



Suicide Prevention
Australia

Suicide Prevention Australia

National Policy Platform

MARCH 2025



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

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

Deaths by Suicide

3000+
each year

8+
deaths per day

12.3

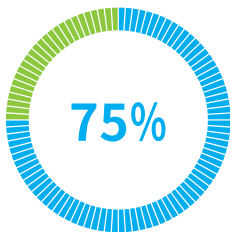
deaths per 100,000 people

Attempts

55,000
Suicide
attempts
every year

One in 20
Australians aged
16-85 have
attempted suicide
in their lifetime

Gender



males
with the highest
rate for males
aged 85+

Youth



Suicide is the leading
cause of death among
young Australians

15-24 years



The rate of suicides for
Indigenous Australians
is **2.3x** that of non-
Indigenous Australians



People from **LGBTQI+**
communities have **higher**
rates of mental ill-health and
suicide than the general
population in Australia



People in **rural and**
remote Australia are
more likely to die by
suicide than those
living in our major cities



The economic toll of
suicide is up to
\$43 billion
per annum

15th
Most common
cause of death



We can never underestimate the impact that every life lost to suicide has on family, friends, workplaces and the broader community. Every life lost to suicide is heartbreaking. It's important to remember that every statistic represents a life lost and has a cascading impact across the community.

Foreword

I am pleased to present Suicide Prevention Australia's refreshed National Policy Platform – a vital roadmap for shaping suicide prevention policy and advocacy over the next three years.

Since the last refresh of our last National Policy Platform in 2022, we have seen significant progress in suicide prevention, including the recent release of the National Suicide Prevention Strategy and a commitment to suicide prevention legislation in some jurisdictions. While these are major milestones, it's what happens next that will determine success. Implementation, investment, accountability, and action are what will make the difference.

Australians are experiencing distress at record levels, with our Community Tracker consistently showing rising distress, particularly among young people. Economic pressures, social isolation, housing affordability, and cost-of-living challenges are contributing to an environment where far too many Australians are struggling. Now more than ever, we need a clear and united voice to drive systemic, evidence-based change that saves lives.

The National Policy Platform has been developed in partnership with our members, including service providers, researchers and people with a lived experience of suicide. It outlines our collective priorities across four key areas: whole-of-government; lived experience; data and evidence; and workforce, sector and community.

As we head into a new term of Parliament, our message to political leaders is clear: suicide prevention must be a national priority, and backed by action. The policies and investments made over the next three years will determine whether we can turn the tide on distress levels and suicide rates in Australia.

Suicide Prevention Australia remains steadfast in our commitment to working alongside government, the sector, and the community to ensure that we do not lose momentum. Together, we have the power to create a future where every life is valued, and every Australian gets the support they need, when and where they need it.



About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for service providers, practitioners, researchers, local collaboratives, and people with lived experience across the suicide prevention sector, so that together we can save lives.

We are a member-based organisation that is guided by people with lived experience of suicide. We have over 360 members across Australia including the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders. Our members represent over 140,000 employees and volunteers.



Nieves Murray
Chief Executive Officer
Suicide Prevention Australia

About the National Policy Platform



Our National Policy Platform (‘the Platform’) sets out Suicide Prevention Australia’s overarching policy agenda for a three-year period, offering a clear and unified perspective on key national and systemic issues. While not an exhaustive list of all policy areas, it serves as a guiding framework. More detailed positions on services, priority populations, and investments are outlined in our submissions, reports, and position statements, all of which are shaped by this Platform.

Updating the National Policy Platform

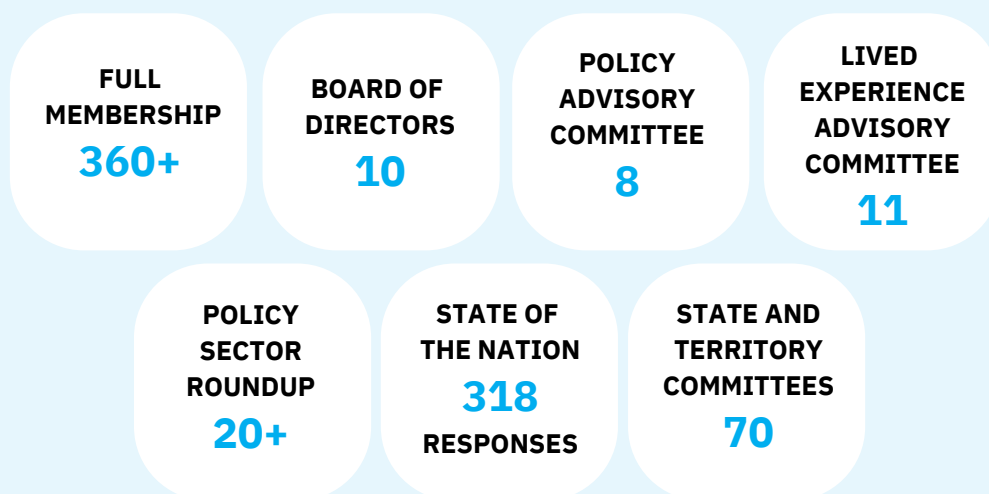
The National Policy Platform has been updated in partnership with our members, the suicide prevention sector and people with a lived experience of suicide.

The 2024 State of the Nation in Suicide Prevention survey which surveyed 318 sector representatives provided valuable insights into the revised platform. Many respondents were answering on behalf of large organisations which together comprised over 11,000 employees and volunteers.

Consultations on the revised platform were also held with our Policy Sector Roundup group, Policy Advisory Committee and the Suicide Prevention Australia Board.

Lived experience of suicide is integral to our work at Suicide Prevention Australia and the Platform was developed in close partnership with our Lived Experience Advisory Committee.

PLATFORM CONSULTATION

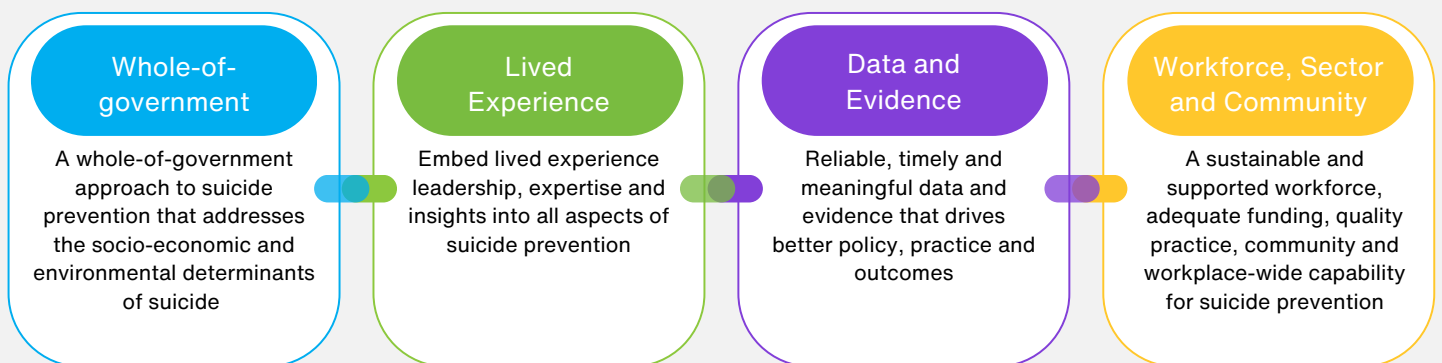


National Policy Platform

Our ambition: our national policy priorities shape our advocacy efforts to create a world without suicide

Our mission: we exist to provide a clear, collective voice for suicide prevention and use that voice to advocate for our national policy priorities

Our National Policy Platform: the key strategic, systemic and national priorities that guide our policy and advocacy agenda.



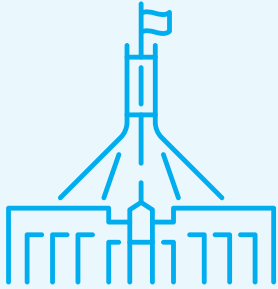
Priority cohorts: those most-at-risk of suicide are prioritised across all aspects of the National Policy Platform.

Policy positions, submissions and reports: advocate the specific, targeted policy responses required for priority cohorts and issues

Members: our members are central to everything we do and guide our national policy priorities, policy positions, submissions and reports

Lived experience: lived experience is integral to all aspects of suicide prevention policy and people with lived experience have informed the development of our national policy platform

Priorities at a glance



WHOLE-OF-GOVERNMENT

National Suicide Prevention Strategy Implementation: Ensure the full implementation of the National Suicide Prevention Strategy and other key frameworks.

National Suicide Prevention Office Independence: Ensure the independence, effectiveness and sustainability of the National Suicide Prevention Office.

Suicide prevention legislation in all jurisdictions: Create suicide prevention legislation in all jurisdictions to mandate a whole-of-government approach and embed suicide lived experience across government.

Suicide prevention in all government strategies: Government portfolios that address the socio-economic and environmental determinants of suicide should embed suicide prevention in all relevant strategies, plans and frameworks.



LIVED EXPERIENCE

Embedded in governance structures: Suicide lived experience embedded into the governance structures of all government bodies, organisations and services that address the socio-economic and environmental determinants of suicide.

Thriving workforce: Ensure a National Suicide Prevent Workforce Strategy includes key priorities and investment for growing, supporting and sustaining the suicide prevention lived experience and peer workforce.

Genuine collaboration: Lived experience leadership, governance, expertise and insights integrated into all aspects of suicide prevention through collaboration and strategies implemented to ensure people with lived experience have the skills and knowledge to meaningfully contribute.

Enhance national representation of lived experience in suicide: Government to fund a lived experience led consultation process on how to enhance national representation of people with lived experience of suicide.

Priorities at a glance



DATA AND EVIDENCE

Improved suicide registers: Ensure the availability of timely data on suspected deaths by suicide available from suicide registers in all jurisdictions.

Impactful research: Support suicide prevention research focused on translation into practice to ensure that evidence is transferred into practice as quickly and efficiently as possible.

Reduced data gaps: Address gaps and inconsistencies in the availability of data on suicide attempts and on access and use of suicide prevention services and services related to the socio-economic and environmental determinants of suicide.

Monitoring and evaluation: Provide resources to ensure ongoing and independent monitoring and evaluation of all suicide prevention policies and strategies, and of all suicide prevention programs and services.



WORKFORCE, SECTOR AND THE COMMUNITY

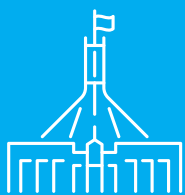
Efficient funding processes: Improve funding arrangements to improve workforce and service continuity through longer contracts, timely commencement/renewal of contracts, indexation and paid participation for people with lived experience of suicide.

Universal services: Improve the accessibility of services by building a well-funded system which has a range of services to suit different needs and are distributed to provide access to all.

Enhanced suicide prevention workforce: Implementation of a suicide prevention workforce strategy or national initiative that is fully funded and provide long-term and whole-of-system vision and strategy.

Community and workplace capacity: Develop suicide prevention competency in all workplaces and across the general community including through professional development, evidence-based suicide prevention training, and increased use of new technologies for those who support at-risk individuals.

Pillar one: Whole-of-Government



This pillar outlines the need for a whole-of-government and whole-of-system approach to suicide prevention that addresses the socio-economic and environmental determinants of suicide.



Case for Action

Suicide is a complex human behaviour with multiple risk factors and influences. Mental illness can be a driver of suicide risk, but a range of other socio-economic and environmental factors are also significant determinants of suicide risk (Hawkin and Pirkis 2017).

A focus on the socio-economic and environmental determinants of suicide addresses upstream factors and structural issues that can lead to suicide, and targets those who are likely to become at increased risk of suicidality. This is critical, as a significant number of Australians who lose their life to suicide each year are not accessing a health service at the time of death (AIHW, 2024b).

The National Suicide Prevention Strategy (National Strategy) developed by the National Suicide Prevention Office (NSPO) facilitates this whole-of-government approach and provides a roadmap which allows all levels of government to immediately start allocating resources and agencies towards evidence-based suicide prevention initiatives (National Suicide Prevention Office, 2024).

The National Strategy requires:

- ongoing funding from all governments to ensure full implementation (Suicide Prevention Australia, 2023)
- an implementation plan to ensure coordination and collaboration between the vast network of agencies, from the suicide prevention sector to local, State, Territory and Federal Government departments
- outcome monitoring to measure the impact of initiatives - an outcomes framework is currently under development by the NSPO that could drive effective monitoring.

In addition to the National Strategy there are other key documents that provide frameworks for addressing suicide. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS, 2024) aims to achieve a significant and sustained reduction in suicide and self-harm of Aboriginal and Torres Strait Islander people and must be fully implemented. And the National Mental Health and Suicide Prevention Agreement (National Agreement, 2022) is critical in moving towards universal rollout of key services.

Pillar one:

Whole-of-Government



To facilitate a whole-of-government approach it is critical that the NSPO remains independent with the ability to drive the implementation of the National Strategy (Suicide Prevention Australia, 2024a). The NSPO must remain adequately resourced and able to fulfil its functions to ensure sustainability so that it can continue to address cross portfolio, cross-jurisdictional and regional issues.

Suicide prevention legislation is another key lever to ensure a whole-of-government approach to suicide prevention. All jurisdictions should commit to introducing suicide prevention legislation which clearly articulate the roles and responsibilities of government agencies and ensure transparency in delivering suicide prevention initiatives. At State and Territory level suicide prevention legislation should mandate the creation of a jurisdiction Suicide Prevention Plan, agency-based plans to address suicide prevention across government, and a Suicide Prevention Council with strong lived experience representation to advise government. At Federal level there are a range of elements that a Suicide Prevention Act could incorporate that are within the constitutional powers of the Commonwealth government. This can include agency-based plans and a Suicide Prevention Council, it can also include coordinating provisions to assist States with creating consistent legislation.

To further facilitate a whole-of-government approach to suicide prevention, it is important that suicide prevention is prioritised and embedded within all relevant strategies, plans and frameworks which address the socio-economic and environmental determinants of suicide.

There is overwhelming support for a whole-of-government approach to suicide prevention, with 91 percent of sector respondents agreeing this priority is required (Suicide Prevention Australia, 2024b). There is also strong support to legislate this whole-of-government approach through suicide prevention legislation (Suicide Prevention Australia, 2024b).

Platform Priorities

National Suicide Prevention Strategy

implementation: Ensure the full implementation of the National Suicide Prevention Strategy and other key frameworks.

National Suicide Prevention Office

independence: Ensure the independence, effectiveness and sustainability of the National Suicide Prevention Office.

Suicide Prevention Legislation in all

jurisdictions: Create suicide prevention legislation in all jurisdictions to mandate a whole-of-government approach and embed suicide lived experience across government.

Suicide prevention in all government

strategies: Government portfolios that address the socio-economic and environmental determinants of suicide should embed suicide prevention in all relevant strategies, plans, and frameworks.

Pillar two: Lived Experience



This pillar outlines the need to embed lived experience leadership, governance, expertise and insights into all aspects of suicide prevention.



Case for Action

Lived experience is central to suicide prevention and should be integrated into policy development, service design, program implementation, research, and evaluation. The importance of lived experience is increasingly recognised, yet more needs to be done to ensure lived experience leadership, expertise and insights are fully embedded in all aspects of the suicide prevention system including relevant governance structures.

Lived experience should be embedded into organisational and government governance structures to ensure lived experience involvement in decision-making and practice. Currently, people with lived experience are not adequately represented in 40 per cent of governance structures across the sector (Suicide Prevention Australia, 2024b).

To increase lived experience representation, suicide prevention organisations should ensure that suicide lived experience is represented in leadership roles at Board and senior management level.

To further improve policy, systems and services all governments should fund and commit to establishing dedicated Lived Experience Advisory Councils or Advisory Groups to amplify the voices of people with lived experience of suicide at the local, State and Territory and National level.

The lived experience and peer workforce requires tailored recruitment, retention and training strategies to build its capacity. Given that the lived experience workforce is a distinct but integral part of the broader suicide prevention workforce, it is important that a National Suicide Prevention Workforce Strategy is developed that has a strong focus on building, supporting and sustaining the lived experience and peer workforce. There should also be investment in an appropriate and comprehensive system of qualifications and professional development for people with lived experience (Suicide Prevention Australia, 2020).

Pillar two:

Lived Experience

These actions should be taken across the range of suicide prevention services, including crisis lines, aftercare, postvention, and safe spaces. This will help improve quality service delivery and will support workforce retention.

It is also critical that there is authentic engagement with people with lived experience alongside commitment to co-design and deliver suicide prevention strategies, services and initiatives. At minimum, people with lived experience should be involved in the consultation process and should be upskilled and empowered to participate in decision-making.

A commitment to genuine collaboration entails that people with lived experience are involved in every stage of policy development from the planning stage through to the evaluation process.

This requires a supportive and safe environment which recognises the value and unique understanding provided by people with lived experience of suicide.

Greater investment is needed in ensuring national representation of people with lived experience of suicide. However, there are a range of different ideas around models of leadership in the space. These include different models for a peak body for lived experience of suicide, and other arrangements. A broad consultation process should occur, led by lived experience, on how to enhance national representation of people with lived experience of suicide.

This would need to take into account that a number of existing organisations already play critical roles in this space, and to clarify the relationship of the recently formed mental health lived experience peaks to people with lived experience of suicide.

Platform Priorities

Embedded in governance structures:

Suicide lived experience embedded into the governance structures of all government bodies, organisations and services that address the socio-economic and environmental determinants of suicide.

Thriving workforce: Ensure the National Suicide Prevention Workforce Strategy includes key priorities and investment for growing, supporting and sustaining the suicide prevention lived experience and peer workforce.

Genuine collaboration: Lived experience leadership, governance, expertise and insights integrated into all aspects of suicide prevention through collaboration and strategies implemented to ensure people with lived experience have the skills and knowledge to meaningfully contribute.

Enhance national representation of lived experience of suicide: Government to fund a lived experience led consultation process on how to enhance national representation of people with lived experience of suicide.

Pillar three:

Data and Evidence



This pillar outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes.



Case for Action

Data and evidence are critical to driving better suicide prevention policy, planning and practice.

Nearly 90 per cent of suicide prevention organisations agree their organisations need access to reliable, accurate suicide prevention datasets (Suicide Prevention Australia, 2024b). Yet a significant number of suicide prevention organisations (51%) do not have access to the data they need right now (Suicide Prevention Australia, 2024b). It is essential that all organisations have access to timely and accurate data to inform service planning and delivery, and to improve knowledge of evidence-based strategies and interventions which will deliver a reduction in the rate of suicide.

While work has progressed to create a network of suicide registers across jurisdictions, there are still a number of state and territories that do not report publicly or frequently (AIHW, 2024c). To improve access to timely data on suspected and confirmed deaths by suicide, data from suicide registers in all

States with large populations should be publicly available and published at monthly intervals.

Smaller jurisdictions should not be required to report publicly due to the challenges associated with small datasets. Instead, data should be made available to relevant services and researchers so that it can guide and inform suicide prevention service delivery and research at a local and national level. Government should increase the funding of agencies leading in this area, such as the Australian Institute for Health and Welfare (AIHW), to further progress work on improving data availability.

Ensuring the timely and relevant translation of research evidence into policy and practice is an ongoing challenge in the suicide prevention sector. It is critical that governments invest in suicide prevention research to prevent further suicide deaths. The National Suicide Prevention Research Fund (NSPRF) is well placed to identify and support this research.

Pillar three:

Data and Evidence



The NSPRF was established by the Commonwealth Government to support world-class research into suicide prevention and facilitate the rapid translation of knowledge into more effective services for individuals, families and communities (Suicide Prevention Australia, 2024c). Suicide Prevention Australia manages the fund on behalf of the Commonwealth Government. Sustained and ongoing funding for the NSPRF is essential to support research that not only advances our understanding of suicide but also translates this knowledge into practical, impactful services.

To ensure that suicide prevention research is meaningful and fit for purpose it should include lived experience led research, research projects which address evidence gaps, and research that examines new technologies which may pose risks and opportunities for suicide prevention.

It is also essential that action is taken to reduce data gaps relating to suicide attempts and on access and use of suicide prevention services and services related to the socio-economic and environmental determinants of suicide. Many funded suicide prevention services, including helplines, aftercare and postvention services, have access to significant amounts of information regarding people's lives and experiences before an attempt or death by suicide. More could be done to respectfully and appropriately utilise existing knowledge to inform suicide prevention initiatives, especially among services with shared funding streams. There are also inconsistencies across jurisdictions registers and data release schedules. Harmonisation and improved approval processes for key agencies and organisations wanting to enter into data agreements would be beneficial for organisations working across multiple jurisdictions. The availability of more reliable, consistent and robust data will help improve policy development and planning and ensure timely prevention and postvention responses at different levels of government, including locally.

Governments should provide resources so that all suicide prevention policies and strategies, and all suicide prevention programs and services, are independently monitored and evaluated, such as by requiring and resourcing independent evaluation as part of service delivery contracts.

This will ensure there is adequate oversight and transparency and that all suicide prevention activities are fit for purpose and meet the needs of the community.

Ensuring that a sound monitoring and evaluation framework is in place will allow governments and organisations to learn from mistakes and identify successes and encourage the accountability needed to facilitate a meaningful reduction in the rate of suicide in Australia.

Platform Priorities

Improved suicide registers: Ensure the availability of timely data on suspected deaths by suicide available from suicide registers in all jurisdictions.

Impactful research: Support suicide prevention research focussed on translation into practice to ensure that evidence is transferred into practice as quickly and efficiently as possible.

Reduced data gaps: Address gaps and inconsistencies in the availability of data on suicide attempts and on access and use of suicide prevention services and services related to the socio-economic and environmental determinants of suicide.

Monitoring and evaluation: Provide resources to ensure ongoing and independent monitoring and evaluation of all suicide prevention policies and strategies, and of all suicide prevention programs and services.

Pillar four: **Workforce, Sector and Community**



This pillar outlines the need for a sustainable and supported workforce, adequate funding, quality sector practice and workplace and community-wide capability for suicide prevention.



Case for Action

Our ambition of a world without suicide requires reform across the workforce, sector and community. As a first step, funding arrangements and transparency around government funding decisions should be improved. Long-term contracts and indexation provide a level of certainty and security which may help suicide prevention organisations attract, support and retain the suicide prevention workforce and will ensure that organisations can continue to provide high-quality services to vulnerable members of the community. Increased transparency on the funding for suicide prevention activities at all levels of government is also needed. These improvements will ensure that suicide prevention organisations can plan accordingly and have the right set of resources to meet the needs of the community.

Funding is required to establish and maintain an ecosystem of services across Australia.

It is essential that there is universal access to key suicide prevention services such as crisis lines, aftercare, postvention, safe spaces, and a range of services preventing suicide risk by addressing the socio-economic and environmental determinants of suicide.

These services should be well-resourced to meet the diverse needs of the community. All Australians should have access to the full range of services they need without experiencing barriers to access due to considerations including geographical distance, waiting times or financial strain.

Findings from our 2024 State of the Nation in Suicide Prevention survey show that seventy per cent of respondents are experiencing increased demand for services over the past 12 months (Suicide Prevention Australia, 2024b). Four out of five respondents (80%) required increased funding to meet increased demand. It is critical that funding is provided to ensure that people who need support can access services, and particularly high-risk and vulnerable members of the community.

Pillar four: **Workforce, Sector and Community**

It is also vital that a funded national suicide prevention workforce strategy or other national initiative is developed and implemented to ensure accessibility, capability, skills, supply, retention, sustainability, support and workforce safety across the sector and is integrated appropriately with other related sectors and strategies under development. This requires adequate and ongoing funding and a commitment by all governments to grow and support the suicide prevention workforce, including service providers, researchers, and lived experience across all areas.

The funded actions will need to account for the fact that workforces of different types of service providers, including crisis lines, aftercare, postvention, and safe spaces, will have different challenges and researchers and lived experience workers across these areas will likewise have unique needs. It is also critical that workforce safety is prioritised for all of these groups to improve staff wellbeing and staff retention and reduce likelihood of burnout and job strain.

A national suicide prevention workforce strategy or initiative should complement and work alongside other related strategies to ensure there is a nationally consistent and coordinated approach.

Efforts should also be directed towards reducing stigma and building suicide prevention competency in the general community to increase people's capacity to respond to people experiencing suicidal thoughts and behaviours, and to the impacts of a suicide death in their community. This will promote early and effective intervention and help drive down the rate of suicide in Australia. It is also vital that workplaces are well-equipped and have the right tools, support and capability to support at-risk individuals and respond appropriately to the impacts of a suicide.

There should be particular focus on ensuring that barriers to integrating suicide prevention in the workplace are addressed and that high-risk industries are upskilled in suicide prevention.

Platform Priorities

Efficient funding processes: Improve funding arrangements to improve workforce and service continuity through longer contracts, timely commencement/renewal of contracts, indexation and paid participation for people with lived experience of suicide.

Universal services: Improve the accessibility of services by building a well-funded system which has a range of services to suit different needs and are distributed to provide access to all.

Enhanced Suicide Prevention

Workforce: Implementation of a suicide prevention workforce strategy or national initiative that is fully funded and provides long-term and whole-of-system vision and strategy.

Community and workplace capacity:

Develop suicide prevention competency in all workplaces and across the general community including through professional development, evidence-based suicide prevention training, and increased use of new technologies for those who support at-risk individuals.

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**Suicide Prevention
Australia**

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For general enquiries

02 9262 1130

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www.suicidepreventionaust.org

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

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

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

Acknowledgement Statement

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope. Suicide Prevention Australia acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.