Suicide Prevention Australia

Beyond the Blueprint:
A report on the implementation of the National Suicide Prevention Strategy

FEBRUARY 2026

There are crisis services available 24/7 if you or someone you know is in distress.

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

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

3,000+
suicide deaths each year

People from LGBTIQ+ communities have higher rates of mental ill-health and suicide than the general population in Australia

11.8
deaths per 100,000 people

Suicide is the leading cause of death among young Australians 15-24 years

Over
55,000
suicide attempts each year

The rate of suicides for Indigenous Australians is more than double that of non-Indigenous Australians

Males account

for 76% of deaths

Suicide Prevention Australia

9.1
suicide deaths per day

107%
higher deaths by suicide for ex-serving ADF females than females in the general population in Australia

The economic toll of suicide is up to
$43 billion per annum

Survivors of suicide attempts are among the highest at risk of a future suicide death

16th
most common cause of death

People in rural and remote Australia are more likely to die by suicide than those living in our major cities

The highest suicide rates are for males aged **85 or older**

We can never underestimate the impact that every life lost to suicide has on family, friends, workplaces and the broader community. Every life lost to suicide is heartbreaking. It's important to remember that every statistic represents a life lost and has a cascading impact across the community.

Executive Summary

In February 2025, the Australian Government introduced the National Suicide Prevention Strategy (NSPS). This milestone outlines a whole-of-government approach to addressing the complex issue of suicide, setting out an ambitious ten-year agenda for transformative change. Suicide Prevention Australia is committing to an annual series of reports over the next ten years to track the progress of the NSPS implementation.

The NSPS is composed of three domains: Prevention, Support and Critical enablers, with a number of key objectives under each, and a number of recommended actions for each objective. The reports in this series will follow the structure of the NSPS, giving an overall assessment of implementation across each of the three domains and outlining progress towards realising the objectives and individual actions. This first report will set out a framework for measuring implementation of the strategy, highlighting examples of initial promising activities as case studies.

The assessment of the first twelve months of the NSPS is that there are reasons to be both concerned and hopeful. We are seeing some progress across all three domains, but governments need to do more. The next twelve months will be critical in determining whether governments are committed to reducing suicides by implementing the NSPS. Resources should be allocated in 2026-27 budgets, and the NSPS should be embedded in the development of a new National Mental Health and Suicide Prevention Agreement.

Summary of progress and recommendations:

Domain	Assessment	Recommended future focus
Prevention	There has been implementation of specific actions, but no overall strategic attention on implementation.	Departments and agencies (including PHNs) across relevant portfolios in federal, state, and territory governments should include the NSPS in planning processes to address a range of areas including: workplace psychosocial hazards, disaster recovery, cultural connection, and increased support for both those bereaved by suicide and those supporting people in suicidal distress.
Support	The majority of recommended actions have not seen progress, but the activities occurring so far are encouraging.	Departments and agencies should continue both the expansion and enhancement of existing effective services, such as community suicide prevention training and aftercare, and the development of new service models, such as the use of AI and social prescribing.
Critical enablers	There has been significant investment in some key recommended actions.	All levels of Government should establish a 'suicide prevention in all policies' approach through legislation and pursue workforce enhancement and upskilling.

Introduction

The National Suicide Prevention Strategy (NSPS) has the potential to be the most significant milestone in the history of suicide prevention in Australia. The importance of national strategies to suicide prevention is internationally acknowledged.[1] The extensive consultation process led to a strategy that is widely supported.[2] And the document that was produced is both broad and detailed in a way that few government strategies achieve. However, at this stage its importance is only potential. Without implementation the Strategy becomes just another document on a shelf gathering dust; just another file on a government website gradually becoming obsolete. Such a significant missed opportunity would also be a major milestone, but not one we would want to see.

Holding governments to account by monitoring actions is always an important part of ensuring progress – what gets measured gets done. It is particularly important in the case of the implementation of the NSPS for two reasons: firstly because of its potential as a blueprint for comprehensive action, and secondly because of the significance of the issue it addresses.

Suicide is the leading cause of death for both young and middle-aged Australians. As a result, the estimated number of years of life lost to suicide is 1.5 times higher or more than any other cause of death.[3] And the deaths by suicide are only the most visible tip of an iceberg. National data indicates that 55,000 Australians over 16 years of age attempt suicide every year, and 644,000 a year will have serious thoughts of suicide.[4] Over the course of their life more than 3 million Australians will have suicidal thoughts or behaviours – more than 16% of the total adult population.[5]

It has taken decades for our society to develop sufficient knowledge and awareness of suicide and the determinants which lead to suicide to make this strategy a possibility. There is still stigma and negative attitudes on this issue, and there can often be a reluctance to talk about suicide, leading to a failure to tackle the problem directly.

At the same time, the causes of suicide or suicidal ideation are complex and multifactorial. Suicide is an extremely complex human behaviour with a very broad range of risk factors. For such a complex problem no single solution will be entirely effective.

Too often suicide is framed purely in terms of mental health or mental wellbeing, which we know is only part of the picture. The National Study of Mental Health and Wellbeing showed that of the people who reported any suicidal thoughts or behaviours in the last 12 months, one in four had no mental health condition.[6] And even for those with suicidal thoughts where a mental health condition is present it will not always be the main driving factor.

Even a broader conception of mental health or mental wellbeing will often not capture important economic and environmental determinants of suicide. Lack of financial security, the impact of natural disasters, even increased temperatures have been linked to increased risk of suicide.[7] And the important work of restricting access to the means of suicide, in addition to the causes of suicide, is not covered by conversations about wellbeing.

This is the strength of the NSPS, it takes a cross-portfolio approach, recommending a broad range of initiatives across different areas of government. This breadth is necessary. To address an issue as complex as suicide, a broad national strategy is required that will address areas ranging from domestic violence to environmental disasters.

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 service providers, practitioners, researchers, local collaboratives, and people with lived experience across the suicide prevention sector, so that together we can save lives.

We are a member-based organisation that is guided by people with lived experience of suicide. We have over 350 members all over Australia which include the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders.

In addition to its breadth the other factor that gives the strategy so much potential is its level of detail and the flexibility built in across the recommendations. While there are over 100 recommended activities in the strategy, these range from those which could be undertaken by government departments with their current resources, to actions that with require significant investment. Governments are given flexibility in implementation, and can select from a range of potential actions that link with and complement current actions across other public policy areas. The schedule of implementation is similarly not fixed and each action can be implemented at a time that aligns with the broader work of governments.

A final important benefit of the strategy comes from the process through which it was created. The engagement work undertaken by the National Suicide Prevention Office was high quality and included conversations across multiple portfolios at a Federal Government level, as well as relationships with State and Territory governments, alongside extensive consultations with community sector organisations and those with lived experience of suicide. This is a strategy underpinned by community engagement, knowledge and expertise. Governments can have as much confidence as is possible that any of the recommended actions that are implemented will be effective at reducing suicide risks.

Because of the importance of the Strategy, Suicide Prevention Australia is committing to an annual series of reports over the next ten years to track the progress of the strategy's implementation. This first report in the series will set out the framework for measuring implementation, and provide case studies of initial promising activities that contribute to implementation. Future reports in the series will take a comprehensive approach, looking across the range of recommended actions for levels of implementation by both Federal and State and Territory Governments.

The NSPS is composed of three domains: Prevention, Support and Critical enablers, with a number of key objectives under each, and a number of recommended actions for each objective. The reports in this series will follow the structure of the strategy, giving an overall assessment of progress on each of the three domains and where possible outlining any progress in the objectives and individual actions. This first report in the series will give case studies of instances where actions have been taken over the last twelve months that are examples of implementation. The reports will also give recommendations on actions that could be the focus of implementation efforts in the near-term. And future reports will also note activities that support the objectives of the strategy that go beyond the recommended actions. Before providing this assessment on progress this report will summarise the development of the NSPS.

Development of the Strategy

In January 2022 the Australian Government formally established the National Suicide Prevention Office (NSPO).[8] The Office was created in response to recommendations from the National Suicide Prevention Final Advice and the Productivity Commission Inquiry into Mental Health, with a mandate to lead a unified national approach and drive cross-government reform. Part of this mandate was an explicit objective to develop a national strategy.[9]

Work on developing the NSPS was the first major undertaking of the NSPO and involved structured engagement with groups established to provide expert guidance, extensive lived experience input, whole-of-government participation, and broad public consultations. Given the widespread approval of the strategy that resulted from this process, it is worth summarising the development of the NSPS and highlighting key components of its success.

Initial work over the second half of 2022 and early 2023 laid the foundation for the development by gathering evidence. Existing government reviews and reports were analysed and used to establish an understanding of previous work.[10] A number of evidence reviews, some broadly scoped and others focussed on key topics, were commissioned. And an academic with strong expertise in suicide research, Professor Jane Pirkis, was appointed as scientific advisor.

In addition, over this period key stakeholder groups were established. These included:[11]

- **Advisory Board** – consisting of experts drawn from academia, service systems, lived-experience leadership, and relevant sector organisations.
- **Lived Experience Partnership Group** – made up of a broad range of individuals with lived and living experience of suicide.
- **Jurisdictional Collaborative Forum** – with representatives from federal, state, and territory government departments and agencies involved in suicide-prevention policy.
- **Two working groups** (Governance and Social Determinants, and Service Systems), composed of individuals with specific subject matter expertise.

The NSPO held regular meetings with these stakeholder groups throughout the development of the NSPS. An important feature of the process was early public consultation. In October 2022, a scoping paper was released and consultation on it opened.[12]

The paper outlined the proposed objectives, structure, guiding principles, and focus areas of the strategy. This allowed broad public input on the framing of the Strategy from the beginning of the work on development. Following on from the evidence gathering and public consultation, a number of targeted consultations were run via different mechanisms in mid-2023. These included a consultation run by the NSPO at a large suicide lived experience summit, commissioning two consultation processes by peak bodies Suicide Prevention Australia and LGBTIQ+ Health Australia, and consultations with young people.[13]

The National Suicide Prevention Strategy was designed to sit side by side with the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy as mutually reinforcing scaffolding. In addition to the Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) CEO sitting on the NSPO Advisory Board, the NSPO met regularly with GDPSA throughout development of the Strategy to ensure alignment.

In late 2023 and early 2024, the focus of consultations shifted largely to government, including meetings with federal departments and agencies across all the portfolios impacted by the draft strategy being developed.[14] However, there was continued engagement with, and advice sought from, the Advisory Board and Lived Experience Partnership Group.

Progress on developing the NSPS appeared to slow during early to mid 2024. It is notable that it was only during this period that criticism from the community sector about delays became prominent.[15] The initial scoping paper released in October 2022 had contained a timeline for development with the public consultation on a draft projected to be held in June 2023. The paper had acknowledged this was ambitious and there had been no significant criticism levelled about the delayed public consultation while it was clear that critical targeted consultation work was still being undertaken.

Between February and September there were increasing calls for the release of the draft strategy for consultation. A draft was released for consultation on World Suicide Prevention Day in September 2024.[16] A six-week consultation period gave adequate time for the sector and community to consider such a substantial document, and over 300 submissions were received.[17]

Further work was conducted to refine the strategy based on the input received from submissions and in November 2024 the NSPO met again with all portfolios relevant to actions in the NSPS to secure endorsement.[18] The final NSPS was then released in February 2025.[19]

Key dates:

2022

January 2022: NSPO established

August 2022 – January 2023: Environmental Scan of Suicide Prevention conducted

October 2022: Scoping paper released for consultation

November 2022: Advisory Board established

December 2022: Lived Experience Partnership Group established

December 2022 – January 2023: Rapid evidence reviews conducted

2023

March 2023: Consultation at Lived Experience Summit

April 2023: Targeted consultations by Suicide Prevention Australia

April 2023: Targeted consultations by LGBTIQ+ Health Australia

September 2023: Interdepartmental Committee meeting held

December 2023: Consultations with Federal Departments and Agencies

2024

January-February 2024: Consultations with State and Territory Departments and Agencies

September 2024: Draft released for public consultation

November 2024: NSPO met with all relevant portfolios to secure endorsement

2025

February 2025: Final Strategy released

2026

Prevention

The structure of the NSPS recognises that to be effective in addressing suicide an "upstream" approach must be taken. It is not sufficient to focus solely on those already at risk of suicide. Efforts must be directed to reducing the factors that can drive distress. Much of this work will sit outside the suicide prevention sector and outside suicide prevention programs and teams in government, as the factors driving distress are addressed by a range of different portfolios and sectors. For a number of these portfolios, responsibilities lie primarily with State and Territory Governments, meaning that implementation in these areas will need to be tracked on a jurisdictional basis. This will still include Federal Government actions as there will still be key roles in providing coordination and funding, and in many cases PHNs will play a key role.

The extent to which multiple jurisdictions are potentially involved makes it difficult to be certain that all progress is being captured in assessment. However, it is clear that there has been no focussed attention on implementing the NSPS in any jurisdiction. It is likely that specific activities in particular regions will be implementing parts of the recommended actions, and an example of this is given below. Local consultations and analysis will be duplicating the work of the NSPS and coming to similar conclusions, leading to initiatives aligned with the NSPS. There is a missed opportunity for PHNs, State and Territory Governments and the Federal Government to utilise the strategy to guide planning for new initiatives relevant to preventing suicide.

Implementation case study: Child and youth mental health services

As part of the first key objective of the Prevention domain, Safety and Security, there are a range of recommended actions covering areas from abuse and neglect to workplace psychosocial hazards. Many the actions could be undertaken by state and territory governments, but PHNs can also play a role, especially where specific regional gaps or needs are identified.

The NSPS action 1.2b recommends: "Ensure mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally safe way."

A positive sign of action in this area at a regional level is Brisbane South PHN has released new funding for the Child Mental Health Pilot Program.[20] This will provide early, therapeutic intervention for children under 12 for those with moderate to severe mental health concerns through therapeutic mental health support and wrap around support for families. It is intended to address a gap in mental health service provision for children under 12 years of age. The initiative is in response to a rise in reported and high-profile suicides among children and young people within the Brisbane South PHN catchment.

Key future actions for implementation:
As stated above, many of the actions in the domain of Prevention go beyond the suicide prevention sector and address the determinants of suicide across all portfolios. Some examples of these important cross portfolio actions, 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)*.

The implementation of these and other actions, will need departments and agencies (including PHNs) across a range of portfolios in federal, state, and territory governments to include the NSPS in planning processes. This should involve an examination of the strategy to identify which recommended actions are relevant to their work. Then for all relevant actions a determination of which are aligned with current priorities, and which should be considered in future planning to be undertaken later across the ten-year span of the NSPS.

This work also needs to be conducted in suicide prevention-focused teams within health agencies, as other key recommended actions sit more clearly within the suicide prevention sector, for example:

- Provide support services for families, carers and kin to better recognise and respond to any suicidal distress being experienced by families, carers and kin while acting in a support role *(action 2.2c)*.
- Provide universal access to: postvention services to support people bereaved by suicide, including dedicated tailored supports for groups disproportionately impacted by suicide; and bereavement support for all, including grief counselling, financial and legal advice and other care *(action 5.2f)*.

Some of this work will be relatively straight-forward, expanding existing services, such as action 5.2f. In other cases, it will require more investigation. In the example of action 2.2c, a suicide prevention team within a health department, if this is aligned with current priorities might seek to set up a trial of models for services supporting families of those experiencing suicidality. Although only a trial, this would be progress towards sustained services, and this works towards implementation of the NSPS. It is important to acknowledge that this is a ten-year strategy and although many are in critical need of support there will be restrictions on how fast progress can be made. But it is for this reason that planning and assessment must commence as soon as possible.

Support

While NSPS rightly acknowledges that upstream prevention is essential, it also ensures that downstream support is included. Support for those in crisis is important in both the short and long term.

In the short term, the upstream prevention measures have not yet been implemented, and even as they are implemented they will take time to reduce the distress downstream. Preventing future distress is critical, but many are in distress now and need support. In the long term, effective prevention efforts will reduce distress, but there will still be those who slip through the cracks or encounter unexpected issues. A comprehensive support system is required.

For this reason, it is not sufficient for governments to claim they are addressing suicide by addressing the upstream socio-economic and environmental determinants of suicide. This is important to prevent distress, but suicide prevention support services must also be present for those who are in distress.

We are seeing progress on a number of the recommended actions, including investment of resources in specific areas. The majority of recommended actions have not seen progress, but the activities occurring so far are encouraging.

Implementation case study: Medicare Mental Health Centres

The NSPS acknowledges the important role of Medicare Mental Health Centres in providing access to support for addressing suicide risk where it is engendered by mental ill-health. Action 7.1e of the NSPS states: "Increase the number of Medicare Mental Health Centres to provide greater in-person access to mental health assessment and treatment for all ages."

On this recommended action we have seen progress with the number of centres increasing from 31 centres in December 2024,[21] to 50 in October 2025,[22] and more being opened and planned.[23]

Implementation case study: Co-responder model

Action 7.2a recognises the significant role of first responders for those in suicidal crisis, and the need for further reform in this area, it states: "Review co-responder models (that is, joint response to emergency service calls for suicidal crisis by police and/or ambulance with a clinician or suicide prevention peer support worker) in Australia and use the findings to establish guidelines for a best-practice national approach, including culturally appropriate responses for Aboriginal and Torres Strait Islander people."

The NSW Ministry of Health is undertaking consultations on a health-led model for Mental Health emergencies. Currently the proposed model includes a mobile in-person response in some metropolitan areas and a 24/7 virtual state-wide service within NSW Ambulance, staffed by mental health professionals to provide support, assessment and referral for ongoing care.[24]

Key future actions for implementation:
Implementation in this domain to date has mixed the expansion of existing effective services, such as Medicare Mental Health Centres, with the development of new service models, such as co-responders. This approach should continue and there are a range of recommended actions of both types.

Expanding and improving existing interventions known to be effective includes recommendations such as:

- Promote uptake of suicide prevention training in the community, with tailored training and peer facilitators for populations disproportionately impacted by suicide *(action 6.2a)*.
- Expand the application of aftercare services to accommodate anyone who has recently self-harmed, attempted suicide or experienced a suicidal crisis *(action 8.2a)*.
- Integrate suicide prevention peer workers into all aftercare services by resourcing dedicated roles and support structures, such as peer supervision and communities of practice *(action 8.2b)*.

And exploring new innovations can be achieved in implementing recommended actions, such as:

- 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 7.2c)*.
- Design, trial and evaluate a model of social prescribing for people with suicidal thoughts and behaviours, available through primary care settings, that includes a dedicated coordinator role and consideration of people's cultural needs. This model should promote uptake by people who are not well connected socially and people living in communities where formal services are less readily available *(action 10.2a)*.

Critical enablers

Critical enablers are depicted in the NSPS as sitting under the two domains of Prevention and Support, indicating their role in underpinning the rest of the strategy. The inclusion of this domain acknowledges the need to not only improve of add to existing structures, but also to reshape the underlying system for increased efficiency and effectiveness.

Here government has made significant investment in some key recommended actions. Arguably, though it still represents only a small part of what is needed, this is the domain which has seen the most investment in implementation. It is an encouraging sign that the government's focus is here, as work on critical enablers provides the foundation to help ensure the success of actions in the other domains.

Implementation case study: Suicide Prevention Research Fund

Evidence-based service provision relies on research to provide information that guides the development and improvement of the service model. The NSPS recognises the importance or research in 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.

In September 2025, the Federal Government announced that it would investing $4 million over two years to continue the Suicide Prevention Research Fund (SPRF).[25] The SPRF supports research and facilitates the rapid translation of knowledge into more effective services. It is guided by a Research Advisory Committee which identifies priorities for suicide prevention research and selects research projects to address these priorities.

Implementation case study: National Suicide Prevention Outcomes Framework

Action 13.3b of the NSPS makes a recommendation to: "Develop and implement a National Suicide Prevention Outcomes Framework that identifies an agreed set of suicide prevention outcomes and indicators, extending beyond health measures." This important monitoring work is distinct, but complementary, to the work being done in this report. This report is intended to give information on the extent to which the NSPS is being implemented. If the NSPS is implemented, then outcomes measurement can give information on the effect its implementation has had on the factors it was intended to affect.

The NSPO is currently working on the National Suicide Prevention Outcomes Framework. An overview of the framework is already complete which outlines the purpose, aims and intent of the Outcomes Framework.[26] Next an Outcomes Map will be released which will defines the goals, outcomes, indicators, and data measures within the Outcomes Framework, and link them to the aims and objectives of the NSPS. Following this, plans for data quality and improvement, and for monitoring and reporting will be released.

Key future actions for implementation:
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 a 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.[27] 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.

In addition to implementing a 'suicide prevention in all policies' approach, another critical area for action is in developing the workforce. On this there are two recommended actions that should be a particular focus of government attention:

- Develop a national suicide prevention workforce strategy to guide a coordinated approach to workforce planning and development across governments and portfolios.
  - Define the scope of the suicide prevention workforce.
  - Raise awareness of the broad range of workforces that have a role in suicide prevention.
  - Clarify roles, competencies and required areas of capability development.
  - Identify priorities for attracting, training, maximising, supporting, retaining and sustaining key workforces that deliver culturally safe and inclusive suicide prevention services *(action 14.1a)*.
- Establish a nationally consistent approach to attract, train and retain the suicide prevention peer workforce.
  - Attract a diverse suicide prevention peer workforce through recruitment approaches and mechanisms to assist with accessibility of training including financial assistance.
  - Ensure training is of high quality and provides foundational knowledge in peer work and suicide prevention.
  - Develop guidance to support employing organisations to provide the suicide prevention peer workforce with a workplace that values and meets the professional needs of this workforce.

Suicide Prevention Australia has recently released a report *'Helping the Helpers: Sustaining the Suicide Prevention Workforce'*, which brings together insights from the suicide prevention sector on how to better support and sustain the suicide prevention workforce.[28] The recommendations of the report should be utilised to guide the implementation of these actions.

Conclusion

The clarity and detail of the NSPS makes assessing its implementation more straight-forward than is the case with most government strategies. It is unusual in having a set of clear and relatively specific recommended actions. These actions can, to a large degree, be assessed as to whether they are being implemented or not. However, even in the case of the NSPS it is not possible to take a strictly quantitative approach to assessing implementation.

It would not be meaningful to say that at the point of being one year into a ten-year strategy we should see 10% of the actions implemented. The actions vary greatly in the amount of work and the length of time it would take to implement them. And there may be critical background work being undertaken with little visible outcomes, that none-the-less represents substantial progress. Also progress on most endeavours is not linear and it is not unusual for work to increase in pace as a project continues.

None of the above should be taken as an excuse for complacency. While there have been achievements in a small number of specific recommended actions, the fact that there is as yet no coordinated attempt to devote resources and attention to implementation of the NSPS is cause for concern. However, there are some key upcoming opportunities to see implementation efforts substantially advanced.

The timing of the release of the strategy in February was unfortunate in that planning for the 2025-26 Federal Budget was already well advanced at its release. The 2026-27 Federal Budget is the first opportunity to have a well-planned approach for devoting resources to implementation. Upcoming state and territory budgets should also look to devoting resources explicitly to implementation of the NSPS.

Looking further ahead, the development of a new National Mental Health and Suicide Prevention Agreement is a significant opportunity for implementation. The Productivity Commission's review of the current agreement has included a number of recommendations relevant to the NSPS. Most critically this includes that there should be a separate suicide prevention schedule to the agreement and that this should be guided by the NSPS.[29]

It is important that the implementation of the NSPS should not be delayed to the start of the new agreement. As mentioned, upcoming budgets should contain resources for implementation. Initiatives in 2026-27 budgets can be focussed on recommended actions aligned with existing work, while the development of a new agreement can be used to set a longer agenda for implementation.

In assessing the progress of the NSPS there are both reasons to be optimistic and causes for concern. The next twelve months will be critical in determining whether federal, state and territory governments are committed to reducing suicides by implementing the NSPS. It is vital that we see resources allocated in budgets, and the NSPS embedded in the development of a new National Mental Health and Suicide Prevention Agreement.

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Suicide Prevention Australia

Acknowledgement Statements

Suicide Prevention Australia remembers those we have lost to suicide and acknowledges the suffering suicide brings when it touches our lives. We are brought together by experience and are unified by hope.

Suicide Prevention Australia acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community. We pay our respects to them and their cultures, and to Elders past, present and emerging.

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