



Suicide Prevention
Australia

August 2025

Strategy for Mental Health and Wellbeing in NSW

Submission

Executive Summary

This submission has responded to the following questions from the Consultation Paper outlining the following points:

- What is Working
 - The work from the Towards Zero Suicide initiative, including programs such as Safe Spaces
 - The implementation of the Suicide Monitoring System
- What is not working?
 - High rates of suicidal distress and suicides in NSW
 - Greater demand for suicide prevention services but a lack of funding to expand services
 - Increasing complexity in the demand for suicide prevention services
- What needs to change?
 - Overload of clinical services
 - Insufficient focus on strengthening the suicide prevention workforce
 - Short service delivery timeframes and contracts
- How should change happen?
 - Informed by evidence from lived experience, frontline service expertise, research and data
- What could improve mental health and wellbeing across our communities?
 - Community-based supports, particularly peer to peer supports
 - Enhancing the suicide prevention workforce
 - Suicide prevention training for people in the community
- What roles should NSW Government departments and agencies play in that?
 - Taking a social determinants and whole of government approach
 - Use the National Suicide Prevention Strategy as a basis to formulate their whole of government approach
- How will we know that we are making a difference?
 - Strong data and monitoring frameworks
 - Research to fund evaluation of existing programs and develop new initiatives.

Included in these points are the following recommendations:

- Include in the new strategy continued funding and expansion of the non-clinical and peer-based services.
- The new strategy should include a section on how to address workforce issues across the suicide prevention sector, to ensure services can respond to current and emerging priorities, across different government departments.
- Make evidence-based “first aid” suicide prevention training more available to key members of the community who commonly encounter people at risk by funding free training accessed through a readily accessible online learning platform.
- The new strategy should embed a whole-of-government mechanism by addressing how the NSW Mental Health Commission can support all government departments and agencies to understand the relationship between their policy areas and suicide.
- The new strategy should include monitoring and evaluation frameworks, which will measure the success of this strategy. For the suicide prevention component, it should include outcomes indicators from the upcoming National Suicide Prevention Outcomes Framework.

- The new strategy should include a mechanism to fund implementation-focused and suicide-specific research on enhancing best practice and make recommendation on methods to ensure well targeted funding of this research, such as the National Suicide Prevention Fund.

Introduction

Suicide Prevention Australia welcomes the opportunity to contribute to the development of a new NSW Mental Health and Wellbeing Strategy. As 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.

What is working?

Suicide Prevention Australia recognises the significant amount of work done in recent years by the NSW Mental Health Commission and NSW Health to advance suicide prevention.

In particular, we recognise the value in having a comprehensive strategy for NSW Health in the *Shifting the Landscape for Suicide Prevention in NSW 2022-20275*. We recognise that this is a whole-of-government framework, which recognises lived experience perspectives. Importantly the framework recognises the complex social determinants of suicide, and understands the need for a holistic approach to address them.

We also recognise the value of the initiatives, such as the Towards Zero Suicides initiatives, which continue to build on community resilience, provide crisis care and support and improve systems and practices.

There is a growing body of evidence the community-based models, particularly those with a peer-to-peer component of service, are valuable contributions to the range of suicide prevention services. There are a range of such services in NSW which, when delivered by or in collaboration with appropriately trained lived experience of suicide peer workers, help people remain safe in the community and manage their own distress. This reduces the demand for clinical mental health services and avoids preventable emergency presentations.

Safe spaces, or safe havens, are a good example of these kinds of service. Evaluations in other jurisdictions have found they reduce suicidal distress, or key causes of suicidal distress, such as reducing feelings of loneliness. An independent evaluation of Safe Spaces run across several sites in Brisbane, found that they reduced loneliness, increased safe spaces guests self-efficacy, and empowered guests to take control of their recovery.¹ The evaluation found that by diverting individuals from the Emergency Department (ED) and reducing repeat presentations, the four Safe Spaces have helped alleviate pressures on emergency services, generating between \$16.2M and \$16.3 million in estimated cost savings from avoided ED presentations and subsequent acute admissions across the life of the pilot between late April 2022 and September 2023.²

¹ Nous Group. 2024. Evaluation of PHN Safe Spaces across Brisbane and Moreton Bay.

² Ibid.

In NSW, an independent evaluation of the various programs -such as the Safe Havens, Youth Aftercare, Post Suicide Support and Gatekeeper training - under the Towards Zero Suicides (TZS) found overall high levels of satisfaction with all the services across the TZS.³ The evaluation found the Gatekeeper initiatives also saw large increases in self-reported understanding and capability related to suicide prevention.⁴ However, the delays to program implementation, the impact of COVID-19, and the many other mental health initiatives being implemented concurrently meant they were limited in their ability to estimate the impact of the initiatives on deaths by suicide and suicide attempts. The evaluation estimated that the Towards Zero Suicides initiative led to a reduction in 23 deaths by suicide per year. They estimated that the hypothetical value of each life saved was \$5.4m, which would have led to a \$124m of potential benefit per year. This calculation doesn't include wellbeing benefits to those other people who wouldn't have died. They noted, even with limited data, the potential initiative benefits (\$124m) are large compared to the Towards Zero Suicides program cost of \$24.78m.⁵

Another important initiative in NSW has been the implementation of the Suicide Monitoring System. This provides important and current information that can be used to inform both service provision and policy decisions.

Finally, although not yet in operation, we acknowledged the very significant step of NSW moving towards have a Suicide Prevention Act.

What is not working?

The Suicide Prevention Australia Community Tracker is a quarterly survey that sheds light on the prevalence of suicidal behaviours, and which social and economic issues are driving distress and the impact of suicide in our community. It is designed to provide real-time, community-wide insights to policy makers, practitioners and the community, and to support suicide prevention activities across Australia.⁶

The latest tracker found that one in five young Australians, aged 18-24, have had serious thoughts of suicide and 6% have attempted in the past year. Whilst overall, 1 in 7 Australians have experienced suicidal behaviour in the past 12 months over the past 3 years. Nearly 3 in 10 (30%) Australians know someone, either directly or indirectly, who has died by or attempted suicide in the past year. Gen Z (1997 – 2009) are particularly affected as this figure has gone up from 16% in the March 2024 quarter to 26% in the current quarter,

While cost-of-living remains the top concern, social factors such as family and relationship breakdown and social isolation, which had started to trend downwards, have re-emerged to rank among the top three stressors, mirroring their high levels from 2022. Cost-of-living stress has persistently remained the top stressor for Australians over the past 3 years. Whilst family and relationship breakdown and social isolation continuing as the second and third leading stressors. Housing distress has seen increases this quarter, with around 1 in 5 Australians experiencing distress. A similar trend can be seen for unemployment.

³ Taylor Fry and ARTD Consultants. December 2024. Evaluation of Towards Zero Suicides Initiatives: Overarching summary report.

⁴ Ibid.

⁵ Ibid.

⁶ Suicide Prevention Australia. July 2025. Community Tracker:
<https://www.suicidepreventionaust.org/community-tracker>

Earlier this year, for the march quarter Community Tracker results, a specific report for NSW was released.⁷ This state-specific analysis found that nearly 7 in 10 NSW residents reporting distress beyond normal levels for the past 11 quarters — distress peaking in December 2024, affecting more than 4 in 5 residents, and 1 in 10 NSW residents said they have serious thoughts of suicide in the past 12 months. NSW residents reported cost-of-living and person debt distress were the top stressors for 11 quarters in a row. Despite consistent or higher levels of distress, help seeking has reduced in NSW, since 2022, across all service types, suggesting that people are either unable or unwilling to access support when they need it most. This may be due to barriers such as cost, stigma, or lack of service availability.

Suicide Prevention Australia's annual survey of the sector, the 2024 *State of the Nation in Suicide Prevention*, showed an increasing demand for suicide prevention services.⁸ Almost three out of four (71%) of respondents have seen increased demand for services over the past 12 months, whilst four out of five respondents (80%) require increased funding to meet increased demand. In addition, only 7% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced and responded to. They are therefore likely to lack staff to meet this demand.⁹ Similarly, the latest 2025 *State of the Nation in Suicide Prevention* survey, which will be released later this month, points to the same trend in an increase in demand. Just under 3 out of 4 respondents (74%) report increasing demands for their services, with many services having to adapt and change the way they offer services in order to meet demand.

In addition, rates of mental health conditions, have generally increased in NSW, as they have across Australia. According to data from NSW Health NSW are experiencing increasing levels of mental health issues; 17% of adults have high levels of psychological distress, and 41% of people aged 16 to 85 years have experienced a mental disorder in their lifetime.¹⁰ However the crisis services, and community mental health services, along with mainstream clinical services are not able to meet the needs of these people. The National Mental Health Services Planning Framework (NMHSPF) estimates that approximately 200,000 people in NSW (aged 25 and 64 years) have some form of severe mental illness requiring care.¹¹ The same report noted, services are often siloed, with poor coordination between general practitioners, specialist care, schools, and community services.

Cultural and structural barriers continue to limit access for Aboriginal and Torres Strait Islander young people, LGBTQIA+ youth, and those from culturally and linguistically diverse backgrounds. These groups often face additional stigma, lack of culturally safe services, and discrimination within the system.¹²

⁷ Suicide Prevention Australia. March 2025. Community Tracker – NSW:

<https://www.suicidepreventionaust.org/wp-content/uploads/2025/04/NSW-Suicide-Prevention-Australia-Community-Tracker.pdf>

⁸ Suicide Prevention Australia (2024) *State of the Nation in Suicide Prevention*,

<https://www.suicidepreventionaust.org/wp-content/uploads/2024/09/SPA-State-of-the-Nation-Report-AUG24-Web.pdf>

⁹ Suicide Prevention Australia. 2024. [State of the Nation in Suicide Prevention - Suicide Prevention Australia](#)

¹⁰ NSW Health. December 2023. NSW Community Mental Health Services Priority Issues Paper.

¹¹ NSW Health. December 2023. NSW Community Mental Health Services Priority Issues Paper.

¹² NSW Health. December 2023. NSW Community Mental Health Services Priority Issues Paper.

What needs to change?

Overloaded clinical services

The current mental health system is funnelling people in distress into either Emergency Departments (ED) and or the GP to receive a Better Access MH plan. Both are overloaded, and it's unsustainable to continue to rely on only these two services.¹³ People with complex needs, including those experiencing homelessness, substance use, or involvement with the justice system, often fall through the cracks due to inflexible or narrowly scoped services.¹⁴ There is also a lack of services for people in the middle, often called the 'missing middle' who require support beyond a helpline and might have more than overlapping mental health need, or be suicidal distress, and have a mental health problem or a drug addiction.¹⁵

Widespread issues with access, long wait times, and a lack of community-based supports are leaving many people in suicidal distress or in mental health crisis, no option but to seek help in ED.¹⁶ According to Australian College of Emergency Medicine (ACEM) there just aren't enough staff, beds or resources needed to provide therapeutic, trauma-informed, recovery-oriented care and support to people experiencing suicidal distress or a mental health crisis, and the situation in EDs is worsening.¹⁷ In September 2025, ACEM will release a report illustrating a deepening strain across the health system. Early analysis demonstrates that the number of presentations, acuity of illness and time spent in EDs by people with suicidal distress and mental health conditions have increased significantly.

The National Mental Health Commission's [National Report Card 2024](#) found that growing population needs are not being met with timely, community-based care. Only 45.1% of people with a long-term mental health condition saw a health professional, with cost often cited as a reason for delaying care.

These findings are backed up by the NSW parliamentary report from Inquiry into Community Mental health in 2024¹⁸ which found that cost, waiting times, and geographical or cultural inaccessibility can be significant barriers to accessing appropriate mental health care in New South Wales. The fragmentation of mental health services in NSW leads to extraordinary difficulties for mentally ill people and their carers to navigate and access appropriate services and care. This difficulty often exacerbates mental distress and contributes to inefficient use of limited resources. Fragmentation of mental health funding in NSW through short term grants and program funding is a factor in the overall fragmentation of mental health services.¹⁹

¹³ SANE. March 2025. Final Report: Digital Navigation Project. Accessed at: [Digital Navigation Project](#)

¹⁴ NSW parliament Legislative Council. Committee no 2 . June 2024. Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. Accessed at: [Report No. 64 - PC2 - Equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW.pdf](#)

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ ACEM. 31 July 2025. [ACEM - Reports confirm EDs relied on to fill mental health service gaps](#)

¹⁸ NSW parliament Legislative Council. Committee no 2 . June 2024. Equity, accessibility and appropriate delivery of outpatient and community mental health care in New South Wales. Accessed at: [Report No. 64 - PC2 - Equity, accessibility and appropriate delivery of outpatient and community mental health care in NSW.pdf](#)

¹⁹ Ibid.

How should change happen?

To be effective and efficient, and changes must be informed by evidence from a range of sources.

People with lived experience of suicidal behaviour are uniquely placed to inform on how best to support people through a crisis. A lived experience of suicide can range from suicidal thoughts, surviving a suicide attempt, caring for someone through crisis, being bereaved by suicide or being touched by suicide in any way. When working with specific populations, such as a particular industry or culture, lived experience of that context is also important. Consulting on, and co-designing, policy solutions with people with lived experience is a driver for change, innovation and leadership, and ensures that the policy being designed is more effective as a result.

The involvement of those with support provision expertise is also critical. Support organisations can provide key insights on the arrangements needed to deliver the right supports and can give advice on the policy interventions that would mitigate emerging risk factors for suicide.

Additionally, insights from research dedicated to suicide prevention and focused on the translation of research into practice is critical. Finally, accurate, reliable, timely data on suicide, suicide attempts and suicide prevention activities will enable evidence-based policy, service delivery, and program design.

In summary, changes must be informed by:

- Lived experience – including survivors, carers and the bereaved, and lived experience of specific populations
- Support provision expertise – including both large and small, both male-focussed and general, support organisations
- Research – such as journey mapping that facilitates strategic and practical initiatives
- Data – timely, reliable, and including relevant factors such as childhood trauma, mental health history, and demographics

What could improve mental health and wellbeing across our communities?

Increase non-clinical and peer-based services

The increasing rates of suicide, ongoing high rates of suicidal distress, and the over-burdening of emergency departments and crisis lines, demonstrate a demand and a need for an increase in suicide prevention services being offered, to meet the complex needs of different population groups in NSW. There is growing evidence to suggest the community-based supports, particularly peer to peer supports and services for people can reduce suicidality and suicide risk.²⁵

Research shows that emergency departments are very traumatising for people experiencing suicidal distress, and most would prefer not to have to be in an emergency department.²⁶

²⁵ Bowersox NW, Jagusch J, Garlick J, Chen JI, Pfeiffer PN. Peer-based interventions targeting suicide prevention: A scoping review. *Am J Community Psychol.* 2021 Sep;68(1-2):232-248. doi: 10.1002/ajcp.12510. Epub 2021 Mar 15. PMID: 33720444; PMCID: PMC9165581.

²⁶ Chakouch C, Batterham PJ, Fitzpatrick SJ, Gulliver A, Cleave AL, Oni HT, Banfield M, Shand F. Safe spaces as an alternative to the emergency department for suicidal distress: exploring guests' experiences. *BMC Health*

Suicide Prevention Australia's consultation with young people found that many young people did not find EDs to be a safe place to disclose their self-harm, or suitable for young people in acute mental distress.²⁷ They said they need alternatives to ED, and that these alternatives should have the following features:

- Both place-based and response team models are needed
- The staff must be able to provide both medical assistance and compassionate support
- There should be clear processes and choice
- They should be accessible to all and safe
- Place-based services should be designed and located to protect privacy, and have an environment that feels safe and focussed on mental health and wellbeing

In addition, there are other models that may provide alternatives and reduce burdens on overstretched part of the health system, such as Alternatives to Suicide and bereavement support groups. Some are run as ongoing drop-in style groups, while others are time-limited, multi-week workshop programs such as Eclipse for people who have made a suicide attempt.

Recommendation: Include in the new strategy continued funding and expansion of the non-clinical and peer-based services.

Enhance the Suicide Prevention Workforce

Suicide Prevention Australia will shortly be releasing a comprehensive report on the reforms needed for the suicide prevention workforce. In summary the report calls for a workforce initiative which would incorporate:

- Governments embedding a universal wellbeing support framework for all suicide prevention workers, and accompanying resources, within funding agreements.
- Provision of funding incentives to employers who accept trainees in suicide prevention roles, to cover the cost of mentoring, supervision, onboarding resources and workplace learning supports.
- All vocational education and training and tertiary programs specifically preparing individuals for roles likely to be supporting this at risk of suicide, including peer work education, should be reviewed and redeveloped in partnership with people with suicide lived experience, community service providers and sector experts.
- All suicide prevention organisations and relevant social sectors (such as health, education, domestic and family violence, justice and housing) must embed mandatory lived experience education into onboarding, ongoing training and daily practice standards.
- Provide sustained funding to support the creation and expansion of paid lived experience and peer work roles across the suicide prevention sector.
- Develop a targeted mentoring initiative to support men – particularly those transitioning from blue-collar or non-human services backgrounds – into roles within the suicide prevention sector.

Serv Res. 2025 Aug 18;25(1):1096. doi: 10.1186/s12913-025-12999-w. PMID: 40826401; PMCID: PMC12359921.

²⁷ Suicide Prevention Australia. August 2022. In Your Words: How to Support Young People in Suicidal Distress [SPA Youth-Report In-your-words 12-August-2022-1.pdf](#)

- Fund diversity-focused workforce development grants to support the recruitment, training and retention of individuals from underrepresented communities, including First Nations peoples, culturally and linguistically diverse (CALD) backgrounds, LGBTQIA+ communities, young people and men.

While the report is focussed at a national level, all these recommendations also apply to a NSW context. These could be embedded in the new strategy for mental health and wellbeing.

Recommendation: The new strategy should include a section on how to address workforce issues across the suicide prevention sector, to ensure services can respond to current and emerging priorities, across different government departments.

Increase community capacity to address the risk of suicide

Given the high rates of suicidal distress, and increasing suicides, it is critical that suicide prevention training to key members of the community who commonly encounter people at risk of suicide, such as those experiencing financial distress, housing stress or relationship breakdown. It is a critical moment when a person discloses their distress or suicidal thoughts for the first time, so it is vital to build suicide prevention skills and knowledge throughout the community.

For suicide prevention to be effective, key people in the community should be actively engaged. This can include clinicians, frontline service workers and teachers, along with members of the broader community who often provide informal support, such as pharmacists or barbers. With appropriate evidence-based suicide prevention training, these connectors within communities can provide vital assistance to help reduce their risk of suicide. One mechanism for enhancing community skills is Suicide Prevention Australia's LearnLinc Platform. This learning platform connects participants with multiple different training providers plus free online resources. Further support such as subsidising training programs could significantly improve the ability of communities to connect and address the risk of suicide.

Recommendation: Make evidence-based "first aid" suicide prevention training more available to key members of the community who commonly encounter people at risk by funding free training accessed through a readily accessible online learning platform.

What roles should NSW Government departments and agencies play in that?

Social Determinants and Whole of Government Approach

Suicide is a complex human behaviour that is impacted by multiple other factors. Suicide Prevention Australia has identified 22 different socioeconomic and environmental determinants that can increase the risk of suicide.²⁸ These include determinants such as financial distress, housing insecurity, adverse childhood experiences, environmental disasters, and domestic and family violence. Services and policy decision that address these issues have an impact on suicide prevention services. This means that many government departments and agencies, across a range of portfolios, need to be involved in prevention suicides.

²⁸ Suicide Prevention Australia, Socio-economic and Environmental Determinants of Suicide: Background Paper. Accessed at: <https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>

A recent series in the health and medical journal the Lancet has recommended that governments around the world should take a public health and a social determinants approach to reducing suicide, arguing “the greatest reductions in suicide are most likely to be achieved through public health measures that target the whole population rather than individuals who are thought to be at particularly heightened risk.”²⁹ Social determinants are described as “the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness...these conditions in which people live and die are, in turn, shaped by political, social, and economic forces” according to the World Health Organisation.³⁰

Suicide Prevention Australia welcomes the statement in the NSW Mental Health and Wellbeing Strategy Consultation Paper, which says “the Strategy will take a broad view that includes social, emotional and psychological health across whole communities. There are many complex social, economic and environmental determinants of mental health and wellbeing. “

Using a social determinants approach which would require a whole of government approach to suicide reduction, by considering the impacts of job insecurity, homelessness, domestic violence and financial stress, thus increasing responsibility for suicide prevention from NSW Health to a broader range of government departments. The whole of government approach of the National Suicide Prevention Strategy (the Strategy) provides a guide to the ideal scope of the Agreement, which incorporates a social determinants approach.³¹

The NSW Mental Health and Wellbeing Strategy should use the National Suicide Prevention Strategy as a basis to formulate their whole of government approach.

The NSPS recommends establishing a ‘suicide prevention in all policies’ approach. This would include creating mechanisms that assess all new policies for their potential impact on suicide and provide guidance to policymakers on options for minimising risks. This would require building capability in all portfolios to ensure policymakers understand the relationship between their policy areas and suicide.³²

Suicide prevention Australia recommends that the Strategy include plans for each government department should develop their own suicide prevention and wellbeing plans, which would ideally be overseen by the NSW Mental Health Commission.

Recommendation: The new strategy should embed a whole-of-government mechanism by addressing how the NSW Mental Health Commission can support all government departments and agencies to understand the relationship between their policy areas and suicide.

²⁹ Pirkis, Jane et al.2025. Preventing suicide: a public health approach to a global problem. The Lancet Public Health, Volume 9, Issue 10, e787 - e795

³⁰ Commission on Social Determinants of Health Closing the gap in a generation: health equity through action on the social determinants of health: final report of the Commission on Social Determinants of Health World Health Organization, Geneva, 2008

³¹ National Suicide Prevention Office. January 2025. The National Suicide Prevention Strategy 2025-2035.

Accessed at: <https://www.mentalhealthcommission.gov.au/national-suicide-prevention-strategy>

³² Ibid.

How will we know that we are making a difference?

Data Collection and Evaluations

Any strategy which aims to improve the overall wellbeing, mental health and reduce the risk of suicide for NSW residents should have a mechanism to evaluate whether the interventions and individual department strategies are effective.

This strategy should include a mechanism to work with the Australian Institute of Health and Welfare runs the National Suicide and Self-harm Monitoring System to collect NSW specific data on suicide rates, self-harm rates and other social determinants of mental health and wellbeing, such as incidents of homelessness.

The NSW Mental Health Commission already has a monitoring function and is collecting some measurements and data from some departments, such as Education. However, this could be extended across all the NSW government departments.

The monitoring and evaluation plans should include both activity and outcome measures, which would relate to their specific mental health, wellbeing and suicide prevention strategies. Outcome indicators should be aligned with the forthcoming National Suicide Prevention Outcomes Framework wherever possible.

Recommendation: The new strategy should include monitoring and evaluation frameworks, which will measure the success of this strategy. For the suicide prevention component, it should include outcomes indicators from the upcoming National Suicide Prevention Outcomes Framework.

Research and evidence

A key factor in ensuring that the efficacy of any government mental health and suicide prevention strategies, is implementation focussed research on suicide prevention. Ongoing research into models of suicide prevention, care models, ways to reduce stigma, and research implementation are required in order to ensure that organisations, programs and government are using best practice models in suicide prevention. Research plays a substantial and essential role in reducing the effect of suicide throughout Australia. Research funding will be required to develop new models of care, and models of delivery are tested, and then evaluated in suicide prevention, especially for areas which have seen little improvement.

An important initiative driving research in this area has been the National Suicide Prevention Research Fund.³³ The aim of the fund is to support world-class Australian research and facilitate the rapid translation of knowledge into more effective services for individuals, families and communities. The National Suicide Prevention Research Fund also aims to address gaps in suicide prevention research. The Fund has enabled 85 projects across 27 institutions, and included outcomes across First Nations leadership, youth self-harm interventions, workplace mental health, and social media and digital interventions. The collaborations enabled by the Fund between researchers, clinicians, and people with lived experience are helping to build capacity alongside providing greater knowledge of and ability to create strong interventions to suicide.

Recommendation: The new strategy should include a mechanism to fund implementation-focussed and suicide-specific research on enhancing best practice and make

³³ More information is available here: <https://www.suicidepreventionaust.org/research-grants/>

recommendation on methods to ensure well targeted funding of this research, such as the National Suicide Prevention Fund.

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.