



THIRRILI

## MEDIA RELEASE

### FIRST NATION SUICIDE IN AUSTRALIA – WHAT ELSE MUST BE DONE?

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**The need:** Suicide rates in Australia is steadily rising, making it a significant public health concern. According to the Australian Bureau of Statistics, over 3,000 Australians die by suicide annually, with men representing approximately 75% of these deaths (AIHW, 2025). It is the leading cause of death for individuals aged 15 to 44. Contributors to this rise include challenges like anxiety and depression, which can be driven by financial stress, housing instability, social isolation, and social media. Geographic and demographic disparities further compound the issue. Rural and remote communities experience higher suicide rates due to limited access to mental health services and social support. Aboriginal and Torres Strait Islander peoples are disproportionately affected by the compounded impact of intergenerational trauma and systemic inequities. Despite awareness campaigns and initiatives, the growing demand for mental health services far exceeds the available supply, leaving many without timely or adequate care.

Thirrili interim CEO Tanja Hirvonen reports that, “These figures emphasise the urgent need for programs and systems that are effective and sustainable and that they centre Aboriginal and Torres Strait Islander voices. Having adequately resourced and culturally safe Suicide Prevention Strategies is a start to address this systematically and effectively.”

[See link to Gayaa Dhuwi Suicide Prevention Strategy 2025 -2035.](#)

**Complexity is increasing.** Australia is facing a critical shortage of mental health support and resources, with demand exceeding available supply. The complexity of mental health cases has risen dramatically, alongside the growing prevalence of mental health issues across all demographics. Due to the increasing number of mental health concerns, the services are overwhelmed, leaving many individuals facing long waiting periods—sometimes months—before accessing care such as counselling, therapy, and psychiatric services. These delays can exacerbate mental health and lead to severe or fatal consequences

**A workforce is needed to address suicide postvention, prevention and intervention efforts.** A workforce who are culturally safe, trauma-informed and responsive to the growing needs of Aboriginal and Torres Strait Islander people, families, communities and national groups. Organisations such as the Australian Indigenous Doctors Association, Australian Indigenous Psychologist Association, Indigenous Allied Health Australia, Congress of Aboriginal and Torres Strait Islander Nurses and Midwives, and the National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners are working tirelessly to grow, strengthen and support the Aboriginal and Torres Strait Islander workforce. Still, more collaborative approaches led by Aboriginal and Torres Strait Islander people are needed, including genuine sustainable investment and resources in Aboriginal Community Controlled organisations, coordinated funding across portfolios and levels of government, flexible funding arrangements, and education and training reforms.

Donna Murray, Wiradyuri and Wonnarua woman, Chair of Thirrili, shares, “There is a critical importance of not only building and training the broader workforce, but equally the need for sustainable community/nation group governance. This includes community and national decision-making and long-term strategic planning to ensure workforce and service delivery is led, designed, delivered and monitored by Aboriginal and/or Torres Strait Islander peoples.”

“It’s through Aboriginal and/or Torres Strait Islander leadership - that cultural ways of working, values and priorities, will drive community capacity empowerment and nation-building solutions. Nation-building can support more positive and effective social, cultural and economic development opportunities and sustainable outcomes for Aboriginal and/or Torres Strait Islander holistic well-being and healing.”

**Lived Experience coupled with clinical and community efforts:** Efforts to address suicide in Australia have increasingly focused on both prevention and postvention, recognising the importance of supporting those affected by suicide, including bereaved families and communities. Suicide postvention provides immediate and ongoing support for those impacted by suicide loss, reducing risk of experiencing complex grief or suicidal thoughts.

Evidence highlights that individuals with lived experience—those directly affected by suicide—play a critical role in postvention efforts. Their unique insights, empathy, and relatability complement the expertise of qualified health professionals, creating a more holistic and compassionate approach to care. This is where Thirrili and other postvention supporters come in. The Thirrili outreach team has the connections on the ground to support this gentle and important care. Lived experience members enhance engagement, reduce stigma, and foster hope and resilience. These efforts demonstrate the importance of combining clinical expertise with the personal understanding of those who have navigated the profound impacts of suicide.

**Need for resources with impact:** There is a continued need to provide helpful, effective and impactful resources that are led, designed and delivered by Aboriginal and Torres Strait Islander peoples, communities, national groups and organisations. Sadly, many Aboriginal and/or Torres Strait Islander people, groups and organisations are grappling with losing people they know, love and respect.

Please see Thirrili’s latest resource, “Suicide Postvention is Prevention.”

#### Reference List

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