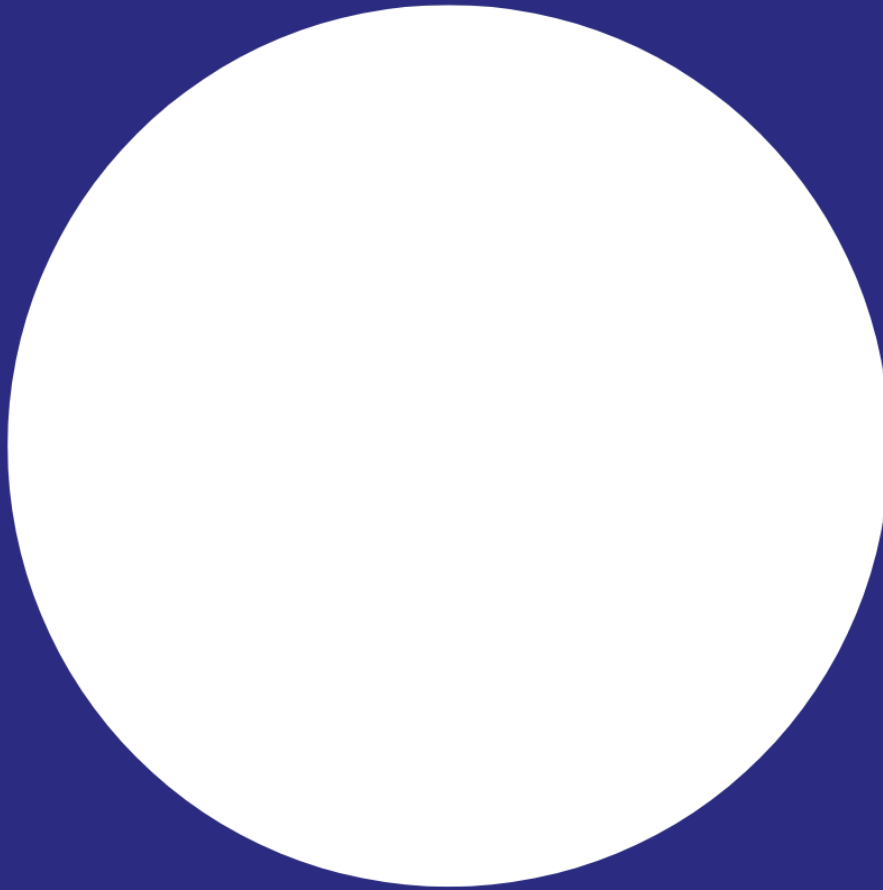


Helping local government
build stronger communities.



South Australian Suicide Prevention Plan 2027-2032 Consultation

October 2026



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About us

At LGA South Australia (LGA), our purpose is to help local government build stronger communities.

As the peak body proudly representing 68 councils across South Australia and the Anangu Pitjantjatjara Yankunytjatjara, we champion the needs of our members every single day.

Working for our members, we represent the interests of local government at both state and federal levels and provide robust and innovative solutions to local challenges.

Whether it's policy development, coordination on important issues or training and development, our work is about empowering local government to deliver a real, lasting impact for South Australians. Our trusted services also include tailored cover and risk services for the sector, and access to pre-qualified suppliers and panels to save councils time and money.

With a focus on leadership and representation, our work is driven by a shared passion for making a difference in the lives of the communities.

LGA welcomes the opportunity to provide a submission on the *South Australian Suicide Prevention Plan 2027 – 2032* (the Plan) based on the survey questions in the [YourSAY](#) Consultation Paper. Working together, we can make positive contributions to the mental health and wellbeing of South Australians.

Background

Mental health and wellbeing are essential to people's ability to live healthy, productive and connected lives. While mental wellbeing and mental illness are distinct, many of the factors that promote positive mental health, such as resilience and social connection, can also help protect against mental illness. As public health authorities, councils play an important role in promoting community wellbeing and addressing public health challenges, including poor mental health and suicide prevention.

This submission has been informed by previous LGA submissions, LGA's existing policy positions and evidence-based research.

The role of local government in mental health and suicide prevention

Partner in government

Local government does not provide clinical mental health services but plays an important role in prevention and community wellbeing. By leveraging government investment and working closely with local organisations, councils help create environments that support social connection, inclusion and resilience. The *Local Government Act 1999 (SA)* notes that the principal function of a council is to '*provide for the welfare, wellbeing and interests of individuals and groups within its community*'; Research shows that communities where people feel safe, healthy, economically secure and connected experience higher levels of wellbeing, lower levels of psychological distress and lower rates of suicide.¹

Mental health exists on a continuum from positive wellbeing through to mental ill health, and councils predominantly contribute through primary prevention by creating supportive physical, social and community environments. Councils facilitate local collaboration, support community organisations, provide infrastructure and community spaces, promote local programs, and broker partnerships that strengthen community capacity. They also make significant co-investments through facilities, staff resources and community partnerships.

With their strong local connections and understanding of community needs, councils are well placed to support coordinated, place-based approaches to mental health promotion and suicide prevention, bringing together stakeholders from across sectors to improve community outcomes.

Social infrastructure and service delivery

Councils play a significant role in building community resilience and supporting mental wellbeing through the provision of accessible, safe and inclusive community infrastructure, including libraries, community centres, sporting facilities, parks and playgrounds. Access to these spaces promotes social connection, participation and overall wellbeing.

Councils play an important preventative role in supporting mental health and wellbeing by fostering social connection and reducing loneliness and isolation. Through community centres and programs such as community gardens, men's sheds, youth and early years programs, volunteer programs, and community events, councils create inclusive spaces that strengthen community participation and belonging.

¹ [*National Suicide Prevention Strategy 2025-2035*](#), pg. 21

This contribution is significant, with an LGA report finding that community centres generated \$34.9 million in social connectedness and wellbeing outcomes over 12 months. Additionally, volunteer contribution was valued at 31.1 million, contributing a total of 535,476 hours a year.²

Across South Australia, councils support community development initiatives and local services that contribute to positive mental health outcomes, although they are not always formally recognised as mental health or suicide prevention activities. Increasingly, councils are also taking a leadership role in local suicide prevention efforts, including coordinating Suicide Prevention Networks, supporting community awareness campaigns, and building local capacity to prevent suicide and promote wellbeing. Examples include the Coorong District Council's [Coorong Conversations Matter](#) and the [Mid Murray Caring Connected Communities SPN](#).

Suicide prevention networks

Councils play an important role in suicide prevention, often acting as facilitators, partners, funders and advocates for the establishment and ongoing delivery of local [Suicide Prevention Networks](#) (SPNs). Councils frequently collaborate with federal and state governments, as well as non-government organisations, to support community-led suicide prevention initiatives.

The nature and extent of council involvement varies across South Australia and is influenced by factors such as available resources, capacity to provide complementary services, and the level of local community interest and engagement.

More than 40 SPNs are operating across South Australia, many of which align with local government boundaries. The current [South Australian Suicide Prevention Plan 2023-2026](#) identifies 'Partner' as a key priority and includes the strategy '*ensure local, state and federal government work together with communities and lived experience and cultural wisdom to co-design suicide prevention initiatives.*'

LGA has previously supported suicide prevention initiatives through the Local Government's Research and Development Scheme, including funding the development of an evaluation toolkit for South Australian Suicide Prevention Networks in 2017.³ The toolkit was designed to help networks measure progress and assess the achievement of objectives outlined in local action plans. Given the changes in policy, practice and data collection approaches since its development, there may be value in reviewing and updating the resource to ensure it remains relevant and fit for purpose.

² [Social and Economic Impacts of Community and Neighbourhood Centres in South Australia 2026](#)

³ Available on request

Public health planning

The *South Australian Public Health Act 2011* (SAPH Act) recognises local councils as the Public Health Authority for their area.⁴ Many councils, through their regional public health plans, identify actions or strategies relating to mental health promotion, the development of SPNs and suicide prevention activities. These plans use a 'social determinant of health approach' to respond to local priorities by assessing local health data and trends, identifying existing and potential public health risks and then specifying how they will be addressed.

LGA policy

LGA policy on public health states:

Policy Statement 3.1 – Public Health

Local government acknowledges that protecting the health and wellbeing of its communities is a shared responsibility of all tiers of government and recognises the significant contributions that councils make in this area. Councils should contribute equitably to providing preventative and on-going health services, notwithstanding the significant responsibilities of federal and state government.

General feedback

The prevalence of mental health disorders is a critical public health issue, and responding to the mental health needs of South Australians is challenging.

LGA welcomes the development of the South Australian *Suicide Prevention Plan 2027-2032*.

Alignment with other strategies

LGA notes that the [Consultation Paper](#) proposes alignment of the next Plan with the [National Suicide Prevention Strategy 2025-2035](#), the [National Suicide Prevention Outcomes Framework](#), and the [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035](#).

LGA also recommends that the Plan align with the [State Public Health Plan 2026](#), particularly given that one of the Plan's priority areas is to *Improve mental health and wellbeing*, supported by six strategic directions aimed at strengthening mental health and wellbeing outcomes across South Australia.

⁴ [South Australian Public Health Act 2011](#)

Aligning these plans would ensure a coordinated, complementary approach across jurisdictions and State Government departments and support the delivery of shared objectives for healthier, more resilient communities.

Response to survey questions

1. Does the proposed direction reflect the right priorities for suicide prevention in South Australia?

LGA supports the proposed direction and agrees that a stronger focus on prevention, wellbeing, community participation, equity and inclusion reflects the right priorities for suicide prevention in South Australia.

Prevention and Wellbeing

LGA strongly supports addressing the social determinants of health and wellbeing, recognising that factors such as social isolation, cost-of-living pressures, housing insecurity, trauma and barriers to accessing support can contribute to suicide-related distress. Suicide prevention should extend beyond crisis response and focus on helping people remain connected, supported and well before they reach crisis point.

The Plan should adopt a coordinated early intervention approach across all life stages, with a particular focus on children and young people. Recent LGA research identified youth engagement as a significant emerging service gap in community centres and neighbourhood houses.⁵ Investing in prevention and early intervention reduces pressure on acute health, emergency and crisis services.

Community-based mental health and wellbeing initiatives are particularly important in regional and rural communities, where strengthening social connections, reducing stigma and addressing isolation can have a significant protective effect. Community-based interventions are often more cost-effective than responding after a crisis occurs.

While conversations about mental health are becoming more common in our community, stigma continues to discourage help-seeking. Community education and capacity-building are therefore essential to ensure families, friends, community members and local organisations can recognise signs of distress, provide support and connect people with appropriate services. LGA also supports the proposed focus on major life transitions, recognising the importance of maintaining

⁵ [Social and Economic Impacts of Community and Neighbourhood Centres in South Australia 2026](#)

connection, stability and access to support during these periods, highlighted in LGA research on the value of community centres.⁶

Communities and Participation

LGA strongly supports community-led approaches and agrees that suicide prevention is a shared responsibility requiring coordinated action across communities, governments, services, schools, workplaces and families.

Councils, where they have capacity, are well placed to support local preventive health action through their role as public health authorities, strong community relationships and local knowledge. LGA previously hosted a Preventive Health SA-funded position that supported councils to strengthen wellbeing initiatives and increased awareness of local government's role in preventive health. This work resulted in the development of the [Menu of Ideas for Preventive Health Action](#), which provides practical options for councils to promote health and wellbeing in their communities.

LGA recommends that the Plan strengthen partnerships with local government and community organisations to improve reach into communities and deliver whole-of-population initiatives that promote inclusion, wellbeing and social connection.

With appropriate resourcing, councils can support community events, youth programs, nature-based initiatives, arts and cultural activities, neighbourhood programs and partnerships with community organisations such as men's sheds, sporting clubs, community gardens and neighbourhood houses. These initiatives help build social connection, reduce isolation and create opportunities for early intervention.

LGA also supports the continued focus on lived and living experience and recognises the important contribution these individuals make to suicide prevention efforts. It is important to ensure that participation is safe, sustainable and meaningful.

Equity and Inclusion

LGA supports a stronger focus on priority populations, including those identified in the [Consultation Paper](#). The Plan should include targeted, measurable and culturally safe actions for priority populations experiencing heightened vulnerability or barriers to support, including First Nations peoples, people with disability, culturally and linguistically diverse (CALD) communities, young people, and LGBTIQ+ people.

⁶ [Social and Economic Impacts of Community and Neighbourhood Centres in South Australia 2026](#)

In addition, the Plan should recognise the needs of individuals affected by climate-related impacts and cost-of-living pressures, as well as people with low literacy levels who may experience additional barriers to accessing information and services.

Our regional member councils also highlight transport disadvantage as a significant barrier, with limited public transport and the cost of private travel restricting and compounding access to services in regional and remote communities. Greater community awareness, better access to local service delivery and improved access pathways are needed to ensure support reaches those most in need.

Strengthening the Suicide Prevention System

LGA agrees that suicide prevention requires coordinated action across sectors, including housing, education, employment, justice and community services. Local government should be recognised as a key partner in strengthening community wellbeing and addressing the social determinants of health. Additional funding and support are needed to build councils' capacity, particularly in regional and remote areas, to deliver community-based mental health and suicide prevention initiatives.

The Plan should improve mental health literacy through coordinated community education and workforce training that promotes help-seeking, resilience and peer support; addresses misinformation; explains early warning signs and support pathways; and equips GPs, teachers, first responders and other frontline workers to respond appropriately.

LGA works closely with councils on issues including homelessness, hoarding and squalor, and the delivery of aged care and disability services. Staff working in these areas consistently report challenges in supporting people experiencing mental ill-health within their communities. While access to psychologists remains problematic, shortages of social workers and appropriately trained mental health nurses continue to limit the availability of support.

Addressing workforce challenges should be a key focus of the new plan to ensure communities can access the services they need, particularly in regional and remote communities. Regional members have told us that GP recruitment and retention are key challenges driven by housing shortages, workforce attraction difficulties, service continuity gaps, and reliance on locums. This is likely to be reflected for other health care providers.

The Plan should establish measurable outcomes and targets, including equity measures for priority populations, and report publicly on implementation, access to support and wellbeing outcomes.

2. Are there areas that should be strengthened, clarified or given greater focus?

While LGA broadly supports the proposed direction, there are several areas that would benefit from greater emphasis and clarification.

2.1. Increase recognition of local government's role in suicide prevention and mental wellbeing.

Local government should be recognised as a key partner in place-based suicide prevention. As public health authorities and community convenors, councils can connect governments, services and local organisations to address community priorities.

Additional resourcing would enable councils to expand programs that support social connection, youth wellbeing, community participation and mental health promotion.

LGA recommendations

1. Recognise local government as a key partner in suicide prevention planning and delivery.
2. Support and sustain local Suicide Prevention Networks.
3. Establish dedicated and sustainable funding streams for councils and community organisations to deliver local mental health promotion, community wellbeing and suicide prevention initiatives.

2.2. Strengthen the focus on community-based prevention and early intervention.

The Plan should embed community-based prevention and early intervention as core approaches, with flexible, place-based delivery that responds to metropolitan, peri-urban, regional and remote needs.

Additionally, suicide prevention initiatives need to be flexible and place-based, recognising that community needs differ significantly between metropolitan, peri-urban, regional and remote South Australia. Attention should be given to regional and rural communities where social isolation and barriers to accessing services may be more pronounced.

LGA recommendations

4. Invest in community infrastructure and programs that strengthen social connection, participation and early intervention, including libraries, community centres, sporting facilities, public open spaces and neighbourhood hubs.

5. Strengthen cross-sector collaboration to address the social determinants of mental health and wellbeing.
6. Recognise housing insecurity and cost-of-living pressures as key suicide prevention considerations.

2.3. Strengthen support for children and young people.

Evidence suggests that the decline in youth mental health is a longstanding trend that predates the COVID-19 pandemic but has accelerated in recent years.⁷ There are complex and interconnected factors contributing to this decline, including digitalisation and social media use, climate anxiety, concerns about global conflict, socioeconomic pressures, bullying, academic stress, and the impacts of inequality and poverty.

These challenges underscore the need for a stronger focus on early intervention and prevention within the Plan. Supporting positive mental health and wellbeing outcomes for children and young people requires a proactive approach. It should include investment in school-based programs, youth-focused community initiatives, peer support networks, and resilience-building activities that strengthen protective factors and promote social connection. Such measures can play an important role in reducing the incidence and impacts of mental ill-health, substance misuse, self-harm, suicide, and violence among young people.

LGA recommendation

7. Strengthen the focus on priority populations experiencing concentrated inequalities and include more specific actions and targeted initiatives for population groups experiencing heightened vulnerability and barriers to support.

2.4. Support sustainable community-led action

While community leadership is appropriately recognised, many local suicide prevention and wellbeing initiatives rely heavily on volunteers, community leaders and people with lived experience. The Plan should identify mechanisms to ensure these initiatives are adequately resourced, supported and sustainable over the long term and seek opportunities to support councils and volunteers in their delivery.

LGA recommendation

8. Invest in regional mental health workforce attraction and retention strategies.
9. Improve access to mental health services and workforce capacity, particularly in regional and rural communities.

⁷[Child, Adolescent and Youth Mental Health in the 21st Century, OECD, 29 April 2026](#)

2.5. Add a stronger climate and disaster resilience lens

Climate change increasingly affects mental health and emotional, cognitive, behavioural and social functioning. Climate anxiety, heightened by recent algal bloom, drought and bird flu incidents, underscores the need for targeted action.

Climate-related events can increase social isolation, financial pressure and psychological distress. Recovery and resilience initiatives should therefore be integrated with suicide prevention efforts.

Rural communities experiencing prolonged drought should continue to receive targeted support.

LGA recommendation

10. Integrate suicide prevention into disaster recovery and climate resilience responses.

2.6. Improve data, reporting and local evidence

The Plan should acknowledge the limitations of existing suicide and mental health data and ensure reporting reflects these constraints. Members have noted that suicide statistics may not capture the full extent of suicide-related harm in communities. This is supported by research suggesting that suicide among children is likely to be underreported due to stigma, reluctance to record a death as suicide, and misconceptions about children's capacity for suicidal behaviour.⁸

The Plan should recognise that data alone cannot provide a complete picture of community need. Mental health and suicide prevention policy, planning and investment should also be informed by lived and living experience, local knowledge, and meaningful engagement with councils, service providers and communities.

LGA recommends a stronger commitment to the collection, transparency and sharing of localised mental health and suicide prevention data, including the routine provision of regional data to councils and SPNs. The Plan should also support the sharing of evidence and successful prevention initiatives to strengthen place-based, evidence-informed responses across communities.

LGA recommendations

11. Include stronger cross-government collaboration between health, housing and social services sectors.
12. Improve access to local-level data, evaluation and evidence to support planning and decision-making.
13. Include clear targets, outcomes and public reporting mechanisms.

⁸ [Understanding suicide, suicide attempts and self-harm in primary school-aged children – Evidence Summary](#), Headspace

3. Is there final feedback you would like to provide on the 2023-2026 Suicide Prevention Plan that could inform the future approach?

Overall, LGA supports the proposed direction and recommends that implementation focus on four connected priorities: community-based early intervention; sustainable resourcing for local government, Suicide Prevention Networks and community organisations; targeted and culturally safe action for priority populations; and measurable outcomes supported by local evidence and public reporting.

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