

Submission

To Preventive Health SA and Suicide Prevention Council

Topic SA Suicide Prevention Plan 2027-2032

Date October 2026

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About

We are an inclusive not-for-profit community service provider working alongside more than 110,000 South Australians each year and have been creating positive change for South Australian communities for more than 120 years. We advocate for systems change across diverse social justice issues to shape public and social policy that delivers better outcomes for marginalised communities.

Chrysalis Forensic Mental Health Service

Chrysalis is a transitional accommodation and psychosocial support service for people leaving extended inpatient and forensic mental health settings, including James Nash House, and returning to community living. Through supported accommodation, case management and recovery-focused support, the service assists residents to build independent living skills, maintain their mental wellbeing, secure long-term housing and strengthen connections with their community. Chrysalis supports individuals with ongoing mental health and psychosocial support needs during a critical transition period between hospital and independent living.

Family Mental Health Support

This service provides support for people caring for a young person with mental health issues. We offer free counselling and information to families concerned about a young person aged under 18. Our goal is to help children and families to improve mental health, resilience and confidence.

Headspace Mount Gambier

Headspace provides information, support and services for young people aged 12-25 across mental health, physical health, work and study, and alcohol and other drugs. We can connect young people with health workers to work through a range of issues, including through an integrated health clinic that provides access to a range of health professionals and coordinated care.

Lifeline Adelaide

Lifeline Adelaide is committed to preventing suicide, supporting people in crisis, and promoting good mental health and emotional wellbeing. Every year, the service answers more than 40,000 calls from people experiencing crisis. Many of them are thinking about taking their lives. Our dedicated team of Crisis Supporters are here to listen and offer support and, where appropriate, refer people to other services that can help. Additionally, Lifeline Adelaide also delivers mental health training programs to equip individuals, community groups, and workplaces with the skills needed to support people experiencing emotional distress and mental health crisis.

Submission to SA Suicide Prevention Plan 2027-32

Uniting Communities thanks the Suicide Prevention Council and Preventive Health SA for consulting on the development of the next Suicide Prevention Plan for South Australia. In light of the high rates of mental health challenges and suicide deaths in our state, this plan presents an important opportunity to re-evaluate what is working and where further action is needed to prevent suicide. The evidence continues to demonstrate that the factors influencing suicide are complex and require a coordinated response across mental health services, community supports, frontline services and local communities.

We understand the Plan is intended to be high-level in its focus and look forward to further consultation on implementation priorities, particularly in light of the new Mental Health Act expected next year. We agree with the feedback outlined in the consultation paper that clear priorities and transparency around how progress will be measured are critical. The previous Plan included goals such as reducing distress that may contribute to suicide; however, how progress against these outcomes has been measured remains unclear.

We support the Plan's stronger focus on wellbeing and prevention, recognising that mental wellbeing, compassionate communities, peer support and community healing all contribute to reducing suicide-related distress and improving outcomes. At the same time, the next Plan should maintain a clear focus on interventions that directly reduce suicide risk and respond to suicide-related distress. This includes timely access to mental health support, community capability, compassionate responses to distress, improved continuity of care, and more support options that sit between early intervention and crisis services.

Our key recommendations

Uniting Communities recommends that the next Suicide Prevention Plan:

- 1. Includes measures that improve access to timely mental health support across the continuum of care, including psychology, psychiatry, crisis support, hospital-based assessment and effective discharge planning.**
- 2. Invest in the "missing middle", including accessible community-based services that can respond to distress and emerging suicide risk without requiring emergency department or hospital intervention.**
- 3. Distinguish between direct and indirect suicide prevention activities to ensure the Plan maintains a clear focus on interventions that specifically reduce suicide risk and distress.**
- 4. Define and embed compassionate, person-centred care across the suicide prevention system, including guidance on proportionate responses to suicide risk and distress.**
- 5. Strengthen community capability for suicide prevention by moving beyond awareness raising and investing in practical skills, confidence and support pathways for families, carers, workplaces and communities.**

Consultation

Are there any important issues, communities or emerging challenges that have not been addressed?

Are there areas that should be strengthened, clarified or given greater focus?

Defining suicide prevention

A key challenge for suicide prevention planning is ensuring the definition of suicide prevention remains sufficiently focused. While many factors influence wellbeing and suicide risk, not all wellbeing initiatives should be considered suicide prevention activities.

Suicide prevention requires action across many sectors. However, factors such as housing insecurity, financial hardship and social connection should be distinguished from direct suicide prevention measures, such as crisis responses, mental health services, suicide-specific interventions and postvention supports. Without this distinction, there is a risk that broad social policy initiatives become viewed as suicide prevention outcomes in themselves.

While a broader wellbeing approach has merit, significant gaps remain in South Australia's suicide prevention system, including long wait times for counselling and limited support options between acute services and lower-intensity community supports. Given these ongoing challenges, the next Plan should prioritise strengthening the core components of the suicide prevention system. One approach would be to distinguish between direct and indirect suicide prevention activities within the Plan.

The Plan should also be careful not to inadvertently pathologise normal life experiences. While major life transitions can increase vulnerability for some people, they are not inherently negative events. Suicide prevention efforts should focus on associated experiences of distress, disconnection, loss of stability or reduced support, rather than the life event itself.

Recommendation: Distinguish between direct and indirect suicide prevention activities to maintain a clear focus on interventions that specifically reduce suicide risk and distress.

The system should support people across the whole continuum

We support the focus on strengthening support across the full continuum of care. However, across prevention, crisis response and aftercare services, we continue to observe significant gaps that limit people's ability to access the right support at the right time. For example, where mental health concerns escalate to hospital admission, patients are not always guaranteed timely access to psychiatric assessment. Clients, families and community services report needing to advocate strongly for assessment and support, while discharge planning can be inconsistent and leave people without clear pathways to ongoing care.

Similarly, while General Practitioners can develop Mental Health Treatment Plans and facilitate referrals, the effectiveness of these pathways is often limited by the availability of services. Long waitlists for counselling and psychological support exist across both the public health system and community sector, meaning many people are unable to access timely support despite having been identified as requiring intervention.

While stepped-care approaches have benefits, they can unintentionally create fragmented experiences where people lose access to established supports as their needs or eligibility change. Distress and suicide risk are often non-linear and episodic, with support needs fluctuating over time. The suicide

prevention system should therefore prioritise continuity of care and clear pathways between prevention, early intervention, crisis and aftercare services, ensuring people remain connected to support as their circumstances change.

Recommendation: Improve access to timely mental health support across the continuum of care, including psychology, psychiatry, crisis support, hospital-based assessment and effective discharge planning.

The missing middle

Across our services, we continue to hear of a growing need for support that sits between acute mental health services and lower-intensity community supports. There is currently a gap for people whose mental health is deteriorating, including those experiencing distress or thoughts of suicide, but whose circumstances do not require a hospital response. Families and support services report uncertainty about where to direct people for immediate assistance when concerns are escalating but have not reached crisis point. As a result, people can be left waiting for appointments, relying on informal supports, or presenting to emergency departments as their only available option.

The next Suicide Prevention Plan should consider how to strengthen this "missing middle" of the service system through accessible, flexible and timely supports. This could include community-based services that are specifically equipped to facilitate brief intervention, counselling, safety planning and follow-up support over a short period, helping people navigate periods of heightened distress before their circumstances escalate. Such services should be flexible, easy to access, able to respond quickly to changing needs, and provide a clear referral pathway for individuals, families and community organisations seeking support.

There is also value in considering how these services are positioned and accessed. Not everyone experiencing distress or emerging mental health concerns identifies with mental health terminology or seeks support through traditional pathways. Community-based services that are welcoming, accessible and centred on wellbeing, connection and practical support may engage people earlier and reduce barriers to help-seeking. As highlighted in the discussion paper, people often seek support that feels human, welcoming and connected. These approaches can play an important role in bridging the gap between distress and crisis, ensuring people receive support before acute intervention is required.

Recommendation: Invest in the "missing middle", including accessible community-based services that can respond to distress and emerging suicide risk without requiring emergency department or hospital intervention.

Compassionate care and risk

It is important that the next Suicide Prevention Plan clearly defines what compassionate, person-centred care looks like across the service system. Where suicidal thoughts are disclosed, responses can sometimes be highly risk-averse, with escalation to ambulance, police or hospital services occurring even where this may not be the most appropriate response. Feedback from people with lived experience suggests this can reduce trust and discourage future help-seeking or disclosure.

This is a difficult space for services and workers to navigate, given the responsibility to manage risk and concerns about the consequences of making the wrong decision. However, responses should be guided

by the individual's circumstances and needs, rather than risk alone. In some situations, safety planning, follow-up support and ongoing engagement may be more appropriate than immediate escalation.

Recommendation: Define and embed compassionate, person-centred care across the suicide prevention system, including guidance on proportionate responses to suicide risk and distress. This helps services balance safety, choice and compassionate care, while building trust across the support system.

Frontline support / first response

There are a range of frontline services that provide critical opportunities for suicide prevention and early intervention, including GPs, hospitals, ambulance services and SAPOL. While police are not a mental health crisis service, they continue to play a significant role in responding to welfare checks, suicide risk and mental health-related incidents. As a result, frontline responders are often among the first services to engage with people experiencing acute distress.

The SA Health and SAPOL Co-Responder Program demonstrates the value of integrated responses to mental health crises. By pairing mental health clinicians with police, the program provides opportunities to undertake mental health assessments, safety planning and referrals to appropriate supports, while reducing unnecessary hospital presentations and minimising additional trauma associated with crisis responses.

While the model has strengthened responses across metropolitan Adelaide, consideration should be given to whether there are opportunities to expand the program's reach, accessibility and capacity, including in regional areas. More broadly, the next Suicide Prevention Plan should consider how frontline responders can be better supported to identify suicide risk, respond to distress and connect people with appropriate ongoing supports.

Given SAPOL's significant role in responding to welfare and mental health-related incidents, consultation with SAPOL and those directly involved in the delivery of the Co-Responder Program would provide valuable insights into opportunities to strengthen the program and broader suicide prevention initiatives.

Recommendation: Explore opportunities to strengthen and expand effective frontline response models, including the SA Health and SAPOL Co-Responder Program.

Shared responsibility

While mental health and crisis services play a critical role, families, carers, schools, workplaces and community members also have an important part to play. Equipping people with the knowledge, skills and confidence to identify concerns, have supportive conversations and respond appropriately is an important component of the suicide prevention system.

While community understanding of mental health has improved significantly, confidence in responding to suicidal thoughts and behaviours appears less developed. When someone discloses thoughts of suicide, family members and friends can be uncertain about the most appropriate response. In some circumstances, an emergency response may be necessary, however there are many situations where earlier intervention, and connection to support services may be more appropriate. Many people lack the knowledge, confidence and clear referral pathways needed to provide this support.

This challenge is compounded by the limited availability of services that sit between crisis responses and routine support, particularly after hours. While no approach can eliminate suicide entirely, equipping communities with greater knowledge, skills and confidence to recognise distress and support help-seeking can improve outcomes and reduce risk. This education should extend beyond awareness campaigns and include practical skill-building opportunities through settings such as workplaces, community organisations and schools. Consideration should be given to normalising suicide prevention and response skills in a similar way to first aid training, helping more people feel confident to provide support when concerns arise.

Recommendation: Strengthen community capability for suicide prevention by moving beyond awareness raising and investing in practical skills, confidence and support pathways for families, carers, workplaces and communities.

Lifeline Adelaide

Lifeline Adelaide provides immediate support to people experiencing distress, crisis and suicide risk through a 24/7 telephone crisis support service. Lifeline Adelaide provides a flexible and person-centred approach that responds to the diverse circumstances and experiences that can contribute to distress and suicide risk. The service provides immediate human connection, de-escalation, emotional support and safety planning, while also acting as an important early intervention pathway for people experiencing distress before concerns escalate.

Delivered through a trained, predominately volunteer, workforce, Lifeline supports people across a broad spectrum of need, from those at immediate risk of suicide to individuals experiencing loneliness, relationship challenges, grief, mental health concerns and other life stressors. This positions Lifeline as a valuable component of both crisis response and early intervention within South Australia's suicide prevention system. However, current funding does not fully meet the cost-of-service delivery, requiring ongoing organisational and in-kind contributions to sustain the service. This is not sustainable in the long term and highlights the importance of funding arrangements that reflect the critical role these services play within the suicide prevention system.

Data from Lifeline Adelaide highlights the importance of connection, belonging and relationships as protective factors. Common reasons for contact with Lifeline Adelaide include family conflict, family violence, bereavement, loneliness, separation, mental health concerns and suicide-related distress. We also continue to see increasing concerns relating to chronic health conditions, disability, caring responsibilities and difficulties navigating service systems. Women are more likely to seek support than men, reinforcing the importance of targeted approaches to engaging men in help-seeking and suicide prevention initiatives.

Recommendation: Strengthen the sustainability of critical suicide prevention and crisis support services through long-term, adequate funding that reflects actual service delivery costs, growing demand and the need for service continuity.

Men's mental health

There is growing evidence that men are less likely to seek support from mental health services despite experiencing a higher risk of suicide. This is reflected in the data from our Lifeline Adelaide call centre, where women access the service at higher rates than men.

Given the disproportionate impact of suicide on men, the next Suicide Prevention Plan should include a dedicated focus on men's mental health and engagement. This should move beyond encouraging help-seeking and seek to better understand how, where and when men are most willing to access support. Community-based, non-clinical and informal approaches may play an important role in engaging men who are less likely to connect with traditional mental health services.

Through a combination of lived experience input, service data, research and targeted service innovation, there is an opportunity to develop and test approaches that better engage men, reduce barriers to support, and strengthen suicide prevention efforts across South Australia.

Recommendation: Include a dedicated focus on men's mental health and engagement within the next Suicide Prevention Plan.

Children and young people

There is a strong case for the next Suicide Prevention Plan to include a specific focus on children and young people. As a provider of services for children, young people and families, Uniting Communities continues to see significant wellbeing and mental health challenges affecting young people across South Australia. Childhood trauma, family dysfunction, school disengagement, housing instability and social disconnection are common drivers of distress that, without early support, can contribute to more complex challenges over time.

Family support, youth engagement and early intervention should therefore be recognised as important suicide prevention strategies. The next Suicide Prevention Plan should also consider how it aligns with broader child and youth wellbeing initiatives, including the Thriving Kids agenda, to ensure children and young people can access timely support when experiencing distress.

Recommendation: Include a specific focus on children and young people, recognising the role of early intervention, family support and youth engagement in suicide prevention.

Regional areas

Regional South Australians experience higher suicide risk while often having less access to specialist mental health supports. In smaller communities, where social connections are strong and community networks are closely connected, the impacts of suicide can be widespread and long-lasting. The next Suicide Prevention Plan should recognise the unique challenges faced by regional communities and strengthen access to support, postvention and community recovery responses.

Recommendation: Strengthen access to suicide prevention, postvention and recovery supports in regional communities.

Alcohol and other drug services

The relationship between suicide and alcohol and other drug (AOD) use warrants greater attention in the next Plan. Nationally, acute alcohol use [was present](#) in 17.8% of suicides and psychoactive substance use in 16.7% of suicides. Across our AOD and mental health services, we frequently see co-occurring mental health and AOD use challenges, highlighting the need for integrated rather than siloed responses.

Too often, individuals are referred between mental health and AOD services rather than receiving coordinated support across both areas simultaneously. For people experiencing complex and co-occurring needs, stronger integration between mental health, suicide prevention, AOD and family support services is needed to improve continuity of care and reduce the risk of people falling through service gaps.

The next Suicide Prevention Plan should recognise the role of AOD services within the broader suicide prevention system and support improved collaboration, accessibility and capacity across services to better respond to people experiencing co-occurring mental health and AOD use challenges.

Recommendation: Improve integration between mental health, suicide prevention, alcohol and other drug, and family support services.

Data informing policy

Data should play a central role in informing the next Suicide Prevention Plan. Stronger data collection, linkage and evaluation can help identify intervention opportunities, service gaps, and barriers to help-seeking. Understanding whether people had contact with health services, police, community services or other supports prior to a suicide attempt or death can provide valuable insight into where the system is working and where improvements are needed.

It is currently unclear from the consultation paper what progress has been made against data-related priorities in the previous Plan. The next Plan should therefore clearly articulate how data will be collected, analysed and used to inform continuous improvement across South Australia's suicide prevention system.

Recommendation: Strengthen suicide prevention data, evaluation and reporting, including improved data collection relating to suicide attempts, self-harm, service engagement and intervention opportunities.

Conclusion

We appreciate the opportunity to provide a submission on the next Suicide Prevention Plan for South Australia. While Uniting Communities broadly supports the Plan's vision and priorities, there remains an opportunity to maintain a clear focus on interventions that directly reduce suicide risk, strengthen access to support across the continuum of care, address gaps in the "missing middle", build community capability, and embed compassionate, person-centred responses across the suicide prevention system.

No single service can prevent suicide alone. Greater coordination across communities, services and government will be critical to reducing suicide-related distress and ensuring South Australians can access the right support, at the right time, and in the right place.