



Suicide Prevention
Australia

May 2026

2026-27 South Australia Pre-Budget Submission

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

MEASURE	DESCRIPTION	ESTIMATED EXPENDITURE
1. Identify suicide prevention specific funding	Suicide prevention funding be distinct and delineated in the 2026-27 Budget and ongoing to allow for transparent and identifiable funding allocations.	Budgetary process change
2. Consultation on embedding lived experience in government	Undertake a review across government to establish areas of good practice in embedding suicide prevention lived experience, with the review conducted by an appropriate lived experience led body.	\$1.5M over 2026-28
3. Suicide Prevention Workforce Initiative	Develop a Suicide Prevention Workforce Initiative, articulating regional, and local strategies for accessibility, capability, skills, supply, retention, sustainability, support and workforce safety, with dedicated funding allocations for implementation.	\$1M over two years
4. Doing it Tough platform for men and boys	Suicide Prevention Australia is calling on the Government to invest in the Doing it Tough program to assist men and boys in suicidal distress.	\$1.6M over four years
5. Equip the community to respond effectively to suicidal behaviours	Make evidence-based "first aid" suicide prevention training more easily accessible to key members of the community who commonly encounter people at risk by establishing a community training fund for 10,000 people per year.	\$6.2M over four years
6. 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
7. Improved suicide registers	Inclusion of more detailed information in suicide registers, and better access to data to enable more informed and effective targeting and responses	\$2M over four years
8. Providing consistent and compassionate ED Guidelines	Implement hospital guidelines to compassionately and consistently deal with patients presenting in suicidal distress.	\$3M over 2026-28
9. Increase sites and accessibility of Safe Havens	Increase the number and accessibility of Safe Havens to provide effective non-clinical care for people in distress and reduce the burden on emergency departments.	\$15M over four years
10. Introduce competency frameworks in public-facing agencies	Government to fund the development of competency frameworks in public-facing government agencies and in industries related to socio-economic and environmental determinants of suicide, to provide a tailored approach to build on the evidence of 'what works' regarding the knowledge and skills required for workforces.	\$2M over three 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.	\$2M per year
12. Funding Postvention reach to more of those bereaved	Suicide Prevention Australia urges the Government to provide additional funding to postvention services to allow more people bereaved by suicide to access vital support. There is also need for postvention protocols to be developed in educational facilities	\$3.5M per year
13. Peak body funding	Suicide Prevention Australia seeks the establishment of dedicated peak body funding for suicide prevention	\$2M over four years

14. Assist suicide prevention organisations to achieve accreditation	Funding to assist 50 smaller and regional organisations annually to complete accreditation to ensure the highest quality and effectiveness of their programs, and to ensure their access to funding opportunities.	\$0.6M over four years
15. Building networks and collaboration	Enhancing coordination between services through establishing a collaboration hub to enable networking and joint tendering.	\$2M over two 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 Australia has 56 members based in South Australia, as well as a number of national organisations who provide services in the State.

South Australia has led the way with the enactment of suicide prevention legislation, and the implementation of agency plans is a significant step. There is more to be done, but the foundations are strong.

The Impact of Suicide

The impact of suicide in Australia is far-reaching. More than 3,300 people died by suicide in 2024; 238 of those in South Australia,¹ and the effect of each loss is felt by around 135 people throughout families, workplaces, and communities.² South Australia has a rate of 12.2 deaths by suicide per 100,000 people.

Suicidal distress accounts for more than 2,300 hospitalisations across South Australia each year,³ adding to the burden on emergency health services. And this brings with it a cost of \$30 billion a year nationally, nearly two billion dollars annually for South Australia.⁴ It impacts health systems, productivity, and communities.

Risk factors extend far beyond the health system, with the socio-economic and environmental determinants encompassing trauma, financial and housing instability, climate change, social isolation and loneliness, and relationship and family breakdown among others.⁵

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 Wellbeing. (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.

Suicide disproportionately 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 Serving personnel and Veterans face increased death rates of up to twice the national average.⁸ Aboriginal and Torres Strait Islander peoples experience twice the rates of death by suicide compared to non-Indigenous populations.⁹

This means the approach to suicide needs to be comprehensive and strategic, and backed by meaningful investment.

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, nearly two billion dollars for South 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 four lives every week in South Australia.

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:¹³

- 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.
- Regional and rural communities throughout Australia have a higher rate of death.¹⁴
- 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.¹⁵
- LGBTIQ+ communities experience higher rates of mental health issues and suicidal behaviours.¹⁶

⁶ Australian Bureau of Statistics. "Causes of Death, Australia." ABS, 2025, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.

⁷ Australian Institute of Health and Wellbeing. (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 Institute of Health and Wellbeing. (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>

⁹ Australian Bureau of Statistics. "Causes of Death, Australia." ABS, 2025, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.

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. "Causes of Death, Australia." ABS, 2025, <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>.

¹³ *ibid.*

¹⁴ 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>

¹⁵ 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

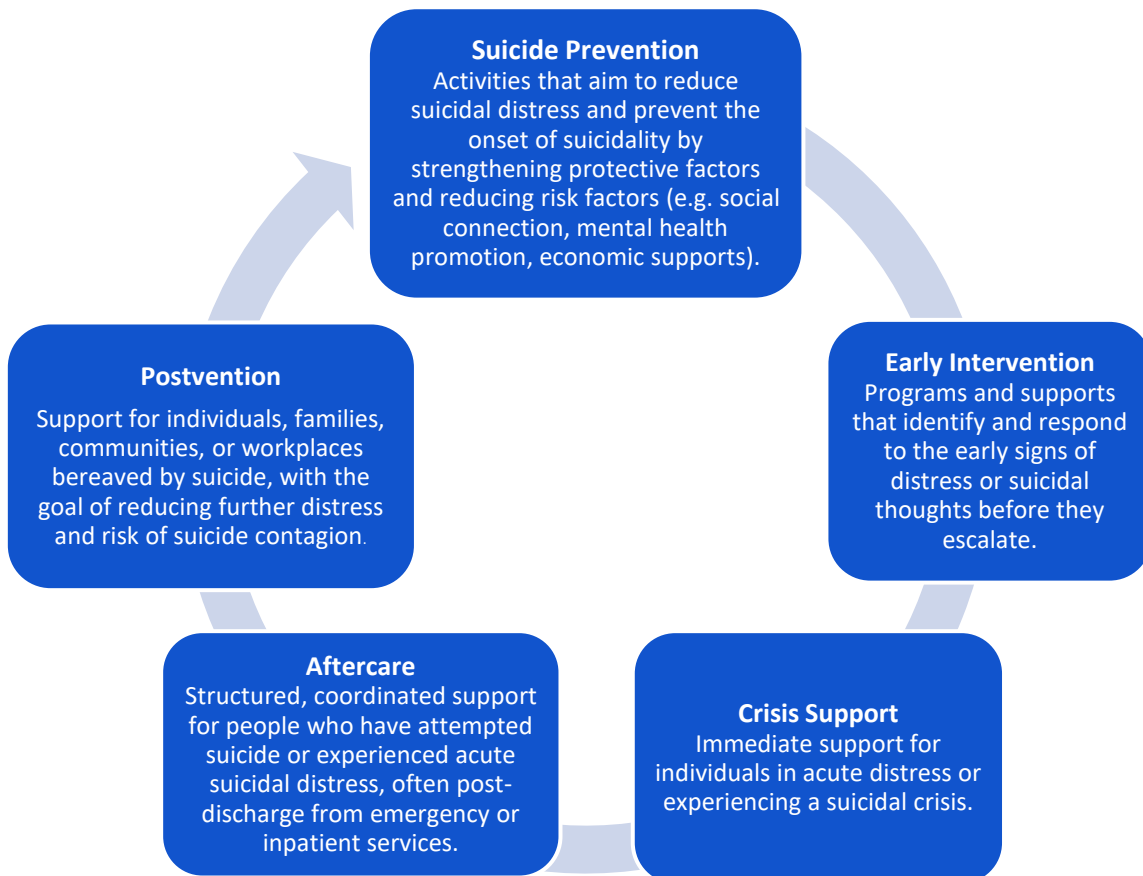
¹⁶ Australian Institute of Health and Welfare. (2024) *Suicide and self-harm Monitoring Web release: LGBTIQ+ Australians: suicidal thoughts and behaviours and self-harm* - Australian Institute of Health and Welfare. Canberra

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 May 2026 Tracker shows:¹⁷

- Distress levels remain persistently high across Australia, with nearly 4 in 5 Australians (79%) reporting higher distress than this time last year.
- Cost-of-living pressures continue to be the primary driver, highlighting that financial strain is now the norm for the majority of Australians.
- Social factors maintain their ranking with family and relationship breakdown (28%) and social isolation (25%) continuing as the second and third most prevalent stressors respectively.
- Positive results among those people taking action show support in all its forms matters: 3 in 4 Australians (75%) have taken action to support their wellbeing – from speaking with friends and family (35%), to self-care (42%), and clinical support (18%). Nearly 1 in 3 (31%) have accessed services across clinical, digital, phone, or community settings, with more than 4 in 5 saying these supports have helped.

Components of suicide prevention



¹⁷ Suicide Prevention Australia. (2025) Suicide Prevention Australia Community Tracker Queensland July 2025. <https://www.suicidepreventionaust.org/wp-content/uploads/2026/05/National-Community-Tracker-May-2026-FINAL.pdf>

The priorities for the 2026-27 Budget

South Australia has led the way across Australia in enacting suicide legislation, and has created a template for other jurisdictions, especially in regards to whole-of-government involvement through agency plans. This work has created a strong foundation for suicide prevention in South Australia, but areas such as implementing and evaluating agency plans, improving funding processes and data collection, and ensuring access to services throughout the State remain priorities.

1. Identify suicide prevention specific funding Budgetary process change

Multiple developments are occurring in suicide prevention currently, including a forthcoming new National Agreement on Mental Health and Suicide Prevention, which provide an opportunity to separate and delineate suicide prevention as a distinct area of investment.

Delineated and specific suicide prevention funding in the Budget will better equip analysis and evaluation, as well as ensuring implementations run smoothly.

The Interim report of the Productivity Commission has recognised the need for distinction from mental health, 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.”¹⁸

Having Budgetary measures inseparably merging mental health and suicide prevention measures hides causes and outcomes, and makes targeting, transparency, and evaluation impossible. Delineation will also highlight the work of agencies in progressing suicide prevention, and provide valuable measures of the legislation.

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. Consultation on embedding lived experience in government decision-making \$1.5M over 2026-28

The inclusion of lived experience as a fundamental driver of the Suicide Prevention Act provides a valuable foundation for ensuring government agencies have effective methods to incorporate the voice of lived experience into planning and actions. Suicide Prevention Australia would like to see this role expanded through a review across government to establish areas of good practice and how these could be applied to other areas. Such a review should be conducted by an appropriate lived experience led body selected by an open tender process with lived experience representatives included in the process.

¹⁸ Productivity Commission. (2025) *Mental Health and Suicide Prevention Agreement Review, Interim report*, Canberra, June

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.

3. A South Australia Suicide Prevention Workforce Initiative \$1M over two years

The mental health and suicide prevention workforces share many principles, including a holistic, compassionate, trauma-informed, and evidence-based approach. However, while there are substantial overlaps between the workforces, there are roles specific to the broader suicide prevention workforce, including targeted peer workers, postvention workers, and those working in aftercare.

With greater understanding of the socio-economic and environmental determinants of suicide, we also know that agencies responsible for housing, communities and justice, education and health all play a role within the suicide prevention workforce's ecosystem. The core functions of a suicide prevention workforce are inherently unique and require different skills, training, and experience.

Current models include a focus on student placements and early career staff to build a workforce, which benefits the development, skilling, and growth of the sector workforce.

A suicide prevention workforce initiative would lead the application of sufficient suicide literacy and applied intervention skills, alongside appropriate training and experience in safety planning that is unique to suicide risk and the capacity to recognise the appropriate and relevant avenues for escalation that are deeply person-centred.

In collaboration with sector peak bodies, and community-led organisations, Suicide Prevention Australia is calling on the South Australia Government to develop a Suicide Prevention Workforce Initiative, articulating regional, and local strategies for accessibility, capability, skills, supply, retention, sustainability, support and workforce safety, with dedicated funding allocations for implementation.

4. Doing It Tough platform for men and boys \$1.6M 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.

It is essential that men and boys are supported in a positive and meaningful way, and through enabling connections. Making sure those who need support are connected with the supports that exist can be a key challenge. The *Doing It Tough* initiative is collaborative website which connects men who are looking for support, to existing local groups and community organisations.

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

Created by people with lived experience and experts in the suicide prevention sector, *Doing It Tough* bridges the gap between males 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.¹⁹ 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.²⁰

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.²¹ A key recommendation of that report was on the need to support men and boys 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 implement the *Doing It Tough* initiative to provide targeted connections for men and boys in distress.

5. Equip the community to help prevent suicides through training

\$6.2M 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. “First aid training” in suicide prevention equips recipients with the capacity to detect the signs someone may be experiencing a mental health or wellbeing issue, the confidence to refer them to external support, and the capacity to secure crisis support for someone who may be at risk of suicide. 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.

¹⁹ 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>

²⁰ *ibid*

²¹ Suicide Prevention Australia. Male Suicide Prevention Principles. https://www.suicidepreventionaust.org/wp-content/uploads/2022/02/SPA_Male-Suicide-Prevention-Report_2022_FINAL.pdf

Providing \$1.55 million annually over 4 years would upskill 10,000 community connectors each year. This would include free access to Learnline to key community members along with “credit” to undertake their choice of existing evidence-based suicide prevention course. This would provide 40,000 trained points of contact within the New South Wales 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.

6. 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 wherever possible 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.

Additionally, the funding and discontinuation of pilot projects results in waste of resources and results. Transparent and timely evaluation is needed alongside a commitment to continued funding contingent on evaluation. This would enable continuity of work, innovation, retention of workforce, and continued connection in the community instead of winding up programs before they have been evaluated.

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.²² 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.

²² Suicide Prevention Australia (2024). State of the Nation in Suicide Prevention 2025. [SPA-State-of-the-Nation-Report-2025.pdf](#)

7. Improved suicide registers

\$2M over 4 years

Data is an essential part of monitoring priorities and risk areas in suicide, as well as enabling targeting of resources and evaluating impact of investment.

In addition to the basic data collected on deaths by suicide through the suicide register, there needs to be visibility over greater detail including demographics such as metropolitan and regional, cultural information, and other details that can help to provide best possible responses.

This information also needs to be accessible to interested parties, including local councils, to ensure localised and informed responses.

Suicide Prevention Australia is seeking better information in and access to suicide register data to enable more informed and effective targeting and responses, at a cost of \$0.5 million per annum.

8. Providing consistent and compassionate Emergency Department Guidelines

\$3M 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,²³ and the Suicide Prevention Competency Framework for the Health Sector.²⁴

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.

9. Increase sites and accessibility of Safe Havens

\$15M over four years

Safe Havens, often also called Safe Spaces, are a vital part of non-clinical suicide prevention. Emergency Departments are often unsuitable environments for people in

²³ <https://www.blackdoginstitute.org.au/news/new-sp-guidelines-for-ed-launched/>

²⁴ https://www.suicidepreventionaust.org/wp-content/uploads/2023/09/2300905-SPA_Compentency-Framework-Healthcare_v2.pdf

distress, with escalation of distress in these environments, through retraumatisation, wait times, inadequate or inappropriate treatments.

Safe Havens are equipped to provide the calm, privacy, and time required to de-escalate distress and provide connection. They also offset the burden on Emergency Departments.

However, to operate at peak efficiency, Safe Havens need to be accessible to people where and when they need them. This means more Safe Havens are needed across South Australia, and they need to provide 24 hour a day access to ensure they are accessible as people need them. As walk-in services with after hour availability, Safe Havens provide a unique and inclusive environment. Studies on existing Safe Spaces and Safe Havens identified an immediate reduction in distress in 86 per cent of attendees.²⁵

Additionally, the method of support equips attendees with skills to address their distress and greater self-efficacy.

Suicide Prevention Australia calls on the Government to expand the number and operation of Safe Havens, with three new services to open over the next four years.

10. Introduce competency frameworks in public-facing agencies and specific industries

\$2M over 3 years

Throughout the State 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.

Targeting industries with correlation to known socio-economic and environmental determinants of suicide, including areas such as housing, family violence, and justice, will enable reduction of suicidal distress in key areas.

²⁵ Nous Group (2020) Safe Space Evaluation Summary Brisbane North PHN. [Shttps://www.suicidepreventionaust.org/wp-content/uploads/2025/04/Safe-Spaces.pdf](https://www.suicidepreventionaust.org/wp-content/uploads/2025/04/Safe-Spaces.pdf)

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.

11. Improving access to Aftercare

\$2M 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, especially in educational facilities

\$3.5M 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, StandBy’s total funding requirement in South Australia is approximately \$5 million. Under the assumption that the current cost-sharing arrangement remains in place, the funding request to the South Australia Government is \$2.5 million, representing an increase of \$1 million. This additional funding will support the growth of peer support and StandBy’s reach to approximately 15% of the projected postvention demand in South Australia. The majority of the funding will be

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., 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).

directed to service delivery via local partner organisations, Social Futures and Uniting Care, who deliver the StandBy program in South Australia.

An important area for attention is in educational facilities, where the establishment and implementation of postvention protocols is needed for young people and staff following a death by suicide. The impact of suicide in these communities is acute, and increases suicidal distress among vulnerable members of the community.

Suicide Prevention Australia urges the Government to provide additional funding to \$2.5 million, an increase of \$1 million, to postvention services to allow more people bereaved by suicide to access vital support, as well as the development of postvention protocols to educational facilities at \$1 million a year.

13. Peak Body funding for suicide prevention \$2M over four years

Suicide Prevention Australia is seeking suicide prevention specific peak body funding through the South 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 South Australia, 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 South Australia Government alongside other funded State peak bodies through submissions to government inquiries.

The breadth of experience through Suicide Prevention, our members, and our lived experience advice, will be valuable in directing the focus of these plans to best-practice and efficacy.

South Australia's commitment to suicide prevention is evident through various initiatives and strategies, and Suicide Prevention Australia would like to be able to support the valuable work underway.

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

14. Assist suicide prevention organisations to achieve program accreditation \$0.6M over 4 years

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

To maximise the efficiency of Government investment in the sector, Suicide Prevention Australia is seeking funding to assist 50 smaller and regional

organisations annually to complete accreditation to ensure the highest quality and effectiveness of their programs, and to ensure their access to funding opportunities.

This would include covering both the process of accreditation and resourcing roles that can assist smaller organisations with the actions required to become accredited, and is estimated to require \$0.6 million over four years.

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

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

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

15. Building networks and collaboration

\$2M over 2 years

Networks and collaboration are increasingly utilised to ensure best possible reach and expenditure of investment. As well as increasing cooperation and maximising spread of skills throughout regions, 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.

It also leads to increased networking, allowing for greater streamlining between services, shared knowledge and experience, and strengthened workforces, all of which benefit the community.

This together with facilitated collaborations can assist when tendering processes often do not give sufficient time for building coalitions between organisations. Rushed preparations can lead to miscommunications between the organisations that hinder efficient delivery of the grant. A lack of experience with partnering for staff on either or both sides can exacerbate these difficulties.

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

For more information

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

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

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

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

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