Suicide Prevention Australia

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Dear Commissioners

Re: Closing the Gap Review 2026

We know that suicide rates for Aboriginal and Torres Strait Islander people are worsening.[1] In 2024, 298 First Nations people died by suicide across NSW, Victoria, Queensland, South Australia, Western Australia and the Northern Territory.[2] This accounted for 5.5% of all deaths by suicide in across these jurisdictions and reflects an alarming increase from 196 people in the baseline year of 2018. The deterioration in suicide outcomes is occurring alongside worsening outcomes across three other Closing the Gap targets: adult imprisonment, childhood development and out-of-home care.[3]

Together, these findings are a stark indicator that current efforts are not delivering the progress required to address or achieve a significant and sustained reduction in suicide towards zero (Target 14) under the National Agreement on Closing the Gap (the Agreement). More concerningly, what it tells us is that our current systems and policies are failing our First Nations communities, and that this failure to act has devastating consequences. The continued deterioration in outcomes must not be accepted and the responsibility for reversing this trajectory cannot be left to Aboriginal and Torres Strait Islander communities alone.

As the national peak body for the suicide prevention sector we urge you to make strong recommendations for action in your review. We have over 360 members including organisations with collectively more than 140,000 workers, staff, and volunteers across Australia, they are united in their deep concern for suicide rates amongst Aboriginal and Torres Strait Islander people.

We ask that the Productivity Commission make recommendations that:

1. The Commonwealth Government must fully fund the implementation of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035.
2. The Commonwealth Government must deliver long-term funding arrangements for Aboriginal community-controlled organisations (ACCOs) and Indigenous-designed models delivering suicide prevention. These arrangements must provide sufficient scale, duration and flexibility for ACCOs to build trusted relationships, develop workforces, respond to local need and determine meaningful outcomes.
3. The Commonwealth Government must implement mandatory cultural safety standards across mainstream Government services; including health, emergency, crisis and triage services.

The Commonwealth Government has a critical role in providing the national leadership, investment and accountability required to change this. In 2025, Gayaa Dhuwi (Proud Spirit) Australia, in partnership with the Australian Government, released the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035 (NATSISPS). The Strategy provides an essential framework and actionable path for supporting efforts towards meaningfully reducing suicide and suicide risk in First Nations communities. Its central premise, that suicide prevention must be led by Aboriginal and Torres Strait Islander people and grounded in culturally safe and responsive solutions, is consistent with the intent of the National Agreement on Closing the Gap (the Agreement). Whilst the Strategy provides a nationally endorsed framework for action, meaningful change in suicide prevention

[1] Productivity Commission. (2026). Closing the Gap Annual Data Compilation Report. July 2026, Canberra.
[2] Australian Institute of Health and Welfare. (2026). Deaths due to suicide 2024 – National Mortality Database. April, 2026.
[3] Productivity Commission. (2026). Closing the Gap Annual Data Compilation Report. July 2026, Canberra.

outcomes depends on its implementation, underpinned by sustainable and long-term investment.[4] The failure to adequately resource its implementation is undermining government commitments to reducing suicide and delaying the action communities urgently need.

In addition, meaningful progress towards Target 14 cannot be achieved without a whole-of-government approach that extends beyond the health system and adequately addresses the broader conditions that shape social and emotional wellbeing (SEWB) and suicide risk. This includes addressing experiences within justice systems, education settings, child and family services, housing, employment and other social and community environments. These factors are interconnected, and progress in one domain can strengthen protective factors across others.

Population-level change in suicide outcomes will take time, but improvements in these underlying protective factors could precede measurable reductions in suicide. Implementation of the NATSISPS must therefore be treated as a whole-of-government responsibility, with progress measured through both suicide outcomes and broader indicators of SEWB, service access, cultural connection and community wellbeing. If we hope to see meaningful change for Aboriginal and Torres Strait Islander communities, the Commonwealth Government must be prepared to deliver on its commitments by providing dedicated, sustained investment to implementation of the of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Implementation must be accompanied by investment that genuinely reflects community need, rather than the distribution of existing mainstream service infrastructure or short-term program cycles. Funding must prioritise Aboriginal community-controlled organisations (ACCOs) and Indigenous-designed models, recognising that Aboriginal and Torres Strait Islander communities are best placed to determine the approaches that are culturally appropriate, locally relevant and responsive to their needs and circumstances. Culture Care Connect provides a strong example of this approach.

Led by the National Aboriginal Community Controlled Health Organisation and delivered through Aboriginal Community Controlled Health Organisations, the Culture Care Connect model brings together culturally safe suicide prevention and aftercare, local coordination and workforce development, enabling communities to lead responses according to local priorities. Evaluation of the model demonstrated the value of investing in community-controlled approaches.[5]

What the evaluation also highlighted was that the current level of resourcing, including long-term funding, is not appropriate for the demand and requires urgent attention.[6] This illustrates that community control cannot be treated as a small-scale or supplementary component of the suicide prevention system; and that it should be a central mechanism through which governments deliver on Target 14 and Priority Reform 2 (building the community-controlled sector). Ultimately, Aboriginal and Torres Strait Islander communities should not be expected to carry the responsibility for improving outcomes without the resources and decision-making authority necessary to do so. The Commonwealth Government must establish funding arrangements that provide ACCOs and Indigenous-designed models with sufficient scale, duration and flexibility to plan beyond short funding cycles, develop and retain their workforces, build trusted relationships and determine meaningful outcomes. Funding decisions must be informed by community-identified need and developed in genuine partnership with the organisations responsible for delivery.

[4] Gayaa Dhuwi (Proud Spirit) Australia. (2025). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035.

[5] Inside Policy. (2025). Culture Care Connect: A program evaluation. Prepared by Inside Policy for the Australian Government Department of Health, Disability and Ageing and the National Aboriginal Community Controlled Health Organisation. 28 May 2025.

[6] Ibid.

Investment in community-controlled services must occur in parallel with systemic improvements in the cultural safety of mainstream services. Many Aboriginal and Torres Strait Islander people experiencing suicidal distress may first encounter mainstream government systems, including emergency departments, hospital services, mental health triage, crisis services and primary care, making these settings critical points for early engagement. Community-controlled services cannot address the consequences of culturally unsafe mainstream systems alone. Mainstream services must therefore be equipped to provide culturally safe care and establish effective pathways into Aboriginal-led services where appropriate. This requires governments to move beyond cultural awareness training towards addressing institutional racism and the structural conditions that produce culturally unsafe care. These experiences must also be understood in the context of colonisation and intergenerational trauma, which have enduring impacts on identity, connection, trust in institutions and wellbeing, and can compound factors associated with suicide risk. Cultural safety should be defined and assessed with Aboriginal and Torres Strait Islander people and organisations, with accountability extending across governance, workforce, triage, assessment, clinical care, referral, discharge and follow-up. Improving cultural safety across mainstream systems would further give practical effect to Priority Reform 3, which requires governments to identify and address institutional racism and ensure mainstream services are culturally safe and responsive.

The worsening trajectory of suicide outcomes for Aboriginal and Torres Strait Islander people demands a decisive response from governments. It requires governments to allocate the resources and accept the accountability necessary to deliver improved outcomes. The Agreement establishes a shared commitment to meaningful and sustained change, and the NATSISPS provides a nationally endorsed framework to guide this action. Aboriginal and Torres Strait Islander communities have the knowledge, strengths and leadership to shape effective suicide prevention responses. Ultimately, a failure to act and invest in the implementation of these measures sends a clear message: that despite the commitments made under Closing the Gap, improving suicide prevention outcomes for Aboriginal and Torres Strait Islander people is not being treated as the government priority it must urgently be.

If you or your team need further information please contact me: ceo@suicidepreventionaust.org, or Stephanie Trainor, Senior Policy

Yours sincerely

Nieves Murray
Chief Executive Officer
Suicide Prevention Australia