STATE OF THE NATION
IN SUICIDE PREVENTION

A survey of the suicide prevention sector

Suicide Prevention Australia

September 2025

Highlights

Suicide Prevention Australia

THE SURVEY

323
RESPONSES

11,000
employees and volunteers represented

140
Suicide Prevention Australia Members

65
organisations

STATE OF THE SUICIDE PREVENTION SECTOR

A resilient Sector

72%
of respondents come from organisations established over a decade ago

Continuing increased demand

73%
of respondents have seen increased demand for services over the past 12 months

Additional funding is needed

76%
Three out of four respondents require increased funding to meet increased demand

STATE OF THE COMMUNITY

Social determinants matter

Respondents said the greatest risks to suicide rates over the next 12 months are posed by

81% **housing access and affordability**

78% **social isolation and loneliness, and cost-of-living**

At-risk groups need more support

93% **of respondents indicated that priority populations at risk of suicide are not appropriately funded, resourced and responded to**

STATE OF THE SUICIDE PREVENTION AUSTRALIA NATIONAL POLICY PLATFORM

Whole-of-government	**93%** of respondents believe a whole-of-government approach to suicide prevention is required	**81%** of respondents support a national Suicide Prevention Act
Lived experience	**20%** of respondents have lived experience represented in their board of directors	**40%** of respondents have a dedicated lived experience position employed on a paid basis
Data and evidence	**82%** of respondents need access to reliable, timely and accurate suicide prevention data	**58%** of respondents do not have access to the data they need now
Workforce, sector and community capacity	**62%** of respondents do not have sufficient staff and volunteers to meet workforce needs	**61%** of respondents say that their workforce needs skills and training in trauma-informed and culturally competent practice

Foreword

The 2025 State of the Nation in Suicide Prevention survey is the sixth iteration of this key information gathering tool. The survey provides an annual snapshot of the suicide prevention sector and the state of the community. The survey also assesses progress against Suicide Prevention Australia's National Policy Platform.

More than 300 members of the suicide prevention community took part in this year's survey. We appreciate this strong engagement, which offers important insights and a detailed snapshot of the current suicide prevention landscape. Thank you to everyone who took the time to share their on-the-ground experiences, offering critical insights into the operations, challenges, and opportunities shaping suicide prevention efforts across Australia.

Access to reliable data is essential in suicide prevention. As in previous years, the survey included over 50 carefully designed questions, developed in collaboration with our members and people with lived experience. Every piece of feedback we receive is valuable as it shapes our advocacy, strengthens our engagement with government, and helps us champion a united, evidence-informed voice for the sector.

The survey indicates that many organisations are working without the critical information they need. More than half of the respondents of the survey told us they do not currently have access to suicide prevention data required to inform their work. Despite important progress in increasing the information available to the sector, more resources focussed on this area are required. Many are calling for more timely, reliable, and localised data that reflects what is happening in their own communities. Access to community-level data is essential to ensure that suicide prevention efforts are targeted, responsive, and as effective as possible.

As an organisation, Suicide Prevention Australia has been actively advising government, business, and economic leaders about the rising levels of distress in our communities and the urgent need for additional funding. We have also consistently highlighted the critical gaps in data access, which limit the sector's ability to respond effectively at both national and local levels. We remain committed to advocating for improved data availability and ensuring that organisations and vulnerable community members are properly supported during this challenging time.

The 2025 State of the Nation in Suicide Prevention Report underscores the importance of the key priorities of our National Policy Platform: a whole-of-government approach, lived experience, data and evidence, and workforce, sector, and community capacity. These priorities remain at the forefront of our work so that we can continue to drive suicide prevention reform

I hope you find this report valuable and that, despite these challenging times, you remain hopeful. While there is still much to do, we are seeing growing community support for suicide prevention—a momentum that I believe can drive real change. It's what our governments, sector, and communities choose to do next that will determine whether we can truly 'turn the trend' toward zero suicide.

Nieves Murray
Chief Executive Officer
Suicide Prevention Australia

Executive Summary

About us

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 support and advocate for more than 330 members across every State and Territory. Our members range from national household names to small community-based organisations and local collaboratives, as well as individual service providers, practitioners, researchers, students and people with lived experience. This represents more than 140,000 staff and volunteers across Australia.

We aim to drive continual improvement in suicide prevention policy, programs and services. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

About the survey

We designed the State of the Nation in Suicide Prevention survey to gather in-depth intelligence from our membership and the broader suicide prevention sector. Findings from the survey inform our key priorities and guide our advocacy and government relations work. The survey ran throughout June of this year. All members of the suicide prevention sector, including organisations, individuals and other stakeholders, are encouraged to complete the survey.

This is the sixth iteration of our annual survey and, this year, we received 323 responses. Many respondents were answering on behalf of large organisations which together comprised over 11,000 employees and volunteers.

The State of the Nation in Suicide Prevention is structured into three parts:

1. **State of the sector** – looking at the type of organisations operating in the sector, their priorities and challenges, and the current operating environment

2. **State of the community** – looking at the current and emerging risks for suicide prevention across the community as well as those groups most at risk

3. **State of the platform** – looking at the key priorities of our National Policy Platform including whole-of-government reform, accurate, reliable data, and workforce strategy.

STATE OF THE SECTOR

The suicide prevention sector comprises organisations and individuals working to prevent suicide in our community. Our survey shows a highly diverse sector with a mix of organisations differing in numbers of staff, numbers of volunteers, types of location, modes of service, and population groups they provide services to.

The sector is adaptive, with 42% of respondents having changed the services they provide over the past year. Demand continues to increase for most (73%) services, with more than half (52%) observing changes in demand from specific population groups. External funding factors, including reliance on grants and delays in government funds, continue to pose key challenges to the sector's work. The sector also remains highly collaborative with 88% of respondents working with government agencies and other groups in the community.

STATE OF THE COMMUNITY

The broader community is under significant strain. Economic pressures, including the rising cost of living and unaffordable housing have emerged as major risk factors for suicide. At the same time, social challenges like isolation and relationship breakdown continue to weigh heavily on individuals, compounding distress and increasing vulnerability.

Often, it is those who are already vulnerable who are facing increased risks. Only 7% of respondents indicated that priority populations at risk of suicide are appropriately funded, resourced, and responded to.

STATE OF THE PLATFORM

Suicide Prevention Australia released our updated National Policy Platform this year. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community capacity. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

There continues to be overwhelming support (93%) for a whole-of-government approach to reducing suicide risk. Importantly, there is also strong backing for legislating this approach through a national Suicide Prevention Act, with more than four in five respondents (81%) supporting the introduction of Commonwealth legislation to embed this commitment. Lived experience leadership and expertise should be integrated into all aspects of suicide prevention, and more work on this is required as evidenced by only one-in-five (20%) respondents saying they have people with lived experience represented on their Board of Directors. More must also be done to support the lived experience workforce, including peer workers. Six in ten respondents (64%) believe the peer workforce is not adequately funded or resourced, highlighting a critical gap in sustaining these valuable roles.

While 82% of respondents say they need access to timely, reliable, accurate suicide prevention data, 56% do not have access to the data they need right now, particularly data on local or community-level suicide data or data from priority populations.

The survey also reveals significant uncertainty around workforce capacity. More than 62% of respondents reported they do not have the staff and/or volunteers they need, with a further 17% unsure. When asked about plans to increase staffing this financial year, 41% of organisations were uncertain, reflecting ongoing challenges in workforce planning and resourcing across the sector.

Further information

If you would like more information on the State of the Nation Survey and its results, please contact policy@suicidepreventionaust.org.

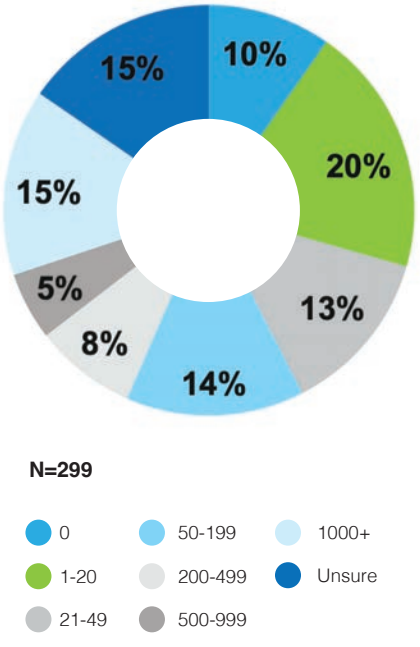
Part One: State of the Sector

Australia's suicide prevention sector comprises organisations and individuals, working to prevent suicide across our community. It includes organisations of all sizes, practitioners, researchers, people with lived experience and community leaders.The sector delivers a wide range of services, across advocacy, education, and community support, as well as clinical and non-clinical care. Our 323 respondents represent a large share of Australia's suicide prevention sector. Many respondents were answering on behalf of large organisations, which together comprised over 11,000 employees and volunteers. In the State of the Nation in Suicide Prevention survey, we asked them about the work they do, where they do it and how it is changing.

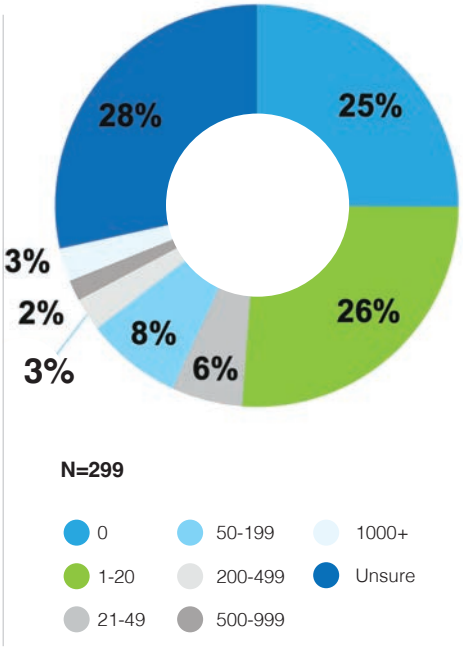
SECTOR AT A GLANCE

A mature sector led by a diverse workforce

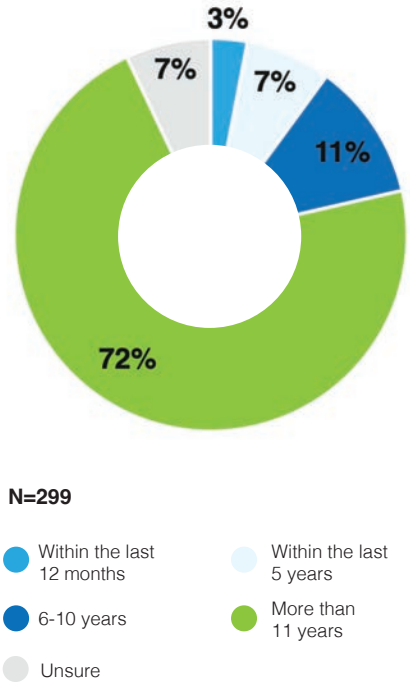
Number of paid employees in organisation



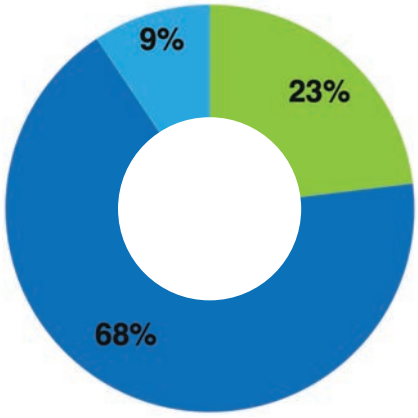
Number of unpaid volunteers in organisation



Age of organisation



Does the organisation rely on volunteers to operate?



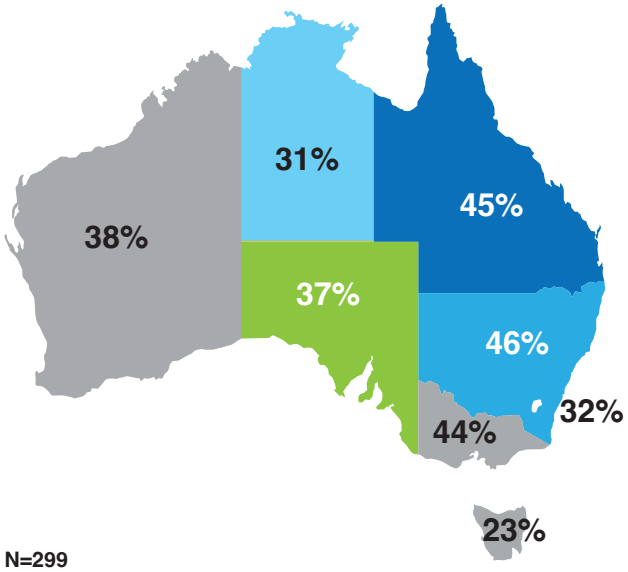
N=299

- The sector is characterised by a diverse range of organisations with 30% operating with fewer than 20 employees and 15% employing over 1,000 paid staff. This diversity highlights the vital roles played by both small organisations that may be embedded in local communities and large organisations with broader reach and resources, each contributing uniquely to suicide prevention efforts.
- Nearly half of organisations (46%) report having unpaid volunteers, showcasing the sector's strong community roots and the vital contribution of volunteer efforts in driving its mission and impact. Close to a quarter of organisations (23%) rely on these volunteers to operate.
- The proportion of organisations established for over a decade has grown from 61% last year to 72% this year, indicating a maturing sector with deepening roots.

Yes No Unsure

Suicide prevention services and support is available nationwide

Where does the sector deliver services across Australia?



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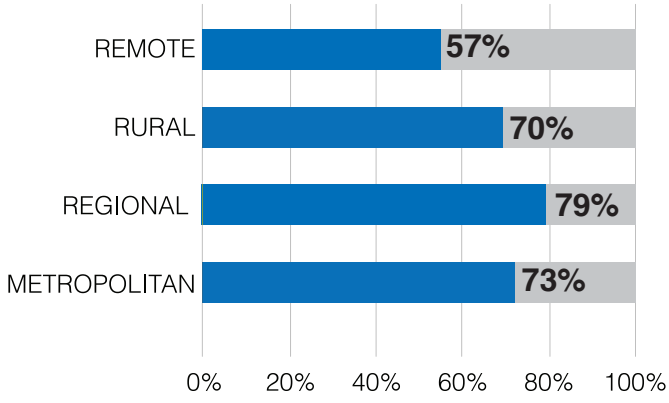
Which areas does your organisation operate?



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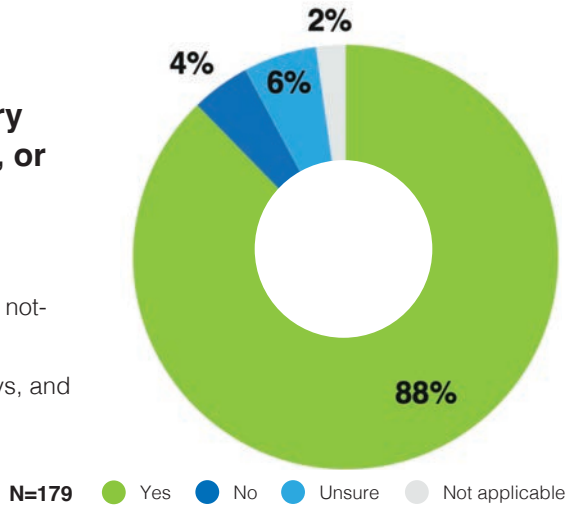
- The sector has a true national footprint with every state and territory having at least 30% of responding organisations delivering services there.
- Organisations support diverse communities across remote, rural, regional and metropolitan areas of Australia, with a notable presence in regional communities.
- This wide footprint underscores the sector's commitment to reaching people in need, regardless of location.

Collaboration

Does your organisation work with Government agencies, Government-funded agencies (e.g. Primary Health Networks), other not-for-profit organisations, or community-based organisations?

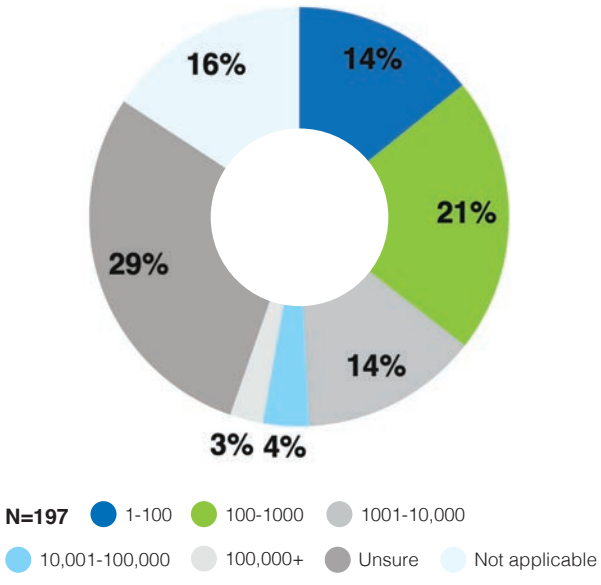
- Suicide prevention organisations continue to be highly collaborative.
- Close to nine in 10 respondents work with government agencies, other not-for-profit and community-based organisations.
- Strong partnerships help to break down silos, improve referral pathways, and ensure that individuals receive more holistic, connected care.



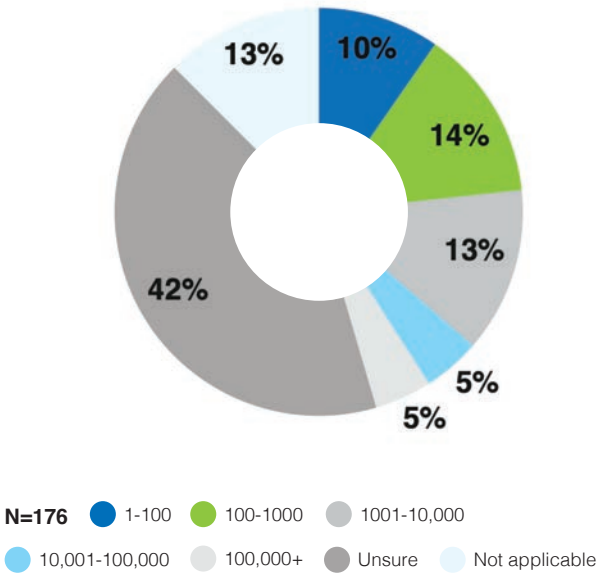
SERVICES

Approximately how many people accessed your suicide prevention services within the last 12 months?

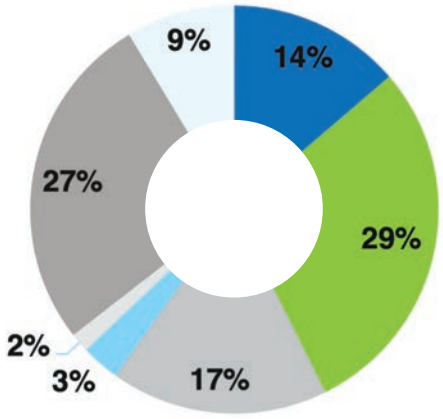
Calls



Internet Visits

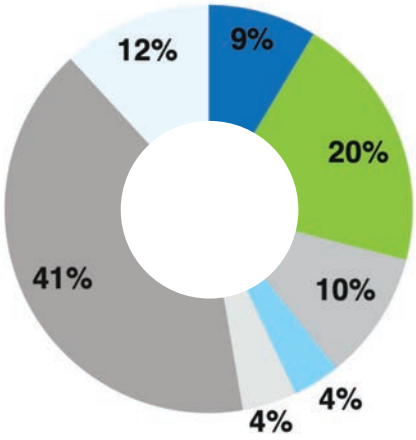


Face to Face



N=197 1-100 100-1000 1001-10,000 10,001-100,000 100,000+ Unsure Not applicable

Accessed Resources



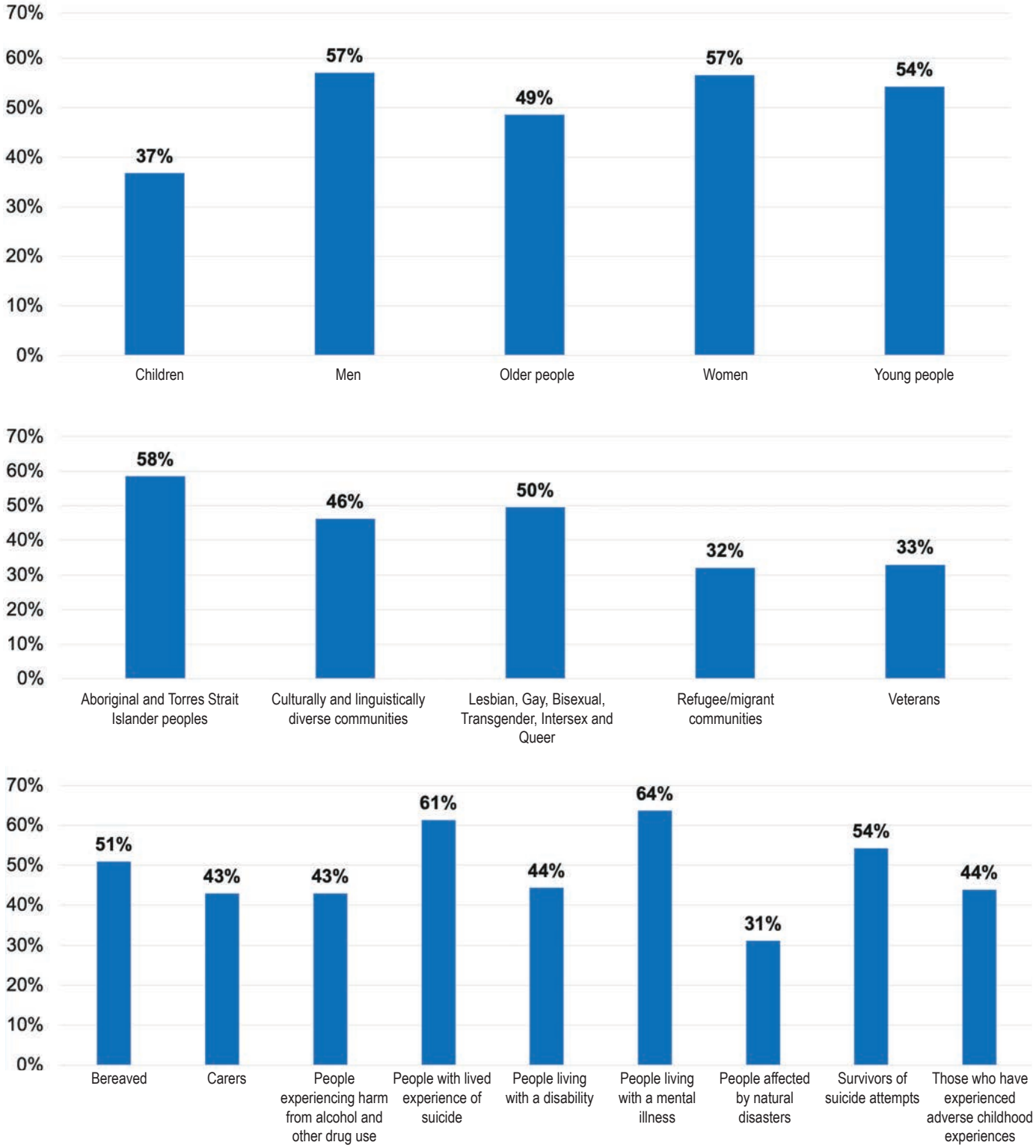
N=186 1-100 100-1000 1001-10,000 10,001-100,000 100,000+ Unsure Not applicable

- Phone calls remain a crucial and accessible pathway for people seeking immediate support from suicide prevention services. Close to two-fifths of respondents (35%) received between one and 1,000 phone calls, while close to one-quarter of respondents (23%) received over 1,000 calls.
- Accessing suicide prevention services via the internet is an important alternative for individuals seeking help, particularly for those who may find it difficult to reach out by phone or in person. Close to three in 10 respondents (29%) reported up to 1,000 people who accessed their suicide prevention services via the internet, while close to one in five respondents (18%) indicated that more than 1,000 people accessed their services via the internet.
- Face-to-face support is also an essential part of suicide prevention services, providing a personal human connection that can be especially powerful for those in crisis. Just over two in five respondents (43%) reported that between one and 1,000 people accessed their suicide prevention services face-to-face, while just over one-fifth (22%) reported that more than 1,000 people accessed their suicide prevention services face-to-face.
- Accessing online resources provides an important, on-demand avenue for people to find information, self-help tools, and pathways to support, empowering individuals to seek help in their own time and at their own pace. Close to three in 10 respondents reported that there were between one and 1,000 people (29%) who accessed their resources, such as downloaded documents from a website. Close to one in five respondents (18%) indicated that more than 1,000 people accessed their resources from a website.

SERVICE DEMAND CHANGES

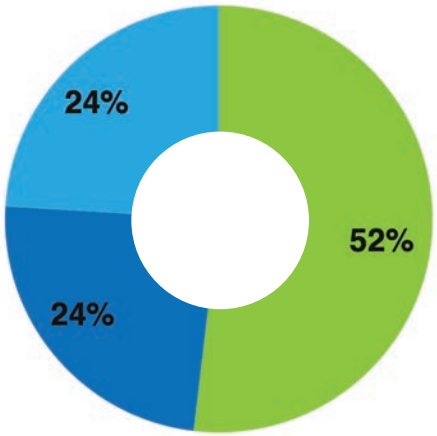
Services for diverse Australian communities

What main population groups does your organisation provide services to? Please select all that apply.



N=212

Have you observed any changes in demand for your services from specific population groups in the last 12 months? — e.g. age, gender, cultural background, location, etc.



N=212

Children and Young People

Key Changes	Contributing Factors
• Increase in mental health concerns and illnesses • Increase in concerns relating to suicide vulnerability in children • Increase in homelessness and poverty in 17-25yr individuals • Increase in demand for schools to provide support • Increase in school refusal • Increased demand by young people with complex mental health and social needs	• Economic hardship and financial stress • Housing insecurity and lack of affordable rentals • Stigma • Social stress • Lack of referral points for accessing services • Transphobic bullying and harassment

Women

Key Changes	Contributing Factors
• More women in the 45-55 age group accessing support services • Increase in younger women seeking support • Increased distress associated with coercive control for men and women	• Perimenopause and menopause, key life stages where women often struggle to find help and supports • Women in their 50s experiencing late diagnosis of neurodivergence

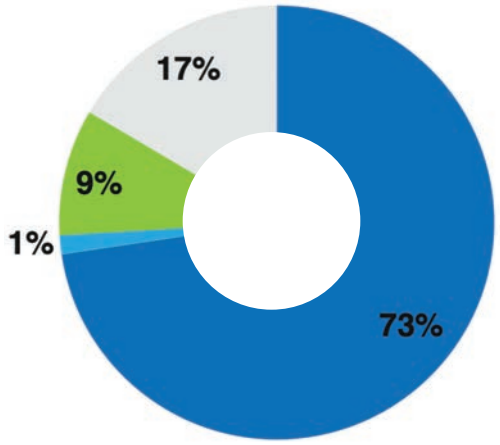
Men

Key Changes	Contributing Factors
• More young men, especially young Indigenous men, who are both traumatised and suicidal • Increase in demand/conversations from men who are experiencing domestic violence (of all ages, but particularly older men) • More men reaching out for mental health services and more expecting fathers looking for resources and supports	• Greater awareness and public discussion and recognition of these high-risk times and cohorts • Limited supports available to men experiencing domestic violence increasing distress

Regional/Rural/Remote

Key Changes	Contributing Factors
• Demand in rural communities experiencing drought has increased • Starting to see an increase in general support for those facing challenges from drought in rural and remote areas • Increased demand for suicide ideation and attempt support services for individuals, families, staff, and communities • Increased reports of sexual, domestic, and family violence, higher level of reported distress, complex and co-existing mental health illnesses, risk of homelessness (everywhere in State) struggling to find safe, secure, affordable housing	• Rural areas are undergoing extreme weather events leaving the community struggling financially • Climate adversity including drought, fires and floods • Lack of staff and service access due to insufficient funding models mean services are unable to meet demand • Lack of referral points to mental health support in small communities

Changes in demand



Has demand for your organisation's services changed in the last 12 months?

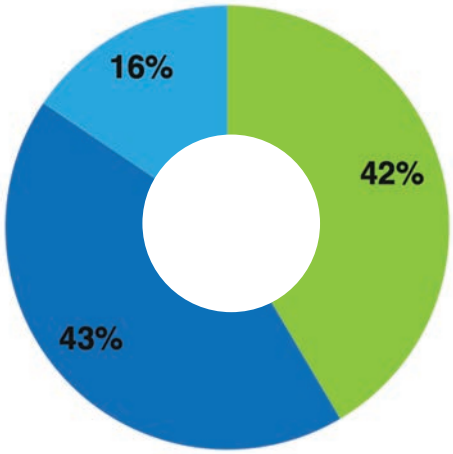
- The fact that nearly three-quarters of organisations (74%) have experienced increased demand over the past year reflects both the growing need for suicide prevention support and the rising visibility and reach of these essential services This, underscores the importance of continued investment and capacity-building across the sector.

N=212

Yes, increased | Yes, decreased | No change | Unsure

Respondents highlighted service gaps in the areas they service, including:

SERVICE GAP	QUOTE
Lack of funding for long-term support, programs and community services	***"Too many pilot programs! Just fund dedicated programs for longer."***
Significant wait times across services for people at risk of suicide and experiencing acute distress/crisis	***"People are forced into crisis before they can receive the mental health care they need"***
Considerable staffing gaps and limited capacity to meet high levels of demand	***"There's a lack of adequate funding that incentivises clinicians to stay"***
Lack of access and delivery of wrap-around support	***"Patients are discharged too early from publicly funded mental health and or psychiatric treatment services and are lacking long-term or short-term follow-up care"***
Not enough face-to-face, peer-led crisis intervention suicide prevention services	***"There should be an alternative to ED [emergency departments] everywhere with peer workers — at the very least, a peer worker who can greet someone who presents to the EDs."***



Have the types of services your organisation provides changed in the last 12 months?

- There is a roughly equal split between organisations that say their types of services have changed in the last 12 months and those that did not. This could be an indication of some organisations adapting to emerging needs while others continue to provide trusted, enduring forms of support.

N=212

Yes No Unsure

We asked participants who reported that the types of services they provide have changed over the last 12 months to share feedback on how they have changed. Two key themes were evident in the responses.

1. Lack of funding

A number of respondents reported that the types of services they provide have changed due to lack of funding. For some, the services provided were forced to scale back in terms of the quantity provided or in terms of the level of depth of care. In extreme cases, some teams had to be disbanded.

2. Expansion of other services

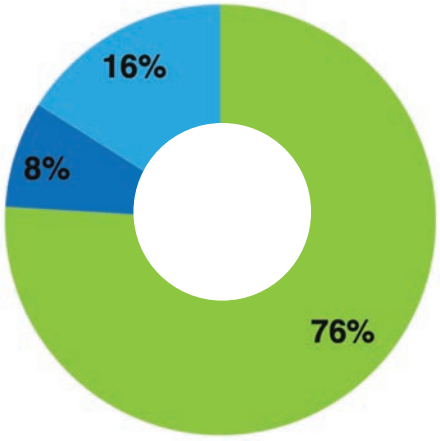
Encouragingly, we are also seeing some organisations expand their services such as adding phone lines, one-on-one support, virtual offerings, social groups, etc.

“We have had to stop face-to-face and online peer support, scale back information and education sessions, and are unable to progress a mentoring program.”

“We ceased providing NDIS psychosocial supports due to financial constraints. Instead, we are introducing Medicare Mental Health Centres, reflecting a shift toward more integrated models of care that receive more appropriate funding.”

“We stopped being able to offer our suicide prevention health promotion program of activities due to funding cuts. We added more client service offerings for peer workers in suicide prevention and aftercare service.”

Additional funding is needed to meet changing demand



Does your organisation require additional funding, support, or resources to meet changes in service demand?

- The fact that 76% of organisations reported needing increased funding to meet changing service demands underscores a significant and urgent resource gap. This highlights the critical importance of investment to sustain and grow the sector's capacity to support those in need.

N=212

Yes No Unsure

Additional funding benefits the following areas:

1. Staffing — There is a clear need for additional funding to expand staffing, improve service coverage in rural and remote areas, and support ongoing improvements and innovation.

"Staffing costs are our most significant expense, while a lack of additional funds does not allow for continuous improvements and innovations."

2. Service delivery — There is a strong need for increased and longer-term funding to expand existing programs, strengthen community services like Safe Spaces and Safe Havens, and ensure sustained stakeholder engagement. Organisations also highlighted the need for improved physical infrastructure and adequate operational support, including resources for staffing, transport, technology, supervision, and remote service delivery.

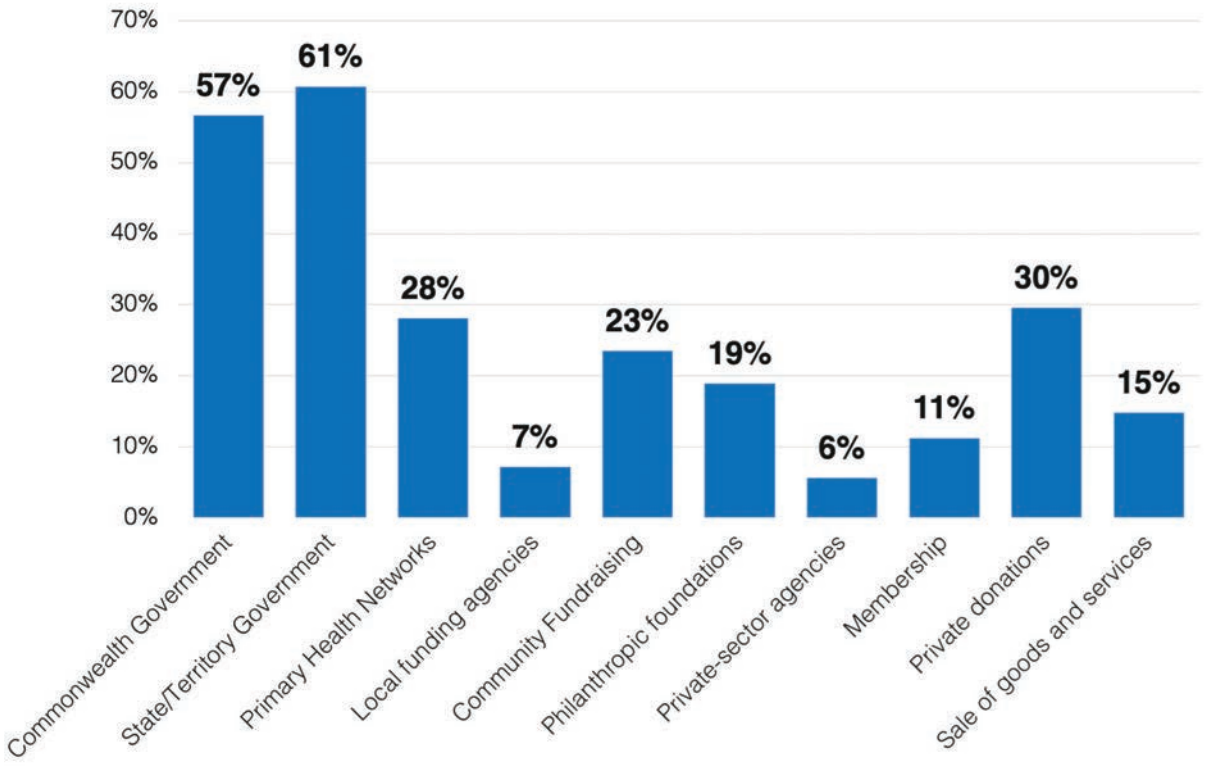
"Funding for more accommodation/physical space for staff to see consumers and desks for them to complete their documentation and larger meeting rooms for staff/ family meetings."

3. Technology — Organisations emphasised the need to have fit-for-purpose technology, including laptops, work phones, and streamlined IT systems that support service delivery rather than hinder it. They also stressed the importance of maintaining up-to-date online services and directories to improve accessibility for clients seeking support.

"We are buried in an avalanche of multiple IT systems that take time away from direct care to clients."

State/Territory government funding remains most prevalent among organisations

Sources of Funding



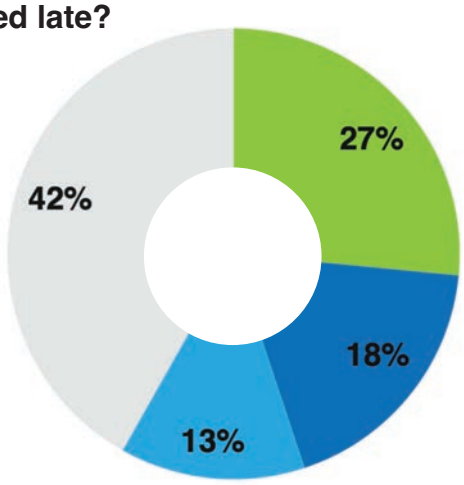
N = 196

- The shift seen in last year's survey continues this year, with slightly more organisations receiving funding from State/Territory Government (61%) compared to Commonwealth Government (57%). However, there was a drop in organisations receiving State or Territory funding, down from 70% last year. Funding from private-sector agencies continues to fall, starting at 17% in 2023, 11% in 2024, and 7% in 2025.

While the majority of sector funding continues to come from Commonwealth and State/Territory governments, year-on-year changes in the number of organisations receiving funding do not always reflect shifts in total funding levels. For example, an increase in the number of funded organisations may coincide with smaller individual grants, while a decrease may reflect fewer but larger funding allocations.

Timing of funding

In the last 12 months has any of your organisation's government funding arrived late?



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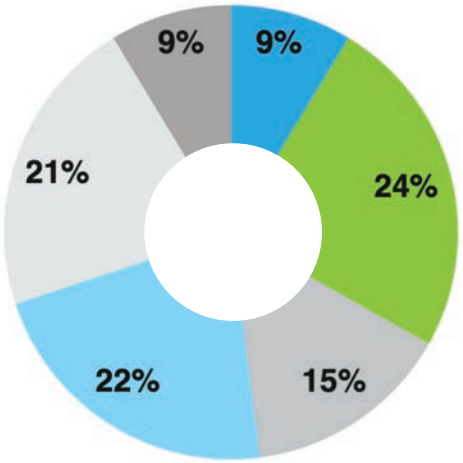
Yes
No
Not applicable, do not receive government funding
Unsure

Duration of core funding

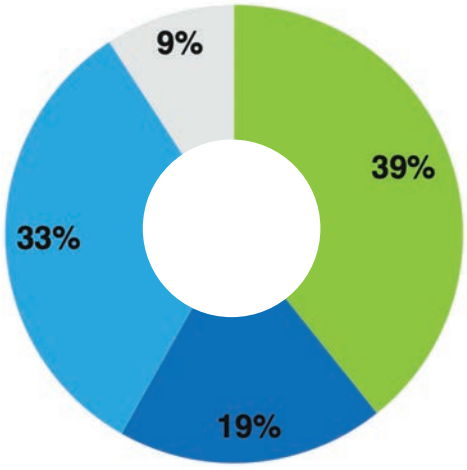


N=196

Less than 12 months
1 year
2 year
3 or more years
Unsure
Not applicable

- Close to three in 10 respondents (27%) reported government funding had arrived late in the past 12 months. This is a slight improvement as it has fallen from 30% in the year prior.
- Close to half (48%) receive funding that lasts two years or under.

Funding insecurity continues to impact the sector



Has funding security changed in your organisation within the last 12 months?

- Close to two in five (39%) reported changes to funding security in the past 12 months.
- Reported changes in the funding environment over the past 12 months include:
  - Ongoing funding insecurity from short-term contracts
  - Looking at diversifying funding streams beyond community fundraising
  - Significant funding delays/changes to main funding sources
  - Personal donations have declined
  - Lack of certainty whether funding will be continued

Yes
No
Unsure
Not applicable

"Funding security remains a key challenge for our organisation…Much of the current government funding continues to flow towards crisis services or government-run programs, with limited allocation for external providers delivering prevention and early intervention work in the community. As a result, we remain heavily reliant on philanthropic funding and corporate partnerships to sustain and grow our programs. This creates year-to-year uncertainty, as most funding is short-term and project-based. Long-term investment is needed to scale preventative programs like ours, which are designed to deliver sustained impact and reduce long-term pressure on crisis services."

Part Two:
State of the Community

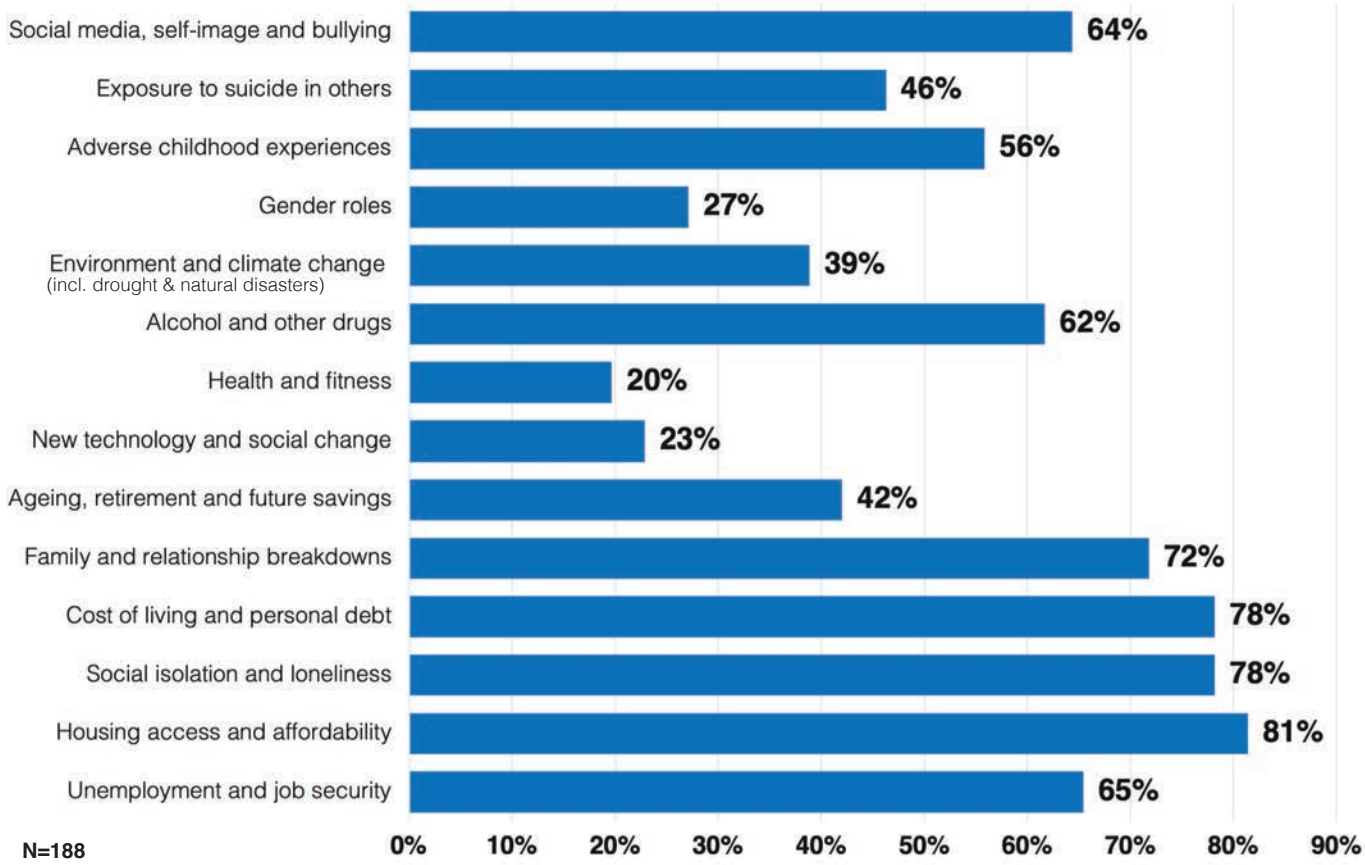
Suicide Prevention Australia

Our sector works across the community and sees the impact and challenges of distress daily. In our State of the Nation in Suicide Prevention, we asked for views on the risks facing our community and the opportunities to prevent suicide in these challenging times.

EMERGING AREAS OF RISK

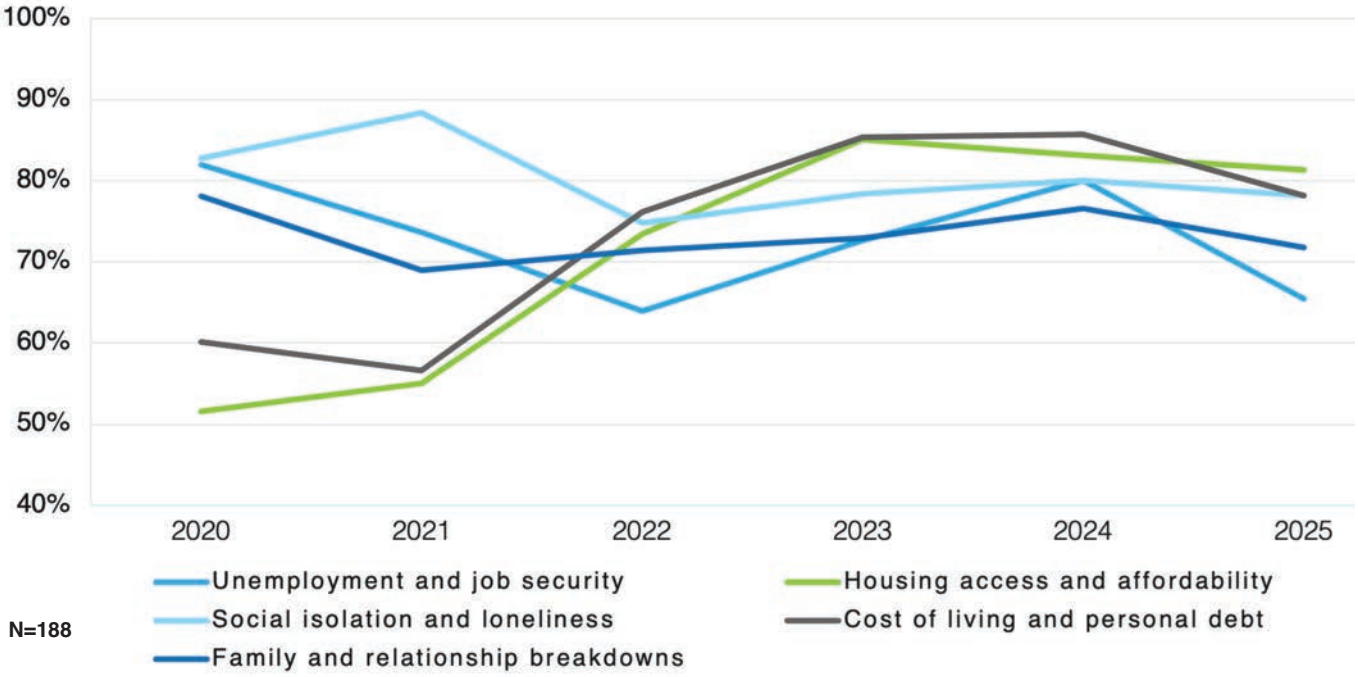
The social determinants of health and wellbeing continue to pose significant risks to suicide rates

Emerging risks to suicide rates this time next year



- Suicide is a complex, multi-factorial human behaviour and is usually a response to many contributing factors or 'risk factors' rather than a single cause.
- When asked which social and economic circumstances will pose a significant risk to suicide rates, housing affordability has overtaken cost-of-living in this year's survey as the most prevalent risk. These are critical risk factors and reinforce the importance of integrated prevention strategies that tackle both mental health and social determinants like housing insecurity and cost-of-living.
- Social isolation, family and relationship breakdowns, and unemployment continue to be significant risk factors.

Risks over time



Economic pressures, such as housing and cost-of-living, continue to be seen as the most prevalent risks influencing suicide rates over the past six years. These are consistently identified by the sector as key drivers of distress. This enduring trend highlights the critical need for suicide prevention strategies that not only address individual support needs, but also tackle the broader social and economic conditions that shape people's lives.

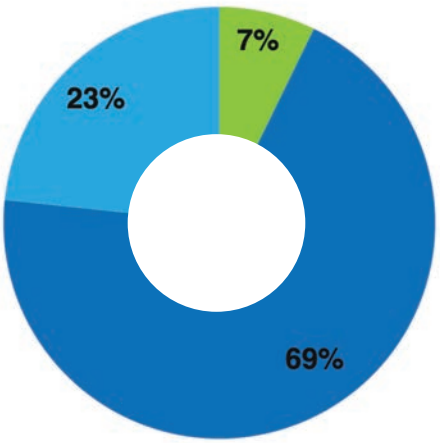
Alongside financial pressures, factors such as family and relationship breakdown, and social isolation have emerged as persistent and compounding risks, often exacerbating feelings of hopelessness and disconnection. This combination of economic, relational, and social pressures highlights the complex, interconnected nature of suicide risk and reinforces the need for holistic prevention strategies that address both individual wellbeing and the broader social and structural challenges people face.

Respondent views on interventions needed to tackle emerging suicide risks

Top rated risk	Second rated risk	Third rated risk
Housing access and affordability	Cost of living and personal debt	Social isolation and loneliness
• Improve rental laws to protect tenants, increase social housing or new building with percentage of affordable housing • More shelters need to be established to help families get back on their feet • More incentives to help those looking to break into the housing market	• Corporations and businesses need to be taxed appropriately • Welfare benefits along with minimum wage thresholds need to be raised to match inflation • Provide price relief for essential goods	• Developing community drop-in hubs that engage in meaningful activities and social engagement • Fund social inclusion programs specifically for people living with mental health challenges, or those facing forms of exclusion and social disadvantage

PRIORITY GROUPS

Are programs and services targeted to priority populations at risk of suicide currently appropriately funded, resourced, and responded to?

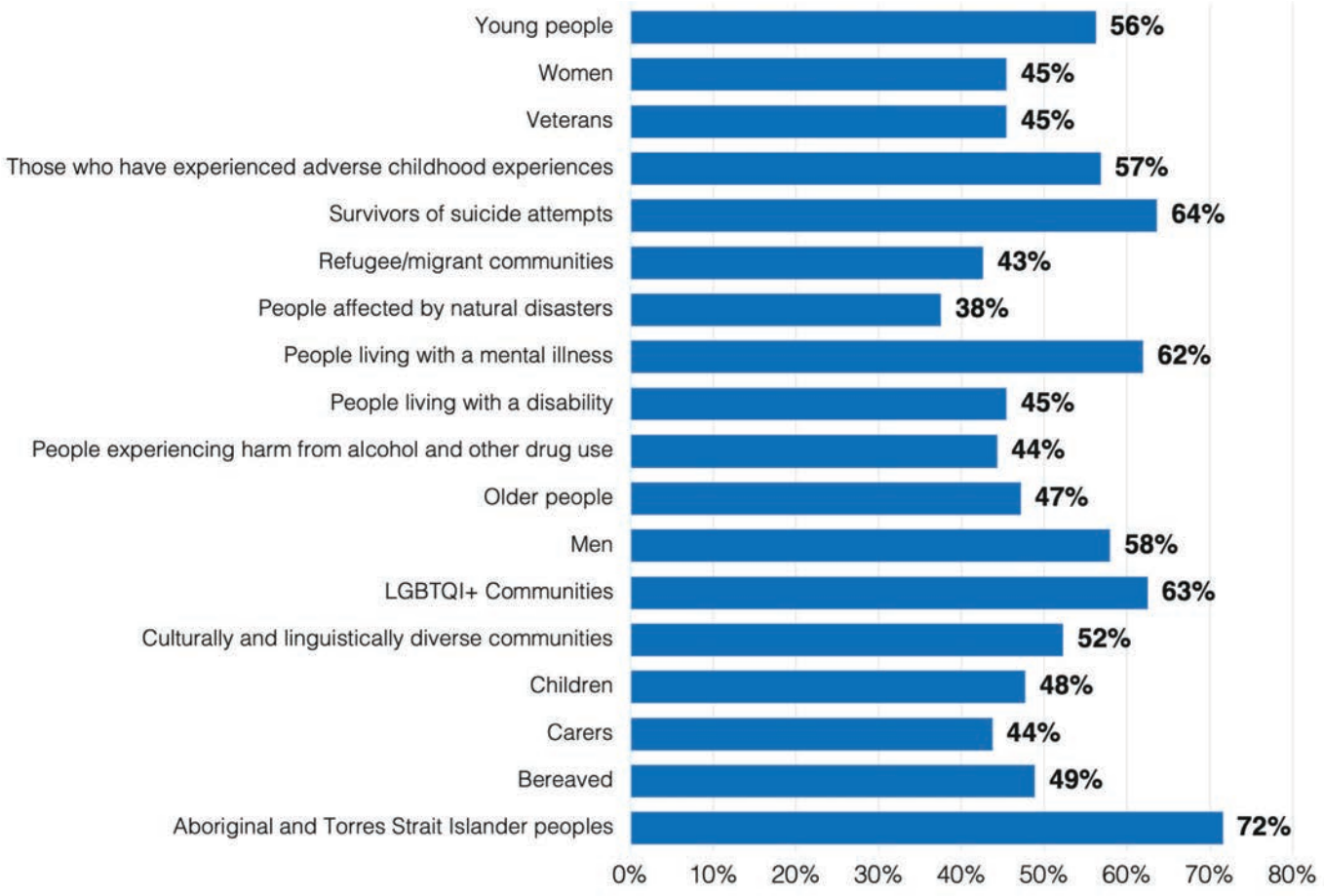


N=180

Yes No Unsure

More needs to be done to meet the needs of priority population groups.

Which population groups require further support



N=176

- Close to seven in 10 respondents agreed that programs and services targeted to priority populations at risk of suicide are not appropriately funded, resourced, or responded to (69%). Without targeted investment and culturally safe, community-led approaches, these groups risk being further marginalised within the system. Addressing this gap is critical to ensuring equity in suicide prevention efforts and reducing disparities in suicide rates across different communities.

Respondents identified actions required to address the needs of priority groups.

A large number of the identified actions were supported by numerous respondents:

- Improve access to mental health services in rural and remote areas
- Invest in education, training, and awareness programs for early intervention
- Expand peer-led and lived experience-based support services
- Shift focus toward upstream, prevention-oriented strategies
- Ensure culturally appropriate and safe services tailored to diverse communities
- Enhance access to affordable and timely mental health care
- Adopt intersectional approaches that consider overlapping risk factors
- Support community-led and co-designed initiatives for suicide prevention
- Reform systems and policies to better support collaborative and inclusive services
- Provide long-term and sustained funding for suicide prevention programs

Part Three: State of the Platform

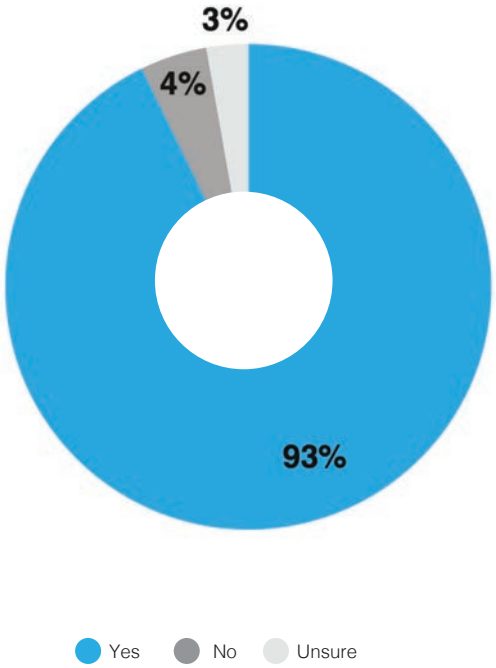
Suicide Prevention Australia published an updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

Pillar One: Whole-of-Government

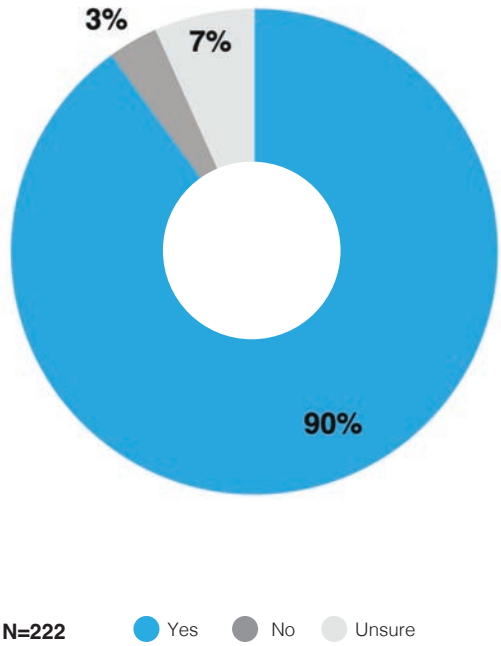
Suicide is a complex, multi-factorial human behaviour with many contributing risks. This complexity is why Suicide Prevention Australia advocates for a whole-of-government and whole-of-community approach to prevention which emphasises addressing the social determinants of health and wellbeing.

The sector remains aligned in support of a whole-of-government approach

Do you believe a whole-of-government approach to suicide prevention is required to address the social determinants of health which contribute to risk of suicide?



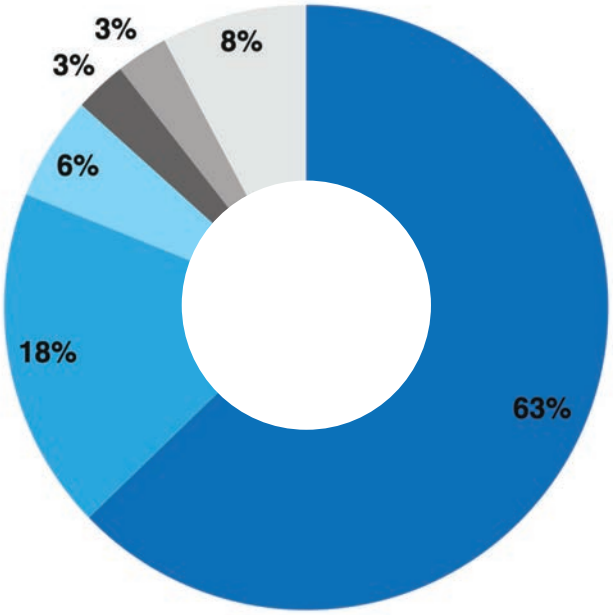
Do you believe government should assess the potential risk of suicide and include clear, proactive strategies to prevent and mitigate any negative mental health impacts that may result?



- There is overwhelming support (93%) for a whole-of-government approach to address the social determinants of health that contribute to the risk of suicide. This reflects strong sector consensus that suicide prevention must be a coordinated effort involving diverse areas such as housing, education, employment, justice, and social services. Addressing underlying issues requires integrated policies and cross-sector collaboration to create systemic change.
- This support for a whole-of-government approach remains consistently high, with a similar percentage of respondents supporting this approach in 2020 to 2025.
- 90% of respondents believe that all government decisions should consider the risk of suicide and have clear plans in place to respond to any negative impacts following on from those decisions.

There is strong support for a National Suicide Prevention Act

To what extent do you agree or disagree that Australia should introduce a standalone Suicide Prevention Act similar to South Australia and other countries like Japan, that looks to take a whole-of-government approach?



N=180

Strongly agree
Somewhat agree
Neither agree nor disagree
Strongly disagree
Somewhat disagree
Don't know

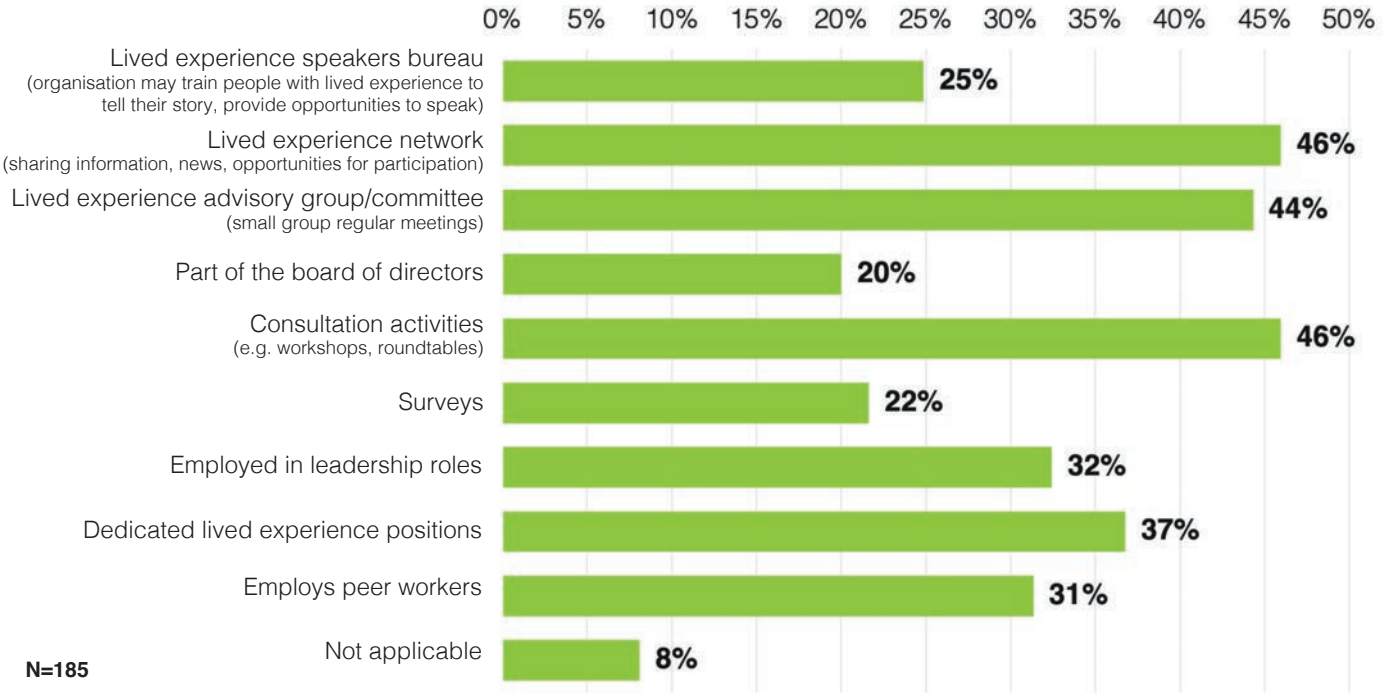
- There is strong support for a National Suicide Prevention Act, with more than four in five (81%) agreeing or strongly agreeing that Australia should introduce one.

Pillar Two: Lived Experience

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. Our National Policy Platform outlines the need for lived experience to be central to suicide prevention and to be integrated into policy development, service design, implementation, research and evaluation.

Lived experience in the suicide prevention sector

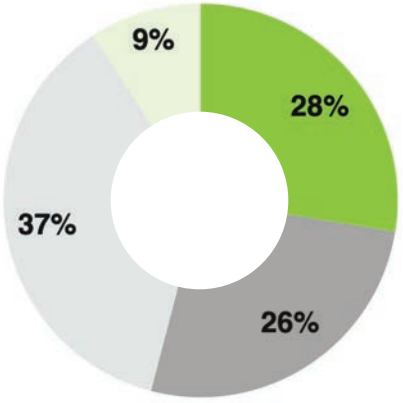
How does your organisation engage people with lived experience of suicide?



N=185

- Similar to last year, the suicide prevention sector primarily engages people with lived experience through consultation activities, including workshops and roundtables (46%), lived experience networks (46%) and advisory boards (44%) that share information and opportunities for participation.
- Notably, only one-fifth (20%) of respondents report their organisation has directors with lived experience of suicide on their board. Increasing this figure is critical in ensuring that leadership decisions are informed by voices of those directly affected by suicide. Increasing representation of lived experience in leadership roles could further enhance the sector's ability to design, deliver, and advocate for more effective suicide prevention strategies.

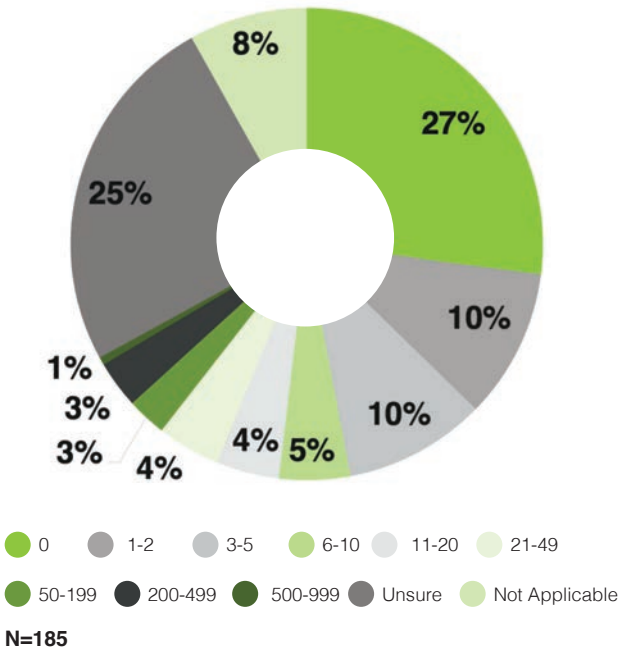
Steps taken to integrate lived experience in all aspects of suicide prevention



Does your organisation have a lived experience paid participation policy?

N=185 Yes No Unsure Not Applicable

What is your organisation's number of lived experienced paid positions?



N=185

- Only three in 10 respondents say they have a lived experience paid participation policy (28%) a decrease from last year (34%). Close to two in five respondents are unsure whether the organisation they work for has one (37%) which is more than last year (30%).
- Similar to last year, over one-quarter of organisations have no dedicated lived experience paid positions (27%) while a quarter of respondents are unsure whether their organisation has dedicated paid lived experience roles (25%). Two-in-five organisations say they have some form of paid lived experience positions.

Sector ideas on how to integrate lived experience into decision-making

We asked participants what needs to be done to integrate lived experience and insights into decision-making in the sector and in government.

From the 160 responses received, the following key themes emerged:

Embedding lived experience representation in government structures and funding bodies

This ensures that suicide prevention strategies are informed by real, personal insights. It helps align policies and funding with the actual needs of those affected, fostering more compassionate, effective, and accessible support. This meaningful inclusion moves beyond tokenism, promoting genuine leadership and system-wide change.

Creating leadership roles within organisations

It empowers meaningful change, fosters inclusive cultures, and drives policies that truly reflect community needs. This approach moves beyond consultation to genuine co-design and shared leadership.

Access to further training and support

Providing this for people with lived experience of suicide can help them contribute safely and confidently in leadership and advocacy roles. It ensures they are equipped with the skills, resources, and emotional support needed to sustain their involvement and influence meaningful change.

> ***"Stop tokenising lived experience and start valuing it as operational intelligence… It's data. It's pattern recognition. And it's often the only early warning system we have."***

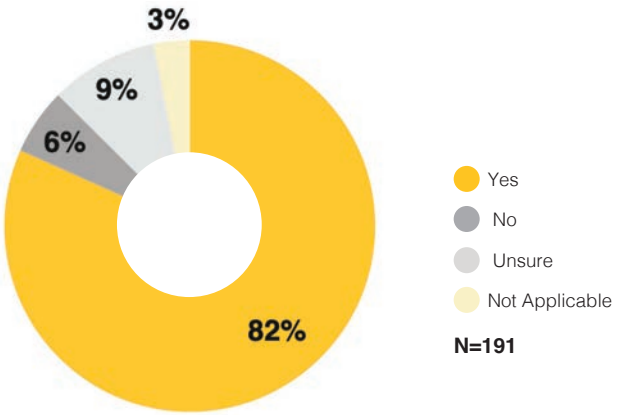
Pillar Three: Data and Evidence

Suicide Prevention Australia

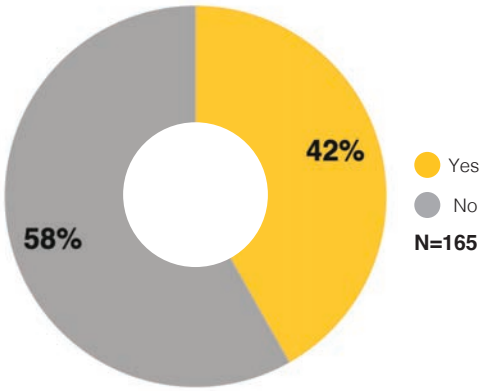
Our National Policy Platform outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes.

The suicide prevention sector needs access to data and there are gaps in current data systems

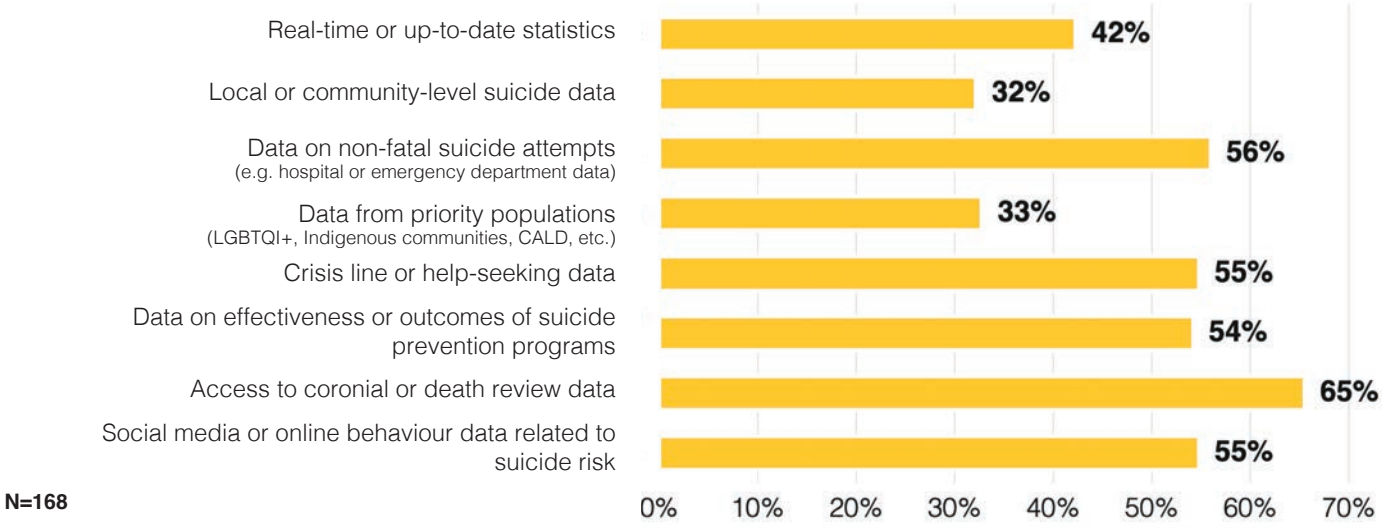
Does your organisation need access to reliable, timely, accurate suicide prevention data?



Does your organisation have access to the data it needs right now?



What data does your organisation need that it can't access now?"

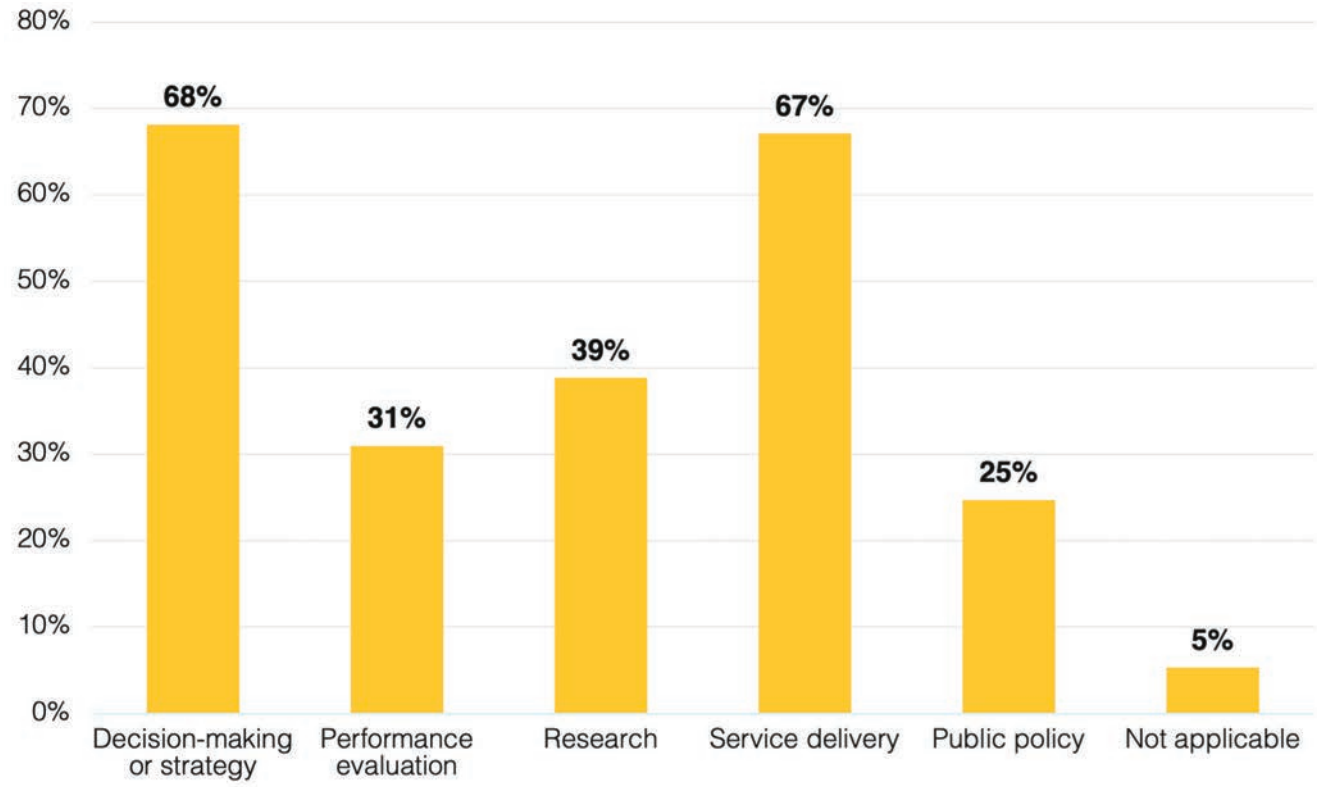


N=168

- A large percentage (82%) of organisations continue to need access to reliable, accurate suicide prevention datasets, and where applicable, more than half (58%) do not have access to the data they need right now. This ongoing gap presents a significant barrier to effective planning, service delivery, and evaluation. Without timely, granular, and locally relevant data, organisations may struggle to identify emerging trends, allocate resources appropriately, or tailor interventions to the communities most at risk.
- A concern within the sector is the lack of reliable, disaggregated data on priority populations most at risk of suicide. The absence of detailed, timely data for these groups limits the sector's ability to design targeted, culturally safe, and responsive interventions.
- More than half (55%) say that data on effectiveness or outcomes of suicide prevention programs is lacking. Improving outcome measurement is critical, not only for accountability, but also for strengthening suicide prevention efforts by scaling what works, adapting what doesn't, and ensuring that investments lead to meaningful, life-saving change.
- Improved access to high-quality real-time data is essential to enabling more responsive and evidence-based suicide prevention strategies; and to supporting continuous improvement across the sector. Addressing this data access issue should be a key priority for policy makers, funders, and system leaders to ensure that organisations can make informed decisions that ultimately save lives.

Data can empower organisations to do more

What does your organisation primarily use suicide prevention data for?



N=191

- Currently, suicide prevention data is being primarily used for decision-making or strategy (68%), or service delivery (67%). This shows that where data is available, it plays a valuable role in shaping organisational priorities and guiding frontline responses. To maximise the potential of data-driven approaches, the sector needs improved data sharing, greater investment in data infrastructure, and clearer national frameworks that support consistent, ethical, and meaningful use of data. Strengthening these areas would enable organisations to respond more quickly to emerging risks, better tailor services to community needs, and continuously refine suicide prevention strategies for greater impact.

Pillar Four:
Workforce, Sector and Community Capacity

Suicide Prevention Australia

Our National Policy Platform emphasises the need for a sustainable workforce, quality sector practice and community-wide capability for suicide prevention.

In context: Defining the suicide prevention workforce

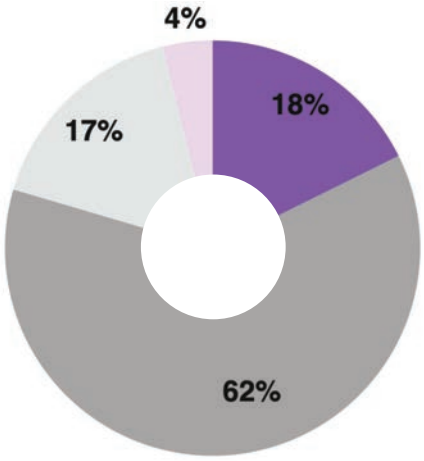
Suicide Prevention Australia takes the view that the suicide prevention workforce should be defined as broadly as possible. A broad view of the suicide prevention workforce reflects a whole-of-community approach to suicide prevention and includes everyone who is likely to interact with or make decisions that affect someone who might be vulnerable to suicide.

As outlined in our previous representations to government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

- The clinical workforce, encompassing doctors, nurses and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis
- The formal suicide prevention and mental health workforce, encompassing those working in suicide prevention, response, crisis support or postvention setting (e.g. emergency first responders, the lived experience workforce, the postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers). In most cases, this segment of the workforce should co-exist and be complementary to the mental health workforce, leveraging and sharing infrastructure where appropriate
- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across government departments, social services, employer groups, miscellaneous service providers, community-based organisations and other settings where individuals vulnerable to suicide or suicidality are likely to present

Suicide Prevention Australia

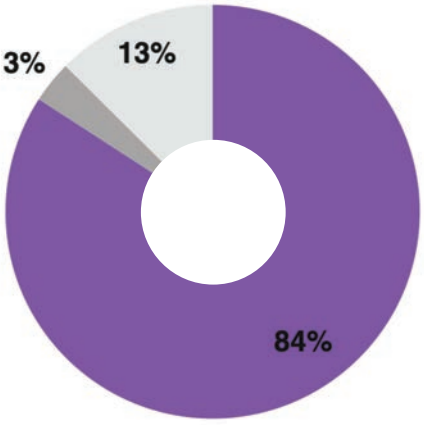
Many organisations are struggling with critical workforce shortages, lacking sufficient staff and volunteers to deliver services effectively.



N=181 Yes No Unsure Not Applicable

Does your organisation currently have sufficient staff and/or volunteers to meet your workforce needs?

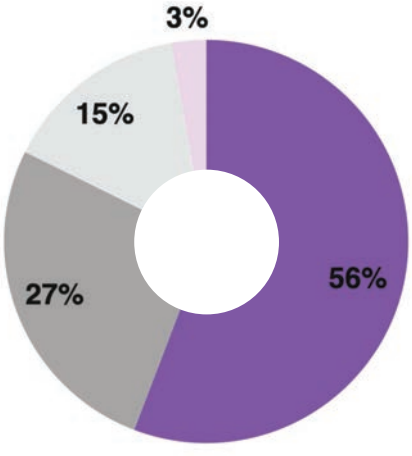
- A majority of respondents (62%) report they do not currently have the staff and/or volunteers they need while less than one-fifth (18%) report they do. This is similar to last year with 67% of respondents reporting they did not have enough staff and 19% saying they did. This significant workforce gap places considerable strain on existing teams and may limit organisations' ability to meet rising demand, expand services, or provide timely, high-quality support. Addressing these workforce challenges through sustainable funding, recruitment support, training pathways, and improved retention strategies is essential to ensuring the sector can continue to deliver life-saving suicide prevention services.



N=183 Yes No Unsure

Does Australia need a comprehensive, fully-funded Suicide Prevention Workforce Strategy?

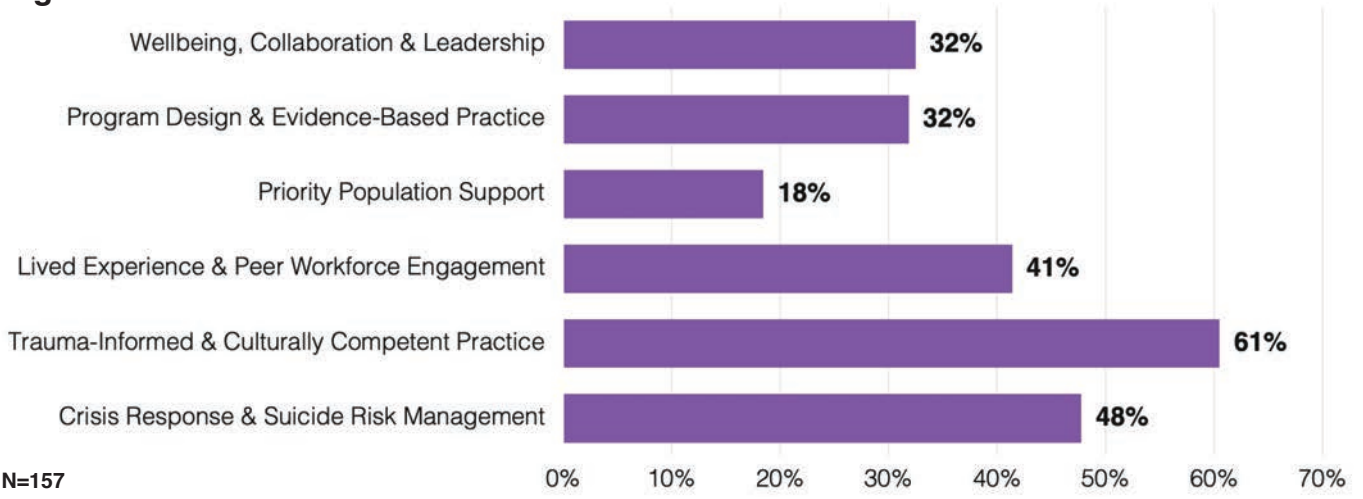
- More than eight out of 10 respondents (84%) believe Australia needs a comprehensive, fully-funded Suicide Prevention Workforce Strategy to address critical workforce shortages, build capacity, and ensure the sector is equipped to meet growing community needs both now and into the future.



N=181 Yes No Unsure Not Applicable

Do you and your colleagues/employees in your organisation have access to the skills and training necessary to meet service delivery needs?

Please describe what skills and training the suicide prevention workforce in your organisation needs.

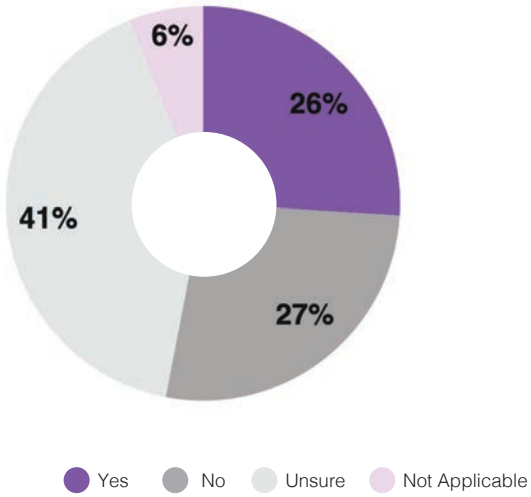


N=157

- More than half (56%) report having access to the skills and training necessary to meet service delivery needs, but one-quarter (27%) say they do not.
- The majority of respondents say that trauma-informed and culturally competent practice (61%) are key skills their organisations need, highlighting the sector's recognition that effective suicide prevention requires approaches that are sensitive to people's lived experiences, diverse backgrounds, and cultural contexts.
- In addition, many respondents identified crisis management and suicide risk management (48%) as critical skill areas needed within their organisations. Strengthening these capabilities is essential to ensuring that staff and volunteers are equipped to respond confidently, safely, and effectively to individuals in acute distress, providing timely intervention and reducing the risk of harm.

The sector continues to grow with significant workforce recruitment expected in the near term

Does your organisation plan to increase its full-time equivalent (FTE) staff numbers in 2025/2026?

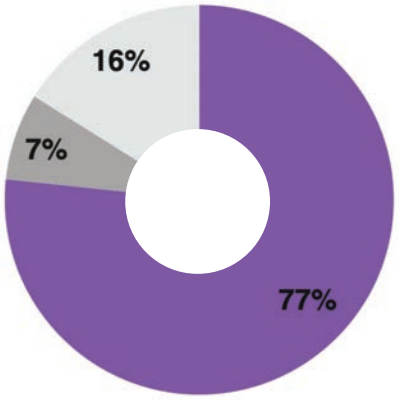


N=181

- Only 26% of responding organisations intend to increase their staffing levels in 2025/26. This represents a significant reduction compared to 33% in 2024.
- The percentage of respondents who were unsure if their organisation would increase staff numbers remains the same as last year at 41%.
- With fewer organisations intending to increase their staffing levels in 2025/26, this is a possible reflection of growing financial pressures, funding uncertainty, or recruitment challenges that are limiting organisations' capacity to plan for workforce growth, despite increasing service demand. At the same time, uncertainty about future staffing levels could potentially indicate instability in workforce planning. This ongoing uncertainty can hinder long-term service delivery, staff retention, and the sector's ability to scale or innovate in response to emerging needs. Greater investment in sustainable funding and workforce development is critical to provide organisations with the confidence and security to grow their teams and maintain essential suicide prevention services.

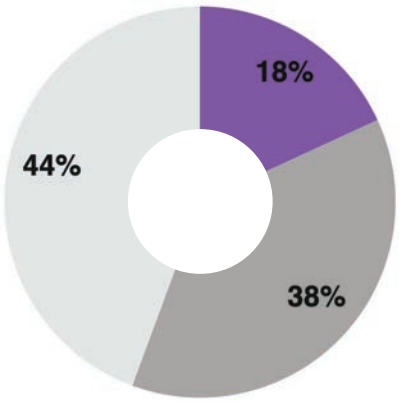
The sector is committed to safe, quality and effective suicide prevention practice

Should governments prioritise funding for suicide prevention programs that are accredited as safe, high-quality, and effective?



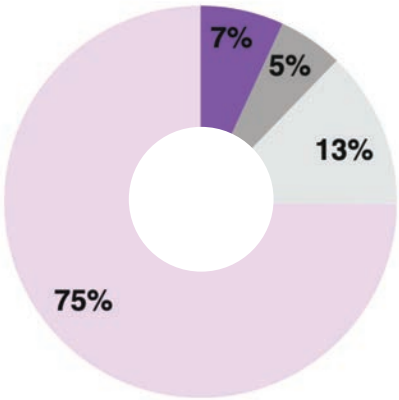
N=180 Yes No Unsure

Has your organisation's program achieved accreditation through the Suicide Prevention Accreditation program?



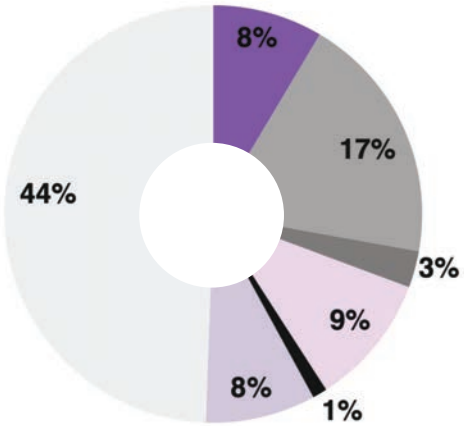
N=160 Yes No Unsure

Does your organisation intend to engage in the suicide prevention/postvention accreditation process?



N=131 Yes, in next 12 months Yes, in next 24 months No Unsure

How often are your organisation's suicide prevention programs and services evaluated by an external body?



N=196 Every 6 months or less Annually Biannually Every 3-5 years Every 6-10 years Never Unsure

- More than three in four respondents (77%) believe governments should prioritise programs that are accredited as safe, high-quality and effective when funding suicide prevention services.
- Where applicable, one in five (18%) respondents' programs have achieved accreditation through the national Suicide Prevention Accreditation Program. Close to half (48%) of programs and services have been evaluated by an external body, with a quarter (25%) of all programs and services being evaluated on an annual or six-monthly basis. While this demonstrates some commitment to accountability and continuous improvement, it also suggests that many services may not yet be benefiting from regular, independent evaluation to assess their effectiveness, safety, and quality.

Australia's first National Suicide Prevention Standards

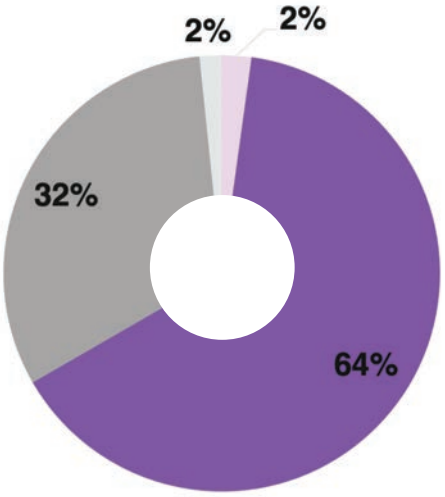
The Suicide Prevention Accreditation Program supports organisations to implement safe, high-quality and effective suicide prevention and postvention programs in Australia. We are striving to ensure that every person who needs support can access appropriate care.

Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the *Suicide Prevention Australia Standards for Quality Improvement, 2nd Edition (the Standards).*

The Suicide Prevention Accreditation Program is for all suicide prevention and postvention programs. A suicide prevention program is one that is implemented to address, prevent or respond to suicidal behaviours and their impact on people, families, communities and the Australian population.

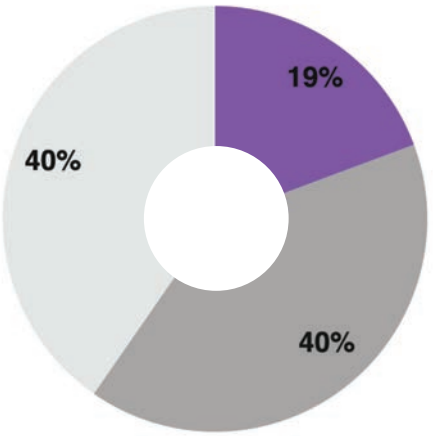
Peer workforce

Is the suicide prevention peer workforce (including peer workers) appropriately funded and resourced?



N=181 Yes No Unsure Not Applicable

Have there been any changes to suicide prevention peer workforce funding and resources within your organisation in the last 12 months?



N=221 Yes No Unsure

- More than half of respondents reported the peer workforce is not appropriately funded and resourced (64%).
- Two in five respondents say there has not been any changes to peer workforce funding and resourcing in the last 12 months (40%), similar to the previous year.

Acknowledgements

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived experience of suicide. These insights are critical in informing all aspects of suicide prevention policy, practice and research.

Advice from the Suicide Prevention Australia Lived Experience Panel and other individuals with lived experience has helped guide the development of the 2025 State of the Nation in Suicide Prevention Report, including advice on the design of new and updated survey questions and the addition of a lived experience section.

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 and advocacy work. Suicide Prevention Australia thanks all involved in the development of the 2025 State of the Nation in Suicide Prevention Report.

Notes

Suicide Prevention Australia

For more information about this report:
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