



Suicide Prevention
Australia

June 2025

Anti-Bullying Rapid Review

Submission

Introduction

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

Background

Bullying is a major concern for children and young people, impacting on their mental health, as well as creating a major risk factor for suicide. Both bullying in schools and subsequent disengagement from education are significant risks for suicidal behaviours, in childhood and in later life.

Bullying is a significant problem for young people. Data shows that seven in ten children aged 12–13 experience at least one bullying-like behaviour within a year,¹ while one in five Year 4 students experience bullying on a weekly basis.² Almost half (46%) of children aged 12–13 who experienced at least one bullying-like behaviour within a year also used bullying-like behaviours against another child.³ A compilation of data sources shows that one in five children and teenagers under 18 experienced cyberbullying in any one year, with 84% of students who were bullied online also bullied in person.^{4,5}

Evidence also demonstrates that bullying impacts wider school communities, with peers present as onlookers in 85 per cent of bullying interactions.⁶ Similarly, 89 per cent of parents of children experiencing bullying reported the situation had impacted the whole family, for example through feelings of anxiety, worry and guilt.⁷ School leaders and staff are also frequently required to respond to bullying, with over one third of Australian lower secondary school principals reporting that intimidation or bullying among students occurs at least weekly.⁸

Students from equity cohorts are more likely to experience bullying, with 50% of families and caregivers of people with disabilities reporting their child had experienced physical or psychological bullying in school.⁹

¹ Australian Institute of Health and Welfare (2022), *Australia's Children*: www.aihw.gov.au/reports/children-youth/australias-children/contents/justice-safety/bullying

² Thomson, Sue; Wernert, Nicole; O'Grady, Elizabeth; Rodrigues, Sima (March 2017). TIMSS 2015: Reporting Australia's results. Melbourne: Australian Council for Educational Research (ACER)

³ Australian Institute of Health and Welfare (2022), Op Cit.

⁴ Australian Government Productivity Commission (2020), *Mental Health Inquiry Report*: www.pc.gov.au/inquiries/completed/mental-health/report

⁵ Bullying No Way (2024), *Bullying Research*: www.bullyingnoway.gov.au/understanding-bullying/bullying-research

⁶ Ibid

⁷ Royal Children's Hospital Melbourne (2018), *National Child Health Poll*: www.rchpoll.org.au/wp-content/uploads/2018/08/bullying-hurts-parents-too-poll-finds-media-release.pdf

⁸ Australian Institute for Teaching and School Leadership (2023), *Spotlight: Australia's teacher workforce today*: www.aitsl.edu.au/research/spotlights/australia-s-teacher-workforce-today

⁹ Ibid.

Aboriginal and Torres Strait Islander respondents who reported being treated unfairly or discriminated against in the past year identified race/cultural background (55%), physical appearance (43%) and mental health (34%) as the top three reasons for unfair treatment.¹⁰

Bullying results in a range of significant detrimental physical and mental health and wellbeing impacts. In schools, bullying undermines student wellbeing, attendance, engagement and learning outcomes and can result in long-term impacts for those who are bullied, those who bully, witnesses and whole-school communities.^{11,12}

Children who experience bullying experience a range of psychological impacts, and are at greater risk of mental health concerns, most concerning they are at greater risk of suicide and self-harm.¹³ One wide scale survey across Australia found as many as one in five young Australians reported suicidal thoughts, and 50 per cent report experiencing psychological distress due to bullying.¹⁴

In addition, Suicide Prevention Australia's Community Tracker, shows a high percentage of respondents reporting bullying as a major issue, with 13 per cent in the latest survey in March 2025, reporting their elevated levels of distress were due to social media, self-image and bullying.¹⁵

There are a number of international studies showing links between bullying and suicide. A study in the United Kingdom with children aged 10-13 years found that children involved in bullying, either victims or bully's themselves, are at an increased risk for suicide ideation and suicidal behaviour in preadolescence.¹⁶ A study with 9th and 12th grade students in New York found that frequent exposure to victimisation or bullying others was related to suicide attempts compared with adolescents not involved in bullying behaviour.¹⁷ Any participation in bullying increases the risk of suicidal ideation and suicidal behaviour in a broad spectrum of youth.^{18,19}

Educational disruption is often a consequence of severe bullying, with decreased attendance, falling grades, and disengagement common features. The subsequent suicidal risk is long term.

A number of European and US studies show a relationship between lower educational achievement or academic performance with increased suicide risk. This research indicates that people aged under 25 years who have a college degree record the lowest suicide rates while people with only a high school degree exhibit the highest rates, with the latter twice as likely to die by suicide.²⁰

¹⁰ Ibid

¹¹ Australian Government Productivity Commission (2020), Op Cit.

¹² Australian Institute of Health and Welfare (2022), Op Cit.

¹³ Ibid

¹⁴ Mission Australia. 2023. Youth Survey 2023. [Youth survey | Mission Australia](#)

¹⁵ Suicide Prevention Australia. March 2025. Quarterly Community Tracker: [Mar_SPACT_Overview-2025.pdf](#)

¹⁶ Winsper, C., Lereya, T., Zanarini, M., & Wolke, D. (2012). Involvement in bullying and suicide-related behavior at 11 years: a prospective birth cohort study. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(3), 271-282.

¹⁷ Klomek, A. B., Marrocco, F., Kleinman, M., Schonfeld, I. S., & Gould, M. S. (2007). Bullying, depression, and suicidality in adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 46(1), 40-49.

¹⁸ Kim, Y. S., & Leventhal, B. (2008). Bullying and suicide. A review. *International journal of adolescent medicine and health*, 20(2), 133-154.

¹⁹ Holt, M. K., Vivolo-Kantor, A. M., Polanin, J. R., Holland, K. M., DeGue, S., Matjasko, J., & Reid, G. (2015). Bullying and suicidal ideation and behaviors: A meta-analysis. *Pediatrics*, 135(2), e496-e509.

²⁰ Phillips, J. A., & Hempstead, K. (2017). Differences in US suicide rates by educational attainment, 2000–2014. *American journal of preventive medicine*, 53(4), e123-e130.

Research shows that poor school performance predicts suicide attempts among young adults.^{21,22}

These impacts make it vital that bullying prevention and responses consider the short and long-term suicidal risks, and embed these considerations into models and practices.

Recommendation 1: That suicide prevention specific training be provided to counsellors and leadership staff in schools.

The personnel in a school setting who are likely to deal with bullying need to be equipped to identify the impact of the bullying and recognise suicidal distress among young people. These staff also need to be trained in best-practice responses to the distress. This applies also to school counsellors. There is disparity in guidelines across States and Territories in dealing with distress, and it is essential that relevant staff are consistently and adequately trained.

Staff training has been identified as an important feature of bullying prevention interventions²³ although it is insufficient alone in improving implementation outcomes.²⁴

Recommendation 2: That wellbeing processes be expanded among schools, including expansion of counselling programs and engaging student leadership in program implementation.

A student in distress from bullying needs to have timely access to school counsellors and referred services. Expanding the school counselling programs will create a greater focus on wellbeing and ensure the demand among students is met as quickly as possible.

Strategies selected and led by student wellbeing teams such as parent presentations have been associated with higher parent engagement.²⁵ Engaging student leadership in program implementation will increase accessibility and awareness of the initiatives.

Recommendation 3: That clear referrals and pathways be embedded in processes in schools when a young person shows signs of suicidal distress.

When a young person shows signs of suicidal distress, assistance needs to be provided including referrals to suicide-specific services. These referral processes need to be clear and consistent, as well as timely. A documented and reviewed process is vital to ensure this consistency.

Failure to connect young people with external services can increase the risk of self-harm and suicide.

²¹ Kosidou, K., Dalman, C., Fredlund, P., Lee, B. K., Galanti, R., Isacsson, G., & Magnusson, C. (2014). School performance and the risk of suicide attempts in young adults: a longitudinal population-based study. *Psychological medicine*, 44(6), 1235- 1243

²² Sörberg Wallin, A., Zeebari, Z., Lager, A., Gunnell, D., Allebeck, P., & Falkstedt, D. (2018). Suicide attempt predicted by academic performance and childhood IQ: a cohort study of 26 000 children. *Acta Psychiatrica Scandinavica*, 137(4), 277-286.

²³ Flygare, E., Gill, P. E., & Johansson, B. (2013). Lessons from a concurrent evaluation of eight antibullying programs used in Sweden. *American Journal of Evaluation*, 34(2), 170–189. <https://doi.org/10.1177/1098214012471886>

²⁴ Fixsen, D. L., Naoom, S. F., Blasé, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature*. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

²⁵ Ibid.

Recommendation 4: That whole of school anti-bullying models be implemented which incorporate social and emotional wellbeing models, and engage students, staff, and leadership.

Recent evaluations and literature in both Australia and internationally suggest a whole of school approach is the most effective and non-stigmatising model to address and prevent school bullying^{26,27} For example, one meta-analysis found effective anti-bullying programs used a number of approaches including a whole-school approach, anti-bullying policies, classroom rules, information for parents, informal peer involvement, and work with victims. The same analysis found where a variety of approaches were used there was a significant reduction of school-bullying by perpetrators.²⁸

Whole-school programs deal not just with the victim and perpetrator, but will target all members of the school (students, staff, families, and the wider community) and use multiple components of policy and practice to foster a positive and protective social and physical school environment, teach explicit social and emotional skills and engage parents, as well as targeted intervention and support for students with higher needs.

In Australia, a number of whole of school anti-bullying programs have been implemented, such as the National Safe Schools Framework, Positive Behaviour for Learning, Friendly Schools, KidsMatter and MindMatters. International examples are the Olweus Bullying Prevention Program (Norway), Sheffield Anti-Bullying Project (England), Seville Anti-Bullying in School Project (Spain), NoTrap! Program (Italy), and the KiVa Anti-Bullying Program (Finland).

Whole of school programs implemented within Australia have demonstrated fairly strong results for reducing both the perpetration of bullying and victimisation. A systematic review of Australian and New Zealand studies found that school-based, anti-bullying programs are effective in reducing bullying (by 20–23 per cent) and victimisation (by 17–20 per cent).²⁹

A critical component of a whole-school model is the involvement of students, often through a student council, and parents. When both students and parents have been involved in the initiative, the impact has been far greater.³⁰

Recommendation 5: That resources are provided to educate teachers, students and parents on bullying and the link to suicide prevention, the importance of early intervention and promoting good mental health.

Some of the most effective measures noted within existing programs are increased funding and resourcing, for example an increase in the number of full-time counsellors.³¹ Effectively resourcing

²⁶ Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). What works in anti-bullying programs? Analysis of effective intervention components. *Journal of School Psychology, 85*(June 2020), 37–56. <https://doi.org/10.1016/j.jsp.2020.12.002>

²⁷ Langford, R., Bonell, C., Jones, H., Poulou, T., Murphy, S., Waters, E., Komro, K., Gibbs, L., Magnus, D., & Campbell, R. (2015). The World Health Organization's health promoting schools framework: A Cochrane systematic review and meta-analysis. *BMC Public Health, 15*(1), 1–15. <https://doi.org/10.1186/s12889-015-1360-y>

²⁸ Ibid

²⁹ Social Ventures Australia. Evidence for Learning Behaviour Interventions. <https://evidenceforlearning.org.au/education-evidence/teaching-learning-toolkit/behaviour-interventions>, accessed 19 June 2025

³⁰ Gaffney, H., Ttofi, M. M., & Farrington, D. P. (2021). What works in anti-bullying programs? Analysis of effective intervention components. *Journal of School Psychology, 85*(June 2020), 37–56. <https://doi.org/10.1016/j.jsp.2020.12.002>

³¹ Pearce, N., Monks, H., Alderman, N. et al. 2024. 'It's All About Context': Building School Capacity to Implement a Whole-School Approach to Bullying. *Int Journal of Bullying Prevention 6*, 53–68 (2024). <https://doi.org/10.1007/s42380-022-00138-6>

also included provides staff with dedicated time to plan and implement priority strategies in their school, as well as common planning time between team members.

A number of organisations have developed resources, which could be used in conjunction with the resources specific to the whole of school programs. These resources aim to educate teachers, students and parents on bullying and the link to suicide prevention the importance of early intervention and promoting good mental health.

Recommendation 6: That programs be co-designed with young people.

Co-design with young people is necessary to ensure needs are met and stigma is reduced.

Bullying behaviours evolve, such as the use of cyberbullying, and educators need to provided with up-to-date training and resources. Young people are well-versed in contemporary behaviours, and provide vital insight into how to engage their peers and the risks facing them.

Most of the recent anti-bullying programs, and trials have included cyber-bullying which has often more serious mental health consequences, and far greater risk of suicide for children and young people.³²

Co-design with young people can shift the focus from set definitions of bullying to specific behaviours to ensure we reveal the full scale and complexity of the issue, as well as ensuring they are age appropriate, context appropriate, easily accessible, and effective with children and young people.³³

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 policy position.

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

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