

# STATE OF THE NATION IN SUICIDE PREVENTION

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A survey of the suicide prevention sector



**September 2022**



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Suicide Prevention  
Australia

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# Highlights

## STATE OF THE SUICIDE PREVENTION SECTOR

A truly national sector	Busier than ever before	Additional funding is needed
 <p>Delivering services and supports in remote, rural, regional and metropolitan communities</p>	<p><b>88%</b></p> <p>of respondents have seen increased demand for services over the past 12 months</p>	<p><b>76%</b></p> <p>Three out of four respondents require increased funding to meet increased demand</p>

A highly collaborative sector  84% of organisations work in partnership with others

## STATE OF THE COMMUNITY

Social determinants matter Greatest risks to suicide rates over the next 12 months	Multiple risks in the community	At-risk groups need more support
<p> <b>74%</b> cost of living and personal debt</p> <p> <b>73%</b> social isolation</p> <p> <b>62%</b> unemployment</p> <p> <b>72%</b> housing access and affordability</p>	<p> Family and relationship breakdowns and alcohol and other drugs</p> <p> continue to present significant risk factors</p>	<p>A majority <b>71%</b> of respondents indicated priority populations at risk of suicide were not appropriately funded, resourced or responded to</p>

## STATE OF THE SUICIDE PREVENTION AUSTRALIA NATIONAL POLICY PLATFORM

<b>Whole-of-government</b>		<b>96%</b> of respondents believe a whole-of-government approach to suicide prevention is required	<b>75%</b> of respondents support a national Suicide Prevention Act
<b>Lived experience</b>		Lived experience advisory groups are the most common way organisations engage with people with lived experience	<b>80%</b> of respondents reported the peer workforce is not appropriately funded or resourced
<b>Data and evidence</b>		<b>95%</b> of organisations need access to reliable, timely and accurate suicide prevention data	Half of respondents (48%) don't have access to the data they need now
<b>Workforce, sector and community capacity</b>		<b>83%</b> of organisations don't have sufficient staff and volunteers to meet workforce needs	<b>91%</b> of respondents believe all members of the community should have access to suicide prevention training

# Foreword

The State of the Nation in Suicide Prevention report provides an annual snapshot of our sector, the state of the community and our national policy platform. It offers important on-the-ground insights into the operations, opportunities and challenges facing our sector.

This survey represents the third iteration and I'm delighted we've received the equal highest number of responses, close to 300, from across the sector. I want to thank everyone who took the time to share thoughtful, detailed and timely responses.

As the national peak body for suicide prevention in Australia, we conduct this survey to keep informed and gather regular intelligence from the many service providers, practitioners, researchers, organisations and individuals working to prevent suicide in our community.

We can see in this year's data that our sector remains busier than ever as we emerge from the COVID-19 pandemic, multiple natural disasters and increased cost of living pressures. It's a sector that's diverse, changing and collaborative.

I've said it before and I'll say it again, what we do over the next two to three years is key. To date, we've contained any increase in suicide rates during the pandemic, yet distress remains and we know the research suggests risks can peak two to three years after a crisis.

This case for action is at the heart of our National Policy Platform. This year's State of the Nation in Suicide Prevention report again confirms the importance of the key priorities of our platform: a whole-of-government approach, lived experience, data and evidence, workforce, sector and community capacity. They are priorities we will continue to champion every day.

As an organisation, we exist to provide a clear and collective voice for the suicide prevention sector. This annual survey is about ensuring that our voice is informed by the critical voices of those across the sector.

I look forward to continuing to work together towards our ambition of a world without suicide.




**Nieves Murray**  
Chief Executive Officer  
Suicide Prevention Australia

## THE SURVEY



**283**  
responses  
equal highest in survey history

**55%**   
of respondents  
are members of  
Suicide Prevention Australia

**81%** of members  
response were from  
organisations   
**18%** of member  
responses were  
from individuals

# 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 believe that through collaboration and a shared purpose, we can work towards our ambition of a world without suicide.

We're a member-based organisation that's guided by people with lived experience of suicide. We have around 330 members, including the largest and many of the smallest organisations working in suicide prevention, practitioners, researchers and community leaders.

## 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. As the national peak body, it informs our role as a clear, collective voice for the sector and supports us to work towards our ambition of a world without suicide.

The State of the Nation survey is opened each year in July and closes in early August. It is open to all in the suicide prevention sector, including organisations, individuals and other stakeholders. This is the third iteration of the survey.

Some of the state of the community insights were informed by a YouGov survey between 14th - 17th August 2022 including a total sample size of 1,024 adults, comprised of a nationally representative sample of Australians aged 18 years and older. The YouGov data was weighted by age, gender and region to reflect the latest Australian Bureau of Statistics (ABS) population estimates.

The State of the Nation in Suicide Prevention is structured into three parts:

- 1. State of the sector** - looking at the type of organisations in the sector, their priorities and challenges and the current operating environment
- 2. State of the community** - looking at the current and emerging risks for suicide prevention across the community as well as those groups most at risk
- 3. State of the platform** - looking at the key priorities of our National Policy Platform including whole-of-government, lived experience, data and evidence, workforce, sector and community.





## STATE OF THE SECTOR

The suicide prevention sector comprises organisations and individuals working to prevent suicide in our community. Our survey shows a truly national sector, delivering services and supports all over the country and in remote, rural, regional and metropolitan communities. It comprises many well-established organisations but also emerging members, with almost one in five organisations established within the past ten years.

The sector continues to face record levels of demand for services. This year, 88% of respondents reported increased demand over the past 12 months, the highest level reported since the survey began. Additional funding is needed to meet increased demand, with three out of four respondents urging further investment. External funding factors, including reliance on grants and delays in government funds, pose key challenges to the sector's work.

The sector remains highly collaborative and adaptable. Those surveyed reported ongoing changes in the types of services they provide, including the ongoing adaption of online technologies and the development of new services. Meanwhile, eight out of ten respondents (84%) report working with government agencies and other groups in the community.

## STATE OF THE COMMUNITY

In yet another challenging year for people living in our communities, the social determinants of health and wellbeing continue to have a major influence on suicide. Cost of living pressures and personal debt has overtaken others as the highest rated risk factor for suicide over the next 12 months, closely followed by social isolation and housing access and affordability.

In these difficult times, it's those who are already vulnerable that are facing increased risks. A majority (78%) of respondents indicated priority populations at risk of suicide were not appropriately funded, resourced or responded to – an overwhelming consensus.

## STATE OF THE PLATFORM

Suicide Prevention Australia published our updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community capacity. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

There continues to be overwhelming support (96%) for a whole-of-government approach to address the social determinants of health that contribute to the risk of suicide. There is strong support to legislate this whole-of-government approach through a national Suicide Prevention Act, with three-quarters of respondents supporting Commonwealth legislation.

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. We're engaging people with lived experience in a variety of ways, including advisory groups, targeted consultations and networks to share information and opportunities. More is required to support the lived experience workforce, including the peer workforce. Eight out of ten respondents do not believe the peer workforce is appropriately funded.

While 95% of respondents believe they need access to reliable, accurate suicide prevention data, around half (48%) don't have access to the data they need right now. This is a significant improvement over the past 12 months, with only 23% of respondents reporting sufficient data in 2021. The need for more real-time data, including on priority cohorts and suicide attempts, was restated by respondents.

Worryingly, 83% of respondents report they do not have sufficient staff and/or volunteers to meet workforce needs. Urgent work is needed to develop a national workforce strategy in response. Over nine out of ten respondents believe all members of the community should have access to suicide prevention training, while 87% of respondents believe governments should prioritise programs that are accredited as safe, quality and effective.

## Further information

If you would like more information on the State of the Nation in Suicide Prevention Survey and its results, please contact [policy@suicidepreventionaust.org](mailto:policy@suicidepreventionaust.org)

# Part One: State of the Sector

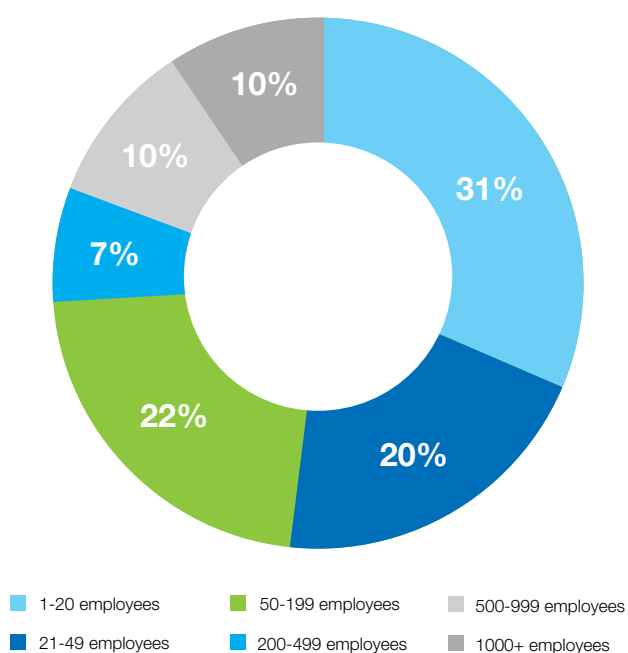
Australia's suicide prevention sector comprises organisations and individuals, working to prevent suicide across our community. It includes organisations of all sizes, practitioners, researchers, people with lived experience and community leaders. The sector delivers across the spectrum from advocacy, education and community support through to clinical and non-clinical services. Our 283 respondents comprise a large share of Australia's suicide prevention sector. In the State of the Nation in Suicide Prevention, we asked them about the work they do, where they do it and how it's changing.



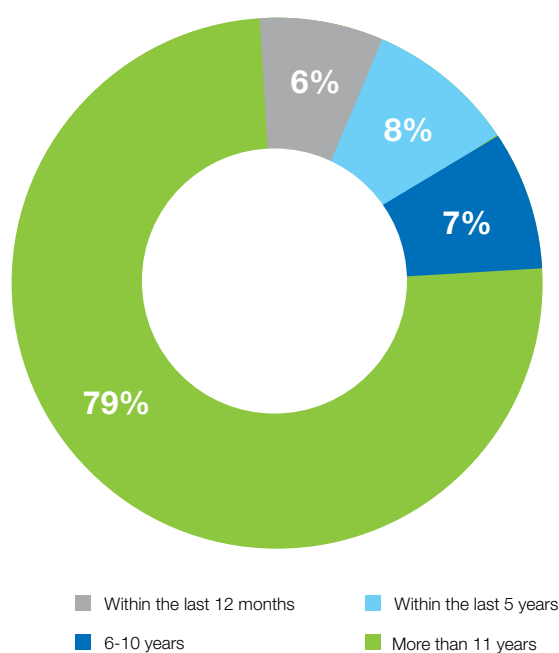
## SECTOR AT A GLANCE

The sector is diverse in size and includes both established and emerging organisations

**Number of employees  
in organisation**



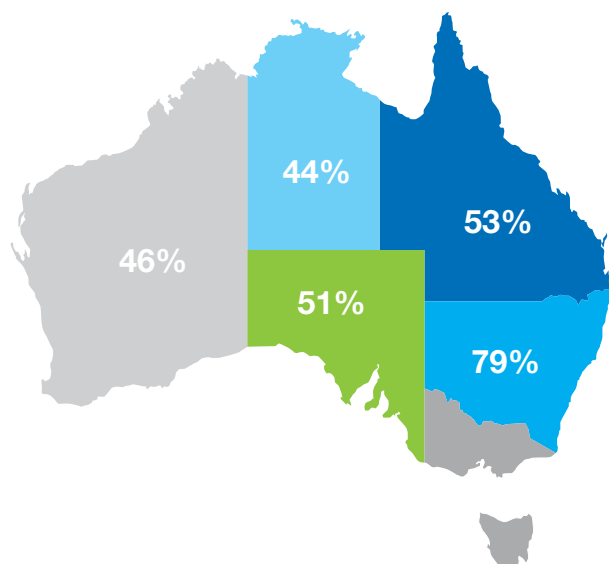
**Age of organisation**



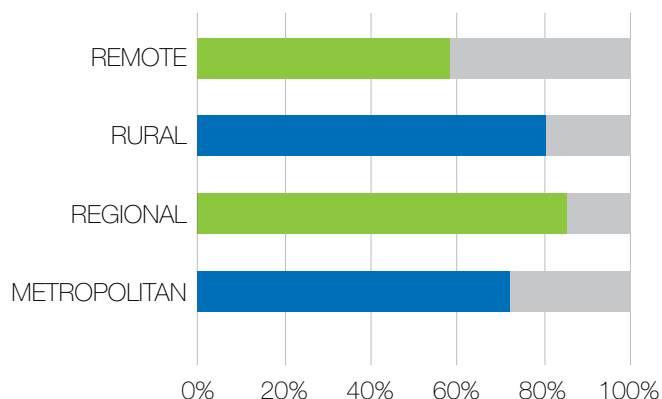
- The sector is comprised of organisations of all sizes, almost a third (31%) of responding organisations had between 10-20 employees, a further 42% had 21-199 employees, and 37% had 200 or above.
- Around one in five (21%) organisations were established within the last 10 years, with the majority (79%) established more than 11 years ago.

The sector is truly national and delivers services and supports all over the country

### Where does the sector deliver services across Australia?



### Which areas does your organisation operate?



- The sector has a true national footprint with every state and territory having at least 45% of responding organisations delivering services there.
- Organisations reach communities all over remote, rural, regional and metropolitan Australia.
- They both serve and rely on these communities, with 40% of respondents reporting they rely on volunteers to operate.

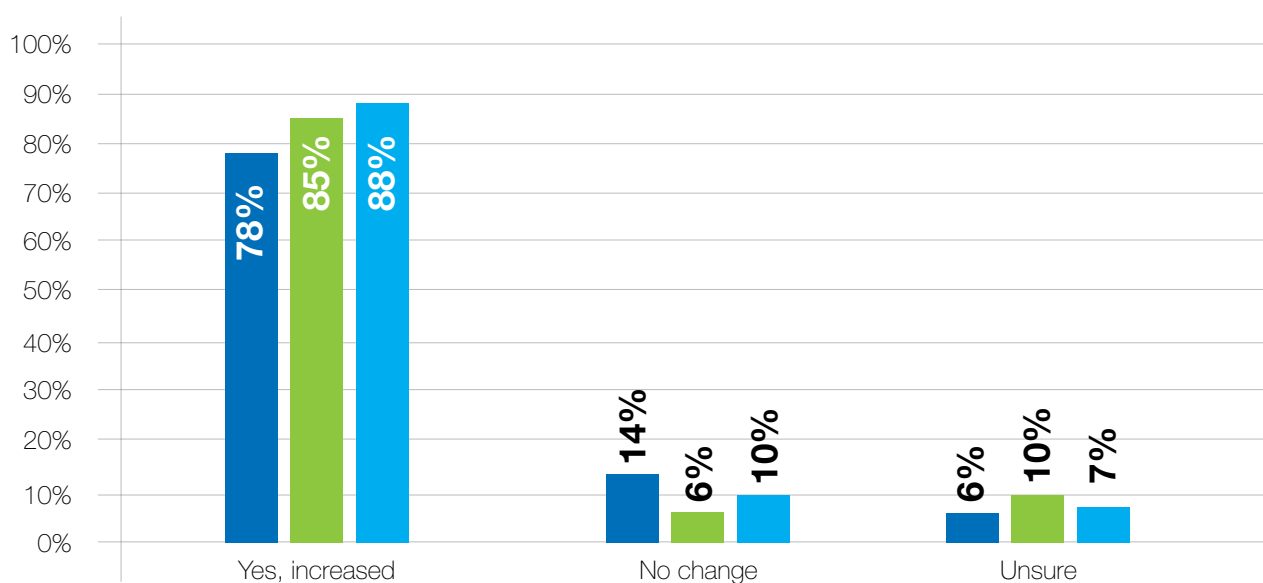


## SERVICE DEMAND

Demand for services is increasing and organisations need additional support

### Has demand for your services changed in the last 12 months?

2020 2021 2022



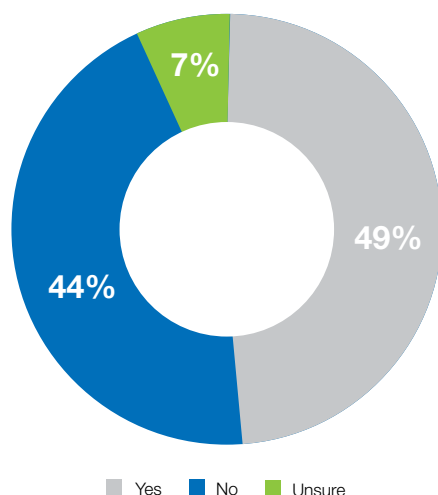
- An overwhelming majority of respondents identified an increased demand for services over the past 12 months (88%), this represents an increase from 2020 (78%).
- The sector is also adapting to significant changes, 24% of respondents also reported that the demographics of the people they support had changed in the past 12 months, and 49% said that the types of services they provide changed.
- More than three-quarters (76%) of organisations reported that they require additional funding, support, or resources to meet changes in service demand.

### Community insights from the 2022 YouGov polling on suicide prevention:

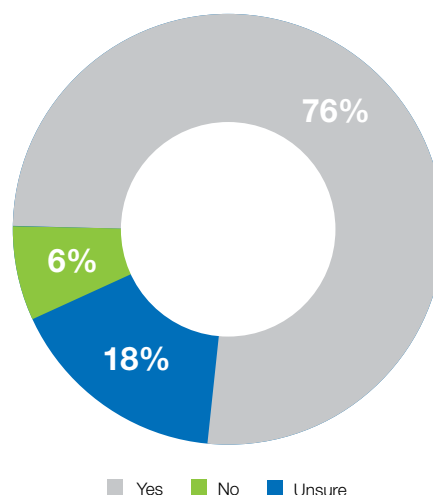
- Seven in ten (70%) Australians say they have experienced elevated distress (beyond normal levels) due to social and economic circumstances compared to August 2021
- The top three circumstances that are causing elevated distress include cost of living and personal debt (40%), social isolation and loneliness (26%) and family and relationship breakdowns (23%)



## Have the types of services you provide changed within the last 12 months?



## Does your organisation require additional funding, support, or resources to meet changes in service demand?



Our sector has adapted the types of services they deliver to match a changing landscape

We asked participants who reported that the types of services they provide have changed over the last 12 months to share feedback on how they have changed. Two key themes were evident in the responses:

### Continuing to adapt to online technologies

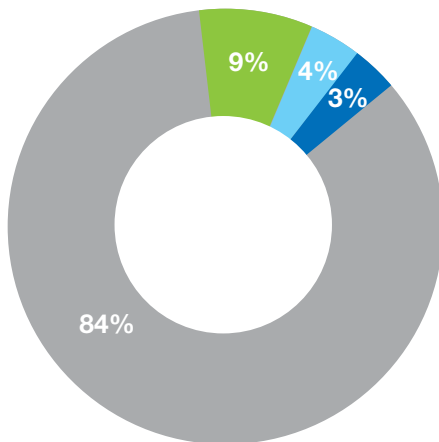
A continuing theme from previous surveys is that respondents reported services are continuing to expand telehealth, online and remote modes of delivery. However, it appears this is no longer being driven directly by the Covid-19 pandemic and related health measures. Instead it is in response to increased demand for these forms of services.

### Development of new services

A number of respondents reported expanding their services into new areas. Examples included: expansion into rural and remote areas, suicide bereavement counselling and support groups, a peer support phone line, increased advocacy and youth capacity building initiatives, and increased peer support offerings.

**“We've developed and implemented more digital programs adding to our face-to-face activities. We also have been developing more advocacy and youth capacity building initiatives as we are hearing more and more young people want the opportunity to be advocates for their own needs.”**

### Does your organisation work with government agencies, other not-for-profit organisations and community-based organisations?



- Suicide prevention organisations are highly collaborative.
- More than eight out of ten respondents work with government agencies, other not-for-profit and community-based organisations, with only around one in ten delivering their services and programs in isolation.

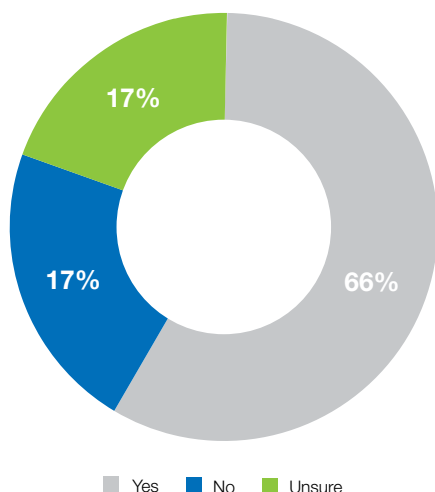
■ Yes ■ No ■ Unsure ■ Not Applicable



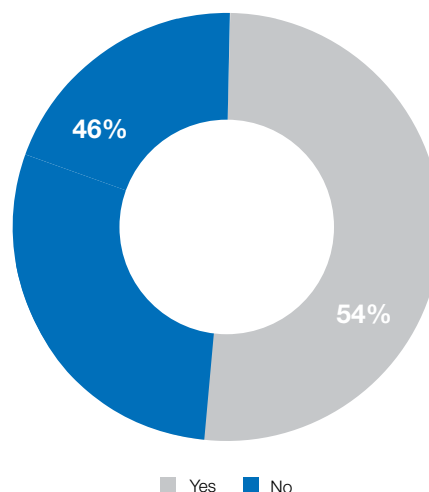
### Does your organisation require additional funding, support, or resources to meet changes in service demand?

External funding factors pose key challenges to the sector and those we support

#### Does your organisation rely on external funding grants to remain sustainable?



#### In the last 12 months, has any of your government funding arrived late?



- Over half (57%) of respondents rely on external funding grants to remain sustainable, increasing from 38% in 2020 and 50% in 2021.
- One in two respondents (49%) reported government funding had arrived late in the past 12 months. This is a major increase from one in four respondents in 2021 (25%).
- A significant share of funding remains short-term, with over half of core funding streams (55%) secured for under three years.
- When surveyed about existing funding sources, a large share of respondents identified state and territory governments (73%) and Commonwealth (67%) funding sources, an increase from 54% for state and territory governments and 63% from the Commonwealth on last year's survey.
- Contributions from private donors remained stable at 42% while funding from private sector agencies was down from 24% to 14%.



## Half of the respondents reported the climate for funding security had changed in the past year (49%)

- Reported changes in the funding environment over the past 12 months include:
  - Changes resulting from the COVID-19 pandemic
  - Change of government
  - Delays in funding due to the election
  - Ongoing funding announced
  - Competition for funding
  - Increased demand for services
  - Increased funding availability
  - Increased difficulty in securing donations or sponsorships.
- The number of respondents reporting a change in the funding climate fell from 59% in the 2021 survey.

## In context: How is the suicide prevention sector funded?

Suicide prevention in Australia is supported through a complex series of funding arrangements between government and service providers; between the Commonwealth, state and territory governments; philanthropic sources and donations; and through providers selling services and products supporting suicide prevention. The Australian Institute of Health and Welfare's 2018 Australia's Health Report has summarised these arrangements, highlighting the lack of clarity and consistency in funding for suicide prevention.

This is an outline of how funding for suicide prevention in Australia is currently organised:

### **Commonwealth funding:**

The Commonwealth Government is a significant source of direct funding for suicide prevention, including through contributions to the new National Agreement for Mental Health and Suicide Prevention, funding for Primary Health Networks to commission services and the National Suicide Prevention Leadership Support Program.

### **State and territory funding:**

The jurisdictions support the Commonwealth Government's suicide prevention activities with their own locally delivered plans and programs. States and territories are also contributing funds under the new National Agreement on Mental Health and Suicide Prevention.



### **Philanthropic sources:**

Many not-for-profit organisations, operating in the suicide prevention sector, receive funding from philanthropic sources. This includes private donations from individuals, as well as donations from organisations exercising corporate social responsibility.



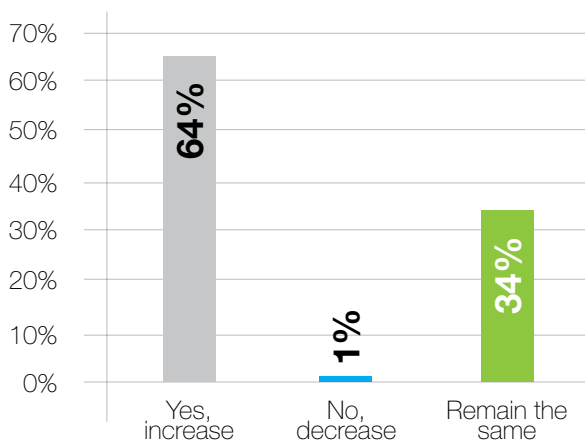
# Part Two: State of the Community

It's been another challenging year for our community. The ongoing impact of the COVID-19 pandemic has been felt alongside natural disasters and emerging cost of living pressures. Our sector works across the community and sees the impact and challenges of distress daily. In our State of the Nation in Suicide Prevention, we asked for views on risks facing our community and opportunities to prevent suicide in these challenging times.

## EMERGING AREAS OF RISK

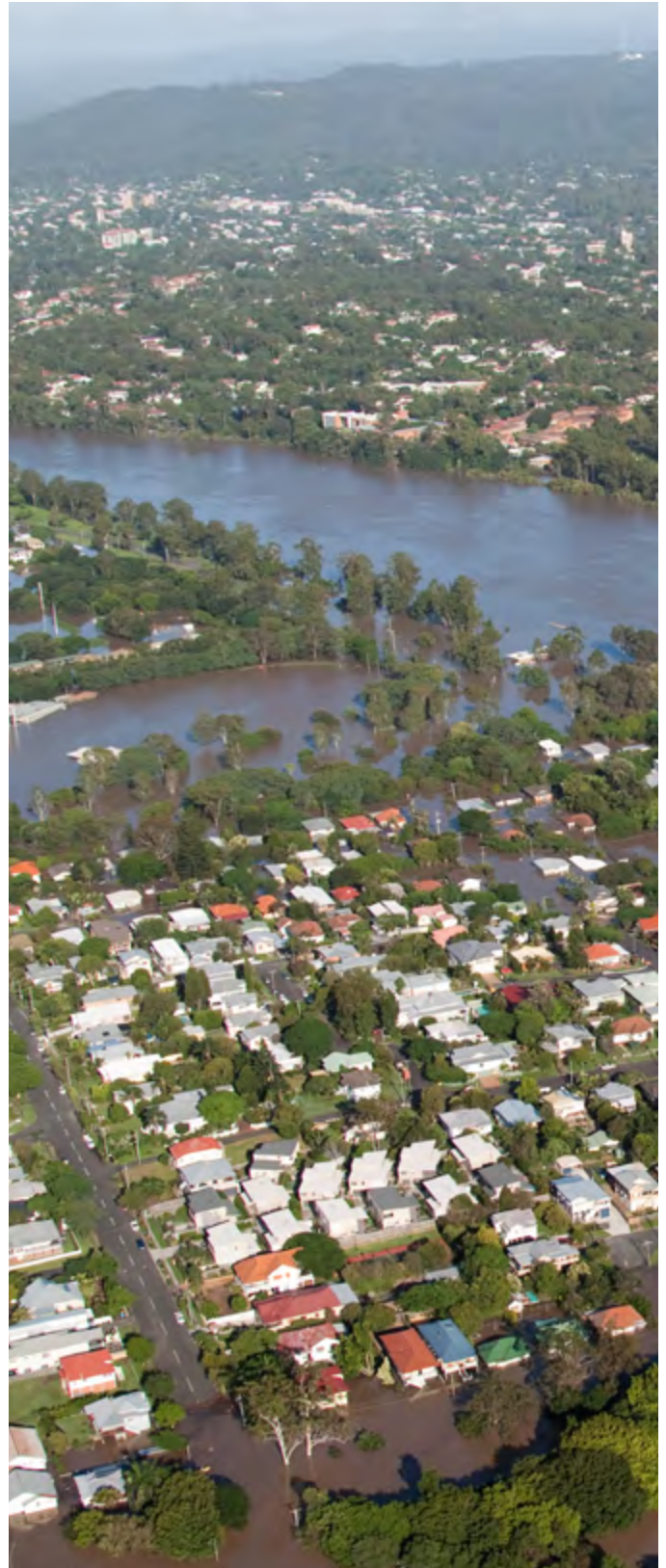
The sector is preparing for further challenges and ongoing suicide risks in our community

**Based on current social, economic and policy settings, do you anticipate changes in suicide rates over the next 12 months?**



## Community insights from the 2022 YouGov polling on suicide prevention:

- Two thirds (66%) of Australians believe that based on recent social and economic circumstances, current suicide rates are likely to be higher this year compared with this time last year, with 15% believing that the rate will be much higher.
- Two thirds (64%) of Australians believe that based on current social and economic circumstances, future suicide rates are likely to be higher next year compared to this year, with 13% believing that the rate will be much higher.

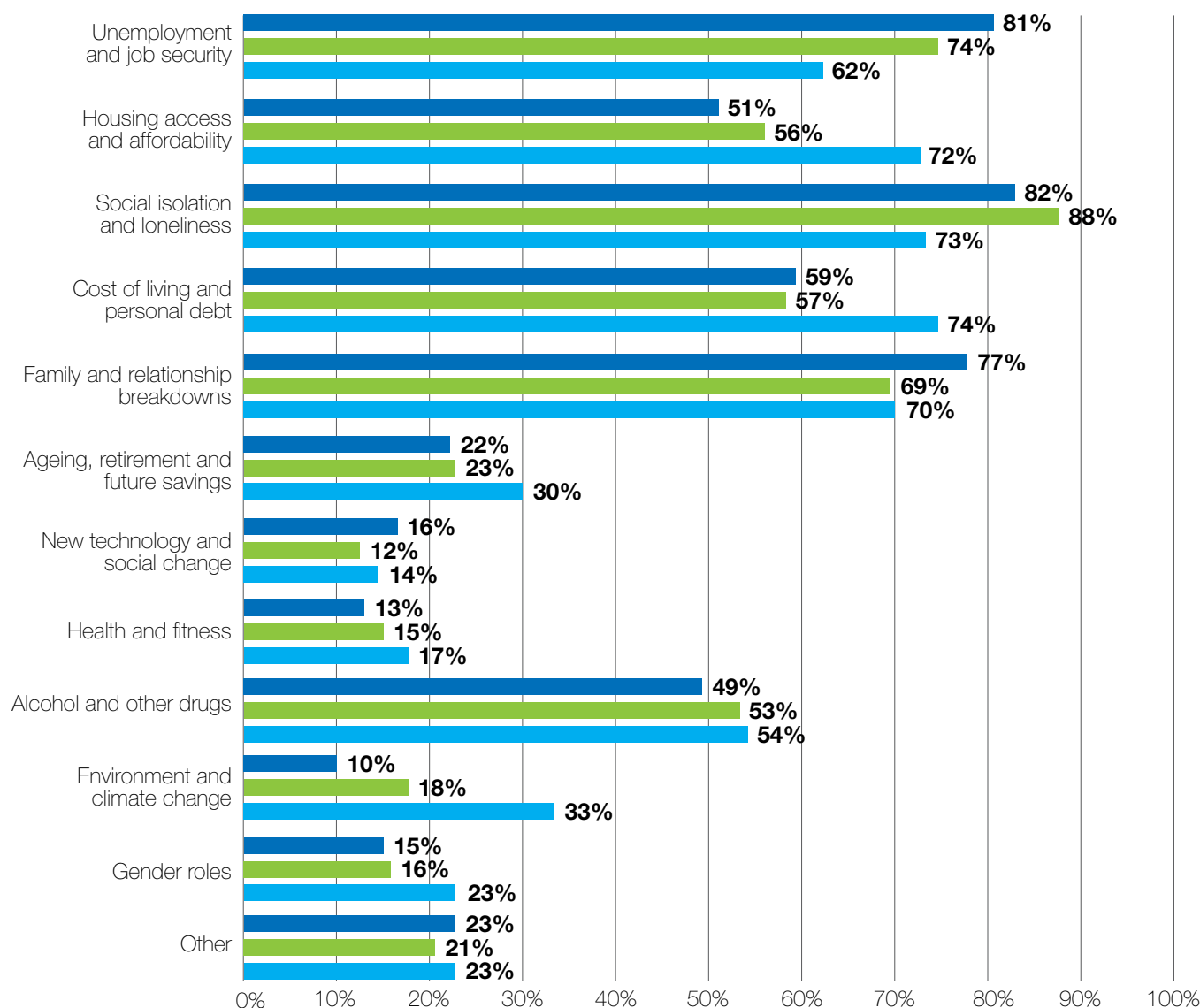




The social determinants of health and wellbeing continue to pose significant risks to suicide rates

## What will pose the most significant risk to suicide rates over the next 12 months?

■ 2020 ■ 2021 ■ 2022






- Suicide is complex, multi-factorial interaction between contributing factors or 'risk factors' and vulnerabilities rather than a single cause.
- Social isolation and unemployment have both decreased since 2020 and 2021 but remain among the most significant risk factors.
- Housing affordability and cost of living/debt have substantially increased since 2021, becoming two of the top three risk factors.
- Family and relationship breakdowns and alcohol and other drugs continue to present significant risk factors.
- Environment and climate change, although not one of the top risk factors, has seen a significant increase in both of the last two years.

## Community insights from the 2022 YouGov polling on suicide prevention:

- Nine in ten (90%) Australians believe that social and economic circumstances will pose a significant risk to suicide rates in Australia this time next year
- Similarly, cost of living and personal debt (68%) followed by social isolation and loneliness (53%) and family and relationship breakdowns (53%) are believed to pose the most significant risks

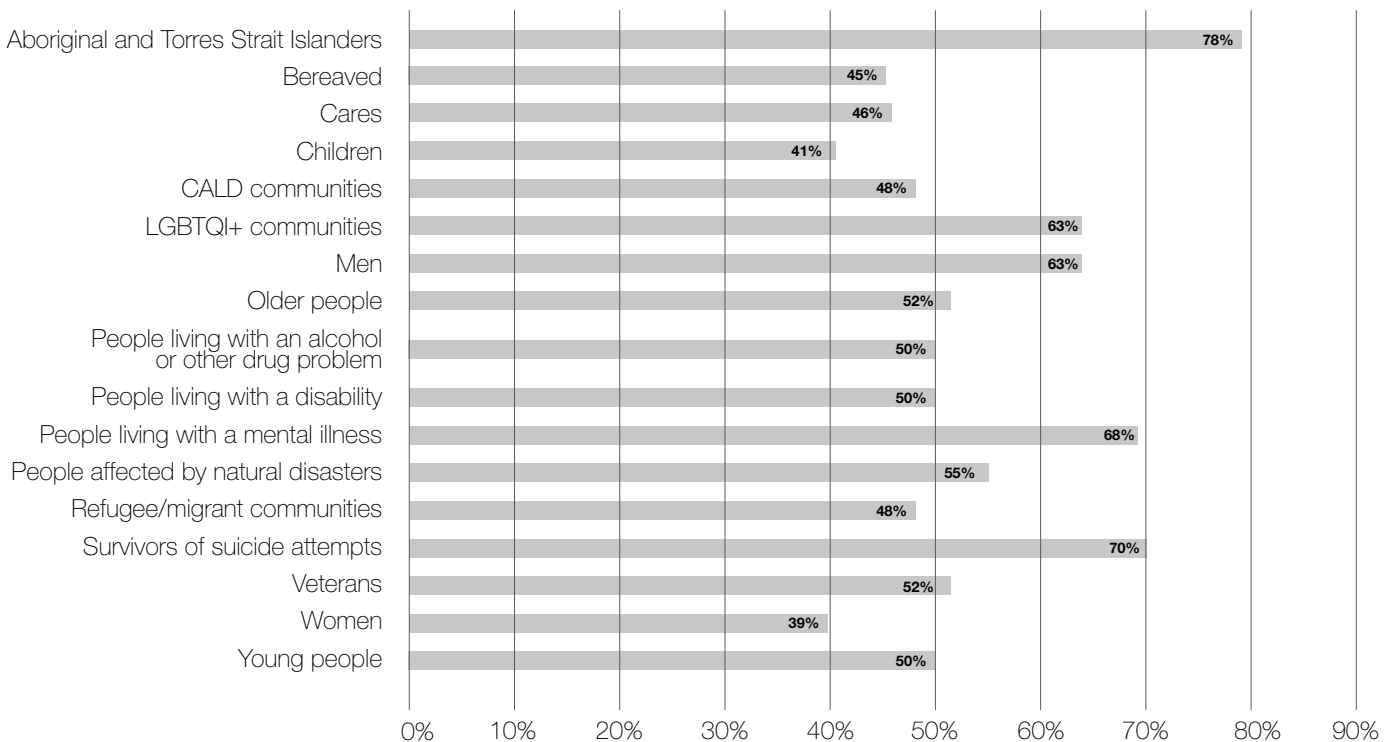
## Respondent views on interventions needed to tackle emerging suicide risks\*

Top rated risk	Second rated risk	Third rated risk
 <p>Cost of living and personal debt</p> <ul style="list-style-type: none"> <li>- Expanding rebates available, similar to NSW Dine and Discover vouchers</li> <li>- Expanding who is eligible for financially supportive rebates</li> <li>- Electricity and gas subsidies</li> <li>- Increasing social security payments above the poverty line</li> </ul>	 <p>Social isolation and loneliness</p> <ul style="list-style-type: none"> <li>- More funding for community groups and education groups to be running non-stop in communities with access to transport</li> <li>- Support to join groups (eg. money) like the NSW Active kids vouchers but for other populations</li> <li>- Increase funding for supports at the community level</li> </ul>	 <p>Housing access and affordability</p> <ul style="list-style-type: none"> <li>- More social and affordable housing needs to be built and current stock needs to be revitalised</li> <li>- Remove negative gearing</li> <li>- Early intervention for people on rentals who have a rental increase</li> </ul>

**“Cost of living and personal debt needs to be addressed. With interest rates surging and the cost of living rising, many people will not be able to pay their debts which will contribute to homelessness. Policy around house prices, stamp duty and loans could address these issues.”**

Priority groups are at risk of being left behind and require further support

### Which population groups require further support?



- There was widespread support for additional funding for various priority populations.
- A majority (78%) of respondents indicated priority populations at risk of suicide were not appropriately funded, resourced or responded to.
- Just 6% of respondents indicated programs and services targeted to priority populations were appropriately funded, resourced and responded to.
- Respondents identified many actions needed to meet the needs of priority groups including:
  - Putting lived experience of priority groups at the centre of suicide prevention
  - Accessible and appropriate services that better reach the needs of priority groups
  - Increased funding and investment
  - More training and supports to build capacity
  - Greater focus on early intervention and prevention
  - Co-design with priority groups
  - Suicide Prevention Act that legislates whole-of-government focus.

**There is an overwhelming consensus that priority populations need additional support**

**population groups seek help  
mental health level suicide prevention  
youth health outside organisation  
resources education workforce  
programs interventions better  
awareness funding increased  
support time services staff  
community help provide  
suicide work groups  
different access psychological  
services appropriate prevention  
strategies workers**

# Part Three: State of the Platform

Suicide Prevention Australia published our updated National Policy Platform in 2022. The Platform sets out four 'pillars' for systems-level suicide prevention reform, which were identified in consultation with our members: whole-of-government; lived experience; data and evidence; and workforce, sector and community. We surveyed the sector to gauge current attitudes and key issues raised in our National Policy Platform.

## Pillar One:

### A whole-of-government approach to suicide prevention

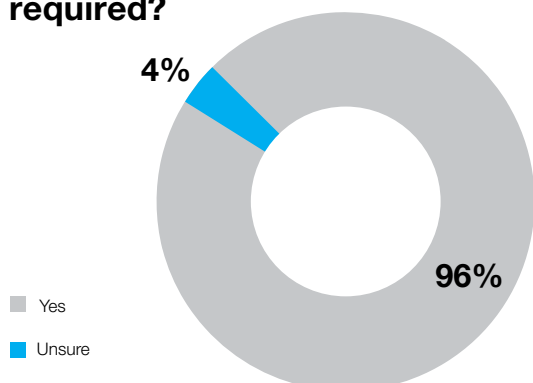
Suicide is complex, multi-factorial interaction between contributing factors or 'risk factors' and vulnerabilities rather than a single cause. This is why Suicide Prevention Australia advocates for a whole-of-government approach, a whole-of-community approach to suicide prevention. Our National Platform outlines the need for a whole-of-government approach to suicide prevention that addresses the social determinants of health and wellbeing.

#### Progress since the 2020 State of the Nation Report

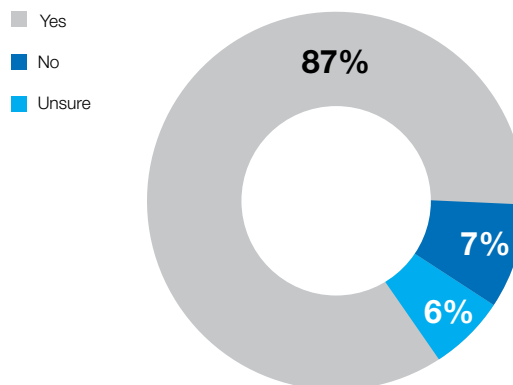
In the past year, there have been a number of positive developments in working towards adopting a whole-of-government response to suicide prevention. The introduction of a Suicide Prevention Act in South Australia has heightened interest in this important mechanism for a whole-of-government approach at the federal level and in other states and territories. The incoming Labor Government has followed the previous government in appointing a Minister with an explicit Suicide Prevention portfolio. As well, the National Agreement on Mental Health and Suicide Prevention is providing a framework for coordinated action on key suicide prevention initiatives.

There continues to be overwhelming support for a whole-of-government approach

#### Do you believe a whole-of-government approach to suicide prevention is required?



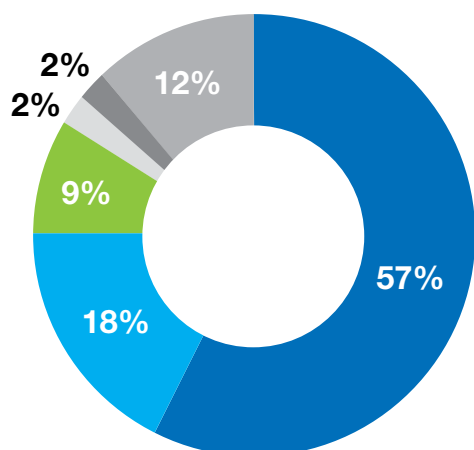
#### Do you believe all government decisions should consider the risk of suicide and have clear plans in place to respond?



- There is overwhelming support (96%) for a whole-of-government approach to address the social determinants of health that contribute to the risk of suicide.
- This remains consistently high, with a similar percentage of respondents supporting this approach in 2020 and 2021.
- 87% of respondents believe that all government decisions should consider the risk of suicide and have clear plans in place to respond to any negative impacts following on from those decisions, and this is similar to responses in 2021.

There is strong support for a Suicide Prevention Act

## To what extent do you agree or disagree that Australia should introduce a standalone Suicide Prevention Act?



■ Strongly agree   
 ■ Somewhat agree   
 ■ Neither agree or disagree  
■ Somewhat disagree   
 ■ Strongly disagree   
 ■ Don't know

- There is strong support for a Suicide Prevention Act, with three-quarters of respondents agreeing or strongly agreeing that Australia should introduce such an act.
- Only 4% of respondents disagreed with introducing a Suicide Prevention Act.

## Community insights from the 2022 YouGov polling on suicide prevention:

- Eight in ten (79%) Australians agree that Australia should introduce a standalone Suicide Prevention Act that looks to take a whole-of government approach.
- With one in two (49%) strongly agreeing in this regard



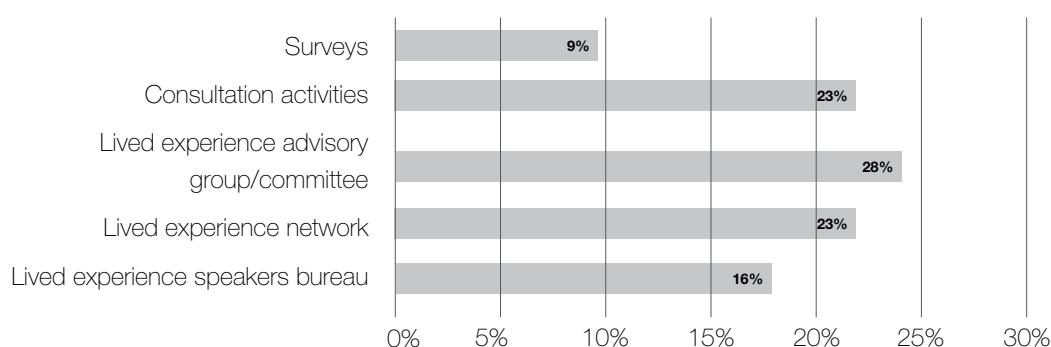


## Pillar Two: Lived Experience

Lived experience leadership and expertise should be integrated into all aspects of suicide prevention. Our National Policy Platform outlines the need for lived experience to be central to suicide prevention and should be integrated into policy development, service design, implementation, research and evaluation.

### Lived experience in the suicide prevention sector

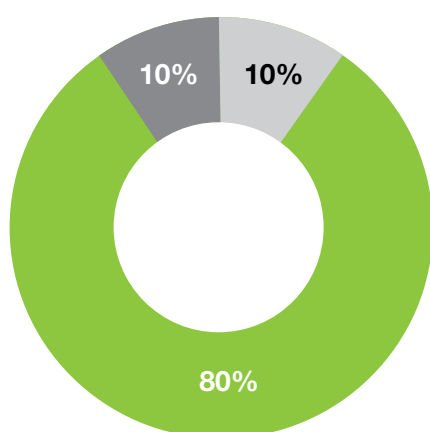
#### How does your organisation engage with people with lived experience?



- The suicide prevention sector primarily engages people with lived experience through advisory groups/committees (28%), consultation activities including workshops and roundtables (23%), and lived experience networks that share information and opportunities for participation (23%).

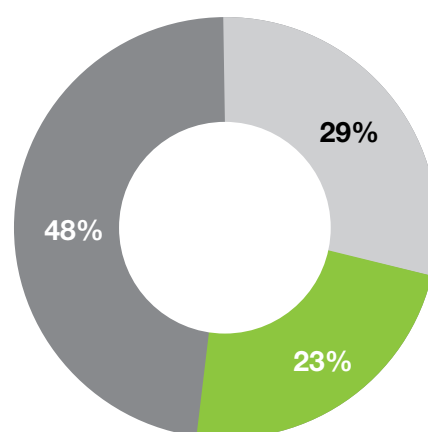
#### Is the peer workforce appropriately funded and resourced?

Yes  
No  
Unsure



#### Have there been any changes to peer workforce funding and resources in the last 12 months?

Yes  
No  
Unsure



- A majority of respondents reported the peer workforce (including peer workers) is not appropriately funded and resourced (80%).
- Almost half of the respondents are unsure if there have been any changes to peer workforce funding and resourcing in the last 12 months (48%), suggesting greater clarity is required on peer workforce development in Australia.

## Steps taken to integrating lived experience in all aspects of suicide prevention

The release of the National Suicide Prevention Adviser's Final Advice in 2020 shone a light on the need for lived experience knowledge and leadership in suicide prevention policy and planning, service design and delivery, and program implementation and evaluation. The sector recognises that lived experience knowledge and leadership are essential to driving down suicide rates.

While the Final Advice made a number of recommendations to integrate lived experience, insufficient progress has been made in the time since. Some developments, including the National Lived Experience (Peer) Workforce Development Guidelines and funding for lived experience scholarships, are welcome yet lack a specific focus on the suicide prevention lived experience workforce.

More recently in April 2022, an additional \$22 million was allocated to organisations to deliver innovative lived experience and peer support projects across Australia under the National Suicide Prevention Leadership Support Program.

While momentum has been building in recent years to better include lived experience in policy and service design decision-making, gaps remain in equipping the suicide prevention peer workforce and meaningful integration of lived experience in all aspects of suicide prevention. Additional focus is required to ensure the supporting structure can grow and sustain a lived experience workforce.

## Sector ideas on how to integrate lived experience into decision-making

We asked participants what needs to be done to integrate lived experience and insights into decision-making in the sector and in government.

From the range of responses received, the following key themes emerged:

- Lived experience needs to be integrated into policy and service design development, and government decision-making

The sector reported that lived experience expertise should be embedded in governance structures, be key partners in designing and delivering suicide prevention efforts, and not be tokenistic in nature.

- Capacity and capability development is required to grow the lived experience workforce

The sector reported that lived experience roles should be supported in the workplace, and this could be guided by a lived experience workforce strategy. Better evidence and systems are required for incorporating lived experience into the suicide prevention workforce.

- Lived experience workforce requires further funding investment

The sector reported funding is required to create and develop more opportunities for paid peer worker roles, to support co-design processes, to provide support training to the lived experience workforce, and increase opportunities to hear from a diverse range of lived experience expertise. Further funding is needed to employ lived experience advisors in all levels of service provision and government departments.

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**“Everyone needs to be heard so that policies are enacted that provide an overarching support for people with suicidal ideation, their families and for the ongoing support for people who have attempted suicide.”**

*Survey respondent*

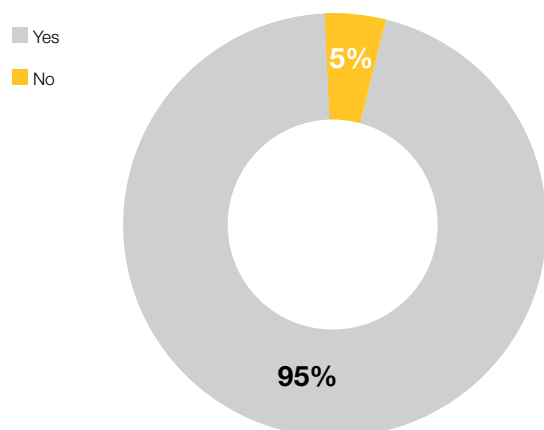


## Pillar Three: Data and Evidence

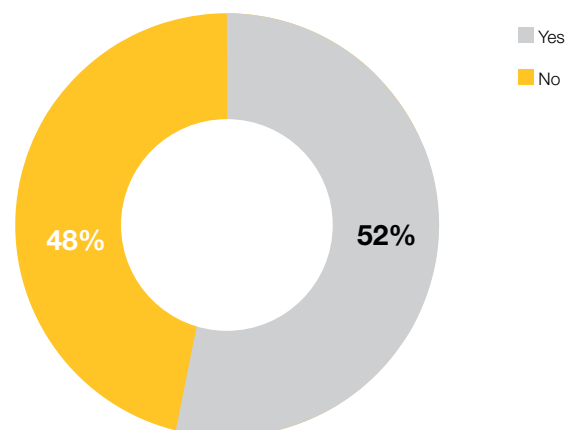
Our National Policy Platform outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes.

The suicide prevention sector needs access to data and there are gaps in current data systems

**Does your organisation need access to reliable, timely, accurate suicide prevention data?**



**Does your organisation have access to the data it needs right now?**



- There was overwhelming consensus (95%) that organisations need access to reliable, accurate suicide prevention datasets, and just under half (48%) do not have access to the data they need right now.
- Progress has been made in data accessibility, as just over half (52%) have access to the data they need which is up from 23% in 2021.

### 12 months on: Steps taken to achieving accurate, reliable data on suicide and suicidality

The Australian Institute of Health and Welfare's National Suicide and Self-Harm Monitoring System now provides significant data on suicide and self-harm. Drawing on state and territory registers and commissioning a range of specific research and analysis, the system has the potential to significantly improve the way data informs policy and practice in suicide prevention.

Across jurisdictions, the past 12 months have seen progress in the establishment of suicide surveillance systems to contribute to a national suicide dataset. Most recently, South Australia launched their Suicide Deaths Register in January 2022. The Australian Institute of Health and Welfare continues to work with the Australian

Capital Territory and Northern Territory to establish suicide death registers in their jurisdiction.

In July 2022, the Australian Bureau of Statistics released the National Study of Mental Health and Wellbeing, which is the first comprehensive national look at the level of suicidal behaviours in the community in 15 years, including an updated measure of suicidal thoughts and behaviours. Disappointingly, this did not fill key gaps around suicidal behaviours among priority cohorts or robust data around the number of suicide attempts per annum.

While significant strides have been made at both Commonwealth, state and territory levels, the sector reports ongoing gaps in critical data essential to informing suicide prevention responses and interventions.

## Yet gaps remain and more needs to be done to provide the data the sector needs

We asked participants what data they need that they can't currently access.

From a range of responses received, the following key themes emerged:

- Need for real-time notifications on suicide deaths and attempts

The sector continues to report that lack of access to real-time, localised notifications of suicide deaths and attempts in communities severely limits the ability for an appropriate and timely response in the communities they serve.

- Lack of data on suicide and suicide attempts by priority groups

Organisations continue to report challenges in targeting service provision to priority populations, due to a lack of data on demographics broken down by population group, and lack of geographically specific data.

- Lack of data on suicide presentations to hospitals

The sector reported the need for consistent and accurate data on suicide attempts and self-harm presentations in hospitals and emergency departments.

**“The most recent data often takes too long to find its way into community programs. This makes developing programs challenging because the needs may have changed before the design process has been completed.”**

*Survey respondent*

## Sector ideas on improving the collection and reporting of suicide data in Australia



Australian Government to establish a national data centre to collect nationally consistent data on mental health



Enable real-time suicide attempts and deaths notifications for community service providers who deliver aftercare and postvention



Partnerships with Primary Health Networks and Local Government Area mental health services to share data





## Pillar four: Workforce, Sector and Community Capacity

Our National Policy Platform outlines the need for reliable, timely and meaningful data and evidence that drives better policy, practice and outcomes.

### In context: Defining the suicide prevention workforce

Suicide Prevention Australia takes the view that the suicide prevention workforce should be defined as broadly as possible. A broad view of the suicide prevention workforce reflects a whole-of-community approach to suicide prevention and includes everyone who is likely to interact with or make decisions that affect someone who might be vulnerable to suicide.

As outlined in our previous representations to Government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

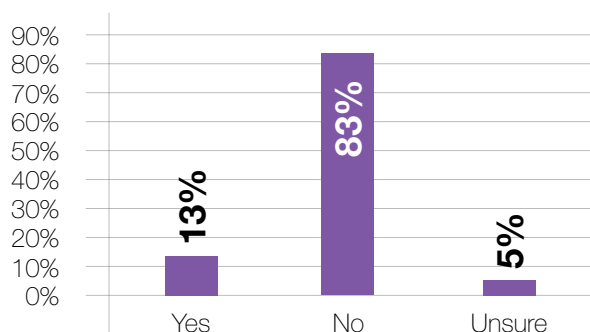
- The clinical workforce, encompassing doctors, nurses and allied health professionals who interface with individuals at risk of suicide and in suicidal crisis.
- The formal suicide prevention and mental health workforce, encompassing those working in a suicide

prevention, response, crisis support or postvention setting. For example, emergency first responders, the lived experience workforce, postvention workforce, personnel involved in the delivery of digital health services, counsellors, social workers, and other mental health workers. In most cases, this segment of the workforce should co-exist and be complementary to the mental health workforce, leveraging and sharing infrastructure where appropriate.

- The informal suicide prevention workforce, which includes (but is not limited to) personnel from across Government departments, social services, employer groups, miscellaneous service providers, community-based organisations and other settings where individuals vulnerable to suicide or suicidality are likely to present.

There are major workforce challenges and most providers do not have sufficient staff or volunteers

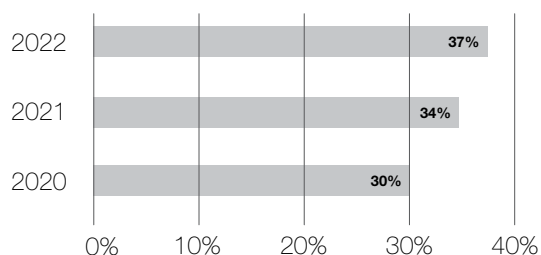
#### Do you currently have sufficient staff and/or volunteers to meet your workforce needs?



- A vast majority of respondents do not currently have the staff and/or volunteers they need (83%) while little over one in ten respondents report they do (13%).
- Almost eight out of ten respondents (79%) believe Australia needs a comprehensive, fully-funded Suicide Prevention Workforce Strategy.

- Over half of respondents report having access to the skills and training necessary to meet service delivery needs, yet around one in four (25%) do not.
- The skills and training needs identified by respondents include:
  - Formally recognised qualifications, including free Certificate IV training in peer work, mental health or counselling
  - Community engagement
  - Continuing professional development
  - Training to support lived experience engagement
  - Trauma-informed approaches
  - Training in suicide-specific interventions, including suicide prevention training (eg. ASSIST, Mental Health First Aid and other gatekeeper training)
  - Training for specific at-risk cohorts, including seniors, CALD, LGBTIQI+ and Aboriginal and Torres Strait Islander communities.

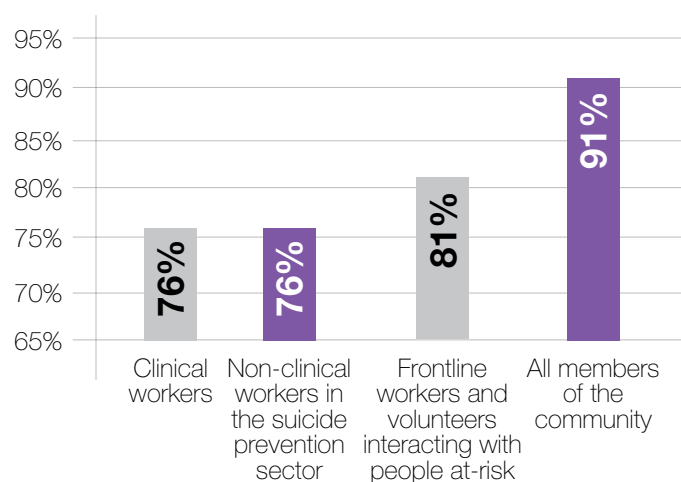
## Is your organisation intending to increase staff numbers this year?



- 37% of responding organisations intend to increase their staffing levels in 2022/23. This is a further increase from 34% in 2021 and 30% in 2020.
- Yet, the level of staffing uncertainty is significant. This year, 30% of organisations responded they were unsure if they would increase their staffing.

## There is strong support to build community capability for suicide prevention

### Who should have access to suicide prevention training?



- There is widespread support for broader access to suicide prevention training (ie. training that helps individuals identify signs of distress and support people to services that are available).
- Over three out of four respondents (76%) support both clinical and non-clinical workers having access to training.
- Over nine in ten respondents support all members of the community (91%) and 81% support frontline workers and volunteers interacting with people at-risk.

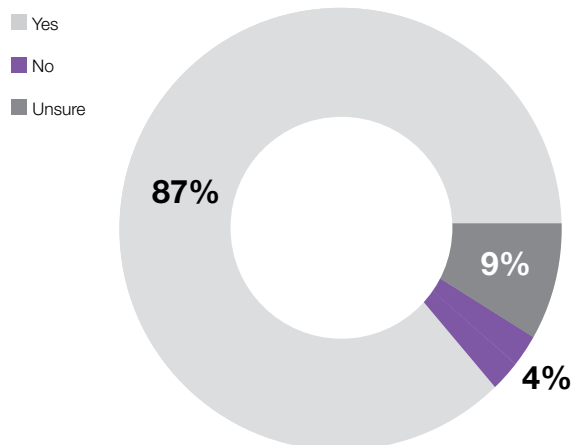
## Community insights from the 2022 YouGov polling on suicide prevention:

- More than eight in ten (84%) Australians say that it would be likely that Australians would benefit from a complimentary first aid programme focusing on and responding to suicide risks and distress, including more than two in five (43%) that say Australians are very likely to benefit.



The sector is committed to safe, quality and effective suicide prevention practice

## Should governments prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services?



- Almost nine out ten respondents (87%) believe governments should prioritise programs that are accredited as safe, quality and effective when funding suicide prevention services.
- 15% of respondents have achieved accreditation through the national Suicide Prevention Accreditation Program while almost a quarter (24%) plan to engage in the accreditation process.
- Over half (55%) of programs and services have been evaluated by an external body within the past three years.

## Australia's first National Suicide Prevention Standards

The Suicide Prevention Accreditation Program supports organisations to implement safe, high-quality and effective suicide prevention and postvention programs in Australia. We are striving to ensure that every person who needs support can access a consistent, high-quality and safe standard of care.

Suicide Prevention Australia partnered with people with lived experience of suicide, consumers, clinicians, service providers and accreditation experts to develop the Suicide Prevention Australia Standards for Quality Improvement, 1st Edition (the Standards).

The Suicide Prevention Accreditation Program is for all suicide prevention and postvention programs. A suicide prevention program is one that is implemented to address, prevent or respond to suicidal behaviours and their impact on people, families, communities and the Australian population.

Over 120 programs have been registered for accreditation with around 30 now fully accredited.

The Suicide Prevention Accreditation Program is funded by the Australian Department of Health. Accreditation is carried out by an independent accreditation agency, Quality Innovation Performance Limited.



Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience of suicide. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research.

Advice from the Lived Experience Panel and other individuals with lived experience helped guide the development of the 2022 State of the Nation in Suicide Prevention Report including on the design of new and updated questions, the addition of a lived experience section and in responding in large numbers to the 2022 survey.

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 2022 State of the Nation in Suicide Prevention Report.





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Australia

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**For more information about this report:**

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