



Suicide Prevention
Australia

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2026-2027 Northern Territory Pre-Budget Submission

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MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
1. Suicide prevention specific funding pool and reinstatement of portfolio	Suicide prevention funding be distinct and delineated in the 2026-27 Budget and ongoing to allow for transparent and identifiable funding allocations, and suicide prevention be reinstated as a distinct portfolio.	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 NT.	\$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 workforce development	Provision of training for workforce and retention incentives for regional workforce, through provision of an annual \$0.5 million fund.	\$0.5M over four years
6. Establishment of a 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.	\$1M over two years
7. Male- focussed suicide prevention	Suicide Prevention Australia is calling on the Government to invest in the Doing It Tough program to provide targeted connections for men in distress.	\$1M over four years
8. 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
9. 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
10. Providing consistent and compassionate ED Guidelines	Implement hospital guidelines to compassionately and consistently deal with patients presenting in suicidal distress.	\$0.5M over 2026-28
11. 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
12. 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
13. 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.	\$1.5M per year
14. Peak body funding	Suicide Prevention Australia seeks a dedicated NT peak body and cross sector coordination funding for suicide prevention.	\$3M 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 eight members based in the Northern Territory, 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; more than 50 of those in the Northern Territory,¹ the effect of each loss is felt by around 135 people throughout families, workplaces, and communities.²

Suicidal distress accounts for nearly 400 hospitalisations across the Territory 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, about a quarter of a billion dollars for the Northern Territory,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 disproportionately affects some groups. 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 more than 20 deaths in the Northern Territory in 2024, an age-standardised rate of 24.9 deaths per 100,000 people.⁸ Serving and ex-Veteran personnel 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.

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., Singleton, 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, a quarter of a billion dollars for Northern Territory.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, and nearly one every week in the Territory.
- 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
- LGBTIQ+ 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 November 2025 shows:¹⁸

- Cost-of-living stress has persistently remained the top stressor for Australians over the past 3 years. While it has slowly fallen over a 15-month period until the June 2025 quarter (45%), we're now seeing it begin to rise slightly (46%) and mirror figures for the two quarters before its March 2024 peak (50%).

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>

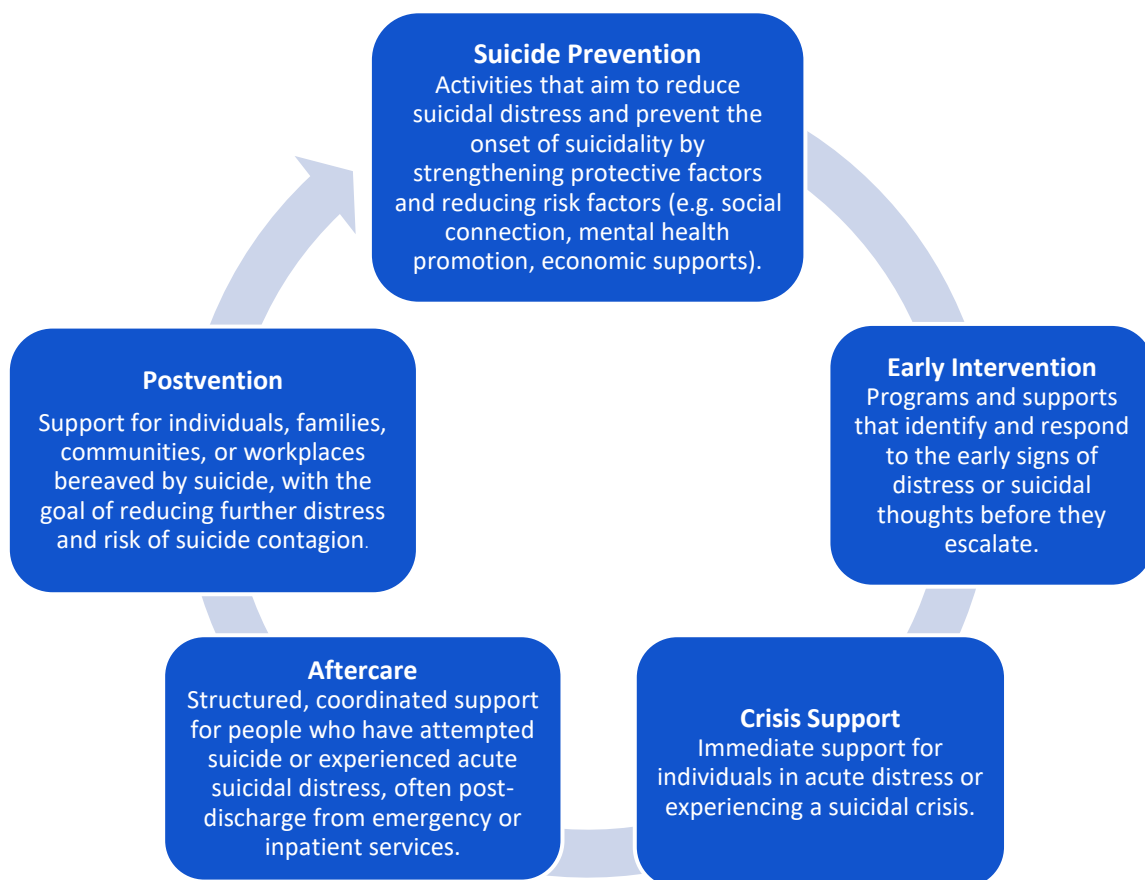
¹⁶ Australian Institute of Health and Welfare. (2024). Web release: *Serving and ex-serving Australian Defence Force members who have served since 1985: suicide monitoring 1997 to 2022*, Report editions - Australian Institute of Health and Welfare, Canberra

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 November 2025. <https://www.suicidepreventionaust.org/wp-content/uploads/2025/09/Suicide-Prevention-Australia-Community-Tracker-1.pdf>

- Social factors maintain their ranking with family and relationship breakdown and social isolation continuing as the second and third leading stressors. Rankings between stressors have reverted to how it was in 2022 when social factors ranked among the top three.
- Housing distress has seen increases this quarter, with around 1 in 5 Australians experiencing distress. A similar trend can be seen for unemployment.

Components of suicide prevention



The priorities for the 2026-27 Budget

1. Suicide prevention specific funding pool

Budgetary process change

Suicide Prevention was disappointed by the removal of the suicide prevention portfolio from the Northern Territory Ministry, and would encourage the Government to reinstate the distinct portfolio, both to increase the priority of suicide prevention and enable better transparency and evaluation.

In addition, combined with the developments nationally including the National Suicide Prevention Strategy and review of the National Agreement of Mental Health and Suicide Prevention, delineation of suicide prevention distinctly from mental health would enable better identification for investment in a jurisdiction experiencing significantly higher rates of suicide than other parts of Australia.

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, and that a suicide prevention portfolio be reinstated.

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 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 measurable steps to reduce and prevent suicide. Suicide Prevention Acts have proven successful overseas in

¹⁹ Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June

²⁰ J Svetcic, 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](https://www1.health.gov.au/internet/main/publishing.nsf/Content/CBD1A157EC292D9FCA2584700028CC75/$File/3.%20Interim%20Advice%20Report.pdf)>.

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. 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 the Northern Territory. 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.

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 workforce **\$0.5M 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, including both peer workers, and also those in other roles who have lived experience.

To build this workforce three initiatives are required:

- Invest in Territory wide Long-Term Workforce Retention strategy
- Reduce Reliance on Recruitment Agencies
- Mandatory Orientation for Incoming Staff

These initiatives equip the workforce against burnout, and enable skills development. They also needs to encourage the development of peer workforces throughout regional areas, where the rate of suicide is higher and access to services lower.

The regional needs of the Northern Territory are unique, and make it more essential to integrate lived experience into workforces, to effectively reach remote peoples. This would offset the problems brought by low staff retention incurring costs of repeated recruitment and training.

A 2024 analysis of Aboriginal Community Controlled Health Service clinics found non-Aboriginal staff turnover (162%) was double that of Aboriginal staff (81%), underscoring the stabilising impact of local workforce.²³

Suicide Prevention Australia is seeking the establishment of an annual workforce enhancement fund at a cost of \$500,000, to help build and diversify the workforce, and ensuring more people in distress can seek assistance in their own community.

6. Invest in a suicide prevention collaborative hub \$1M over two 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.

This is particularly pertinent in the Northern Territory where distance and remoteness, combined with the need for cultural appropriateness, increase the need for understanding collaboration.

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.

7. Male-focussed suicide prevention – Doing It Tough \$1M over 4 years

Males represent more than three-quarters of all suicide deaths across Australia. And yet they are often underrepresented in support services; less likely to get the support they need.

Reaching men in a positive and meaningful way is essential, and the *Doing It Tough* initiative is collaborative website which connects men who are looking for support with addiction, relationship issues, financial difficulties, abuse, job related challenges and mental health, with local groups and community organisations.

Many of these local groups and services struggle to reach men, and this initiative ensures men are connected with these existing supports, meaning that resources of government and the community are used more effectively.

²³ Veginadu, A., Russell, D. J., Zhao, Y., et al. (2024). Workforce turnover and retention in Aboriginal Community Controlled Health Services in remote Australia: A payroll analysis. *Australian Journal of Rural Health*, 32(2), 145–158.

Created by people with lived experience and experts in the suicide prevention sector, *Doing It Tough* bridges the gap between men in need and support services.

The connection provided by the website becomes particularly important in regional areas, where rate of suicide and self-harm increase with remoteness. In major cities, the rates of suicide have ranged from 9.2 deaths per 100,000 people to 11.7 over the last twenty years.²⁴ In inner and outer regional areas, this range increases to 11.4 persons to 20.1, while in very remote areas the rate increases again to between 21 and 29.1 persons.²⁵ Aboriginal and Torres Strait Islander males experience exceptionally high rates of suicide, with nearly 80 per cent of suicide among Aboriginal and Torres Strait Islander people being male.²⁶

In 2022, Suicide Prevention Australia worked with over thirty experts in male suicide prevention, including lived experience, academic and service provision perspectives to produce a report on Male Suicide Prevention Principles.²⁷ A key recommendation of that report was on the need to support men in all their diversity by taking a co-design approach to the creation, implementation and evaluation of initiatives and supports.

Suicide Prevention Australia is calling on the Government to fund the *Doing It Tough* initiative to provide targeted connections for men and boys in distress.

8. 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, and the capacity to secure 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, including culturally-appropriate training in remote areas. 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.

²⁴ AIHW Suicide and Self-Harm Monitoring. (Accessed 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>

²⁵ *ibid*

²⁶ 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>.

²⁷ Suicide Prevention Australia. Male Suicide Prevention Principles. https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

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 Territory 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.

9. 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.²⁸ 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-

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

based continuing programs. Contracts should be finalised 12 months prior to the start or renewal of a program, and funds provided in advance.

10. 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. Three examples of such Guidelines are the recently released Black Dog Institute update of best-practice guidelines for use around Australia,²⁹ the Suicide Prevention Competency Framework for the Health Sector,³⁰ and the Zero Suicide Framework.³¹

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.

Increasing referral pathways, implementing warm handovers and rapid referral protocols, and working alongside the community sector to diminish suicidal distress through triaging in emergency departments will help both staff in emergency departments and people in distress seeking help.

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.

11. Introduce competency frameworks in public-facing agencies

\$0.55M over 3 years

Throughout the 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,

²⁹ <https://www.blackdoginstitute.org.au/news/new-sp-guidelines-for-ed-launched/>

³⁰ https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/2300905-SPA_Compentency-Framework-Healthcare_v2.pdf

³¹ <https://www.zerosuicide.com.au/zerosuicideabout>

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

12. 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.³² 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.”³³

Introducing mandatory referral protocols following all suicide attempts, and supporting awareness campaigns for emergency department clinicians will help to improve access to Aftercare services.

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

13. Funding Postvention reach to more of those bereaved

\$1.5M per year

Each suicide has a significant impact in a community, with up to 135 people affected by the loss.³⁴

³² 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

³³ Productivity Commission (2025.) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra

³⁴ Cerel, J., Brown, M.M, Maple, M., Singleton, 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).

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, approximately \$1.5 million is needed to maintain and grow service capacity in the Territory. Based on a 50/50 cost-sharing arrangement with the Commonwealth Government, this would be a funding ask of approximately \$800,000 for the Territory Government, an increase of approximately \$500,000. The increased investment would allow for increased peer support services, increase StandBy's reach to approximately 20% of the projected postvention demand in the Northern Territory and maintain the current arrangement with Aboriginal Medical Services Alliance Northern Territory (AMSANT) to have an embedded Aboriginal Worker in the Northern Territory. In the Northern Territory, the StandBy program is delivered by Youturn's Postvention Services in collaboration with AMSANT.

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.

14. Peak Body funding for suicide prevention \$3M over four years

Suicide Prevention Australia is seeking suicide prevention specific peak body funding through the Northern Territory 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 the Territory, 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.

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 the Northern Territory.

In addition, SPA proposes the establishment of the Northern Territory Suicide Prevention Collaborative (TSPC) – a Territory-wide platform to unify stakeholders, improve referral pathways, and promote culturally safe, evidence-informed suicide prevention strategies. This builds on proven models like the Illawarra Shoalhaven Suicide Prevention Collaborative (Lifespan framework). The Northern Territory Suicide Prevention Collaborative (NTSPC) will provide the missing system architecture, functioning as a Territory wide coordination platform creating an integrated, culturally safe, and evidence-informed system of care.

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

For more information

Nieves Murray
Chief Executive Officer
Suicide Prevention Australia
ceo@suicidepreventionaust.org
Phone: (02) 9262 1130

Christopher Stone
Executive Director, Sector Advocacy
Suicide Prevention Australia
chriss@suicidepreventionaust.org

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