



Department of Human Services Suicide Prevention Action Plan 2025–2028

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Statement from Chief Executive

The Department of Human Services (DHS) brings together a diverse range of services, funding, and policy responsibilities that support fairness, opportunity, and choice for all South Australians.

DHS services and strategic policies support South Australians from all backgrounds and walks of life, offering numerous opportunities to support people's wellbeing and help prevent suicide and related distress.



Our inaugural DHS Suicide Prevention Action Plan 2025–2028 (the DHS Action Plan) aligns with the [South Australian Suicide Prevention Plan 2023–2026](#) (the State Plan). It outlines our commitment to contributing to the State Plan's vision of compassionate, resilient, and connected communities that support wellbeing and prevent suicide.

We recognise that our main role in suicide prevention is to foster a supportive environment for our staff and the people we serve. This requires self-reflection, examining our processes, engaging with staff, and listening to people who access our services. During the first two years of implementing the DHS Action Plan we will focus on ensuring our organisation is equipped to support the State Plan's vision by reviewing and improving what we do, while strengthening our engagement with external stakeholders to help inform the implementation of the DHS Action Plan and to identify other opportunities.

Building on this foundation, the second phase of the DHS Action Plan will extend our focus outwards, working together with our partners in the government and non-government sectors who share our goals to further support the people of South Australia.

We all have a role to play in the prevention of suicide, and through coordinated action, together we can make a positive difference.

Sandy Pitcher

Chief Executive

Department of Human Services

Acknowledgement of Aboriginal Peoples

We acknowledge and respect Aboriginal Peoples as the State's First Peoples and Nations and recognise them as traditional owners and occupants of land and waters in South Australia.

We acknowledge that the spiritual, social, cultural and economic practices of Aboriginal Peoples come from their traditional lands and waters, that they maintain their cultural and heritage beliefs, languages and laws which are of ongoing importance, and that they have made and continue to make a unique and irreplaceable contribution to the State.

Please note the term Aboriginal is used throughout this document to include all Peoples of Aboriginal and Torres Strait Islander descent in South Australia. We acknowledge that other Aboriginal and Torres Strait Islander cultural names may be preferred.

Recognition of Lived Experience

We recognise lived and living experience of suicide, including South Australians who have been affected by suicide either through their own experiences, or through the experiences of people close to them.

We recognise the lived experience that has contributed to the development of the DHS Action Plan, including people with lived and living experience of suicide and mental distress, and the lived experience of people from one or more of the priority populations discussed in this Action Plan, such as Aboriginal Peoples, LGBTIQ+ people, neurodivergent people, and people living with disability.

Content Warning

This document discusses suicide and suicide prevention. If this content raises any concerns, free and confidential support can be accessed through services such as:

Lifeline

13 11 14

[Lifeline.org.au](https://lifeline.org.au)

Suicide Call Back Service

1300 659 467

suicidecallbackservice.org.au

StandBy Support After Suicide

1300 727 247

<https://standbysupport.com.au>

Thirrili Aboriginal After Suicide Support

1800 805 801

<https://thirrili.com.au>

Beyond Blue

1300 224 636

[Beyondblue.org.au](https://beyondblue.org.au)

MensLine Australia

1300 789 978

[Mensline.org.au](https://mensline.org.au)

Kids Helpline

1800 551 800

[Kidshelpline.com.au](https://kidshelpline.com.au)

13YARN

13 92 76

13yarn.org.au

Q Life

1800 184 527

[Qlife.org.au](https://qlife.org.au)

About the Department of Human Services

The Department is responsible for developing and implementing a broad range of services that support South Australians. Our programs and services aim to ensure South Australians are safe, empowered and connected in their communities.

Examples of DHS services include [Disability Services](#), [Youth Justice](#), [Child and Family Support](#), [Women's Information Service](#), [Adult Safeguarding Unit](#), [Metropolitan Aboriginal Youth and Family Services](#) and [Concessions SA](#).

DHS also funds non-government and Aboriginal Community Controlled Organisations to support South Australians in areas such as community connection, child and family support, gambling harm support, homelessness, and domestic, family and sexual violence. DHS provides various grants to community organisations, including through programs like [Grants SA](#).

Along with funding and delivering services, DHS leads strategic policy that supports diverse population groups in South Australia. These include people living with disability, young people, carers, LGBTIQ+ communities, older people, Aboriginal Peoples, and women.

Strategic Context

DHS' Action Plan is a legislated requirement under the [Suicide Prevention Act 2021](#) (the Act) and aligns with the five strategies in the [South Australian Suicide Prevention Plan 2023–2026](#) (the State Plan).

As of June 2025, DHS is one of ten government agencies (referred to in the Act as 'Prescribed State Authorities') required to have an Action Plan. Each agency's Action Plan must focus on suicide prevention as it relates to the people that agency engages with.

DHS' role in suicide prevention

DHS supports a whole-of-government approach to suicide prevention and wellbeing, and shares the State Plan's vision of compassionate, resilient and connected communities that support wellbeing and prevent suicide.

DHS has various opportunities to contribute to suicide prevention as an employer, service provider and funding body, and through leading or contributing to various government strategies and initiatives. The services and initiatives we deliver, and how we do this, is central to our role in suicide prevention.

DHS recognises the need for suicide prevention action to address the risk factors that can increase risk of suicide, and protective factors that reduce risk for suicide. We also recognise that suicide prevention can take various forms and will therefore look different in different parts of DHS.

More information about risk and protective factors and approaches to suicide prevention can be found in [the State Plan](#).

Recognition of priority populations

The State Plan recognises that whilst anyone can experience suicide risk, some population groups are disproportionately impacted by suicide. This is not inherently because of who they are, but rather because of societal impacts and biases. The DHS Action Plan refers to these groups as 'priority populations'.

DHS recognises that people from these groups are strong and resilient in the face of challenges such as discrimination, trauma, grief, or barriers to seeking support, and that these challenges can be amplified when someone belongs to more than one of these priority populations (often referred to as 'intersectionality'). Despite this strength, people from these groups can be more likely to think about, attempt or die by suicide.

DHS' Action Plan includes a focus on listening to and supporting the wellbeing of priority populations, many of whom DHS has a responsibility for assisting through services and strategic initiatives.

The priority populations recognised in the State Plan are:

- Aboriginal Peoples
- men
- people in regional, rural and remote South Australia
- LGBTIQ+ communities
- people who have experienced thoughts of or attempted suicide
- people who experience discrimination due to racism, age, disability, gender, or neurodivergence
- migrants
- first responders
- people who have had contact with the criminal justice system
- defence force veterans
- children and young people, and people who have experienced early life adversity
- people who have been bereaved by suicide
- people who have previously made an attempt on their life
- people whose identity intersects with more than one of these groups or identities.

DHS recognises that people outside of these population groups can also be at risk of suicide. Each part of DHS will consider suicide prevention in their specific context, including as it relates to populations not identified in the State Plan.

Relationship to DHS policies, strategies and frameworks

DHS' Action Plan aligns with the following:

Staff-focused documents:

- [DHS Strategic Plan 2022–2024](#)
- [DHS Diversity, Equity and Inclusion Strategy 2025–2027](#)
- Human Resources, Wellbeing & Safety Strategic Plan 2023–2025
- Wellbeing and Safety Management Plan 2023–2026
- Respectful Treatment at Work Policy
- Wellbeing and Safety Policy
- WHS Risk Management Procedure
- Critical and Traumatic Incident Response Procedure

Community-focused documents:

- [Trauma Responsive System Framework](#)
- Roadmap for the Child and Family Support System (updated Roadmap in development)
- [South Australia's Youth Action Plan 2025–2028](#)
- [SA Autism Strategy 2024–2029](#)

Alignment with Aboriginal strategies

Australia's Aboriginal Peoples are recognised as the oldest living cultures in the world. Their resilience is testament to the strength of their cultures, communities, and connection to Country.

For Aboriginal Peoples, health is viewed as holistic, incorporating the interconnection of mental, physical, cultural, and spiritual wellbeing (often referred to as 'social and emotional wellbeing'). Connection to Country, community and culture, and feeling valued in society, can serve as protective factors to support social and emotional wellbeing, which in turn help reduce suicide risk.

Aboriginal communities, however, are also disproportionately impacted by the grief, loss and distress associated with the ongoing impacts of colonisation, including the impact of racism, disconnection from culture and Country, social and economic inequality, and intergenerational trauma.

DHS recognises the importance of Aboriginal leadership and self-determination in supporting social and emotional wellbeing and suicide prevention, as recognised in:

- The [Gayaa Dhuwi \(Proud Spirit\) Declaration](#)
- The [Gayaa Dhuwi \(Proud Spirit\) Declaration Framework and Implementation Plan](#)
- The [Social and Emotional Wellbeing Policy Partnership](#)

DHS is committed to ensuring our services, strategies and workplaces are culturally safe and responsive for Aboriginal Peoples now and into the future, and that we walk alongside Aboriginal communities in all that we do.

The DHS Action Plan will align with other DHS strategies and commitments to help achieve these goals, including:

- [South Australia's Implementation Plan for Closing the Gap](#) (noting Target 14 – Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero)
- [The South Australian Public Sector Anti-Racism Strategy 2023–2028](#)
- [DHS' Reconciliation Action Plan](#) (new Plan under development)
- DHS' Aboriginal Workforce Strategy 2025–2030 (in development)
- DHS' Closing the Gap Framework and Policy

DHS is committed to working together with Aboriginal Peoples through these strategic approaches in a genuine spirit of partnership and reconciliation. In implementing the DHS Action Plan, we will ensure that we engage appropriately with Aboriginal staff, communities and organisations.

Development of DHS' Suicide Prevention Action Plan

The DHS Action Plan was developed through consultation with stakeholders that incorporated diverse perspectives and expertise.

An initial draft was informed by engagement with:

- The LGBTIQ+, Youth and Disability Minister's Advisory Councils
- DHS teams that deliver services
- DHS teams that manage contracts for services that DHS funds
- DHS teams that are responsible for staff wellbeing and safety
- Aboriginal and LGBTIQ+ DHS employees.

It was also informed by existing research and consultation, including:

- [Shifting the Focus: A national whole-of-government approach to guide suicide prevention in Australia](#)
- Consultation conducted by Preventive Health SA in developing the State Suicide Prevention Plan, including their engagement with priority populations and those with lived and living experience.

Following this, DHS conducted public consultation via [YourSAy](#), inviting members of the public and stakeholder organisations to provide feedback on the draft DHS Action Plan. All DHS staff were also invited to provide feedback.

In total, 57 individuals or organisations provided feedback via a YourSAy survey and written submissions, which informed the final version of the DHS Action Plan and will support implementation over the next four years.

A YourSAy consultation report with more information about the feedback we received and how we have used it can be found on the [DHS website](#).

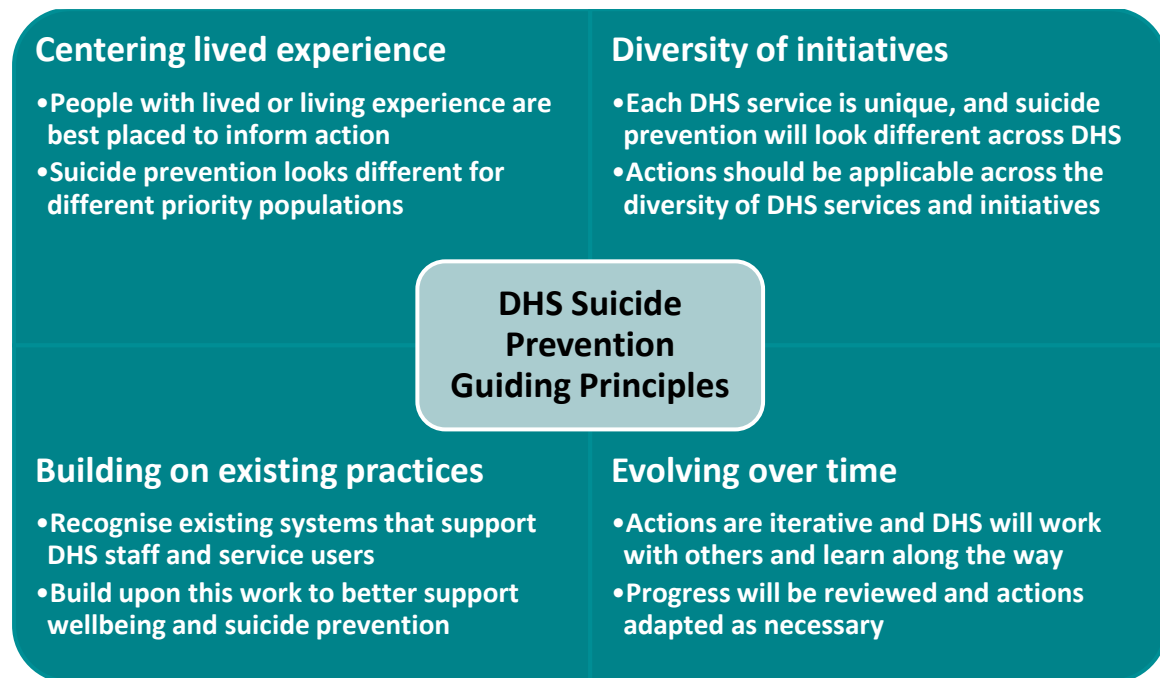
DHS thanks everyone who has contributed to the development of the DHS Action Plan, with a particular recognition of the contributions from people with lived experience of suicide, who accounted for most people who provided feedback via YourSAy.

Our Vision

The wellbeing of all people who interact with DHS is prioritised, people experiencing distress have access to support, and we work together with other organisations and people with lived experience to prevent suicide in South Australia.

Guiding principles

The DHS Action Plan is informed by the following guiding principles:



How we will do this

The DHS Action Plan features actions we will take as first steps to help support wellbeing and prevent suicide. The implementation of these actions may look different across DHS.

In the first two years of the Action Plan (2025-2027), our aim is to:

1. Support the wellbeing of our staff and the people who access our services;
2. Engage with other government agencies, non-government organisations, people with people with lived or living experience and other relevant stakeholders to support suicide prevention initiatives in South Australia and inform our actions; and
3. Integrate suicide prevention in our initiatives and strategies, especially as they relate to Aboriginal people and other priority population groups at higher risk of experiencing suicidal distress.

A mid-cycle review in 2027 will inform further updates to the Action Plan.

Actions

Strategy 1 – PARTNER: Enable multisectoral and whole-of-community approaches to suicide prevention

Action	Measure
1.1 Develop an approach for engaging with people with lived experience on the implementation of the DHS Action Plan, with a focus on priority populations.	Number of engagement activities with people with lived experience Number and nature of actions informed by lived experience
1.2 Collaborate with other government departments on suicide prevention strategies, such as the multi-sector committee for suicide prevention hosted by Preventive Health SA.	Number of collaborative initiatives engaged with
1.3 Contribute to, and promote, online resources about suicide prevention.	Number and type of contributions and promotions
1.4 Promote suicide prevention strategies to staff and members of the public, including promotion of World Suicide Prevention Day and RUOK? Day.	Number and nature of promotional activities to DHS staff and members of the public
1.5 Seek advice from peak bodies, DHS-funded services and other relevant stakeholders and explore opportunities to collaborate on suicide prevention initiatives.	Number and nature of engagement activities Number of joint initiatives led or supported

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Strategy 2 – RESPECT: Promote social and emotional wellbeing and prevent and respond to suicide risk for Aboriginal South Australians

Action	Measure
2.1 Contribute to the implementation of the South Australian Public Sector Anti-Racism Strategy .	Actions taken that align with the priorities and outcomes of this Strategy
2.2 Develop and implement an engagement plan for working with Aboriginal stakeholders and organisations.	Engagement plan developed
2.3 Review the appropriateness of Aboriginal staff carrying cultural load in their roles and identify opportunities to support their wellbeing, including as part of DHS' Aboriginal Workforce Strategy 2025–2030.	Review conducted Recommendations given to DHS leaders Line managers regularly discuss cultural load with Aboriginal staff
2.4 Conduct a DHS-wide Cultural Safety Audit to identify how DHS services and workplaces can be safer for Aboriginal staff and more culturally appropriate for people accessing DHS services.	Cultural Safety Audit conducted Feedback from Aboriginal staff and people accessing DHS services
2.5 Support the sectors that DHS funds to build capacity in providing culturally safe and appropriate services to Aboriginal Peoples and communities.	Evidence of engagement Additional measures to be developed
2.6 Provide culturally appropriate Employee Assistance Program options.	Aboriginal staff utilisation and satisfaction with Employee Assistance Program

Strategy 3 – PREVENT: Create compassionate, safe and resilient communities

Action	Measure
3.1 Commit to the use of safe and consistent language about mental ill-health and suicide, and sign up to Everymind's National Communications Charter .	DHS signs up to the Charter Evidence of safe language being consistently used
3.2 Review DHS Risk Registers to address site or service specific hazards that may contribute to suicide risk for staff or clients, and develop suitable controls, or adjust existing controls, to mitigate these risks.	Reviews conducted Risks recorded and addressed in a timely manner
3.3 Review, update or develop relevant policies, procedures, guidelines and initiatives to support mental health and wellbeing for staff and for people who access DHS services.	Number of documents reviewed, updated or developed
3.4 Identify strategies that support psychosocial wellbeing in the workplace for staff and leaders, including reducing stigma about suicide and mental ill health.	Exploration of strategies conducted Recommendations are provided to DHS leaders
3.5 Identify suicide prevention training and resource options for staff relevant to their roles, including understanding the needs and lived experiences of people from priority populations who access DHS services.	Evidence of training/resources developed or acquired Number and percentage of staff completing training
3.6 Explore how DHS supports the wellbeing of priority populations and identify opportunities to strengthen these initiatives as a protective factor for suicide prevention.	Research and opportunities analysis

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Strategy 4 – RESPOND: Meet the needs of people and communities when, and in the ways they are needed

Action	Measure
4.1 Review Terms of Reference of internal wellbeing and safety committees to prioritise suicide prevention and ensure priority population representation.	Terms of Reference reviewed and updated Evidence of representation of priority populations
4.2 Review, update or develop relevant policies, procedures or guidelines to support DHS staff to respond appropriately when someone accessing a DHS service is assessed as being at risk of suicide, including culturally appropriate responses for Aboriginal people.	Number of documents reviewed, updated or developed Actions taken to inform staff of what to do when someone is identified as being at risk of suicide
4.3 Review, update or develop relevant policies, procedures, guidelines, and strategies to support suicide postvention.	Number of documents reviewed, updated or developed Actions taken to inform managers of what to do after a suicide
4.4 Explore the creation of a network of staff trained in Mental Health First Aid (or other appropriate training) to support the wellbeing of staff and clients experiencing distress.	Number of staff with relevant training Creation of network explored
4.5 Encourage DHS-funded service providers to develop Suicide Postvention Protocols.	Evidence of engagement with service providers Number of service providers who develop Suicide Postvention Protocols

Strategy 5 – REVIEW: Monitor and evaluate suicide prevention strategies and support evidence-informed practice

Action	Measure
5.1 Work with the Suicide Prevention Council and relevant stakeholders (including government and non-government organisations) to: identify data gaps; capture and share data where appropriate; and utilise data available to DHS to inform evidence-based and evidence-generating policies or practices.	Engagement with Suicide Prevention Council and/or other stakeholders Additional measures to be developed with stakeholders
5.2 Utilise data collection methods within DHS to better identify and respond to emerging communities of concern or distress.	Updates to data collection methods to better capture data about priority populations and emerging communities of concern
5.3 Develop or update procedures for reviewing all suicide-related critical incidents involving DHS and use this procedure to inform ongoing improvements.	Procedures developed or updated Critical incidents reviewed and actioned in a timely manner
5.4 Undertake mid-term review of Action Plan.	Mid-term review undertaken Progress report provided to DHS leaders New actions and measures incorporated into the updated Action Plan

Implementation, Monitoring and Reporting

The DHS Action Plan will be implemented by representatives from DHS teams that have been assigned responsibility for individual actions.

Collaboration between DHS services is encouraged as part of this Action Plan to share knowledge and to assist teams in supporting the wellbeing of staff and people accessing each service.

Implementation of the DHS Action Plan will be reported to relevant leadership committees within DHS and annual reports will be provided to the [Suicide Prevention Council](#) in accordance with the *Suicide Prevention Act 2021*.

Aboriginal representation will be included in any governance of the DHS Action Plan and in the implementation of Aboriginal-specific actions to ensure cultural appropriateness.

An updated version of the DHS Action Plan will be published on the DHS website following a mid-cycle review in early 2027.

Contact Details

Ongoing feedback is important to help us reflect and continue to improve the DHS Suicide Prevention Action Plan 2025–2028. You can contact the Department at any time:

Phone: (08) 8429 7735

Email: dhs.socialinclusion@sa.gov.au

Write to: Department of Human Services, Riverside Centre, GPO Box 292, Adelaide, SA 5001.

If the content of this document has raised any concerns for you, refer to the list of options on page 6 for free and confidential support.

Glossary and Definitions

Aboriginal

In this document, 'Aboriginal' is used to refer to all Aboriginal and Torres Strait Islander Peoples living in South Australia.

Contract management teams

Teams within DHS that manage DHS' contracts with, and provide funding to, non-government organisations and Aboriginal Community Controlled Organisations to deliver community services.

Cultural load

The additional workload carried by Aboriginal employees when they are asked to provide cultural knowledge or assume cultural responsibilities in addition to the workload their non-Aboriginal colleagues carry.

Cultural safety

The process of overcoming power imbalances and creating environments that are safe and respectful for Aboriginal Peoples.

DHS or the Department

Department of Human Services.

Funding body

An organisation, such as a government department, that funds other organisations to deliver services to members of the public.

LGBTIQA+

Lesbian, gay, bisexual, transgender, intersex, queer, and asexual. The plus recognises other diverse sexual orientations and gender identities, such as pansexual and non-binary people.

Lived experience

Knowledge gained from personal experience. In this document, 'lived experience' primarily refers to lived experience of mental or suicidal distress.

Priority populations

Population groups that research recognises can be at increased suicide risk. Priority populations for this Action Plan align with the population groups identified on page 12 of the [South Australian Suicide Prevention Plan 2023–2026](#).

Project lead

The person or team responsible for ensuring this Action Plan is implemented.

Protective factors

Factors that help support a person's wellbeing and reduce suicide risk. Examples include feeling connected to community or having access to support services.

Service delivery teams

Teams within DHS that are responsible for delivering services directly to members of the public.

Service provider

An organisation that delivers services to members of the public. This can include both government departments and non-government organisations.

Social and emotional wellbeing

For Aboriginal people, it is acknowledged that health and wellbeing is holistic. The term 'social and emotional wellbeing' encompasses several domains such as physical health, mental health, and connection to family, community, culture, Country, and ancestors. For more information, refer to the [Indigenous Mental Health & Suicide Prevention Clearinghouse](#).

Suicide postvention

Actions taken following a suicide to support the people impacted by the death.

Suicide prevention

Efforts to reduce suicide risk. This includes actions taken to support someone who is currently thinking about suicide, as well as efforts that support emotional wellbeing and reduce the risk of someone thinking about suicide in the first place.

Wellbeing

The state of being well. In the context of this Action Plan, 'wellbeing' generally refers to mental wellbeing. The term 'social and emotional wellbeing' is also used in an Aboriginal-specific context (see above).

Appendix 1 – The DHS Suicide Prevention Guiding Principles

The diagram on page 12 illustrates these four principles:

Centring lived experience

- People with lived or living experience are best placed to inform action
- Suicide prevention looks different for different priority populations.

Diversity of initiatives

- Each DHS service is unique, and suicide prevention will look different across DHS
- Actions should be applicable across the diversity of DHS services and initiatives.

Building on existing practices

- Recognise existing systems that support DHS staff and service users
- Build upon this work to better support wellbeing and suicide prevention.

Evolving over time

- Actions are iterative and DHS will work with others and learn along the way
- Progress will be reviewed and actions adapted as necessary.

