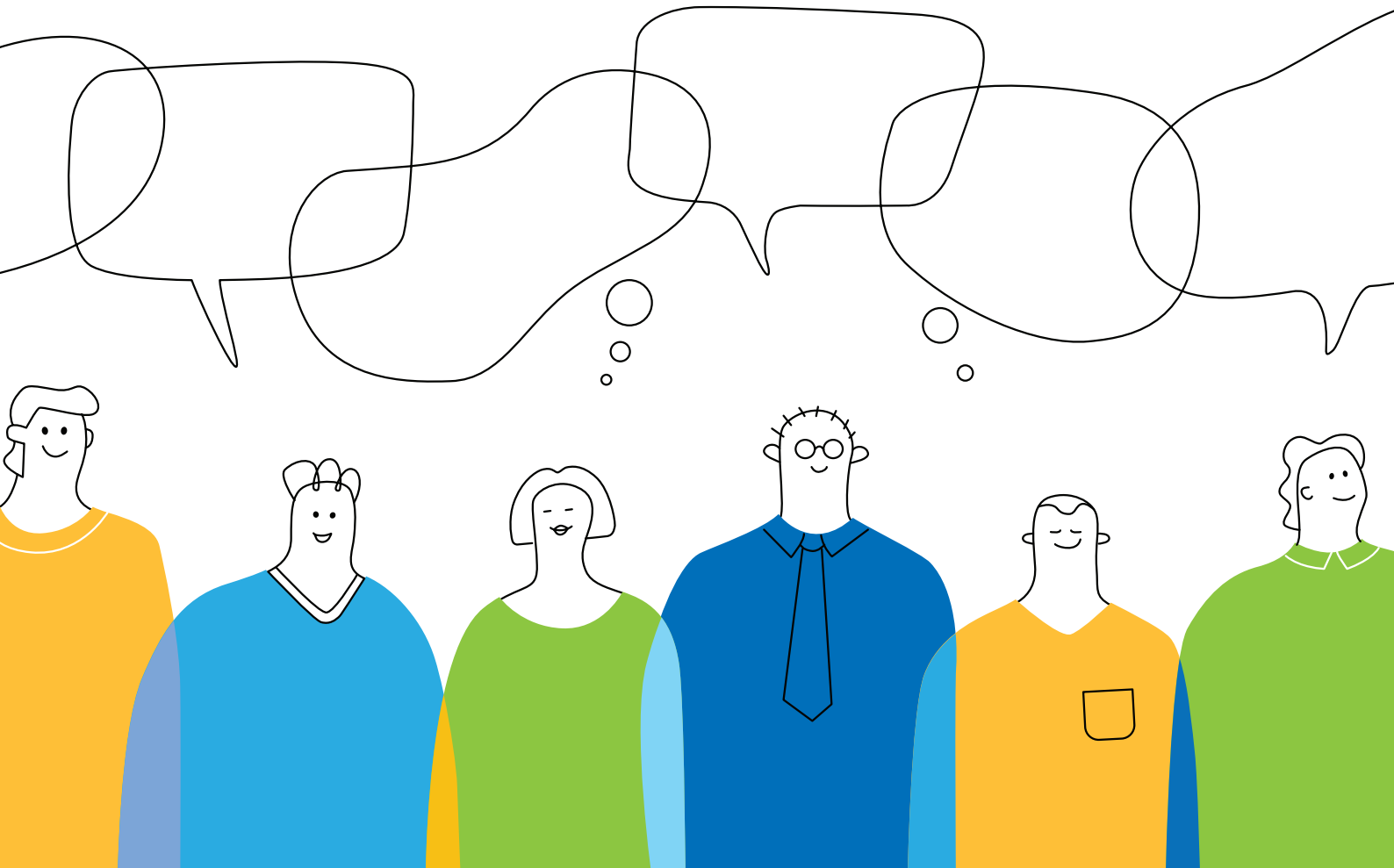
Suicide Prevention Australia

State of the Nation in Suicide Prevention

A survey of the suicide prevention sector

September 2026



Highlights

404
responses

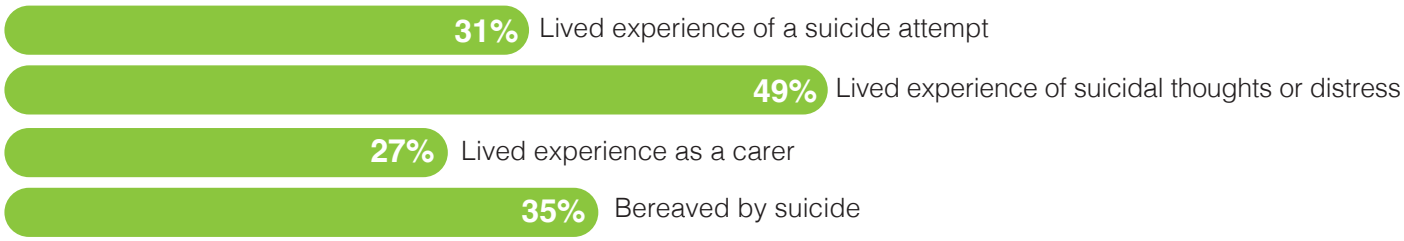
95
organisations

17,000+
employees and volunteers represented

181
Suicide Prevention Australia Members*

The surveyed organisations provided suicide prevention services to people over **1.1 million times** in the past year

% of respondents with a lived experience of suicide



Increasing demand

69%
of organisations have seen increased demand for services over the past year

Young people
were the group most frequently cited as driving increases in service demand

Insecure funding

49%
of organisations said their funding has become less secure in the past year

21%
of organisations have 3+ year contracts for their core funding

Workforce

60% of organisations **do not have sufficient staff or volunteers** to meet workforce needs

Lived experience representation

21% of organisations have **lived experience represented on their Board of Directors**

Data and evidence

43% of organisations say they have **improved their outcome measurement capability**

The sector's top priorities from the Suicide Prevention Australia National Policy Platform

- Implementation of the National Suicide Prevention Strategy
- Improved funding arrangements
- Suicide prevention in all government strategies
- Genuine collaboration with people with lived experience
- Enhancing the suicide prevention workforce

Whole-of-Government

84% of the sector supports the introduction of a **Suicide Prevention Act** in Australia

Top portfolios where action on suicide prevention is needed:

- Health (91%)
- Social Services (88%)
- Disability (83%)
- Education (81%)

Top social and economic risks to suicide rates in the next year

- Social isolation and loneliness (83%)
- Cost of living and personal debt (81%)
- Family and relationship breakdowns (74%)

**Includes both individual (associate) members and staff of member organisations".*

Foreword

The 2026 State of the Nation in Suicide Prevention Survey is the seventh iteration of this key information gathering tool. I welcome the release of this report, which presents valuable findings from this important survey. The survey provides an in-depth insight into the suicide prevention sector and the work of preventing suicides across Australia.

More than 400 members of the suicide prevention community took part in this year's survey. We are very pleased with such a high level of engagement, which underlines the importance of this window into the suicide prevention landscape. On behalf of Suicide Prevention Australia, I want to thank every individual and organisation who took the time to share their on-the-ground experiences, offering critical insights into the operations, challenges, and importantly, opportunities shaping Australia's suicide prevention efforts.

Evidence is essential in suicide prevention, with data playing a critical role. As in previous years, the survey contained over 50 carefully designed questions that were developed in close collaboration with our members and people with lived experience. Each and every piece of feedback we receive is valuable. It guides our advocacy and government relations efforts, and ensures we represent a united, evidence-informed voice for the sector.

While it has been another challenging year in many ways, the survey reminds us that the suicide prevention sector is resilient, adaptive, and relied on by many. The organisations surveyed provided suicide prevention services to people over 1.1 million times in the past year across a broad range of services, to diverse populations. In an environment with increased demand and decreased funding, many organisations have made changes to existing services or been able to start new services, showing resilience and an ability to adapt in difficult circumstances. However, this should not be required of organisations and it must not become the norm. The suicide prevention sector requires reliable, sustained funding to meet demand and to continue making meaningful progress. Innovation is crucial, but it can't be done properly on short, inconsistent, funding cycles in an unreliable environment.

Suicide Prevention Australia will continue to actively advise government, business and economic leaders about the rising levels of distress in our communities and the urgent need for additional funding. We remain committed to advocating for better support for the sector, to ensure vulnerable members of the community are properly supported during challenging times.

In line with previous years, the 2026 State of the Nation in Suicide Prevention Report underscores the importance of the key priorities of Suicide Prevention Australia's National Policy Platform: a whole-of-government approach, lived experience, data and evidence, and workforce, sector, and community capacity. These priorities remain central to our work so that we can continue to drive suicide prevention reform across the country.

I hope you will find this report valuable and that, despite the challenges it highlights, you remain hopeful. While there is more work to be done, we can still see clear community support for suicide prevention and positive momentum that I believe will help drive real change. From here, it is the actions of our governments, sector, and communities that will determine how and when we meaningfully reduce suicide in Australia.

Nieves Murray
Chief Executive Officer
Suicide Prevention Australia

Executive summary

About us

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 320 members across every State and Territory. Our members range from national household names to small community-based organisations and local collaboratives, 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.

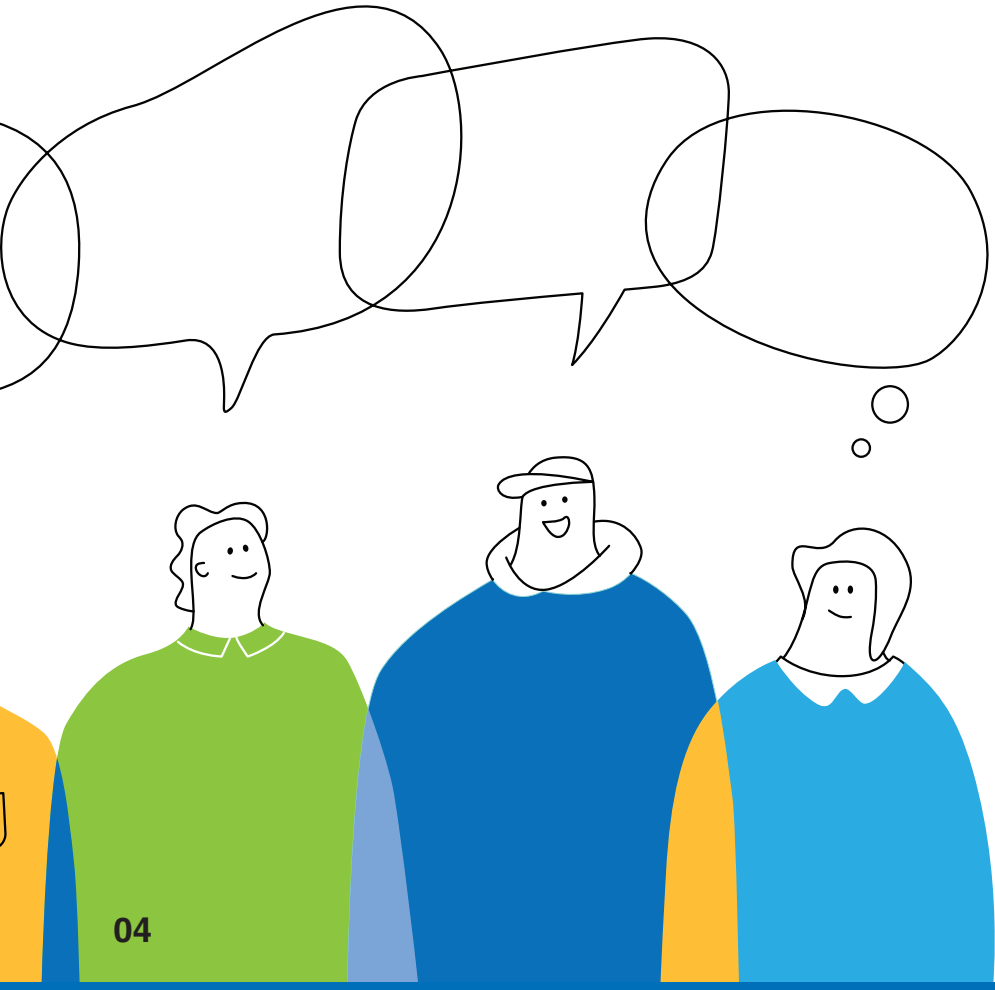
We aim to drive continual improvement in suicide prevention policy, programs and services. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

About the survey

We designed the State of the Nation in Suicide Prevention survey to gather in-depth intelligence from our membership and the broader suicide prevention sector. Findings from the survey inform our key priorities and guide our advocacy and government relations work. The survey ran throughout June 2026. All members of the suicide prevention sector, including organisations, individuals and other stakeholders, are encouraged to complete the survey.

This is the seventh iteration of our annual survey and, this year, we received 404 responses. Many respondents were answering on behalf of large organisations which together comprised over 17,000 employees and volunteers.

This State of the Nation in Suicide Prevention report is structured in eleven sections, each presenting data and insights on critical elements of suicide prevention.



Suicide Prevention Australia

Sector at a glance:

An overview of the suicide prevention sector shows a mature and resilient sector with broad reach across all state and territories, as well as metro, regional, rural and remote areas. The sector is made up of organisations of varying sizes, supported by many volunteers.

Service delivery:

Respondents of this survey delivered services to people 1.1 million times over the last year, reaching people from all backgrounds and experiences. There is also diversity in the services the sector delivers with education and training, community suicide prevention and peer support identified as the most common.

Demand, capacity and system pressure:

The suicide prevention system is under significant strain with increasing demand and significant gaps in the availability and accessibility of services. Organisations are continuing to adapt their offerings under difficult circumstances.

Population groups and changing demand:

Different populations groups are driving demand, with young people, aboriginal and torres strait islander peoples, and people in regional, rural and remote communities frequently mentioned by the sector. Cost-of-living, and global events were cited as key contributing factors, among others.

Funding and financial sustainability:

The funding environment is very challenging at a time when demand is increasing, with almost half of organisations reporting their funding had become less secure in the past year. Insecure funding has been driven by funding cuts, short-term funding extensions, delayed contracts and a lack of clarity in future arrangements.

Workforce and capability:

The suicide prevention workforce is highly skilled, but funding challenges are driving workforce instability, and this continues to be a pressure point for the sector. The peer workforce is a critical focus with more training and resources needed.

Lived experience:

Genuine collaboration and partnership with those with lived experience of suicide is a top priority for the sector, with the survey showing there is still work to be done to better embed those voices. Education through lived experience and more representation at senior leadership levels were noted as priorities.

Data and evidence:

Data continues to be an important enabler of impact, with most organisations using data to inform the range of their activities. Organisations are also seeking access to up-to-date data, community-level data and data on priority populations. Promisingly, the sector is also making strides in building its capability around outcome measurement.

Emerging social and economic risks:

The sector identified social isolation and loneliness as the top emerging risk to suicide rates for the first time since the pandemic. The impacts of cost-of-living were also highlighted, noting cost-of-living as a driver of other determinants of suicide such as homelessness.

Whole-of-Government:

The sector continues to strongly support a Suicide Prevention Act in Australia, which would provide a legislated commitment to suicide prevention, and more action across Government. The survey also showed that portfolios beyond health, such as social services, disability and education are pivotal to suicide prevention.

National policy direction and reform priorities:

Implementation of the National Suicide Prevention Strategy was ranked as the top policy priority for the sector. Improved funding processes also ranked highly, reflecting the difficult funding environment. On-the-ground, grassroots, community-based approaches were also highlighted as a priority.

Further information

If you would like more information on the State of the Nation in Suicide Prevention report, please contact: **policy@suicidepreventionaust.org.**

Sector at a glance

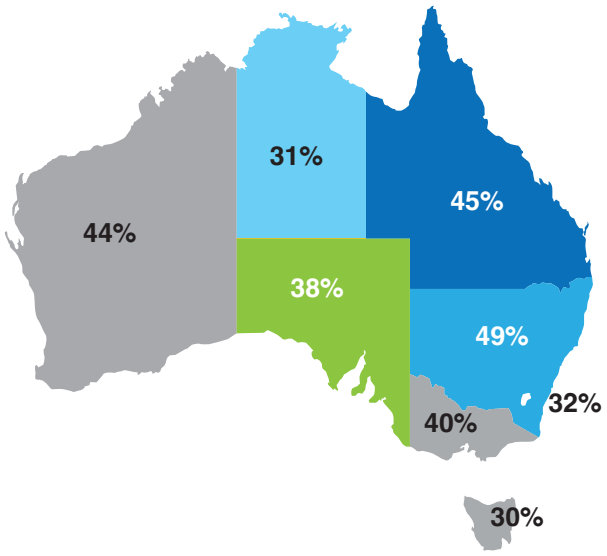
Key insights

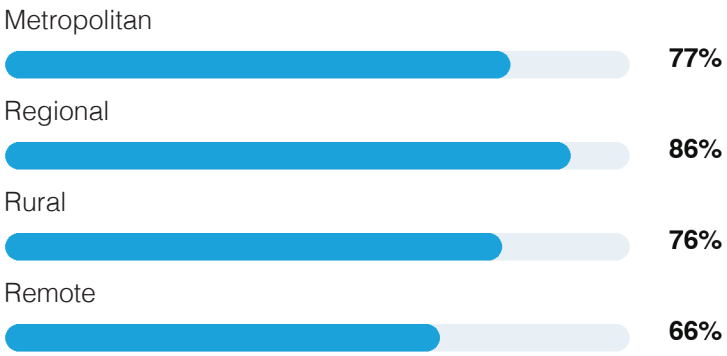
The sector has broad geographical coverage including 86% of organisations servicing regional areas

There is sector maturity and resilience with 81% of organisations over 10 years old

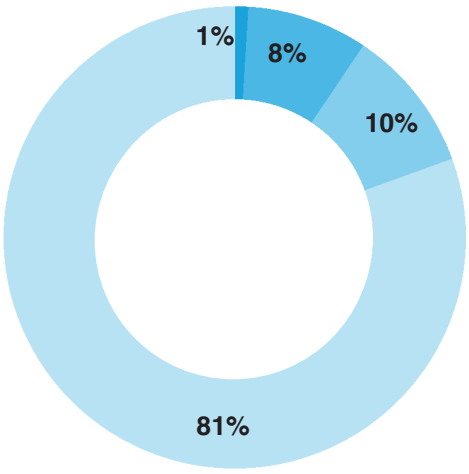
The suicide prevention sector is a mature and resilient sector, working across diverse settings with the shared goal of preventing suicide. The sector includes organisations of all sizes, as well as practitioners, researchers, community leaders, volunteers and many people with a lived experience of suicide. Our sector has a true national footprint, and as in previous State of the Nation in Suicide Prevention reports, regional, rural and remote areas are very well represented.

Where services are delivered





Age of organisations

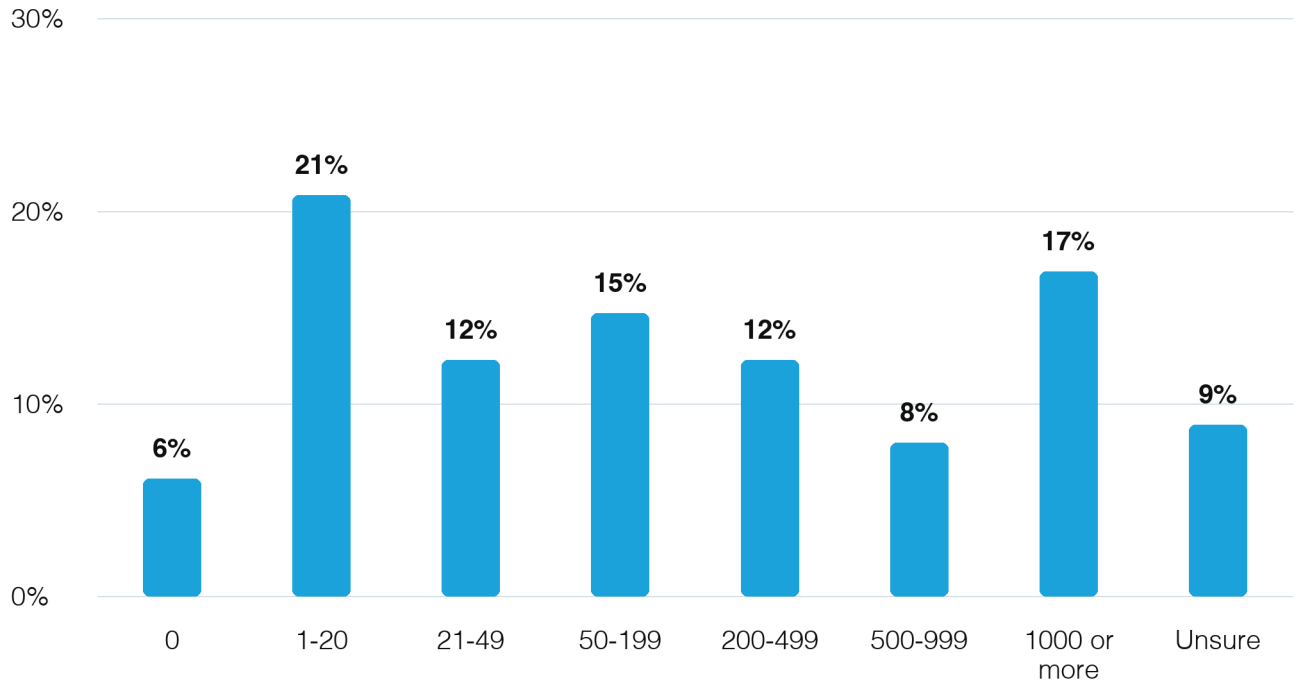


Established within the last 12 months	**1%**
Established within the last 5 years	**8%**
Established within the last 6 – 10 years	**10%**
Established more than 10 years ago	**81%**

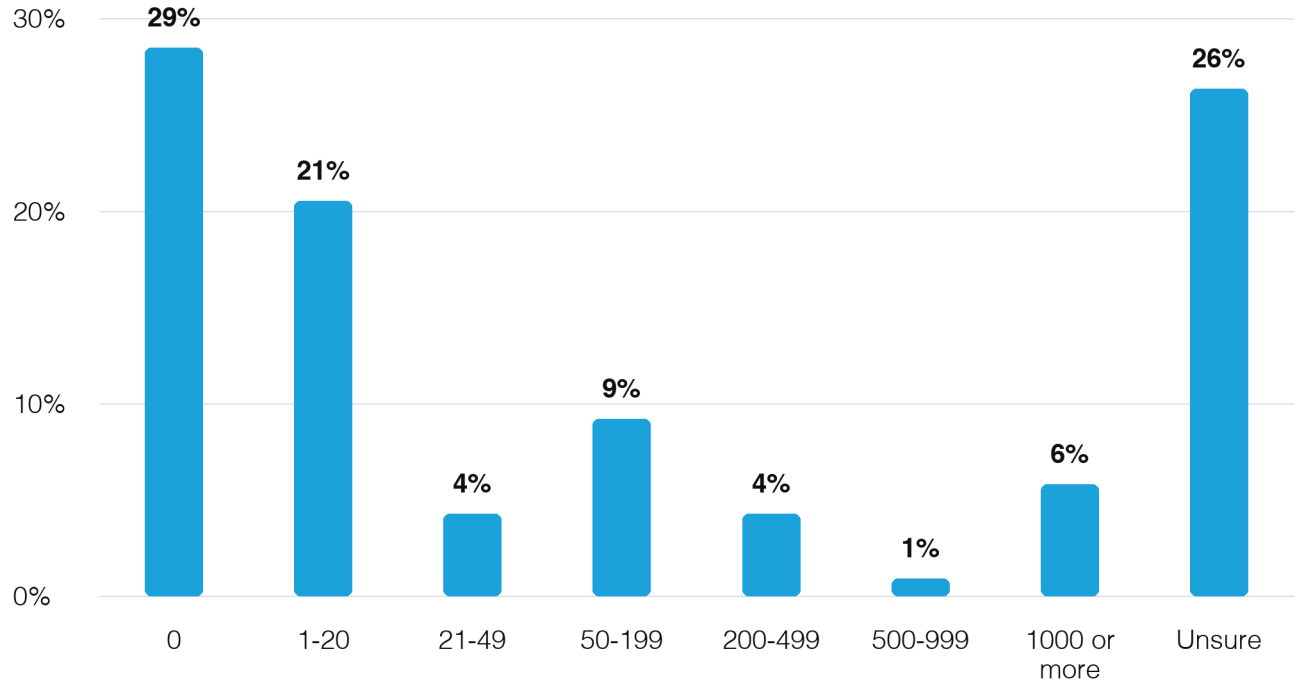
Greater attention is needed on ensuring equitable access to suicide prevention, aftercare and postvention services for all people, regardless of where they live or which service system they enter through. In the NT context, this means recognising that one standard national model does not always meet the needs of a highly diverse jurisdiction. Communities and population groups have different needs, service availability, workforce capacity, access barriers and cultural contexts. Greater flexibility is needed so services can be adapted to local circumstances, including urban, regional, remote and very remote settings.

Survey respondent

Number of paid employees in organisation



Number of unpaid volunteers in organisation



Service delivery

Key insights

The organisations surveyed provided suicide prevention services to people over 1.1 million times in the past year

67% of organisations deliver education and training services

52% of organisations are engaged in community-based suicide prevention

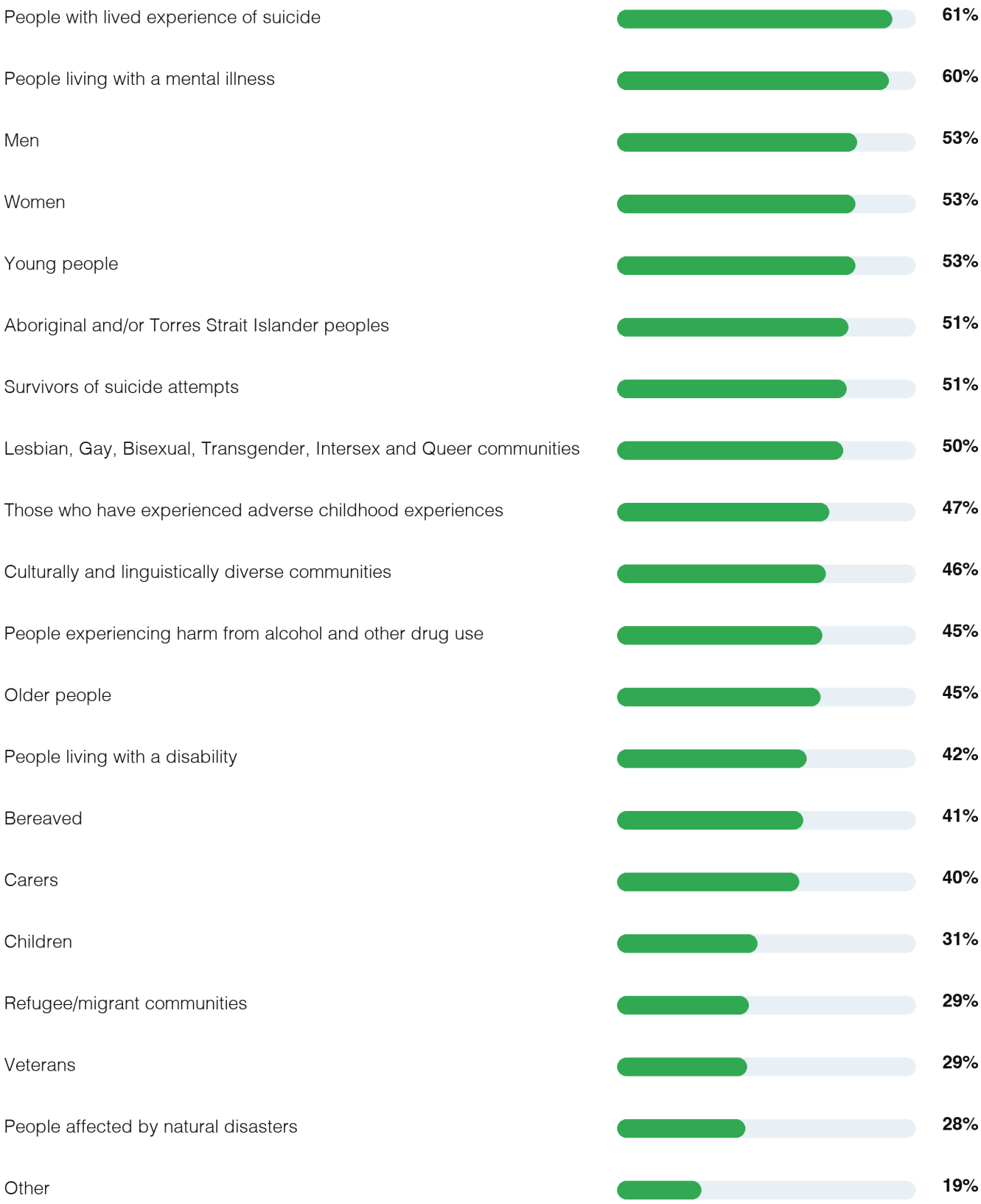
At a time when distress remains high, surveyed organisations supported individuals upwards of 1.1 million times in the last year with services across the lifespan. Education and training are a central part of that work as we embrace a whole-of-community, whole-of-system approach where everyone feels confident to act to prevent suicide when someone is in need. Community suicide prevention (52%) and peer support (49%) services were also well represented in the survey, showing just how critical grassroots action and services delivered by people with lived expertise are in the suicide prevention ecosystem. Postvention (36%) and bereavement support (29%) were highlighted elsewhere in the data as a critical focus area for the sector.

Our sector also provides services to people of all backgrounds and experiences. In addition to the groups identified in the graph on the next page, the survey identified other groups receiving support from our sector including those in specific industries such as mining, construction and farming, as well as students, those with experiences of domestic, family and sexual violence, people who are experiencing unemployment, and those in contact with the justice system. Work with neurodivergent people was also cited. Suicide prevention services in Australia also reach a wide range of culturally and linguistically diverse people, with services provided to those from across parts of Asia, Africa, the Middle East, Russia, Māori people and Pacific peoples.

Types of services delivered

Education / Training	67%	Clinical assessment	31%
Community prevention	52%	Social work / Social services	31%
Peer support / Support groups	49%	Clinical interactions	30%
Counselling	45%	Bereavement support	29%
Intervention	38%	Aftercare	27%
Postvention	36%	Digital / Technology / Social media	27%
Other crisis support	33%	Medical / Clinical care	21%
Communication / Dissemination	32%	Other	14%

Services provided by population group



Demand, capacity, and system pressure

Key insights

69% of organisations have seen increased demand for services over the past year, with 32% reporting significantly higher demand

8% of organisations had to stop delivering a service, largely due to insecure and inconsistent funding

33% of organisations changed how an existing service was run, demonstrating adaptability under difficult circumstances

Demand for suicide prevention services continues to rise, with organisations reporting demand increases for the seventh consecutive year of the survey. When asked whether there was an increase in demand for services, 69% said there was either somewhat or significantly higher demand.

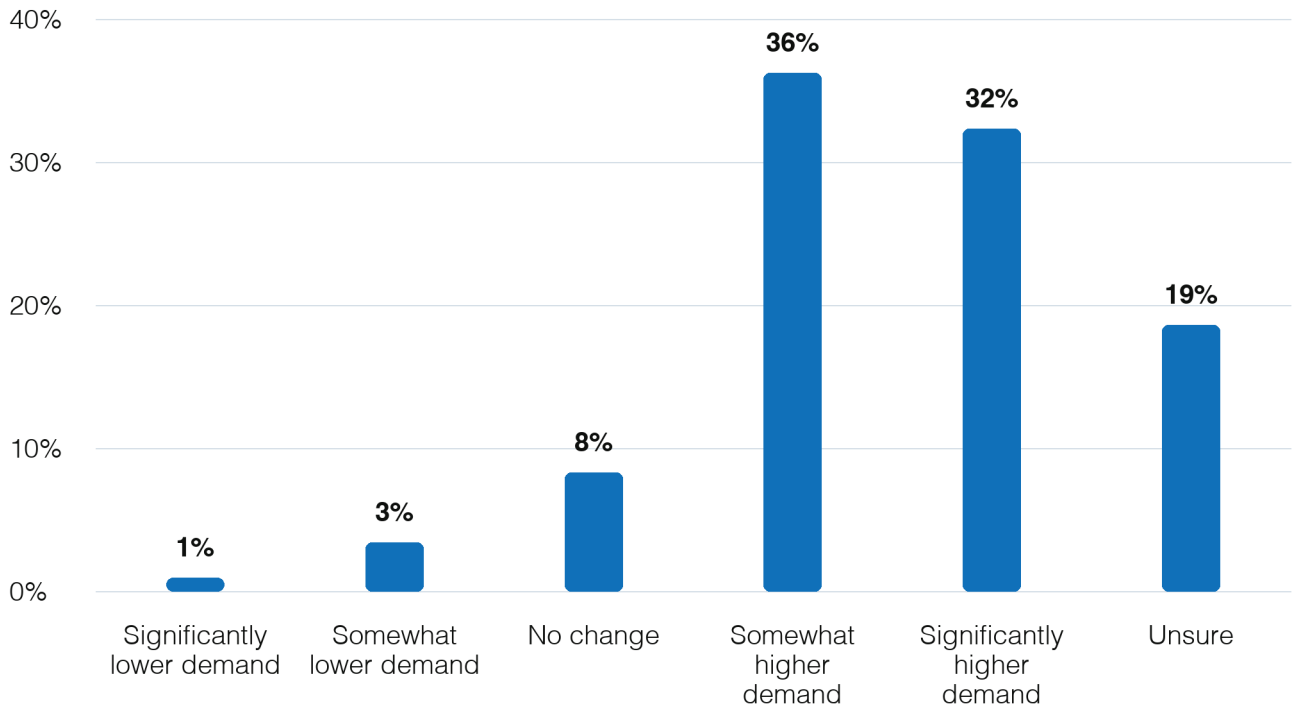
Identified service gaps

Respondents identified significant gaps in the availability, accessibility, and continuity of suicide prevention supports, driven largely by funding insecurity, workforce capacity, and service fragmentation. While services continue to respond to increasing demand and complexity in presentations, many organisations reported that the current service system is not aligned with the scale of need. This was reported particularly for young people, regional and remote communities, and people who fall between existing service thresholds.

Long waitlists and narrow eligibility criteria were identified as barriers to timely support. Respondents also highlighted gaps in community-based options, including alternatives to emergency departments, walk-in services, safe space operating hours, service navigation and stronger connections between services.

> *"We keep on raising awareness of suicide and suicide bereavement in our communities, increase community knowledge through education and training…, initiate prevention and postvention sessions etc... we start the conversation and try to keep it going."*
>
> *Survey respondent*

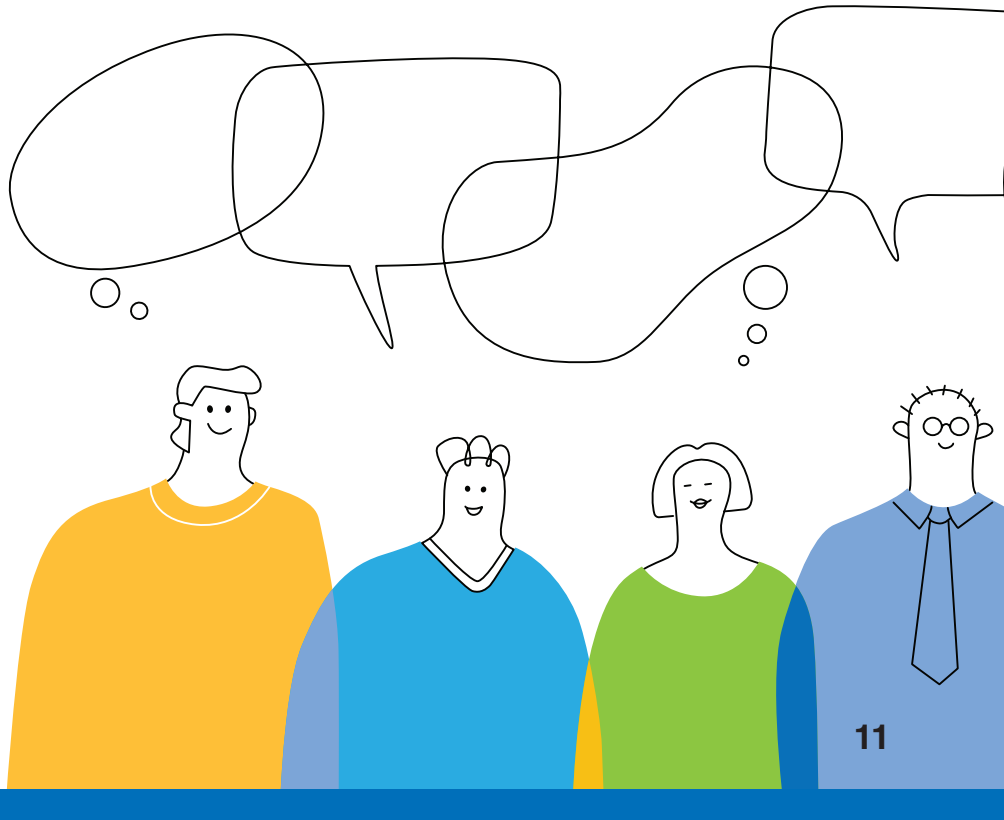
Changes in demand for services



Changes to delivery of services

Many organisations reported having to stop or scale back services due to funding reductions, short-term funding cycles, rising operating costs, workforce shortages and volunteer constraints. Safe Spaces, aftercare, helplines, peer-based services, community education, stigma reduction activities and outreach supports appear particularly vulnerable, with several examples of programs closing, reducing hours, tightening eligibility, shifting online or limiting walk-in access. Among these, aftercare and community education were most frequently mentioned with the latter being critical in building the capabilities of communities.

At the same time, some services have adapted or expanded in response to identified gaps, including new services for youth, aftercare, grief, support for working mothers, culturally responsive and outreach-focused programs. However, these changes are often occurring in a constrained environment where demand, complexity of need, waitlists and access barriers continue to grow, suggesting that service innovation is occurring despite ongoing system pressure rather than because of stable and sufficient resourcing.



Population groups and changing demand

Key insights

Young people were the group most frequently referenced as driving increases in service demand

The current political context and global events have exacerbated distress for certain communities, including more experiences of racism and hate

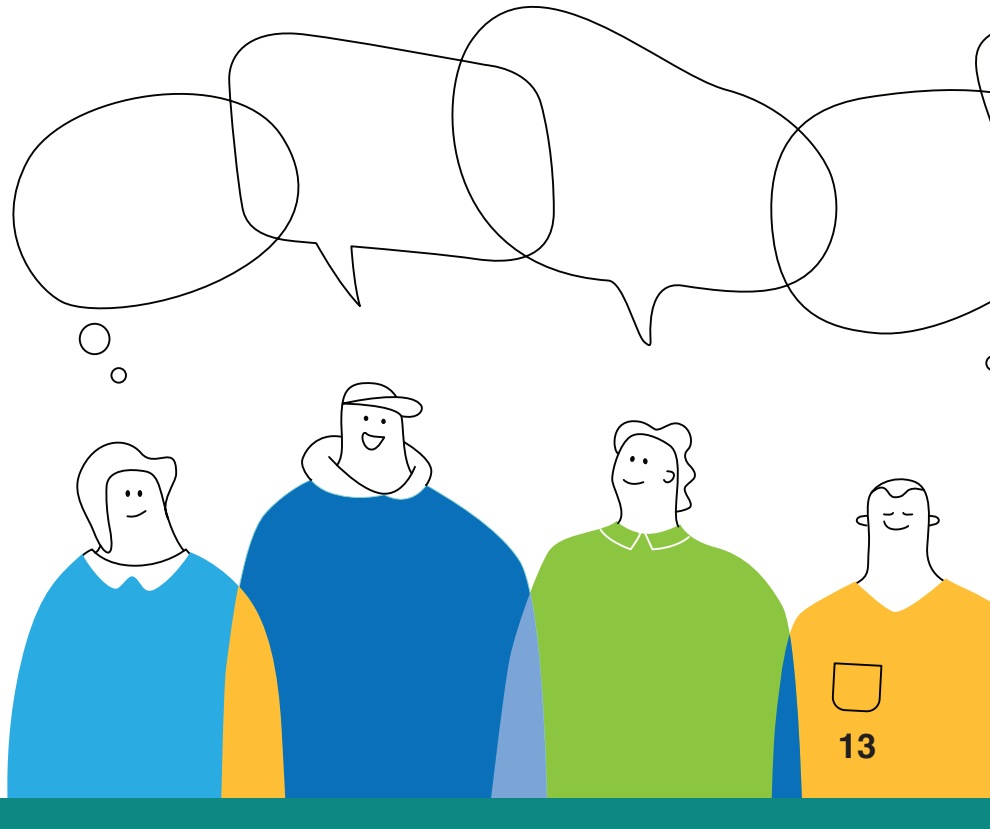
The sector was asked to, in their own words, report on any changes in demand for different population groups. Respondents described a complex mix of contributing factors, with many focusing on cost-of-living and economic stressors, as well as a volatile global and political environment. Positively, some respondents also identified that demand had increased in some areas through improvements in service offerings and changing attitudes towards help-seeking. The three most referenced population groups are highlighted in the following table, with other groups that were mentioned outlined below.

Population group	Changes in demand	Contributing factors
Young people	Young people were by far the most referenced group in the data which paints a picture of a complex social and economic environment for young people to navigate that is driving demand and higher acuity. Increased demand from young people across crisis services and primary care, as well as homelessness and domestic and family violence services was cited. Certain groups of young people were also noted as being particularly impacted including young men, young women, LGBTQIA+ young people, Aboriginal and Torres Strait islander young people and neurodivergent young people.	Young people are dealing with the flow on effects of cost-of-living pressure causing family stress and homelessness, establishing their lives post-COVID and the negative impacts of the global news cycle and social media. Adverse childhood experiences, bullying and sexual extortion were also cited. Promisingly, some respondents have also noted an increased willingness to seek support by some young people.
Aboriginal and Torres Strait Islander peoples	Aboriginal and Torres Strait Islander peoples were the next most cited group, with demand increases noted across services including in early intervention, aftercare, postvention, cultural support, family support, social and emotional wellbeing support and crisis support. Respondents also highlighted more demand for community training to support First Nations communities due to increasing suicide experiences in their local areas.	Systemic racism and mainstream services not prioritising First Nations people were both cited as key contributing factors to increases in demand.
Regional, rural and remote	Challenges faced by regional, rural and remote communities are well documented and continue to require significant attention. Survey respondents said in the last year they have noted increased burnout for professionals working in disaster impacted areas, and some anecdotally noted an increase in suicide clusters. Given data on suicide clusters is extremely limited, local knowledge is an important indicator.	Remoteness and transport barriers, limited service availability, workforce shortages including a lack of GPs, impacts of natural disasters such as drought and algal bloom, changes in the agricultural sector, and fuel prices were all cited at contributing factors to demand increases in these areas.

Other population groups driving demand

- Demand has increased for specific **culturally and linguistically diverse groups** impacted by racism and migration challenges, including family disconnection.
- Those with **mental ill-health** have presented with more complexity, acuity and suicidality, all exacerbated by difficulties accessing help.
- There has been increased demand for **LGBTQIA+ communities** with additional intersectional barriers such as for trans folk, influenced by discrimination, social isolation, barriers to accessing safe support, and a political context where hate and violence is prevalent.
- **People with a disability** are also driving demand driven by challenges accessing the National Disability Insurance Scheme (NDIS).
- **Men** continue to drive demand increases, with cost-of-living a key contributing factor. There is a need for more targeted services that better engage men.
- **Other population groups** mentioned in the survey include those in construction-related industries, Deaf people, people experiencing homelessness, and neurodivergent people.

> *"[There is] ongoing demand for approaches that better engage men, particularly men experiencing social isolation, shame, relationship breakdown, grief, unemployment, justice involvement, post-release, alcohol and other drug concerns, or reluctance to engage with mainstream clinical services."*
>
> *Survey respondent*



Funding and financial sustainability

Key insights

77% of organisations require additional funding, support or resources to meet demand

28% of organisations had government funding arrive late in the past year

49% of organisations said their funding has become less secure in the past year, less than 1% said it was more secure

A lack of, and inconsistent funding is a major barrier towards preventing people dying by suicide, with the sector saying they need more funding at a time when that funding is becoming less secure. This year, as in the previous two years, States and Territories are the top sources of funding. Private donations appear to be slowing, with increasing cost-of-living a potential factor. Short funding terms continue to be the norm, with 34% of organisations reporting single-year contracts for their core funding. Just 21% of core funding contracts were reported to be three or more years, which leaves many organisations unable to undertake strategic planning or give security to their workers, reducing opportunities to innovate and seek increased efficiency.

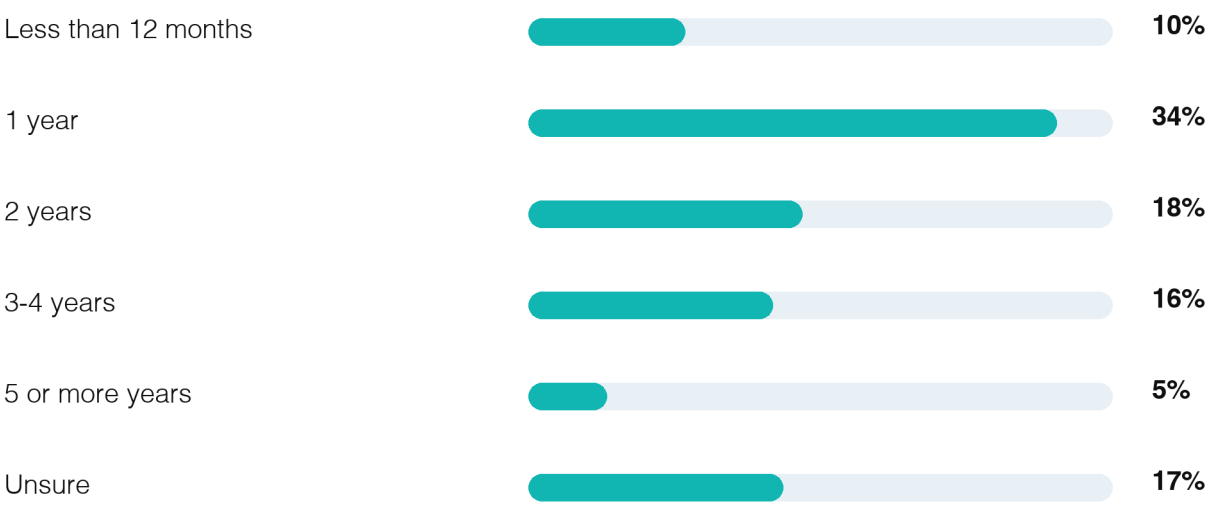
Funding cuts, funding programs ending, short-term funding extensions, delayed funding decisions, delayed agreements and contracts and a lack of clarity in future arrangements were all cited as driving funding insecurity.

In the survey, the sector described the significant impacts of funding insecurity on workforce instability, loss of expertise and organisational knowledge, reduced service capacity, difficulty planning, cost pressures, and administrative and reporting burdens.

This insecure funding landscape demonstrates why the sector ranked improving funding processes as the second highest priority on Suicide Prevention Australia's National Policy Platform.

> *"Commonwealth Grants processes remain slow and highly bureaucratic leading to persistent occasions where funding is not available in a timely manner."*
>
> *Survey respondent*

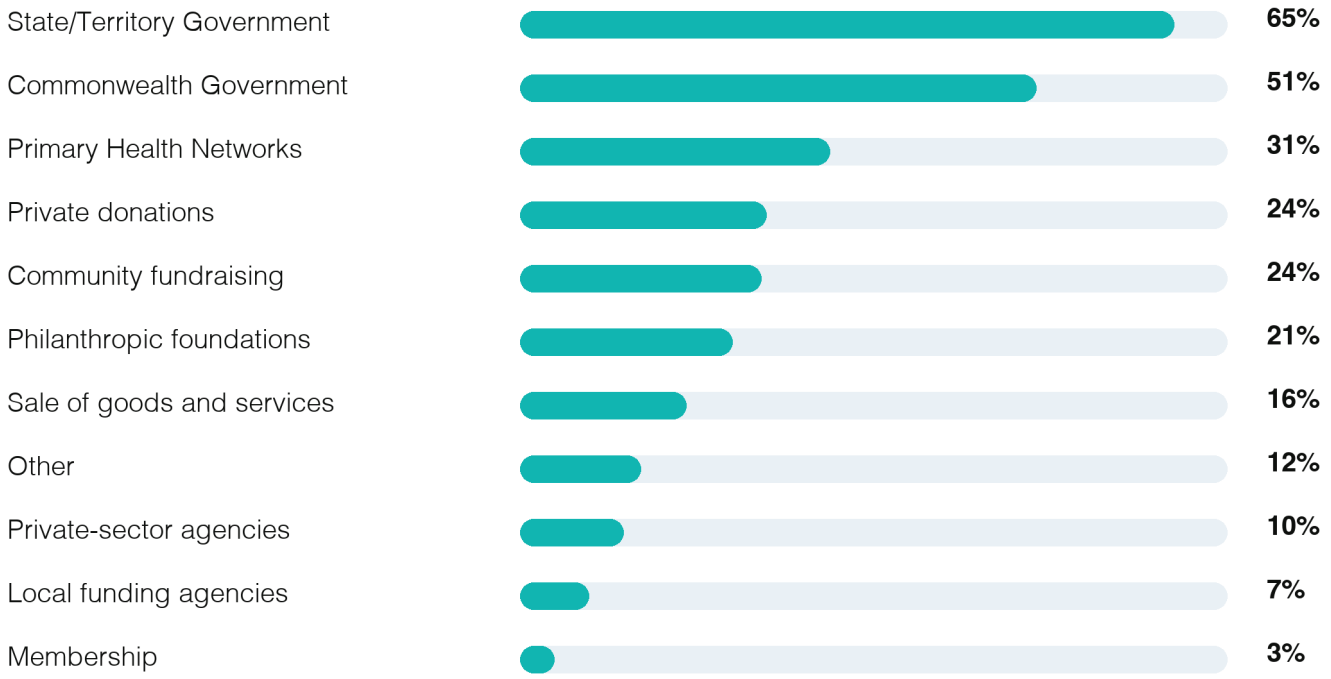
Duration of core funding



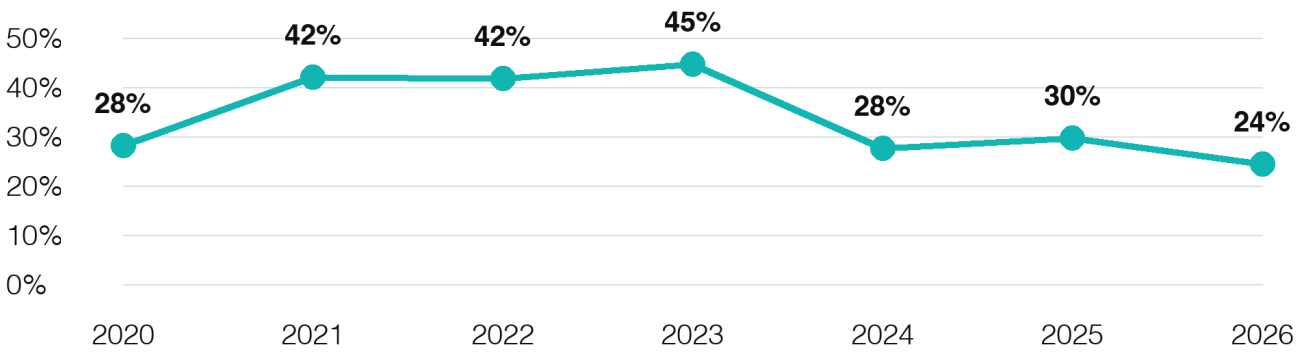
Additional funding would benefit the following areas:

- Funding for suicide prevention training, and community and organisational capacity building
- Increased capacity for direct support services
- More services and social connection for young people, families, schools, parents and community groups
- Stronger aftercare, postvention, bereavement, crisis response and safe spaces
- Growth in lived experience workforces, peer support, leadership, advisory input and co-design
- Addressing geographic inequity through local, outreach and remote/very remote service delivery
- Improved promotion, campaigns, outreach and prevention messaging so communities know what is available
- Investment in evaluation, evidence, local data, technology uplift, compliance and research

Sources of funding



Private donations year-on-year



Workforce and Capability

Key insights

60% of organisations do not have sufficient staff or volunteers to meet workforce needs

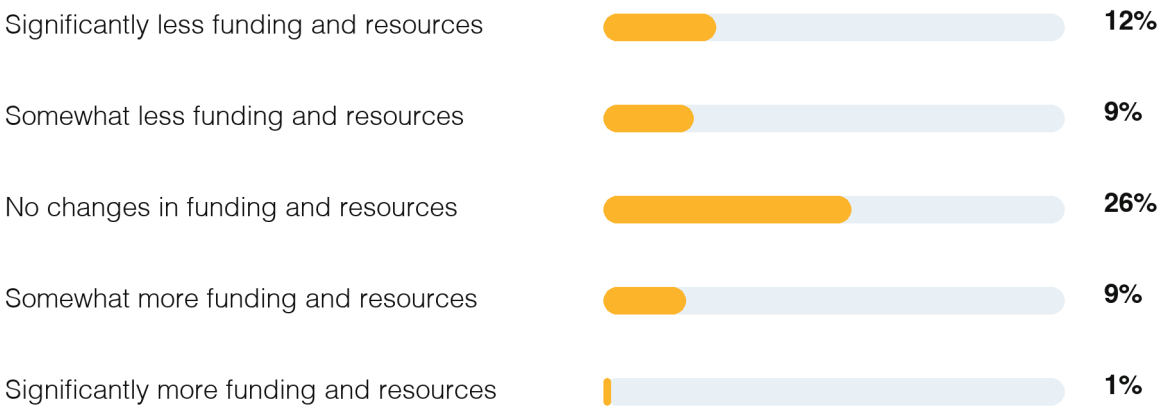
30% of organisations had no plans to increase FTE in the next year, while 25% of organisations were planning to grow

21% of organisations said they had less funding and resources to support their peer workforce

The suicide prevention workforce is made up of highly skilled, passionate people striving to create impact in their communities. But with funding insecurity driving workforce instability, the data shows that most organisations cannot meet workforce needs. And yet some are finding ways to grow, with one in four planning to increase their workforce in the next year.

The peer workforce is a critical component of the work to prevent suicides, with 43% of the organisations completing the survey employing peer work roles. The survey asked organisations if they had received more, or less funding and resources for their peer workforce. Despite advocacy across the sector to grow and develop this workforce, 21% said they had less funding and resources, with 12% saying it was significantly less.

Organisational resourcing changes to peer workforce



Where is training is needed

- **Peer workforce training**
- **Lived experience-led training**
- **Targeted training for supporting priority groups**

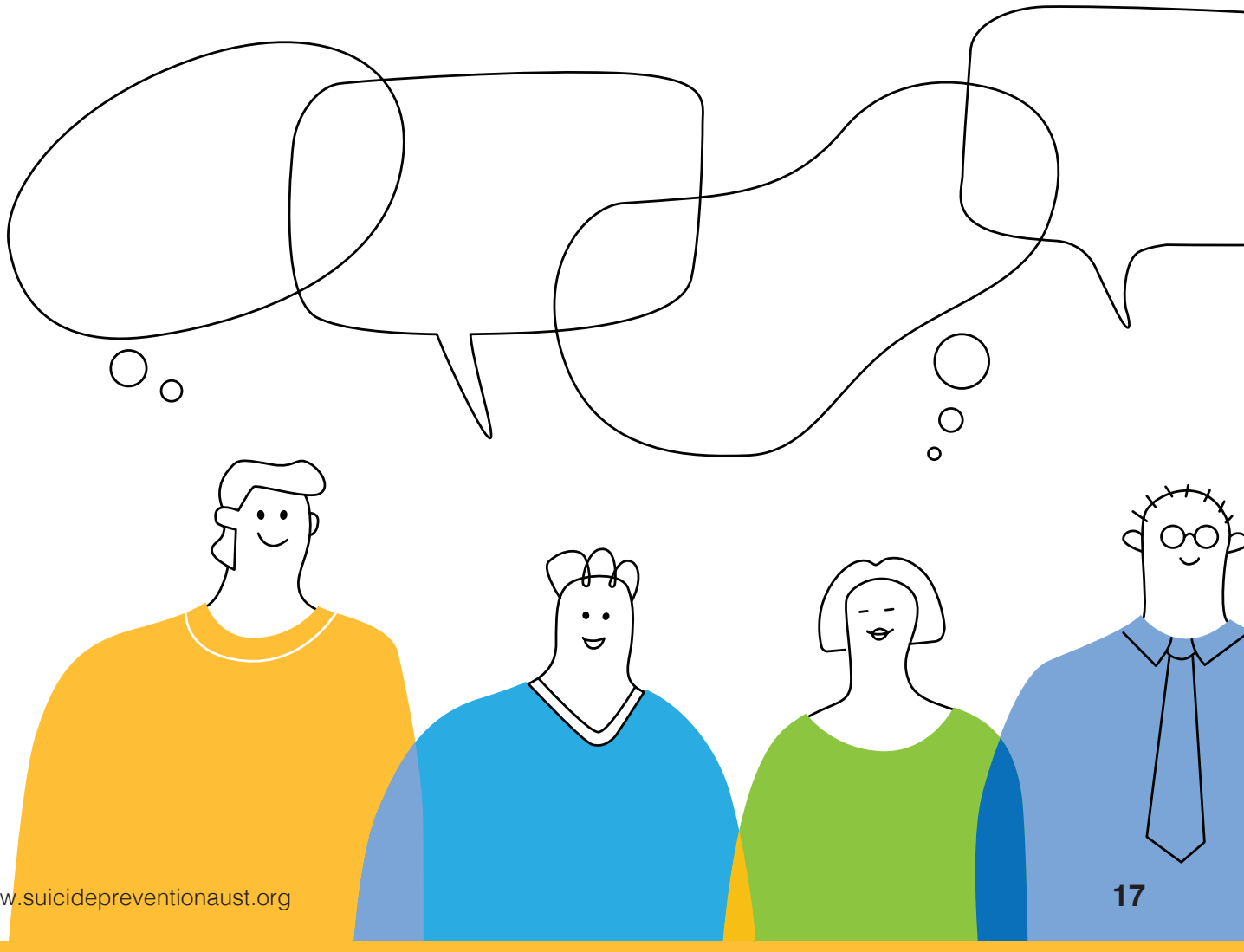
Survey data showed that 65% of organisations have access to the skills and training necessary to meet service delivery needs, showing a level of confidence in the ability of the sector to do the important work of suicide prevention. The survey also illustrated the sector has diverse training needs, and more training for peer workers and more training that is lived experience-led is needed.

Skill development for supporting specific population groups was also highlighted, such as tailoring support for families, young people, neurodivergent people, people with eating disorders, those with chronic suicidality, older people, those with addictive behaviours, LGBTQIA+ people, and Aboriginal and Torres Strait Islander peoples.

Some respondents noted a need for organisational skills around impact measurement, operational systems, train-the-trainer skills, grant writing and securing funding, workshop facilitation, and using AI and other technology.

Many also highlighted a need for more training in how to support someone in distress or crisis such as through community suicide prevention training, trauma-informed practice training, training to support suicidal staff, and self-injury first aid. Others highlighted the need for training across the spectrum of suicide prevention from primary prevention through to postvention.

> *"Workforce constraints are a critical pressure point. Limited non-clinical suicide prevention staffing means existing teams are stretched across multiple communities, increasing travel time, delaying responses and reducing opportunities to build and maintain strong local connections. This significantly impacts accessibility and the ability to respond early, particularly in smaller and more remote areas."*
>
> *Survey respondent*



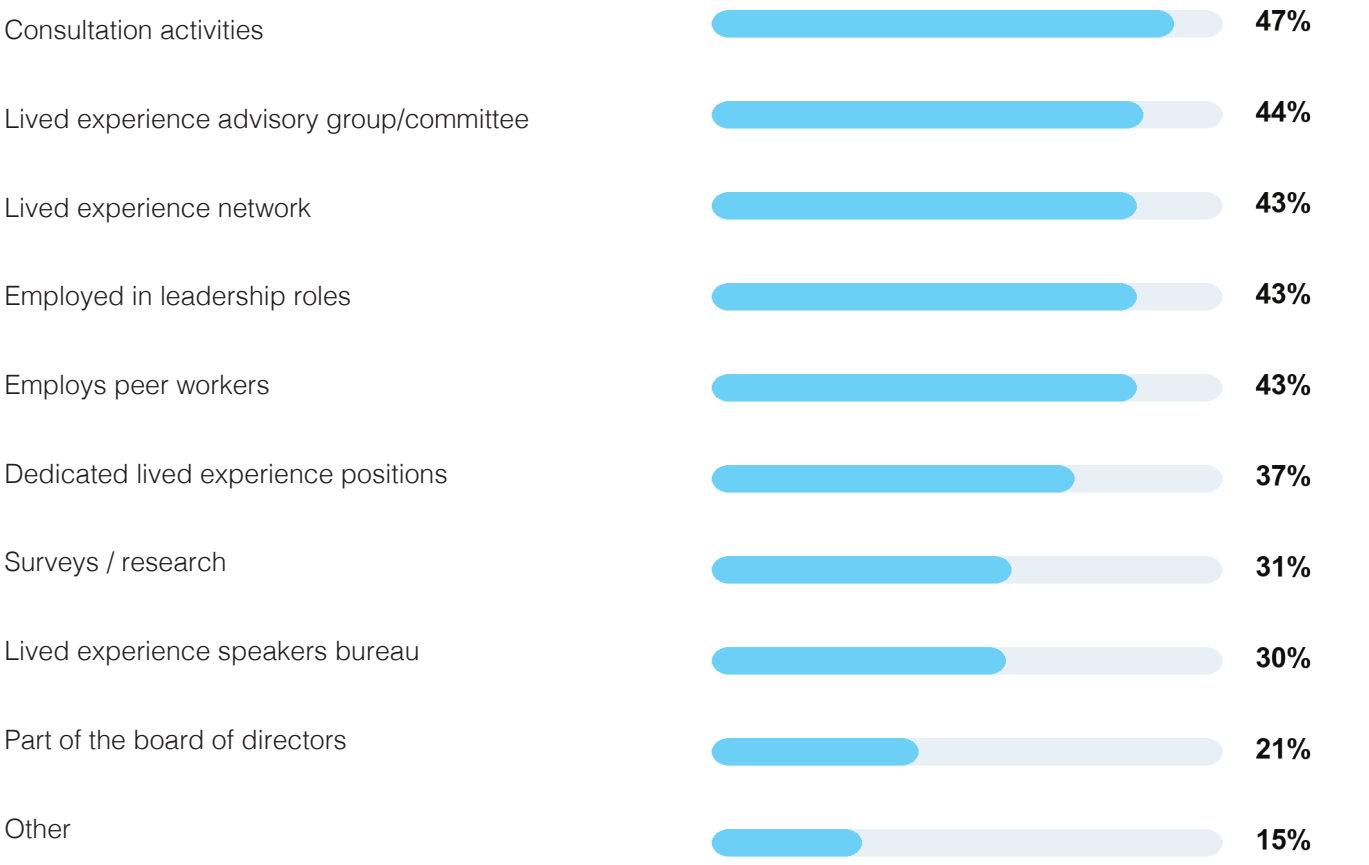
Lived experience

Key insights

- **The sector ranked 'Genuine lived experience collaboration' as a top policy priority**
- **33% of organisations have a lived experience paid participation policy**
- **21% of organisations have lived experience represented on their Board of Directors**

While the suicide prevention sector continues to strive to embed lived experience into all aspects of the suicide prevention system, the survey shows there is still more work to be done. Consultation continues to be the most frequent type of lived experience engagement, highlighting a continued need to push for more co-design in policies and services. The number of dedicated lived experience positions and lived experience board members remained at similar levels to last year; 64% of organisations had at least one paid role.

Types of lived experience engagement



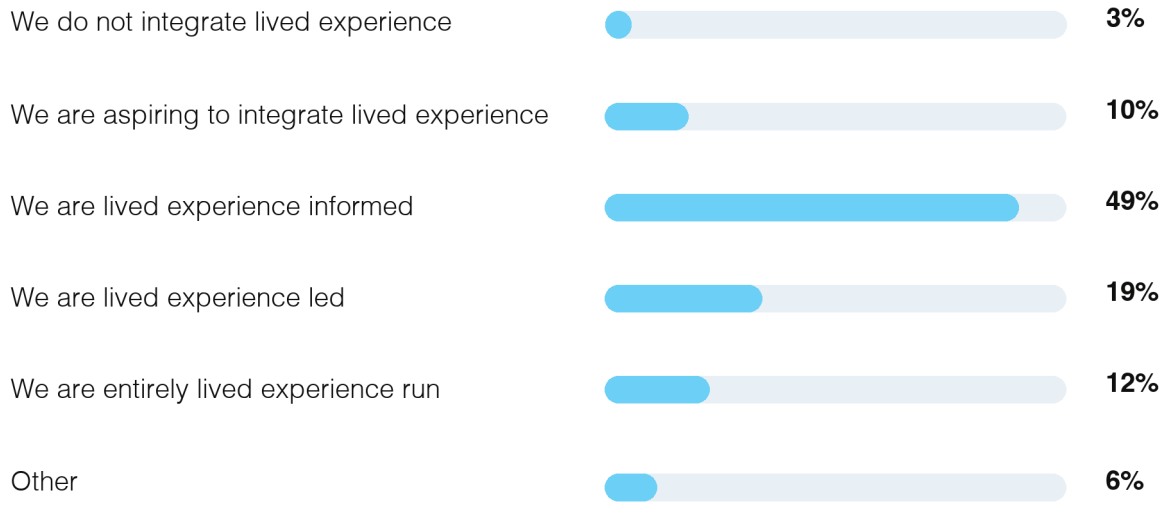
> *People with lived experience of suicidal distress, suicide bereavement, caregiving, and frontline support all bring different insights. When combined with research and clinical expertise, lived experience helps ensure decisions reflect the complexity of suicide and the realities people face, rather than relying solely on what is easiest to measure.*
>
> *Survey respondent*

Improving integration of lived experience in Government and the sector

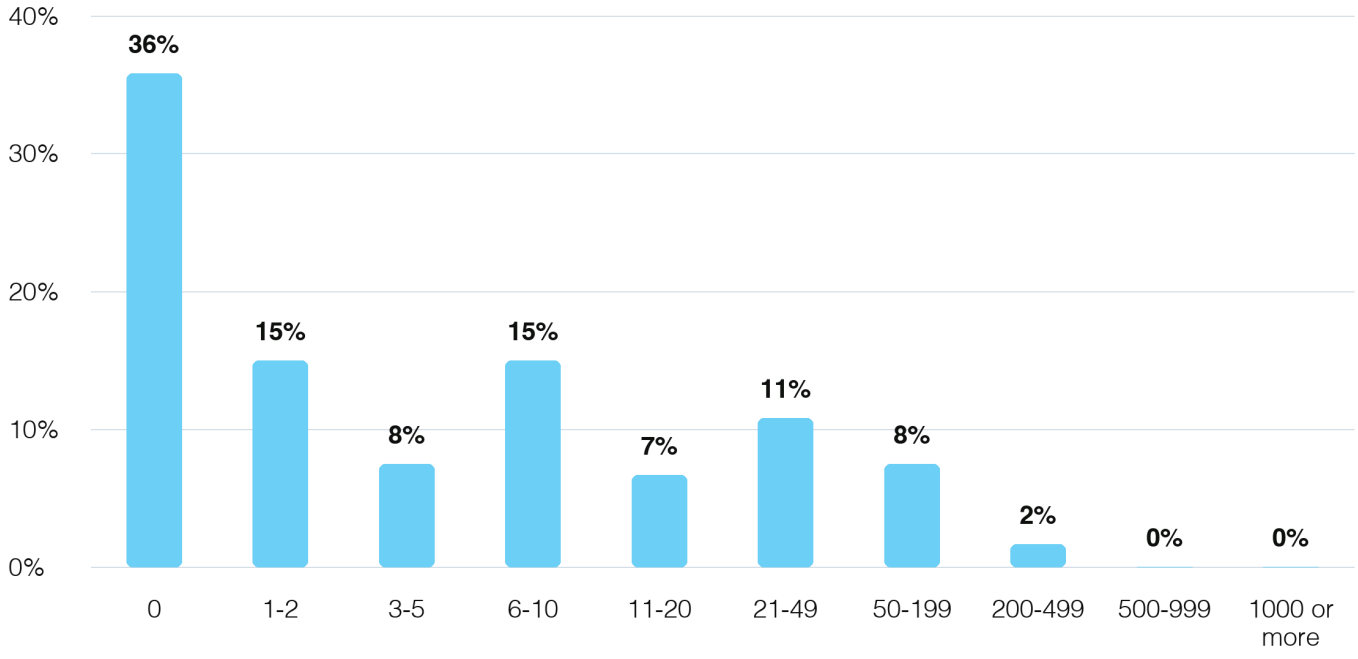
For those survey respondents who identified with having a lived experience of suicide, key themes emerged from their perspectives on better lived experience integration:

1. **Educate governments, bureaucrats, and politicians on people's lived experience of suicide**
2. **Embed in high-level decision making through more people with lived experience on Executive teams, Boards and in Government**
3. **Improve representation through more lived experience voices and diversity**
4. **End tokenism, genuinely listen and create room for lived experience to have a meaningful impact through partnership**

Organisational integration of lived experience



Number of paid lived experience positions



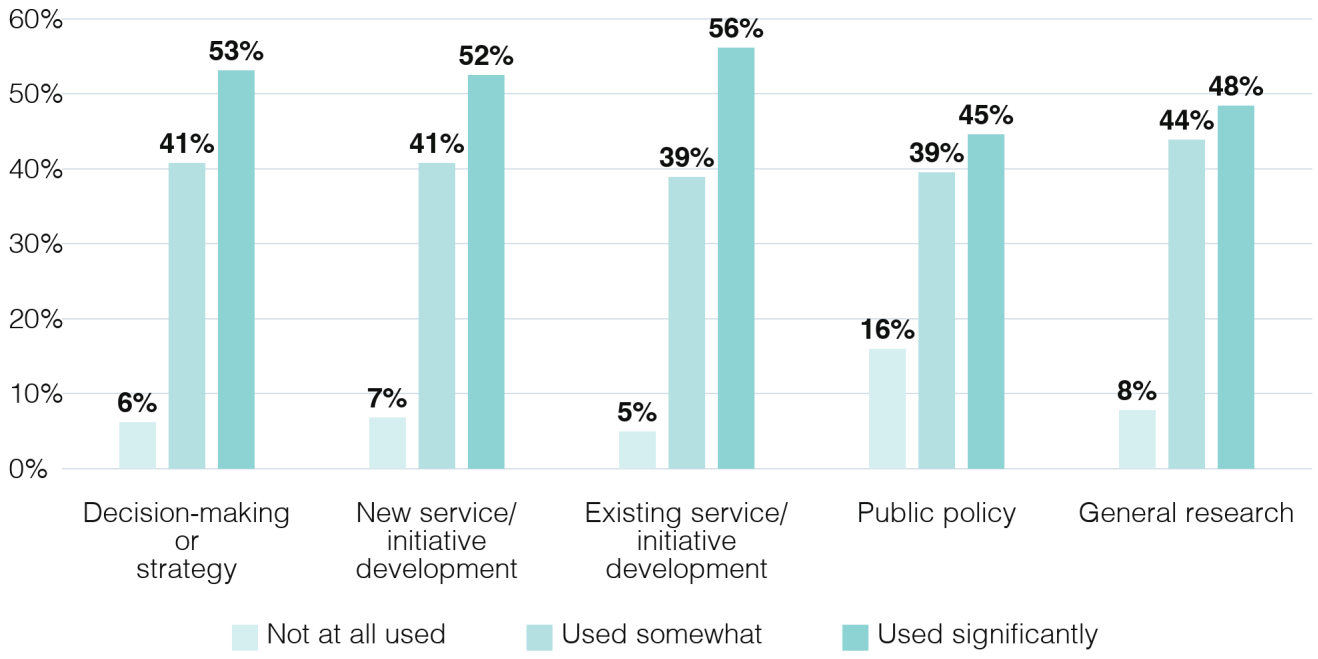
Data and evidence

Key insights

- **83% of organisations need access to reliable, timely, accurate suicide prevention data**
- **95% of organisations use data in the development of existing services and initiatives**
- **43% of organisations say they have improved their outcome measurement capability in the past year**

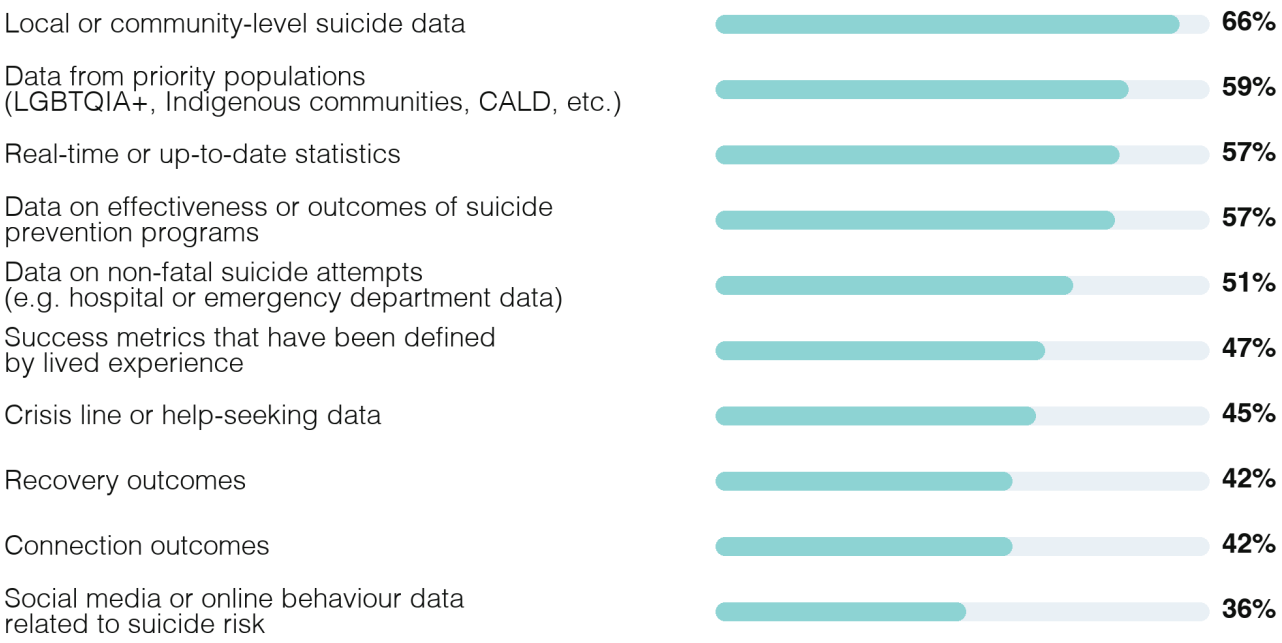
Data and evidence are critical to driving better suicide prevention policy, planning and practice. As in previous years, the sector continues to need access to reliable, timely, accurate suicide prevention data. Organisations continue to embed the use of data into their work, most prominently in continuous improvement of services. Organisations though are still seeking more community-level data, more data from priority populations and real time up-to-date statistics to better target their work and increase their impact.

Organisational use of data to inform work



> *[We've] made substantial progress in strengthening data capture and evaluative processes, driven by the introduction of new software systems and improved reporting frameworks. These advancements are enhancing data accuracy, enabling more robust outcome measurement, and supporting a continuous improvement approach to service planning and delivery.*
>
> *Survey respondent*

Data sources that are most needed



Measuring impact

With the recent release of the National Suicide Prevention Outcomes Framework and Outcomes Map, the sector has a foundation on which to build more measurement consistency across services and better understand its impact. Outcome measurement is clearly a focus for many organisations, with 40% of organisations saying they had improved their capabilities in the last year. Improvements through new data collection systems, updated outcome frameworks, access to relevant external data sets, improvements in Australian Institute of Health and Wellbeing (AIHW) data and better data collection processes - such as more follow-up data collection with beneficiaries - were all highlighted.

Resourcing is unsurprisingly a critical enabler (or barrier) to robust outcome measurement. Several organisations highlighted increased focus and investment in impact measurement through dedicated teams, consultants, independent evaluations and staff training. But many more highlighted that it was a lack of resources that prevented them from making more progress.

Funders were noted as playing a significant role in shaping the way the sector measures its impact. Funders requiring specific outcome measurement was noted as both a driver of better outcome measurement, and a barrier when those requirements are too prescriptive and do not leave room for improvement. Other barriers exist including staff turnover, challenges in data storage and governance, measurement complexity, lack of benchmarks and standardisation, and poor-quality data.

An important question was raised by some organisations who are demonstrating outcomes but have still had their funding reduced. Increased funding and more secure funding have, in-part, driven the push towards better outcome measurement, and advocacy may be required to ensure that demonstrating impact does lead to a more secure sector.

> *"We would like to learn more on how to evaluate and measure impact, we are a volunteer-run group and this is an area we know is lacking but could be of benefit."*
>
> *Survey respondent*

Emerging social and economic risks

Key insights

83% of respondents said 'social isolation and loneliness' will be the biggest risk to suicide rates over the next year

81% of the sector said 'cost-of-living and personal debt' was an increasing risk, noting the cost-of-living crisis is exacerbating other social factors that drive suicide rates

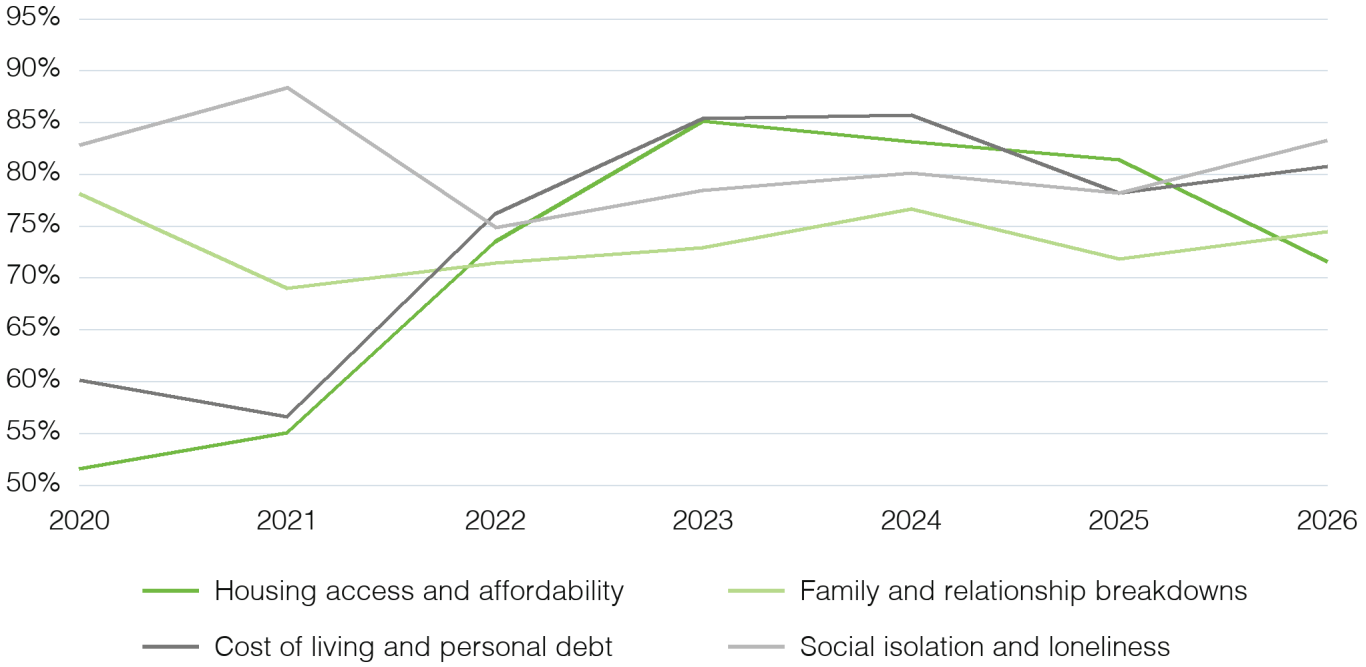
Each year the State of the Nation in Suicide Prevention survey asks the sector what the significant factors are that may contribute towards suicide rates in the next twelve months. This year 'social isolation and loneliness' was the most frequently cited factor. This coincides with the Suicide Prevention Australia Community Tracker (May 2026 report) where one in four respondents cited social isolation and loneliness as causing elevated distress compared to the same time last year.

Changes in demand also reflect changing rates of distress, and the sector described a complex set of intersecting factors driving demand. Respondents noted that impacts from cost-of-living pressures are having flow on effects into family stress, housing affordability and homelessness, and other areas of life.

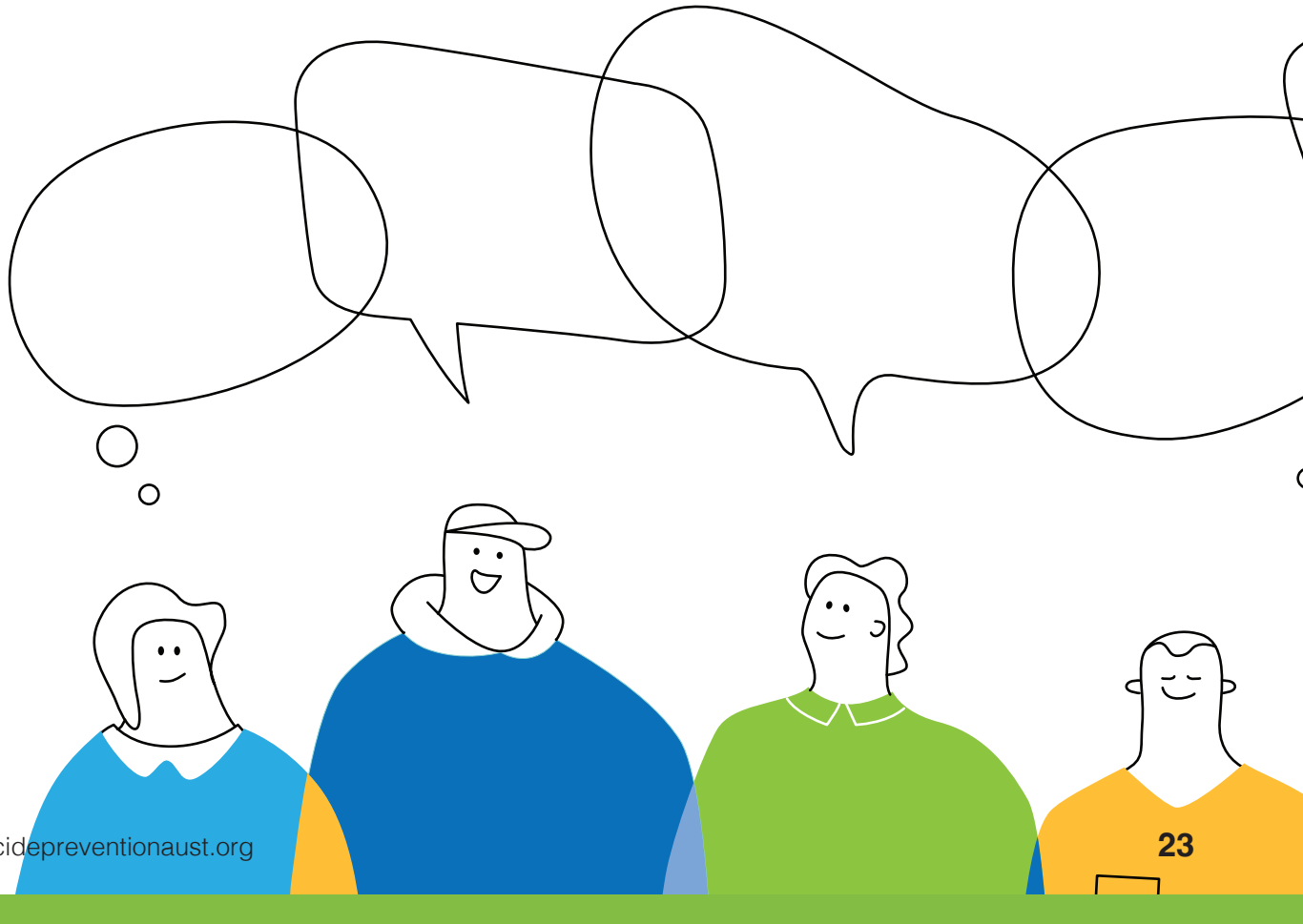
Additionally, racism, stigma and discrimination, impacts of drought in rural areas, domestic, family and sexual violence, alcohol and other drugs, and displacement and disconnection from community were all highlighted as having an impact on demand. Global events were also frequently mentioned.

Social and economic factors that may impact suicide rates in the next year

Year-on-year comparison of top social and economic factors posing significant risks to suicide



> *[We've seen] increases in adolescents with [adverse childhood experiences] self-referring with increased self-harm and suicide ideation.*
>
> *Survey respondent*



Whole-of-Government

Key insights

- **84% of the sector supports the introduction of a Suicide Prevention Act in Australia**
- **The sector ranked 'Suicide prevention in all Government strategies' as a top policy priority**
- **Social services, disability and education ranked near the top along with health as portfolios that need to act on suicide prevention**

Suicide Prevention Australia has consistently advocated for a whole-of-Government approach to suicide prevention through: a focus on the National Suicide Prevention Strategy, ensuring the independence on the National Suicide Prevention Office, passing suicide prevention legislation across the country, and embedding suicide prevention in all Government strategies.

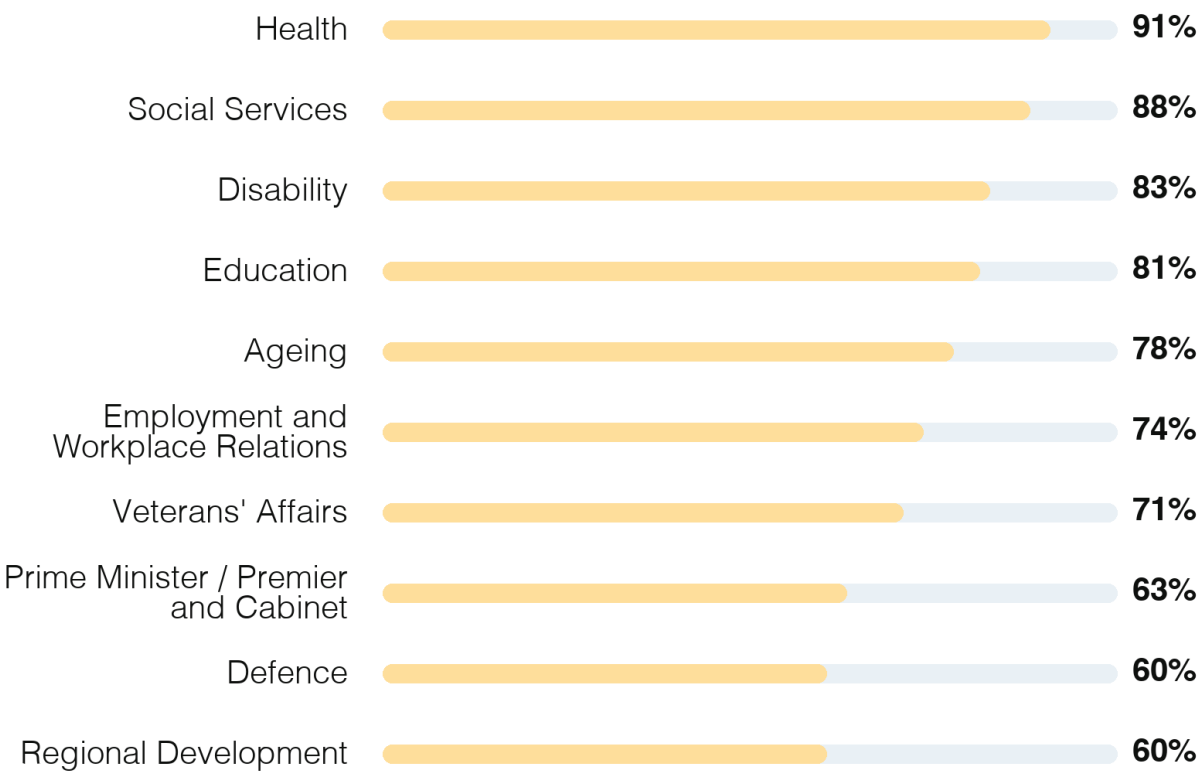
The sector continues to strongly support a Suicide Prevention Act for Australia and clearly sees that portfolios beyond health have a significant role to play in preventing deaths by suicide. When asked which portfolios should be taking action on suicide prevention, social services ranked nearly as high as health.

This aligns to the top social and economic factors that may impact suicide rates noted by the sector.

In particular, housing affordability, and family breakdowns and their links to social services through homelessness services and domestic and family violence services. Education too was seen as a critical area for focus, particularly as an important context for early intervention through reaching young people.

> *"I believe the suicide prevention sector needs to place greater emphasis on understanding the complexity of suicide …We need to continue integrating lived experience with research to better understand these interactions and ensure prevention strategies reflect the realities people are living, not just what is easiest to measure."*
>
> *Survey respondent*

Top Government portfolios that should be taking action on suicide prevention (Top 10)



National policy direction and reform priorities

Key insights

- **Implementation of the National Suicide Prevention Strategy was the top priority for the sector**
- **Better funding processes was also a clear priority for the sector**
- **40% of the sector does not have the right resources or time to advocate to Government for what is needed in suicide prevention**

Suicide Prevention Australia's National Policy Platform is a roadmap for guiding our policy and advocacy work and is developed in partnership with our members. This year in the State of the Nation in Suicide Prevention survey we asked the sector their top priorities from the 16 priorities outlined in the platform. Over a year after the release of the National Suicide Prevention Strategy, the Strategy's implementation was the top priority for the sector. This was followed closely by efficient funding processes to help shift the insecure funding environment evidenced in this report. Whole-of-Government, lived experience collaboration, workforce, and building community capacity were also top priorities.

Top sector priorities from Suicide Prevention Australia's National Policy Platform

1. **National Suicide Prevention Strategy implementation**
   Ensure the full implementation of the National Suicide Prevention Strategy and other key frameworks.
2. **Efficient funding processes**
   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.
3. **Suicide prevention in all Government strategies**
   Government portfolios that address the socio-economic and environmental determinants of suicide should embed suicide prevention in all relevant strategies, plans and frameworks.
4. **Genuine collaboration with people with lived experience**
   Lived experience leadership, governance, expertise and insights integrated into all aspects of suicide prevention through collaboration and strategies implemented to ensure people with lived experience have the skills and knowledge to meaningfully contribute.
5. **Enhancing the suicide prevention workforce**
   Implementation of a suicide prevention workforce strategy or national initiative that is fully funded and provide long-term and whole-of-system vision and strategy.
6. **Increasing community and workplace capacity**
   Develop suicide prevention competency in all workplaces and across the general community including through professional development, evidence-based suicide prevention training, and increased use of new technologies for those who support at risk individuals.

Looking beyond the National Policy Platform, the survey asked the sector their views on the most important policy changes needed in suicide prevention, with key themes emerging and outlined below.

Moving towards more **grassroots responses**, including place-based and community-led initiative. Community education, social cohesion and connection are all important parts of this.

Addressing **upstream factors** through primary prevention, education and stigma reduction, as well as tackling determinants such adverse childhood experiences, domestic, family and sexual violence, alcohol and other drugs, gambling, racism, bullying and climate change.

Focusing on **workplaces** and their important role in suicide prevention, including implementation of suicide prevention frameworks, training for leaders in how to respond, and improving data in these areas.

Prioritising dedicated, funded **men's suicide prevention supports** for working-aged men, tradies and other high-risk groups. Workplace prevention, affordable care, peer support, family involvement and community connection are integral.

Doing more to **support and equip families and carers** with loved ones impacted by suicide, including strengthening communication between families and services.

Making mental health care more affordable including providing consistent and equitable access to services that people need, for example psychologists, counsellors and psychiatrists.

Acknowledgements

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived experience of suicide. These insights are critical in informing all aspects of suicide prevention policy, practice and research.

Advice from the Suicide Prevention Australia Lived Experience Panel and other individuals with lived experience has helped guide the development of the 2026 State of the Nation in Suicide Prevention report, including advice on the design of new and updated survey questions.

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 and advocacy work. Suicide Prevention Australia thanks all involved in the development of the 2026 State of the Nation in Suicide Prevention Report.

Suicide Prevention Australia

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