VICTORIA
State Government

First annual report

Victorian suicide prevention and response strategy 2024-2034

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

IBSN 978-1-76131-970-9 **(pdf/online/MS word)**

Available at Annual reports <https://www.health.vic.gov.au/suicide-prevention-and-response/annual-reports>

Acknowledgement

We proudly acknowledge Aboriginal and Torres Strait Islander people as Australia's First Peoples and the Traditional Owners and custodians of the land and water on which we live and work. We recognise that Aboriginal and Torres Strait Islander people in Victoria practise their lore, customs and languages and that they nurture Country through their deep spiritual and cultural connections and practices to land and water. We acknowledge Victoria's Aboriginal and Torres Strait Islander communities and culture and pay respect to Elders past and present.

Recognition of lived and living experience

The Victorian Government acknowledges people with lived and living experience, including everyone who contributed to developing the *Victorian suicide prevention and response strategy 2024-2034* and its supporting documents. We deeply appreciate your knowledge and expertise and thank you for partnering with us to achieve system transformation.

Language statement

We recognise the diversity of Aboriginal and Torres Strait Islander people living throughout Victoria. In Victoria the term 'Koorie' is commonly used to describe Aboriginal people, we have used the term Aboriginal and Torres Strait Islander to include all people of Aboriginal and Torres Strait Islander descent living in Victoria.

Unless otherwise specified, the words 'our' and 'we' used throughout this document refer to the Victorian Government.

To honour the views of people with a lived and living experience of suicide, we have aimed to use person-centred language throughout the annual report. We recognise that, for some, language alone will never be enough or appropriate to capture and reflect their experiences.

Contents

Minister's foreword

Suicide has a profound and enduring impact on Victorian communities. More than just a statistic, each loss to suicide is a beloved family member, colleague, friend or community member.

The *Victorian suicide prevention and response strategy 2024–2034* is our long-term commitment to reducing suicide and strengthening support for people experiencing distress, their families, carers and communities.

Since launching the strategy on World Suicide Prevention Day in September 2024, we have taken important steps to strengthen suicide prevention and response across the state.

Over the past year, more Victorians have been able to access lifesaving supports when they needed it most. We have strengthened community-led and peer-based supports, continued investing in culturally safe responses for Aboriginal and Torres Strait Islander communities, and expanded targeted supports for young people, LGBTIQA+ Victorians, families and carers.

Importantly, we have also strengthened the foundations for long-term reform.

Across government, services and communities, there is growing understanding that suicide prevention cannot sit within the health system alone. Preventing suicide requires coordinated action across healthcare, education, housing, workplaces and community services, alongside strong partnerships with people who bring lived and living experience of suicide.

This report highlights the progress made in the first year of implementation and the partnerships driving this work forward.

I want to thank people with lived and living experience of suicide for their leadership, insight and generosity in shaping Victoria's approach. I also want to acknowledge the clinicians, peer workers, frontline staff, researchers and community organisations working every day to support Victorians experiencing distress and those impacted by suicide.

While there is more work ahead, the first year of implementation has laid a strong foundation for continued reform and future action.

Together, we can continue making the strategy's vision a reality: *all Victorians working together to reduce suicide*.

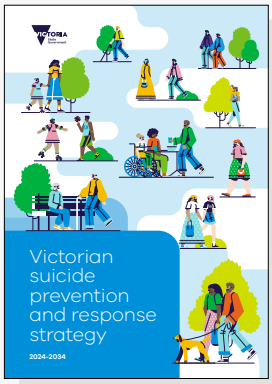
Ingrid Stitt MP
Minister for Mental Health

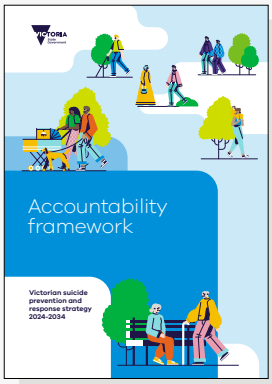
About the strategy

The *Victorian suicide prevention and response strategy 2024–2034* was launched on World Suicide Prevention Day (10 September) in 2024, alongside the *First implementation plan 2024–26* and the *Accountability framework*.

The 10-year strategy builds a systems-based, evidence-informed, whole-of-government and community-wide approach to suicide prevention and response. It responds to recommendation 26 in the final report of the Royal Commission into Victoria's Mental Health System.

The strategy's *First implementation plan 2024–26* continues with implementing the Royal Commission's recommendations. It also captures efforts across portfolios and outlines new initiatives to build whole-of-government capability. Initiatives detailed in the first implementation plan align with the strategy's priority areas and objectives and contribute to the strategy's intended outcomes.





Introduction

This first annual report provides updates on initiatives that began in the first year of our two-year implementation plan. It includes snapshots and case studies that showcase our early achievements across the six priority areas.

In the first year, we have taken significant steps to deliver the first implementation plan. We have taken action to address immediate priorities and laid the foundations for a whole-of-government and community-wide approach.

Our efforts have ensured there is a greater awareness of suicide and much-needed supports in place to prevent and respond to suicide, in a variety of settings. We have also made an impact in elevating suicide prevention across government policies and programs.

This work has been supported by significant policy developments in suicide prevention and related areas and includes the release of:

- *The next phase of reform: Mental Health and Wellbeing in Victoria*
- *Mental health and wellbeing outcomes and performance framework*
- *Wellbeing in Victoria: A strategy to promote good mental health 2025-2035*
- *Diverse communities mental health and wellbeing framework*
- *National Suicide Prevention Strategy 2025–2035*
- *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035.*

Many Victorians contributed to our first-year achievements, including families, communities, service providers and government departments and agencies. We continue to work with the Australian Government and Victorian Primary Health Networks to strengthen suicide prevention and response efforts and to ensure state and national approaches are complementary. Our collective efforts reflect a strong, shared commitment across government and community to advance this vital work.

Although we've made progress, we recognise that there is more to do. Achieving lasting change is only possible through genuine partnership with:

- people with lived and living experience of suicide
- families, carers and supporters
- sectors, such as suicide prevention and response, mental health and wellbeing and family violence
- the wider Victorian community.

The following section highlights progress made across the strategy's six priority areas during the first year of implementation.

Strategy priority areas

Priority area one:

Build and support connected systems

We have improved access, navigation and continuity of care among different service systems

We have improved access to care and strengthened system connections to support mental health and suicide prevention during key life transitions. By collaborating across settings, we have built integrated, holistic responses that support continuity of care.

We explored integration opportunities and new ways to support people through transitions:

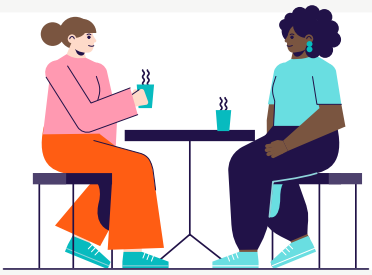
- The Living Learning program continued supporting young people living with mental health conditions who are disengaged from traditional education, employment and training through education and wraparound mental health support. Melbourne City Mission delivers the program at the Hester Hornbrook Academy. Refer to **snapshot 1** for more information.
- We began working with government partners, including Victoria Police, to strengthen coordination and referral pathways between family violence, sexual offending and suicide prevention responses.

We strengthened the responsiveness of mental health and wellbeing services:

- We continued to build the capability of service systems to deliver person-centred and human rights–based care and support, in line with the *Mental Health and Wellbeing Act 2022*.

  The Office of the Chief Psychiatrist continued to provide clinical leadership to mental health and wellbeing service providers through:
  - providing expert clinical advice
  - delivering clinical forums
  - site visits
  - publishing guidelines and practice directions, annual reports, newsletters and quality and safety bulletins.

  Safer Care Victoria provided coaching and support to help mental health and wellbeing services strengthen their quality improvement practices.



We improved access to support and simplified referral pathways:

- In partnership with the Australian Government, we expanded referral pathways and improved access to the Child and Youth Hospital Outreach Post-suicidal Engagement program at Parkville Youth Mental Health and Wellbeing Service, Monash Health, Alfred Health and the Royal Children's Hospital. Refer to **snapshot 2** for more information.
- Service Victoria continued connecting Victorians to a wide range of supports through trusted digital channels. The Service Victoria app also links users to Medicare mental health resources, ensuring young people and families can access reliable guidance in one place.

Snapshot 1:

The Living Learning program has supported young people to re-engage with education

The Living Learning program supports young people aged 15 to 24 living with mental health conditions who have disengaged from education.

Since launching in 2021, it has supported more than 215 young people to re-engage with education, transition into training and employment opportunities and stabilise their mental health.

Delivered in partnership between Melbourne City Mission and the Hester Hornbrook Academy, Living Learning provides wraparound support through multidisciplinary teams including youth workers, psychologists and therapists.

Supports offered to participants include individualised education intervention and intensive case management, social skills groups and adventure learning activities.

Independent program evaluations have found that the program has improved young people's mental and physical health, confidence, self-efficacy and engagement in education.[1]

Participants described the program as creating a safe and supportive environment:

I struggle really badly with my mental health, [but] I know when I do come to school … I always have that support … you don't just have your Youth Worker and your Key Worker, you've got all these other youth workers and teachers who are going to check in if they see you upset … if your worker isn't there you're not left in the dark, you've always got help with coping mechanisms or friendship … no matter what, you're not alone … that really stands out at this school.

– Participant: The Living Learning program

Living Learning contributes to priority area one by supporting young people who have disengaged from mainstream education, as well as helping young people access mental health supports. Program evaluations found many young people would not have engaged with external mental health services without support from Living Learning. This early intervention for children and young people is essential.

The Royal Commission found that 75% of adults with mental illness experienced symptoms before the age of 24. Providing developmentally appropriate supports during childhood and early adulthood reduces the risk of mental illness later in adult life.

Living Learning also contributes to the strategy outcome 'Increased help-seeking activities' by supporting young people to develop skills to support their mental health proactively and by increasing their confidence and self-efficacy.

Snapshot 2:

HOPE has expanded referral pathways so people can get help earlier

Victoria's HOPE program provides up to three months of peer, wellbeing and clinical support after a suicide attempt or period of acute suicidal distress. HOPE now operates statewide with 36 adult services and four child and youth services so people can access support closer to home using in-person and virtual modes.

Since 2022 Adult Hospital Outreach Post-suicidal Engagement (HOPE) services have implemented out-of-hospital referral pathways, including general practice, alcohol and other drugs (AOD) and family violence services, community health and self-referral.

In 2024–25 the Victorian and Australian governments co-funded a three-year expanded referral pathways trial at the four Child and Youth HOPE sites. This has enabled earlier referrals from out-of-hospital settings.

Since expanding the referral pathways in September 2024, the four health services delivering Child and Youth HOPE have reported receiving referrals from general practitioners, private psychologists, school wellbeing programs, headspace, child protection services, the Victorian Aboriginal Child and Community Agency, parent/caregivers and university counselling services.

Expanded out-of-hospital referral options mean people can enter HOPE without attending an emergency department, enabling earlier and easier access to aftercare. This flexibility is particularly valuable for children and young people and for families who want timely, developmentally appropriate support.

This work brings to life priority area one of the strategy through creating more entry points into HOPE, which enables earlier support, reduces reliance on crisis care, and strengthens service integration for adults, children and young people.

Recent evaluations of the HOPE program found that the expanded referral pathways have led to significant improvements in the mental health and wellbeing of consumers.

> *We haven't ended up in emergency hospital, which is good. So I think from that perspective, it's helped. And … because they also put the safety plan in place. And I thought that was helpful, both for her and for us so that when those spots begin, then we can refer back to her safety plan and say, I remember we talked about these strategies, and this is what we need to do.*
>
> – Family, carer or supporter: Child and Youth HOPE evaluation

> *It has been life changing. I've been through this system for decades. This has been the biggest step forward in terms of positive impacts on my mental health since my 20s. I put it down to the program structure and the individuals. It felt embedded, flexible, tailored [and] committed to my long-term genuine health.*
>
> – Participant: Adult HOPE evaluation

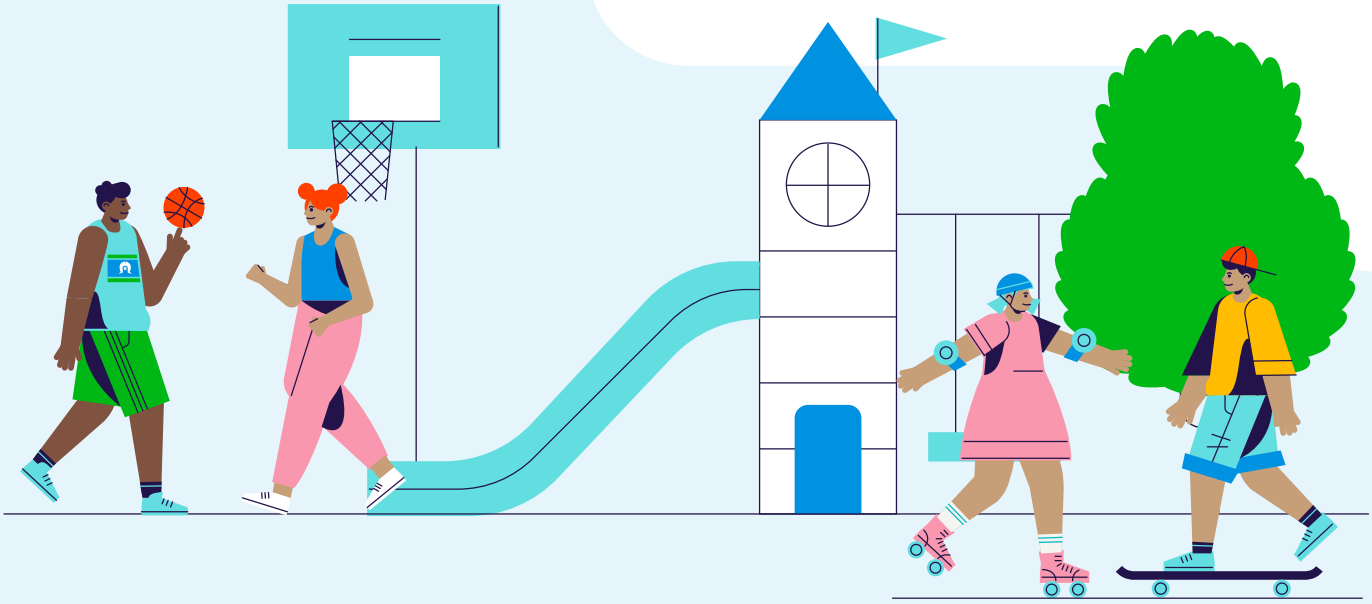
> *I feel like I've been given a chance to live.*
>
> – Young person: Child and Youth HOPE evaluation

Priority area two:

Build on and strengthen existing supports across the suicide prevention and response continuum

We have worked to deliver a more comprehensive suicide prevention and response system

We have strengthened suicide prevention, early intervention, aftercare and postvention services. We have also invested in and trialled new models of care – including non-clinical and peer-based approaches – to better reflect the diverse needs of the community. These actions aim to encourage help-seeking, enable earlier responses to distress and reduce access to means of suicide.



We have strengthened existing prevention and early intervention programs:

- We continued to partner with Youth Live4Life to implement the Live4Life mental health education and youth suicide prevention program for rural and regional young people and communities.

  As of 2025, Live4Life is operating in 13 Victorian regional communities: Ballarat, Bass Coast, Baw Baw, Benalla, Central Goldfields, Glenelg, Hepburn, Latrobe Valley, Macedon Ranges, Moira, Southern Grampians, South Gippsland and Wellington.

  In 2024–25, 9,428 young people and 663 adults across 14 Live4Life communities (including Break O' Day in Tasmania) took part in mental health first aid training through the program.
- We continued to partner with Orygen to deliver the #chatsafe program. Through the #chatsafe project, Orygen provides help-seeking, self-care and safe language content on social media, targeted to specific geographic locations. These are aimed at young people, families, educators and communities that have been impacted by the suicide of a young person and include appropriate sources of help in their area.

We have strengthened non-clinical and peer-led activities to increase inclusivity, community connections, wellbeing and support people in distress:

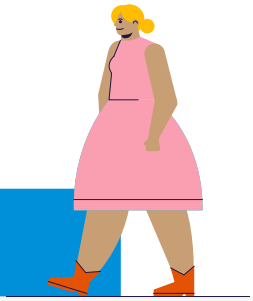
- We continued to provide compassionate and effective support for those people presenting to Mental Health and Wellbeing Connect (Connect) centres with concerns about suicidality for themselves or those they care for (Royal Commission recommendation 31.1).

  Led by people with lived experience of supporting someone with mental health challenges, Connect centres provide care to those who are supporting people living with mental health and substance use challenges or psychological distress.

  Suicide prevention is listed as a core response to families and carers in the Connect base model, which is fully operational across eight Connect centres in Victoria.
- We have established 25 Social and Emotional Wellbeing teams within Aboriginal Community Controlled Health Organisations across Victoria (Royal Commission interim report recommendation four).

  These teams play a vital role in promoting and supporting Aboriginal and Torres Strait Islander social and emotional wellbeing within communities. Using a multidisciplinary approach, they include counsellors, social and emotional wellbeing workers, AOD workers, youth workers and peer workers.

  Across the state in 2024–25, these teams have provided both short- and long-term support to more than 5,000 clients.
- We continued to support Strong Brother Strong Sister, a cultural mentoring and suicide prevention program designed for, and by, Aboriginal and Torres Strait Islander young people in the Barwon region. In 2024–25, 419 young people were supported and 2,232 mentoring sessions were delivered.
- We continued to support young LGBTIQA+ people to foster connections through the QHub pilot program delivered in Ballarat and Geelong with outreach to the Surf Coast and online. Refer to **snapshot 3** for more information.
- We started a pilot of the Distress Support Service for people experiencing distress in Greater Shepparton and the City of Darebin (Royal Commission recommendation 27.3) in partnership with the Australian Government. Refer to **snapshot 4** for more information.



We have strengthened aftercare and postvention supports:

- We commissioned an independent evaluation of both the Adult and Child and Youth HOPE aftercare programs. We have begun a review of the HOPE Service Framework to strengthen program delivery in response to the evaluation reports finalised in late 2024.
- We continued to partner with Switchboard Victoria to deliver a suicide prevention and postvention program for LGBTIQA+ people. The program includes peer supports and bereavement sessions to people who have lost someone to suicide.
- We began work to address the findings and recommendations of the Coronial Inquest into the Trans and Gender Diverse Suicide Clusters.

  Of 10 recommendations, three were directed to the Department of Health and two to the Department of Families, Fairness and Housing, focusing on gender-affirming care and culturally appropriate supports. All named departments and agencies have responded to the coroner's recommendations, with responses published on the court's website.

  Work is underway through existing programs and policies, aligning with the *Victorian suicide prevention and response strategy 2024–2034* and *Pride in our future: Victoria's LGBTIQA+ strategy 2022–32*.
- In partnership with the Australian Government, we continued to deliver postvention and bereavement supports across Victoria to support people impacted by suicide through YouTurn Limited's StandBy Support After Suicide model (Royal Commission recommendation 27.2.b).

  In 2024–25, 355 individual support sessions, seven group support sessions, 122 community engagement activities and 165 peer support sessions were delivered. We have also started working with partners to establish a Postvention Panel.

We have developed and trialled new models of care, support and treatment:

- In partnership with Mind Australia and La Trobe University, we undertook consumer-led research to strengthen understanding of anti-ligature design in consumer-operated residential services. Findings from this work are informing the Lived Experience Residential Service model of care, facility design and workforce approach.
- In partnership with people with lived and living experience, we co-designed the model of care and service specifications for a new statewide peer call-back service for families, carers and supporters caring for people experiencing suicidal thoughts or behaviour and those bereaved by suicide (Royal Commission recommendation 31.2).

  Roses in the Ocean continued to deliver its Peer CARE Companion Warmline for families, carers and supporters caring for people experiencing suicidal behaviour and/or suicide attempt survivors and for those bereaved by suicide.
- We have continued to build an understanding of the gendered drivers of adult suicide and self-harm through consulting with relevant stakeholders and conducting a literature review to inform the work.
- We co-designed the model of care and service specifications for a new LGBTIQA+ aftercare service in partnership with people with lived experience of suicide and members of the LGBTIQA+ community (Royal Commission recommendation 27.2.a).

  Mind Australia continued to deliver its peer-led LGBTIQA+ aftercare service to ensure people receive support while the new model is being developed. In 2024–25 the service received 148 referrals and supported 76 LGBTIQA+ people with thoughts or intentions of suicide, along with their families, carers and supporters.
- We progressed work to design new safe spaces for young people and adults through a phased approach (Royal Commission recommendation nine). The first phase focuses on designing the future mental health crisis support system, including new and enhanced service models such as safe spaces. This work with partners will inform future crisis response reforms.

Snapshot 3:

QHub has provided wraparound support for LGBTIQA+ young people

Launched in 2023, QHub provides mental health and wellbeing support for LGBTIQA+ young people aged up to 25 and their families through safe, affirming and inclusive wraparound care close to home.

Delivered through a partnership between Drummond Street Services Queerspace and Cafs Ballarat, QHub operates physical spaces in Geelong and Ballarat, alongside outreach services on the Surf Coast and online.

In addition to counselling and peer support, QHub delivers a range of accessible social and community activities that help reduce isolation and strengthen connection among LGBTIQA+ young people. These include weekly drop-in groups, Pride Balls, drag makeup tutorials, rainbow roller skating, Dungeons and Dragons nights and Qamp (QHub camp).

QHub also works directly with families, including families of birth and choice, to strengthen relationships, build understanding of LGBTIQA+ experiences and connect families with safe and inclusive supports.

Through inclusive and peer-led community support, QHub contributes to priority area two by strengthening protective factors such as social connection, self-understanding and wellbeing. Families and carers are also reporting reduced isolation, greater confidence supporting their young person and stronger connection to community.

Demand for the service continues to grow as awareness, trust and community connection increase.

In 2024 a program evaluation of QHub found that QHub's passionate LGBTIQA+ peer-led staff underpin positive outcomes:

The staff have similar life experiences, someone who is open to questions that my child had that I couldn't answer for them.

– Support person

It's so nice knowing you can have someone that you can relate to.

– Young person

Snapshot 4:

The Distress Support Service has provided another option for compassionate short-term support in the community

Distress Support Service is a free, short-term, community-based support that offers a compassionate, non-clinical response to adults who are in distress but do not need emergency care.

Launched in September 2025, the Distress Support Service (DSS) program trial is being delivered by ermha365 in Darebin and by Mind Australia in Shepparton over two years.

DSS aims to help people address difficult circumstances in their lives and equip them with tools and skills to manage their distress. It was designed by people who have experienced distress and know how challenging this can be.

The DSS program has two levels of response:

- **Community engagement points:** Staff who work in identified community engagement points are trained to recognise signs of distress and provide immediate compassionate responses to someone experiencing distress. They also offer a warm referral to the short-term support service.
- **Short-term support service:** Non-clinical staff provide person-centred and practical support for up to three weeks in a welcoming and inclusive environment to help people navigate and begin to manage the drivers of their distress. If needed, the team also help the person establish connections with longer term supports in the community.

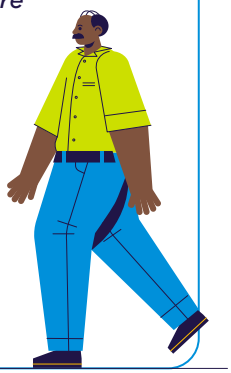
Expected benefits of the program include improved coping skills, stronger social supports and belonging, increased autonomy in care, earlier support, and growth of Victoria's lived and living experience peer workforce.

Delivering a compassionate, earlier response contributes to the objectives of priority area two. It also helps reduce demand on crisis services by providing help before problems escalate.

Quotes from DSS participants indicate that the program has already made a positive impact on their lives:

It came to a point in my life where I needed to talk to someone, to have a voice, and to release what was troubling me. DSS has been a very helpful program. We need programs like this to continue as I know how much it has helped me. Thank you for your support.

– Participant: Distress Support Service



Having been in the public health system multiple times for feelings of distress, I always struggled with recovery. Accessing the DSS program for the first time has given me hope. This is the first time help has been given, and tips and workable solutions have been offered instead of just medication and supervision.

– Participant: Distress Support Service

I have found the time I spent with my worker was mind relaxing and a help for me to keep myself together.

– Participant: Distress Support Service

Priority area three:

Build and support a compassionate, trauma-informed workforce, strengthened by lived and living experience

We have invested in our workforces to ensure they have the required skills and supports

We have supported and trained both existing and new workforces – including clinical, non-clinical, lived and living experience, peer and frontline workers – who work or interact with mental health and wellbeing services. These activities aim to equip workforces with the skills and support needed to deliver trauma-informed, compassionate and person-centred care.

We have elevated lived and living experience perspectives and supported the workforce:

- We continued to support the provision of lived and living experience perspectives of suicide and evidence-informed approaches to suicide prevention and response via the Suicide Prevention and Response Expert Advisory Committee.
- We continued to work with lived and living experience sector partners to develop a lived and living experience leadership strategy. The 10-year strategy will set out our policy context and strategic approach to the lived and living experience workforce and leadership development in state-funded mental health and wellbeing and AOD systems.

We have improved suicide prevention and response capability for staff in different settings:

- We continued to implement *Our workforce, our future: a capability framework for the mental health and wellbeing workforce*. We developed a range of resources, including an implementation guide and organisational assessment tool, to build the capability of the mental health and wellbeing workforce across all capabilities and principles outlined in the framework.
- We continued to build the evidence base, training and tools to enable clinicians to assess risk and plan for support and treatment, in line with the *Mental Health and Wellbeing Act 2022*.

  Safer Care Victoria launched a statewide training package in August 2025, providing foundational training in suicide prevention and response suitable for the whole healthcare workforce.

  The Office of the Chief Psychiatrist continued to provide clinical governance and guidance to the mental health and wellbeing sector to mitigate risk while supporting decision-making.
- Safer Care Victoria continued to support healthcare services to adopt the Zero Suicide Framework (Royal Commission Vol 2, Ch 17). Safer Care Victoria facilitated workshops with 43% of designated mental health and wellbeing services and established ongoing improvement partnerships with 29% of services. Refer to **snapshot 5** for more information.
- We began exploring opportunities to strengthen suicide prevention and response guidance across Victorian public service workforce policies in partnership with the Victorian Public Sector Commission.

Snapshot 5:

Embedding the Zero Suicide Framework into healthcare services

Albury Wodonga Health is one of nine healthcare services embedding the Zero Suicide Framework across its organisation, supported by Safer Care Victoria's Mental Health Improvement Program.

Early workshops identified inconsistencies in how suicide safety plans were used across the service. Feedback from consumers and clinicians also highlighted that existing safety plans often felt overly clinical and did not support meaningful therapeutic conversations during times of distress.

In response, the service co-designed a new safety plan template with clinicians, lived experience workers and suicide prevention experts. The revised approach uses plain language, visual elements and includes space for personalised coping strategies and support networks to support more collaborative and person-centred conversations.

Training and practical prompts were also introduced to help clinicians engage consumers more meaningfully in safety planning.

To ensure the approach continues meeting consumer needs, people who complete the safety plan are invited to provide feedback after discharge on its clarity, usefulness and emotional impact. This feedback is being used to refine and strengthen the approach over time.

Albury Wodonga Health continues to work with Safer Care Victoria to monitor outcomes and improve its safety planning processes in line with the Zero Suicide Framework.

This work demonstrates how consumer-informed improvements can support priority area three – helping create safer, more compassionate and more person-centred responses to suicidal distress.

Priority area four:

Reduce suicide-related stigma and enable community-wide action

We have supported work to reduce suicide-related stigma and increase community-wide action

We have built the foundations for a whole-of-community response that supports workplaces, educational settings, community groups and networks to promote connection, mental health and wellbeing, encourage help-seeking, prevent suicide and reduce stigma and shame. This work aims to strengthen protective factors, reduce suicide risk, support earlier responses to distress and increase help-seeking.

We have continued to invest in initiatives that promote good mental health and wellbeing:

- We continued to promote initiatives that support good mental health and wellbeing for children and young people in our government schools.

  All government schools now have access to the Schools Mental Health Fund, and the refreshed Schools Mental Health Menu was launched in November 2024.

  More than 1,300 government school campuses and low-fee non-government schools are taking part in the Mental Health in Primary Schools initiative. Refer to **snapshot 6** for more information.

  Since 2019, all government secondary and specialist schools with secondary enrolments have received funding to employ a qualified mental health practitioner.
- We have established the Mental Health Workforce Safety and Wellbeing Committee (Royal Commission recommendation 59), which was enshrined in the Mental Health and Wellbeing Act. Co-chaired by the Department of Health and WorkSafe Victoria, the committee helps to identify ways to improve workforce wellbeing.
- WorkSafe Victoria continued to deliver the WorkWell initiative (Royal Commission recommendation 16.2), which prevents work-related mental injury and promotes positive and mentally healthy workplaces. This includes delivering industry-based trials of mentally healthy workplace approaches to improve psychological health and safety in Victorian workplaces.
- In 2024–25 the Small Business Partners in Wellbeing helpline provided targeted support for small businesses in eligible local government areas affected by the October 2022 floods. The helpline provided a one-stop-shop service for small-business owners and their employees, with tailored and interconnected free and confidential wellbeing coaching, financial counselling and business advice.
- We continued to support small-business owners, employees and sole traders by providing mental health and wellbeing information and resources through established digital engagement channels such as the Business Victoria website. The Business Victoria Workplace Wellbeing Hub is a dedicated go-to resource for small business, sole traders and employees, providing mental health and business wellbeing support.
- Apprenticeships Victoria continued to support apprentice mental health through developing and delivering free mental health training for apprentices and their employers and by providing access to the Apprentice Employee Assistance Program for all apprentices and trainees.

We supported communities to co-design responses that reflect local needs and strengths:

- The Balit Durn Durn Centre of Excellence for Aboriginal Social and Emotional Wellbeing continued to lead the co-design of an Aboriginal and Torres Strait Islander-led approach to suicide prevention and response with Aboriginal and Torres Strait Islander communities.

  The Balit Durn Durn Centre has started delivering culturally appropriate and place-based responses to improving Aboriginal and Torres Strait Islander social and emotional wellbeing. Refer to **snapshot 7** for more information.

  The Balit Durn Durn Centre has also begun leading the development of an Aboriginal Community Controlled Organisation–led strategy to close the gap in social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples, in line with target 14 of the *National Agreement on Closing the Gap*. The project is a key sector-strengthening initiative to progress priority reform two of the *National Agreement: Building the Aboriginal Community Controlled Sector*.

- We continued to partner with Switchboard to deliver the Pride in Ageing program, in collaboration with community.

  The program supports LGBTIQA+ Victorians as they age so they can feel connected, safe and able to live freely as their authentic selves. Program coordinators are in East Gippsland, Wodonga, Warrnambool and Golden Plains, driving place-based co-design and implementation. Pride in Ageing also runs an intergenerational visiting program that matches volunteers with older LGBTIQA+ people.
- We continued to partner with Rainbow Health Australia to deliver the Rainbow Tick Implementation Program. Rainbow Tick supports and trains health and community organisations to become safer and more inclusive for LGBTIQA+ people.

  Through the program, organisations can learn how to develop and implement a whole-of-organisation LGBTIQA+ strategy, receive fully subsidised training and assessment for Rainbow Tick accreditation, access sector-specific supports and take part in a community of practice and masterclasses.
- We began setting up the first 10 Social Inclusion Action Groups. These groups support local communities to prevent social exclusion and promote social inclusion and connection. The first five groups have been established in Benalla, Mansfield, Wangaratta, Frankston and Latrobe. Another five groups began in 2024–25 and are in the establishment phase. These include Ballarat, Brimbank, Geelong, Mildura and Whittlesea.

Snapshot 6:

Mental Health in Primary Schools is strengthening wellbeing outcomes for Victorian children

The Victorian Government has invested $200 million to expand the Mental Health in Primary Schools initiative to every government and low-fee non-government primary school across Victoria.

By 2026, every participating school will receive funding for a dedicated mental health and wellbeing leader - a qualified teacher who helps implement a whole-school approach to mental health and wellbeing.

Bayside P–12 College in Melbourne's west joined the initiative in 2024 and appointed its own mental health and wellbeing leader. Early work focused on strengthening the school's wellbeing approach by promoting consistent mental health language, improving referral pathways for students needing additional support and aligning the initiative with programs such as Respectful Relationships and School Wide Positive Behaviour.

With support from school leadership, training and statewide networks, the initiative helped strengthen the school's ability to support student wellbeing.

Within the first year of implementation, staff and students reported:

- increased mental health awareness
- stronger student–teacher and peer relationships
- improved self-regulation, conflict resolution and emotional literacy among students.

These outcomes align with broader evaluation findings from the statewide expansion of the initiative.

Mental Health in Primary Schools supports the objectives of priority area four by promoting positive mental health and wellbeing for children and young people. It also supports broader strategy outcomes through raising mental health and wellbeing awareness and supporting earlier intervention and increased help-seeking in school communities.

Snapshot 7:

Partnering with the Balit Durn Durn Centre to strengthen Aboriginal and Torres Strait Islander-led suicide prevention and response

In 2022, the Suicide Prevention and Response Office commenced its partnership with the Balit Durn Durn Centre of Excellence for Aboriginal Social and Emotional Wellbeing to support Aboriginal and Torres Strait Islander-led suicide prevention and response initiatives across Victoria.

Through this partnership, the Balit Durn Durn Centre has led the co-design of initiatives grounded in Aboriginal self-determination and community leadership.

A key part of this work has been establishing an Aboriginal-led suicide and self-harm prevention advisory panel to guide targeted responses for Aboriginal and Torres Strait Islander individuals, families and communities.

First convened in 2023, the panel includes community members, staff from Victorian Aboriginal Community Controlled Health Organisation member organisations and Aboriginal and Torres Strait Islander people with lived and living experience of suicide. The group has adopted the name Garrka yap-u burrundyata Knowledge Holders Group, meaning "holding the light in the darkness" in Wotjobaluk language.

The Knowledge Holders Group has helped shape community-led approaches to suicide prevention and response, including awareness campaigns, culturally appropriate online service directories and targeted tools and resources informed by community priorities and needs.

This work is contributing to the objectives of priority area four by helping strengthen protective factors grounded in culture, kinship and connection to Country, while ensuring suicide prevention responses reflect the needs and strengths of Aboriginal and Torres Strait Islander communities.

This partnership also contributes to target 14 of the *National Agreement on Closing the Gap*, which aims to achieve a significant and sustained reduction in suicide among Aboriginal and Torres Strait Islander people.

The Suicide Prevention and Response Office will continue working alongside the Balit Durn Durn Centre to ensure Aboriginal and Torres Strait Islander voices, leadership and expertise remain central to Victoria's suicide prevention and response efforts.

To continue our mission to reduce suicide rates in Victoria and increase social and emotional wellbeing, Aboriginal-led, self-determined responses to suicide prevention are vital to protect families, kinship and culture. We must ensure that community can access culturally safe suicide prevention services and resources. Our partnership with the Suicide Prevention and Response Office is essential to strengthening our collective efforts and ensuring community get the care they deserve.

– Nicola Perry-Peters: Director of the Balit Durn Durn Centre

Priority area five:

Drive whole-of-government collaboration and innovation

We have built the capability of the Victorian Government and collaborated with partners to make an impact in suicide prevention and response

We have worked with Victorian Government partners, other states and territories, the Australian Government and Victorian Primary Health Networks to deliver coordinated and effective suicide prevention and response efforts. This work supported departments, agencies and the systems they oversee to better understand suicide and how to prevent and respond to it, ensuring government action can meet system-wide needs.

We have supported whole-of-government action by building the capability of Victorian departments and agencies:

- We continued to strengthen capability for suicide prevention and response across the Victorian Government through governance coordination, targeted outreach and implementation support for strategy initiatives. This includes fostering collaboration and information sharing.

  In March 2025 the Suicide Prevention and Response Office hosted a cross-government workshop to drive the implementation of strategy initiatives and support departments and agencies to understand how to apply a suicide prevention lens to their work.
- We continued to build the capability of Victorian Government departments and relevant agencies in partnering with, and incorporating the perspectives of, people with lived and living experience of suicide through supporting people to engage with the Suicide Prevention and Response Expert Advisory Committee, coordinating a cross-government workshop (outlined above) and providing policy and program advice from designated lived and living experience roles within the Suicide Prevention and Response Office.
- We continued to support the Suicide Prevention and Response Victorian Secretaries' Board Subcommittee to drive a whole-of-government approach to suicide prevention and response (Royal Commission recommendations 26.2.e and 46.2.c). In 2024–25 the subcommittee:
  - actively promoted the strategy across government
  - took part in a cross-government workshop to strengthen collaboration and capability
  - endorsed the approach to strategy monitoring and evaluation
  - provided insights into cross-government implementation, including transport initiatives, the wellbeing economy, data-sharing and links between suicide and family violence.

We have developed integrated responses to people experiencing distress or suicidal crises:

- We continued implementing an integrated response to self-harm-related incidents across the public transport network.

  This work includes interagency coordination, data sharing and support for people who frequently present on the network. Victoria has invested in 22 kilometres of protective fencing, installed 650 help-seeking signs and introduced platform screen doors at five Metro Tunnel stations.

  Additional support programs at Dandenong and Frankston railway stations are also helping provide early intervention, de-escalation and referrals to appropriate services.
- We continued to support people experiencing financial hardship. During 2024–25 Consumer Affairs Victoria funded free and confidential financial counselling services across the state. This included place-based services, such as specialist family violence and disaster response financial counsellors, as well as statewide access to financial counsellors through the National Debt Helpline. Almost 22,000 Victorians were assisted through these programs.

We have worked with the Australian Government, states and territories and Victorian Primary Health Networks to deliver a coordinated approach to suicide prevention and response:

- To ensure efforts are complementary, we continued to work with the Australian Government and other states and territories by taking part in national forums.

  These included the Jurisdictional Collaborative Forum (a bimonthly meeting led by the National Suicide Prevention Office, which includes suicide prevention leads from all state and territory governments and the Australian Government) and national steering groups to drive the implementation of the suicide prevention initiatives under the *National Mental Health and Suicide Prevention Agreement*.
- We completed a system analysis project in October 2024 in partnership with six Victorian Primary Health Networks to support joint suicide prevention and response planning.

  The project delivered an in-depth view of Victoria's suicide prevention system and identified opportunities for future collaboration between the Suicide Prevention and Response Office and Primary Health Networks to strengthen prevention efforts and system integration.
- The Australian Government released its response to the Royal Commission into Defence and Veteran Suicide's final report in December 2024.

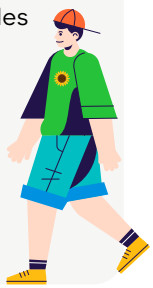
  Following the release, we started identifying opportunities to collaborate with the Australian Government and other states and territories to strengthen suicide prevention and response supports for veterans in Victoria, based on recommendations that apply to areas of joint responsibility across jurisdictions.
- We worked with the Australian Government to identify opportunities to include suicide prevention and response in the *National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035*. The plan includes a focus on ensuring mental health and suicide prevention services are safe and responsive to the needs of LGBTIQA+ people.

We have worked collaboratively across Victorian Government departments and agencies to trial innovations and solutions:

- The Suicide Prevention and Response Office continued to work with Study Melbourne and the federal Department of Education to progress actions that promote mental health and wellbeing and prevent suicide in the international student population.

  In 2024–25 the Study Melbourne Hub offered wellbeing support and promoted free mental health services, while the Inclusion Program funded 16 projects focused on wellbeing, safety and health. Study Melbourne's Community of Practice has met with education providers regularly to promote international student wellbeing. Refer to **snapshot 8** for more information.
- We have begun building an understanding of the existing mechanisms and frameworks that enable collaboration and intervention to respond to suicide risk.

  Family Safety Victoria has developed the child and young person–focused Family Violence Multi-Agency Risk Assessment and Management (MARAM) practice guides and tools to help identify and respond to suicide risk, including self-harm, for children and young people. Refer to **snapshot 9** for more information.



Snapshot 8:

Study Melbourne's Community of Practice has increased awareness of wellbeing supports among education providers

Study Melbourne is a Victorian Government initiative that supports international students to have the best possible experience living and studying in Victoria.

To improve international student wellbeing, mental health and to address suicide prevention, Study Melbourne delivered four Community of Practice (CoP) sessions to Victorian international education stakeholders in 2025.

The CoP draws on the Study Melbourne Student Experience Network, which brings together a diverse audience of industry representatives from universities, TAFEs, private higher and vocational education colleges and English Language Intensive Courses for Overseas Students colleges from across Victoria, as well as other aligned organisations.

To amplify the CoP reach, some sessions are delivered in partnership with ISANA, the national association for professionals working with international students in Australia.

About 150 people have attended the sessions, with speakers presenting on topics including mental health, sexual and reproductive health, employability, financial hardship, health literacy, accessibility of health services, therapeutic arts programs and cultural factors related to help-seeking and engagement.

The CoP highlights programs that support the wellbeing of international students, including free Victorian and Australian Government–funded health programs and initiatives such as Moderated Online Social Therapy by Orygen, as well as headspace programs. The CoP encourages education providers to directly promote initiatives to international students enrolled in their institutions.

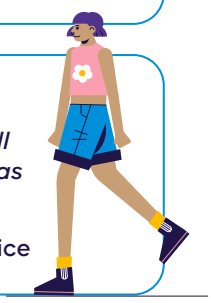
The CoP sessions focus on best practice and are held in person at the Study Melbourne Hub to strengthen industry relationships and collaboration.

The CoP supports strategy objectives for priority area five through delivering a coordinated, collaborative and innovative approach to improving wellbeing and to preventing suicide among international students. It also supports strategy outcomes through increasing awareness and elevating suicide prevention and response across different settings.

Feedback suggests education providers find the sessions valuable and are eager to share the information with students in their settings:

> *Thanks so much for inviting me along! I met some great new people, learnt loads and now have some new services to add value to our students' wellbeing … thanks for all your amazing work!*
>
> – Participant: Community of Practice

> *Thank you so much for all the information from this morning. I will add it in to my newsletter now. It was a great session, very informative.*
>
> – Participant: Community of Practice



Snapshot 9:

The child and young person–focused MARAM practice guides will strengthen collaborative responses

MARAM practice guides and tools provide practical guidance for professionals supporting people experiencing or using family violence.

Development of the child and young person-focused Multi-Agency Risk Assessment and Management (MARAM) practice guides and tools began in 2022 and will be completed in 2026. The resources respond to recommendations and findings from recent inquiries aimed at strengthening responses to children and young people experiencing and using family violence.

The guides will support professionals working with children and young people aged up to 25 to better identify, assess and respond to risks relating to family violence, wellbeing, suicide risk and self-harm.

More than 400,000 Victorian professionals with responsibilities under the MARAM framework will use the guidance across a range of settings and services.

Importantly, the practice guides include strengthened guidance on the intersection between family violence and suicide risk. This includes:

- shared risk factors linked to family violence and suicide
- suicide risk factors for children and young people
- homicide and suicide risk among young people using family violence
- response pathways when suicide risk or self-harm is identified.

The guidance has been informed by recent inquiries, suicide and self-harm monitoring data and advice from the Suicide Prevention and Response Office.

Embedding suicide risk guidance within the MARAM framework creates stronger opportunities for earlier intervention, coordinated responses and improved support for children and young people experiencing distress.

This work supports priority area five through by strengthening collaboration across services and improving Victoria's ability to respond to the complex intersection between family violence and suicide.

Priority area six:

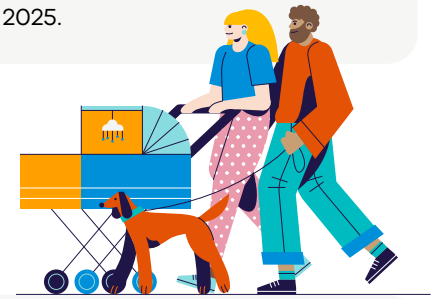
Build on and use data and our evidence base in delivery and evaluation

We have used data and evidence to guide suicide prevention and response action

We have worked to improve the collection, linkage, use and sharing of data from a range of sources. This supported government, sectors and communities to better understand needs and what works in suicide prevention and response. It also ensured that decisions, services and training were shaped by both evidence and lived and living experience.

We have established a consistent approach for collecting and sharing data:

- We worked with partners across governments and sectors (including the Coroners Court of Victoria) to analyse data and identify contributing factors, protective factors and emerging trends in suicide. To support strategy implementation, we shared insights through public updates, reporting and confidential data analysis aligned with formal sharing arrangements. Refer to **snapshot 10** for more information.
- We worked with Births, Deaths and Marriages, the Australian Government and other partners to improve data collection and reporting for target 14 of the *National Agreement on Closing the Gap* (a significant and sustained reduction in suicide among Aboriginal and Torres Strait Islander people towards zero). Victorian data related to target 14 was included for the first time in the Productivity Commission's *Closing the Gap: Annual Data Compilation Report* released in July 2025.



We have identified opportunities for data integration and linkage:

- We continued to use the Victorian Suicide Register and transport operator data to identify priority locations for security fencing on the transport network to prevent suicides, self-harm and threatened self-harm. Data insights also supported the progress of the integrated response plan.
- We started working with Family Safety Victoria to understand opportunities for linking family violence datasets to better identify suicide risk.

Snapshot 10:

The Suicide Prevention and Response Office has used evidence and research to shape responses

Since its establishment in July 2022, the Suicide Prevention and Response Office has worked closely with the Coroners Court of Victoria and other government agencies to strengthen understanding of suicide-related trends, risk factors and protective factors across Victoria.

This work is helping inform more coordinated, evidence-informed approaches to suicide prevention and response across government and community sectors.

Insights and emerging trends are shared through public updates, formal data-sharing arrangements and ongoing engagement with partners across government, including the Suicide Prevention and Response Victorian Secretaries' Board Subcommittee (subcommittee), strategy initiative leads and other jurisdictions through the National Suicide Prevention Office's Jurisdictional Collaborative Forum.

In October 2024, the subcommittee considered findings from the Coroners Court of Victoria report *Experience of family violence among people who suicided, Victoria 2009–2016*. Discussions focused on strengthening understanding of the intersection between family violence and suicide and identifying opportunities to strengthen prevention efforts across related initiatives.

This work led to further collaboration with Family Safety Victoria in 2025 to explore how suicide prevention and family violence reforms can work more closely together through the MARAM framework and broader system reforms.

The Suicide Prevention and Response Office also continued sharing suicide-related data with Primary Health Networks to support local suicide prevention and response planning, including strengthening postvention responses and community-level support following a suicide.

This ongoing work contributes to priority area six though helping strengthen transparency, collaboration and shared understanding across government, services and communities. It will also inform future priorities under the strategy's second implementation plan.

What we've learned over the past year

Over the past year, our understanding of suicide and existing trends has deepened through data, research and lived and living experience insights. This information is shaping our strategic direction and reinforcing the urgency of our work.

Cost-of-living pressures and housing insecurity are the leading cause of distress.

Cost-of-living pressures remain the number one stressor for Australians, with 46% of Australians experiencing this source of distress. Housing distress also remains a significant stressor, with gen Z and millennial participants reporting housing distress as their first and second stressors respectively.[2] Growing financial strain is impacting wellbeing across diverse population groups.

This underscores the urgent need to address the social determinants of suicide – including income, housing, employment and education – across a variety of settings. It also reinforces the importance of cross-portfolio collaboration to ensure services and programs respond to the broader conditions affecting wellbeing.

Suicide rates among Aboriginal and Torres Strait Islander peoples continue to rise.

Since 2022 suicide frequencies for Aboriginal and Torres Strait Islander peoples have risen year on year (19 in 2022, 22 in 2023 and 27 in 2024).[3]

The most recent Closing the Gap report shows that progress towards target 14 – aimed at reducing suicide rates among Aboriginal and Torres Strait Islander peoples – is worsening.[4] This highlights the urgent need for continued investment in culturally safe, community-led suicide prevention initiatives.

The Yoorrook Justice Commission's final reports also documented widespread systemic injustice. The reports recommend reforms aimed at addressing the root causes of passings by suicide among Aboriginal and Torres Strait Islander communities, calling for transformative change.[5]

Relationship breakdown can be a critical risk factor in male suicide.

Relationship breakdown continues to be a significant contributor to suicide among men, particularly those under 35.[6] A 2022 scoping review of Australian and Canadian men identified an absence of upstream initiatives and programs that focus on promoting healthy relationships.[7]

The Victorian Government is addressing these factors through the first implementation plan and broader work, including through social housing, renter protection laws and cost-of-living measures.

The strategy's rolling implementation plans are designed to ensure these insights are not only acknowledged but actively inform our evolving approach to suicide prevention and response in Victoria. This allows us to adapt to emerging evidence and trends while continuing to strengthen interventions that have already proven effective.

What's next

The first year of the *Victorian suicide prevention and response strategy 2024–2034* has focused on building stronger foundations for a coordinated and community-wide approach to suicide prevention and response.

Over the past year, Victoria has expanded access to support, strengthened community-led and peer-based initiatives, improved coordination between services and continued building the evidence base needed to inform future reform.

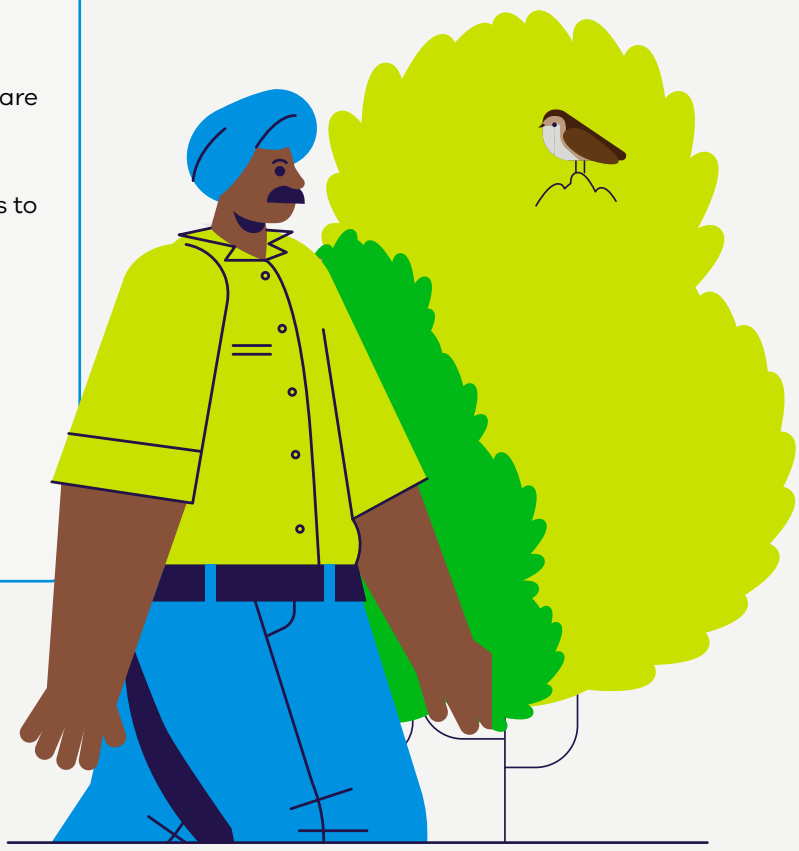
As implementation continues, we will focus on:

- improving access to support during periods of distress and transition
- strengthening prevention, aftercare and postvention supports
- investing in compassionate, trauma-informed and culturally safe models of care
- growing lived and living experience and peer workforces
- supporting workplaces and communities to better respond to distress
- reducing suicide-related stigma and strengthening social connection and inclusion
- continuing collaboration across governments, sectors, Primary Health Networks and communities
- strengthening how data, evidence and lived and living experience inform policy, service delivery and evaluation.

Insights from the first year of implementation will help shape future implementation plans and guide Victoria's approach over time.

People with lived and living experience of suicide will continue to remain central to this work, helping ensure Victoria's suicide prevention and response system is compassionate, inclusive and responsive to community needs.

While there is more work ahead, the progress made over the past year has laid a strong foundation for continued reform across Victoria.



Notes

1. 2023 Evaluation of the Living Learning Partnership Addressing Disadvantage Interim Report https://www.dtf.vic.gov.au/sites/default/files/2024-10/Evaluation-of-the-Living-Learning-Partnership-Addressing-Disadvantage-Interim-Report.pdf
2. September 2025 edition of the Suicide Prevention Australia Community Tracker.
3. Coroners Court of Victoria (2025) *Coroners Court of Victoria – Suicides of Aboriginal and Torres Strait Islander people in Victoria, 2020–2024*, 5 March. Accessed 20 October 2025.
4. Productivity Commission (2025) *Closing the gap annual data compilation report, July 2025*, Canberra.
5. Yoorrook Justice Commission (2025) *Yoorrook: Truth be told*, Parliament of Victoria, Melbourne.
6. Wilson MJ, Scott AJ, Pilkington V, et al. (2025) Suicidality in men following relationship breakdown: a systematic review and meta-analysis of global data, *Psychological Bulletin*, 151(7), 819–860. https://doi.org/10.1037/bul0000482
7. Oliffe JL, Kelly MT, Montaner GG, et al. (2022) *Masculinity and mental illness in and after men's intimate partner relationships, SSM – Qualitative Research in Health,* Vol 2, 100039. https://doi.org/10.1016/j.ssmqr.2022.100039.