

Consultation Report:

Department of Human Services

Suicide Prevention Action Plan 2025-2028

Background

To inform the Department of Human Services Suicide Prevention Action Plan 2025-2028 (the Action Plan), the Department of Human Services (DHS) invited members of the public and other stakeholders to provide feedback on the draft Action Plan. The consultation was hosted on [YourSAy](#) from 17 March to 28 April 2025, with feedback options of an anonymous survey, written submission or by contacting DHS via phone or email.

This Consultation Report outlines:

- An overview of who we heard from
- What we heard and how we will use this feedback
- Next steps.

DHS thanks everyone who provided feedback about the Action Plan. DHS is particularly grateful to people with lived experience of suicide who shared their knowledge to help us support the people of South Australia.

Who we heard from

In total:

- 42 people completed the YourSAy survey
- Two people provided feedback via email
- 15 organisations provided a written submission.

Of the 42 people who completed the YourSAy survey:

- 39 people (93%) completed the survey as a member of the public. The remaining three people (7%) completed the survey on behalf of an organisation they work for. Seven people (17%) completed the survey in both a personal and professional capacity
- 43% of respondents were 26-49 years, 31% were 50-64 years, 14% were 56-74 years.
- 76% of respondents were women
- 52% of people lived in Metropolitan Adelaide, 38% lived in regional South Australia, and 5% lived in remote South Australia

- 76% of people told us they have lived experience of suicide. This included people who had personally thought about or attempted suicide, and people who have a loved one who has thought about or attempted suicide or died by suicide
- 13 people (31%) have accessed a DHS service and nine (21%) care for someone who has accessed a DHS service.

We also heard from people with diverse lived experiences, including:

- Neurodivergent people, including Autistic people (24%)
- People living with disability (19%)
- Unpaid carers (14%)
- Aboriginal and/or Torres Strait Islander people (10%)
- LGBTIQ+ people (10%)
- People from culturally and linguistically diverse backgrounds (7%)
- Migrants (5%).

Of the 10 people who completed the survey on behalf of an organisation they work for:

- Seven people (70%) worked in Non-Government or Aboriginal Community-Controlled Organisations
- Eight organisations (80%) operate in regional South Australia, six (60%) in metropolitan Adelaide, and four (40%) in remote South Australia
- Nine organisations (90%) said that they specialised in working with at least one of the following population groups:
 - Aboriginal and/or Torres Strait Islander People (60%)
 - People from culturally or linguistically diverse backgrounds (50%)
 - People living with disability (50%)
 - Neurodivergent people, including Autistic people (50%)
 - Young people (50%)
 - LGBTIQ+ people (40%)
 - Older people (40%)
 - Migrants (30%).

Outside of the YourSAy survey, the 15 organisations and stakeholders who provided submissions to DHS also represented diverse population groups, including:

- people with lived experience of suicide
- Aboriginal communities
- older people
- young people
- LGBTIQ+ people
- people living with disability.

What we heard and how we have used this feedback

People were generally very supportive that DHS is developing a Suicide Prevention Action Plan. People complimented various aspects of the Action Plan, including:

- its recognition of priority populations
- the focus on engaging people with lived experience in implementing the Action Plan
- the goal to work collaboratively with other organisations and government departments
- that the Action Plan will evolve over time in response to these engagements
- the goal to provide DHS staff with additional suicide prevention training.

People also provided feedback about how to improve the Action Plan. The themes of feedback and how we have used this feedback is outlined below.

Priority populations

People felt that there were groups at increased risk of suicide that were not adequately identified in the Action Plan. This included people who DHS often works closely with, such as people living with disability, Autistic people, older people, and people who have experienced domestic, family or sexual violence.

- We have maintained alignment with the priority populations in the South Australian Suicide Prevention Plan 2023-2026 (the State Plan). However, during the implementation of the Action Plan, DHS services will consider suicide prevention in the context of the communities they serve.

Suicide risk factors and protective factors

Several people noted that, in addition to recognising priority populations, DHS should also consider the risk and protective factors that relate to suicide.

- We have added information about risk and protective factors in the 'Strategic Context' section of the Action Plan, including a link to the State Plan which includes greater detail about various risk and protective factors. When implementing the Action Plan, DHS teams will be encouraged to think about the risk and protective factors that are relevant to their roles and to the communities they serve.

Co-design and lived experience

People called for actions in the DHS Action Plan to be co-designed with people with lived experience and people from priority populations.

- Action 1.1 focuses on engaging with people with lived experience and priority populations to help inform the implementation of the Action Plan. Opportunities for co-design will be considered during the implementation of the Action Plan.

Aboriginal self-determination

In addition to co-design, Aboriginal people and organisations told us that self-determination was crucial for initiatives seeking to support Aboriginal people and communities.

- DHS acknowledges the importance of self-determination, including as part of the Action Plan's governance and implementation. We have also included a new action 2.2 to 'Develop an engagement plan for working with Aboriginal stakeholders'.

Addressing risk

Some people told us that a greater focus on improving responses when people accessing DHS services are identified as being at risk of suicide were needed.

- Two new actions (4.2 and 5.3) have been included that work to review policies, procedures and guidelines for responding appropriately to DHS service users identified as being at risk of suicide, and to review all suicide-related critical incidents to inform ongoing improvements.

Next steps

All feedback has been reviewed, and changes have been made to the Action Plan. Feedback will also help inform the implementation of the Action Plan over the next four years.

Some feedback aligns with other DHS policies or strategies. In these instances, the feedback will be shared for consideration by the appropriate team. Other feedback will require further consideration and may be reflected in a future update to the Action Plan.

DHS is committed to ongoing engagement with people with lived experience, priority populations, and relevant stakeholders throughout the implementation of the Action Plan.

Some of our next steps will be to:

- Develop an approach for engaging with people with lived experience and priority populations (Action 1.1)
- Develop an engagement plan for working with Aboriginal stakeholders (Action 2.2), and
- Discuss feedback within DHS and with other stakeholders (Actions 1.2 and 1.5) to explore whether it can be addressed as part of the Action Plan or through other means.

The DHS Action Plan will be published on the DHS website and will continue to evolve as we identify emerging opportunities for how our department can contribute to the goals of the *South Australian Suicide Prevention Plan 2023-2026*.

We will maintain a record of feedback for later consideration, including through a planned mid-cycle review of the Action Plan (Action 5.3) in 2027.