

# SUBMISSION

## **National Mental Health and Suicide Prevention Agreement Review, Interim Report**

StandBy Support After Suicide, a program of Youturn Limited

31<sup>st</sup> July 2025

# ACKNOWLEDGMENTS

## Acknowledgment of Country

StandBy acknowledges Aboriginal and Torres Strait Islander people as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin, and community. We pay respects to Elders past and present.

## Recognition of Lived Experience

StandBy recognises and honours the continued contribution of those with a lived experience of suicide bereavement. The courage, insight, and wisdom of these unique experiences strengthen the work that we do. We also acknowledge and remember the lives that have ended due to suicide, and we encourage ongoing support and care for yourself and each other.

## Content Warning

This submission addresses the sensitive topics of suicide and suicidality. While it is important to engage with such issues, readers may find some of the content distressing or difficult to read. If you are affected by this material, we strongly encourage you to talk to someone you trust or seek professional support. You can reach out to Lifeline at 13 11 14 or 1300 Yarn at 13 92 76 for confidential support. Please take care of yourself while reading.

## A note on language

Language use, particularly around topics such as suicide or individual identities and experiences, can be deeply personal and often evolves over time. The language used throughout this submission is considered appropriate at the time of writing, and care has been taken to avoid any harm or exclusion. We are always open to learning and hearing from the community about how we can improve. Get in touch with any feedback at [national@standbysupport.com.au](mailto:national@standbysupport.com.au)

## A note on data reporting

When referring to the number of deaths by suicide, it is important to remember that behind each number is an individual, a journey, and a network of families, friends, colleagues, and loved ones. StandBy recognises the importance of utilising data to make informed decisions yet remains committed to never losing sight of each life lost through suicide and the lasting impacts of this.

## Further information

For further information, please contact Katie Darby, Strategic Development & Impact Manager

# EXECUTIVE SUMMARY

Each suicide has a profound and lasting impact on individuals, families and communities. Universal access to timely, tailored and comprehensive postvention support is essential in reducing the impact of suicide and preventing further deaths by suicide. The upcoming renewal of the National Mental Health and Suicide Prevention Agreement (NMHSPA) provides a critical opportunity to strengthen Australia's approach to universal postvention and ensure equitable access to tailored and comprehensive postvention across the country. To achieve this, the following recommendations are proposed in response to the Productivity Commission Interim Report:

**Recommendation 1:** Universal access to comprehensive postvention support must be embedded and adequately funded under the next NMHSPA as a core pillar of suicide prevention

**Recommendation 2:** Any extension of the NMHSPA must include increased funding to reflect rising service delivery costs and address immediate challenges limiting equitable access to postvention support

**Recommendation 3:** The next agreement must support increased collaboration to ensure flexible, community-led postvention services tailored to groups disproportionately impacted by suicide

**Recommendation 4:** The next agreement must invest in and strengthen the suicide prevention peer workforce and recognise the crucial importance of specialised postvention lived experience and peer roles

A nationally coordinated, adequately funded, and community-led approach to postvention is fundamental to an effective suicide prevention system. Investing in universal postvention not only saves lives but also delivers significant economic benefits by reducing healthcare costs, lost productivity, and the long-term social and financial costs associated with suicide bereavement. By embedding universal access to comprehensive postvention in the next NMHSPA, fostering greater collaboration, and strengthening the peer workforce, Australia can continue to set a global benchmark in postvention best practice. Incorporating these recommendations into the Productivity Commission's Final Report will ensure more Australians bereaved or impacted by suicide have access to the support they need.

# CONTEXT & BACKGROUND

## Youturn

Youturn (formerly United Synergies) is an Australian not-for-profit organisation that started 30 years ago to help address youth homelessness in regional Queensland. Since then, the organisation has grown substantially and expanded across Australia, supporting people of all ages with a focus on four core areas: Child Safety, Homelessness, Mental Health and Suicide Prevention (including postvention). Youturn supported 19,170 people across Australia in 2023/24. StandBy Support After Suicide is a program of Youturn Limited.

## StandBy Support After Suicide

StandBy Support After Suicide (StandBy) is Australia's leading national postvention program, offering free, accessible, and compassionate support to anyone bereaved or impacted by suicide. Delivered by Youturn and operating in some parts of Australia for more than 20 years, StandBy provides face-to-face, phone, and online support to individuals, families, workplaces, schools, and communities across the country following a suicide death. The program is delivered through a network of local partner organisations, ensuring that support is timely, culturally appropriate, and tailored to the unique needs of each community. By drawing on local knowledge and lived experience, StandBy works to ensure every community in Australia is safe, inclusive and supportive of those bereaved or impacted by suicide.



## Funding

StandBy is funded through the Commonwealth Government and participating states and territories under two agreements:

- The National Mental Health and Suicide Prevention Agreement (NMHSPA)
- The National Suicide Prevention Leadership Support Program (NSPLSP)

Under the NMHSPA Bilateral Schedules, four jurisdictions, New South Wales, Queensland, Victoria, and the Northern Territory, have committed to co-funding prevention. Since 2020, StandBy has been trialing the integration of specialised suicide bereavement counselling and peer support into its service model. This work culminated in 2022, when the NMHSPA funded a significant expansion of the program, formally establishing counselling and peer support as core components of StandBy's service offering, in the four participating jurisdictions.



# SUBMISSION

StandBy welcomes the opportunity to contribute to the review of the NMHSPA and respond to the Productivity Commission's Interim Report (The Interim Report). As Australia's only national postvention program accessible to anyone bereaved or impacted by suicide, StandBy is committed to shaping a national agreement that genuinely reflects and responds to the needs of the communities we serve.

## **Recommendation 1: Universal access to comprehensive postvention support must be embedded and adequately funded under the next NMHSPA as a core pillar of suicide prevention**

Postvention, support for those bereaved or impacted following a death by suicide, is a critical, yet often under-recognised pillar of effective suicide prevention. The National Suicide Prevention Strategy (2025-2025) recognises the important role of postvention in preventing suicide and calls for universal access to postvention services, including tailored supports for those disproportionately impacted (*recommendation 5.2f*). To achieve universal access to postvention support for all Australians, the next NMHSPA must:

### **Explicitly recognise postvention as a distinct and essential component of the proposed Suicide Prevention Schedule**

StandBy endorses the Productivity Commission's recommendation to include a separate suicide prevention schedule in the next NMHSPA (*recommendation 6.1*). A separate suicide prevention schedule would recognise the distinct differences between mental health and suicide prevention and ensure that suicide prevention activities are clearly defined, resourced and monitored. A separate Suicide Prevention Schedule would align closely with the recently released National Suicide Prevention Strategy (2025-2035), specifically, the Strategy's recognition of the social determinants of suicide and a whole-of-government approach, which requires coordinated, cross-sector responses beyond the mental health system alone. A dedicated schedule would also support a truly preventative and proactive approach, focusing on preventing the onset of suicidal distress through critical interventions, including postvention.

Each death by suicide represents a substantial loss to our communities, our families, and our country. For every death through suicide, up to 135 people may be impacted in some way, and 10 or more may be significantly impacted.<sup>i</sup> In any given year, this equates to 400,000 Australians being impacted and more than 33,000 being significantly impacted by suicide. One in five Australians are estimated to be impacted by a death by suicide in their lifetime.<sup>ii</sup> The demand for postvention support is estimated to grow by 13 per cent across Australia by 2030.<sup>iii</sup> Suicide has a devastating and profound impact on people and communities, with those bereaved by suicide being between three to eight times more likely to also die by suicide than the general population.<sup>iv</sup> <sup>v</sup> We also recognise that men, people living in rural and remote areas, First Responders, Veterans, Aboriginal and Torres Strait Islander peoples, LGBTQIA+ communities, young people, among other groups, are disproportionately affected by suicide and continue to represent large numbers of suicide deaths each year. The need for postvention support is clear – access to timely, responsive and coordinated support can reduce further suicides and help individuals and communities to navigate the complexity of suicide loss.

Over the past two decades, StandBy has grown to become Australia's leading postvention program, providing vital, compassionate support to those bereaved or impacted by suicide and playing a crucial role in reducing future suicides. Research shows that within 12 months

of a suicide loss, people who received StandBy's postvention support reported significantly lower feelings of responsibility, shame, loneliness, and suicidality, compared to those who did not receive such support.<sup>vi</sup> In addition to providing vital support and helping to prevent further suicides, postvention programs like StandBy also help reduce the broader social and economic impacts of suicide. People bereaved by suicide are estimated to cost the national economy more than AU\$155 million each year in societal costs, including medical care, time away from work, and reduced productivity.<sup>vii</sup> Those who engage with StandBy support often require less time away from work, have fewer health-related appointments, and are better supported to maintain their usual day-to-day activities compared to those who do not access StandBy's support.<sup>vii</sup> Postvention support should be included as a distinctly important element of the Suicide Prevention Schedule as an evidence-based, effective and economically advantageous component of comprehensive suicide prevention.

### **Ensure that comprehensive postvention support, including specialised suicide bereavement counselling and peer support, is equitable and accessible across Australia**

Since 2020, StandBy has commenced embedding specialised suicide bereavement counselling and peer support as core elements of its postvention model, strongly advocating that these supports are essential for effective postvention support and should be universally available to all Australians bereaved or impacted by suicide. The launch of the NMHSPA in 2022 enabled a significant expansion of these vital services, which have now been successfully implemented in New South Wales, Queensland, Victoria, and the Northern Territory. However, access to these critical supports is currently reliant on individual State and Territory funding contributions, creating inequitable access across the country. StandBy maintains that these services are not optional add-ons, but essential elements of comprehensive and effective postvention and must be made consistently available to all Australians, regardless of where they live.

Suicide bereavement can come with unique and complex challenges. Research suggests that 10-20 per cent of individuals bereaved by suicide may encounter psychological difficulties, making them more likely to benefit from counselling interventions.<sup>viii</sup> Additionally, suicide bereavement peer support is known to be especially valuable for people bereaved by suicide due to the compounding impacts of stigma and lack of other support.<sup>ix</sup> A recent internal evaluation of StandBy, conducted by Professor Myfanwy Maple, found that both suicide bereavement counselling and peer support positively enhance StandBy's offerings in the available jurisdictions, addressing complex grief needs and reducing barriers to accessing specialised support.<sup>x</sup> The benefits of these additional supports for those bereaved by suicide are undeniable; however, access remains inequitable and is currently determined by where a person lives in Australia.

Western Australia, South Australia, Tasmania, and the Australian Capital Territory account for more than 20 per cent of the Australian population who currently lack access to comprehensive postvention support. Both Western Australia and Tasmania consistently record suicide rates above the national average, particularly in rural and remote areas. These jurisdictions are estimated to represent 24 per cent of the total postvention demand across Australia, with this demand projected to increase by 6-26 per cent by 2030.<sup>iii</sup> Additionally, Western Australia, South Australia, and Tasmania have large regional and remote populations, as well as significant Aboriginal and Torres Strait Islander communities, who are disproportionately affected by suicide. Ensuring equitable access to comprehensive postvention support, including suicide bereavement counselling and peer support, in these jurisdictions is therefore critical to reducing the ongoing impact of suicide in Australia.

To achieve truly universal access to comprehensive postvention support across Australia, funding must move beyond reliance on individual State and Territory commitments through

the NMHSPA Bilateral Schedules. Fragmented funding arrangements, including multiple contracts and agreements, lead to duplication of effort, inefficiencies, and inconsistent service delivery outcomes. A unified approach would strengthen coordination, reduce administrative burden, and deliver better outcomes for those bereaved or impacted by suicide. National postvention funding should be consolidated into a single, streamlined source under the NMHSPA that is guided by principles of equity and accessibility, ensuring that every Australian, regardless of location, can receive the support they need. Embedding comprehensive postvention within the proposed Suicide Prevention Schedule of the next NMHSPA will provide the clarity, consistency, security and sustainable funding needed to enable StandBy to deliver an equitable, nationwide postvention service that will last well into the future.

**Recommendation 2: Any extension of the NMHSPA must include increased funding to reflect rising service delivery costs and address immediate challenges limiting equitable access to postvention support**

StandBy supports the ethos of the proposed one-year extension of the current NMHSPA until June 2027 (*recommendation 4.2*) to give sufficient time to develop a more effective, consultative and aligned NMHSPA. StandBy emphatically supports any future agreement being co-designed by people with lived or living experience of mental ill health and suicide, with a critical emphasis on including those who have experienced suicide bereavement. Lived experience is central to StandBy's work, and our dedicated lived experience team, peer workforce, staff, and the people we support are eager to contribute meaningfully to shaping the development of the next NMHSPA. However, a time extension without any funding growth or consideration for the pressing challenges that exist would further entrench current inequities and service demand pressures. Any extension of the current NMHSPA must consider:

**The importance of sustained Community Service Organisation (CSO) indexation in response to the growing cost of service delivery across Australia**

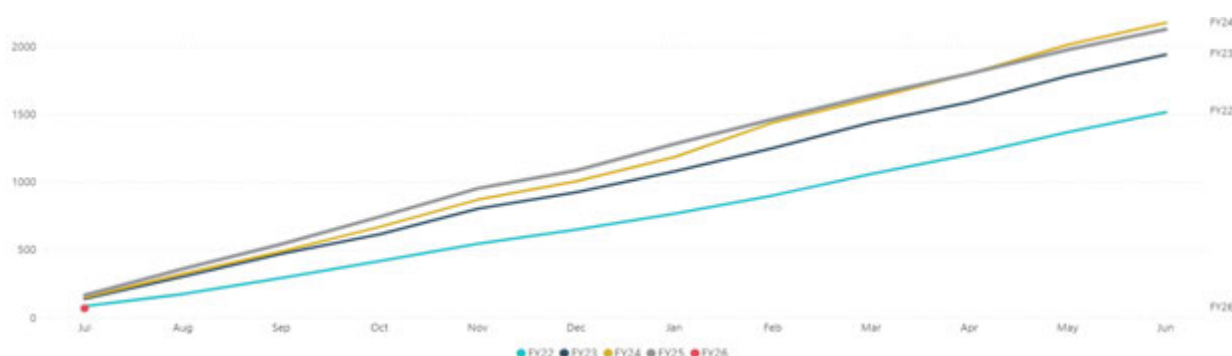
Service delivery costs continue to rise year-on-year as inflation, demand and complexity of support continue to drive up the cost of delivering high-quality postvention support across Australia. Since the commencement of the agreement, StandBy has consistently expanded the level of support provided, even as the cost of delivering these services has continued to rise. Throughout the current agreement period, a CSO indexation of 3.8 per cent has been added annually to account for the increases in the cost-of-service delivery. Continued CSO indexation for any extension period is critical to ensure services are able to maintain quality and capacity without reducing support to those who need it most. Without adequate indexation, community service organisations like StandBy are forced to stretch resources further, risking staff burnout, service gaps, and inequitable access for people bereaved or impacted by suicide. Ensuring fair and consistent indexation across all contracts is therefore vital should the current NMHSPA be extended.

**The need for an immediate funding boost during any extension period to address existing demand and access gaps**

Increased funding for the proposed extension period is essential to meet rising service demand and expand comprehensive support into Western Australia, South Australia, Tasmania, and the Australian Capital Territory. An extension at the current rate could risk postvention services being stretched beyond capacity, reducing access, responsiveness and quality of postvention support available in Australia. A recent Demand Management Report by SVA Consulting for the StandBy program found that demand for postvention support in Australia was high, with an estimated 31,800 people being bereaved by suicide each year.<sup>iii</sup>

Nationally, demand for postvention support is estimated to grow nearly 13 per cent by 2030. Since the 2022-2023 financial year, StandBy's national support demand has continued to grow (as outlined in Graphs 1 and 2), yet funding has remained relatively the same.

Graph 1: StandBy's national year-on-year support session growth (FY2022-2025)



Graph 2: StandBy's national year-on-year follow-up growth (FY2022-2025)



The recent Demand Management Report also reinforced the evidence that adequate staffing for early and proactive post-suicide support is critical in reducing the risk of future suicides. Given that StandBy has been shown to significantly reduce the risk of suicidality among those who access the program (38 per cent) compared to those who do not (63 per cent),<sup>vii</sup> it is critical to close the gap between the current service reach and community need. At present, StandBy is estimated to meet only 15 per cent of the total need for postvention support, highlighting the urgent need to expand its reach in the upcoming years. Without increased investment to expand staff capacity, this gap will remain, and StandBy's existing infrastructure and national network will remain underutilised.

As discussed earlier, the expansion of specialised suicide prevention counselling and peer support across the entirety of Australia is also urgently needed. To delay the uptake of these vital postvention support offerings in Western Australia, South Australia, Tasmania and the Australian Capital Territory for another year would deny many Australians access to the comprehensive postvention support they need. Any extension should come with a commitment to immediately address urgent unmet needs and other inefficiencies identified within the Interim Report.

### Timely notification and implementation of NMHSPA extensions to ensure workforce stability and service continuity

Timely notification and execution of any extension to the current NMHSPA, including its Bilateral Schedules, is essential to safeguard the stability and sustainability of the suicide postvention workforce. As highlighted in the Interim Report, workforce shortages are a pressing issue across mental health and suicide prevention services, and suicide

postvention is no exception. StandBy, primarily through its partner providers, employs approximately 75 full-time equivalent specialised staff to deliver the StandBy program, in addition to the StandBy National team. Historically, short notice periods for contract extensions and a lack of long-term funding security have made it difficult to retain this highly skilled workforce, impacting both staff morale and continuity of care for those we support. Early notification and smooth implementation of extensions across jurisdictions would provide the certainty needed to effectively recruit, retain, and support a skilled workforce, ultimately enhancing postvention service delivery across Australia.

### **Recommendation 3: The next agreement must support increased collaboration to ensure flexible, community-led postvention services tailored to groups disproportionately impacted by suicide**

The Interim Report highlights that the current NMHSPA fails to adequately meet the needs of those disproportionately impacted by mental ill health and suicide, those named in the agreement as priority populations. However, few recommendations address the need for the next NMHSPA to foster the flexibility and collaboration required to effectively support these cohorts. The National Suicide Prevention Strategy (2025-2025) calls for universal access to postvention services, including dedicated, tailored supports for groups disproportionately impacted by suicide. While universal access to postvention is essential, the next NMHSPA agreement must allow for flexibility in service delivery to meet the needs of groups disproportionately impacted by suicide, including the following examples of best practice in postvention:

#### **Postvention in Aboriginal and Torres Strait Islander populations**

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2025-2035) speaks to the importance of Aboriginal and Torres Strait Islander people being able to access culturally safe and coordinated care, including postvention.<sup>xi</sup> The proposed Aboriginal and Torres Strait Islander Schedule (*Recommendation 5.1*) must include postvention as a vital component of suicide prevention support for Aboriginal and Torres Strait Islander people. This should include support for Aboriginal and Torres Strait Islander postvention services, such as Thirili, as well as increased opportunities for partnerships and collaboration.

Under the current NMHSPA, StandBy and the Aboriginal Medical Services Alliance Northern Territory (AMSANT) are funded to work in partnership to strengthen and coordinate postvention support for Aboriginal and Torres Strait Islander families bereaved or impacted by suicide across the Northern Territory. This collaboration ensures that services are culturally responsive, community-led, and tailored to local needs, while also leveraging external expertise, funding, and operational capacity. The partnership is currently being evaluated by the Batchelor Institute, with findings expected to inform future initiatives. This initiative stands as a powerful example of effective collaboration made possible through the NMHSPA and demonstrates the importance of universal postvention services being flexible, community-driven, and responsive to those disproportionately impacted by suicide.

#### **Postvention in LGBTIQ+ communities**

The National Suicide Prevention Strategy (2025-2035) speaks to the importance of tailored supports and resourcing for Lesbian, Gay, Bisexual, Transgender and gender diverse, Intersex, Queer and Asexual (LGBTIQ+) organisations to expand on current suicide prevention efforts. Suicide not only disproportionately impacts LGBTIQ+ communities, but suicide bereavement can present its own unique challenges and experiences that can create barriers in accessing mainstream postvention services.<sup>xii</sup> Switchboard Victoria is a peer-

driven support service for LGBTIQ+ people, their families, allies and communities. Switchboard delivers a range of community-led activities, including an LGBTIQ+ Support After Suicide bereavement group run in partnership with Jesuit Social Services, one of StandBy's partner organisations in Victoria. These community-led groups, now available virtually across Australia, showcase the effectiveness of collaborative, peer-led approaches in providing safe, inclusive, and tailored postvention support for LGBTIQ+ people bereaved or impacted by suicide. Ensuring access to tailored, community-led bereavement support, like that through Switchboard, is essential to meet the specific needs and experiences of LGBTIQ+ people and to achieve truly universal access to postvention for all Australians. The next NMHSPA must allow for increased collaboration to achieve flexible, community-led postvention service delivery that meets the needs of those disproportionately impacted by suicide.

#### **Recommendation 4: The next agreement must invest in and strengthen the suicide prevention peer workforce and recognise the crucial importance of specialised postvention lived experience and peer roles**

StandBy supports the recommendation that the next agreement prioritise the implementation of the National Mental Health Workforce Strategy (*Recommendation 4.13*), as well as the development of a defined scope of practice for the peer workforce (*Recommendation 4.14*), recognising the critical contributions of peers in both clinical and non-clinical settings. In addition, the National Suicide Prevention Strategy (2025–2035) calls for the creation of a dedicated Suicide Prevention Workforce Strategy (*Recommendation 14.1*), which must be aligned with these initiatives to ensure a coordinated and skilled workforce across the entire sector. Within the mental health and suicide prevention workforce, the postvention workforce experiences unique challenges, and tailored workforce support is essential to the sustainability and wellbeing of a growing workforce. Any future workforce strategies and policies must clearly identify the postvention workforce as an important subset of the mental health and suicide prevention workforce, including the postvention peer workforce.

#### **An example of the successful integration of peer workers into suicide prevention settings (*Information Request 4.4*)**

Over the past decade, StandBy has worked to embed lived experience into every aspect of its operations. This journey began with the establishment of the National Lived Experience Advisory Group (LEAG) to guide strategic direction, which laid the foundations for StandBy's first identified lived experience role within the national coordination of the program. StandBy's Lived Experience Framework now underpins all aspects of its work, ensuring that lived experience remains central to service design and delivery.

In 2020, StandBy piloted the introduction of peer workers into its support offerings across six Primary Health Networks (PHNs) in New South Wales. This initiative was closely monitored and evaluated, leading to the development of key foundational resources, including StandBy's Peer Practice Guidelines, specialised Suicide Postvention Peer Worker training, including intensive induction training for both peer workers and their organisational leadership, a three-way supervision model, and lived experience co-reflections. Given StandBy's national partnership model, significant emphasis was placed on organisational readiness among local partner providers to ensure peer workers were fully supported and effectively integrated.

In 2022, funding through the NMHSPA enabled the expansion of peer workers across New South Wales, Queensland, Victoria, and the Northern Territory. StandBy continues to see increased demand for peer-led postvention support, delivering 915 peer support sessions in the 2024-2025 financial year. To ensure meaningful integration, StandBy peer workers are

embedded within local partner organisations while receiving dedicated guidance and support from peer leadership roles at StandBy National. More recently, StandBy has commenced trialling co-facilitated peer and clinician support groups with the vision to further integrate these into the program. Finally, StandBy was awarded a 2025 NSW LiFE Award by Suicide Prevention Australia for Innovative Practice and Research for the establishment and integration of the postvention peer workforce. With strong foundational structures in place and proven success integrating peer workers across four jurisdictions, StandBy is well-positioned to expand its peer workforce under the next NMHSPA agreement.

The value and effectiveness of the suicide prevention and postvention peer workforce have been widely recognised for some time, with ongoing calls for greater investment and support.<sup>xiii</sup> Despite this, Suicide Prevention Peer Workers outside of clinical settings remain uncommon, and access to specialised Postvention Peer Workers is even more limited. Strengthening the postvention peer workforce would help reduce pressure on clinical services, provide more appropriate support that addresses psychosocial factors and situational distress, offer a cost-effective and scalable workforce solution, and help address broader workforce shortages across the suicide prevention sector. The Interim Report identified that the current NMHSPA does not adequately address key barriers to reform, including critical workforce shortages (*Finding 3.1*). Strengthening the peer workforce is a vital strategy that the next NMHSPA must adopt to tackle these challenges. StandBy is well-positioned and committed to expanding its peer workforce, both in scale and reach, and recommends that the growth of the suicide prevention peer workforce, including the specialised suicide postvention peer workforce, be prioritised in the next NMHSPA.



***StandBy*** – an initiative of Youturn jointly funded by the Australian Commonwealth, New South Wales, Northern Territory, Queensland and Victorian Governments.

[www.standbysupport.com.au](http://www.standbysupport.com.au)  

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