-Doctoral Fellowship	Dr Sandersan Onie	A randomised controlled trial evaluating a targeted help provision campaign for youth, Culturally and Linguistically Diverse (CALD), and Aboriginal and Torres Strait Islander individuals searching online for suicide means.
Health Equity	University of Melbourne	Post-Doctoral Fellowship	Dr Lucas Calais Ferreira	Leaving no one behind: using data linkage to prevent self-harm and suicide among socially excluded young people in Australia
Health Equity	University of NSW	Innovation	A/Prof Fiona Shand	Preventing the transition from suicidal thoughts to suicidal behaviour: a novel treatment for mental imagery of suicide
Health Equity	University of Melbourne	Innovation	Dr Angela Nicholas	The Survivor – Using TikTok to tell stories of hope and recovery from suicidal crisis
Lived Experience voices to inform	Central QLD University	PhD Scholarship	Kerri Jackson	Peer Support in Suicide Prevention
Lived Experience voices to inform	University of New England	PhD Scholarship	Nicola Jamieson	A war within: Making sense of suicide through narratives with former Australian Defence Force (ADF) Members
Lived Experience voices to inform	Flinders University	PhD Scholarship	Pauline Klein	Bringing consumer and carer lived experience expertise to inform improved service responses to distress, suicidal thoughts and actions of people with a Borderline Personality Disorder (BPD) diagnosis
Lived Experience voices to inform	University of Melbourne	Innovation	Prof Nicola Reavley	Evaluation of Australia's First Residential Peer-Support Suicide Prevention and Recovery Centre (SPARC)

Category	University	Grant Type	Principal Investigator	Project title
Lived Experience voices to inform	University of New England	Commissioned Research	Prof Myfanwy Maple	Lived experience of suicide
Lived Experience voices to inform	University of Melbourne	Innovation	Dr Karolina Krysinska	The Voice of people with Lived Experience of suicide (VocLE): A consensus study to develop active research involvement guidelines
Lived Experience voices to inform	CIRCA	Commissioned Research	Lena Etuk	Suicide Prevention Research - CALD Lived Experience
Lived Experience voices to inform	University of NSW	Commissioned Research	Prof Fiona Shand	Lived experience of suicide consultation and rapid review
Lived Experience voices to inform	Australian National University	Targeted Research	Prof Michelle Banfield	Co-creating safe spaces: Translational research on innovative alternatives to the emergency department for people experiencing emotional distress and/or suicidal crisis.
Lived Experience voices to inform	Australian National University	Post-Doctoral Fellowship	Dr Alyssa Morse	Safe Haven Café evaluation: Effectiveness and feasibility of an innovative, co-designed, NSW Premier's Priority alternative to the emergency department
Lived Experience voices to inform	KPMG	Commissioned Research	Consumer Journey Mapping Project	Consumer Journey Mapping
Young people	Curtin University	Innovation	Prof Penelope Hasking	Improving detection and referral for university students at risk of suicide
Young people	University of Melbourne	PhD Scholarship	Mr Carl Moller	Characteristics and Longitudinal Predictors of Suicidality in Young People with Depression - In collaboration with Anytime Fitness
Young people	Central QLD University	PhD Scholarship	Ms Monique White	Adolescents understanding of neuroscientific based education to enhance buoyancy: An action research approach
Young people	Australian National University	Innovation	Prof Emily Lanscar	Better care and better outcomes for youth experiencing self-harm
Young people	University of Western Australia	Innovation	Prof Ashleigh Lin	Can homeless young people be part of the solution in suicide prevention? Assessing the value of homeless young people using safeTALK.
Young people	Australian Catholic University	Commissioned Research	Prof Daryl Higgins	A review of effective interventions to reduce suicidal thoughts and behaviours among children and young people in contact with the child protection and out of home care system
Young people	University of NSW	Post-Doctoral Fellowship	Dr Jin Han	Cognitive and behavioural response styles to negative affect precipitating youth suicidal thoughts
Young people	Orygen	Commissioned Research	Prof Jo Robinson	Understanding the experiences of young people with lived experience of suicidal crisis.
Young people	University of Melbourne	PhD Scholarship	Jackson Newberry-Dupe	A three-part, collaborative study of the experience of young people presenting to hospital emergency departments with acute suicidal distress, self-harm and suicide attempt.

Category	University	Grant Type	Principal Investigator	Project title
Young people	Queensland Institute of Medical Research	Innovation	Dr Emily Hielscher	Mapping the regional variability of self-harm, suicide attempts, and related risk and protective factors in Australian adolescents to inform suicide prevention strategies
Young people	University of Melbourne	PhD Scholarship	Gowri Rajaram	"Characteristics and outcomes of young persons presenting to Victorian emergency departments following self-harm"
Young people	Swinburne University of Technology	Innovation	Prof Denny Meyer	An Evaluation of the Child and Youth HOPE program: Does it make a difference to suicidal outcomes for young people?
Young people	University of Melbourne	Post-Doctoral Fellowship	Dr Louise La Sala	#chatsafe: Helping high school students communicate safely online about suicide
Young people	University of Melbourne	Post-Doctoral Fellowship	Dr Sanne Oostermeijer	Suicide prevention in youth custodial settings: Increasing the skills and capacities of youth custodial staff
Young people	University of NSW	Innovation	A/Prof Michelle Tye	'Like their lives depend on it': Co-developing and acceptability testing a digital response to build schools' capacity to support adolescents experiencing suicidal
Young people	University of Melbourne	Innovation	Dr Samuel McKay	Empowering International Students to Better Manage Suicide Risk Through Co-Creating an Innovative and Implementable Digital Suicide Prevention Intervention
Research Priorities	University of Melbourne	Research Priorities	Dr Lennart Reifels	Suicide Prevention Research Priorities
Young people	University of Melbourne	Post Doc	Dr Sanne Oostermeijer	Suicide prevention in youth custodial settings: Increasing the skills and capacities of youth custodial staff
Young people	University of NSW	Innovation	A/Prof Michelle Tye	'Like their lives depend on it': Co-developing and acceptability testing a digital response to build schools' capacity to support adolescents experiencing suicidal
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Research Priorities	University of Melbourne	Research Priorities	Dr Lennart Reifels	Suicide Prevention Research Priority Report



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Insight to Impact:

How the Suicide Prevention Research Fund creates knowledge to save lives