

SUBMISSION TO THE CONSULTATION ON THE SOUTH AUSTRALIAN SUICIDE PREVENTION PLAN 2027–2032

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Acknowledgement of Country

COTA SA acknowledges and respects Aboriginal people as the Traditional Custodians of the lands and waters of South Australia. We honour Aboriginal peoples' continuing connection to Country and recognise that their sovereignty was never ceded. We pay our respects to Elders past, present and emerging, and extend that respect to all Aboriginal people.

INTRODUCTION

COTA SA, the peak body for South Australians over 50, supports the proposed direction of the new Plan and particularly welcomes its strong emphasis on prevention and wellbeing, social and economic determinants, equity, community leadership and lived and living experience. These priorities align strongly with issues raised in COTA SA's previous submissions on [mental health and wellbeing](#) and [suicide prevention](#), and the [Rainbow Hub's Rainbow Dog project](#) recommendations.

Our principal concern is that age remains insufficiently visible as a risk factor.

The consultation paper recognises that suicide risk and suicide-related distress are not experienced equally and identifies a number of populations requiring stronger focus, including men, First Nations, rural and remote communities, LGBTIQ+ communities and

people with disability. Age, too, can be a significant factor, and should be acknowledged. The needs of this population are recognised within the [National Mental Health and Suicide Prevention Agreement](#), and recent data reinforces the particular risk experienced by older men. In 2024, Australian men aged 85 years and over had the highest age-specific suicide rate of any male age group, at 31.2 deaths per 100,000. Men aged 60–64 experienced the largest increase in their age-specific suicide rate between 2023 and 2024. ([Australian Bureau of Statistics](#))

Our recommendations are summarised below, with further discussion following.

SUMMARY OF RECOMMENDATIONS

1. **Recognise older people as a population requiring stronger focus**, with particular attention to older men and the intersection of ageing with living regionally, disability, caring, LGBTIQ+ identity, veteran status and other risk factors.
2. **Broaden the focus on major life transitions**, including retirement and involuntary workforce exit, bereavement, becoming a carer, declining health and mobility, loss of a driver's licence, housing change and entry into aged care.
3. **Put community connection at the centre of prevention**, particularly for older men and older people in regional and rural communities, using trusted community settings and activities to build connection and identify distress before crisis.
4. **Recognise place and community disruption as important determinants**, including the potentially disproportionate impact of events such as drought, bushfire and events such as the algal bloom and potential bird flu impacts on older people in regional communities.
5. **Include older people in lived experience, data and evaluation**, including through age-disaggregated reporting, visibility in terms of imagery used in communications, and the meaningful participation of older people in the design and evaluation of initiatives.

DISCUSSION

1. Recognise older people as a population requiring stronger focus

COTA SA strongly supports the proposed emphasis on equity and inclusion, and encourages this principle to translate into visibility of older people within the Plan.

In our April 2025 submission on the DHS Suicide Prevention Action Plan, COTA SA raised concern that older people were largely absent from suicide prevention planning despite experiencing distinctive risks associated with social isolation, bereavement, declining health and major life transitions. We also highlighted the importance of considering ageing within other priority populations, including LGBTI+ people, veterans, carers and people living in regional communities.

Evidence supports this proposal. In 2024, 575 Australians aged 65 and over died by suicide, of whom 444—or 77%—were men. Although the number of suicide deaths is greater at younger ages, the highest age-specific suicide rate nationally in 2024 was among men aged 85 and over. ([AIHW](#))

Older people are not a homogeneous group and COTA SA suggests that age should be incorporated into the intersectional approach.

2. Broaden the focus on major life transitions

COTA SA particularly welcomes the proposed recognition that “major life transitions matter”, and the commitment to maintaining connection, stability and access to help through periods of significant change.

We encourage inclusion of some major transitions that often come later in life: retirement or unexpected loss of employment can affect income, identity, routine, purpose and social connection. Other transitions may include the death of a partner or friends, becoming a carer, diagnosis of a serious or chronic illness, reduced mobility, loss of a driver's licence, relocation, or changing care needs, including contemplating moving into residential aged care. COTA SA's The Plug-In undertook research in 2025 which addressed these issues, and the [project report](#) shows that community connections are vitally important. In line with the report's findings, COTA SA has been advocating for funding to implement a navigation program designed specifically for older people.

The current Plan already recognises that financial hardship, health conditions, bereavement, alcohol and other drug use and social isolation can interact and compound suicide-related distress, while belonging, purpose, meaningful work and connection can be protective. The next Plan provides an opportunity to translate this understanding more explicitly into prevention across later life.

3. Put community connection at the centre of prevention

COTA SA strongly supports the proposed shift towards prevention before people reach crisis. As noted above, COTA SA supports the work of the Rainbow Hub, and acknowledges the Rainbow Dog project (referenced above) and the report recommendations.

We know that community centres, peer groups and other local settings can provide trusted places for emotional connection and practical support, particularly where formal services are difficult to access. They can also help people become aware of support and build confidence to seek assistance.

This is particularly important because suicide prevention should not depend on a person recognising themselves as experiencing a mental health crisis and presenting to a clinical service.

For some older people—and particularly some older men—prevention may begin with maintaining the ordinary connections that provide purpose, routine and belonging: volunteering, sporting clubs, Men's Sheds, community organisations, libraries, neighbourhood centres, fishing groups and other locally relevant activities. The impact of disruptions should be acknowledged and managed.

We therefore welcome the consultation paper's recognition that people want support that feels “human, welcoming and connected” and its proposed strengthening of peer support and compassionate communities.

The next step should be to ensure these approaches are adequately resourced and deliberately inclusive of older people.

4. Recognise place and community disruption as important determinants

COTA SA particularly welcomes the consultation paper's inclusion of climate-related distress among the social and economic factors influencing suicide risk. This builds on the current Plan, which acknowledges that bushfires, drought, floods and other major events can have enduring effects on emotional wellbeing and suicide-related behaviour.

Recent experiences on the Yorke Peninsula illustrate why this needs to translate into practical, place-based prevention. During the algal bloom, COTA SA heard from community members about growing financial stress, isolation and uncertainty. We heard that some older men who had previously gathered on jetties to fish were instead staying home and drinking alone. Preventive Health SA also advised COTA SA at the time of concerns about increased suicide risk among some members of the Yorke Peninsula community, particularly older men.

This example illustrates how environmental disruption can simultaneously affect livelihoods, recreation, social networks, community identity and hope for the future.

Suicide prevention responses to disasters and prolonged environmental or economic disruption should therefore extend beyond clinical mental health responses. The Plan should support rapid, locally designed social and community responses that restore connection, purpose and participation, particularly in regional communities.

5. Include older people in lived experience, data and evaluation

COTA SA strongly welcomes the continued emphasis on lived and living experience.

Older people should be deliberately included in this work. Our previous submission noted that older people can be underrepresented in suicide prevention research, program design and evaluation, including people in aged care and older carers, veterans, LGBTI+ people and regional residents. We also want to acknowledge older women, as the fastest growing group at risk of homelessness, and the intersection with domestic violence and its impacts on mental health.

We encourage a similar approach to data, as well. Headline statistics can obscure significant variation by both age and gender. The experience of older men demonstrates the importance of examining age-specific rates rather than relying only on aggregate measures.

Older people with lived and living experience should also be involved in determining what successful prevention looks like and how these outcomes are measured.

CONCLUSION

COTA SA supports the proposed direction of the South Australian Suicide Prevention Plan 2027–2032.

We encourage the application of an ageing lens across all priority groups. In particular, the suicide rate among older men requires greater visibility and attention. At the same time, many of the factors the proposed Plan seeks to strengthen—connection, belonging, purpose, economic security, participation and compassionate communities—are particularly important to ageing well.

COTA SA would welcome the opportunity to work with the Suicide Prevention Council and State Government to engage older South Australians in the next stages of the Plan's development.

For further information, please contact:

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