

STATE OF THE NATION IN SUICIDE PREVENTION

A survey of the suicide prevention sector



September 2021



Suicide Prevention
Australia

Highlights

THE SURVEY

 **Record
283
responses**

51% 
of respondents
were members of
Suicide Prevention Australia

67% of these were from 
organisations
32% of member
responses were
from individuals

STATE OF THE SUICIDE PREVENTION SECTOR

A truly national sector	Established and emerging organisations	Resilient yet facing increased and changing demands
 Delivering services and supports in remote, rural, regional and metropolitan communities	66% of organisations over 11 years old 1 in 5 organisations established in the past 5 years	84% increased demand over the past 12 months (up from 78%) in 2020 Gaps include timely access to services/programs, sustaining the workforce and community-based supports

A highly collaborative sector  **75%** of organisations work in partnership with others

STATE OF THE COMMUNITY

Distress in our community Greatest risks to suicide rates over the next 12 months	Vulnerable people are most at risk	We all have a role to play
 88% social isolation  74% unemployment	71% do not believe services for priority populations are appropriately funded	 Private sector to raise awareness, educate and support suicide prevention

Ways to address risk: Additional funding for targeted programs, access to services outside of hospital settings, increased co-design and peer support, community-wide interventions

STATE OF THE SUICIDE PREVENTION AUSTRALIA NATIONAL POLICY PLATFORM

Whole-of-government		95%	support whole-of-government approach to suicide prevention is required	SECTOR IDEAS: • Leadership from First Ministers • National collaboration • Clearer funding and accountability	
Accurate, reliable data		96%	need access to data	23% have sufficient data	KEY ISSUES: • Real-time notification data • Demographic-specific data • Inconsistency in datasets
Workforce strategy		73%	are unsure or not confident the broader suicide prevention workforce has the right training and skills	CRITICAL GAPS: • Learning from lived experience	

Foreword

Suicide Prevention Australia's 2021 State of the Nation in Suicide Prevention report received record participation with close to 300 respondents from across the sector. I want to thank all those who took the time to share thoughtful, detailed and timely responses.

As the national peak body for the suicide prevention sector 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.

In its second year, 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 about the operations, opportunities and challenges facing our sector.

This year's survey paints the picture of an incredibly diverse, collaborative and resilient sector. It's a sector that is rising to the challenges presented by the ongoing COVID-19 pandemic and working hard to support our community, in particular, those who are most vulnerable to suicide.

Yet, we can also clearly see from the data that it's a sector under great strain. It's been another difficult year for people in our community and we've seen record demand for many of the supports our sector delivers. There's uncertainty around funding and about future priorities and activities in the sector.

The message is a simple one: we need to help those who help our community. The many thousands of people working in suicide prevention are facing increasing pressure and while additional investments from Government are welcome, they need to keep pace with increasing demand and put our sector on a sustainable footing.

That case is at the heart of our National Policy Platform. This year's State of the Nation in Suicide Prevention again confirms the importance of the key priorities of our platform: a whole-of-government approach, accurate and timely data and a dedicated workforce strategy. They are priorities we will continue to champion every day.

Part of the State of the Nation in Suicide Prevention survey, a YouGov poll of over 1,000 Australians (19-22 August 2021) has been commissioned to understand broader community perspectives on suicide prevention. Several questions mirror those asked of the sector in the State of the Nation in Suicide Prevention survey and key results are also included in this report. Respondents listed social isolation and loneliness plus unemployment and job security as the key factors driving distress over the next 12 months, particularly amongst women. It comes as two-thirds of Australians (66%) back the Federal Government introducing a standalone national suicide prevention act requiring all government decisions to consider and mitigate suicide risks.

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

Thank you again for your responses and I look forward to continuing to work together towards our ambition of a world without suicide.




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 believe that through collaboration and 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 over 350 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 survey opened for three weeks in late July and closed in early August. A majority of responses were members of Suicide Prevention Australia, with around two thirds of those responses from member organisations and the remaining from individual members.

The State of the Nation in Suicide Prevention is structured in 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 reform, accurate, reliable data and workforce strategy.

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 has emerging members, with almost one in five organisations established within the past five years.

We're proud to represent a sector that has a significant focus on priority groups in our community. Organisations of all sizes focus their work towards those groups most at risk of suicide in our community. Yet gaps in service provision remain, with many respondents identifying the need for access to timely support, a workforce that lacks resources and training, as well as the need for more community-based supports.

It's also a sector that continues to face increased demand for its services and support. An overwhelming 84% of respondents identified increased demand for services over the past 12 months, this outpaced the already high level of increased demand reported last year (78%). The types of services in demand are also changing and the sector continues to adapt through changes in service capacity, adaption to online technologies and the development of new services.

While our sector continues to show great resilience, many organisations need more support. The majority of respondents identified a need for additional funding and resources to meet changes in demand. The operating environment continues to shift, with many reporting shorter contracts and uncertainty in funding and donations. Additional Government funding is welcome yet needs to keep pace with rising levels of distress and ensure the sector is on a sustainable footing.

STATE OF THE COMMUNITY

In another challenging year for our communities, social isolation and unemployment continue to pose significant risks to suicide rates. The social and economic impact of COVID-19 is on-going and will be long-lasting. Sector ideas on addressing this risk include efforts to support connections across communities, increased welfare and training services and increased access to relationship support.

In these difficult times, it's those who were already vulnerable that are facing increased risks. There is strong support across the sector for additional focus being directed towards vulnerable groups. In particular, changes identified by respondents are additional funding for targeted programs, access to services outside of hospital settings, increase co-design and peer support and community-wide interventions.

It's a highly collaborative sector with 75% of respondents working in partnership with Government or other organisations. Many acknowledged an important role to be played by the private sector. Respondents acknowledged that "suicide prevention is everyone's business" and organisations have a role to play in raising awareness, education and supporting prevention in the workplace and community.

STATE OF THE PLATFORM

There continues to be strong support for our National Policy Platform and its whole-of-government, data and workforce priorities. There has been solid progress made over the past 12 months, in particular with the appointment of an Assistant Minister for Suicide Prevention, announcement of a National Suicide Prevention Office and positive gains made in suicide data availability across jurisdictions. Yet, more needs to be done to turn the trend towards zero suicides in Australia.

In one of the clearest responses in this year's survey, 95% of respondents believe a whole-of-government approach to suicide prevention is required. Similarly, 85% believe all Government decisions should consider the risk of suicide and have clear plans in place to respond. Ideas put forward for a whole-of-government approach include leadership from first Ministers, national collaboration and clearer funding and accountability arrangements.

While there is near universal agreement our organisations need access to reliable, accurate suicide prevention data, less than 1 in 4 (23%) have access to timely data. Despite progress in recent years, there are still gaps that need to be addressed. Key issues identified by the sector include the need for real-time notifications on suicide deaths and attempts, demographic-specific data, inconsistency across datasets and the need for lived experience of suicidal behaviour to inform service provision.

The suicide prevention workforce is broad and diverse and it faces rising challenges. Yet critical gaps in the skills, training and qualifications of the workforce were identified. Key areas of focus include learning from lived experience, building capability to use data and technology and training to support high risk groups and diverse cohorts.

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

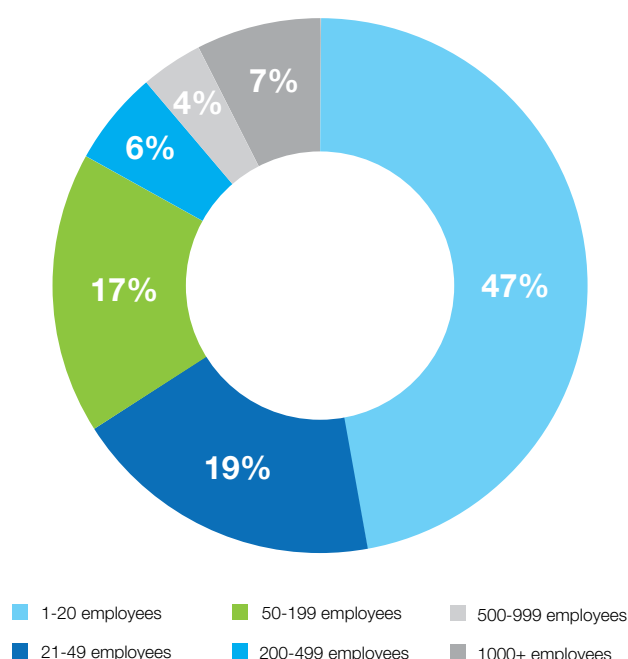
Part One: State of the Sector

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, we asked them about the work they do, where they do it and how it's changing.

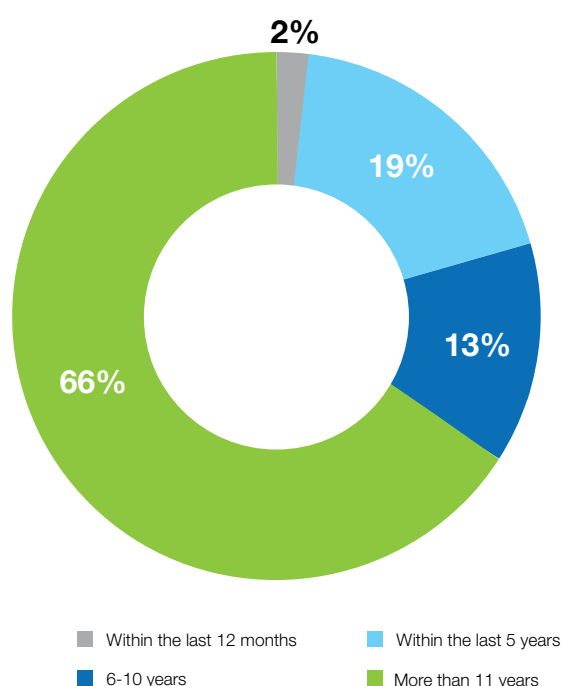


The sector is diverse in size and includes both established and emerging organisations

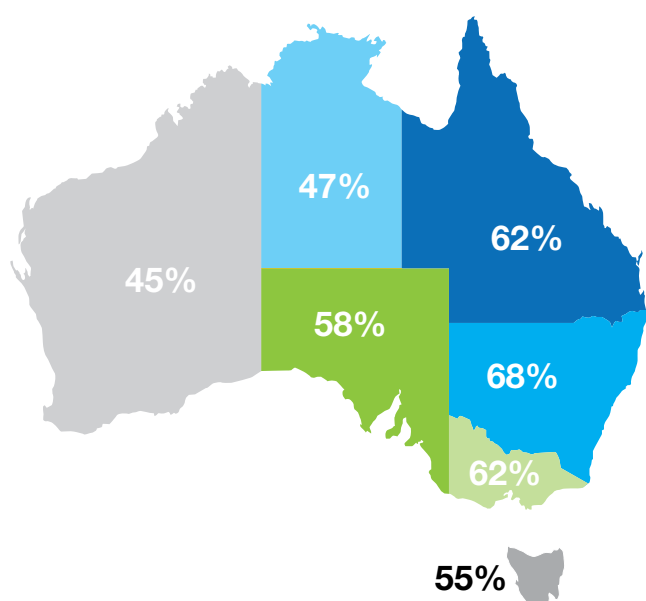
**Total number of employees
in organisation?**



**When was your organisation
established?**



- The sector is comprised of organisations of all sizes, almost half (47%) of respondents had between 10-20 employees, a further 36% of respondents had between 21-199 employees.
- Almost one in five (19%) organisations were established within the last 5 years, with the majority (66%) established more than 11 years ago.



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

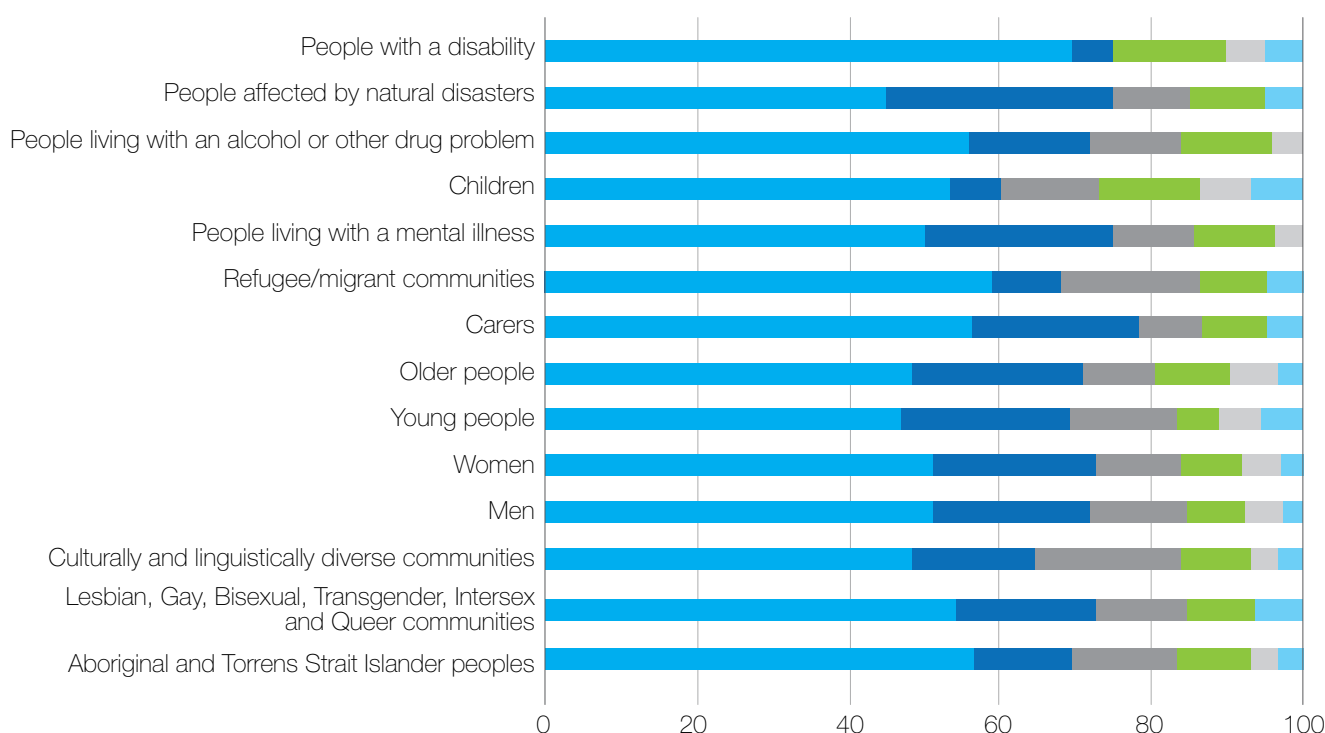
Where does the sector deliver services across Australia?

- The sector has a true national footprint and delivers services all over the country.
- Organisations reach communities all over remote, rural, regional and metropolitan Australia.
- They both serve and rely on these communities, with 38% of respondents reporting they rely on volunteers to operate.

The sector has a significant and widespread focus on priority groups in our community

Organisation size

1-20 21-49 50-199 200-499 500-999 1000 or more



There are a number of gaps in service provision

We asked participants who reported changes in the needs of demographics they service in the last 12-months to provide feedback on the current gaps in service provision. Of a variety of responses received, four key themes emerged:

Need for access to timely support

The sector is experiencing issues keeping up with the surge in service demand and some are unable to provide people with timely support. People in the community are being waitlisted to access support services.

Workforces lack resources to cope with demand

The suicide prevention and mental health sectors are facing workforce shortages, for example a lack of available specialists, limited vacancies in health facilities, and long waiting lists. Respondents expressed the need for more referral pathways, greater funding, and improved integrated systems of care.

Need for more community-based supports

The sector is facing challenges providing support due to insufficient available community-based supports, non-clinical services, and alternatives to emergency departments. Respondents recommended the sector further requires resourcing to enhance the capacity of the peer workforce.

Training for frontline workers and volunteers

Respondents reported there is insufficient training available for frontline and volunteers staff to support individuals in need. Training is further needed in areas of self-care (for frontline workers and industries impacted by COVID-19), non-clinical suicide prevention, and LGBTIQ+ service delivery for mainstream healthcare workers.

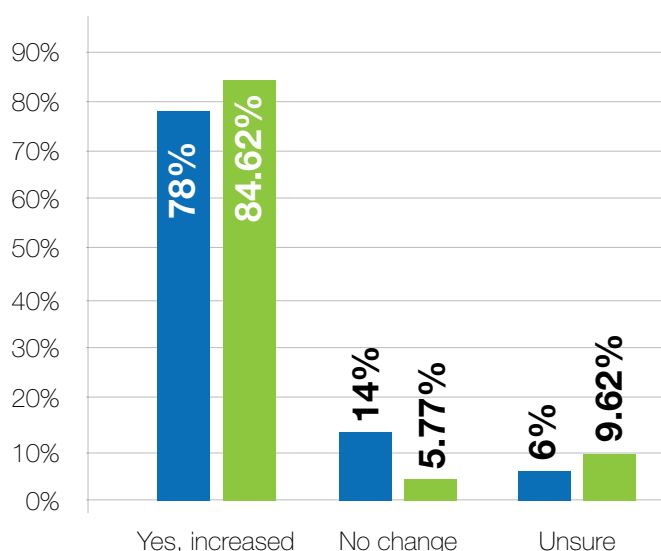
SERVICE DEMAND

Demand for services is increasing and organisations need additional support

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

■ 2020 ■ 2021

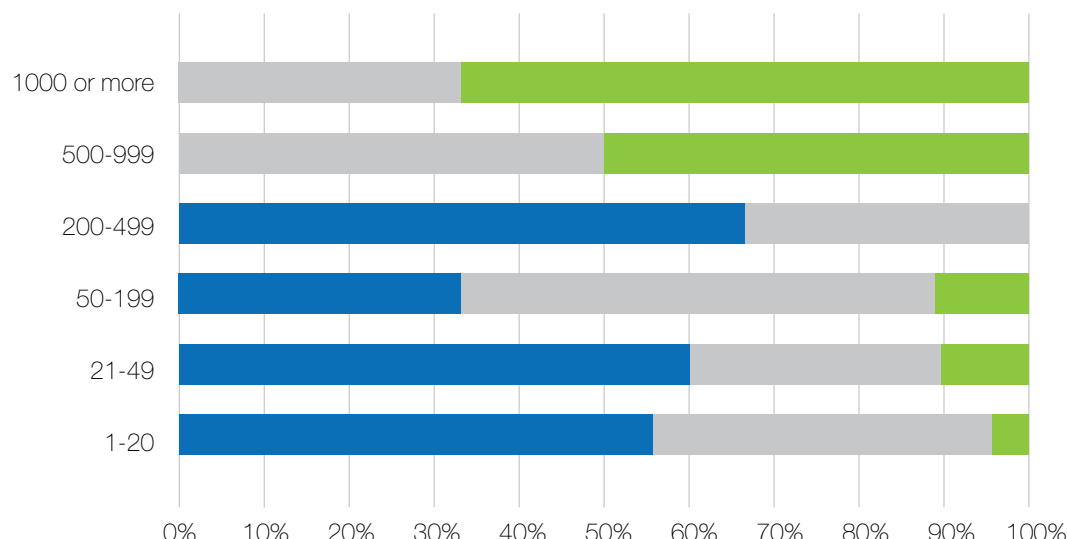
- An overwhelming majority of respondents identified increased demand for services over the past 12 months (84.6%), this represents an increase from 2020 (78%).
- 13% of respondents also reported that the age demographics of their services changed in the past twelve months.
- Similarly, 13% of respondents reported the needs of those age demographics had also changed in the past 12 months.



The types of services in demand have also changed over the past 12 months

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

■ Yes ■ No ■ Unsure



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.

Of a variety of responses received, three key themes emerged:

Changes in service capacity

Respondents reported taking initiative to restructure programs to accommodate greater numbers of participants to respond to demand, broadening the scope of their service provision including expanding services to cover additional areas of need, and increasing follow up to clients.

Continuing to adapt to online technologies

Respondents reported that 12 months on from our last survey, services are continuing to transition to online modes of delivery to respond to the COVID-19 pandemic. Education and training courses and

engagement and connection programs are now being delivered online to respond to physical distancing measures in place due to COVID-19.

Development of new services

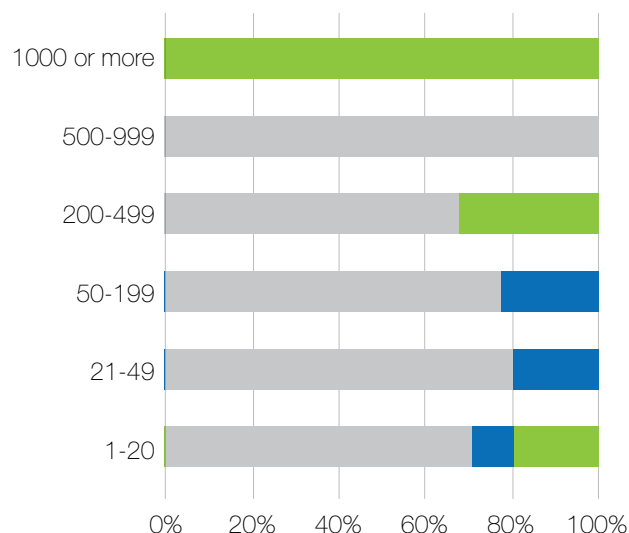
In the past 12-months the sector continued to build upon their services during the changing landscape of COVID-19 with organisations pivoting to develop new and additional services. Examples included: child and youth specific bereavement support, self-care and mental health workshops as gateways to suicide prevention training, adapting resources for at risk priority populations (Aboriginal and Torres Strait Islander peoples, LGBTIQ+ communities, culturally and linguistically diverse communities, and veterans), helpline services, postvention support programs, and establishing lived experience networks.

Additional funding is needed to meet changing demand

Do you require additional funding, support, or resources to meet changes in demand?

■ Yes ■ No ■ Unsure

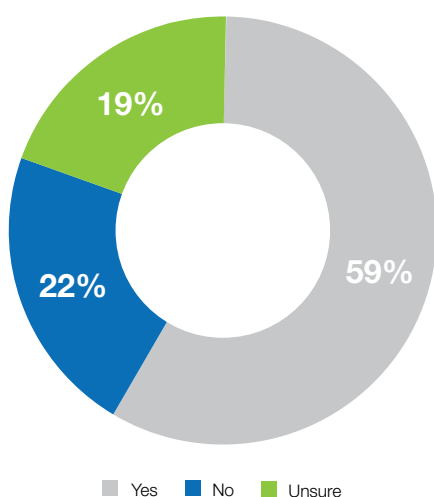
- The vast majority of organisations across all size categories reported a need for increased funding to meet changing demand for services.
- When surveyed about existing funding sources, over half of respondents identified Commonwealth (60%) or State and Territory (54%) funding sources.
- Contributions from private donors (42%) and the private sector agencies (24%) are considerable and reflect significant funding contributions from the private sector.



Most respondents reported that the funding environment had changed over the past year

Has the climate for funding security changed within the last 12 months?

Key changes in funding environment



Shorter, less reliable contracts



Uncertainty in private donations



COVID has impacted the ability to raise funds in the community



Increased funding in some areas, increased competition in others

- Over half of respondents reported that the climate for funding security had changed within the last 12 months (59%).
- Asked about reliance on external funding grants, 60% of respondents answered yes, which highlights the need for further funding certainty and sustainability.
- Funding length remains inconsistent with the majority of respondents reporting core funding of two years or less (58%) while the remaining 42% report core funding of three or more years.



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 of 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. The 2021 Budget included \$298.1 million in funding for suicide prevention. The Commonwealth also supports State and Territory suicide prevention through funding providing to jurisdictions, including for health and mental health services.

State and Territory funding:

The jurisdictions support the Commonwealth Government's suicide prevention activities with their own locally delivered plans and programs. Investment in these plans and programs is not, however, reported on by any jurisdiction and funding for suicide prevention services are generally grouped together with mental health services funding in State and Territory Budget papers.

Primary Health Networks (PHNs):

The Commonwealth Government provides significant allocations to PHNs to fund health activities, including suicide prevention, according to local need. The PHNs are also leading delivery of the national suicide prevention trials to improve strategy at the local level for at-risk population groups.

Philanthropic sources:

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

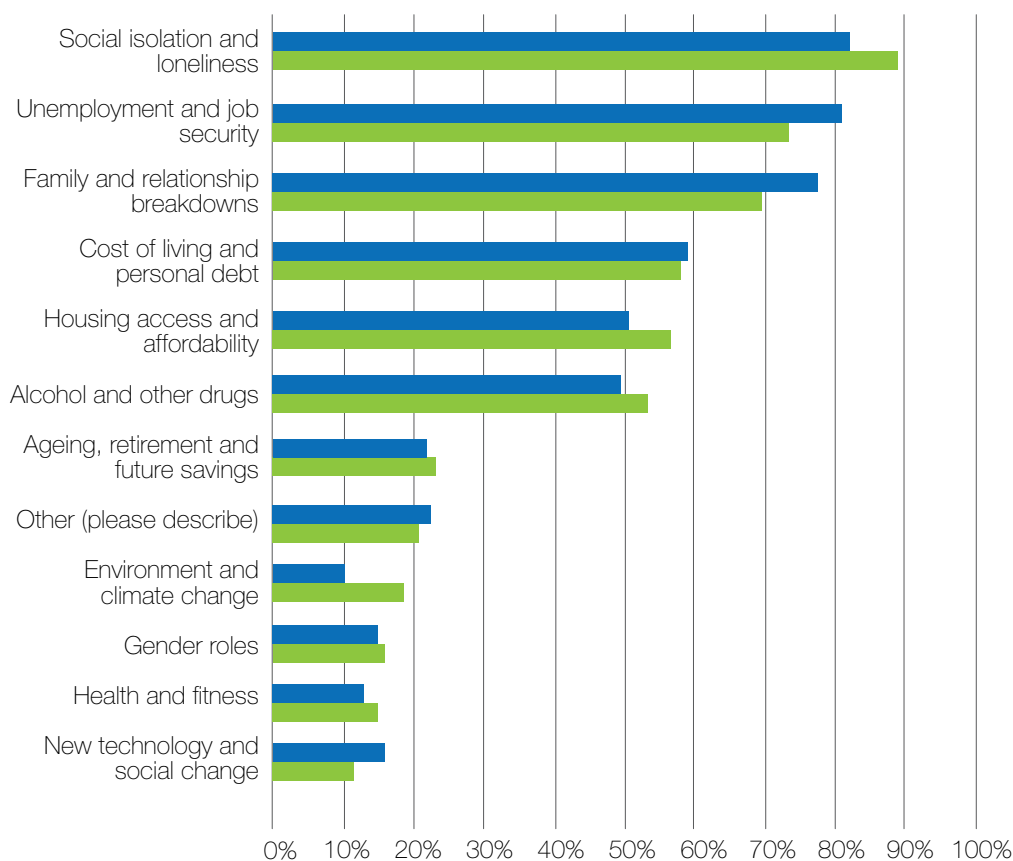
It's been another challenging year for our community with ongoing lockdowns and widespread distress resulting from the COVID-19 pandemic. Our sector works across the community and sees the impact and challenges of distress daily. In our State of the Nation in Suicide Prevention, we asked for views on risks facing our community and opportunities to prevent suicide in these challenging times.

EMERGING AREAS OF RISK

Social isolation and unemployment 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



REFLECTING SECTOR CONCERNS

These significant risks to suicide rates, Suicide Prevention Australia has released both the **Turning Points** report which examined emerging trends in housing, finance and employment and **Turning the Tide** a six point action plan to better support people navigating the gig economy, experiencing significant debt and the breakdown of their intimate relationships.

- Suicide is a complex, multi-factorial human behaviour and is usually a response to many contributing factors, or 'risk factors' rather than a single cause.
- State of the Nation in Suicide Prevention respondents in 2021 ranked social isolation and unemployment as two areas posing the highest risk to suicide rates over the next year. This was consistent with sector responses in the 2020 State of the Nation in Suicide Prevention survey.
- Family and relationship breakdowns, cost of living and personal debt, housing access and affordability and alcohol and other drugs all continue to present significant risk factors.

“The public health component of suicide prevention should focus on systematically reducing societal inequities by targeting modifiable risk factors such as loneliness and poor social-connectedness.”

Survey respondent

Respondent views on interventions needed to tackle emerging suicide risks*

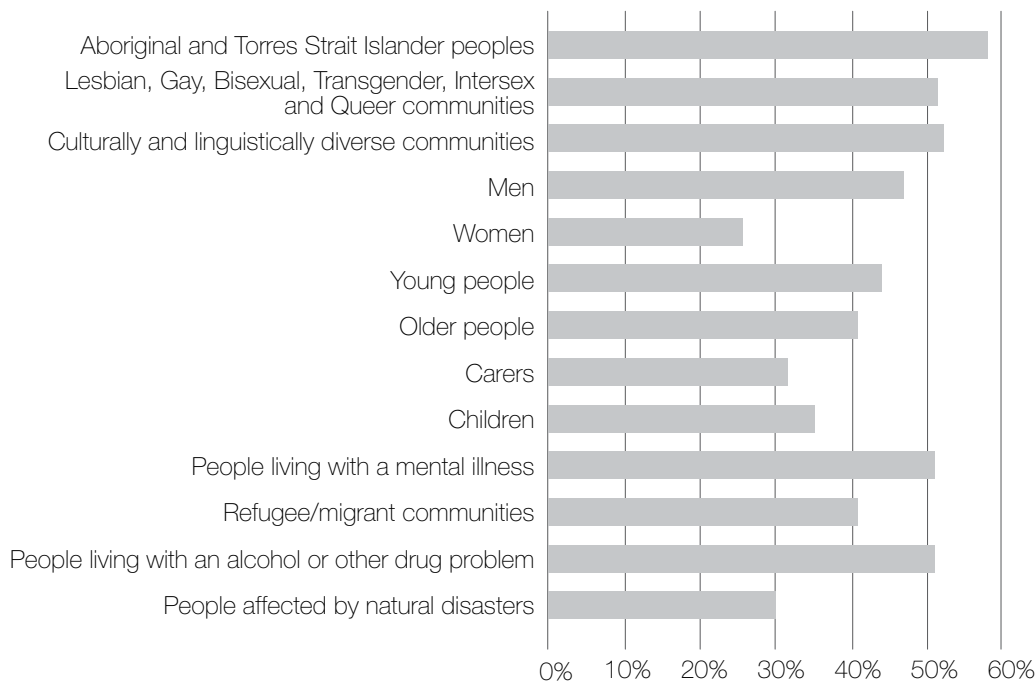
Top rated risk	Second rated risk	Third rated risk
 Social isolation and loneliness	 Unemployment and job security	 Family and relationship breakdown
- Fund interventions to ensure connectedness within communities - Clear pathway out of lockdowns - Focus on supporting young people due to their higher need for social contact and to build resilience	- Better welfare supports, including financial support for those impacted by lockdowns, and general increase to welfare payments such as jobseeker - Increase job opportunities - Provide education and upskilling to jobseekers	- Increase access to relationship and family counselling - Increase support delivered when relationships break down

YouGov polling from 2021 - biggest risks to suicide rates over the next 12 months



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

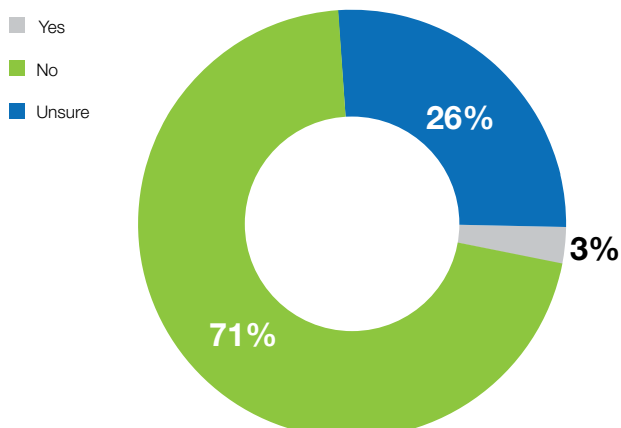
Which population groups require further support?



- There was widespread support for additional funding for various priority populations.

There is overwhelming consensus that priority populations need additional support

Are programs and services targeted to priority populations at risk of suicide currently appropriately funded, resourced, and responded to?



Changes needed to meet needs of priority groups



Additional funding for targeted programs



Access to services outside of hospital settings



Increased co-design and peer support



Community-wide interventions

- A majority (71%) of respondents indicated priority populations at risk of suicide were not appropriately funded, resourced or responded to.
- Just 3% of respondents indicated programs and services targeted to priority populations were appropriately funded, resourced and responded to.

Many support the need for the private sector to play a role in suicide prevention

When asked about the role of the private sector in suicide prevention, respondents gave a range of suggestions. Most of the comments addressed one or more of the following:

Awareness raising and education – respondents emphasised that “suicide prevention is everyone’s business” and that private sector organisations had a responsibility to be suicide aware.

Mentally healthy workplaces and staff training – this includes active plans for intervening in their network (such as staff and clients) and ensuring that their personnel are trained to recognise signs and symptoms of distress in anyone and to respond appropriately.

Providing resources and funding to suicide prevention organisations and groups – respondents suggested that private organisations could help fund grass-roots community support groups, research, or workforce development of clinicians or frontline workers.



Part Three: State of the Platform

It has been another challenging year for our community with ongoing lockdowns and widespread distress resulting from the COVID-19 pandemic. 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.

Pillar One:

A whole-of-government approach to suicide prevention

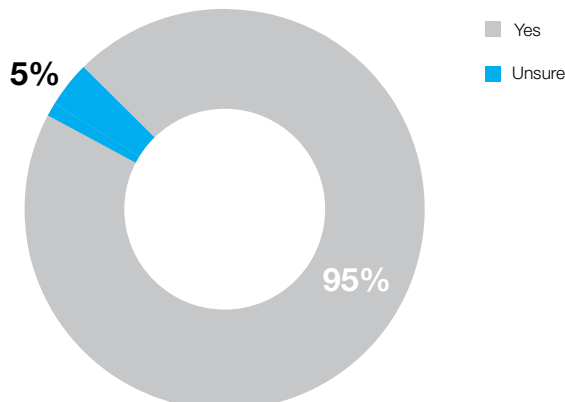
Suicide is complex, multi-factorial human behaviour with many contributing risks. This is why Suicide Prevention Australia advocates for a whole-of-government approach, whole-of-community Approach to suicide prevention. This approach means every level of Government, every agency within Government, the not-for-profit and private sectors are actively involved in preventing suicide in Australia.

Progress since the 2020 State of the Nation Report

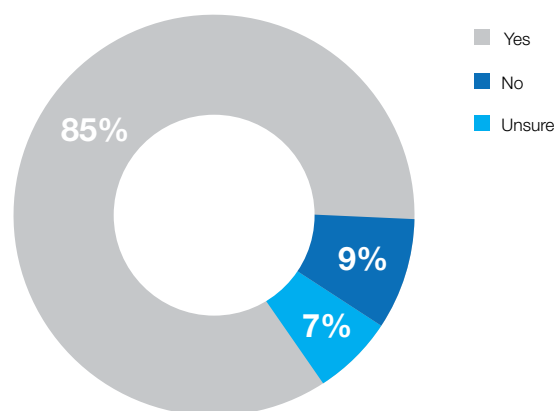
The last 12-months have seen several actions implemented from our National Policy Platform by the Federal Government in working towards adopting a whole-of-government response to suicide prevention. In December 2020 we saw the appointment of David Coleman as Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention, \$12.8 million allocated to the establishment of a National Office of Suicide Prevention in Australia's 2021/22 Federal Budget.

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 (95%) for a whole-of-government approach to address the social determinants of health which contribute to the risk of suicide.
- This remains consistently high with the same percentage of respondents supporting this approach in 2020.
- 85% 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.
- Two-thirds of Australians surveyed in our YouGov poll (66%) believe Australia should introduce a standalone Suicide Prevention Act and 67% of Australians agree that all Government decisions should consider the risk of suicide and have clear plans in place to mitigate any negative impacts.

“Departments need to work together. It's no good having a minister for health or a minister for women who know nothing about the suicide risks faced by the people their portfolio represents.”

Survey respondent

Respondent ideas for a whole-of-government approach to suicide prevention*

Roles and Responsibilities			
Cross-Jurisdictional	Cross-Portfolio	Funding and accountability	Coordinated and strategic
National leadership and leadership by first ministers and central agencies (both State and Commonwealth) Commitment from all States and Territories to make suicide prevention a key focus Commonwealth funding delivered to States and Territories must be based on mutual agreement and allow tailoring of actions in a way that considers jurisdictional variations	Suicide prevention should be considered an area of focus by all Government departments Every portfolio should be responsible for implementing suicide prevention approaches in their policy domains A united, consistent policy across all areas of government	Targets and budget dedicated to suicide in diverse portfolios An agreement that outlines what each area of the Government will do that ultimately supports the overarching goal of reducing the number of suicides Commitment from Governments with body set up to oversee actions	Avoiding duplication of activities through clear communication and agreement on roles Suicide prevention policy and planning needs to cover Government departments (at local, State and Commonwealth level) outside of health A national strategy that is collaborative and informed by lived experience



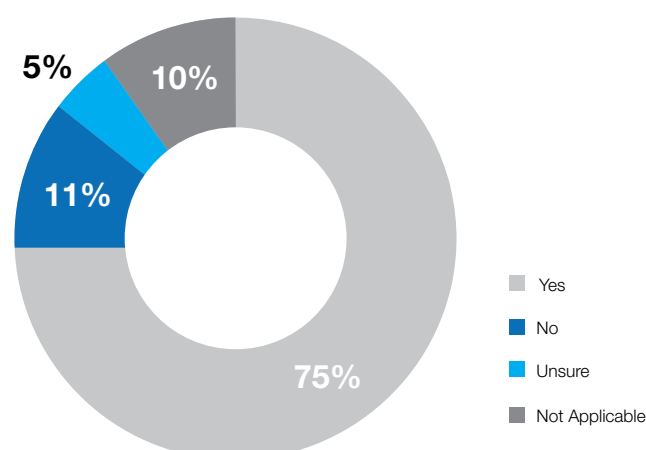
“ Suicide prevention cannot be the sole responsibility of health portfolios. Housing is suicide prevention, employment is suicide prevention, finance is suicide prevention, access to legal support is suicide prevention.”

Survey respondent

The sector continues to be highly collaborative across the whole of the community

Does your organisation work with Government agencies (e.g. Primary Health Networks), other not-for-profit organisations and community-based organisations?

- Suicide prevention organisations are highly collaborative
- Three quarters of 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.

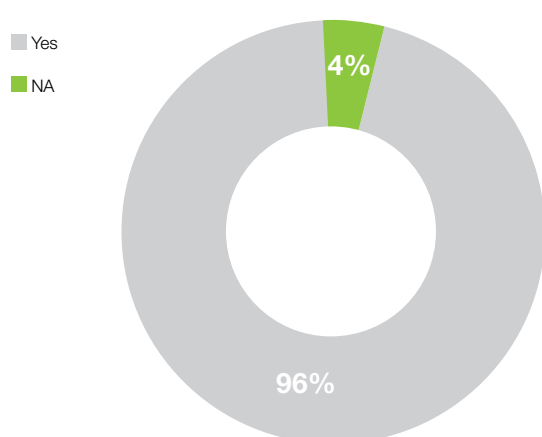


Pillar Two: Accurate, reliable data

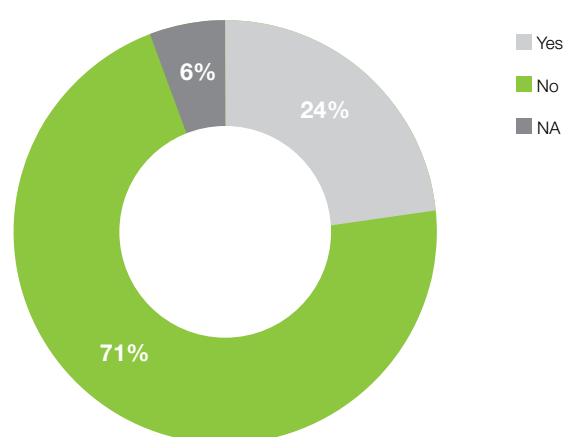
Our National Policy Platform raises the need for improved and coordinated data collection and retrieval. Reliable data is critical to enabling evidence-based policy development, the planning and resourcing of suicide prevention activity, the improvement of service delivery and outcomes, and informed research.

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

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



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



- There was overwhelming consensus (96%) that organisations need access to reliable, accurate suicide prevention data yet 7 out of 10 (70%) do not have access to the data they need right now.
- More broadly, a vast majority of respondents (79%) reported there were gaps in data collection systems for suicide prevention.
- Almost three quarters of respondents (72%) reported they would benefit from access to real-time data on ambulance visits and emergency department presentations.

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

The Australian Institute of Health and Welfare's Suicide and Self-help Monitoring Data reports 3,318 deaths by suicide were registered in Australia in 2019, equating to approximately 9 deaths per day. Among Australians aged 15-24, suicide was the leading cause of death in 2018-2019.

In response to improving access to accurate and reliable data we have seen the launch of the National Suicide and Self-harm Monitoring System to collate, coordinate and report data on suicide.

Across jurisdictions the past 12-months have seen significant progress towards having suicide registers in

every State and Territory, in particular the NSW Suicide Monitoring and Data Management System which launched in November 2020.

In July 2021 and in February 2021 the Government announced a national survey into understanding the mental health challenges of Australians would be undertaken, in July 2021 the Australian Institute of Health and Welfare shared the first data release from the National Ambulance Surveillance System.

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 who reported there are gaps in suicide prevention data, and data that their organisations need that they can't currently access to provide feedback on data gaps.

Of a variety of responses received, the following key themes emerged:

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

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

- Lack of data on suicide and suicide attempts by demographics

Organisations reported 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 attempts and behaviours

Timely data on suicide attempts and data on suicidal behaviours is critical for targeted service provision. There is a need to capture levels of distress across entry points to healthcare services to enable proactive responses.

- Data from survivors needed to provide key learnings for service provision

There is a lack of research into the experiences of suicide attempt survivors in Australia which could provide key learnings for the sector on understanding the movement from experiencing suicidal behaviours to an attempt, which could help target suicide prevention service provision.

- Consistent reporting of suicidality datasets

A lack of consistent category coding for suicide behaviours and attempts across agencies can result in inconsistent data collection. The sector calls for nationally consistent data, and standardised data fields for populations and sub-populations in key data collection mechanisms e.g. police forms.

“Currently in the NT we receive no information from the Coroner's Office. Previously we were notified by police when there had been an attempt or death. Now we are kept in the dark and tend to hear of events through social media posts.”

Survey respondent

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

 Create a database to enable real-time suicide attempts and deaths notifications	 Standardise suicide and self-harm classification to improve reporting consistency	 Establish a national data centre to collect nationally consistent and coordinated data on suicide and mental health	 Regular national surveys on mental health and suicidality including building upon the Census as a key demographic tool
 Undertake a journey mapping initiative to understand suicidality and attempts	 Improve data sharing across agencies to enhance local level responses to suicide attempts and deaths	 Embed the 2020 Australian Bureau of Statistics Standard for Sex, Gender, Variation of Sex Characteristics and Sexual Orientation Variables in all national minimum datasets	 Support the capacity of community-based organisations to respond to suicide by providing greater funding and resourcing

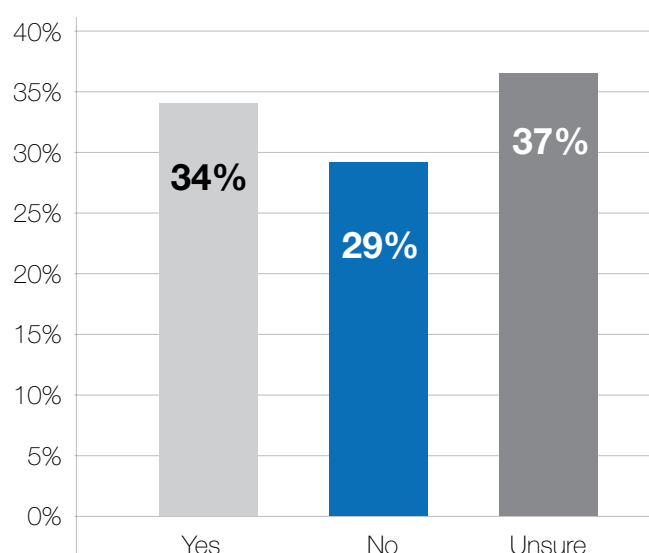
Pillar Three: Workforce

Our National Policy Platform raises the need for improved and coordinated data collection and retrieval. Reliable data is critical to enabling evidence-based policy development, the planning and resourcing of suicide prevention activity, the improvement of service delivery and outcomes, and informed research.

The sector is growing yet the uncertainty around future staffing levels remains high

Is your organisation intending to increase staff numbers in 2021-2022?

- Over a third (34%) of responding organisations intend to increase their staffing levels in 2021-2022.
- Yet, the level of staffing uncertainty is significant with over a third (37%) of organisations responding they were unsure if they would increase their staffing.
- Since the previous survey, the number of organisations intending to hire new staff has fallen from 42% while the number of those uncertain has risen from 20%.



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.

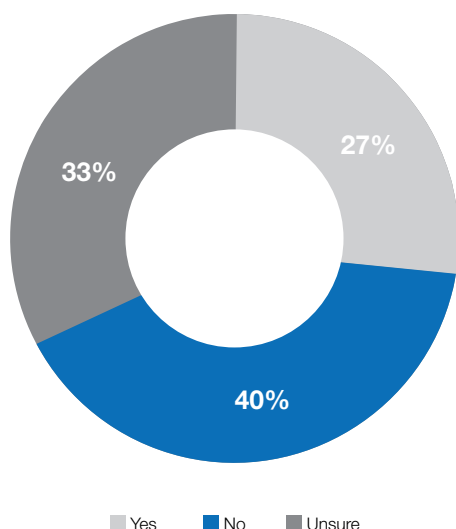
As outlined in our previous representations to Government, Suicide Prevention Australia defines the suicide prevention workforce across three broad groups:

- 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.

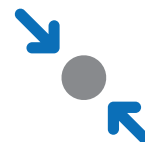
There are critical gaps in the skills, training and qualifications of the workforce

Are you confident the broader suicide prevention workforce has the right training and skills?

Key gaps in skills and training*



Learning from lived experience



Greater understanding of suicide risks



Training to support high risk groups and diverse cohorts



Capability to use data and technology to assist with service delivery

- There are concerns that gaps in workforce training and skills need to be addressed.
- 4 out of 10 (40%) organisations reported they were not confident with current training and skills in the sector (down from 57% in 2020) and a third of organisations (33%) were unsure.
- When asked about their own organisation, the majority of respondents felt their colleagues and staff had access to the skills and training necessary (70%).





Suicide Prevention
Australia

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