South Australian Suicide Prevention Plan

2023-2026 Review

Government of South Australia

Suicide Prevention Council

Submission of the
Australian Veterinary Association Ltd

October 2026

ava.com.au

About the Australian Veterinary Association (AVA)

The AVA is the peak professional body representing veterinary professionals and students across Australia. For more than 100 years we have been the united voice of the veterinary profession.

Veterinarians are among Australia's most trusted and respected professionals, dedicated to safeguarding animal health and welfare and supporting the communities they live in.

Our vison and purpose

Vision *A thriving veterinary profession*

Purpose *Building a vibrant future for veterinary professionals.*

At the AVA we champion the veterinary community, advance professional excellence, foster connectivity, and deliver exceptional member experiences to achieve our vision of a thriving profession.

Essential role of the veterinary profession

Veterinary services are essential to Australia's animal health, food security, and economy. They help secure Australia's animal health and livestock supply chain, protecting hundreds of thousands of jobs and easing cost of living pressures through a safe and reliable food supply.

Beyond agriculture, veterinarians support companion animals and their owners, strengthening the human-animal bond and promoting the associated mental and physical health benefits of pet ownership. Animals are not just a part of the Australian way of life; they are deeply embedded in it - socially, culturally, environmentally, and economically, and veterinarians are an essential part of every vibrant Australian community.

Veterinarians play a pivotal role in maintaining the social licence of animal industries, ensuring animal health and welfare meets community expectations. Like human healthcare and education, veterinary services provide both private benefits to individuals and critical public benefits to society, in areas like biosecurity surveillance, wildlife treatment and health and emergency animal disease management.

Recognised among Australia's most ethical and trusted professionals, veterinarians are highly respected and trusted members of their communities. The Governance Institute of Australia's 2025 Ethics Index ranked veterinarians among the nation's top 5 ethical occupations[1].

[1] Governance Institute 2025

Proposed direction

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

The AVA broadly supports the proposed direction for the South Australian Suicide Prevention Plan 2027-2032. The emphasis on prevention and wellbeing, early intervention, equity and inclusion, community participation, lived experience leadership, and stronger accountability reflects contemporary evidence regarding effective suicide prevention and aligns with the issues identified during implementation of the current Plan.

In particular, the recognition of social determinants of mental health, including social isolation, financial pressures, employment challenges, freedom from violence and barriers to accessing support, is welcome. These factors are highly relevant to the veterinary profession, where practitioners frequently experience a combination of workplace stressors, financial pressures, workforce shortages, exposure to trauma, client aggression and moral distress.

The AVA strongly supports the Plan's focus on:

- strengthening mental wellbeing as a protective factor rather than focusing solely on crisis intervention;
- improving support during major life transitions;
- strengthening community-led approaches;
- improving coordination across sectors; and
- recognising that suicide prevention is a shared responsibility extending beyond the health system.

The AVA further emphasises that suicide-related distress and suicide risk are not experienced uniformly across the veterinary profession. Veterinary professionals who experience disability, chronic illness or neurodivergence, identify as LGBTIQA+, are Aboriginal and Torres Strait Islander peoples, come from culturally diverse backgrounds, undertake significant caring responsibilities, or experience socioeconomic or geographic disadvantage may face additional and intersecting psychosocial hazards. Suicide prevention initiatives should therefore incorporate an explicit equity, inclusion and intersectionality lens to ensure prevention strategies reach those at greatest risk.

The proposed shift towards prevention, wellbeing promotion and addressing systemic contributors to distress represents an important evolution from more traditional crisis-focused approaches to suicide prevention.

Important issues and challenges

Are there any important issues, communities or emerging challenges that have not been addressed?

While the consultation paper identifies a broad range of priority populations, the AVA believes greater recognition should be given to occupational groups that are known to experience elevated psychological distress and suicide risk.

Veterinary professionals should be recognised as a priority population experiencing elevated suicide risk

The AVA recommends that veterinary professionals be recognised as an occupational population requiring greater focus within future suicide prevention initiatives.

Evidence consistently demonstrates that veterinarians experience elevated levels of psychological distress, burnout and suicide risk compared with the general population. While many contributing factors have existed for decades, there is increasing concern that these pressures are becoming more intense and more complex over time.

While veterinary professionals are recognised as a workforce experiencing elevated suicide-related distress, it is important to acknowledge that risk is not distributed evenly across the profession.
Veterinary professionals who experience disability, chronic illness, neurodivergence, minority stress, discrimination, cultural marginalisation, social isolation, limited workplace adjustments or barriers to support may encounter compounding psychosocial hazards that increase distress and reduce help-seeking.

These outcomes should not be viewed as arising solely from individual characteristics. Rather, they often emerge through interactions between individuals and workplace cultures, educational environments, regulatory systems and professional structures that may not adequately accommodate human diversity. Effective suicide prevention therefore requires both occupational and equity-focused approaches.

Recent workforce and wellbeing trends suggest that veterinary professionals are experiencing increasing exposure to:

- workforce shortages and recruitment challenges;
- excessive workloads and long working hours;
- increasing client financial hardship associated with cost-of-living pressures;
- moral distress arising when clients delay, decline or are unable to pursue recommended veterinary care due to financial or other access constraints;
- heightened client expectations and demands;
- increasing levels of client conflict, aggression and online abuse;
- professional scrutiny through social media and public forums; and

- ongoing workforce retention challenges.

The cumulative interaction between occupational hazards and broader societal pressures creates a risk environment that warrants targeted attention within suicide prevention policy.

Recognition of veterinary professionals as a population experiencing elevated suicide-related distress would help ensure that prevention initiatives, support services and workforce wellbeing strategies are informed by the realities of veterinary practice and can respond effectively to these emerging challenges.

Bespoke support services for the veterinary profession

The AVA recommends that the Plan recognise that some occupational groups require tailored suicide prevention and mental health responses due to the unique nature of their work and risk exposures.

Veterinary professionals experience a distinct combination of occupational stressors, including repeated exposure to animal suffering and death, euthanasia-related moral distress, compassion fatigue, challenging client interactions, professional isolation, workforce shortages, financial pressures, and high levels of responsibility for animal welfare outcomes. They are also frequently required to balance the welfare and treatment needs of animals against clients' financial capacity, creating ethical tension and moral distress that can accumulate over time and adversely affect wellbeing. Some of these risk factors commence during university training and many continue throughout professional practice. All of these factors contribute to creating an environment of high emotional demand exacerbating already high workloads.

To improve prevention and early intervention outcomes, the AVA recommends supporting development and expansion of mental health services delivered by professionals who have specific training and experience in the veterinary context. This should include support across the full professional continuum, including veterinary students, veterinary nurses, veterinary technologists, early-career professionals, practice owners and experienced practitioners.

Embedding profession-specific understanding within mental health support services can reduce barriers to help-seeking, improve therapeutic engagement and ensure responses adequately address the unique occupational realities faced by veterinary professionals.

Rural workforce consideration

Although rural and remote communities are identified as a priority population, additional consideration should be given to professionals who provide essential services within these communities.

Many rural veterinarians operate in small practices with limited workforce capacity, reduced opportunities for peer support, significant after-hours obligations and limited or delayed access to mental health services, which makes prevention even more imperative. The loss of a single practitioner can have substantial consequences for both community access to veterinary services and local wellbeing.

Veterinary students and early career workforce

Suicide prevention for the veterinary workforce should begin before graduation. Veterinary students and early career veterinarians frequently experience academic pressures,

placement-related stress (also known as “placement poverty”), financial pressures, significant professional expectations and power imbalances within training environments.

Career transitions

Particular attention should also be given to key career transition points, including entry into clinical placements, graduation, commencement of employment, internship and residency training, return to work following illness or caring responsibilities, movement into or out of practice ownership, and retirement.

Emerging workforce wellbeing challenges

The AVA also encourages consideration of emerging challenges such as:

- increasing workforce shortages across both animal, and human, health and care professions;
- the psychological impacts of climate-related emergencies and exotic animal disease outbreaks or incursions on frontline responders;
- online abuse, cyberbullying and reputational harm through social media;
- cumulative impacts of emergency response activities which include the financial burden placed on veterinary business to meet the cost of providing public good services; and
- increasing moral injury arising from resource constraints, inability to meet service demand, and ethical conflicts in professional practice.

These factors are becoming increasingly relevant across caring professions and warrant ongoing monitoring within future planning and reporting mechanisms.

Areas requiring strengthening or greater focus

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

Workplace mental health and psychologically safe work environments

The AVA recommends a stronger focus on workplace wellbeing and psychologically safe workplaces.

Workplaces are a critical setting for suicide prevention. Many adults spend a significant proportion of their lives at work, making workplaces uniquely positioned to identify distress early, reduce stigma, promote help-seeking and implement prevention initiatives.

Psychological safety extends beyond the ability to disclose psychological distress. It also includes whether veterinary professionals can safely disclose disability, neurodivergence, mental illness, cultural needs, sexuality or gender identity, caring responsibilities or other support needs without fear of stigma, discrimination, career disadvantage or reduced opportunities.

Psychologically safe workplaces enable employees to seek support, request reasonable adjustments, report bullying or discrimination, raise concerns regarding unsafe practice and discuss workload pressures without fear of retaliation or adverse career consequences.

The next Plan should explicitly recognise workplace-based suicide prevention approaches, including:

- psychosocial risk management;
- mental health literacy training;
- peer support programs;
- leadership capability development;
- psychologically safe workplace cultures; and
- early intervention pathways.

Interdisciplinary practice and wellbeing capability building

The AVA recommends greater focus on building wellbeing capability within occupations exposed to chronic psychological stress and trauma.

Many veterinary professionals receive limited formal education in practical wellbeing skills despite routinely encountering emotionally demanding situations. The Plan should support interdisciplinary approaches that enable veterinary professionals to learn from and collaborate with mental health practitioners, psychologists, social workers and other wellbeing specialists.

This could include greater access to training, resources and support related to developing positive wellbeing practices as a protective factor, including:

- reflective practice and professional supervision;
- structured debriefing following traumatic events;
- psychological first aid;
- regular psychological supervision;
- recognition of burnout, compassion fatigue and moral injury;
- peer support approaches; and
- workplace wellbeing leadership.

These capabilities can support earlier recognition of distress and improve access to support but should complement rather than substitute for primary prevention. Suicide prevention in workplaces requires attention to the conditions that create distress, including excessive workload, poor job control, bullying, discrimination, inadequate staffing, unsafe workplace cultures, financial insecurity, moral distress and barriers to reasonable adjustments. The

objective should not simply be to make individuals more resilient to harmful systems, but to reduce preventable psychosocial hazards at their source.

Sector-specific approaches

The Plan would benefit from recognising that some sectors and professions experience specific and identifiable risk factors requiring tailored approaches.

A "one-size-fits-all" approach may not adequately address the unique experiences of occupations such as veterinary practice. The AVA supports targeted interventions for groups with known elevated levels of distress, burnout and suicide risk.

Support and expansion of existing veterinary wellbeing programs

The AVA recommends that the next Plan provide greater emphasis on supporting and scaling existing evidence-informed wellbeing initiatives that have been developed in partnership with veterinary professionals and informed by both research and lived experience.

The veterinary profession has invested substantially in the development of wellbeing, suicide prevention and psychologically safe workplace resources. These include the AVA's wellness and wellbeing initiatives such as; Cultivating Safe Teams (CST), Graduate Mentor Program (GMP), Great Veterinary Workplaces (GVW), Employee Assistance Program (EAP) counselling services, and a range of mental health literacy and peer-support resources.

Rather than creating entirely new programs, governments should consider opportunities to partner with and strengthen existing profession-led initiatives that have already established trust, engagement and relevance within the veterinary workforce.

Particular consideration should be given to supporting access to counselling and psychological services delivered by practitioners trained in veterinary occupational mental health, ensuring that support services are responsive to the profession's unique risk profile and workplace experiences.

Importantly, Government-supported and profession-led wellbeing initiatives should be evaluated not only for participation and satisfaction, but also for their effectiveness in improving psychological safety, reducing psychosocial hazards, supporting help-seeking, reaching populations experiencing additional barriers, and improving measurable wellbeing and workforce outcomes.

Help-seeking and stigma reduction

While the Plan appropriately focuses on community connection and inclusion, additional emphasis could be placed on reducing barriers to seeking support.

Within the veterinary profession, concerns about professional reputation, career progression, registration implications and workplace perceptions can discourage individuals from seeking assistance early.

Strategies that normalise help-seeking, strengthen confidentiality protections and improve awareness of support services should be reinforced.

Neurodivergence

Neurodivergence is common within the veterinary profession and should be recognised within future suicide prevention efforts. Neuroinclusive workplace design, reasonable adjustments, flexibility, communication practices and increased understanding of neurodiversity represent practical preventative measures that may reduce distress and improve workforce participation and wellbeing.

Aboriginal and Torres Strait Islander cultural safety

Suicide prevention initiatives affecting the veterinary workforce should align with Aboriginal-led and culturally safe approaches. The AVA supports greater participation of Aboriginal and Torres Strait Islander veterinary professionals in the co-design, implementation and evaluation of profession-specific wellbeing initiatives.

Regulatory and professional systems

Barriers to help-seeking may arise not only from stigma but also from concerns regarding employment, professional reputation, career progression and regulatory processes. Professional, educational and regulatory systems should facilitate safe and timely help-seeking through transparency, confidentiality, procedural fairness and an emphasis on functional capacity rather than diagnosis alone.

Data collection and monitoring

The AVA welcomes the proposed emphasis on accountability and transparency. Consideration should also be given to strengthening occupation-specific monitoring of suicide-related distress, wellbeing and workforce participation, including collection and analysis of data relating to disability, neurodivergence, gender, sexuality, Aboriginal and Torres Strait Islander status, cultural background, career stage and geography where appropriate and culturally safe to do so.

Data collection should support intersectional analysis, while maintaining strong privacy protections and meaningful involvement of affected communities. Including “veterinary professional” as an occupation listing on coronial records of suicide death would facilitate the collection of this data.

Improved understanding of occupation-specific suicide risks could assist governments, employers, professional bodies and communities to develop more targeted prevention initiatives.

Practical, achievable and capable of making a difference
Is the proposed approach practical, achievable and capable of making a meaningful difference?

The AVA considers the proposed approach to be practical and achievable provided that implementation is appropriately resourced and supported by measurable outcomes.

The strengths of the proposed approach include:

- a prevention-focused framework;
- emphasis on wellbeing and protective factors;
- recognition of lived and living experience;
- cross-sector collaboration;
- strong community involvement; and
- commitment to accountability and continuous improvement.

However, successful implementation will require:

- sustained and appropriately funded community-led initiatives;
- long-term investment rather than short-term project funding;
- workforce development across animal health, community and human services sectors;
- improved access to support services in regional and rural areas;
- mechanisms to evaluate effectiveness; and
- transparent public reporting against clear indicators.

The AVA particularly supports the intention to build stronger connections between community wellbeing initiatives, mental health services, crisis responses and aftercare services. A whole-of-system approach is more likely to produce meaningful and lasting outcomes than isolated interventions.

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

The AVA acknowledges the significant progress achieved under the South Australian Suicide Prevention Plan 2023-2026 in strengthening collaboration, lived experience leadership and statewide coordination.

As the next Plan is developed, the AVA encourages continued evolution towards a holistic model that recognises suicide prevention as both a health and societal responsibility. Effective prevention requires action across workplaces, communities, education systems, health services, social supports and government.

Priority Recommendations

1. **Recognise veterinary professionals as a priority population for suicide prevention, acknowledging the unique occupational, geographic and intersectional factors that contribute to elevated distress and suicide risk.**

2. **Strengthen mentally healthy and psychologically safe workplaces by addressing psychosocial hazards, supporting safe help-seeking and disclosure, and removing systemic barriers within education, employment and regulatory settings.**

3. **Invest in profession-specific prevention and support services that reflect the realities of veterinary practice, including targeted support for students, early career veterinarians, and rural and regional professionals.**

4. **Support collaborative, evidence-based action across governments, employers, universities, regulators, professional associations and mental health services, informed by lived and living experience.**

5. **Improve data, research and evaluation to better understand suicide risk within the veterinary profession and measure the impact of wellbeing and suicide prevention initiatives.**

The AVA emphasises that suicide-related distress should not be understood solely as a consequence of individual vulnerability. In many cases, distress arises through the interaction between individuals and the systems in which they work, study and practise. Workplaces, educational environments, professional cultures and regulatory settings all influence wellbeing, help-seeking and psychological safety.

The AVA therefore supports suicide prevention approaches that address both occupational risk and the broader social, organisational and structural factors that contribute to distress. Profession-specific initiatives should be developed in partnership with veterinary professionals and include those who experience additional barriers, discrimination or disadvantage.

The AVA believes that, with these enhancements, the South Australian Suicide Prevention Plan 2027-2032 will be better positioned to reduce suicide risk, improve wellbeing and address the

diverse needs of South Australians, including those working in high-risk caring professions such as veterinary practice.

References

Destination Thriving: A Roadmap for the Australian Veterinary Workforce

AVA THRIVE

Unpaid veterinary services performed for public good

VETERINARY WORKFORCE SURVEY 2023/2024 Analysis Report

Aust Veterinary J - 2015 - Milner - Suicide in veterinarians and veterinary nurses in Australia 2001 2012.pdf

Aust Veterinary J - 2008 - Jones-Fairnie - Suicide in .pdf

British Veterinary Association, *Discrimination in the Veterinary Profession* (2021); https://www.bva.co.uk/media/4393/bva-discrimination-stats-2021.pdf

RCVS/BVCIS Disability and Chronic Illness Survey (2024); https://www.employment-studies.co.uk/resource/disability-and-chronic-illness-in-veterinary-work-and-education/

BVA Voice of the Veterinary Profession research (2024); https://www.bva.co.uk/take-action/voice-survey/

Smits F, Houdmont J, Hill B & Pickles K. *Mental wellbeing and psychosocial working conditions of autistic veterinary surgeons in the UK*. Veterinary Record. 2023;193:e3311

Pickles K, Houdmont J, Smits F & Hill B. *'Part of the team as opposed to watching from the outside': Critical incident study of autistic veterinary surgeons' workdays*. Veterinary Record. 2025;196:e4957.

Summers OS, Medcalf R, Hubbard KA & McCarroll CS. *A cross-sectional study examining perceptions of discriminatory behaviours experienced and witnessed by veterinary students undertaking clinical extra-mural studies*. Frontiers in Veterinary Science. 2023;10:940836

AVA submissions

1. South Australian Parliamentary Inquiry into the Mental Health and Wellbeing of Veterinarians in South Australia.
2. NSW Mental Health and Wellbeing Strategy
3. AVA Submission to WA Suicide Prevention Framework
4. AVA submission to Jobs and Skills Australia (JSA) in response to the Jobs and Skills Roadmap for Regional Australia – Phase 1 Report
5. Productivity Commission – National Agreement on Mental Health and Suicide Prevention (Interim Report)

AVA Policies

Great veterinary workplaces

Safeguarding and improving the mental health of the veterinary team

Equality, diversity and inclusion

Employment of new veterinary graduates

Cyberbullying

Animal welfare and human wellbeing – vulnerability of clients and veterinary staff

Enhancing veterinary care through veterinary social services

Contact

Dr Robyn Whitaker

Senior Advocacy Officer

Email: publicvetaffairs@ava.com.au