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2026-2027 Pre-Budget

Submission

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Time to Act: Suicide Prevention Australia's Pre-Budget Priorities.

	MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
WHOLE-OF-GOVERNMENT ACTION	Identify suicide prevention specific funding	Suicide prevention funding be distinct and delineated in the 2026-27 Budget and ongoing to allow for transparent and identifiable funding allocations.	Budgetary process change
	Implementation of the National Suicide Prevention Strategy	Funding in the 2026-27 Budget and forward estimates for the implementation of the National Suicide Prevention Strategy, beginning with Departmental processes and initial tranches of the Strategy.	$40M over 4 years
	Consult on drafting a Suicide Prevention Act	Commence consultations towards drafting a Suicide Prevention Act to assist the rollout and provide an underpinning of the National Strategy.	$1M over 2 years for drafting and consultation
	Securing the Independence of the National Suicide Prevention Office	Ensure funding and independence for the National Suicide Prevention Office as coordinator of National Strategy implementation, including listing agency funding within the Budget.	Continuation of Existing Budget with additional funding of $6M/4 years for additional resourcing
	Introduce competency frameworks in public-facing agencies	Government to fund the development of industry-specific competency frameworks in high risk areas of government services, such as welfare, child services, taxation, policing and the justice system, to provide a tailored approach to build on the evidence of 'what works' regarding the knowledge and skills required for workforces.	$0.55M over 3 years
LIVED EXPERIENCE	Best practice report on embedding lived experience in government	Undertake a review across government to establish areas of good practice in embedding suicide prevention lived experience, with the review conducted by an appropriate lived experience led body.	$0.4M over 2 years
	Consultation on enhancing suicide lived experience leadership	Resource a comprehensive, and lived experience led, consultation program to investigate what mechanisms, such as a lived experience peak body, would further develop and support suicide lived experience leadership.	$2.5M over 2 years
	Suicide prevention peer workforce enhancement fund	Provision of training for peer workforce and retention incentives for regional workforce, through provision of an annual $1 million fund to provide training for applicants.	$4M over 4 years
DATA AND EVIDENCE	Sustain suicide prevention targeted research	Continue the Suicide Prevention Research Fund to ensure leadership in research and translation to address all aspects of suicide.	Continuation in forward estimates to provide $3.5M pa from 2027-28
	Regular National Mental Health and Wellbeing Survey	Funding for the ABS to conduct the Mental Health and Wellbeing Survey every four years to deliver timely evidence to improve suicide prevention policy.	Uncosted
	Improve the availability of data on attempts and priority populations	Invest through the AIHW and ABS to provide a national platform to allow consistency in data collection and releases from State and Territory suicide registers, including vital information such as priority populations.	Uncosted

WORKFORCE, THE SECTOR, AND THE COMMUNITY			
	Improve funding processes to increase community organisation effectiveness	Improve funding arrangements to improve workforce and service continuity through longer contracts, timely commencement/renewal of contracts, indexation and paid participation for people with lived experience of suicide.	Departmental Review
	Establishment of collaboration hub	Suicide Prevention Australia is seeking investment in a suicide prevention collaborative hub to allow for project guidance on collaborations, including training and expertise-sharing to build the capabilities of organisations both within projects and longer term.	$2M over 2 years
	Funding security during the extension of the National Agreement	Extended investment contracts for the suicide prevention sector to align with the proposed extension of the National Agreement on Mental Health and Suicide Prevention until June 2027.	Uncosted
	National suicide prevention workforce initiative	Funding to appropriately allocate dedicated funding to support the National Suicide Prevention Office, in collaboration with State and Territory Governments, sector peak bodies and community-led organisations in leading the development of a National Suicide Prevention Workforce Initiative.	$5M over 2 years
	Improving access to support after a suicide attempt (Aftercare)	Suicide Prevention Australia urges the Government to invest in improving access to aftercare immediately to ensure people receive the appropriate support following an attempt.	Uncosted
	Support for those bereaved or impacted by suicide (Postvention)	Suicide Prevention Australia urges the Government to provide additional funding to $5 million to postvention services to allow more people bereaved by suicide to access vital support.	$5M in 2026-27
	Equip the community to respond effectively to suicidal behaviours	Make evidence-based "first aid" suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk by establishing a community training fund.	$4.8M over 4 years
	Assist suicide prevention organisations to achieve program accreditation	Fund 50 smaller and regional organisations annually to attain accreditation to increase effectiveness and trust in suicide prevention programs.	$4M over 4 years

Introduction

Suicide Prevention Australia welcomes the opportunity to contribute to planning for the 2026-27 Federal Budget.

In 2025, Australia made some significant and milestone progress in suicide prevention: the release of the *National Suicide Prevention Strategy*, the passage of Australia's second Suicide Prevention Act in New South Wales, thorough examination of the National-State Mental Health and Suicide Prevention Agreements, and a number of other key government reviews. However, without investment and commitment from Governments, these will be important but ineffective documents.

In 2026, Australia needs action. We need implementation and investment to ensure the work of the Government, the National Suicide Prevention Office, and the suicide prevention sector are transformed into world-leading actions to reduce deaths from suicide.

The need is urgent. Nine Australians a day die by suicide. The rate of suicide has not decreased substantially in two decades. Distress factors are stubbornly high.

Each of the actions in this submission targets an acute need, and many are components of the National Suicide Prevention Strategy, allowing for early investment in the Strategy. All of these actions reflect communities at risk of suicidal behaviours and death.

Importantly, we have the frameworks, the structures, the commitment, and the direction. The suicide prevention sector is strong and active. We just need the investment.

The bulk of this submission outlines a comprehensive set of initiatives that address all aspects of suicide prevention. These initiatives are structured around Suicide Prevention Australia's *National Policy Platform*. The *National Policy Platform* was developed in early 2025 based on extensive consultations with the suicide prevention sector and covers the broad range of priorities for action required to reduce suicides in Australia. These priorities align Closely with the *National Suicide Prevention Strategy*. The alignment of each of the initiatives in this submission with the *National Suicide Prevention Strategy* is noted in their descriptions below.

However, in the next section we highlight four key initiatives, one in each of the four pillars of the *National Policy Platform*. These are highlighted as they each represent foundational steps and so together represent an initial set of actions covering the four areas our members have identified as critical.

About Suicide Prevention Australia

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We support and advocate for 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 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.

The Impact of Suicide in Australia

The impact of suicide in Australia is far-reaching. More than 3,000 people die annually by suicide,[1] with the effect of each loss felt by around 135 people throughout families, workplaces, and communities.[2]

Suicidal distress accounts for 24,000 hospitalisations across the country each year,[3] adding to the burden on emergency health services. More than 330 ambulance attendances for suicidal and self-harming behaviours are recorded each day across Australia.[4]

And this brings with it a cost of $30.5 billion a year.[5] It impacts health systems, productivity, and communities.

Risk factors extend far beyond the health system, with the socio-economic and environmental determinants encompassing trauma, financial and housing instability, climate change, social isolation and loneliness, and relationship and family breakdown among others.[6]

Suicide disproportionally affects particular demographics. Three-quarters of suicide deaths are men.[7] Rural and regional Australia impacted by a rate up to twice that of metropolitan areas.[8] Serving and ex-Veteran personnel face increased death rates of up to twice the national average.[9] Suicide is the leading cause of death for people aged 15 to 44.[10]

This means the approach to suicide needs to be comprehensive, strategic, and invested in immediately. We have the Strategy, now we need the action.

The Cost of Suicide in Australia

We need funded, implemented, whole-of-Government action, urgently to tackle the causes of distress and suicidal risk. The costs of inaction are clear:

- Each year, suicide and self-harm cost Australia $30.5 billion.[11]
- Each year, 55,000 people attempt suicide.[12]
- Each year, more than 3,000 lives are lost to suicide.[13] Nine lives a day.
- The Causes of Death preliminary data identified increasing rates of death across many States.[14]

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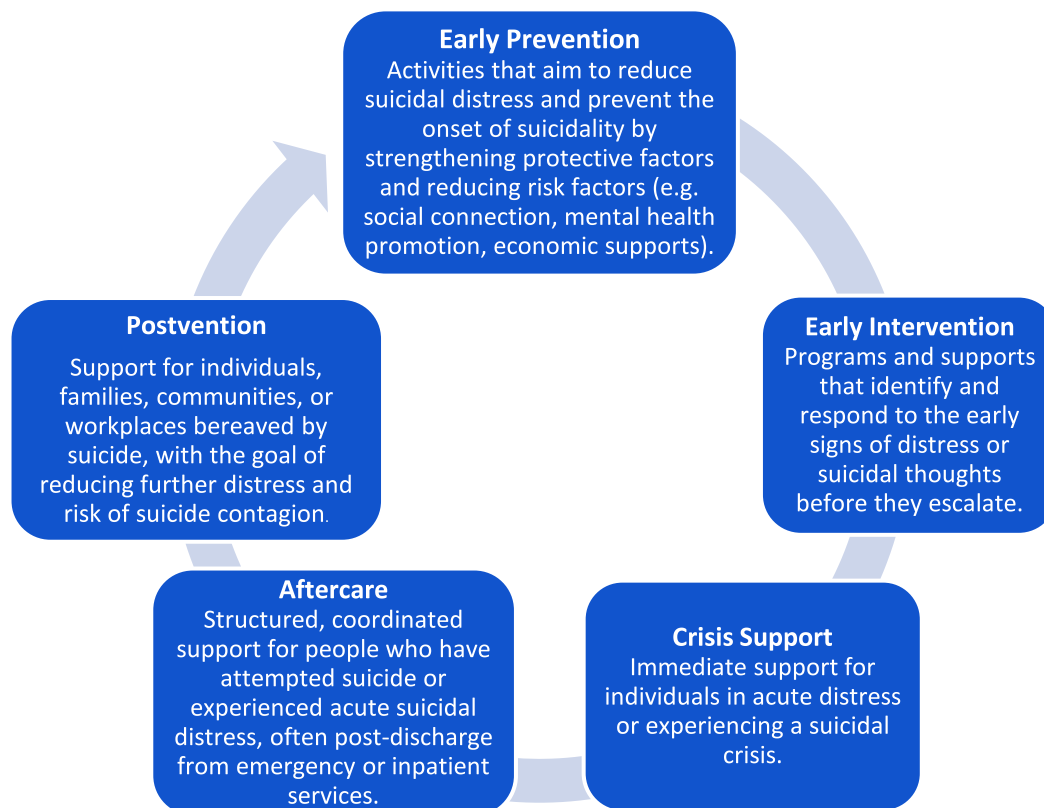
[1] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.
[2] Cerel, J., Brown, M.M, Maple, M., Singlton, M., Van De Venne, J., Moore, M. & Flaherty, C. (2019). How many people are exposed to suicide? Not six, *The American Association of Suicidology*, 49(2).
[3] Australian Institute of Health and Welbeing. (accessed November 2025*) Suicide and Self-Harm Monitoring Hospitalisations by states and territories* . https://www.aihw.gov.au/suicide-self-harm-monitoring/service-use/hospitalisations/hospitalisations-by-states-and-territories
[4] Australian Institute of Health and Welbeing. (accessed November 2025) *Ambulance Attendances for suicidality and self-harm* https://www.aihw.gov.au/suicide-self-harm-monitoring/service-use/ambulance-attendances
[5] Productivity Commission. (2020). *Mental Health, Report No. 95. Supporting Material (Appendices B-K)*; Productivity Commission: Canberra, Australia
[6] Suicide Prevention Australia (2023). *Socio-economic and environmental determinants of suicide: A background paper*. Sydney.
[7] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.
[8]Australian Institute of Health and Welbeing. (2025*) Suicide and intentional self-harm hospitalisations among regional and remote communities* https://www.aihw.gov.au/suicide-self-harm-monitoring/population-groups/regional-remote-communities
[9] Australian Institute of Health and Welbeing. (2025*) Suicide and intentional self-harm hospitalisations among Australian Defence Force members* https://www.aihw.gov.au/suicide-self-harm-monitoring/population-groups/adf-members
[10] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.
[11] Productivity Commission. (2020). *Mental Health.* Report no 95, Canberra.
[12] Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.
[13] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.
[14] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.

Suicide is a complex and multi-factorial issue. We need to view it with a lens that is more than clinical – one that takes into account the social, environmental, and economic risk factors and responses to suicidality. Suicide impacts the whole community, but the risk is felt particularly acutely among specific groups of Australians:[15]

- More than seventy-five per cent of deaths from suicide are men.
- Males had the highest rate of death by suicide in the 40 -44 year age group, while for females it was within the 25-29 year age group.
- Suicide is the leading cause of death for people aged 15-44 years, and the second leading cause of death for children.
- Regional and rural communities throughout Australia have a higher rate of death.[16]
- The rate of death by suicide among Aboriginal and Torres Strait Islander people is twice the non-Indigenous rate and increasing.
- Ex-serving male Defence personnel experience suicide rates 26 per cent above average male rates.[17]
- LGBTIQA+ communities experience higher rates of mental health issues and suicidal behaviours.[18]

Components of Suicide Prevention



[15] Australian Bureau of Statistics. (2024). *Intentional self-harm (suicide) deaths*. ABS. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024.
[16] Australian Institute of Health and Welfare. (2023). *Suicide and self-harm monitoring data*. https://www.aihw.gov.au/suicide-self-harm-monitoring/data/geography/suicide-by-remoteness-areas
[17] Australian Institute of Health and Welfare. (2024). Web release: *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2022,* Report editions - Australian Institute of Health and Welfare. Canberra
[18] Australian Institute of Health and Welfare. (2024). Suicide and self-harm Monitoring Web release: *LGBTIQ+ Australians: suicidal thoughts and behaviours and self-harm* - Australian Institute of Health and Welfare. Canberra

Four Key Suicide Prevention Initiatives

1.1 Identify Suicide Prevention Specific Funding

Budgetary process change

The Minister for Health recently announced the importance of dedicated funding to ensure best outcomes for both the National Disability Insurance Scheme and children diagnosed on the autism spectrum through the *Thriving Kids* program.[19] This separation of overlapping but distinct conditions shows the importance of recognising both the similarities and differences between issues that for too long have been grouped together.

The same principle applies for suicide prevention and mental health. The Interim report of the Productivity Commission has recognised the need for distinction, both in recognition and practice.

> *"Many of the factors that affect mental ill health and suicide can be similar, such as trauma and disadvantage. But there are also issues unique to suicide prevention policy, such as the availability of supports for people following a suicide attempt."*[20]

Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time.[21] Socio-economic and environmental determinants of suicide range from cost-of-living and housing affordability to social isolation and traumatic events. Suicide prevention needs to be viewed, and funded, from a scope that recognises the complexity and broad reach of suicidal risks and behaviours. Having Budgetary measures inseparably merging mental health and suicide prevention measures hides causes and outcomes, and makes targeting, transparency, and evaluation impossible.

Suicide Prevention Australia asks that suicide prevention funding be distinct and delineated in the 2026-27 Budget and ongoing to allow for transparent and identifiable funding allocations.

This will become especially important as implementation of strategies and agreements, including the *National Suicide Prevention Strategy*, the National-State Mental Health and Suicide Prevention Agreements, role of the National Suicide Prevention Office, and the Suicide Prevention Workforce Initiative, come into force.

At minimum this delineated suicide prevention funding would include all funding for suicide aftercare services, suicide postvention services, Distress Brief Intervention, and other programs targeting suicide prevention specifically such that the *National Suicide Prevention Leadership and Support Program*. Ideally it would also include funding for services with a significant role in suicidal crisis self as crisis-lines and safe spaces.

Without the specific financial allocations for suicide prevention, responses will remain under-resourced at a time of rising demand. To ensure transparency of funding and the ability to translate and align that to outcomes, suicide prevention specific funding needs to be identifiable.

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[19] Minister for Health, Mark Butler (2025) Media release: Speech from Minister Butler, National Press Club – 20 August 2025 | Health, Disability and Ageing Ministers | Australian Government Department of Health, Disability and Ageing

[20] Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June

[21] J Sveticic, A Milner, & D De Leo, (2012). Contacts with mental health services before suicide: a comparison of Indigenous with non-Indigenous Australians. General hospital psychiatry, 34(2), 185-191

2.1 Best Practice Report on Embedding Lived Experience in Government

$0.4M/2 years

A number of government agencies already have effective methods to incorporate the voice of lived experience into the planning and actions. However, suicide is impacted by a range of factors including financial distress, environmental disasters, gambling, and food insecurity.[22]

This means that lived experience of suicide needs to be embedded across government portfolios and includes a number of departments and agencies who may not have significant expertise in this area. One method for enhancing the contributions of suicide lived experience would be to undertake a review across government to establish areas of good practice and how these could be applied to other areas. Such a review should be conducted by an appropriate lived experience led body selected by an open tender process with lived experience representatives included in the process.

Suicide Prevention Australia asks the Government to fund a broad and rigorous consultation and review process to report on examples of best practice in embedding suicide lived experience. This report will provide advice to ensure all areas of government have access to learnings on tools, mechanisms and practices to work with lived experience.

The funding should also contain funding post the completion of the review report to resource promoting the report across all areas of government and facilitating implementation. This initiative would help support all recommended actions in the *National Suicide Prevention Strategy* and in particular would address recommended actions on embedding lived experience (actions 12.1a, 12.2a, 12.3a, and 12.3b).

3.1 Sustain Suicide Prevention Targeted Research

$10.5M from 2027-28 to 2029-30

The Suicide Prevention Research Fund (SPRF) is a vital resource providing localised data and translation as a foundation for suicide prevention initiatives. As with other national priorities such as reducing road deaths, and domestic and family violence, a dedicated and specific research fund is needed.

With the cessation of the Fund briefly in June 2025, followed by a short-term refunding of $4 million over two years in September 2025, the importance of continuous and ongoing funding was clear.

The SPRF enables the fostering of the local suicide prevention research sector, combined with the ability to look at specifically Australian issues and demographics, including the impact of suicide on Aboriginal and Torres Strait Islander peoples.

The SPRF has funded more than 90 world-class projects across 27 institutions, and included outcomes across 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.

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[22] Suicide Prevention Australia. (2023). Socio-economic and Environmental Determinants of Suicide. http://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Bacjground-Paper-August-2023-Designed.pdf.

Suicide Prevention Australia asks the Government to guarantee the Suicide Prevention Research Fund into the future with ongoing allocations of $3.5 million per year beyond 2027.

Allocations through surplus unexpended funding in the Medical Research Futures Fund would be an option for ongoing allocations.

The research fund can be utilised to implement a range of recommended actions under the *National Suicide Prevention Strategy* that call for research and review, including:

- Action 2.2d: Conduct research into the connection between neurodiversity and suicide, and review experiences of people with neurodivergence in receiving care from key health services, to identify priorities for improvement.
- Action 7.2c: Investigate opportunities to use technologies, including artificial intelligence, to identify and respond to emerging distress, including suicidal thoughts, on online platforms via collaboration with technology companies and leveraging relevant international work.
- Action 7.3a: Comprehensively review men's engagement with existing support options for people with suicidal thoughts and behaviours. Use the findings as the foundation for a co-design process to develop new models to better meet the needs of men.
- Action 9.1b: Review approaches to risk assessment of people with suicidal thoughts and behaviours, with a view to creating an assessment approach based on collaborative care planning, rather than risk stratification or prediction.
- Action 10.1a: Comprehensively review barriers to involving families, carers and kin in care planning and delivery for people who experience suicidal thoughts and behaviours. Use the findings of this review to develop, trial and evaluate solutions.
- Action 13.2a: Ensure better targeting and coordination of suicide prevention research funding by establishing a mechanism that supports:
  - ongoing collaboration between funding bodies, philanthropic organisations and the sector
  - robust processes for the regular joint identification of national suicide prevention research priorities
  - coordinated delivery of targeted funding schemes to address identified national priorities.
- Action 13.2b: Strengthen the capacity and capability in the suicide prevention research sector through increased and sustained investment in suicide prevention research and by supporting the greater inclusion of:
  - early and midcareer researchers in suicide prevention research
  - people with lived and living experience of suicide in the leadership, design, delivery, interpretation and translation of research
  - researchers from communities, service delivery and other academic disciplines.

4.1 Improve Funding Processes to Increase Community Organisation Effectiveness

Departmental Processes

Key to the strengthening of the suicide prevention sector and the roll-out of the National Suicide Prevention Strategy is the sustainability of organisations and workforces. Funding arrangements should not create uncertainty and obstacles to the efficient operation of the sector, but that's exactly what is occurring.

Short-term contracts, delays in new or renewed funding, and lack of indexation, are creating an environment where certainty and sustainability are undermined, alongside continuity of workforces and services.

Findings from our 2025 State of the Nation survey show that 27 per cent of respondents reported government funding had arrived late in the past 12 months.[23] Short-term funding remained dominant, with close to half (48%) receiving funding that lasts two years or less. Our members also report inconsistent approaches to indexation. For example, one organisation, whose wage costs had increased by 4.25%, saw different PHNs in a single year provide contract increases ranging from 1.6% to 0%. This uncertain funding environment meant that funding was not predictable, stable or sustainable; temporary funding resulted in temporary roles which affected recruitment.

Long-term contracts and indexation provide a level of certainty and security which may help suicide prevention organisations attract, support and retain the suicide prevention workforce and will ensure that organisations can continue to provide high-quality services to vulnerable members of the community. These improvements will ensure that suicide prevention organisations can plan accordingly and have the right set of resources to meet the needs of the community. In some cases shorter contact periods may be required, especially where an innovative or new model is being used. However, for established services running evidence-based long-running programs, five year contracts should be standard.

Suicide Prevention Australia seeks Government funding frameworks where five-year contracts become standard, especially for established services running evidence-based continuing programs. Contracts should be finalised 12 months prior to the start or renewal of a program, and funds provided in advance.

Since many of the recommended actions in the *National Suicide Prevention Strategy* will be implemented through government funding of community sector organisations, this initiative supports a significant range of actions in the strategy.

[23] Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2025. SPA-State-of-the-Nation-Report-2025.pdf

A Comprehensive Government Response to Suicide

1. A Cross-Portfolio Approach

Suicide is a complex human behaviour with multiple risk factors and influences. Mental illness can be a driver of suicide risk, but a range of other socioeconomic and environmental factors are also significant determinants of suicide risk. These factors include economic issues such as financial and employment distress, social factors such as loneliness and isolation, and even environmental factors such as the impacts of natural disasters and climate change. This means a cross-portfolio, or whole-of-government, approach is required. A focus on the socio-economic and environmental determinants of suicide addresses upstream factors and structural issues that can lead to suicide, and targets those who are likely to become at increased risk of suicidality.

1.1 Identify Suicide Prevention Specific Funding

Budgetary process change

The Minister for Health recently announced the importance of dedicated funding to ensure best outcomes for both the National Disability Insurance Scheme and children diagnosed on the autism spectrum through the *Thriving Kids* program.[24] This separation of overlapping but distinct conditions shows the importance of recognising both the similarities and differences between issues that for too long have been grouped together.

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Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time.[26] Socio-economic and environmental determinants of suicide range from cost-of-living and housing affordability to social isolation and traumatic events. Suicide prevention needs to be viewed, and funded, from a scope that recognises the complexity and broad reach of suicidal risks and behaviours. Having Budgetary measures inseparably merging mental health and suicide prevention measures hides causes and outcomes, and makes targeting, transparency, and evaluation impossible.

Suicide Prevention Australia asks that suicide prevention funding be distinct and delineated in the 2026-27 Budget and ongoing to allow for transparent and identifiable funding allocations.

This will become especially important as implementation of strategies and agreements, including the *National Suicide Prevention Strategy*, the National-State Mental Health and Suicide Prevention Agreements, role of the National Suicide Prevention Office, and the Suicide Prevention Workforce Initiative, come into force.

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[24] Minister for Health, Mark Butler (2025) Media release: Speech from Minister Butler, National Press Club – 20 August 2025 | Health, Disability and Ageing Ministers | Australian Government Department of Health, Disability and Ageing

[25] Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June

[26] J Sveticic, A Milner, & D De Leo, (2012). Contacts with mental health services before suicide: a comparison of Indigenous with non-Indigenous Australians. General hospital psychiatry, 34(2), 185-191

At minimum this delineated suicide prevention funding would include all funding for suicide aftercare services, suicide postvention services, Distress Brief Intervention, and other programs targeting suicide prevention specifically such that the *National Suicide Prevention Leadership and Support Program*. Ideally it would also include funding for services with a significant role in suicidal crisis self as crisis-lines and safe spaces.

Without the specific financial allocations for suicide prevention, responses will remain under-resourced at a time of rising demand. To ensure transparency of funding and the ability to translate and align that to outcomes, suicide prevention specific funding needs to be identifiable.

1.2 Implementation of the National Suicide Prevention Strategy

$40M/4 years ($10M per annum)

The National Suicide Prevention Strategy 2025-2035 (the Strategy) has been developed by the National Suicide Prevention Office (NSPO). It is the product of extensive consultation with the suicide prevention sector, people with lived and living experience of suicide, specialist researchers, and government across all portfolios and at both Federal and State/Territory level.

The Strategy establishes a long-term, whole-of-government framework essential for reducing suicide rates in Australia. Its structure is focused on prevention of suicidal distress, support for individuals experiencing suicidal distress, and critical enablers such as governance, lived experience leadership, research translation, and workforce development.

This means there is a detailed and comprehensive roadmap for action across multiple portfolios, ready and waiting to be implemented and actioned. However, to date there has been no Budgetary allocation to initiate this implementation. We have the map, but we're still at the starting line.

A number of the initiatives below implement aspects of the Strategy, but the actions under the strategy go beyond the suicide prevention sector and address the determinants of suicide across all portfolios. Some examples of these important cross portfolio action include:

- Building the capability of employers to comply with their duty to manage psychosocial hazards at work (action 1.2e)
- Incorporating suicide prevention capacity-building and processes as part of standard recovery responses for disasters (action 1.2f)
- Work with communities to guide, coordinate and create initiatives that build cultural connection, sense of belonging, positive cultural identity, and engagement with cultural practices in communities. (action 4.1a)
- Implement measures aligned with the *Australian Government response to the Royal Commission into Aged Care Quality and Safety* to promote the health and wellbeing of aged care residents (action 5.1d)

These, and other actions, require allocations of funding across all portfolios.

To translate the Strategy's evidence-based guidance into sustainable outcomes, dedicated, suicide-specific funding is required. Suicide Prevention Australia seeks funding in the 2026-27 Budget and forward estimates for the implementation of the National Suicide Prevention Strategy across all portfolios.

The Productivity Commission review of the Mental Health and Suicide Prevention Agreement highlighted the value and importance of the National Strategy in next steps of improving responses to and investment in both Suicide Prevention and Mental Health. The sooner the Strategy is implemented and invested in, the more responsive and comprehensive our approaches to suicide prevention.

1.3 Consult on Drafting a Suicide Prevention Act

$1M/2 years

The National Suicide Prevention Strategy includes recommended action 11.1a:

Establish a 'suicide prevention in all policies' approach.

- *Create mechanisms that assess all new policies for their potential impact on suicide and provide guidance to policymakers on options for minimising risks.*
- *Invest in building capability in all portfolios to ensure policymakers understand the relationship between their policy areas and suicide.*

Suicide prevention legislation is key lever to ensure a suicide prevention in all policies approach by legally clarifying roles and responsibilities across agencies, reducing both duplication and gaps in approaches.

There are a range of elements that a Suicide Prevention Act could incorporate that are within the constitutional powers of the Commonwealth government. This can include mandating that Commonwealth Departments and Agencies consider how to reduce the risk of suicide in their activities by having suicide prevention plans, such a requirement might have prevented activities that have place people at risk of suicide (e.g. Robodebt). Legislation can also create a suicide prevention lived experience council to advise government and embed the voice of lived experience across government decision-making. And an act can set up mirror legislation, with the Commonwealth providing a set of provisions which States can enact laws to follow, helping ensure coordination across States. This is increasingly important as both New South Wales and South Australia already have Suicide Prevention Acts.

Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities. Internationally, Japan, Canada, South Korea and Argentina have implemented Suicide Prevention Acts.

An Act can help ensure decision-makers across Government are united in working to prevent suicides. Legislation can ensure clear shared and individual accountability and focus agencies on practical and measurable steps to reduce and prevent suicide.

Suicide Prevention Australia asks the Government to undertake consultations with the suicide prevention sector and people with lived and living experience of suicide with the aim of drafting a Commonwealth Suicide Prevention Act.

1.4 Securing the Independence of the National Suicide Prevention Office

Additional funding of $6M/4 years

In the 2024-25 Budget, the National Suicide Prevention Office was removed from the Budget Papers as it was absorbed into the Department of Health pending a review.

With the importance of the work ahead of it, including the National Suicide Prevention Strategy implementation and the Workforce Initiative, a designated focus on the National Suicide Prevention Office (NSPO) as an independent entity is needed both in Budgetary and Departmental contexts.

The critical responsibilities and roles of the NSPO encompass oversight, cross-portfolio coordination, ensuring the inclusion of lived experience, jurisdictional collaboration, and driving whole-of-government action. The efficacy of the NSPO in these roles is intrinsically linked to its independence. Structural and operational autonomy is essential and enables the NSPO to hold influence, coordinate resources, and hold agencies accountable without being constrained by the competing priorities or bureaucratic barriers of any single portfolio.

The NSPO requires a statutory, independent position shielded from specific departmental or political pressures, to enable it to function as a national coordinating authority, ensuring the National Suicide Prevention Strategy is implemented as intended.

Suicide Prevention Australia calls for the affirmed independence of the NSPO, including its display in Budget papers, and funding that upholds independence and strengthens the NSPO's capacity to drive sustained, whole-of-government impact. Increased funding should be provided during the implementation of the National Strategy.

1.5 Introduce Competency Frameworks in Public-facing Agencies

$0.55M/3 years

Throughout the Australian Public Service, many roles are public-facing, particularly in areas where distress can be encountered on a regular basis, including Centrelink, Child Support Services, the Australian Taxation Office, Courts, and many other agencies. The impacts of this work, affect both the public, and public sector employees. It is critical to ensure these workers are embedding suicide prevention practices into their dealings with members of the public and in their own workplaces.

In collaboration with members and stakeholders, Suicide Prevention Australia developed *Suicide Prevention: A competency framework* to enhance and build capacity, and capability of the non-clinical suicide prevention workforce to respond to people experiencing suicidal thoughts and behaviours. The Framework is informed by, and brings together, knowledge experts in workplace suicide prevention and suicide prevention training. The Framework provides a starting point for employers and staff to consider what they need to know to promote wellbeing and intervene effectively to reduce distress and suicidal behaviour in their workplace.

This framework is general and can be applied to any organisation or workplace. Using this as a basis a number of industry specific frameworks have been created, including for universities, the health sector, mining (in development) and volunteer firefighting (in development).

To support efforts to build capacity on responding to suicide risk, Suicide Prevention Australia asks the Government to fund the development of industry-specific competency frameworks in high risk areas of government services, such as welfare, child services, taxation, policing and the justice system.

Building on the Suicide Prevention Australia Framework this can provide a tailored approach to build on the evidence of 'what works' regarding the knowledge and skills required for

workforces in suicide prevention across diverse settings. Indicative costing for projects to development of industry-specific competency frameworks in these high-risk areas would be $550,000 over three years. This will aid with implementation of a number of actions in the National Suicide Prevention Strategy such as:

- Improving capability of all healthcare services to identify and respond to suicidal distress (action 2.2b)
- Building the capability of government departments and agencies to work with people with lived and living experience of suicide (action 12.1a)
- Enhancing the ability of government agencies, primary health networks and local hospital networks to use findings from the best available evidence to inform suicide prevention planning and funding decisions (action 13.4a)
- Developing national evidence-based guidelines to guide best practice and serve as a foundation for consistent capability building for workforces that provide care and support to people who experience suicidal thoughts or behaviours (action 14.3a)

2. Embedding Lived Experience of Suicidality

The experience of those whose lives have been impacted by suicide is critical for the design of policy and services to ensure they take onto account the on-the-ground reality and will be effective when implemented. There are a number of ways that a person's life can be impacted, including surviving a suicide attempt, living with suicidal thoughts, caring for someone at risk of suicide, or having been bereaved by suicide. All such perspectives are needed to inform efforts to drive down the rates of suicide in Australia. The importance of lived experience is increasingly recognised, yet more needs to be done to ensure lived experience leadership, expertise and insights are fully embedded in all aspects of the suicide prevention system.

2.1 Best Practice Report on Embedding Lived Experience in Government

$0.4M/2 years

A number of government agencies already have effective methods to incorporate the voice of lived experience into the planning and actions. However, suicide is impacted by a range of factors including financial distress, environmental disasters, gambling, and food insecurity.[27]

This means that lived experience of suicide needs to be embedded across government portfolios and includes a number of departments and agencies who may not have significant expertise in this area. One method for enhancing the contributions of suicide lived experience would be to undertake a review across government to establish areas of good practice and how these could be applied to other areas. Such a review should be conducted by an appropriate lived experience led body selected by an open tender process with lived experience representatives included in the process.

Suicide Prevention Australia asks the Government to fund a broad and rigorous consultation and review process to report on examples of best practice in embedding suicide lived experience. This report will provide advice to ensure all areas of

[27] Suicide Prevention Australia. (2023). Socio-economic and Environmental Determinants of Suicide. http://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Bacjground-Paper-August-2023-Designed.pdf.

government have access to learnings on tools, mechanisms and practices to work with lived experience.

The funding should also contain funding post the completion of the review report to resource promoting the report across all areas of government and facilitating implementation. This initiative would help support all recommended actions in the *National Suicide Prevention Strategy* and in particular would address recommended actions on embedding lived experience (actions 12.1a, 12.2a, 12.3a, and 12.3b).

2.2 Consultation on Suicide Lived Experience National Leadership Models

$2.5M/ 2 years

Greater authenticity of engagement of people with suicide lived experience is needed to demonstrate commitment to co-design and delivery of suicide prevention strategies, services and initiatives. A commitment to genuine collaboration entails that people with lived experience are involved in every stage of policy development from the planning stage through to the evaluation process. This requires a supportive and safe environment which recognises the value and unique understanding provided by people with lived experience of suicide.

Many within the suicide lived experience community have said this could be achieved through the formation of a national peak body for suicide lived experience, driving the embedding of lived experience in government and suicide prevention organisations. However, there are a range of different ideas around the structure and roles that a suicide lived experience peak body might play. And some have advocated for other models as alternatives to a peak body in order to enhance leadership.

A number of existing organisations already play critical roles in this space. Funding would be required for an appropriate lived experience led organisation, or coalition of organisations, to undertake comprehensive sector consultation on what is required to further develop leadership in suicide prevention lived experience.

Suicide Prevention Australia asks the Government to fund a broad and rigorous consultation process across those with lived experience of suicide to establish what mechanisms, such as a funded peak body, would further develop leadership in suicide lived experience.

This initiative could assist with implementing a number of actions in the *National Suicide Prevention Strategy*, including building processes that support people with lived experience to participate in government processes (action 12.2a), and establishing dedicated lived experience roles governance bodies (action 12.3a).

2.3 Suicide Prevention Peer Workforce Enhancement Fund

$4M/4 years

An essential component of an effective suicide prevention response is the availability of employees who can approach their work through the lens of lived and living experience of suicide to provide their unique understanding and expertise. This bring unique expertise that enhances service design and delivery, and complements clinical professions. It is important to note that a peer workforce that is distinctively for suicide prevention is critical. Peer

workers were identified by the Productivity Commission Inquiry into Mental Health as a valuable, and under-utilised, part of the suicide prevention workforce.

To build this workforce requires access to training, ongoing professional development opportunities, and support such as mentoring, group co-reflection and Communities of Practice. In particular these are required to encourage the development of peer workforces throughout regional areas, where the rate of suicide is higher and access to services lower. This would offset the problems brought by low staff retention incurring costs of repeated recruitment and training.

In order to undertake this important work a fund is requires to enable a set of interconnected activities including:

- Access to free or subsidised training for suicide prevention peer workers
- Placements in non-clinical community based settings
- Creation and integration of suicide prevention peer roles within clinical settings
- Embed suicide prevention peer work roles within all suicide prevention funding streams to deliver services

Suicide Prevention Australia is seeking the establishment of an annual peer work enhancement fund providing $1 million for peer workforce members, to help build and diversify the workforce across Australia, and ensuring more people in distress can seek assistance in their own community.

This initiative aligns with recommended action 14.2b of the *National Suicide Prevention Strategy*: “Establish a nationally consistent approach to attract, train and retain the suicide prevention peer workforce”.

3. Enhancing Data and Evidence

Data and evidence are critical to driving better suicide prevention policy, planning and practice. Nearly 90 per cent of suicide prevention organisations agree their organisations need access to reliable, accurate suicide prevention datasets.[28] Yet around half report they do not have access to the data they need right now.[29] It is essential that all organisations have access to timely and accurate data to inform service planning and delivery, and to improve knowledge of evidence-based strategies and interventions which will deliver a reduction in the rate of suicide.

3.1 Sustain Suicide Prevention Targeted Research

$10.5M/ 3 years from 2027-28 to 2029-30

The Suicide Prevention Research Fund is a vital resource providing localised data and translation as a foundation for suicide prevention initiatives. As with other national priorities such as reducing road deaths, and domestic and family violence, a dedicated and specific research fund is needed.

[28] Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2025. SPA-State-of-the-Nation-Report-2025.pdf
[29] Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2025. SPA-State-of-the-Nation-Report-2025.pdf

With the cessation of the Fund briefly in June 2025, followed by a short-term refunding of $4 million over two years in September 2025, the importance of continuous and ongoing funding was clear.

The Fund enables the fostering of the local suicide prevention research sector, combined with the ability to look at specifically Australian issues and demographics, including the impact of suicide on Aboriginal and Torres Strait Islander peoples.

The Fund has enabled more than 90 world-class projects across 27 institutions, and included outcomes across 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.

Suicide Prevention Australia asks the Government to guarantee the Suicide Prevention Research Fund into the future with ongoing allocations of $3.5 million per year beyond 2027.

Allocations through surplus unexpended funding in the Medical Research Futures Fund would be an option for ongoing allocations.

The research fund can be utilised to implement a range of recommended actions under the *National Suicide Prevention Strategy* that call for research and review, including:

- Action 2.2d: Conduct research into the connection between neurodiversity and suicide, and review experiences of people with neurodivergence in receiving care from key health services, to identify priorities for improvement.
- Action 7.2c: Investigate opportunities to use technologies, including artificial intelligence, to identify and respond to emerging distress, including suicidal thoughts, on online platforms via collaboration with technology companies and leveraging relevant international work.
- Action 7.3a: Comprehensively review men’s engagement with existing support options for people with suicidal thoughts and behaviours. Use the findings as the foundation for a co-design process to develop new models to better meet the needs of men.
- Action 9.1b: Review approaches to risk assessment of people with suicidal thoughts and behaviours, with a view to creating an assessment approach based on collaborative care planning, rather than risk stratification or prediction.
- Action 10.1a: Comprehensively review barriers to involving families, carers and kin in care planning and delivery for people who experience suicidal thoughts and behaviours. Use the findings of this review to develop, trial and evaluate solutions.
- Action 13.2a: Ensure better targeting and coordination of suicide prevention research funding by establishing a mechanism that supports:
    - ongoing collaboration between funding bodies, philanthropic organisations and the sector
    - robust processes for the regular joint identification of national suicide prevention research priorities
    - coordinated delivery of targeted funding schemes to address identified national priorities.
- Action 13.2b: Strengthen the capacity and capability in the suicide prevention research sector through increased and sustained investment in suicide prevention research and by supporting the greater inclusion of:
    - early and midcareer researchers in suicide prevention research

- people with lived and living experience of suicide in the leadership, design, delivery, interpretation and translation of research
- researchers from communities, service delivery and other academic disciplines.

3.2 Regular National Mental Health and Wellbeing Survey

Uncosted

The most recent Australian Bureau of Statistics (ABS) National Mental Health and Wellbeing Survey was released in 2023, following a 17-year hiatus. As highlighted in the recent Productivity Commission report into the National Agreement,[30] there is a need for this data to be collected and released regularly to ensure its efficacy and usability.

This Survey includes important information into suicidal behaviours, ideation, and attempts, but extreme gap between data sets reduced the capacity to identify trends, and the utility of its data.

Regular ABS Survey releases would enable identification of trends, impact evaluation, and linkage opportunities to existing datasets, such as the Australian Bureau of Statistics' annual Causes of Deaths releases. Accurate and reliable data is vital to plan and provide suicide prevention services, and to ensure programs and interventions are evidence-based and safe for communities.

Suicide Prevention Australia is calling on the Government to fund the Australian Bureau of Statistics National Mental Health and Wellbeing Survey so that it can be undertaken more regularly, at intervals of no more than four years. The survey should also be expanded to collect data on the linkages between risk factors of suicidality and suicidal behaviours and suicide attempt data.

This initiative aligns with recommended actions 13.1b and 13.1c in the *National Suicide Prevention Strategy*, which addresses expanding the available data. The expanded data set would enable policy makers and service providers to target protective factors, as well as measure the efficacy of strategies, policies and services. Australia's wellbeing cannot be accurately reflected without tracking the incidence of suicide.

3.3 Improve the Availability of Data on Attempts and Priority Populations

Uncosted

Access to accurate population-level data regarding suicidal behaviour, is crucial for targeted suicide prevention policy and program resourcing, development and implementation. Access to consistent and accurate data enables Government and the suicide prevention sector to effectively identify, target and reach key at risk populations in suicide prevention interventions.

More reliable, timely and robust data can improve policy development and planning as well as enable immediate prevention and postvention responses at a local level. The work of the Suicide and Self-Harm Monitoring System has been transformational in improving data access. However, there remain major gaps in the availability of data relating to suicide attempts and other priority cohorts including Aboriginal and Torres Strait Islander, LGBTQI+ and culturally and linguistically diverse communities. There is also a need to develop

[30] Productivity Commission. (2025) *Mental Health and Suicide Prevention Agreement Review, Inquiry report no. 108*, Canberra

outcomes to measure suicide prevention program efficacy in the community and provide data on program impacts to guide future learning.

Significant progress has been made in creating a network of suicide registers across jurisdictions and the work of the AIHW Suicide and Self-Harm monitoring Unit has been critical in coordinating and progressing this work. However, more is needed as not all jurisdictions have registers and of those that do not all can report regularly as small numbers risk privacy violations. What is need is a method of combining register data across Australia, but inconsistencies in registries and reporting impede this.

Suicide Prevention Australia calls on the Government to invest through the AIHW and ABS to provide a national platform to allow consistency in data collection and releases from State and Territory suicide registers, including vital information such as priority populations.

This initiative aligns with recommended actions 13.1b and 13.1c in the *National Suicide Prevention Strategy*, which addresses expanding the available data.

4. Strengthening the Suicide Prevention Workforce, Sector, and Community

A world without suicide requires reform across the workforce, sector and community. As a first step, funding arrangements and transparency around government funding decisions should be improved.

Long-term contracts and indexation provide a level of certainty and security which may help suicide prevention organisations attract, support and retain the suicide prevention workforce and will ensure that organisations can continue to provide high quality services to vulnerable members of the community. These improvements will ensure that suicide prevention organisations can plan accordingly and have the right set of resources to meet the needs of the community.

It is essential that there is universal access to key suicide prevention services such as crisis lines, aftercare, postvention, safe spaces, and a range of services preventing suicide risk by addressing the socio-economic and environmental determinants of suicide. These services should be well-resourced to meet the diverse needs of the community. All Australians should have access to the full range of services they need without experiencing barriers to access due to considerations including geographical distance, waiting times or financial strain.

4.1 Improve Funding Processes to Increase Community Organisation Effectiveness

Departmental Processes

Key to the strengthening of the suicide prevention sector and the roll-out of the National Suicide Prevention Strategy is the sustainability of organisations and workforces. Funding arrangements should not create uncertainty and obstacles to the efficient operation of the sector, but that’s exactly what is occurring.

Short-term contracts, delays in new or renewed funding, and lack of indexation, are creating an environment where certainty and sustainability are undermined, alongside continuity of workforces and services.

Findings from our 2025 State of the Nation survey show that 27 per cent of respondents reported government funding had arrived late in the past 12 months.[31] Short-term funding remained dominant, with close to half (48%) receiving funding that lasts two years or less. Our members also report inconsistent approaches to indexation. For example, one organisation, whose wage costs had increased by 4.25%, saw different PHNs in a single year provide contract increases ranging from 1.6% to 0%. This uncertain funding environment meant that funding was not predictable, stable or sustainable; temporary funding resulted in temporary roles which affected recruitment.

Long-term contracts and indexation provide a level of certainty and security which may help suicide prevention organisations attract, support and retain the suicide prevention workforce and will ensure that organisations can continue to provide high-quality services to vulnerable members of the community. These improvements will ensure that suicide prevention organisations can plan accordingly and have the right set of resources to meet the needs of the community. In some cases shorter contact periods may be required, especially where an innovative or new model is being used. However, for established services running evidence-based long-running programs, five year contracts should be standard.

Suicide Prevention Australia seeks Government funding frameworks where five-year contracts become standard, especially for established services running evidence-based continuing programs. Contracts should be finalised 12 months prior to the start or renewal of a program, and funds provided in advance.

Since many of the recommended actions in the *National Suicide Prevention Strategy* will be implemented through government funding of community sector organisations, this initiative supports a significant range of actions in the strategy.

4.2 Establishment of Collaboration Hub

$2M/2 years

Collaboration is increasingly utilised to ensure best possible reach and expenditure of investment. Often it will allow partnerships between large organisations with the infrastructure to take on significant projects, with smaller organisations who have specialist knowledge of a particular locality or of a priority population. This potentially can lead to highly effective delivery of contracted services, but it is not without difficulties including diverse foci, sizes, and experience of participating organisations.

Tendering processes often do not give sufficient time for building coalitions between organisations. Rushes preparations can lead to miscommunications between the organisations that hinder efficient delivery of the grant. A lack of experience with partnering for staff on either or both sides can exacerbate these difficulties.

Suicide Prevention Australia is seeking investment in a suicide prevention collaborative hub to allow for project guidance on collaborations, including training and expertise-sharing to build the capabilities of organisations both within projects and longer term.

[31] Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2025. SPA-State-of-the-Nation-Report-2025.pdf

Many of the recommended actions in the *National Suicide Prevention Strategy* may be implemented through coalitions of community sector organisations, and so this initiative potentially supports a significant range of actions in the strategy.

4.3 Funding Security During the Extension of National Agreement

Uncosted

Following the release of the Productivity Commission review of the Mental Health and Suicide Prevention Agreement, which looks to improve processes, target efficiency of funding, and strengthen the efficacy of the Agreement, it is important that implementation of the new Agreement be acted upon.

In unison with this, investment in the sector needs to provide confidence and sustainability in the interim. The Productivity Commission is seeking an extension of the Agreement to June 2027 to allow for necessary changes. Sector investment should be aligned with this date to provide continuity of services, workforce retention, and clarity.

A range of contracts are scheduled to end with the original end date of the agreement. It is critical that all services have funding renewed for one year as soon as possible so that community organisations can have certainty of funding in the lead up to this date.

Suicide Prevention Australia is seeking implementation of the recommendations of the Productivity Commission review, accompanied by extended investment contracts for the suicide prevention sector to align with the proposed extension to June 2027.

4.4 National Suicide Prevention Workforce Initiative

$5M/2 years

A capable, sustainable, and well-supported workforce is explicitly identified as a critical enabler within the *National Suicide Prevention Strategy* and is imperative for its success. The strategy includes a recommended action (14.1a) to develop a national suicide prevention workforce strategy. While strategic planning is critical, there is also a need for immediate action in some areas where the solutions are already known.

The suicide prevention workforce includes the clinical workforce who interact with those at risk of suicide (e.g. medical professionals), the formal suicide prevention and mental health workforce (e.g. working in suicide prevention, crisis support and postvention) and the informal suicide prevention workforce (e.g. those working with individuals who might be vulnerable to suicide).

Data from Suicide Prevention Australia's *Helping the Helpers: Sustaining the Suicide Prevention Workforce 2025* report documents a substantial emerging crisis in the suicide prevention workforce, with over two-thirds of sector organisations reporting they do not have enough staff or volunteers, and a majority opinion (84%) that Australia needs a fully funded suicide prevention workforce initiative.[32]

To succeed, this initiative must be underpinned by long-term, reliable funding and intergovernmental collaboration. Governments at all levels must commit to strengthening the full suicide prevention workforce pipeline, from early career practitioners, peer workers and

[32] Suicide Prevention Australia. (2025) *Helping the Helpers: Sustaining the Suicide Prevention Workforce.* https://www.suicidepreventionaust.org/wp-content/uploads/2025/09/SPA-Workforce-paper.pdf

community connectors to specialist clinicians and researchers. This includes investment in workforce infrastructure (such as education pathways, practice support, and technology), service delivery settings and the roles of people with lived and living experience, whose contributions remain essential but are often under resourced and inconsistently supported.

Workforce planning must also align with data on population needs, service demand, and emerging risk factors, to ensure investment is both equitable and effective. Given the breadth of the suicide prevention workforce extends beyond health portfolios to areas such as education, justice and social services, any workforce initiative must be integrated appropriately with other related sectors and strategies under development. This requires adequate and ongoing funding and commitment by all governments to grow and support the suicide prevention workforce.

The NSPO is well positioned to lead a comprehensive and federally funded National Suicide Prevention Workforce Initiative. This initiative, functioning under the NSPO's strategic oversight and framework, would ensure cohesive action across national, state and territory, regional, PHN, and local levels.

Suicide Prevention Australia is seeking funding in the Budget to appropriately allocate dedicated funding to support the National Suicide Prevention Office, in collaboration with State and Territory Governments, sector peak bodies and community-led organisations in leading the development of a National Suicide Prevention Workforce Initiative.

This initiative must articulate national, regional and local strategies for accessibility, capability, skills, supply, retention, sustainability, support and workforce safety, with dedicated funding allocations for implementation.

4.5 Improving Access to Support After a Suicide Attempt (Aftercare)

Uncosted

A suicide attempt is the strongest risk factor for subsequent suicide, and the risk for suicide after an attempt is significantly elevated compared to the general population, with the relative risk for suicide after attempted suicide is between 20 to 40 times higher than in the general population.[33]

However, attempts to provide universal access to aftercare have not been realised, with the National Agreement on Mental Health and Suicide Prevention failing to provide adequate actions.

While the Productivity Commission review into this agreement addresses this need for post-2027, there needs to be funding and action to start implementing better access immediately.

One of the key themes highlighted in the Productivity Interim report states:

> *"Aftercare following a suicide attempt is sometimes only available to those who have presented to a hospital emergency department. People should be able to seek aftercare directly and not via a hospital. Many people attending emergency departments following suicide attempts do not receive any ongoing support. There is insufficient suicide prevention support for people in a suicide crisis."*[34]

[33] Shand, F., Woodward, A., McGill, K., Larsen, M. & Torok, M. (2019). Suicide aftercare services: an Evidence Check rapid review. brokered by the Sax Institute for the NSW Ministry of Health

[34] Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra

Suicide Prevention Australia urges the Government to invest in improving access to aftercare immediately to ensure people receive the appropriate support following an attempt.

This initiative implements action 8.2a of the *National Suicide Prevention Strategy*: “Expand the application of aftercare services to accommodate anyone who has recently self-harmed, attempted suicide or experienced a suicidal crisis.”

4.6 Support for those Bereaved or Impacted by Suicide (Postvention)

$20M/4 years ($5M per annum)

Each suicide has a significant impact in a community, with up to 135 people affected by the loss.[35] Postvention offers support for people who have been bereaved or impacted by suicide, including individuals, families, friends, first responders, and service providers.

Access to formal postvention support is a critical aspect of trauma-informed support for those bereaved by suicide. Postvention interventions are specific activities designed to facilitate recovery from suicide bereavement.[36] Postvention supports also mitigate adverse impacts including the risk of a bereaved person engaging in suicidal behaviour. People who are bereaved by suicide are themselves at elevated risk of suicide, particularly if they have a history of prior trauma, suicidal behaviour or depression.[37] Bereavement by suicide raises suicide risk by two to five times the rate of the general population.[38] Through free face-to face and/or telephone support, the program helps people through the distress of the loss and offers resources and connection for up to two years.

Nationally the StandBy Support After Suicide program, established in 2002, provides dedicated support to people and communities bereaved or impacted by suicide. The StandBy Program is primarily funded by the Commonwealth Government through the National Mental Health and Suicide Prevention Agreement (NMHSPA) and associated bilateral schedules in New South Wales, Queensland, Victoria, and the Northern Territory. The program is coordinated by StandBy National, which works with a range of partner organisations to support the delivery of StandBy services within their communities.

The total funding required in FY26/27 nationally to sustain current service operations and expand peer support and counselling nationally is $28 million. Should all jurisdictions enter a cost-sharing arrangement with the Commonwealth via the bilateral schedules, the Commonwealth Government contribution would be approximately $15 million. This indicates a total national increase in funding of approximately $5 million.

Suicide Prevention Australia urges the Government to provide additional funding of $5 million to postvention services to allow more people bereaved by suicide to access vital support.

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[35] Cerel, J., Brown, M.M, Maple, M., Singlton, M., Van De Venne, J., Moore, M. & Flaherty, C. (2019). How many people are exposed to suicide? Not six, *The American Association of Suicidology*, 49(2).
[36] Andriessen. K. and Krysinska, K. (2012). ‘Essential Questions on Suicide Bereavement and Postvention’, International Journal of Environmental Research and Public Health, 9, pp. 24-32
[37] Andriessen, K., Krysinska, K., Hill, N.T.M. et al. (2019). ‘Effectiveness of interventions for people bereaved through suicide: a systematic review of controlled studies of grief, psychosocial and suicide-related outcomes’. BMC Psychiatry, 19, 49.
[38] World Health Organisation. (2014). Preventing suicide: A global imperative, Geneva.

4.7 Equip the Community to Respond Effectively to Suicidal Behaviours
$4.8M/4 years

The National Suicide Prevention Strategy highlights the need for community-based prevention. To enable this, evidence-based "first aid" suicide prevention training needs to be more easily accessible to key members of the community who commonly encounter people at risk.

A range of evidence-based short training courses exist. Establishing a fund to provide access to key community members to undertake training and facilitate access to the training courses that meet their needs would improve community responses to and understanding of suicidal risk and behaviours. The majority of these funds would provide community members with "credit" to undertake their choice of existing evidence-based suicide prevention course.

Access to this would be provided by an existing learning platform developed by Suicide Prevention Australia called Learnlinc. This platform already provides subscribers with access to this range of existing courses, as well as providing learning structures to help embed course content, and a large range of free resources. The investment of $4.8 million over four years would provide 8,000 community members across Australia with free access to Learnlinc and credit to undertake a short suicide prevention course of their choice.

People experiencing suicidal distress interact with diverse sectors of the community. 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. This can include everyone from clinicians to 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 are capable of having a conversation with a patient, customer, student or neighbour and provide vital assistance to help reduce their risk of suicide.

"First aid training" in suicide prevention equips recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide.

Learnlinc is an ongoing and supported learning-based platform for individuals to identify learning needs, fulfil learning goals, and apply that learning to suicide prevention. It was created in collaboration with experts in suicide prevention and suicide prevention training to provide a space for individuals and organisations to identify and access a variety of existing learning resources.

Suicide Prevention Australia is seeking the Government's investment in equipping the community to identify and deal compassionately and effectively with suicidal thoughts and behaviours by significantly expanding the number of community members who are equipped through training.

This will significantly reduce distress in the community as each person with access to Learnlinc may interact with a number of those experiencing distress. And if even a small proportion of these community members prevent a suicide, it could potentially save hundreds of lives.

4.8 Assist suicide prevention organisations to achieve program accreditation

$4M/4 years

Accreditation ensures that all accredited programs meet the highest standards of quality and effectiveness, giving assurance and accountability to funding agencies that the programs are evidence-based and of the highest quality. Through this, accreditation also promotes a culture of continuous improvement and innovation in the field of suicide prevention, ensuring the best outcomes for our community, as well as ensuring best use of Government funds

To maximise the efficiency of Government investment in the sector and in the rollout of the National Suicide Prevention Strategy, Suicide Prevention Australia is seeking funding to assist 50 smaller and regional organisations annually to complete accreditation to ensure the highest quality and effectiveness of their programs, and to ensure their access to funding opportunities.

This would include covering both the process of accreditation and resourcing roles that can assist smaller organisations with the actions required to become accredited, and is estimated to require $4 million over four years.

The Suicide Prevention Accreditation Program is a vital initiative that supports organisations in implementing safe, high-quality, and effective suicide prevention and postvention programs in Australia. This program is governed by the Suicide Prevention Australia Standards for Quality Improvement, which have been precisely developed in collaboration with individuals who have lived experience of suicide, help-seekers, clinicians, service providers, and accreditation experts.

The process of accreditation is necessarily onerous, but this can mean that smaller organisations find the impost difficult. These are the organisations that most require assistance to complete accreditation in order to collaborate with Governments and larger organisations.

Once a program is undertaken or has achieved accreditation, it is then listed in our Accreditation Directory. PHNs and Coordinators have been encouraged to consider whether programs are accredited or working towards accreditation under the national standards when undertaking commissioning processes. This also provides the Government with a strong level of assurance as to which programs and organisations offer quality and fit-for-purpose training worthy of funding.

Conclusion

The information, data, evidence, and plans are ready to go. We need leadership and investment to make this work. Our community is feeling distress, and this need is hitting the community-based suicide prevention sector hard. Governments haven't kept up with the processes and resources that are needed to equip both the sector and the community to respond effectively to suicide.

All of the components are available, through the expertise and commitment of the sector, Government agencies, people with lived and living experience, researchers, and community leaders. What we need is the leadership of the Government to tie these strands together through commitment, funding, implementation, and processes which serve and don't hinder the cause. We need action to ensure these initiatives are funded and implemented, not subject to the delays and discussions which have replaced actions in recent years.

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

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

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

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

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

For general enquiries

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