Department of Human Services Suicide Prevention Action Plan 2025 – 2028

Dementia Australia submission April 2025

Thank you for the opportunity to provide feedback on the South Australian Department of Human Services draft Suicide Prevention Action Plan 2025-2028.

Dementia Australia is the peak dementia advocacy organisation in Australia. Our advocacy amplifies the voices of people living with dementia by sharing their stories and helping inform others. We advocate for positive change for people living with dementia, their families and carers.

About dementia

Dementia is the term used to describe the symptoms of a large group of neurocognitive conditions which cause progressive decline in a person's functioning. Dementia is not just memory loss. Symptoms can also include changes in speech, reasoning, visuospatial abilities, emotional responses, social skills and physical functioning.

There are many types of dementia, including Alzheimer's disease, vascular dementia, frontotemporal dementia and Lewy body disease.

Dementia is major public health concern and a leading cause of disease burden among Australians aged 65 and over.[1] It is the second leading cause of death for Australians and the leading cause of death for Australian women.[2]

In South Australia in 2025, there are an estimated 35,000 people living with all forms of dementia. This figure is projected to increase to an estimated 55,600 by 2054.[3]

Dementia causes disability. It is not a normal part of ageing and does not only affect older people. In South Australia, there are an estimated 2,100 people under the aged of 65 who are living with dementia in 2025.[4] The misconception that dementia is a condition of old age exacerbates multiple challenges experienced by younger people with a diagnosis of dementia.

[1] Australian Institute of Health and Welfare (2024) **Dementia in Australia.**
[2] Australian Institute of Health and Welfare (2024) **Dementia in Australia.**
[3] Dementia Australia (2025) **Dementia facts and figures.**
[4] Dementia Australia (2025) **Dementia facts and figures.**

Recommendations

Dementia Australia recommends that the DHS Suicide Prevention Action Plan:

1) Include initiatives that respond to the risk of suicide for people living with dementia, recognising that dementia is a disability which affects people of all ages and is relevant to the scope of DHS services.
2) Recognise the increased risk of psychological distress for dementia carers and ensure that across DHS services, carer wellbeing is prioritised.
3) Promote Dementia Friend training opportunities to DHS staff and DHS-funded service providers to increase knowledge of the needs and experiences of people living with dementia.
4) Commit to the use of the Dementia Language Guidelines across DHS services, in recognition of the power of appropriate language to reduce stigma and discrimination.
5) Support dementia-friendly communities in South Australia and initiatives which promote social inclusion for people living with dementia.
6) Engage with people living with dementia and carers in implementation of initiatives under the Plan.
7) Ensure that the mid-term review consider the impact of any DHS-led suicide prevention initiatives in South Australia for people living with dementia and carers.

Suicide risk and dementia

The psychological impact of a dementia diagnosis often includes grief, depression, anxiety and social isolation.[5] Risk of suicide is an underrecognised sequelae of dementia diagnosis.[6]

People with dementia are particularly vulnerable to self-harm within the first twelve months after diagnosis.[7] Studies have also found suicide risk is increased in people diagnosed with dementia before the age of 65.[8]

Addressing the secondary effects of dementia, such as psychological distress, loss of autonomy, fear and stigma, may prevent deaths by suicide for people living with dementia, mild cognitive impairment or suspected dementia.[9]

Early involvement of support services at the time of or soon after diagnoses of mild cognitive impairment or dementia may help mitigate the risk of suicide attempts.[10] Dementia should be explicitly recognised as a suicide risk factor in the Action Plan, to ensure prevention initiatives respond to the needs of this group.

[5] Australian Institute of Health and Welfare (2024) **Dementia in Australia.**
[6] Cooper, et al. (2024) The role of dementia and mild cognitive impairment in deaths by suicide in Australia: a retrospective study of coronial records. International Psychogeriatrics 37 (2025) 1000002.
[7] Alothman D et al. (2022) Risk of Suicide After Dementia Diagnosis.
[8] Walker, A. R., et al. (2023) Risk factors for dementia and self-harm: A linkage study.
[9] Cooper, et al. (2024) The role of dementia and mild cognitive impairment in deaths by suicide in Australia: a retrospective study of coronial records. International Psychogeriatrics 37 (2025) 1000002.
[10] Günak MM et al., (2021) Risk of suicide attempt in patients with recent diagnosis of mild cognitive impairment or dementia.

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Stigma, social isolation and dementia

Following a diagnosis of dementia, people with dementia and their carers often experience stigma, loss of social engagement and connection. Social isolation has a reciprocal relationship with dementia: it can increase the risk of developing dementia, while a dementia diagnosis itself often leads to social isolation due to stigma and loss of social connections.

People with dementia often face negative stereotypes, discrimination, and a lack of understanding about their symptoms, leading to feelings of shame, fear, and exclusion. Dementia Australia surveys over the last decade reveal that a lack of awareness and understanding about dementia persists in the Australian community.

This stigma can cause individuals to withdraw from usual social activities, avoid seeking help and become disconnected from their communities and support networks. As social isolation increases, it can contribute to feelings of loneliness, depression, and hopelessness, which are risk factors for suicide.[11]

People living with dementia may experience a heightened risk of suicide, especially in the first one to two years following diagnosis.[12]

Addressing this stigma and greater community awareness and can help improve public understanding and reduce social isolation and subsequently suicide risk among people living with dementia.

Dementia Friendly Communities

Dementia Australia supports actions to improve social inclusion, particularly for those at higher risk of loneliness and social exclusion. A dementia-friendly community is a place in which a person with dementia is supported to live a high-quality life with meaning, purpose and value.

Communities play a critical role in encouraging inclusivity, reducing discrimination and supporting access to the services, supports, activities and spaces that all South Australians have a right to. Dementia-friendly communities are vital to reduce the risk of social isolation of people living with dementia and support them to remain engaged and empowered.

Free training is offered by Dementia Australia to support people to make their communities more dementia friendly. This training is accessible at **Become a Dementia Friend.**

Dementia Australia has also developed **Dementia Language Guidelines** to promote consistent use of appropriate, inclusive and non-stigmatising language when talking to or writing about people living with dementia.

[11] Australian Institute of Health and Welfare (2023) Australia's Welfare, Chapter 2: Social isolation, loneliness and wellbeing

[12] Cooper, et al. (2024) The role of dementia and mild cognitive impairment in deaths by suicide in Australia: a retrospective study of coronial records. International Psychogeriatrics 37 (2025) 1000002.

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The words used to talk or write about dementia can have a significant impact on how people living with dementia are viewed and treated in our community. Talking about dementia in a negative manner or by using incorrect terminology or inaccurate facts can reinforce stereotypes and further exacerbate stigma and misinformation about dementia.

We encourage DHS to commit to implementing the Dementia Language Guidelines across all services, and to support DHS staff and funded service providers to engage in Dementia Friend training and learn more about dementia-friendly communities.

Younger onset dementia

People diagnosed with dementia at a younger age are at higher risk of suicide.[13] The experiences of people with younger onset dementia, diagnosed before the age of 65, are different from those diagnosed with dementia at a later stage of life.

People living with younger onset dementia are often in full-time employment and actively raising and financially supporting a family when diagnosed. Loss of income, self-esteem and perceived future purpose can pose multiple psychological challenges.

Often people with younger onset dementia must retire prematurely, which can have significant financial consequence, especially if they are the primary earners for their families. These individuals may still be responsible for paying off mortgages, supporting children, and maintaining other obligations, heightening their vulnerability to psychological distress.

Support for carers

Carers of people with dementia have higher levels of psychological distress compared to other types of carers, with some studies showing that up to 1 in 3 carers of people living with dementia experience clinical depression.[14]

Carers of people living with dementia often face emotional, physical and financial issues, which can lead to mental health challenges such as anxiety, depression, and burnout. This psychological distress may increase the risk of suicidal ideation among carers.

Around 17% of dementia carers have reported contemplating suicide, highlighting the need for targeted mental health support and suicide prevention interventions.[15]

While implementing obligations under the South Australian Carers Recognition Act 2005, it is important the DHS staff are sensitive to the specific needs of dementia carers, including the higher levels of psychological distress.

[13] Alothman et al. (2022) Risk of Suicide After Dementia Diagnosis.
[14] Huang S. (2022) Depression among caregivers of patients with dementia: Associative factors and management approaches.
[15] O'Dwyer et al. (2016) Suicidal ideation in family carers of people with dementia. Aging Mental Health, 2016, 20(2): 222-30.

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Ensuring that carers have access to mental health services, peer support, respite care, and resources to help manage their caring responsibilities supports carer wellbeing and can contribute to reducing suicide risk.

Conclusion

Dementia Australia is grateful for the opportunity to recommend dementia-specific suicide prevention initiatives in the Action Plan. Promoting dementia-friendly services and communities, including through training and the use of contemporary language, will assist in reducing stigma, discrimination and social isolation.

We encourage DHS to include raising staff awareness of dementia-related suicide risks and increasing staff knowledge of dementia and use of appropriate language as a specific initiative in the Action Plan.

We welcome the opportunity for further consultation and would be happy to support DHS to engage with people living with dementia and carers in planning suicide prevention initiatives or governance related to the Action Plan.

The Dementia Australia Policy and Advocacy team can be contacted on **policyteam@dementia.org.au**

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