Suicide Prevention Australia

February 2026

2026-2027 WA Pre-Budget

Submission

Contents

Suicide Prevention Australia

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

MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
1. Suicide prevention specific funding pool	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
2. Draft and implement suicide prevention legislation	Draft an Act as the legislative foundation to enhance coordination across portfolios and deliver tangible, measurable reductions to suicide and suicidal distress across WA.	$0.5M over 2026-27 for drafting and consultation
3. Consultation on embedding lived experience in government decision-making	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.	$1.5M over 2026-28
4. Consultation on Suicide Lived Experience Leadership Models	Fund a broad and rigorous consultation process across those with lived experience of suicide to establish what mechanisms would further develop leadership in suicide lived experience	$0.5M over two years
5. Invest in peer workforce development	Provision of training for peer workforce and retention incentives for regional workforce, through provision of an annual $0.4 million fund to provide training for applicants.	$0.075M over four years
6. Enable timely suicide data collection and release	Establishment of a data registry to capture and release vital information on suicide deaths	Uncosted
7. Equip the community to respond effectively to suicidal behaviours	Make evidence-based suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk by establishing a community training fund.	$0.5M over four years
8. Review funding processes to strengthen community organisations	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.	Funding process changes
9. Providing consistent and compassionate ED Guidelines	Implement hospital guidelines to compassionately and consistently deal with patients presenting in suicidal distress.	$1M over 2026-28
10. Introduce competency frameworks in public-facing agencies	Government to fund the development of industry-specific competency frameworks in high-risk areas of government services, 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
11. Improving access to 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.	$0.5M per year
12. Funding Postvention reach to more of those bereaved	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.	$0.5M per year
13. Peak body funding	Suicide Prevention Australia seeks the establishment of dedicated peak body funding for suicide prevention	$2M over four years

Introduction

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

Suicide Prevention has 38 members based in Western Australia, as well as a number of national organisations who provide services in the State.

The Impact of Suicide

The impact of suicide in Australia is far-reaching. More than 3,300 people died by suicide in 2024; 418 of those in Western Australia,[1] the effect of each loss is felt by around 135 people throughout families, workplaces, and communities.[2]

Suicidal distress accounts for more than 2,400 hospitalisations across Western Australia each year,[3] adding to the burden on emergency health services, including ambulance and police attendances. And this brings with it a cost of $30B a year nationally, more than three billion dollars for Western Australia,[4] impacting 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.[5]

Suicide disproportionally affects particular demographics. Three-quarters of suicide deaths are men.[6] Rural and regional Australia impacted by a rate up to twice that of metropolitan areas.[7] The impact on Aboriginal and Torres Strait Islander peoples is particularly significant recording 55 deaths in Western Australia in 2024, an age-standardised rate of 45 deaths per 100,000 people.[8] Serving personnel and Veterans face increased death rates of up to twice the national average.[9] This means the approach to suicide needs to be comprehensive and strategic, and backed by meaningful investment.

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[1] Australian Bureau of Statistics. "Causes of Death, Australia." *ABS*, 2025, https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.
[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] Productivity Commission. (2020). *Mental Health, Report No. 95. Supporting Material (Appendices B-K)*; Productivity Commission: Canberra, Australia
[5] Suicide Prevention Australia (2023). *Socio-economic and environmental determinants of suicide: A background paper*. Sydney.
[6] Australian Bureau of Statistics (2024).
[7]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
[8] 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.
[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

The Cost of Suicide

We urgently need funded, implemented, whole-of-Government action, 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, more than three billion dollars for Western Australia.[10]
- Each year, 55,000 people attempt suicide.[11]
- Each year, more than 3,000 lives are lost to suicide.[12] Nine lives a day. More than 16 lives each fortnight in Western Australia.
- The Causes of Death preliminary data identified increasing rates of death among Aboriginal and Torres Strait Islander peoples.[13]

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:[14]

- 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.[15]
- 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.[16]
- LGBTIQA+ communities experience higher rates of mental health issues and suicidal behaviours.[17]

Distress in the Community

Suicide Prevention Australia's Community Tracker looks at causes of suicidal distress in the community. An examination of results from the 2025 tracker for Western Australia shows:[18]

- Measured each quarter for 11 surveys, close 7 in 10 (69%) residents of Western Australia experienced elevated distress beyond normal levels compared to the same time last year due to social and economic circumstances.

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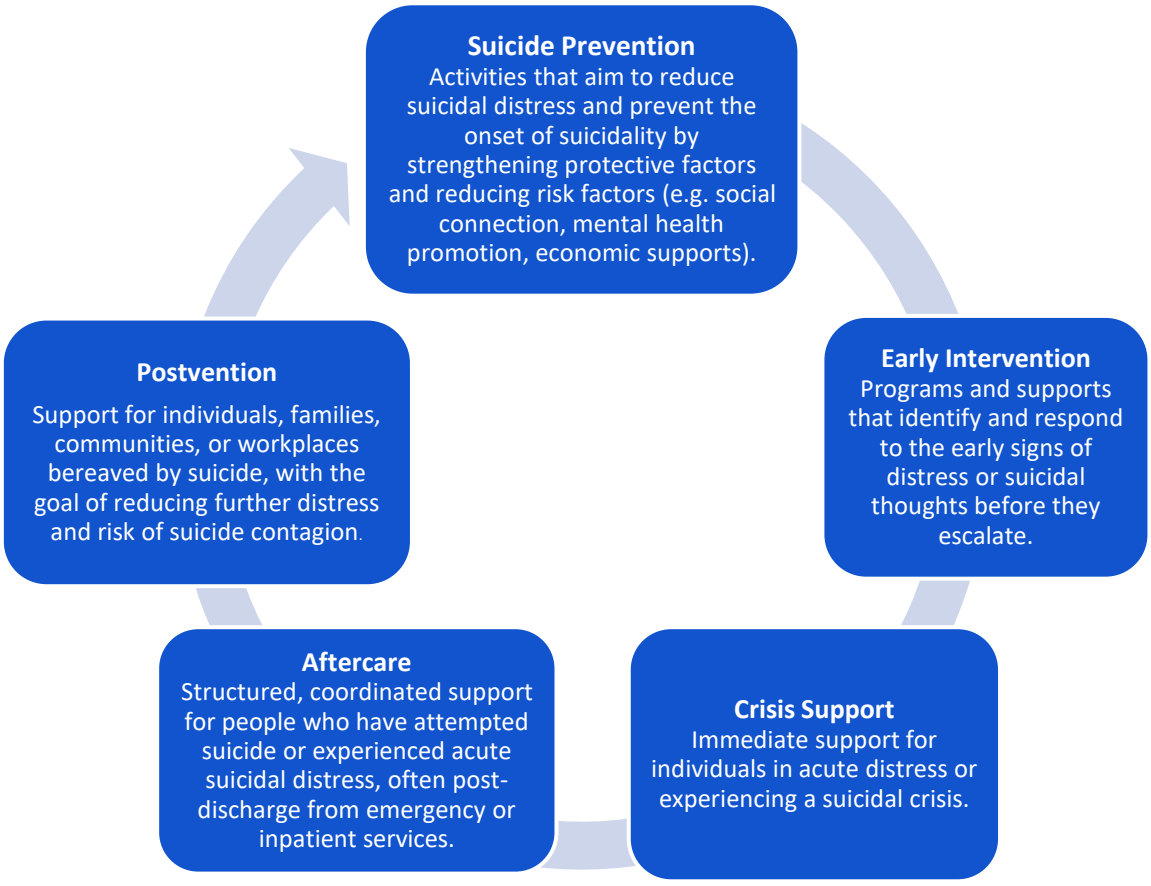
[10] Productivity Commission. (2020). *Mental Health.* Report no 95, Canberra.
[11] Australian Bureau of Statistics. (2020-2022). *National Study of Mental Health and Wellbeing*. ABS. https://www.abs.gov.au/statistics/health/mental-health/national-study-mental-health-and-wellbeing/latest-release.
[12] Australian Bureau of Statistics. (2024)
[13] Australian Bureau of Statistics. (2024)
[14] ibid.
[15] 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
[16] 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
[17] 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
[18] Suicide Prevention Australia. (2025). *Suicide Prevention Australia Community Tracker – Western Australia.* https://www.suicidepreventionaust.org/wp-content/uploads/2025/05/MAY-WA-The-Suicide-Prevention-Australia-Community-Tracker-1.pdf

- Distress peaked during the March 2023 quarter, affecting close to 4 in 5 (79%) residents of Western Australia.
- Cost-of living and personal debt distress remained the top stressor for 11 quarters in a row. Different stressors were ranked second highest at different times, with family and relationship distress the second highest stressor for five quarters, followed by housing access and affordability for four quarters, and social isolation and loneliness for two quarters.
- Housing distress, and alcohol and other drugs were each recorded by more than 10 per cent of respondents.

Components of suicide prevention



The priorities for the 2026-27 Budget

1. Suicide prevention specific funding pool

Budgetary process change

The landmark creation of the portfolio of Preventive Health in Western Australia is a firm basis for delineating suicide-specific actions and investment.

Combined with the developments nationally including the National Suicide Prevention Strategy and review of the National Agreement of Mental Health and Suicide Prevention, the work being undertaken in Western Australia to examine risk factors and preventive actions provide an opportunity to separate suicide prevention as a distinct area of investment, allowing for ongoing evaluation.

The report of the Productivity Commission 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*."[19]

Half of those whose lives are lost to suicide each year are not interacting with mental health services at the time.[20] 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.

2. Draft and implement suicide prevention legislation

$0.5M over 2026-27 for drafting and consultation

"No single government portfolio can undertake the breadth of actions that are required to reduce suicides, reduce suicide attempts and respond effectively to distress".[21]

Suicide prevention legislation is a key lever to ensure a whole-of-government approach to suicide prevention.

A Suicide Prevention Act would provide a foundation for the principles and actions of Western Australia's new Suicide Prevention strategy. An Act is necessary to 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

[19] Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June
[20] 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
[21] National Suicide Prevention Taskforce. (2020). Interim Advice Report: Towards a national whole-of-government approach to suicide prevention. Canberra; August 2020, p 8. Accessed online at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/3.%20Interim%20Advice%20Report.pdf>.

measurable steps to reduce and prevent suicide. Suicide Prevention Acts have proven successful overseas in legislating whole-of-government prevention priorities, and have now been introduced in South Australia and New South Wales.

A Suicide Prevention Act would embed lived experience in governance, with the guiding efficiency of agency suicide prevention plans, and establish ongoing monitoring and outcome frameworks. This can include mandating that 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. Legislation can also create a suicide prevention lived experience council to advise government and embed the voice of lived experience across government decision-making.

This legislative foundation will be an effective measure to enhance coordination across portfolios, and deliver tangible and measurable reductions to suicide and suicidal distress across Western Australia.

The coordination provided by an Act would offset duplication and unconnected initiatives, allowing more effective and targeted investment in suicide prevention.

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 Suicide Prevention Act.

3. Consultation on embedding lived experience in government decision-making

$1.5M over 2026-28

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. This complements the work of the Suicide Prevention Act. 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. Where applicable the review could also consider good practice in other jurisdictions that could be relevant. 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 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.

[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.

4. Consultation on Suicide Lived Experience Leadership Models

$0.5M/ 2 years

Suicide lived experience leadership is a vital to ensure genuine collaboration in policy development, and co-design and delivery of suicide prevention strategies, services and initiatives. A commitment to ensure that people with lived experience are involved in every stage of policy development from the planning stage through to the evaluation process 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 peak body for suicide lived experience, driving the embedding of lived experience in government and suicide prevention organisations. With the focus on Preventive Health, and the new Suicide Prevention Strategy for Western Australia, the time is apt for instituting a State Lived Experience leadership model.

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. Additional 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 would further develop leadership in suicide lived experience.

5. Training the suicide prevention lived experience and peer workforce

$0.075M over four 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 to provide their unique understanding and expertise. This includes different aspects, both peer workers, and also those in other roles who have lived experience. Having lived experience is often helpful, but without training workers may struggle to bring that lived experience perspective into their work.

To build this workforce, access to training is needed, to equip the workforce against burnout, and enable skills development. This training also needs 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.

Suicide Prevention Australia is seeking the establishment of an annual training fund providing assistance for 50 peer workers per annum at a cost of $75,000, to help build and diversify the workforce, and ensuring more people in distress can seek assistance in their own community.

6. Enable timely data collection and release of data on suicide deaths

A publicly available suicide register is essential to enable effective and responsive analysis and reaction to suicide deaths, enabling better prevention actions and identification of trends.

Suicide Prevention Australia is urging the Government to enable the WA Suicide Monitoring System, including the public accessibility of data.

The collection of such data in other jurisdictions across Australia has led to better understanding of trends, timeliness in recognising increasing distress, and the ability to increase responsiveness.

Suicide Prevention Australia is seeking the establishment of a data registry to capture and release vital information on suicide deaths in Western Australia.

7. Equip the community to help prevent suicides through training
$0.5M over 4 years

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. 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. A range of such evidence-based short training courses exist.

Suicide Prevention Australia is calling on the Government to fund training in community, to ensure the support is there for people in distress when they need it. To facilitate this, Suicide Prevention Australia has designed and piloted an online suicide prevention learning platform that brings together a range of existing evidence-based resources to help upskill and equip the community: Learnlinc.

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. Learnlinc already provides subscribers with links to a range of existing courses, as well as providing learning structures to help embed course content, and a large library of free resources drawn from organisations with specialist expertise.

Providing $0.5 million over 4 years would upskill 750 community connectors, people most likely to come into contact with initial disclosures of suicidality. This would include free

access to Learnlinc to key community members along with “credit” to undertake their choice of existing evidence-based suicide prevention course, or access to a face-to-face trainer. This could also allow for directed training towards understanding and responding to specific cohorts of people.

This investment would provide 750 trained points of contact within the Western Australian community, from barbers to sports coaches, to effectively deal with initial disclosures. This would offset the impost on emergency services and departments through early intervention.

Suicide Prevention Australia is seeking a commitment to funding in-community training to recognise and effectively refer suicidal distress at the earliest opportunity.

8. Review funding processes to strengthen community organisations

Funding process changes

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 renewed funding, lack of indexation, and overdue payments are creating an environment where certainty and sustainability are undermined, alongside continuity of workforces and services.

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.

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. This uncertain funding environment meant that funding was not predictable, stable or sustainable, temporary funding resulted in temporary roles which affected recruitment.

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.

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

9. Providing consistent and compassionate Emergency Department Guidelines

$1M over 2026-28

Hospital Emergency Departments are often the first point of contact for someone in suicidal crisis, and the support and treatment provided has a significant impact on their risk of attempting or dying by suicide in the future.

Suicide prevention guidelines can help Emergency Departments to deal more effectively and compassionately with suicidal behaviours.

These Guidelines can build a strong and consistent process, assisting both staff and patients in Emergency Departments. Two examples of such Guidelines are the recently released Black Dog Institute update of best-practice guidelines for use around Australia,[24] and the Suicide Prevention Competency Framework for the Health Sector.[25]

These Guidelines provide the health system with tools to better equip and support staff, ensuring adequacy of care that is compassionate and respectful to every person in suicidal crisis who presents to the emergency department and other acute settings.

Suicide Prevention Australia is seeking implementation of guidelines for presentations of people in suicidal distress in the Emergency Department to provide consistent, clear, and compassionate best-practice.

10. Introduce competency frameworks in public-facing agencies

$0.55M over 3 years

Throughout the Western Australian Public Service, many roles are public-facing, particularly in areas where distress can be encountered on a regular basis, including Justice, Health, Ageing, Police and Emergency Services, Community and Multicultural Affairs, and Veterans' Affairs. 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 across Australia, including for universities, the health sector, mining, and volunteer firefighting.

To support efforts to build capacity on responding to suicide risk, Suicide Prevention Australia asks the Government to fund the development of industry-specific

[24] https://www.blackdoginstitute.org.au/news/new-sp-guidelines-for-ed-launched/
[25] https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/2300905-SPA_Competency-Framework-Healthcare_v2.pdf

competency frameworks in high risk areas of government services, such as policing and emergency services, health, community services, and the justice system.

11. Improving access to Aftercare

$0.5M per year

A suicide attempt is the strongest risk factor for subsequent suicide. The risk for suicide after an attempt is between 20 to 40 times higher than in the general population.[26] 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 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."[27]

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

12. Funding Postvention reach to more of those bereaved

$2M per year

Each suicide has a significant impact in a community, with up to 135 people affected by the loss.[28]

Postvention offers support for people who have been bereaved or impacted by suicide, including individuals, families, friends, witnesses, first responders, and service providers. 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.

Postvention services are funded through cost-sharing between the Commonwealth and States and Territories via bilateral schedules. For 2026-27, the total funding required for StandBy service delivery across Western Australia is approximately $4 million, which would require a State contribution of $2 million. The increase would support the implementation of peer support and counselling across Australia and increase StandBy WA's reach to 30% of the projected postvention demand. Western Australia would be able to trial an embedded Aboriginal Worker modelled on the successful integration in the Northern Territory. The majority of the funding will be directed to service delivery via Anglicare WA.

[26] 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

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

[28] 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).

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

13. Peak Body funding for suicide prevention

$2M over four years

Suicide Prevention Australia is seeking suicide prevention specific peak body funding through the Western Australia Government Budget.

As a peak body both federally as well as in each State and Territory, Suicide Prevention Australia is active on issues unique to Western Australia, including the mining industry, and has a deep understanding of suicidal risks, behaviours, loss, and services within the State, as well as effective and best-practice translational research and policy.

Suicide Prevention Australia currently provides advice to the Western Australian Government alongside other funded State peak bodies through submissions to government inquiries and participation in fora, such as the WA Mental Health Commission.

The breadth of experience through Suicide Prevention, our members, and our lived experience advice, will be valuable in directing the focus of suicide prevention across areas of priority and the wider community in Western Australia.

Suicide Prevention Australia is seeking peak body funding to provide in-depth support and expertise to Western Australian agencies in preventing suicide across the State.

For more information

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Acknowledgements Statement

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

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

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