



Suicide Prevention
Australia

July 2025

Consultation on Draft C.A.R.E. Telehealth Principles

Submission

Summary of recommendations:

Recommendation 1: Ensure telehealth is approachable and accessible for populations at risk of suicidal behaviours and thoughts, by taking a co-design approach to the design and evaluation of services.

Recommendation 2: Embed structured referral pathways for people experiencing suicidal distress.

Recommendation 3: Ensure that Suicide Prevention training be incorporated into telehealth service provision through a provision of a learning platform that gives free access to suicide prevention training.

Recommendation 4: Introduce a competency framework to ensure telehealth providers are equipped to address the risk of suicide in the workplace.

Introduction

Suicide Prevention Australia welcomes the opportunity to respond to the Consultation Paper on C.A.R.E. Telehealth Principles.

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide. With more than 350 members representing more than 140,000 workers, staff and volunteers across Australia, we provide a collective voice for service providers, practitioners, researchers, local collaboratives and people with lived experience. We represent the sector from small community-based organisations to national household name agencies.

Suicide Prevention Australia welcomes the draft C.A.R.E. Telehealth Principles outlined, and particularly applauds the focus on best-practice, person-centred care, training, and referral pathways. These are all principles integral to optimal responses to suicidal behaviours.

Below is provided advice on four key aspects that should inform the C.A.R.E. Telehealth Principles and recommendations for practical implementation, these aspects are:

- Approachable and accessible
- Embedded structured referral pathways
- Suicide prevention specific training
- Supported workforce

Approachable and accessible

While females were considerably higher users of telehealth (28.6 per cent of females compared to 18.4 per cent of males), males reported higher satisfaction with the services provided (83.5 per cent of males felt they were listened to carefully compared to 78.6 per cent of females).¹

¹ Australian Bureau of Statistics. (2023-24). *Patient Experiences*. ABS. <https://www.abs.gov.au/statistics/health/health-services/patient-experiences/latest-release>.

With men being a priority population for suicide risk and accounting for three-quarters of deaths by suicide, this makes telehealth a vital avenue for reaching men in a positive and meaningful way. Usage is significantly lower for men. With more than a quarter (26.2 per cent) of all people using a health professional for their own mental health doing so at least once using a telehealth service,² the importance of increasing usage among men in need is evident. Only 12.8 per cent of men saw a health professional for their mental health compared to 21.1 per cent of women.³

Given the satisfaction of men using the service, Suicide Prevention Australia encourages training of staff and targeting of services towards greater approachability for men.

This becomes particularly important in regional areas, where rate of suicide and self-harm increase with remoteness. In major cities, the rates of suicide have ranged from 9.2 deaths per 100,000 people to 11.7 over the last twenty years.⁴ In inner and outer regional areas, this range increases to 11.4 persons to 20.1, while in very remote areas the rate increases again to between 21 and 29.1 persons.⁵

The lack of services in regional and remote areas sets up a greater need for effective telehealth, but there are issues with its delivery. A survey of farmers found very significant prevalence of suicidal thoughts (45 per cent), but people were disengaged from using the services because there was not always a rural focus to the service provided.⁶

In addition, there are many population groups that experience higher risk of suicide for instance males, young people, First Nations people, LGBTQIA+, veterans, those with adverse childhood events, such as child abuse, or people living with disability. It is important that health providers understand these risks of these population groups.

In 2022 Suicide Prevention Australia worked with over thirty experts in male suicide prevention, including lived experience, academic and service provision perspectives to produce a report on Male Suicide Prevention Principles.⁷ A key recommendation of that report was on the need to support men in all their diversity by taking a co-design approach to the creation, implementation and evaluation of initiatives and supports. Addressing diversity of needs in service means involving, at all stages, men who are representative of the diversity of the population to be supported. Hear from them what should be taken into account to make effective supports and ensure that resources are available for the diversity of needs.

Recommendation 1: Ensure telehealth is approachable and accessible for populations at risk of suicidal behaviours and thoughts, by taking a co-design approach to the design and evaluation of services.

² ibid

³ ibid

⁴ AIHW Suicide and Self-Harm Monitoring. (Accessed 2025). Suicide and Intentional Self-Harm Hospitalisations among regional and remote communities. <https://www.aihw.gov.au/suicide-self-harm-monitoring/population-groups/regional-remote-communities>

⁵ ibid

⁶ National Farmers' Federation (2023) Farmers in Crisis: Desperation and Anxiety Rife Among Aussie Farmers. https://nff.org.au/media-release/farmers-in-crisis-depression-and-anxiety-rife-among-aussie-farmers/#_ftn1

⁷ Suicide Prevention Australia. Male Suicide Prevention Principles. https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

Embedded structured referral pathways

The C.A.R.E principles set out a welcome focus on continuity of care and referral pathways. It is important that these pathways and follow-up care be structured and consistent in connecting people in suicidal distress with accessible and suicide-specific services as required.

This includes the ability to escalate care as required, and utilising pathways in regional areas that will provide localised and individualised care.

Embedding referrals will assist with continuity of care as a core principle, and one which is essential in dealing with suicidal behaviours. Poor or lacking continuity of care has been strongly associated with elevated risk of hospital readmission, attempted suicide, and death by suicide, with continuity of care demonstrating strong protective factors.⁸

Recommendation 2: Embed structured referral pathways for people experiencing suicidal distress.

Suicide prevention specific training

Telehealth providers, both clinical and non-clinical staff, should receive training in suicide prevention, to assist with identifying patients who might be at risk, recognising suicidal behaviours, and understanding the pathways for further and connected care. The ability to actively assist someone who is displaying suicidal behaviours and thoughts through telehealth can occur in moments of crisis or in times of mounting distress.

Addressing acute moments of crisis through telehealth lowers the suicidality of individuals, while safety planning interventions that address triggers of emotional distress can prevent the accumulation of these into suicidal distress.⁹ These interventions can reduce cognitive load and personal triggers, and build connections with support systems.¹⁰

Providing training for telehealth service providers can capture these points of effective intervention. There are a range of effective, evidence-based, training programs currently available. As the needs and context of telehealth providers can differ it is important to provide the ability to choose the training program. One method of undertaking this is to provide access to a learning platform that brings together the range of evidence based training programs. Telehealth providers could then be provided with “credit” to undertake their choice of existing evidence-based suicide prevention course. Suicide Prevention Australia currently operates the Learnlinc platform that could be used for this purpose. This platform already provides subscribers with links to a range of existing courses, as well as providing learning structures to help embed course content, and a large library of free resources drawn from organisations with specialist expertise. More information is here:

<https://www.suicidepreventionaust.org/learnlinc>

Recommendation 3: Ensure that Suicide Prevention training be incorporated into telehealth service provision through a provision of a learning platform that gives free access to suicide prevention training.

⁸ Arnon S, Shahar G, Brunstein Klomek A. Continuity of care in suicide prevention: current status and future directions. *Front Public Health*. 2024 Jan 8;11:1266717. doi: 10.3389/fpubh.2023.1266717. PMID: 38259744; PMCID: PMC10800998.

⁹ Lohani M, Baker JC, Eelsey JS, Dutton S, Findley SP, Langenecker SA, Do AS, Bryan CJ. Suicide prevention via telemental health services: insights from a randomized control trial of crisis response plan and self-guided safety planning approaches. *BMC Health Serv Res*. 2024 Nov 12;24(1):1389. doi: 10.1186/s12913-024-11739-w. PMID: 39533271; PMCID: PMC11559151.

¹⁰ Ibid

Supported workforce

Ensuring there is support for the telehealth workforce is critical in its effectiveness. Vicarious trauma and burnout are significant risks. One method of addressing this is introducing a competency framework for telehealth providers, to provide a starting point for staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour in their workplace. An example of this is the Suicide Prevention Australia Competency Framework [Suicide Prevention: Australia Competency Framework](#)¹¹ designed to enhance and build capacity, and capability of the workforce to respond to people experiencing suicidal thoughts and behaviours.

In collaboration with members and stakeholders, Suicide Prevention Australia developed this competency framework to enhance and build capacity, and capability of the nonclinical suicide prevention workforce to respond to people experiencing suicidal thoughts and behaviours. The Framework is informed by, and brings together, knowledge experts in workplace suicide prevention and suicide prevention training. The Framework provides a starting point for employers and staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour in their workplace. This framework is general and can be applied to any organisation or workplace.

However, using this as a basis, a number of industry specific frameworks have been created, including for universities, the health sector, mining (in development) and volunteer firefighting (in development). To support efforts to build capacity on responding to suicide risk, Government should fund the development of a telehealth competency framework.

Recommendation 4: Introduce a competency framework to ensure telehealth providers are equipped to address the risk of suicide in the workplace.

For any further information, please contact Rebekah Henricksen, Director of Government Relations, rebekahh@suicidepreventionaust.org.

¹¹ Suicide Prevention Australia. Suicide Prevention: A Competency Framework, <https://www.suicidepreventionaust.org/competency-framework/>

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this submission.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this submission.

If you or someone you know require 24/7 crisis support, please contact:

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org