Australian Government
National Mental Health Commission

Australian Government
National Suicide Prevention Office

Year in Review

2025-26





Acknowledgements

Acknowledgement of Country

The National Mental Health Commission and National Suicide Prevention Office acknowledge the Traditional Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to the people, the cultures and the Elders past and present.

Recognition of lived experience

The National Mental Health Commission and National Suicide Prevention Office recognise the individual and collective contributions of those with a lived and living experience of mental health challenges and suicide, and those who love, have loved and care for them. Each person's journey is unique and a valued contribution to Australia's commitment to mental health and suicide prevention systems reform

Suggested citation

National Mental Health Commission and National Suicide Prevention Office Year in Review 2025-26

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National Mental Health Commission

Australian Government

National Suicide Prevention Office

Sources of support

Support is always available. Below are options for online and telephone information and support in Australia.

Lifeline
13 11 14
lifeline.org.au

Suicide Call Back Service
1300 659 467
suicidecallbackservice.org.au

Beyond Blue
1300 224 636
beyondblue.org.au

MensLine Australia
1300 789 978
mensline.org.au

Standby Support After Suicide
1300 727 247
standbysupport.com.au

headspace
1800 650 890
headspace.org.au

ReachOut
au.reachout.com

Kids Helpline
1800 551 800
kidshelpline.com.au

13YARN
13 YARN (13 92 76)
13yarn.org.au

WellMob
wellmob.org.au

Open Arms
1800 011 046
openarms.gov.au

Defence Member and Family Helpline
1800 624 608

QLife
1800 184 527
qlife.org.au

Medicare Mental Health
medicarementalhealth.gov.au

1800RESPECT
1800 737 732
1800respect.org.au

SANE
1800 187 263
sane.org

National Alcohol and Other Drug Hotline
1800 250 015

Embrace Multicultural Mental Health
embracementalhealth.org.au

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Foreword

This has been a year of significant growth and transformation for the National Mental Health Commission (the Commission) and the National Suicide Prevention Office (NSPO). Since transitioning into the Department of Health, Disability and Ageing under interim arrangements, we have continued to deliver work of importance to the Australian community, governments and the mental health and suicide prevention sectors. The Productivity Commission's review of the National Mental Health and Suicide Prevention Agreement has reinforced the scale and urgency of the reform task ahead. In this context, our role in monitoring system performance, strengthening transparency, and providing high-quality, evidence-based advice remains as important as ever.

Our ability to deliver on this role reflects the professionalism, resilience and commitment of our people. Over the past year, the Commission and NSPO have grown substantially, strengthened the way we work together and continued to foster a collaborative and positive culture through change. Staff across both organisations have delivered meaningful outcomes while building the foundations needed to support continuous improvement across Australia's mental health and suicide prevention systems.

Central to this work is the knowledge and leadership of people with lived and living experience of mental health challenges and suicidality, and the perspectives of Aboriginal and Torres Strait Islander peoples. These perspectives are essential to ensuring our advice, reporting and decision-making remain grounded in the experiences of those most affected by the systems we seek to improve.

While important progress has been made, we recognise there is more to do and remain committed to deepening these partnerships across our work.

The year has also been an opportunity to clarify our direction and strengthen our foundations for the future. Through the development and implementation of the Commission and NSPO Strategic Frameworks, we have sharpened our focus, aligned our work to clear objectives and established a stronger basis for lasting impact. As we continue to operate within interim arrangements, we remain steadfast in protecting the independence of our voice, our advice and our monitoring role. This independence is central to the trust placed in us by governments, the sector and the Australian public, and to our ability to provide transparent, evidence-based assessment of system performance and reform.

Together, these achievements position the Commission and NSPO to make a strong and enduring contribution to Australia's mental health and suicide prevention systems. We thank our staff, partners, stakeholders and communities for their continued support, collaboration and commitment as we work towards better mental health and wellbeing outcomes for all people in Australia.



David McGrath
CEO
National Mental
Health Commission



Alex Hains
Head
National Suicide
Prevention Office

A year of growth and change

The National Mental Health Commission (the Commission) was established on 1 January 2012 as an Australian Executive Agency to monitor and report on mental health initiatives, provide evidence-based policy advice to government, and translate evidence to improve community understanding of mental health.

In 2022, the National Suicide Prevention Office (NSPO) was established alongside the Commission as a specialist office to lead a coordinated, whole-of-government approach to suicide prevention.
Together, the Commission and NSPO support evidence-informed and coordinated reform across mental health and suicide prevention.

This past year presented a significant change for the Commission and the NSPO. While operating in an environment shaped by uncertainty, transition and evolving expectations, the Commission and NSPO continued to deliver on our core functions. Over the year, the Commission and NSPO collectively doubled in size, increasing capacity across key areas of work. This growth has been supported by ongoing efforts to improve internal communication, strengthen leadership capability, and maintain a collaborative and supportive workplace culture.

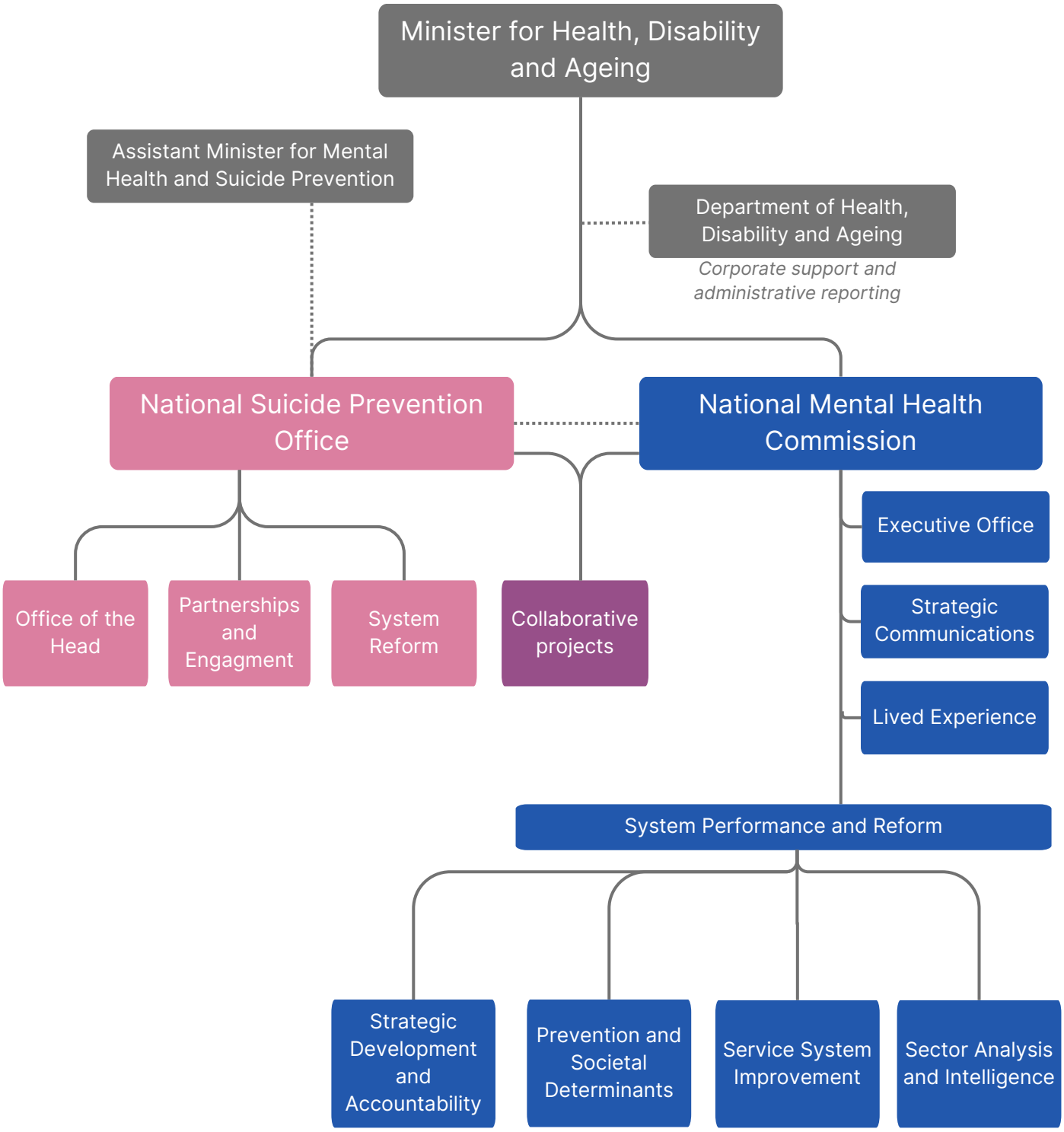
These efforts are reflected in the 2025 APS Employee Census results, which showed improvements across all measured culture indicators, including employee engagement, communication and change, leadership, innovation and wellbeing. Staff reported stronger confidence in leadership, greater consultation during change processes, a stronger sense of shared purpose, and increased confidence in the organisation's commitment to integrity and wellbeing.

This progress reflects the Commission and NSPO's work to strength internal capability, culture and leadership during a period of change. As future arrangements for the Commission and NSPO continue to be considered, these foundations will support their continued role as trusted and capable contributors to national mental health and suicide prevention reform.



Our structure

Currently, the Commission and NSPO operate as a non-statutory office within the Department of Health, Disability and Ageing. The Commission CEO and the Head of the NSPO report directly to the Minister for Health, Disability and Ageing on policy matters, and to the Department for corporate and financial matters. The Commission and NSPO also regularly engage with the office of the Assistant Minister for Mental Health and Suicide Prevention.



How we work together

A collaborative approach to mental health and suicide prevention reform is important for achieving impact on collective challenges, while also recognising and acting on distinct areas of reform. The Commission and the NSPO are committed to purposeful collaboration to achieve shared aims in mental health and suicide prevention reform.

There are joint projects of strategic importance that commenced in FY2025-26:

Lived Experience Capability

People with lived experience of mental health challenges, and their families and supporters, have valuable knowledge about how the mental health system works in practice. Their experiences provide unique insight into what helps, what creates barriers, where gaps exist, and where improvements are needed. This knowledge is not always seen by service providers and policymakers, nor reflected in data. We believe that real improvements in mental health policies, programs and outcomes can only be achieved by involving people with lived experience across all reforms.

The Commission's Lived Experience Capability Advisor commenced in October 2025 and is leading a comprehensive program of work to strengthen the Commission and the NSPO's capability to more effectively engage with people with lived experience, and integrate lived experience insights, knowledge and expertise across our work.

This ongoing program of work recognises that the continuous improvement of our capability for purposeful lived experience engagement and participation is vital to achieving our strategic vision and objectives.

Wider determinants of mental health and suicide

Mental health and wellbeing are shaped not only by individual circumstances and access to care, but also by the wider determinants of health, including housing, education, employment, income, social connection, safety and experiences of discrimination. Understanding these broader societal, economic and environmental factors is essential to improving mental health outcomes, reducing inequities, and supporting the wellbeing of individuals, families and communities across Australia.

Together with research partners, including internationally renowned subject matter experts, the Commission and NSPO will present a robust evidence base that seeks to explore the wider determinants of mental health and suicide through a health equity lens, and demonstrate their impacts on people living in Australia through simulation modelling. This work will provide a critical foundation to strengthen cross-sectoral engagement and understanding of how addressing these determinants can prevent mental health challenges and reduce the need for acute supports and services.

The Commission will continue to identify, analyse and monitor emerging and ongoing issues and trends that may impact the mental health and wellbeing of people in Australia in the new financial year. The Commission has already identified that shifts in technology, especially AI, and challenges to social cohesion will be key trends to watch into the new financial year.

Clarifying the relationship between the mental health and suicide prevention systems

The Commission and NSPO have commenced a joint project about the intersection of suicide prevention and mental health reform. The project aims to clarify the relationship between Australia's suicide prevention and mental health systems, and to inform how reform efforts can be designed and implemented to improve outcomes across both areas.

This project aims to clarify how the systems work together and identify opportunities to strengthen reform efforts.

Submissions

The Commission and NSPO regularly make submissions to parliamentary inquiries, consultations and policy processes to shape national conversations and promote strategic efforts to improve mental health and suicide prevention outcomes. This year, the Commission and NSPO made submissions on the following topics:



Productivity Commission Mental Health and Suicide Prevention Agreement Review

April 2025



Review of Schedule 9 of the Veterans Entitlements, Treatment and Support (Simplification and Harmonisation) Act 2025

June 2025



Submission to the Review of the Disability Discrimination Act 1992 (Cth)

November 2025



Inquiry into the relationship between domestic, family and sexual violence and suicide

March 2026



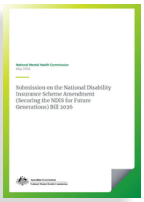
Defence Amendment (Sexual Assault Prevention, Intervention and Response Commission) Bill 2025

April 2026



Inquiry into racism, hate and violence directed at Aboriginal and Torres Strait Islander people

June 2026



Submission on the National Disability Insurance Scheme Amendment (Securing the NDIS for Future Generations) Bill 2026

June 2026

National Mental Health Commission

Year in Review

2025-26



Australian Government
National Mental Health Commission

National Mental Health Commission Strategic Framework

Vision

All people in Australia are enabled and supported to lead a mentally healthy, fulfilling and contributing life.

Our role

We advise and support governments to lead and shape the mental health system through evidence-based advice and reporting on system performance.

Objectives

- Provide strategic leadership and accountability on system performance
- Influence and drive improvement in the mental health service delivery system
- Advance prevention and influence action on wider determinants of mental health
- Understand and interpret emerging issues and international evidence relating to mental health
- Meaningfully translate evidence to increase community understanding of mental health

Principles

- Evidence, data and lived-experience informed
- Respecting and engaging with the diversity of the Australian public
- Partnering with governments, experts and relevant sectors
- Stewardship for sustainable system reform
- Promoting human rights obligations and rights-based approaches
- Building trust through transparency, objectivity and governance

About us

Who we are



The National Mental Health Commission (the Commission) provides evidence and advice to support continuous improvement across Australia's mental health system.

We advise and support governments to lead and shape the mental health system through evidence-based advice and reporting on system performance.

Our role is to be independent, and to create accountability and transparency of the system.

Our work intends to promote the outcomes that matter to drive transformational change across service systems for people with lived and living experience of mental health challenges.

What we do

A core part of the Commission's role is strengthening transparency and accountability across Australia's mental health system. Through our monitoring and reporting functions, we provide an independent assessment of system performance, progress and reform. By bringing together data, evidence, stakeholder input and lived and living experience perspectives, we help build understanding of what is working, where improvement is needed and how outcomes can be strengthened.

Our monitoring and reporting helps to track progress, identify gaps and emerging issues, and support informed decision-making across the system.

The Commission also works with people, organisations and governments across Australia to address the factors that influence mental health and wellbeing. We recognise that many of the social, economic and environmental determinants of mental health and wellbeing sit beyond the health system and require coordinated action across sectors and jurisdictions.

The perspectives of people with lived and living experience are central to our work. Through engagement with consumers, carers, Aboriginal and Torres Strait Islander communities and organisations, service providers, governments and other stakeholders, we bring diverse perspectives together to inform advice, build the evidence base and support continuous improvement across mental health and suicide prevention systems.

Collaborating for Impact

Collaboration and co-design are values the Commission embodies through its work and engagement. This year, we have sought to engage widely within the Australian community and further develop our understanding and connections with mental health systems overseas.

Advisory Council

The Commission established an Advisory Council of key stakeholders to provide a representative-based, collaborative environment for consultation and to provide advice to the Commission to inform its work. Working with the Advisory Council allows us to test emerging work with representative organisations, lived experience leaders and subject-matter experts.

The Advisory Council includes representatives from mental health peak bodies, the mental health workforce, people with professional expertise, individuals with lived and living experience of mental health challenges, and communities disproportionately affected by mental health challenges. By fostering collaboration and meaningful engagement, the Council will help ensure the Commission's work reflects the needs and priorities of the people and communities it serves.

International Engagement

A mental health system that is better connected to the world is better placed to understand and respond to the interconnected issues affecting Australians' mental health. The Commission acknowledges the importance of international engagement, as Australian mental health consumers and the sector are not immune from the impacts of events that occur overseas. The Commission is positioning itself to be able to engage and participate in international dialogue on mental health issues, and to learn from best-practice evidence that emerges from our international partners. To continue our work towards being a trusted thought leader, the Commission developed an International Engagement Framework to ensure the Commission becomes a reliable, influential and active participant in the international conversation on mental health.



Engagement with Jurisdictions

Throughout 2025–26, the Commission strengthened its engagement with key stakeholders, expert advisers and jurisdictional partners to support collaboration, share insights and inform national mental health priorities.The Commission continued to support the Joint Commissioners Forum as a key mechanism for collaboration between mental health leaders across Australian jurisdictions and New Zealand. The Forum provides an opportunity to share insights, strengthen relationships and identify opportunities for coordinated action on matters of national significance.

Engagement with Young People

Throughout 2026, the National Mental Health Commission is working with a Mental Health Youth Advisory Group (YAG), convened by the Office for Youth. The YAG will support our work to reduce stigma and discrimination among young people, promote open and safe conversations about mental health amongst peers, and encourage young people to seek help when needed. YAG members identified a need for a visually engaging, practical and youth-centred resource that helps young people navigate mental health conversations, particularly when supporting others. A practical resource is intended to be developed and published in 2027.



Representatives on the Youth Advisory Group, convened by the Office for Youth

Monitoring and Accountability in Action

The Commission's projects play a vital role in strengthening Australia's mental health system through a sustained focus on monitoring, leadership and accountability. We deliver independent reporting, monitor national performance and emerging trends, undertake strategic reviews and provide evidence-based advice. As a result, the Commission helps illuminate what is working, where challenges remain, and where collective action is needed to drive improvement.

The Commission has developed a new function that tracks emerging evidence and trends that could affect mental health and the broader health system. This helps us anticipate new challenges and opportunities, understand what they mean for people in Australia, and focus our work where it can make the greatest difference.

The projects and reports published this year reflect our commitment to strengthening monitoring, leadership and accountability across Australia's mental health system.
Building trust, maintaining independence and fostering collaboration between governments are key principles underpinning the Commission's functions and objectives.

National Agreement Reporting

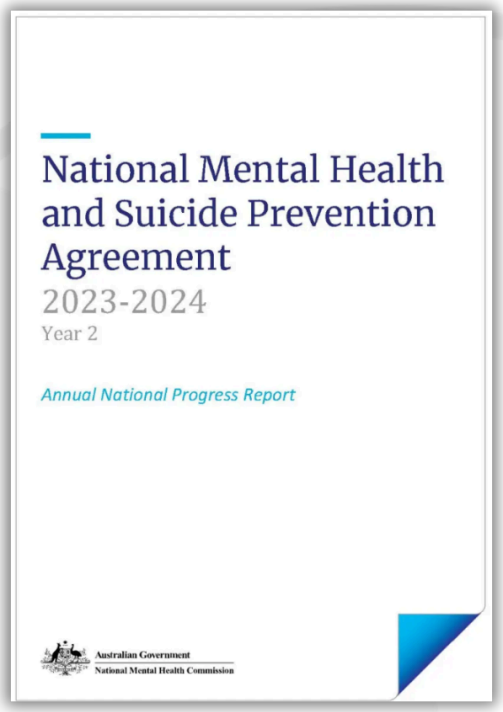
The National Agreement on Mental Health and Suicide Prevention provides national architecture for Commonwealth, State and Territory governments to work together on the planning, funding and reform of Australia's mental health and suicide prevention system. The Commission reports on this agreement annually as a way of providing direct feedback to the Commonwealth, States and Territories. This helps build transparency, support informed decision-making and maintains momentum toward a more connected, effective and accountable mental health system.

Through its annual reporting on the National Agreement on Mental Health and Suicide Prevention, the Commission strengthens public accountability for national reform and provides a view of progress against shared commitments.

This reporting supports the Commission's objective to provide strategic leadership and accountability for mental health system performance.

On 11 June 2026, the Commission published the National Mental Health and Suicide Prevention Agreement 2023-2024 Year 2 Annual National Progress Report. The report informs the Australian community about the progress governments are making to implement the outputs and initiatives outlined in the Agreement in the 2023-2024 reporting period (1 July 2023 to 30 June 2024).

National Agreement Reporting for Year 3 of the Agreement is well progressed. We are working with parties to the Agreement to finalise the draft in coming months and planning with relevant the parties is underway to initiate reporting on Year 4.



National Report Card

Transparency and accountability around the mental health system are vital for understanding and addressing the needs of Australians today and into the future. Monitoring the mental health system and the issues affecting Australians helps ensure policies and programs are better designed to address unmet need in the community.

Since 2012, the Commission has produced an annual National Report Card on the performance of the mental health system. In 2023, we introduced a Report Card Framework which assessed three interconnected domains:

- the mental health and wellbeing of Australians;
- the broader social factors that influence mental health; and
- the performance of the mental health system.

Using national data collections, these reports identify what is working well, where improvement is needed, and inform efforts to strengthen outcomes for people with mental health challenges.

Published on 24 July 2025, Report Card 2024 highlighted that Australians were facing increasing financial pressure combined with a declining sense of control. Growing numbers of people were delaying mental health care because of cost and treatment rates, while improving, still fell well below the targets proposed through the National Mental Health Service Planning Framework.

Published on 12 August 2026 Report Card 2025 showed that psychological distress is common across the Australian population and people with a mental health condition experienced lower life satification.

Overall, people experiencing mental health challenges face greater social pressures and poorer wellbeing outcomes. While the mental health service system is doing more, with higher usage rates and increased investment, uneven access, system fragmentation, workforce pressures and data gaps are limiting impact and opportunities to improve.

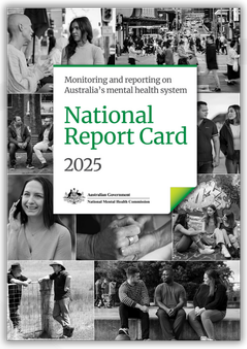
Report Card 2025 also delivered on commitments made in Report Card 2024 to:

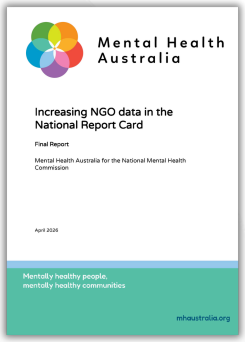
- work with Mental Health Australia to better reflect non-government services in future Report Cards, giving a fuller picture of how the system is performing;
- Work with governments, lived experience representatives—including the National Mental Health Consumer Alliance and Mental Health Carers Australia—and the sector to identify the aspects of system performance that matter most for national monitoring and reporting.

This work shaped a revised approach to Mental Health System: Domain 3. The new approach focuses on the questions that matter most, gives an overview of system performance using available data, and highlights the data gaps that limit what we know.

Through the Report Card, the Commission supports accountability and helps drive reform. It tracks progress, identifies gaps, points to where change is needed, and helps the system prepare for emerging risks and opportunities. We will continue to strengthen the Report Card as new data and evidence become available, guided by people with lived experience, consumers and carers, and feedback from the sector.

The next Report Card will be delivered in the second half of 2027.





National Report Card Environmental Scan

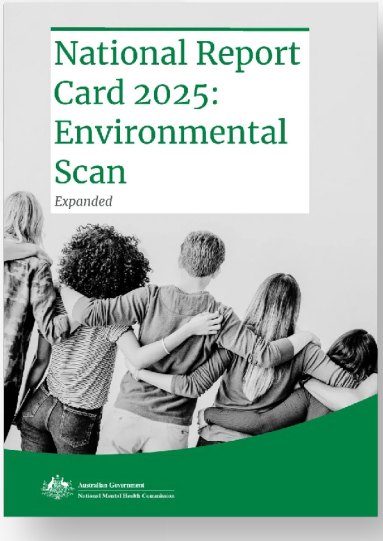
Since 2023 the National Report Card has included an environmental scan to contextualise the data in the National Report Card by identifying emerging events and trends that may have impacted mental health outcomes, and the accessibility and performance of the mental health system across the calendar year. The findings are not intended to imply events or trends have a direct causal impact on mental health or the mental health system. Instead, they are intended to frame the data in the Report Card, providing context and a backdrop of events and changes that are potentially relevant to the mental health or wellbeing of people in Australia now and into the future.

The scan involves a review of reports, publications, media releases, peer-reviewed literature and other relevant outputs from organisations and institutions across sectors that influence mental health. The review aims to identify:

- key events and trends that occurred in 2025 that had the potential to impact the mental health and wellbeing outcomes of people in Australia.
- government activities and responses announced in 2025, especially at the national level, which had the potential to influence future changes to the mental health system.

Each event or trend that emerged is assessed based on:

- the estimated reach and size of the expected impact on the mental health of people in Australia
- the strength of the evidence supporting a potential link between the event/trend and mental health outcomes
- the general relevance of the event/trend to the mental health of people in Australia.



For the first time, a standalone Annual Environmental Scan Report was published ahead of the National Report Card, on 20 August 2026. While previous Report Cards included a brief environmental scan, this standalone report provides a more systematic way to identify, interpret and translate emerging issues. It helps governments, services and communities understand the broader context in which mental health outcomes are shifting, including emerging threats and opportunities. The Commission has an adaptive and iterative approach to the environmental scan to ensure it is comprehensive and best practice. In previous Report Cards, we used a PESTEL methodology (i.e., political, economic, social, technological, environmental, and legal) to identify and group key events and trends in the environmental scan. For the 2025 environmental scan, the Commission also refined its approach to better reflect the nuanced and interconnected nature of the themes identified and their differing impacts across population groups.

Overall, the findings of the Report Card environmental scans continue to reinforce that mental health outcomes are shaped by cumulative and interconnected determinants that extend well beyond the health system. Improving mental health and wellbeing in Australia will require more than simply expanding mental health services. The environmental scan highlights an opportunity to shift the focus of reform from responding to mental distress once it has emerged, to a preventative, coordinated, and whole-of-government approach across the wider determinants that shape mental health such as housing, education, employment, social services, justice, technology and climate policy. To help achieve these reforms, the Commission will continue the vital task of monitoring emerging events and trends to inform national mental health reporting, policy development and efforts to ensure all people in Australia can live thriving and contributing lives.

The Environmental Scan for 2026 will be published in early 2027.

National Stigma and Discrimination Report Card

The stigma associated with a mental health diagnosis can impact every part of a person's life including employment opportunities, personal relationships and access to housing and healthcare. While mental health awareness has improved, that hasn't always translated into better community attitudes. The 2026 National Stigma and Discrimination Report Card (Stigma Report Card) is the first time that a nationally representative picture has been drawn of how people with mental health challenges are being treated in Australia.

In February 2026, the Commission partnered with SANE Australia to develop two National Stigma and Discrimination Report Cards and a series of targeted spotlight reports. The first Stigma Report Card was launched on 1 July 2026.

The Report Card makes the experiences of people living with a mental health diagnosis more visible, strengthens the evidence base, and helps governments, services, workplaces and communities identify where action is most needed.

Through the Stigma Report Card, the Commission helps bring together national evidence, lived experience insights and sector perspectives to show where stigma and discrimination are changing, where they continue to cause harm, and where further action is needed.

The next Stigma Report Card will be released in 2028.





Impacts of Evidence-Based Leadership

Digital Experiences of Children and Young People

Statistics show that an estimated 50% of adult mental illness begins before 14 years of age, and most 8-12 year old children in Australia have used social media or messaging services.[1]

Understanding the digital experiences of young people is a key challenge for the Australian Government in developing policies that better serve and protect the mental health and wellbeing of young Australians.

The Commission contracted La Trobe University, in partnership with Deakin University and the University of Sydney to engage in a research project that involved: a literature review; a review of international policy and legislative responses; analysis of existing longitudinal data; and a co-designed nationally representative online survey of children and young people (5 to 25 years). Responses for children 5-12 years were collected via parents. This research will be used to better inform policy and decision-making around mental health and technology by supporting the growing evidence-base around young people and how they interact with technology and social media.

This research was conducted between March 2025 and May 2026, and released on 1 October 2026.



Public Engagement

Media activity supported the Commission's role as an independent national voice on mental health reform. Over the financial year, the Commission issued 13 media releases on key policy, system reform and lived experience priorities, generating a total of 9,014 views of the media releases published on our website. The strongest-performing release was the July 2024 National Report Card media release, which received 3,870 views and highlighted growing cost barriers to mental health care. Other higher-performing releases focused on the Productivity Commission review, stigma and discrimination, economic modelling, and the impact of geopolitical conflict and unrest on mental health.

Media releases also helped generate external media opportunities, including coverage in the Medical Journal of Australia and SBS News. These opportunities extended the reach of Commission messages on national reform, community resilience and transparency in reporting against the National Mental Health and Suicide Prevention Agreement.

As our presence has grown, so has our ability to reach Australians. Communication activity increased significantly from November 2025, following a period of minimal activity in the first half of the financial year. Since then, the Commission has rebuilt a more active communications presence across digital, social and media channels. This included stronger social media performance, sustained website traffic, continued demand for key reports, and increased media activity supporting the Commission's role as an independent national voice on mental health reform.

This growth reflects a renewed and more consistent communications presence across the Commission's digital channels. The Commission's social media followers increased by 9% over the financial year, content generated over 130,000 impressions, reached almost 45,000 people, drove over 1,800 interactions and resulted in over 6,000 visits. The Commission's website, mentalhealthcommission.gov.au, also received strong engagement with a 44.5% engagement rate and an average session duration of 2 minutes and 48 seconds. Together, these activities are increasing the reach of our evidence, advice and monitoring insights, helping more Australians and stakeholders engage with our work.

[1] Early days, early insights: Understanding experiences of social media age restrictions at the three-month follow-up | eSafety Commissioner

Looking to the future

In 2026–27, the Commission will continue to strengthen its role as a trusted national voice on mental health system performance. It will provide independent advice, evidence and insights to support lasting reform across Australia.

Through its unique national perspective, the Commission is well placed to bring together governments, service providers, researchers, and people with lived and living experience to inform decision-making and foster collaboration across jurisdictions. By leveraging data, environmental scanning, evaluation and international best practice, the Commission can help ensure Australia's mental health system remains responsive, person-centred and sustainable, supporting better mental health and wellbeing outcomes for all people in Australia.

Work is already underway on projects that will strengthen the evidence base and support improvements to Australia's mental health system and policy settings.

System Mapping

System fragmentation can mean people experiencing mental health challenges face barriers and are treated as separate from the broader health, social and community system. An accurate representation of the mental health system, including its service connections and the gaps that exist, will help stakeholders and policymakers clearly address existing need in mental health reform.

In 2026-27, the Systems Mapping project will address one of the biggest complexities in mental health: defining the "mental health system", and its linkages (or gaps) with other sectors. The resulting maps will become an evidence-based tool for governments, service providers and stakeholders to use when designing services, planning reform, developing policy and communicating system needs.

System maps will be delivered by the end of 2026.

Services Planning Framework

The Australian mental health system needs to evolve as population demographics and community needs change. A robust service planning framework must remain current and reflect the changing needs of the Australian community.

The Commission has been working in collaboration with the Australian Institute of Health and Welfare (AIHW), and the Department of Health, Disability and Ageing (the Department) to scope a review of the National Mental Health Service Planning Framework (NMHSPF). Reviewing the NMHSPF will ensure it remains relevant, evidence-based, and aligned with contemporary service models and reform priorities. This will strengthen capacity to deliver coordinated, needs-based, and future-ready mental health care services nationally.

The Commission is leading the Technical Assurance review, which is expected to commence in 2026-27 and completed in 2027-28.

Value in Mind

Understanding where investment delivers the greatest value is central to effective government decision-making. The Value in Mind: Assessing the Economic Value of Mental Health Services and Supports project will contribute to future investment decisions by providing a clearer and stronger economic evidence base to guide future planning and reform.

The project aims to show which mental health services and supports deliver the biggest benefits for Australians, and where future government investment should be directed. This project will generate high-quality evidence to guide ongoing national mental health reforms, while strengthening reporting, monitoring and accountability across the system.

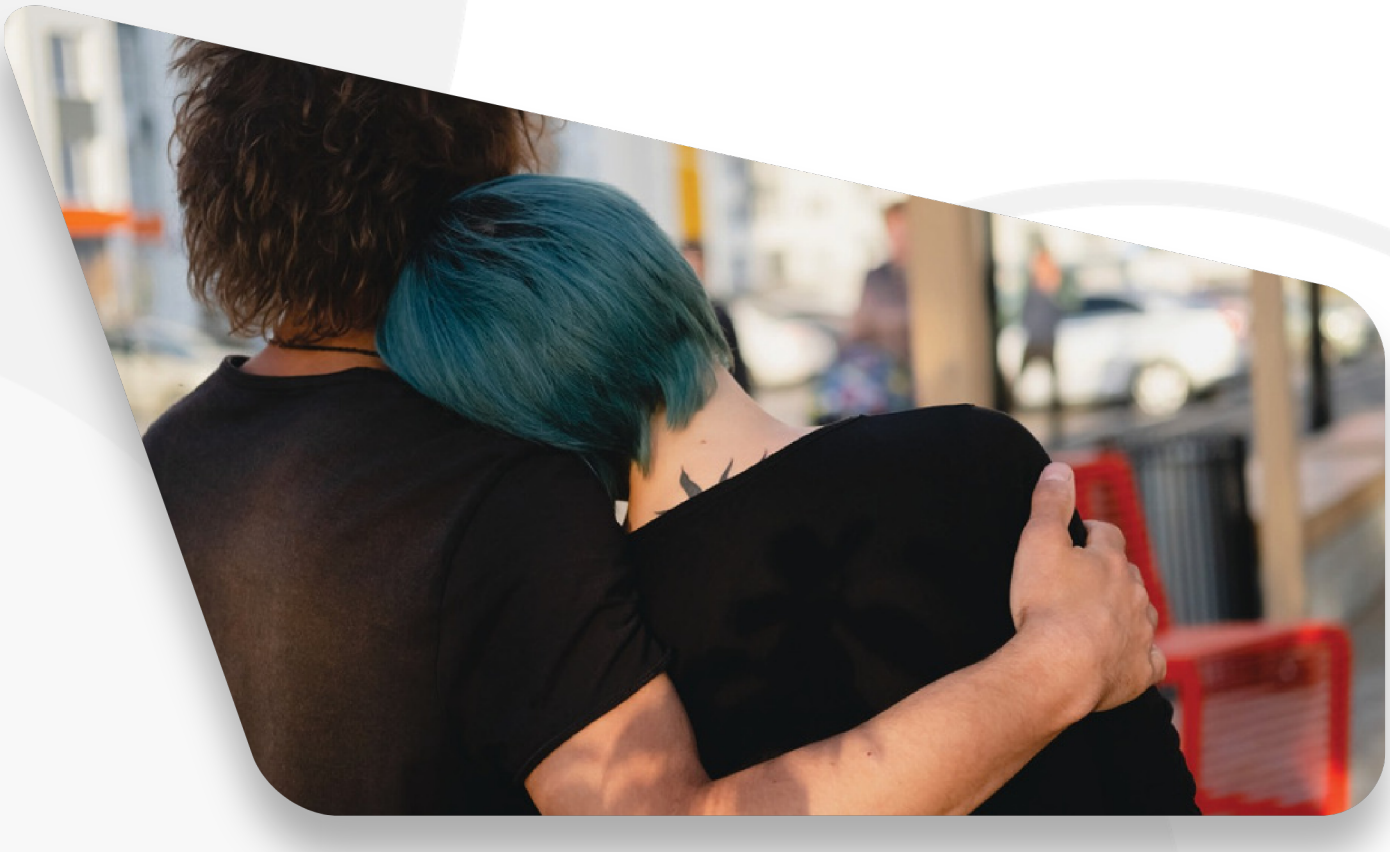
A final report will be delivered in 2027.

Dynamic Simulation Model

The complexity of the mental health system can make it difficult to understand how different investments, policies, services and supports influence mental health outcomes over time. An evidence-based approach will be undertaken to test how potential actions can achieve the greatest impact.

In 2026-27, the Dynamic Simulation Model (DSM) project will address this challenge by developing a tool to assess and quantify the impact of investment in prevention and the social determinants of mental health. The model will enable governments, service providers and stakeholders to explore different policy and investment scenarios. The resulting insights will help inform more effective and co-ordinated investment in mental health across Australia.

A final model will be delivered in late 2027.



National Suicide Prevention Office

Year in Review

2025-26



Australian Government

National Suicide Prevention Office

National Suicide Prevention Office Strategic Framework

Vision

Everyone works together to prevent suicidal distress and suicide across Australia.

Role of the National Suicide Prevention Office

The National Suicide Prevention Office provides robust, evidence-based insights and advice to ensure an effective suicide prevention system.

Objectives

Collaboration

Collaborate with lived experience communities, as well as across governments, portfolios and sectors to promote a societal determinants approach to suicide prevention.

Monitoring and reporting

Publicly report on the state of suicide prevention in Australia, monitoring the impact of government action and identifying priorities for further reform.

Advice

Advise government on strategic responses that will improve suicide prevention, including identifying policy settings to meaningfully impact future prevalence of suicidal distress.

Principles

Compassionate
The NSPO is committed to purposeful, authentic engagement ensuring a space of safety for people to bring diverse perspectives.

Trusted
The NSPO relies on high-quality evidence-based insights and advice to ensure it is a trusted source of information and advice.

Influential
The NSPO uses evidence and insights to challenge ideas and ensure accountability, helping governmenrts make well informed decisions.

National Suicide Prevention Strategy 2025-2035

In February 2025, the Australian Government and the NSPO released the *National Suicide Prevention Strategy 2025 - 2035* (the Strategy). Endorsed by all state and territory governments, the Strategy outlines a comprehensive approach to preventing suicide.

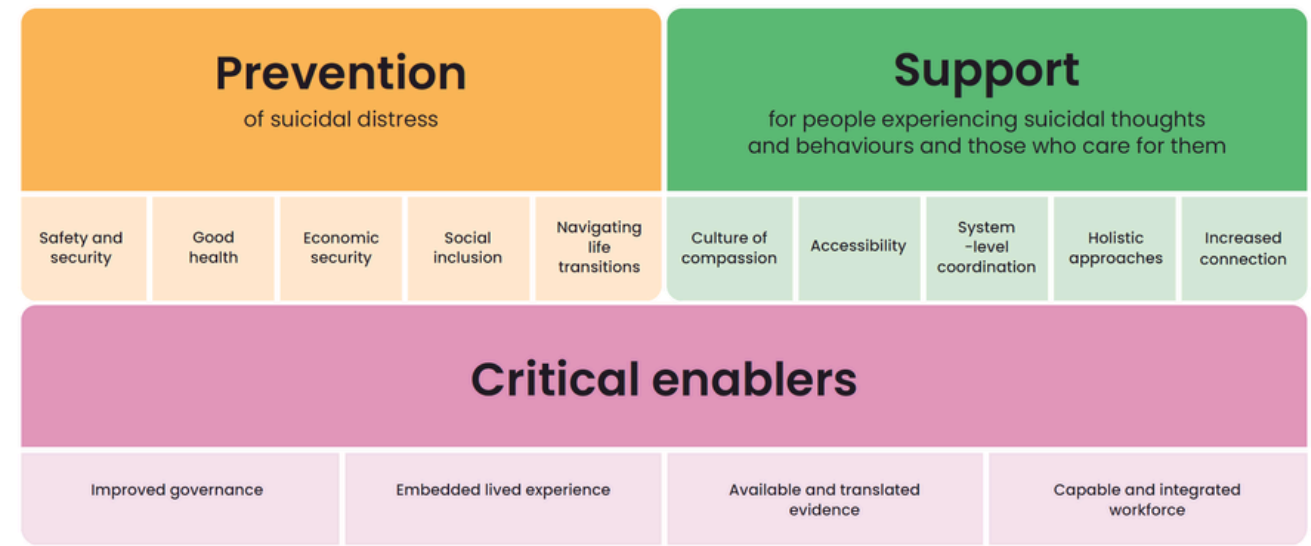
Every day in Australia, an average of 9 people die by suicide and more than 150 people attempt to take their own life. This is more than 3,000 deaths and 55,000 attempts each year. In addition, thousands more will experience suicidal distress. The impacts of the loss of life, suicide attempts and suicidal distress on individuals, families and communities are devastating. It does not have to be this way. Most suicides are preventable.

The Strategy aims to unify the efforts of governments, communities, and service providers to improve suicide prevention outcomes in Australia. It provides an outline of what needs to be done to prevent suicidal distress, suicide attempts and suicide deaths.

The Strategy, with its 3 domains – Prevention, Support and Critical Enablers, 14 key objectives (as displayed in the model below) and their 106 total recommended actions - has been endorsed by Government. The launch of this Strategy signifies the way forward for Australia in preventing lives being lost to suicide.

To be truly effective, we need an evidence-based compassionate suicide prevention system that:

- **Acts to prevent people from reaching the point of suicidal distress in the first place.** This can be achieved by taking proactive steps to address areas of disadvantage and adversity that contribute to distress before they escalate into suicidal thoughts or attempts.
- **Strengthens the support system to ensure that when a person does experience suicidal distress, support is accessible, compassionate, and effective.** The support system must be able to respond to individual needs and circumstances, be better equipped to address the full range of factors underlying a person's distress and help to restore wellbeing.
- **Is sustained by collective effort from governments, sectors beyond health, service providers, and communities.** The system needs to be supported by greater accountability, more research and better data, and a stronger suicide prevention workforce. It is critical that the voices and expertise of people with lived and living experience are elevated and that this hard-earned wisdom is embedded into policy design and implementation.



National Suicide Prevention Model

Collaboration

Lived Experience Partnership Group

As we reflect on the past year, we are struck by how meaningful it has been to serve as Co-Chairs of the National Suicide Prevention Office's Lived Experience Partnership Group (LEPG). It has been a privilege to work alongside one another and with a group of dedicated members whose generosity, courage, expertise and commitment continue to strengthen suicide prevention efforts across Australia.

This year has reinforced our belief that authentic partnership is essential to meaningful systems reform. The relationship between the NSPO and the LEPG demonstrates what is possible when people with lived and living experience are not simply consulted, but are recognised as leaders, partners and contributors to change. Throughout the year we have engaged in robust conversations, shared diverse perspectives and worked together through both opportunities and challenges. These discussions have not always been easy, but they have always been grounded in a genuine commitment to learning, collaboration and continuous improvement.

A significant highlight for both of us was the release of the National Suicide Prevention Outcomes Map as part of the broader National Suicide Prevention Outcomes Framework. The Outcomes Map represents years of collaboration between people with lived and living experience, researchers, service providers and government. Seeing this work launched and embraced by so many people across the suicide prevention sector was both moving and affirming. It demonstrated that diverse perspectives can come together around a shared vision for what meaningful outcomes look like and how we can better understand whether our collective efforts are making a difference in people's lives.

While important milestones such as the National Suicide Prevention Strategy and the Outcomes Framework provide strong foundations for reform, we know the work is far from complete. The true measure of success will be whether these efforts improve the lives of people, families and communities affected by suicidal distress and suicide. That is why continuing to embed lived and living experience into policy, programs, services and decision-making remains so important.

As original members begin to reach the end of their tenure, we are proud of what the LEPG has helped to achieve and grateful to everyone who has contributed to the journey. We are confident that new members will bring fresh perspectives, strengths and ideas that will help the group continue to grow and evolve. Most importantly, we hope the culture of trust, respect, curiosity and open dialogue that has characterised the LEPG will continue into the future.

To everyone who has shared their experiences, challenged assumptions, contributed their expertise and worked alongside us, thank you. Your voices matter. Your insights matter. We remain hopeful because we have seen firsthand that change is possible when people come together with a shared commitment to preventing suicide and supporting wellbeing. We look forward to seeing the LEPG continue to play a meaningful role in shaping a stronger, more compassionate suicide prevention system and achieving better outcomes for people in the years to come.



Imbi Pyman

Co-Chair
Lived Experience
Partnership Group



Ben Brien

Co-Chair
Lived Experience
Partnership Group

Advisory Board

The Advisory Board brings together a diverse group of practitioners, researchers, lived experience leaders, and representatives from a broad range of organisations, sectors, disciplines, and communities. United by a shared commitment to suicide prevention, members recognise that lasting progress is achieved through collaboration, collective leadership, and a willingness to learn from one another. They contribute their expertise, insight, and critical thinking to support the National Suicide Prevention Office (NSPO), recognising that the complexity of suicide prevention requires diverse perspectives, shared responsibility, and strong partnerships across systems and communities.

The Board is guided by the values of generosity, respect, curiosity, courage, and integrity. Members have generously shared their knowledge, experience, networks, and insights to inform the development of the National Suicide Prevention Outcomes Map and strengthen the broader suicide prevention ecosystem. Through considered review and constructive feedback, they have provided advice on the language, framing, and potential impact of key documents, reinforcing the importance of approaches that promote person-centred and culturally inclusive approaches for different communities rather than applying generic solutions.

The Board values thoughtful debate and robust discussion grounded in mutual respect and a genuine commitment to understanding different perspectives. Members are willing to challenge assumptions, ask difficult questions, and embrace new ideas, always with the shared goal of supporting the NSPO and improving outcomes for individuals, families, and communities affected by suicide.

This collaborative approach was demonstrated through the National Suicide Prevention Conference Policy Workshop and a Plenary Address, which brought together policymakers, researchers, practitioners, and people with lived experience to explore how their respective roles contribute to collaboration and outcomes in suicide prevention. Through these and other forums, Board members have identified opportunities for strengthened connections across sectors, amplified collective impact, and helped break down silos.

Over the coming year, the Board will continue to provide strategic advice across a range of priority areas, including the social determinants of suicide, monitoring and reporting progress in suicide prevention across diverse settings and contexts, strengthening the use of evidence and data, and promoting compassionate, person-centred approaches that improve outcomes for individuals, families, and communities.



Nicholas Procter

Chair
Advisory Board

Jurisdictional Collaborative Forum

Since 2023, the NSPO has convened the Jurisdictional Collaborative Forum (JCF). This includes suicide prevention policy leads from all state and territory governments and the Commonwealth. The JCF facilitates collaboration and encourages national alignment in suicide prevention policy.

Throughout the past year, the JCF has met six times and sparked many additional connections and conversations. These meetings have focused on matters that require a coordinated interjurisdictional approach to guide strategic suicide prevention reform in order to achieve the optimum suicide prevention system as outlined in the *National Suicide Prevention Strategy 2025-2035*.

International engagements

The National Suicide Prevention Office has met with international stakeholders to discuss lived experience engagement processes, research and evidence, policy development and cross-portfolio engagement. The NSPO has engaged with international teams leading suicide prevention work in New Zealand, Scotland, Uruguay, the Netherlands and Ireland, as well as the World Health Organization to share insights and keep abreast of future international direction. Insights provided by Australia were acknowledged in Ireland's *Strategy to Reduce Suicide and Seld-harm Connecting for Life: 2026-2035*.



National Suicide Prevention Conference 2026

Members of the NSPO attended the National Suicide Prevention Conference in Sydney in April 2026. This is an important opportunity for the NSPO to connect with and hear directly from people with lived and living experience, service providers, researchers and policy makers.

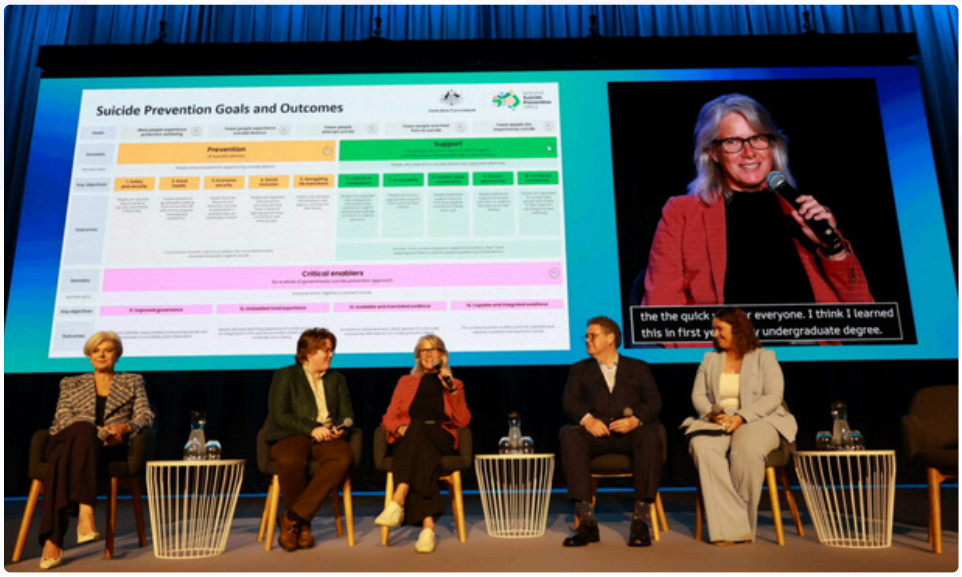
The NSPO was represented at four sessions throughout the conference:

Addressing gaps between research priorities and translation to what is needed in policy
In partnership with Suicide Prevention Australia, Roses in the Ocean and University of Melbourne, the NSPO co-facilitated a pre-conference workshop. The workshop aimed to improve collaborative efforts across research, lived experience and policy disciplines by increasing the understanding of challenges, barriers and opportunities experienced when translating research into policy.

National Suicide Prevention Outcomes Framework - Understanding suicide through measurements that matter
The NSPO provided a keynote plenary session and panel discussion, providing updates on work following the release of the Strategy, including the development of the National Suicide Prevention Outcomes Framework. Key partners Myfanwy Maple, Jordan Frith, Nicholas Procter and Nieves Murray spoke about the development of the shared goals and person-centred outcomes, what they mean for people in suicide prevention and how the Outcomes Framework has the ability to improve on what has been done in the past, including the multi- and mixed- methods approach to combining quantitative and qualitative data to better understand the experiences of people whose lives have been impacted by suicide. The plenary session was a precursor to the Outcomes Map being released in June (see page 29).

National Suicide Prevention Outcomes Framework - How to use it in your context
The NSPO held a concurrent session to provide insights and examples of how the Outcomes Framework can be used across a range of areas including policy, programs, research and within communities.

Embedding Aboriginal and Torres Strait Islander knowledge at a national level
The NSPO also presented alongside Gayaa Dhuwi (Proud Spirit) Australia to highlight the collaboration between the NSPO and Aboriginal and Torres Strait Islander leadership, and efforts to embed Aboriginal and Torres Strait Islander knowledge and priorities in national policy directions.



Plenary session panellists: Nieves Murray, Jordan Frith, Myfanwy Maple, Nicholas Procter and Seryn Adams (facilitator).

Monitoring and reporting

Release of the National Suicide Prevention Outcomes Framework

Following the February 2025 release of the *National Suicide Prevention Strategy 2025-2035,* which outlines the national direction for suicide prevention, the NSPO has been working to develop the National Suicide Prevention Outcomes Framework (Outcomes Framework). This will provide a more meaningful and complete picture of what is working well and what needs to be improved.

Overview

In November the first component of the Outcomes Framework was released - the Overview. It provides an orientation to the Outcomes Framework, explaining its purpose, aims and intent, as well as describing how the subsequent components are designed to operate together to provide a better understanding of the impact of suicide prevention efforts nationally. View the Outcomes Framework Overview.

What is new:

- shared goals and outcomes developed in partnership with people with lived and living experience of suicide as well as key stakeholders from the suicide prevention sector;
- enables the combination of numbers (quantitative data) and stories (qualitative data) to provide the essential insights into people's experiences across the life course; and
- inclusion of preventive measures, support systems, and collective efforts as outlined in the Strategy.

> **"What struck me most about developing the Outcomes Map was the depth of the process. The co-design explored numerous impacts of suicide on a wide scope, and yet never lost sight of what it was trying to achieve. The Lived Experience Partnership Group had genuinely robust conversations, the kind where you leave knowing something better came out of it. That collaborative principle is reflected in the outcomes themselves, strengths-based, person-centred, and meaningful to the people they are designed to serve. This is not a framework built in a boardroom. It was earned through real engagement, real dialogue, and real lived experiences."**



Chris Trupp

Member
Lived Experience
Partnership Group

Release of the National Suicide Prevention Outcomes Framework

In June 2026, the NSPO released the second instalment of the Outcomes Framework, consisting of the Outcomes Map, Data Overview and Data Quality Framework at an online event attended by over 600 participants.

Assistant Minister for Mental Health and Suicide Prevention, the Hon. Emma McBride spoke about the importance of the Outcomes Framework in providing a guide for tracking progress over time and staying focused on what really matters.

You can watch a replay of the webinar here.

Outcomes Map

The Outcomes Map is a world-first initiative that reframes how success in suicide prevention is measured and achieved. The Outcomes Map was developed in partnership with people with lived and living experience, researchers, and service providers.

Until now, progress in suicide prevention has largely been measured at the point of crisis—through deaths, emergency department presentations and service use. While vital, these indicators provide only a part of the picture.

The Outcomes Map changes this by moving Australia's approach beyond counting tragedies to understanding how to prevent them. This approach puts people, especially those with lived experience, at the centre of what success looks like. It links the desired impact of the Strategy (goals and outcomes) with the measures of change (indicators and data measures) and identifies the evidence needed to show what is working well and what needs to improve.

The Outcomes Map is presented in several formats to ensure it is accessible and easy to understand, while also inclusive of relevant technical details. View the full Outcomes Map here.

Data Quality Framework

The Data Quality Framework outlines criteria to define what 'fit-for-purpose' means specifically for the Outcomes Framework, including both quantitative data (numbers) and qualitative data (stories). All potential new and existing data is assessed against these criteria to determine its quality. Data that is deemed fit-for-purpose is included as data measures in the Outcomes Framework, while data that is not fit-for-purpose informs the Data Improvement Plan.

The Data Quality Framework is also designed for use beyond the Outcomes Framework. It provides a clear method for assessing the quality of data in the suicide prevention landscape and can be used by everyone to inform how they assess data quality in their own context. View the Data Quality Framework.

Data Overview

The Data Overview provides a high-level description of how the collection, analysis and reporting of data would be done in the Outcomes Framework. It outlines how the Outcomes Framework has been designed to combine quantitative data (numbers) and qualitative data (stories) to identify not only what has changed but why. View the Outcomes Framework Data Overview.

The NSPO is now progressing work on next components of the Outcomes Framework including, Data Quality and Improvement and Monitoring and Reporting.

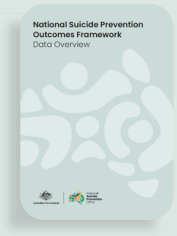
National Suicide Prevention Outcomes Framework components

Outcomes Framework Overview

Provides an overarching description of the Outcomes Framework.



Overview

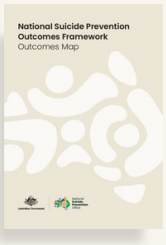


Data Overview

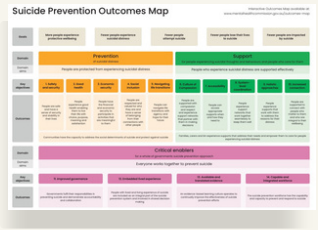
The NSPO is partnering with the Australian Institute of Health and Welfare (AIHW) to support the design of the Outcomes Framework and delivery of evidence-informed advice.

Outcomes Map

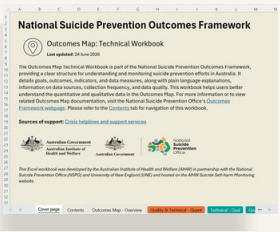
Defines the goals, outcomes, indicators, and data measures within the Outcomes Framework.



Introduction



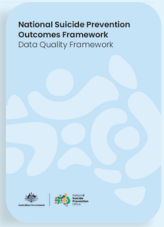
Outcomes Map Interactive



Outcomes Map Technical Workbook

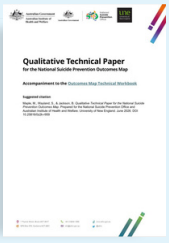
Data Quality and Improvement

Makes sure data is fit-for-purpose for the Outcomes Framework.



Data Quality Framework

Data Quality and Improvement Plan - in development



Qualitative Technical Paper

Monitoring and Reporting

Describes the monitoring and reporting being done against the Outcomes Framework.

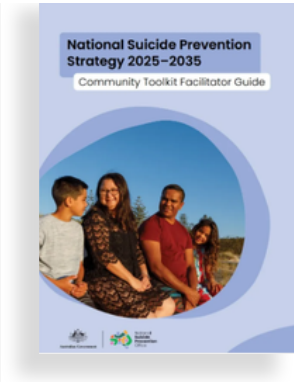
Monitoring and Reporting Plan - in development

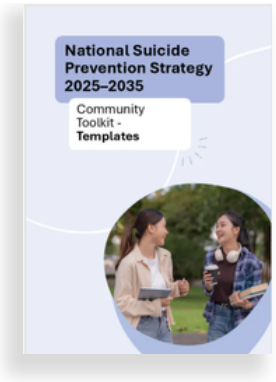
Indicator Reporting - to come 2027

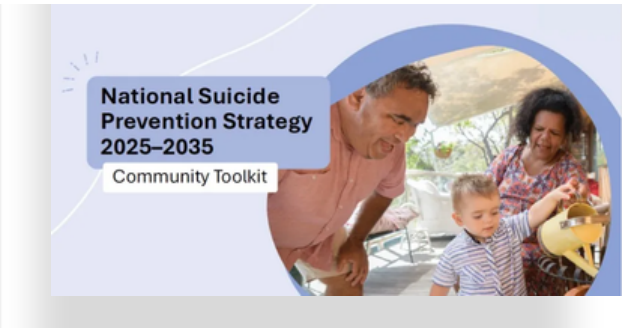
Insight Reporting - to come 2027

National Suicide Prevention Strategy Community Toolkit

On September 10, the NSPO marked World Suicide Prevention Day 2026 with the launch of a Community Toolkit to support communities to engage with suicide prevention in a practical and meaningful way. Aligned with the Strategy and Outcomes Framework, the toolkit is designed to help communities understand key suicide prevention concepts and apply them within their own local contexts through community-led conversations, presentations and activities using the provided resources.









The Community Toolkit includes

- An adaptable slide deck to support safe community conversations about suicide prevention, with suggested prompts, talking points and activities that can be adjusted to suit local needs.
- A facilitator guide to gently structure each discussion, including introductions, respectful engagement, discussion prompts and ways to support participant wellbeing.
- An animation explainer and videos to support engagement.
- Templates for holding a discussion, including administrative materials, newsletters, media releases, social media and in-session icebreakers.

Access and download the Community Toolkit resources at the NSPO website.

Coming up

Strategy Progress Reporting

The NSPO is currently developing a Strategy Progress Report to track progress on implementation of the *National Suicide Prevention Strategy 2025-2035* (the Strategy). The first progress report will be released 2 years into the 10-year Strategy, the report will provide a summary of early progress made against the priority actions identified in the Strategy, and key initiatives that have commenced or been delivered.

This progress reporting will include updates gathered from relevant Government departments and agencies beyond the Health portfolio. This reporting will provide an important opportunity to maintain focus on implementation of the Strategy over its life course.

The first progress report will be released in early 2027.



Involving families, carers and kin in the support of people with suicidal thoughts or behaviours

The NSPO is undertaking research to address Action 10.1a of the National Suicide Prevention Strategy 2025-2035. This will involve a comprehensive review of barriers to involving families, carers and kin in care planning and care delivery for people who experience suicidal thoughts and behaviours. We will then co-design recommendations aimed at addressing these barriers. Final outputs from this work are expected in 2027.

National Suicide Prevention Workforce Capability Framework

During 2025–26, the NSPO progressed a key commitment to support a capable, connected and sustainable suicide prevention workforce. *The National Suicide Prevention Strategy 2025–2035* (the Strategy) recognises that preventing suicide is everyone's responsibility. It requires a workforce that extends beyond health services to include people working in community organisations, education, employment, social services and justice settings. The Strategy calls for action to strengthen the skills, capacity and wellbeing of the workforce across the suicide prevention system.

Through policy and research reviews, environmental scanning, and consultation with the sector, the NSPO identified a need for practical guidance that could be readily applied by organisations and workers across the suicide prevention system. In response, Minister Butler approved the development of a National Suicide Prevention Workforce Capability Framework (Capability Framework).

The Capability Framework will help define the knowledge, skills and behaviours needed to support effective suicide prevention. It is intended to support workforce development across a range of settings and form a clear foundation for future workforce development and reform efforts. Development of the Capability Framework commenced in July 2026 and is in the early planning phase with further information and timeframes to become available in the near future.

To stay informed on the work of the National Suicide Prevention Office visit:

www.mentalhealthcommission.gov.au/nspo/about-national-suicide-prevention-office/get-involved

National Mental Health Commission and National Suicide Prevention Office
Year in Review 2025-26

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