Lifeline Australia

Mental Health and Suicide Prevention Agreement Review Submission

March 2025

1 About Lifeline Australia

Lifeline Australia is a national charity providing people experiencing emotional distress with access to 24-hour crisis support and suicide prevention services. We are committed to empowering people in Australia to be suicide-safe through connection, compassion and hope. In addition to 24/7 crisis support services over telephone, text and webchat, and online resources through our website, Lifeline also provides face-to-face community services through our more than 43 Centres across Australia. These services include counselling, including financial and gambling counselling; aftercare and postvention support; bereavement groups; frontline training; disaster relief; domestic violence workshops and rapid response services.

A number of other services also fall under the Lifeline banner, including:

- 13YARN - the 24/7 national support line for Aboriginal and Torres Strait Islander people in crisis;
- DV-alert – frontline training to help workers and the public recognise, respond to and refer cases of domestic and family violence.
- 'Small Business, Big Impact: How to Support Employees Experiencing Domestic and Family Violence' - In 2023, DV-alert also launched this podcast for small businesses to help them to better support employees experiencing domestic and family violence.
- MensLine Australia - professional 24/7 telephone counselling support for men with concerns about mental health, anger management, family violence (using and experiencing), addiction, relationship, stress and wellbeing.
- Suicide Call Back Service – a nationwide service providing 24/7 phone and online counselling to people affected by suicide

2 Introduction

Lifeline Australia welcomes the opportunity to contribute to the review of the National Mental Health and Suicide Prevention Agreement.

Lifeline exists to ensure that no person in Australia has to face their toughest moments alone. Our experience has shown us that it is through connection that we can find hope. We are available 24 hours a day, seven days a week to listen, without judgement, to any person in Australia who is feeling overwhelmed, experiencing crisis or longing to be heard.

Lifeline Australia fully acknowledges that the scope of the Productivity Commission Inquiry is restricted to those activities sitting under the National Mental Health and Suicide Prevention Agreement. We also note, however, that service users do not discriminate between services offered under the agreement and those sitting outside it. Nor is it possible – given the high likelihood that people experiencing mental health challenges and/or suicidal distress will access or attempt to access multiple services – to fully isolate the value of those services issued under the national agreement. On that basis, Lifeline Australia will address terms of reference (a)-(d) inclusive below with

reference to services offered by our network, that nonetheless sit *outside* the National agreement. We submit that our experiences delivering services that form part of the broader mental health and suicide prevention ecosystems are directly relevant to any holistic consideration of the efficacy of the National Agreement.

3 Response to Terms of Reference

> *a. the impact of mental health and suicide prevention programs and services delivered under the National Agreement to Australia's wellbeing and productivity*

Lifeline's aim, to reduce suicide across Australia, aligns with the goals of the Agreement, and of the services delivered under it, to drive a reduction in mental ill health and suicide and an improvement in wellbeing. Lifeline's services and the services delivered under the Agreement are part of a wider mental health and suicide prevention landscape, each aspect of which influences the outcomes and impact of the others.

Assessing the impact of the mental health and suicide prevention programs and services delivered under the National Agreement therefore requires an approach that takes in the broad impact on this wider landscape.

Crisis support services such as Lifeline are an important pillar of Australia's mental health and suicide prevention system. People who rely on such services often interact with a range of other services, including those that are delivered under the national agreement. For example, Lifeline receives calls from people in distress who are unable to access other services or for whom the nearest available appointments are too long a wait. For many people who use wider mental health services, calling Lifeline is part of their safety plan to cope in times of need.

Demand for Lifeline's services has continued to grow, particularly over recent years. We are now seeing more people than ever reach out to our crisis support services, with 2024 delivering the busiest year in Lifeline's 62-year history. Not only did Lifeline receive 1.36 million contacts across our phone, text and chat services in 2024, we also saw eight of our 10 busiest days of all time.

While increased help seeking is a positive sign that people in crisis are reaching out for support when they need it, the strain on Lifeline to support an increasing number of people in crisis continues to grow.

Given this context, it is notable that Australia has not seen a marked reduction in suicide (with the exception of a decrease in some jurisdictions during the COVID-19 pandemic) (Australian Institute of Health and Welfare, 2025). Further, there are also some concerning trends in rising suicide rates among priority populations, including Aboriginal and Torres Strait Islander peoples.

Given this, clear and consistent monitoring and reporting, not just on outputs but also on outcomes, are essential in determining the impact of the agreement. As stated above, this needs to take into account the impacts on services, and the people who use those services, that fall outside of the Agreement.

Outcomes measurement

Not only is the National Mental Health and Suicide Prevention Agreement important for directing government level coordination and funding, but the agreement also offers goal posts for mental health and suicide prevention organisations to participate in building and maintaining a more cohesive system.

Lifeline has aligned with goals of Agreement, particularly in relation to outputs and outcomes, by:

- Contributing to Suicide and Self-harm Monitoring System
  - Lifeline Australia has contributed data to the Suicide and Self-harm Monitoring System since 2021, which provides individuals, communities and organisations with access to vital data on understanding and preventing suicide in Australia (27d).
- Supporting the development of a Helpline Outcomes Framework
  - Lifeline Australia has been developing an approach to measuring helpline outcomes with core services including 13YARN, Beyond Blue and Kids Helpline to improve the quality, safety and capacity of Australian's helplines (26e).
- Championing a connected mental health and suicide prevention system
  - In 2023 Lifeline and On the Line Australia (OTLA) undertook a voluntary amalgamation which represented a significant step forward in furthering our commitment to improve outcomes for help seekers accessing crisis support, mental health, and suicide prevention services (26a-c, 26e)
  - This amalgamation brought a range of counsellor-led services into the Lifeline ecosystem, providing opportunities for a more connected system. Work is currently underway to bring all of Lifeline's services, including volunteer-led crisis support and counsellor-led services, onto a shared platform to facilitate smooth referrals and a no-wrong-front-door model.
- Improving services to meet the needs of priority populations
  - Lifeline Australia continually undertakes improvement and enhancement of our services to ensure they meet the needs of priority populations.
  - One such population is frequent users of Lifeline's services. While these individuals may not be included in Schedule A of the Agreement, frequent callers make up a significant number of callers to Lifeline. This can be attributed to significant vulnerabilities and high support needs. Lifeline Australia has been trialling three enhanced service types to better understand the needs and behaviours of frequent callers to Lifeline. This involves connecting with help seekers to build up their resources and strategies in ways that maintain their safety and are sustainable for crisis supporters. This work is continuing and has significant implications for Lifeline's service approach and the mental health and suicide prevention system more broadly.

- o Lifeline Australia also launched a national Indigenous support line, 13YARN, which was co-designed with and is delivered by and for Aboriginal and Torres Strait Islander people.
- o Lifeline is currently undertaking research in enhancing crisis services to better support men. With men and boys accounting for seven out of nine suicides each day, but only 40% of calls to Lifeline, ensuring that services meet their needs is essential in reducing suicide in Australia.

Recommendation

While Lifeline can clearly demonstrate both alignment with and delivery against the Agreement within our own services, it is more difficult to comment on the impact of the Agreement more directly due to gaps in reporting.

A more complete assessment of the Agreement would be supported by more consistent and transparent annual reporting. Lifeline Australia therefore recommends reporting against the agreement via yearly progress reports as a necessary step towards ensuring accountability and transparency.

> ### *b. the effectiveness of reforms to achieve the objectives and outcomes of the National Agreement including across different communities and populations*

The National Agreement proposes a range of objectives and outcomes to improve Australia's mental health and wellbeing, and reduce suicide deaths, attempts and self-harm towards zero. Many of the Framework outputs are commendable. The development of the National Suicide Prevention Office, the National Evaluation Framework and the National Mental Health Workforce Strategy represent significant steps forward in enhancing the sustainability and services provided by the Australian mental health and suicide prevention system.

Lifeline Australia particularly notes that improvements in data linkage, most notably through the Australian Institute of Health and Welfare's Suicide and Self-harm Monitoring System, has transformed the ability of organisations within the sector to identify gaps and develop services tailored to different communities and priority populations. One recent example is the development and delivery of 13YARN, a national crisis support service delivered by and for Aboriginal and Torres Strait Islander people. We also endorse an ongoing commitment to bilateral information sharing between AIHW and State and Territory data units. Here, a good example is the development of High Risk Public Location data capability at the NSW Ministry of Health. This important capability is already informing Lifeline's approach to service provision within the jurisdiction. Via collaboration with AIHW, we submit that awareness - and replication - of this capability would be enabled in other jurisdictions.

Social determinants of mental ill-health and suicide

The effectiveness of the mental health and suicide prevention system, and associated reforms, cannot be viewed in isolation from the broader factors that influence it. It is well established that a range of social determinants contribute to – and as such can help

prevent – mental ill-health and suicide, including macroeconomic policies, public and social policies, healthcare coverage and health system capacity and responsiveness (See Figure 1).

The Agreement acknowledges the importance of social determinants by committing to a whole-of-government approach under Schedule A.

The effectiveness of a whole-of-government approach to mitigating social determinants which drive crisis could also be indicated through demand for crisis support services such as Lifeline's 13 11 14, chat and text. These services offer support designed to counterbalance and – ideally – outweigh the impact of stressors (i.e. social determinants and individual risk factors of suicide in Figure 1). Effective whole-of-government reforms seeking to drive a reduction in social determinants of suicide would expect to be paired with a reduction in Lifeline's contact data.

However, this is not what is being witnessed on the ground at Lifeline. We are seeing more people than ever reach out to Lifeline's crisis support offerings. As referenced above, 2024 Lifeline's busiest year ever with 1.36 million contacts across our phone, text and chat services.

While this upward trend in help seeking is heartening as it is an indication that people are reaching out for help when they need it, it does indicate continued need within the community.

Ensuring that the National Mental Health and Suicide Prevention Agreement is governed by an effective and accountable whole-of-government systems approach is critical to reducing the impact of social determinants of mental ill-health and suicide and ensuring that life-saving services such as Lifeline aren't overburdened.

Recommendation

As a further step to maximise actual implementation of a whole-of-government approach, Lifeline Australia recommends nominating and tracking related outputs. One example is implementation of the decision-making tool developed by the National Suicide Prevention Taskforce (The National Suicide Prevention Taskforce, 2020). Tracking the number of agencies applying the tool and how often would provide useful insights.

Lifeline Australia also recommends that future Mental Health and Suicide Prevention Agreements operationalise commitments to a whole-of-government approach with specific outputs and accountability structures.

Figure 1: Social determinants and individual risk factors (Pirkis et al., 2024)
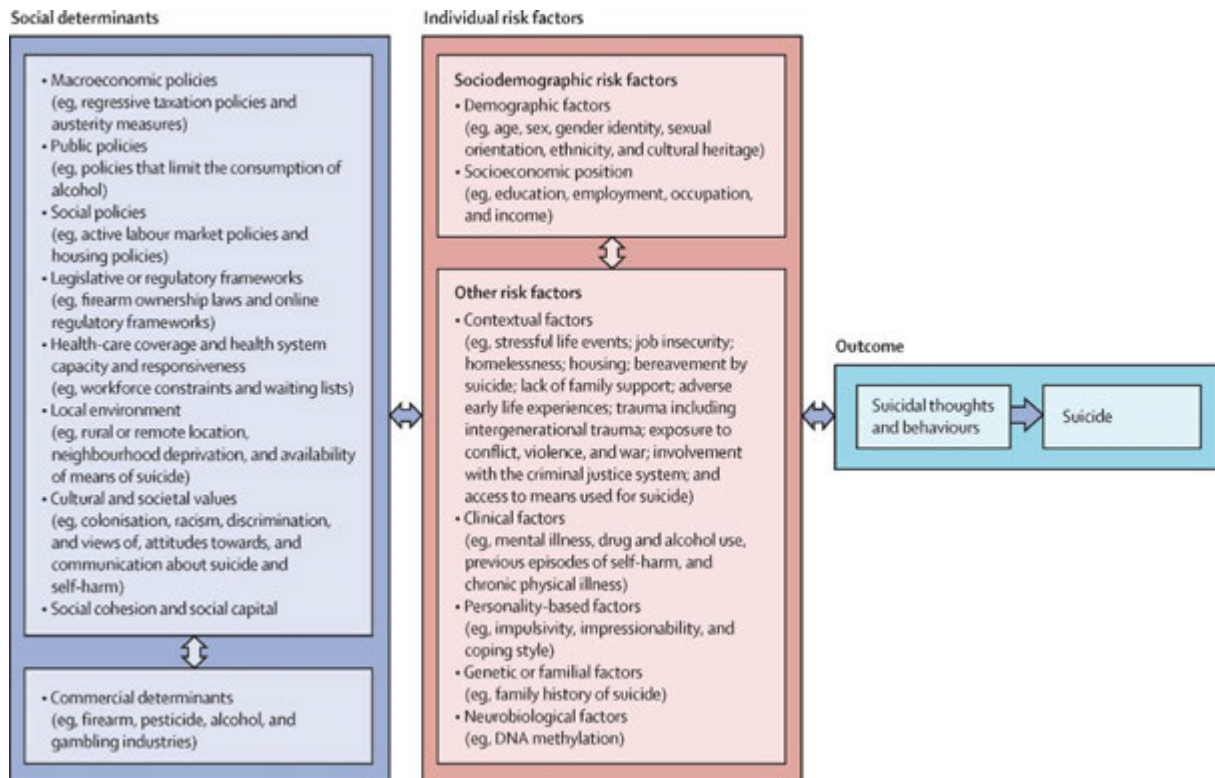
c. the opportunities under the National Agreement to adopt best practice approaches across Australia, particularly where productivity improvements could be achieved

The National Agreement underpins the mental health and suicide prevention system and provides important opportunities to drive best practice approaches to suicide prevention in Australia.

Drawing from Lifeline's position as Australia's largest suicide prevention service and the recently released National Suicide Prevention Strategy, we would like to highlight a number of areas where the adoption of best practice approaches could improve productivity and outcomes.

Safe spaces

Lifeline Australia welcomes the steps outlined in the Agreement to improve access to safe spaces and to provide other alternatives to emergency departments. Traditional services, particularly emergency departments and other clinical settings, can be viewed as "unhelpful, restrictive, and dehumanising" by those with lived experience of suicide attempts (Mok et al., 2020). Safe spaces, which provide non-clinical, peer-led support for people in suicidal distress, can help people to navigate the mental health system and access supports. Expanding access to these services could not only reduce presentations at emergency departments but also reduce help seekers' exposure to unhelpful clinical settings.

That said, there is a paucity of data available to access the extent of the roll out of these spaces or the impact that they are having.

Recommendations

More transparency and regular reporting are required to better assess the impact of safe spaces. Lifeline Australia therefore recommends annual progress reporting against the whole of the Agreement and taking into account the wider impact of and on services that fall outside of the Agreement.

Suicide aftercare

The commitment to universal aftercare in the Agreement is commendable. Prior suicide attempt is the strongest predictor of future suicide death. Importantly, after a suicide attempt, an individual is at elevated risk of suicide for decades to come (Suominen et al., 2004).

- In one study involving more than 1000 participants tracked over decades, data indicate that suicide risk persists at least 32 years after the index attempt (Probert-Lindström et al., 2020).
- Consistent with this, dynamic simulation modelling has identified coordinated aftercare as one of the most impactful approaches to reducing Australia's suicide toll in the years until 2025 (Page et al., 2017).

Ensuring people who have made an attempt are supported with evidence-based care and support is essential.

There is also evidence that investment in aftercare makes fiscal sense. The Productivity Commission Inquiry into Mental Health (Productivity Commission, 2020) associated provision of universal aftercare with a long-term return on investment of between $2.97 and $6.90 per dollar invested.

However, there continue to be significant gaps in access to support after suicide attempts:

- Aftercare for people who have attempted suicide but have not been admitted to hospital.
    - o We know that hospitalisation-related attempts represent only a fraction of the total number of attempts.
    - o The Australian Institute of Health and Welfare (AIHW) recognises this, stating that "Data on hospitalisations due to intentional self-harm under-report the true incidence of these behaviours in the community, as only those with serious physical or mental health issues are admitted to hospital for further treatment."
    - o The Right from the Start report developed by Suicide Prevention Australia in collaboration with a number of aftercare service providers notes that broad eligibility – including non- clinical referral pathways – is a key component to maximising the human and economic benefits of aftercare (Suicide Prevention Australia, 2022).
    - o Without making aftercare available and accessible for people who have not been admitted to hospital, we miss an opportunity to help these people to avoid future self-harm and suicide.

- Longer-term aftercare – available in the months and years after an attempt:
  - Though evidence suggests risk is highest immediately post an attempt, an often overlooked but vital observation is that heightened risk is sustained for years and even decades (Probert-Lindström et al., 2020).

Lifeline Australia's Eclipse Aftercare program is one example of an aftercare program that helps to fill these gaps. It is available for anyone who has attempted to take their life, regardless of whether they were admitted to hospital and no matter how long ago their attempt was.

Recommendation

To ensure that after care is truly universal, the Agreement should include requirements for programs that do not require hospital referrals and for care that can be accessed at any point post-attempt. These services, such as Lifeline's Eclipse program, would be complementary to other aftercare services available in Australia, providing care for people who are unable/unwilling to access other aftercare services or who require a continuation of care over the longer-term.

Prevention of suicidal distress

Prevention of suicidal distress is one of the two pillars identified in the National Suicide Prevention Strategy. This means addressing both the social determinants of suicide and the individual risk factors, including sociodemographic risk factors (see Figure 1).

A key mechanism for achieving this would be supporting people's wellbeing across a range of contexts including employment, financial and housing security, physical health and social connection as well as when navigating major life transitions including job loss and divorce and separation.

Drawing on Lifeline Australia's experience across both the suicide prevention and domestic violence prevention sectors, we also know that there can be links between domestic and family violence and suicide from both the perspective of people experiencing violence and the perspective of those choosing to use violence.

This means that preventing suicidal distress cannot be just a health sector endeavour. It requires a whole-of-government approach. By increasing the effectiveness of upstream measures to reduce suicidal distress, we will be able to reduce the incidence of suicidal distress.

Importantly, coordinated efforts across these areas should also confer benefit at the population level, impacting even those people who may never seek mental health or suicide prevention support.

Recommendation

As previously recommended, there is an opportunity to further maximise the implementation of a whole-of-government approach to addressing psychosocial stressors through articulating, tracking and communicating outputs using tools such as that developed by the National Suicide Prevention Task Force.

Connected services

There are significant challenges facing the mental health and suicide prevention sector, including:

- expanding and unrelenting demand for services;
- a fragmented and complex network of services that is difficult to navigate;
- diverse populations with dramatically variable and inequitable service experiences;
- workforce shortages and maldistributions; and
- inefficiencies that result in personal and economic impacts.

A range of organisations, including the Productivity Commission, have made recommendations for action, which have been welcomed by people with lived experience of mental health issues and suicidality and by the sector.

Central to these recommendations is structural reform and a move towards a person-centred mental health system. This involves adopting a whole-of-life approach based on early intervention and prevention. It also requires improving access to the right services at the right time and recognising the value of outcomes to the person using the service.

Connected care pathways are a particularly important part of this experience due to the complex and often long-term nature of mental health conditions. With a connected care approach, we can remove barriers to help seeking and better ensure that people who need help get it, when and how they need it, with smooth transitions between different types of care and services as their needs change.

As Australia's leading suicide prevention charity and given our role in helping people through their immediate crisis and to the next steps in their support journey, Lifeline Australia plays an important role in delivering this.

As mentioned above, the amalgamation with On the Line Australia brought a number of counsellor-led services into the Lifeline ecosystem and we are working to develop a shared platform that allows for smooth transitions between services. Lifeline envisions a connected and simplified suicide prevention ecosystem through which help seekers, family and carers can effortlessly access services and information for their varying needs.

This can provide the first step to delivering a sector wide approach that provides people with stepped-care ranging from lower-intensity, digital services for individuals with mild or moderate mental health concerns to higher-intensity, specialist services for those with more complex or severe conditions.

Research indicates that individuals experience fluctuations in suicidal desire and intent over time (Deisenhammer et al., 2009; Kleiman et al., 2017; Millner et al., 2023). This means that a single person can need different levels of care at different points in their journey and that these changes in need can be swift and unpredictable. With a simple pathway between types and intensities of care, people can better access care to meet their changing needs as and when they need it.

The proposed National Early Intervention System will provide digital counselling services available as needed and with low barriers to access. This service would sit alongside crisis support services, such as Lifeline's phone, text and chat support, which provide low intensity, but immediate support and more intensive, clinical care provided by

medical and mental health personnel. By ensuring easy pathways into and between these various levels of support, we can deliver a more navigable and responsive mental health and suicide prevention sector.

Recommendation

The Agreement should prioritise the delivery of connected services that allow a smooth transition and a clear referral pathway for people seeking help.

Public site interventions

Recent analyses indicate that approximately 25% of suicide deaths occur in public places (Too et al., 2024). Despite explicit recommendations in the national suicide prevention final advice to the then Prime Minister to take action on reducing suicides in public places, the issue remains inadequately addressed. Lifeline Australia continues to provide support and guidance for public and private landowners, emergency services and other stakeholders on reducing suicides in public locations, as well as supplying Lifeline signage and fixed phones where appropriate. However, without sufficient funding, both the reach and responsiveness of these efforts are limited.

A 2022 study demonstrated that installing physical barriers at bridge sites is a cost-effective measure to prevent suicides(Bandara et al., 2022). Although further economic evaluations are required for other high-risk locations, such as cliff sites, this evidence supports the benefits of targeted site interventions. The current policy framework does not address suicides in vulnerable public environments, including main roads, transport, recreational areas, as well as on private, council and national park land.

Ongoing work with the Australian Institute of Health and Welfare (AIHW) aims to improve detection, addressing issues with police reports where incidents are recorded in locations that do not match the exact site, thus causing them to be missed by existing systems.

Recommendations

Given the ownership of sites sits across federal, state and local governments and in the private sector, Lifeline Australia recommends a comprehensive, multi-agency strategy that includes transport, urban planning, emergency response, local councils, national parks and state water authorities.

A whole-of-government approach, led by the NSPO and informed by expert guidance from Lifeline Australia and research institutions such as the University of Melbourne - an institution with world-leading research capability in this space, and one that has already worked to support Lifeline Australia's endeavours in site interventions - is necessary for addressing vulnerabilities and reducing the incidence of suicides in public places.

Funded economic and impact evaluations should be incorporated to ensure that interventions are both effective and sustainable.

Further, Lifeline Australia recommends the establishment of systems to enhance real-time data sharing between police and landowners, rather than relying on delayed suicide monitoring systems that may overlook incidents, particularly when numbers are low or incidents are not captured in time.

d. the extent to which the National Agreement enables the preparedness and effectiveness of the mental health and suicide prevention services to respond to current and emerging priorities

Current and emerging priorities

Since the undeniable impact of the COVID epidemic, we have seen a number of other key issues emerge that have a significant impact on people's mental health and wellbeing. Lifeline's frontline crisis supporters have particularly reported increases in calls relating to financial distress, climate disaster events and loneliness.

Over recent months and years, Lifeline Australia has broadened our advocacy focus to raise awareness of these issues. This has included releasing both qualitative and quantitative data on the trends we are seeing through our frontline services, such as call data and feedback from crisis supporters. We have provided information and updates to Government and to organisations such as the Reserve Bank of Australia to ensure that the perspective of those in need is considered in key decision-making processes.

A consistent message that comes out through this engagement is that these issues emphasise the importance of a whole-of-government approach to wellbeing, mental health and suicide prevention.

A health-only approach cannot prevent financial distress, loneliness or climate disasters from having an impact on people's wellbeing and distress. A drive to eliminate suicide and support wellbeing requires a focus on infrastructure, education and support which builds financial security, community connection and disaster resilience.

Recommendation

Lifeline Australia recommends that the Agreement strengthens the focus on a whole-of-government approach, as well as a whole-of-sector approach that takes into account the wider impact of the Agreement on and from organisations that fall outside of the direct purview of the Agreement.

Complex funding environment

Funding for organisations within the mental health and suicide prevention sectors can be very complex, with multiple different funding sources, a range of reporting processes, and different timelines and funding periods. For an organisation such as Lifeline Australia this can be a significant drain on resources. For smaller organisations, including but not limited to Lifeline's individual members, this can cause significant barriers to accessing many funding options.

For effective service delivery, charities and not-for-profit organisations delivering suicide prevention services require sustainable long-term funding. Government funding contracts of less than two years can impose a financial burden on not-for-profit organisations, without the funding stability of longer-term grant terms.

Shorter contracts can preclude the opportunity to invest in the people or infrastructure required to deliver effective services for community. For example, shorter grant terms constrain charities' and not-for-profit organisations' ability to successfully recruit and retain staff. Additionally, service delivery costs are generally higher when funding is brief or unstable.

In terms of measuring impact, having a standardised framework can help to both reduce the burden on smaller organisations and provide more clarity and transparency in outcomes reporting. This can be complemented with specific outcomes measures tailored to the service type and individual organisation. This can ensure that Government receives not just standardised data that is comparable across the sector, but also tailored data that provides a clear understanding of the benefits being delivered by charities and not-for-profits, including better insights into actual community benefits.

There is a high administrative burden placed on service providers by regulatory compliance and reporting requirements, which can be especially burdensome for charities and not-for-profits. For example, many charities and not-for-profits operate in multiple jurisdictions and/or with multiple government departments and are required to undertake many due diligence arrangements. A standardised assessment process could be developed that, once completed, could be available and applicable to all jurisdictions and government entities for a specified length of time. This would mean that charities and not-for-profits providing suicide preventions services would only have to complete this process once to attain approved provider status.

Recommendation

Lifeline Australia recommends that the Agreement include standards or a framework to create more consistency in funding and reporting arrangements, including a guide on best practice for timescales both for tendering and for contract length, thereby helping to streamline requirements between jurisdictions.

Workforce stability

Workforce stability is a major challenge across the sector and, as highlighted above, funding arrangements can exacerbate this.

For example, lack of stability or longevity of funding means that mental health and suicide prevention professionals cannot be hired on long or permanent contracts. This in turns makes recruitment more difficult. Further, employees on short term contracts may leave if a longer-term or permanent contract is available elsewhere.

In addition, many suicide prevention and mental health initiatives, including suicide prevention and community suicide postvention community response groups, rely on professionals from mental health, suicide prevention, emergency services, education and local government volunteering time out of their role to participate in cross-organisation collaboration and information sharing. Understaffing can make this impossible in many situations.

Furthermore, the lack of dedicated funding for leadership and membership roles results in time being taken away from core responsibilities, reducing overall sector efficiency.

This can all combine to create an environment of high staff turnover and workforce instability. When funding is not communicated in a timely manner:

- Staff leave early due to uncertainty, leading to unnecessary workforce attrition.
- Organisations lose expertise and efficiency as trained staff exit the sector.
- Resources are wasted on recruitment and retraining instead of service delivery.

Recommendations

To improve productivity and sector sustainability, best practices should include:

- Early notification of funding decisions to allow for smooth transitions and prevent unnecessary staff loss.
- Long-term funding commitments to reduce workforce instability and ensure sustained service delivery.
- Clear handover processes and role definition when funding ends, preventing duplication of effort and loss of institutional knowledge.

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