Mental Health Commission

GOVERNMENT OF WESTERN AUSTRALIA

# Public consultation: Draft Western Australian Suicide Prevention Framework 2026-2031

# Contents

# Acknowledgement of Country

**The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this country and its waters. The Mental Health Commission wishes to pay its respects to Elders past and present and extend this to all Aboriginal people seeing this message.**

## Accessibility

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## Feedback

Any feedback related to this document should be emailed to: suicide.prevention@mhc.wa.gov.au

## Need help?

If you or someone you know is having thoughts of suicide or is struggling, please seek help.

**In an emergency, call an ambulance on tiple zero (000), or visit your local emergency department.**

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|---|---|
| **Mental Health Emergency Response Line (MHERL)** | 1300 555 788 (Metro)<br>1800 676 822 (Peel)<br>1800 552 002 (Country/Rurallink) |
| **Lifeline** | 13 11 14<br>www.lifelinewa.org.au |
| **Lifeline Crisis Text Service** | 0477 13 11 14 |
| **Kids Helpline** | 1800 551 800<br>www.kidshelpline.com |
| **MensLine Australia** | 1300 789 978<br>www.mensline.org.au |
| **Beyond Blue** | 1300 224 636<br>https://www.beyondblue.org.au |
| **13 Yarn (Aboriginal and Torres Strait Islander crisis support)** | 13 92 76<br>www.13yarn.org.au |
| **Suicide Call Back Service** | 1300 659 467<br>https://www.suicidecallbackservice.org.au/ |
| **The Samaritans Crisis Line** | 08 683 839 850 (main line)<br>08 623 039 03 (Luminos enquiry line)<br>1800 198 313 (Country toll free line)<br>www.thesamaritans.org.au |

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| **QLife (LGBTIQA+, 3pm to midnight)** | 1800 184 527<br>www.qlife.org.au |
| **Headspace** | 1800 650 890<br>www.headspace.org.au |
| **Carers WA** | 1300 227 377 (general line)<br>1800 007 332 (counselling line)<br>https://www.carerswa.asn.au/ |
| **Carer Gateway** | 1800 422 737<br>www.carergateway.gov.au |
| **MATES In Construction** | 1300 642 111<br>www.matesinconstruction.org.au/wa/ |
| **Children and Young People Responsive Suicide Support** | 1300 114 446<br>www.cypress.org.au |
| **Active Response Bereavement Outreach (ARBOR)** | 1300 11 44 46<br>www.anglicarewa.org.au |
| **Stand By – support after suicide** | www.standbysupport.com.au |
| **PANDA (Perinatal anxiety and depression)** | 1300 726 306<br>https://www.panda.org.au/ |

# Recognising the value of lived experience

**The Mental Health Commission recognises the individual and collective expertise of those with lived experience of mental health and alcohol and other drug issues and suicidal crisis, including their families, carers, and significant others. Each person's experience is unique and valued. The Mental Health Commission acknowledges the lives lost to suicide and those in the wider community who may be struggling today.**

Valuing the input and insights of those with lived experience is key to ensuring that the development, delivery, and evaluation of suicide prevention strategies and actions meets the needs of Western Australians. People with a lived experience of suicide provide valuable insight into the diversity of experience and individual journeys. Ensuring people with lived experience have a central role in the design, delivery and evaluation of suicide prevention strategies and actions is essential to the creation and sustainability of a comprehensive, inclusive, and effective suicide prevention system.

**Lived experience** refers to the personal knowledge and understanding a person gains by living through a significant experience, or because of the social, cultural or structural forces that impact people - including racism, ableism, classism, colonisation, and other forms of systemic oppression. In the Suicide Prevention Framework, the term *"lived experience"* is inclusive of those with a lived and living experience of mental health issues and conditions, suicidal crisis and those bereaved by suicide.

**Lived experience of suicide** refers to those who have experienced suicidal thoughts and behaviours, survived a suicide attempt, supported a loved one through suicidal distress or have lost a loved one to suicide.

**Aboriginal peoples' lived experience** recognises the effects of ongoing negative historical impacts or specific events on the social and emotional wellbeing of Aboriginal peoples. It encompasses the cultural, spiritual, physical, emotional, and mental wellbeing of the individual, family, and community. It is important to acknowledge that Aboriginal peoples' lived experience of suicide is significantly different and takes into consideration Aboriginal peoples' ways of understanding social and emotional wellbeing.[1]

**Lived Experience** (capitalised) refers to the intentional and purposeful use of lived experience in a professional role. People in designated Lived Experience roles are employed specifically for their expertise in drawing on personal experiences to inform, influence, support, and/or lead change - through activities such as peer support, advocacy, education, policy, or system reform. The capitalisation of *Lived Experience* signifies its recognition as a growing discipline - distinct from personal experience - that brings critical expertise into suicide prevention and related sectors.

**Lived Experience (Peer) Work** is the professional use of lived experience to support others, improve services and drive change. Lived Experience (Peer) workers are in roles such as advocacy, policy, peer support, education, research, leadership or service design. Their work is guided by clear values, ethical practice and Lived Experience (Peer) supervision. There are different streams of this workforce, including consumer, family/significant other, and Aboriginal Lived Experience (Peer) roles.

**Aboriginal Lived Experience Peer Work** is social and emotional wellbeing work undertaken by a skilled Aboriginal community person whose knowledge, experience and understanding is shared with other community members for the purpose of helping community to be heard, supported, respected, and empowered in their social and emotional wellbeing healing journey.[1] Refer to the Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide for more information.

## Key terminology

**Suicide prevention is constantly evolving, and so is the language and terminology used. While shared language is important, this document acknowledges that language may vary across settings and sectors.**

**Table 1: Key terminology**

| | |
|---|---|
| **Aboriginal people** | Within Western Australia, the term *Aboriginal* is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. *Aboriginal and Torres Strait Islander* is used in the national context, *and First Nations People* or *Indigenous* can be used in the international context. Reference to 'Aboriginal people' throughout this document is respectfully inclusive of Torres Strait Islander people. |
| **Community** | The term community is used in this document to describe people that live within a similar geographical area, e.g. the Western Australian community. It can also describe groups of people that may be connected by shared characteristics, interests, identity, culture, language or beliefs, engaging in collective actions, and/or building social connections. |
| **Distress** | A state of emotional suffering characterised by symptoms of depression and anxiety. Distress is usually a temporary response to specific stressful experiences (stressors). It typically diminishes or vanishes when either the person adapts to the stressors, or the stressors are removed. Challenging life events and psychological risk factors can lead to feelings of stress, which can intensify to distress, and can further escalate to suicidal distress if not addressed.[2] |
| **Mental wellbeing** | Mental wellbeing refers to positive psychological, emotional and social states, and a person's ability to maintain connections, contribute to their community, and cope with the stressors of life. Mental wellbeing reflects more than just a person's positive mental health or the absence of mental health issues or conditions. All people experience some level of mental wellbeing but this changes in response to the different circumstances, events and changes that life brings.[3] |
| **Suicidal distress** | The experience of unbearable emotional and psychological pain, which can be associated with thoughts or plans to end one's own life as a means of escaping that pain. This experience is also referred to as **suicidal crisis,** particularly when this emotional and psychological pain intensifies for a period, and the person considers themselves at imminent risk of taking action to end their life.[2] |
| **Suicide prevention** | Encompasses the broad spectrum of strategies and actions that aim to reduce and prevent suicide, suicidal thoughts and behaviours and the impact of suicide deaths (reduce and prevent suicide). This includes addressing the relevant causes of suicide and suicidal thoughts and behaviours such as improving people's physical and mental health, providing appropriate support for people experiencing distress and those who care for them, and for those who have lost someone to suicide. |

| | |
|---|---|
| **Suicidal thoughts and behaviours** | Any feelings, thoughts, ideas, plans or attempts to end one's own life. In this document the term is used to capture the broad range of thoughts and behaviours, including the experience of suicidal distress and crisis. It is important to know that suicidal thoughts and behaviours can vary from person to people. |
| **Strategies and actions** | In this document, the terms 'strategies and actions' are used to capture the broad range of suicide prevention activity across the entire suicide prevention system such as plans, guides, programs, services and activities. |
| **Wellbeing** | A positive state experienced by individuals and communities. Wellbeing is a complex combination of someone's physical, mental, emotional, and social health.[4] It encompasses quality of life and the ability of people to contribute to the world with a sense of meaning and purpose.[5] People's experience of wellbeing can be different because of the range and combination of factors that exist in the environment in which they are born, grow, work, live and age. Some of these factors may be related to childhood experiences or to experiences that have an impact across generations.[6] |

## Language matters when talking about suicide

**Using safe and inclusive language when talking about suicide can reduce stigma and discrimination, promote help-seeking and prevent negative stereotypes.[7]**

**Mindframe** provides guidance to support safe and responsible communication about suicide and offers a range of resources including *Communicating about suicide*, *A guide for reporting on suicide and mental health concerns in LGBTIQA+ communities*, and *A guide for reporting on child and youth suicide.*

**Table 2: Examples of stigmatising language and preferred alternatives**

| Stigmatising language | Why | Preferred language |
|---|---|---|
| 'unsuccessful suicide' or 'successful suicide' | To avoid presenting suicide as a desired outcome | 'died by suicide' or 'took their own life' |
| 'committed suicide' or 'commit suicide' | To avoid associating suicide with crime or sin | 'took their own life' or 'suicide death' |
| 'suicide epidemic' | To avoid sensationalising suicide | 'increasing rates' or 'higher rates' |
| 'failed suicide' or 'suicide bid' | To avoid glamourising a suicide attempt | 'Suicide attempt' or 'non-fatal attempt' |
| 'suicide victim' or 'suicide attempter' | To avoid labelling, which hides the real complexity behind each person's situation | 'Person who has died by suicide' or 'person who has experienced a suicide attempt' |

# Introduction

**Suicide tragically impacts the lives of many Western Australians. In 2023, 417 people in Western Australia died by suicide, which is more than one person every day.[8]**

When someone dies by suicide, up to 135 people are exposed to that loss.[9] People can feel a mix of emotions following a loss due to suicide, including shock, sadness, anger, guilt and confusion. Negative views around suicide (stigma) can make it harder for some people to talk about their experience and seek support.[10] This ripple effect can create more distress and may lead to more suicide deaths if effective suicide prevention strategies and actions are not in place.[11, 1]

A broad, all-encompassing approach to suicide prevention is needed, boosting peoples' overall wellbeing and addressing the contributing causes of suicide and suicidal thoughts and behaviours.[2] This may include efforts to improve people's overall physical and mental health, strengthening connections to the domains of Social and Emotional Wellbeing, promoting ways for people to connect with their families, communities, and culture, fostering a sense of belonging, addressing financial pressures and housing insecurity, addressing discrimination, or a combination of these.

In this document, the following phrases are used throughout:

***Strategies and actions***
To capture the broad range of suicide prevention activity across the entire suicide prevention system, such as plans, programs, services and activities.

***Reduce and prevent suicide***
To include efforts to reduce and prevent suicide, suicidal thoughts and behaviours and the impacts of suicide.

Effective suicide prevention also focuses on providing support for people who are experiencing any kind of distress.[2] This includes support for the people who care for them, and for those who have lost someone to suicide (known as postvention). Each person's situation is unique and understanding individual needs and experiences are crucial in providing appropriate support and preventing suicide.

It is also important to address the barriers some people face when accessing support. Support should be easily accessible, flexible, compassionate, respectful, safe and culturally secure, especially in times of crisis or grief. In Western Australia, barriers to access include cost, transport limitations, racism and availability particularly for those in remote and rural regions. Community attitudes and beliefs about suicide, including the way in which people think and talk about suicide, can impact suicide prevention efforts.[12, 13] By reducing the stigma associated with mental health and suicide, people will be more open to seeking help early as soon as they need it.

To ensure suicide prevention efforts make a difference and meet the diverse needs of the Western Australian community, it is important to be guided by evidence and by people with a lived experience of suicide. This means working alongside and actively listening to the voices of people with a lived experience, as well as engaging with groups disproportionately impacted by suicide – for example, men, Aboriginal peoples, LGBTIQA+SB communities, people with disability (including people with autism), and veterans. It is essential to recognise and respect the leadership, strengths and deep cultural knowledge of Aboriginal people and their communities in social and emotional wellbeing.

Suicide prevention is a whole-of-government priority. Reducing and preventing suicide, suicidal thoughts and behaviours, and the impacts of suicide, requires a whole-of-community commitment. This means it is the responsibility of everyone to work collaboratively to build a more effective suicide prevention system. The Western Australian Suicide Prevention Framework 2026-2031 (Suicide Prevention Framework) has been developed by the Mental Health Commission for all Western Australians, to guide the development, implementation and evaluation of suicide prevention strategies and actions.

Everyone must work together to prevent and reduce suicide in Western Australia.

# The Western Australian Suicide Prevention Framework

**Purpose** | To reduce the likelihood and impacts of suicide and suicidal thoughts and behaviours across Western Australia.

## Streams and objectives

***The four streams and objectives are interconnected and equally important to create and maintain an effective suicide prevention system***

### Wellbeing
Boost wellbeing for the whole population.

### Early intervention
Address the contributing causes of suicide.

### Support
Support for people when and where they need it.

### Postvention
Supports for people and communities impacted by suicide.

## Principles

***Any person or organisation planning, designing or implementing suicide prevention strategies and actions should consider how they align with these principles.***

- Accessibility
- Compassionate and holistic approaches
- Connected and coordinated systems
- Cultural security
- Economic security
- Good health
- Navigating life transitions
- Safety and security
- Social inclusion

## Foundations

***Key enablers provide a foundation for a contemporary, person-centred suicide prevention system that supports the delivery of suicide prevention strategies and activities.***

### Robust leadership and governance
Collaborating across the suicide prevention system and clarifying roles and responsibilities.

### Culture that values lived experience
Putting people with lived experience in a central role.

### Strengthened data, monitoring and evaluation
Ensuring reliable evidence and evaluation processes are in place.

### Skilled and supported workforce
Empowering, supporting and upskilling the suicide prevention workforce.

## Implementation

***How the Suicide Prevention Framework will be implemented over the short, medium and long-term.***

### Horizon 1 – within two years
Develop a strategic approach to SEWB, consolidate and expand existing suicide prevention services focusing on regional and peer support programs, and build workforce capacity and capability.

### Horizon 2 – within three to five years
Strengthen cross-sector commitment and collaboration in suicide prevention, and address gaps in the sector.

### Horizon 3 – beyond five years
Foster long-term growth and innovation in the suicide prevention sector, including reviewing and improving the Suicide Prevention Framework to ensure the next iteration is responsive to emerging community needs.

# About this Framework

**The Suicide Prevention Framework sets out Western Australia's approach to suicide prevention for the next five years, building on the significant work carried out under previous national and statewide suicide prevention strategies, reports, and approaches.**

The Suicide Prevention Framework also aims to provide a common approach for everyone in preventing suicide, including individuals, families and communities, non-government and community organisations and all levels of government. It describes the factors that can have an impact on suicide, and strategies and actions that can help to reduce and prevent suicide across the streams of wellbeing, early intervention, support and postvention.

The national approach to suicide prevention demonstrates a commitment to collaboration and culturally informed solutions across all systems and communities. The Suicide Prevention Framework aligns with, and has been informed by, the below strategies. It is recommended that the Suicide Prevention Framework be read in conjunction with:

- **The National Suicide Prevention Strategy 2025-35** (National Strategy), which seeks to address the social determinants and complex range of risk factors for suicide and suicidal thoughts and behaviours, and champion delivery of comprehensive and better coordinated support as key components of effective suicide prevention.
- **The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035**, which prioritises self-determination, Aboriginal-led solutions, and holistic wellbeing to guide the path towards effective reductions in suicide rates and flourishing communities.

It is also essential that the Suicide Prevention Framework reflects Western Australian contexts and priorities. It complements and expands on Focus Area 3: *Preventing and reducing suicide and reducing suicidal distress* within the **Western Australian Mental Health, Alcohol and Other Drugs Strategy 2025-2030** (WA Strategy – in development), which guides the community, government, non-government, and private sector, setting the vision for mental health and alcohol and other drugs systems, services and supports in Western Australia for the next five years.

The development of the Suicide Prevention Framework has been informed by consultation undertaken for the WA Strategy and a review of current reforms and strategies which impact on wellbeing and the determinants of health. It also considers state and national policy and strategy and feedback from Western Australian suicide prevention stakeholders, people with lived experience of suicide, government, and non-government partners, including peak bodies.

In addition, the Suicide Prevention Framework is designed to operate alongside existing approaches that address social determinants and contribute towards suicide prevention (refer to **Appendix 2** for key strategic documents). It is also intended to complement the significant work being progressed at a national level, for example the outcomes of the Final Report of the Royal Commission into Defence and Veteran Suicide and the National Mental Health and Suicide Prevention Agreement. Together with the Suicide Prevention Framework, these strategic documents and reports provide a strong basis for national and state suicide prevention efforts.

## Stigma

**Reducing all forms of stigma is critical to fostering understanding and compassion to promote safe conversations about suicide and facilitate access to timely and effective support.**

Stigma can arise from a range of cultural, social, political, and psychological factors.[14] It includes harmful ideas, assumptions or attitudes based on specific features or circumstances of a person or group.[16] It can lead to people being treated differently because of discrimination, often creating barriers to accessing equitable support and care.[15, 16]

Stigma around suicide can occur when people don't understand the complexity of suicide and is often based on myths and misunderstandings – for example, the harmful belief that suicide is a sign of weakness or attention seeking.[17] When people experience stigma because of suicidal thoughts or behaviours, it can lead to feelings of shame, social isolation and loneliness, making it harder for people to seek help when they need it most.[18,19] If someone experiences, or anticipates experiencing stigma while seeking help from a support service, it can discourage them from engaging or staying engaged with a service, or from reaching out for help again in the future.

Stigma does not just impact those experiencing suicidal distress – it can also be experienced by family members, carers and significant others who are supporting someone in suicidal distress or who have been bereaved by suicide.[12] Reducing stigma for these people can prevent social isolation when connection and support is critical and helps to prevent further incidents of suicide.

There are several types of stigma related to suicide:[2]

- **Structural stigma** – Policies, laws, or practices that result in or foster, unequal or unfair treatment.
- **Public stigma** – Widespread negative attitudes or beliefs about people with lived experience of suicide.
- **Cultural stigma** – Cultural norms or taboos that discourage open discussion about suicide.
- **Self-stigma** – When a person internalises and comes to believe negative stereotypes about themselves, leading to feelings of shame and self-blame.

# National approach to suicide prevention

## National Suicide Prevention Strategy 2025-2035 (National Strategy)

**The National Strategy[2] provides a strong foundation for the Suicide Prevention Framework that has been contextualised for Western Australia's unique circumstances. It applies the latest research, evidence and reports to inform a broad approach to suicide prevention that builds on the work already happening in Australia.**

The National Strategy sets out the national approach to reduce and prevent suicide by responding to the underlying drivers (factors) that can lead to suicidal distress and making sure people can get the best possible support when it is needed.

It outlines how suicidal distress is linked to factors like poverty, lack of safe and secure housing, financial distress, unemployment, lack of social connection, traumatic life experiences, health issues, personality, age or cultural heritage and background. It recognises that reducing and preventing suicide requires a commitment to providing effective supports for people experiencing suicidal distress such as mental health care, as well as tackling the social and economic factors that contribute, often referred to as social determinants.

Importantly, the National Strategy has been guided by the insights of people with lived experience of suicide, the people who support them and those bereaved by suicide. It reinforces the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 (outlined below) noting national efforts to reduce suicide should be guided, and acted upon, by both strategies. It has also been designed to align with existing and new state and territory strategies to provide the foundation for a coordinated, nationally consistent approach.

The National Strategy is organised into three sections: Prevention; Support; and Critical Enablers:

- **Prevention of suicidal distress** describes what is needed to reduce the likelihood that people will experience suicidal distress in the first place. This involves actions that improve the wellbeing of communities and better support people who are exposed to circumstances known to lead to suicidal distress. The National Strategy focuses on areas known to impact wellbeing or risk of suicidal distress: safety and security; good health; economic security; social inclusion; and navigating life transitions.
- **Support for people experiencing suicidal thoughts and behaviours and those who care for them** describes how effective support should function across specific touchpoints as well as across the suicide prevention sector. The National Strategy outlines essential components of an effective support system including: a culture of compassion; accessibility; system-level coordination; holistic approaches; and increased connection.
- **Critical Enablers** are the foundations required to achieve the objectives of the Prevention and Support domains, including improved governance; embedded lived experience; available and translated evidence; and capable and integrated workforce.

The two domains of Prevention and Support include key objectives and actions to prevent suicide, while the four Critical Enablers describe what needs to be in place to achieve these objectives.

## National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*

**The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 sets a path for all governments to work in genuine partnership with Aboriginal and Torres Strait Islander peoples, organisations and communities and to drive culturally safe and responsive solutions to reduce suicide and suicidal thoughts and behaviours among Aboriginal and Torres Strait Islander peoples.**

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2030 aims to achieve a significant and sustained reduction in the suicide and self-harm of Aboriginal and Torres Strait Islander people through community leadership and governance, building on the work of the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project 2016 and the National Agreement on Closing the Gap 2020. Like the National Strategy, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 provides a solid foundation for the Suicide Prevention Framework.

It includes a set of core principles, enabling factors and priorities and associated outcomes. The **core principles** are the foundations of the Strategy's implementation and underpin the priorities and initiatives. These include approaches that are: Aboriginal and Torres Strait Islander-led; underpinned by culture; lived experience informed; encompass holistic and integrated systems and services; and place-based. Several **enabling factors** are identified that are required to create an environment for the priorities and initiatives to be implemented and sustained in a meaningful way, as follows:

- Sustained, flexible and targeted funding to support local responses, effective service delivery and systems-based responses;
- Effective implementation with oversight by an implementation advisory group and implementation plan to enable a whole-of-system approach, collaboration, coordination, and shared accountability; and
- Governance, monitoring, and evaluation of the delivery of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, that ensures Aboriginal and Torres Strait Islander peoples' perspectives are prioritised.

**The Strategy identifies six priorities** that are required to empower, support and enable community-led responses deliver improved suicide and self-harm prevention outcomes for Aboriginal and Torres Strait Islander people. These are applicable to all support service providers, including Aboriginal Community Controlled Health Organisations (ACCHOs), Aboriginal Community Controlled Organisations (ACCOs), and non-Aboriginal service providers, as follows:

1. **Leadership and self-determination**: empowering Aboriginal and Torres Strait Islander peoples and communities to lead responses to suicide and self-harm.
2. **Thriving communities:** supporting communities to thrive through culture, and deep connection to family, community, and Country.

* Gayaa Dhuwi (Proud Spirit) Australia led the development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, which was launched by the Commonwealth Department of Health and Aged Care in December 2024. Gayaa Dhuwi is the national peak body for Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention. This section of the Suicide Prevention Framework refers to *Aboriginal and Torres Strait Islander peoples* to reflect the language used within the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

3. **Informed and supportive communities:** empowering communities with the knowledge, resources, and skills to identify and support individuals experiencing or at risk of suicidal distress and self-harm.
4. **Culturally safe, accessible, targeted, and coordinated care:** ensuring that culturally safe and coordinated care is accessible where and when needed.
5. **Responsive workforce:** enhancing and enabling the suicide prevention workforce to deliver effective and sustained suicide and self-harm prevention services and activities in, and in partnership with, Aboriginal and Torres Strait Islander communities.
6. **Evidence and data:** developing and using culturally informed and evidence-based approaches to inform the design, application, implementation, and evaluation of responses to prevent Aboriginal and Torres Strait Islander suicide and self-harm.

# Social and Emotional Wellbeing

**For Aboriginal people and their communities, social and emotional wellbeing (SEWB) is the foundation of health and wellbeing. It is more than the physical and mental health of the individual. It embodies the social, emotional, and cultural wellbeing of the whole community.**

The SEWB of Aboriginal people is deeply affected by their ties to family, kin, Elders, community, culture, Country, and spirituality. These connections work together to provide a culturally safe environment that supports Aboriginal people in maintaining and enhancing their SEWB.

Mental health and wellbeing is only one part of SEWB as it represents a deeper, collective, and more holistic view of health than is used in Western culture. SEWB aligns with Aboriginal ways of being, knowing and doing and is interwoven with long-standing cultural beliefs and practices. Recognising and incorporating the SEWB model is vital for effective suicide prevention strategies and actions designed for, or accessed by, Aboriginal peoples.

Aboriginal people in Western Australia continue to be far more likely to die by suicide than non-Aboriginal people. This disparity is linked to the historical and ongoing impacts of colonisation which disrupted Aboriginal people's connections to culture, healthy family and kinship. It has also contributed to widespread intergenerational trauma, and increased rates of suicide and suicidal distress within Aboriginal communities.[20] Deep, ongoing trauma resulting from lack of self-determination and sovereignty, and systemic racism and marginalisation continues to cause harm. Addressing these ongoing impacts is critical to strengthening the SEWB of Aboriginal peoples and preventing suicide within communities.

Healing is a holistic process, and empowering Aboriginal people and communities through the nurturing of SEWB can address the impacts of intergenerational trauma and support wellbeing. When SEWB programs are culturally strong, locally developed and led by Aboriginal people, they can enhance a sense of pride in cultural identity, strengthen connection to Country, community and relationships, and significantly contribute to the wellbeing of Aboriginal peoples.

**Embedding the SEWB model in the Suicide Prevention Framework**

This Suicide Prevention Framework seeks to promote and embed SEWB by adopting a broad and holistic approach to suicide prevention that is culturally relevant and responsive to Aboriginal peoples in Western Australia.

A strategic approach to SEWB in Western Australia will be developed to guide implementation of the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 and 2024-2033 (SEWB Framework), the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035, and the National Agreement on Closing the Gap. A SEWB approach for Western Australia will provide a framework for government and non-government sectors to implement effective, culturally secure and community driven approaches that improve the long-term SEWB of Aboriginal people across Western Australia.

**The SEWB Framework** provides a comprehensive, culturally grounded approach to mental health for Aboriginal peoples. Recognising that wellbeing is interconnected and extends beyond the individual, the SEWB Framework encompasses seven overlapping domains that reflect the holistic nature of Aboriginal mental health and SEWB. Each domain is essential, collectively supporting resilience, cultural identity, and healing across individual and community levels.

The SEWB model shown was developed through extensive consultation with Aboriginal communities, leaders, and mental health experts. This inclusive process has shaped a framework that honours traditional knowledge systems and addresses the unique needs of Aboriginal peoples in Australia. The SEWB model[21] outlines seven key domains which are protective factors to promote a strong sense of self and identity. This reflects the Aboriginal perception of self and is based on the connections outlined in the below domains:

1. **Connection to body and behaviours:** Physical health; feeling strong and healthy, and able to physically participate as fully as possible in life.
2. **Connection to mind and emotions:** Mental health; the ability to manage thoughts and feelings. Maintaining positive mental, cognitive, emotional, and psychological wellbeing is fundamental to overall health.
3. **Connection to family and kinship:** These connections are vital to the functioning of Aboriginal communities. Strong family and kinship ties provide a sense of belonging, identity, security, and stability for Aboriginal peoples.
4. **Connection to community:** Providing opportunities for individuals and families to connect with each other, support each other and work together.
5. **Connection to culture:** Maintaining a strong cultural identity by participating in cultural practices, and responsibilities.
6. **Connection to Country:** Country underpins identity and belonging. Country refers to an area on which Aboriginal people have a traditional or spiritual association. Country is a living entity that provides nourishment for the body, mind, and spirit.
7. **Connection to spirituality and ancestors**: Providing a sense of purpose and meaning, shaping mental health and emotional wellbeing of Aboriginal people through traditional beliefs and broader Aboriginal worldviews.[22]


The nature and importance of these connections, and the way in which people connect with each domain can change at any point in time and throughout their lives. People may experience connections and strengths in some domains, while having difficulties and a need for healing in others. These connections are sources of wellbeing and support for a strong and positive culture, the imbalance of them can lead to poor SEWB, and strengthening these ties will likely lead to increased SEWB, reducing and preventing suicide.

# Everyone has a role in suicide prevention

**Research shows that implementing multiple strategies, at the same time and across a range of areas is essential to creating an effective suicide prevention system.[23] Everyone must work together.**

Suicide prevention efforts should include individual, community and population level strategies and actions across the whole system – this is often called a **systems-based approach**. A systems-based approach to suicide prevention recognises the broad range of stakeholder expertise that extends beyond the suicide prevention sector,[†] valuing their unique areas of responsibility and influence. This approach acknowledges that all stakeholders play an important role in suicide prevention.

Table 3 describes the suicide prevention system and how different types of stakeholders contribute to suicide prevention efforts in Western Australia.

The Bilateral Schedule on Mental Health and Suicide Prevention: Western Australia, which sits under the National Mental Health and Suicide Prevention Agreement, is an example of how the Western Australian Government is working across state, and with the Commonwealth Government, to better coordinate funding and address gaps in the suicide prevention system.

**Table 3: Stakeholder roles in the Western Australian suicide prevention system**

| | |
|---|---|
| **Commonwealth Government** | The Commonwealth Government is responsible for overseeing the development and implementation of most national frameworks, including the funding and commissioning of some programs and services. The Commonwealth seeks to influence broad population outcomes through policies, laws, regulations and taxes, including those related to social determinants of health such as income support, employment and housing. |
| **Western Australian Government** | The Western Australian Government is responsible for the development of statewide strategies, frameworks, laws and regulations. This includes the social determinants of suicide and wellbeing, at community, organisational and individual levels though the development, implementation and funding of programs and services. Programs include housing, employment, health, disability and financial supports, transport, workplace supports, the justice system and education. A full list of strategies which seek to address the social determinants of suicide across different departments can be found at **Appendix 2**. |
| **Local Government** | Local Governments are the closest level of government to the community, and include shires, towns and cities. They are responsible for creating supportive environments through the provision of local infrastructure, public health planning, parks and recreation facilities, community services, building and planning, licensing and cultural facilities and events. |

[†] The suicide prevention sector includes services that provide support to people who experience suicidal thoughts and behaviours and their families, carers and significant others; mental health, suicide prevention, primary care, and emergency services; other related supports, including services for alcohol and other drugs, family and relationships, and child protection.

| | |
|---|---|
| **Private organisations and non-government organisations** | The non-government and private sector deliver a range of face-to-face and online supports, including but not limited to health and mental health services and community-controlled organisations. These sectors also play a large role in supporting people by advocating for change, such as through peak bodies. The private sector and non-government organisations are responsible for providing employment and workplaces that are safe and healthy. |
| **Individuals and communities** | All people that make up Western Australia's communities share the responsibility of providing safe and secure environments and building supportive, positive relationships and connections between friends, families, neighbourhoods, and community groups to improve wellbeing. This includes, but is not limited to – sporting clubs, schools, workplaces, people with a lived experience of suicide, churches and religious institutions, and community groups. |
| **Media** | The way in which media discusses, reports and publishes content in relation to suicide plays an important role in shaping attitudes and perceptions of suicide. The media has a responsibility to discuss suicide in a safe and appropriate way to increase community awareness and decrease stigma.[24] This includes using safe and inclusive language, covering suicide sensitively and accurately, and ensuring media reporting is purposeful, promotes hope, and provides a community 'call to action'.[25] |

## Suicide in Western Australia

**Data can help to identify trends and risk factors and assist in developing effective prevention strategies and support systems. It's a crucial step in saving lives and providing the right help where it's needed most.**

However, it is important to remember that people, families, and communities are represented in these numbers. Every life lost to suicide is a tragic loss. A life which is valued and will be missed by many. The Mental Health Commission acknowledges the people and communities impacted by suicide each year.

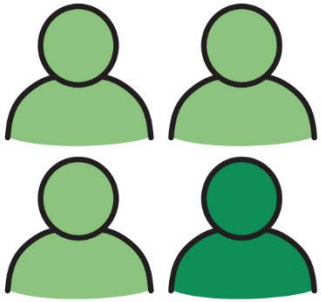
In Western Australia, suicide is the

**leading cause of death**

**for people aged between 14 and 44 years of age.**[1]

**3 out of 4**

**deaths by suicide are males.**[1]



**60%**

**of self harm* hospitalisations are female.**[2]


Almost

**1 in 3**

**deaths among young people (15 to 24 years old)**

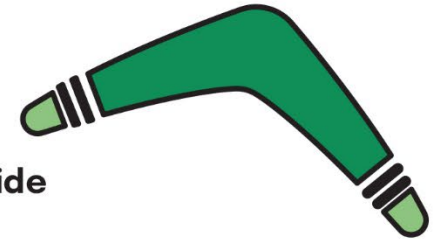
are attributed to suicide.[1]

Aboriginal peoples in WA are

**3 times**

**more likely to die by suicide**

than non-Aboriginal people.[1]



* Self-harm refers to a person intentionally causing pain or damage to their own body. This behaviour may be motivated as a way of expressing or controlling distressing feelings or thoughts. Self-harm and suicide are distinct and separate acts although some people who self-harm are at an increased risk of suicide. Acts of self-harm should always be taken seriously as they can be physically dangerous and may indicate an underlying mental health issue or condition. (Mindframe Guidelines)


1. Australian Bureau of Statistics. (2023). *Causes of Death, Australia.* ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.
2. Government of Western Australia Department of Health. (2024). *Hospital Morbidity Data Collection* [Unpublished raw data]. Extracted 29 October 2024.

# Understanding factors that impact wellbeing

A range of factors influence a person's health and wellbeing. These include the "conditions in which people are born, grow, work, live and age"[3] often referred to as determinants of health, as well as individual risk or protective factors, such as life events and transitions, personal circumstances, personality, and physical and mental health, described in Table 4.

Together these factors influence a person's overall wellbeing and, in some cases, their risk of suicide. Effective suicide prevention strategies and actions aim to reduce the impact of risk factors, address determinants of health, and strengthen protective factors.

Suicide is a highly complex human behaviour that can be difficult to predict. Sometimes a person chooses to end their life because of a single situation or event. But more often, it can be related to a buildup of different experiences over time and influenced by broader social, structural and systemic challenges.

Understanding these factors and responding with holistic suicide prevention approaches will help reach and support those most impacted by suicide, and those most at risk. This approach also focuses on building individual and community protective factors that strengthen wellbeing and lead to a more effective suicide prevention system. This interconnected approach to suicide prevention aligns with the concept of SEWB for Aboriginal people and communities.

**Table 4: Individual risk and protective factors**

| Risk factors | Protective factors |
|---|---|
| Factors that can increase someone's risk of suicide and suicidal thoughts and behaviours, such as:<br>• Experiencing the loss of a loved one<br>• Suicide bereavement<br>• Becoming a parent<br>• Relationship breakdowns<br>• Mental health conditions<br>• Physical illness and chronic pain<br>• Access to lethal means<br>• Lack of family and community support<br>• Identifying with any of the groups disproportionately impacted by, or at higher risk of, suicide (described on pages 25-30) | Factors that can help to protect against the risk of suicide and suicidal thoughts and behaviours. They are not simply the opposite of risk factors; rather, they can help to build a person's ability to cope with life's challenges, such as:<br>• Strong and positive social connections and relationships<br>• Strong connections to the SEWB domains<br>• Good health and access to mental health and physical healthcare<br>• A strong sense of self-worth<br>• Resilience and coping skills<br>• Opportunities to participate in and contribute to community<br>• Restricted access to means of suicide<br>• A safe and stable home |

It is noted that individual risk factors can cross over (or intersect) with social determinants in different ways. For example, discrimination, racism, and stigma are more likely to be experienced by people that identify with certain demographic groups. The combination of these experiences (social determinants and individual risk factors) can lead to an increased risk of suicidal thoughts and behaviours.

While not everyone exposed to the risk factors will experience suicide or suicidal thoughts and behaviours, and while people with no obvious risk factors may also be at risk, addressing social determinants and risk factors whilst strengthening protective factors, can help buffer the risk of suicide for people. For example, increased social connections can significantly reduce suicidal thoughts and behaviours[26] and protect against other risk factors of suicide.[27]

**Social determinants** is a term used to describe the factors that affect people's daily lives.[3] The Framework uses the term social determinants to describe the social, economic, environmental, political and structural conditions that can decrease (or increase) the risk of someone experiencing suicide and suicidal thoughts and behaviours. These factors make up the broader determinants of health. Understanding how social determinants impact the wellbeing of Western Australians is essential for planning and developing effective strategies and actions to reduce and prevent suicide. It is also helpful to understand how they relate and overlap with each other and with individual risk and protective factors, so that prevention strategies and actions are available to people, when, where and how they need them.

**While not exhaustive, the social determinants described in Table 5 have been identified as factors which can increase the risk of suicide and suicidal thoughts and behaviours for people.**

**Table 5: Social determinants of suicide**

| Social determinants of suicide* | Description |
|---|---|
| **Bullying and harassment** | Behaviour that intentionally and repeatedly offends, humiliates, intimidates, or abuses power to cause distress, and negatively impact a person's wellbeing in any context (e.g., schools, workplaces or online). Any involvement in bullying (bullies, victims, and bully-victims) is associated with suicidal ideation and behaviour.[28] |
| **Chronic disease and/or pain and poor physical health** | Persistent and long-lasting physical health conditions, pain and sleep disruption. |
| **Contact with the justice system** | Any form of contact with the justice system including but not limited to incarceration, custodial settings, community-based supervision, child removal, and family and custodial disputes. |

* Adapted from Socio-economic and Environmental Determinants of Suicide (Suicide Prevention Australia, 2023).

| | |
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| **Housing insecurity and homelessness** | Experience of being without a stable or reliable place to live. This could involve rough sleeping, the risk of losing a home, having to move often, or living in temporary or unsafe conditions. Housing insecurity and homelessness can be due to issues related to affordability and availability. |
| **Family and domestic violence (FDV)** | Violence that occurs in intimate partner and family relationships. It includes assault, threats, abuse, neglect or harassment. FDV can be a single incident or occur repeatedly. It includes coercive control where a person uses patterns of abusive behaviour over time to exert power and dominance to create fear, control or manipulate others, and deny freedom and autonomy.[29] |
| **Financial distress** | Experience of a lack of sufficient, consistent and/or guaranteed income to manage a person's current economic obligations. |
| **Educational disruption** | Any situation that interrupts or makes it difficult for a person to attend, or benefit from, education. This can be caused by a range of factors such as family issues, school closures, harmful learning environments, stress or anxiety. |
| **Employment distress** | Distress related to employment which can include stress about unemployment, unstable employment, difficulty adjusting to new employment or stress caused by employment conditions. |
| **Discrimination, racism, and stigma** | Experience of prejudice and negative attitudes based on characteristics that distinguish people from the majority including culture, age, disability, sexuality, gender, mental health issues or conditions, experience and/or exposure to suicide. |
| **Disconnection to culture** | Loss of connection to culture and identity including ways of living and shared common values. |
| **Harms related to alcohol and other drugs use** | Harms attributed to single and/or long-term use of alcohol and other drugs that impact on a person's life, work, or relationships. In 2023, 1 in 6 suicide deaths in Australia involved alcohol or other drugs.[8] |
| **Harms of gambling** | Harms or distress caused by in-person and online gambling, whether one-off or long-term, which can impact a person's self-worth, relationships, and mental health, may lead to financial, legal, and emotional distress.[30] These harms can be wide-reaching, impacting the individual, their family, social networks, and community.[31] |
| **Trauma** | A person's emotional, psychological and physiological response to distressing events that are harmful and can have potential negative impacts on a person's wellbeing and functioning due to the heightened stress. |
| **Intergenerational trauma** | The psychological and physiological impacts of trauma that are felt through multiple generations when a traumatic event takes place to either an individual, family or collective community. Coping and adaptation patterns |

| | |
|---|---|
| | developed in response to trauma can be passed from one generation to the next. Intergenerational trauma can occur due to generational exposure to issues such as discrimination, oppression, violence, sexual abuse, accidental deaths and suicide. In Australia, while intergenerational trauma may be experienced by many groups, the term is often used to describe the ongoing impacts of colonisation on Aboriginal people. |
| **Adverse childhood experiences** | Potentially traumatic events that occur in childhood, including environmental elements, which can undermine a child's sense of safety, stability and connection. Examples include witnessing or experiencing FDV; child removal; neglect; and disruptive family breakdown. |
| **Environmental disasters** | Extreme weather events such as droughts or bushfires, as well as the spreading of infectious diseases. |
| **Climate change** | The impacts of climate change such as extreme weather and environmental changes, including volumes of rainfall and bushfires, can disrupt social and economic systems and impact people's homes and lives.[32] This can lead to stress, anxiety and mental health challenges.[27] Eco-anxiety is increasingly recognised as causing significant distress, helplessness, stress, worry and fear about the impacts of climate change, particularly for young people.[33] |
| **Environmental degradation** | The disappearance of, or restriction to nature can cause distress and affect the way people live. Examples include impacts of air pollution, loss of green spaces or sound pollution and noises. |
| **Isolation** | Geographical, physical or social isolation which can affect how a person interacts with society. |
| **Loneliness** | Distress caused by the subjective feeling of being alone, unwanted or the lack of social connections and relationships with other people. |

# The disproportionate impacts of suicide

**Suicide impacts all people in Western Australia, but not all people are impacted equally.[34]**

Some population groups and communities that are impacted or at a higher risk of suicide are referred to as *disproportionately impacted*.

Notably, men make up nearly three quarters of all suicide deaths in Western Australia recorded in 2023.[8] Suicide rates are also significantly higher for Aboriginal people, LGBTIQA+SB communities and people working in certain occupations (listed below) due to a wide range of unique factors.

A balance of whole of population efforts as well as targeted responses are required to raise understanding of the risk factors experienced by those disproportionately impacted, as well as ensuring these groups receive the prevention, early intervention and support where needed.

It is important to recognise that individuals often belong to multiple communities or identity groups and may be impacted by a range of intersecting forms of marginalisation, disadvantage, social determinants or risk factors – a concept known as 'intersectionality'. This can be seen in the groups below where there are recurring experiences of stigma and discrimination, economic insecurity, poor health, repeated exposure to suicide deaths and suicidal distress, and lack of access to supports that meet their needs. Intersectionality acknowledges that the experiences of individuals do not exist independently. Rather, these overlapping identities can combine in ways that can either protect against or intensify the risk of suicide.

Identifying with one or more groups disproportionately impacted by suicide does not automatically mean someone is at greater risk of suicide. For many, connection to their community is a powerful source of strength, resilience and support. In fact, a strong sense of identify and belonging can act as a protective factor against suicide and suicidal thoughts and behaviours. Each person's situation is unique, and understanding their individual experiences and needs is crucial to provide appropriate and effective support and prevent suicide.

This Suicide Prevention Framework seeks to provide guidance about approaches to address the risk factors of suicide for all Western Australians with a specific focus on those that are disproportionately impacted. It also ensures that the supports provided across the suicide prevention sector, including postvention supports, are appropriate for specific needs.

More information about groups who are disproportionately impacted by, or are at a higher risk of, suicide is provided in Table 6. While not exhaustive, the table highlights the importance of suicide prevention responses being place-based, tailored to people's needs, and addressing the determinants of suicide. Some groups – such as people exiting prison, people who engage in alcohol and other drug use, and people experiencing poverty and homelessness – are recognised in the section that explores the factors that can impact wellbeing (page 20).

**The table below should be read with consideration of the overlaps and intersections across groups as described above.**

**Table 6: Groups disproportionately impacted by suicide and more likely to experience suicide risk**

| Groups more likely to experience suicide risk | |
|---|---|
| **Aboriginal peoples** | Aboriginal people are nearly three times more likely to die by suicide in Western Australia compared to non-Aboriginal people. This gap is higher than in any other Australian state or territory.[8] Rates of self-harm and suicidal risk are also disproportionately higher.[35, 36] The high rates of suicide for Aboriginal peoples can be linked to trauma that has been passed down through the generations since colonisation.[37]<br>Some Aboriginal people face difficulties accessing mental health support due to a shortage of culturally safe and secure services, living in remote areas, cost, and stigma around mental health and suicide.[38, 39, 40]<br>Addressing the social determinants and embedding and implementing the SEWB approach across the suicide prevention system would improve the SEWB of Aboriginal communities, break-down barriers to accessing support, and ensure support is culturally safe, secure and effective. For example, connections to Country, family and community, culture and identity have been identified as protective factors and improving these can lead to improved SEWB for Aboriginal peoples.[41, 42] |
| **Men** | In 2023, almost 74% of all deaths by suicide in Western Australia were men.[8] Across Australia, men are overrepresented across all age groups and suicide remains the leading cause of death for Australian males aged 15 to 44.[8]<br>It is also important to recognise that men are not a homogenous group and many experience an increased risk due to intersecting identities. Across age groups and other population and occupation groups disproportionately impacted by suicide, men are consistently overrepresented in suicide statistics.[8]<br>Some factors that contribute to an increased risk of suicide for men include depression, relationship breakdown, financial distress, unemployment, bereavement and alcohol and other drug use.[43, 44, 45]<br>Despite experiencing high rates of psychological distress[46] men are less likely to seek professional mental health support.[47, 48] Barriers to help-seeking are complex and vary widely across different groups of men but can be linked to stigma around mental health or suicide, social and cultural expectations around stoicism, masculinity, and self-reliance, as well as a lack of services designed in ways that feel safe, relevant, and accessible to the men who need them.[67, 68, 49]<br>To reduce suicide among men, it's essential to offer support in ways that work for them. This means increasing strategies and actions that actively engage men and respond to their diversity and intersectionality.[50] |

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| **LGBTIQA+SB communities***<br>**communities***<br>**Lesbian, gay, bisexual, transgender, intersex, queer, asexual, Sistergirl, Brotherboy and all other queer and trans identities* | LGBTIQA+SB communities experience higher levels of suicidal distress than non-LGBTIQA+SB people because of their experiences of stigma, discrimination, abuse and violence.[51, 52] It's important to recognise that LGBTIQA+SB communities are not all the same and have different needs requiring dedicated research, planning and responses.<br>People from the LGBTIQA+SB community can experience higher rates of financial distress, unemployment and homelessness related to stigma and discrimination.[53] These risk factors for suicide can also be barriers to accessing appropriate mental health and other supports.<br>LGBTIQA+SB people that identify with other groups can experience multiple and overlapping stigma which can compound the risk of suicidal distress. This is significant for LGBTIQA+SB Aboriginal peoples, people from culturally and linguistically diverse backgrounds, people of faith, and people with disability.[54]<br>Community-controlled and peer led services and programs, supportive relationships and access to healthcare that helps to explore, support and affirm someone's gender identity can lessen risks. Promoting inclusion in communities and across the suicide prevention system can also lead to better outcomes for LGBTIQA+SB communities. |
| **Culturally and linguistically diverse communities (CaLD)** | In Western Australia, 1 in 3 people are born overseas and 1 in 5 speak a language other than English.[55]<br>People from CaLD communities can experience distinct risk factors because of cultural stigma and taboos, as well as language barriers which can prevent help seeking and effective health education. Discrimination and cultural stigma can also lead to feelings of isolation and suicidal distress. In addition, adjusting to a new culture with different attitudes and customs about family and other relationships, can impact wellbeing.[56]<br>Refugees can experience greater risk of suicide when compared to other migrants.[57] This is due to their exposure to potentially traumatic events including forced emigration to escape war, persecution, and natural disasters, as well as post-migration stressors including separation from family and friends, uncertainty during migration and asylum-seeking processes, difficulty getting appropriate support, and legal stressors.[57] Notably, men are at an increased risk with approximately 70% of suicide deaths among CaLD Australians aged 15 and over in 2020 being male.[58]<br>Services that focus on addressing language barriers, promoting social integration, culturally inclusive and appropriate practices, and reducing stigma can foster positive wellbeing and prevent suicidal distress for people from CaLD communities. |

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| **People with disability** | In Australia, people with disability are three times more likely to die by suicide than people without disability[59] and those on the autism spectrum are almost three times more likely to die by suicide than non-autistic people.[60]<br><br>The high risk for people with disability are linked to a range of factors including ongoing discrimination, social isolation, stigma, financial distress, and barriers to accessing appropriate mental health and other care, employment, education, and secure housing.[61] These risks are further compounded where people with disability experience intersecting forms of disadvantage, which can make it even more difficult to access appropriate and safe supports.<br><br>Supportive relationships and inclusive environments can act as protective factors. This highlights the importance of targeted and inclusive strategies and actions across the suicide prevention system.[62] |
| **Ex-serving Australian Defence Force members** | Ex-service Australian Defence Force (ADF) members are at a higher risk of suicide than non-veterans. Between 1997 and 2021, over 1,600 ex-serving ADF members died by suicide, over 20 times more than Australian soldiers who died in combat in the same period.[63] Male veterans in the permanent forces were 90% more likely to be hospitalised for self-harm at least once compared to other male patients, and 42% were more likely to die by suicide. Female veterans in the permanent forces were over 1.2 times more likely to be hospitalised for self-harm at least once compared to other female patients, and over 2 times more likely to die by suicide.[63]<br><br>Many veterans struggle with the psychological impacts of their service, including experiences of post-traumatic stress disorder, anxiety and depression. The transition back to civilian life can be difficult, especially when veterans feel disconnected from their communities or lack adequate support from family and friends. This sense of isolation, coupled with the stigma around mental health issues, can lead to increased risk of suicidal behaviours.[64, 63] This transition can also lead to harmful coping strategies, including gambling and alcohol and other drug use. Gambling problems affect transitioned ADF members at rates higher than the national average (13% compared to 8%) and are closely linked to increased suicidal thoughts and behaviours.[65]<br><br>The Royal Commission into Defence and Veteran Suicide[63] made recommendations to address the rates of suicide of this group, including reducing stigma and removing the barriers to help seeking. |
| **People with mental health conditions** | In 2022, 63% of people who died by suicide had a mental and/or behavioural disorder present.[66] Some studies indicate that this figure is much higher, with estimates as high as 90%.[67] While people with mental health conditions face a heightened risk of suicide, the risk can be reduced by providing access to timely, coordinated, and appropriate interventions and supports, and reducing stigma to encourage help-seeking and open discussions about mental health. |

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| | It is important to note that most people who have a mental health condition do not die by suicide, and a person does not have to have a diagnosed mental health condition to be at risk of suicide. |
| **People living in rural and remote communities** | Suicide rates in Australia tend to increase as population density decreases, with people living in very remote areas experiencing more than double the suicide rate of those in major cities.[68] Between 2018 and 2023, suicide rates in regional and remote Western Australia rose by 20%, while Greater Perth saw a 17% decrease.[69] Regional and remote communities can experience greater risk of suicide due to a range of factors, including challenges accessing appropriate healthcare.[70, 71] Regional and remote communities also show lower rates of help seeking compared to metropolitan areas, which is linked to stigma, fear of judgment and anonymity concerns associated with access to services.[70, 71] Notably, around 60% of Western Australia's Aboriginal population live in regional and remote areas,[72] highlighting the importance of tailored, culturally safe approaches to suicide prevention. |
| **Younger and older people** | Different age groups experience different rates of suicide and risk factors. A suicide prevention system that supports the needs of different age groups could support wellbeing and decrease risk of suicide.<br>Suicide is the main cause of death for younger people across Australia. In 2022, over one-third of deaths among Australians aged 15-24 years were due to suicide.[8] Early access to services, education on mental health, and co-designing services with young people could work to reduce this risk.[73]<br>The highest rates of suicide in a single-age group occur among Australians aged 85 and older.[8] This can be because of barriers to participating in social activities, chronic disease and pain, and the loss of friends, families, and people in their communities and support networks. Improving care for mental and physical health problems and boosting social connections and community participation for this group could work to reduce their risk of suicide.[74, 75] |
| **Families, carers, and significant others** | Families, carers and the significant others of people who have a disability, medical conditions, or lived experience of mental health, alcohol and other drug use issues, and suicide are at higher risk of suicide and suicidal thoughts and behaviours themselves. This is due to the demands involved in providing care and support to their friends, families, and communities leading to high rates of distress, social isolation, loneliness, and financial distress – all risk factors of suicide. [76]<br>Addressing these risk factors and providing targeted suicide prevention support for this group can reduce their risk of suicide and also equip them to better support their loved ones.[77, 78] |
| **Occupations which can carry a higher risk of suicide** | |

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| **First responders** | First responders are frontline workers or volunteers with specialist training who are often first on the scene of a critical incident, emergency, or natural disaster. They include groups like the police, fire and rescue, state emergency services, prison officers, ambulance officers and paramedics. Research shows first responders are at increased risk of suicide and mental health conditions due to their unique and often challenging work environments.[79] This includes repeated exposure to traumatic events, including suicide, while also being exposed to psychological hazards in the workplace such as high job demands and shift work. The transition out of the workforce, and/or to retirement can also increase the likelihood of suicide.[81]<br>Specialised training and support, social support and assurances in personal and team capabilities have been identified as protective factors.[81] |
| **Fly in fly out (FIFO) workers** | FIFO workers in the mining industry are at a greater risk of suicide than people working in other industries.[80] A person's personal circumstances, combined with workplace organisational, social, and environmental psychological hazards such as poor physical conditions, leadership, workplace practices and culture, remote and isolated work, bullying, harassment, and discrimination can lead to a higher risk of suicide.[82] This includes drive in drive out (DIDO) and bus in bus out (BIBO) workers. |
| **Construction workers** | Approximately 190 Australians working in construction die by suicide every year.[81] In Western Australia, construction workers are three times more likely to report suicidal thoughts and behaviours than other adults.[82] Some characteristics thought to increase the risk of suicide, include limited job control, job insecurity, periods of unemployment or underemployment, travel and time working away from family and supports.[83] Additionally construction workers are reported to experience loneliness, bullying, negative workplace experiences and harmful substance use.[82] Protective factors include strong interpersonal experiences outside of work and support from colleagues.[82] |
| **Farming and agriculture workers** | People working in farming and agriculture can experience higher rates of suicide,[84] particularly men, those who have separated from their spouse, and young and middle-aged farmers.[85]<br>Risk factors thought to increase risk of suicide include increased periods of social isolation, declining communities and because their work and livelihoods can be significantly impacted by factors outside of their control such as extreme weather and natural disasters.[86]<br>Early intervention approaches that address the specific factors faced by this group, are most effective when they are tailored to the specific community and involve local people with knowledge and experience of farming and agriculture.[87, 88] |

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|---|---|
| **Healthcare workers** | Medical practitioners, nurses and midwives can be at an increased risk of suicide due to the nature of their work, burnout, access to means, and repeated exposure to deaths, including deaths by suicide, and other potentially traumatic events and injuries.[89, 90, 91] Providing targeted support for healthcare workers and improving their conditions at work could reduce their risk of suicide.[92, 90] |

# The Suicide Prevention Framework 2026-2031

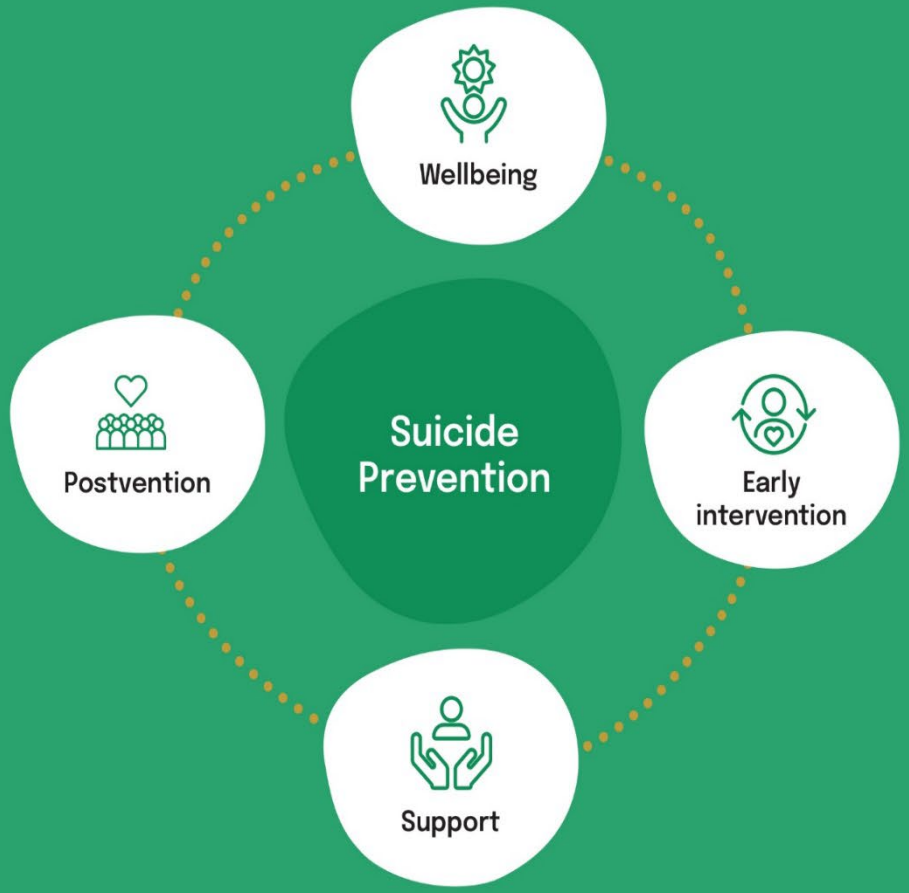
**Effective suicide prevention requires a range of approaches, delivered at the same time, across the whole system. Everyone must work together.**

Strategies and actions should meet the needs of the population and community and address the diverse needs of individuals. The Suicide Prevention Framework is built around **four equally important and interconnected Streams** that, when considered as a whole, work together to prevent and reduce suicidal thoughts and behaviours, suicide and the wider impacts:

1. **Wellbeing:** Strengthening wellbeing for the whole population; enhancing protective factors; building resilience; shaping individual and community attitudes and the way people think and talk about suicide.
2. **Early intervention:** Addressing the risk factors and social determinants for suicide, including those factors that disproportionately impact some population groups.
3. **Support:** Timely, appropriate, and effective support for people seeking help for mental health issues or conditions and suicidal thoughts and behaviours and those who support them, when and where they need it.
4. **Postvention:** Timely and effective supports to people and communities impacted by suicide loss.

The Suicide Prevention Framework also outlines a set of **Principles** and **Aspirations,** drawn from the National Strategy to describe the shared understanding of what is needed to guide practice and decisions to improve suicide prevention efforts. These include accessibility; compassionate and holistic approaches; connected and coordinated systems; culturally security; economic security; good health; navigating life transitions; safety and security; and social inclusion.

To build an effective suicide prevention system, the Suicide Prevention Framework highlights the need for key **Foundations**, aligned with National Strategy and WA Strategy**.** These include robust governance and leadership; a culture that values lived experience; strengthened data, monitoring and evaluation; and a skilled and supported workforce.



# Principles and Aspirations

**The Suicide Prevention Framework's Principles may be applied in the planning, design and implementation of strategies and actions to reduce and prevent suicide.***

**Table 7: Principles and aspirations for Western Australia's suicide prevention system**

| Principles | Aspirations |
|---|---|
| **Accessibility** | People have access to affordable, timely and appropriate supports that meets their needs. Support may be physical or virtual with options that respect an individual's own agency, and support people to choose how, when and where they may seek help. |
| **Compassionate and holistic approaches** | People's needs are considered and met with compassion, understanding and respect. This includes the needs of families, carers, and significant others. |
| **Connected and coordinated systems** | People understand and can easily navigate, and access supports because organisations and services effectively work together across the suicide prevention system. |
| **Cultural security** | Aboriginal people and communities receive support that identifies and responds to their unique cultural rights and needs, and implements a way of working that reflects and promotes their social and emotional wellbeing. |
| **Economic security** | People have access to education, meaningful and secure employment, skills to reduce financial distress, and safe, secure, and affordable housing. |
| **Good health** | People have the knowledge, skills, beliefs, confidence and resources to maintain their mental and physical health to protect against suicide. |
| **Navigating life transitions** | People are supported through key life stages and changes to reduce distress experienced in periods of transition and significant life events. |

* The principles in Suicide Prevention Framework 2030 are adapted from the objectives in the National Strategy under the Prevent and Support domains.

| | |
|---|---|
| **Safety and security** | People feel physically, psychologically, and culturally safe in all aspects of life. Positive and respectful interpersonal relationships are experienced in their everyday lives as well as when engaging with support services, respecting their diverse cultures and identities. This includes the absence of violence, abuse, neglect, racism and discrimination, and childhood adversity. |
| **Social inclusion** | Communities are inclusive, people feel connected to others, have a sense of belonging and equal opportunities to participate in a way that is meaningful to them. |

# Foundations for a contemporary, person-centred suicide prevention system

**Building an effective suicide prevention system that responds to people's needs requires a strong foundation.**

While many enablers support system improvement, the Suicide Prevention Framework highlights key enablers that align with Strategic Pillar 5 of the WA Strategy, and the National Strategy's Critical Enablers:

1. Robust leadership and governance
2. Culture that values lived experience
3. Strengthened data, monitoring and evaluation
4. Skilled and supported workforce

There are a range of initiatives currently underway across Western Australia and nationally that contribute to creating an effective suicide prevention system. For more detail on the system-level changes required for contemporary, person-centred systems across the sector, refer to Strategic Pillar 5 of the WA Strategy.

## Robust leadership and governance

A truly effective, system-wide and whole-of-government approach to suicide prevention requires strong leadership and clear governance. This means setting shared priorities, clarifying roles and responsibilities, and working together across government, sectors and services. Strong and transparent governance structures and cross-sector partnerships that promote collaboration across all levels of care are essential to support wellbeing.

**Focus areas:**

- The National Agreement for Mental Health and Suicide Prevention, including contribution to a new agreement and negotiation of appropriate suicide prevention initiatives.
- Implementation of the Western Australian Mental Health and Alcohol and Other Drugs Strategy 2025-2030, which applies a whole of system approach to reform priorities for the next five years.
- Cross-government leadership and strategic policy work of the Mental Health and Alcohol and Other Drugs Deputies Group and other intersecting groups such as those relating to Closing the Gap, housing and homelessness and family and domestic violence.
- Progressing the implementation of system reform through the mental health and alcohol and other drug governance structures established under the Independent Governance Review.
- Consideration of the role of new and existing legislation that could strengthen and coordinate suicide prevention efforts Western Australia.
- Outcome-based commissioning, joint planning, and co-commissioning of services across government and at a state and national level.

## Culture that values lived experience

People with lived experience have a central role in designing, delivering, governing, and evaluating suicide prevention strategies and actions.

Building a culture that genuinely values and embeds lived experience requires long-term commitment from all sectors. This involves rethinking and reshaping how lived experience is integrated across the system – from leadership and governance to frontline service delivery.

Strengthening Lived Experience in the workforce is vital in offering emotional and social support to people, families, carers and significant others through shared experiences. This includes integrating the Lived Experience (Peer) Workforce with multidisciplinary teams to help prevent the need for clinical intervention and allowing clinical staff to be more responsive to those who require their support.

**Focus areas:**

- Organisational change across services to build capacity and shared understanding, integrate lived experience perspectives and apply contemporary, recovery-oriented approaches.
- Implementation of the Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide focusing on formalising, recognising and remunerating Aboriginal Lived Experience-led Peer Work and organisation cultural responsiveness to support and retain peer workers while minimising the potential harm that organisations can place on Aboriginal peoples. [93]
- Growth of the Western Australia Lived Experience (Peer) Workforces at all levels, supported by appropriate organisational readiness plans and actions aligned to the National Lived Experience (Peer) Workforce Guidelines and Western Australian Lived Experience (Peer) Workforce Framework.

## Strengthened data, monitoring and evaluation

Reliable evidence and evaluation can improve people's understanding of suicide and assess the effectiveness of suicide prevention strategies and actions. Data sharing, collection, reporting and a commitment to timely evaluation supports effective planning and improvements in suicide prevention efforts that better meet the needs of communities. This is particularly important for the coordination and planning of postvention strategies and actions.

**Focus areas:**

- Service level outcomes and indicators to support the Western Australian Mental Health, Alcohol and Other Drugs Outcomes Measurement Framework (Outcomes Measurement Framework) that provides a consistent, transparent approach for measuring person-centred outcomes that matter most to people with a lived experience of mental health, alcohol and other drug issues, and suicidal crisis, including their families, carers and significant others.
- Development of SEWB measures for Aboriginal people and communities, applying underlying principles of strengths-based reporting and Aboriginal data governance and sovereignty.

- The Western Australia Suicide Monitoring System (WA SMS) that provides timely data on suicide deaths in Western Australia, to identify at-risk groups, locations and trends to inform targeted suicide prevention services, service responses and strategies; identify gaps in current service delivery; and guide the commissioning of suicide prevention services and strategies in the future.

## Skilled and supported workforce

Everyone working in suicide prevention – whether in clinical, community, peer or policy roles – should be equipped and empowered to understand their role in suicide prevention, have the skills to perform their role well, and be sufficiently supported to operate effectively and compassionately in a sustainable way. This means investing in training, professional development and wellbeing initiatives.

**The suicide prevention workforce includes:**

- People working in emergency services and health care (including, but not limited to, general practitioners, doctors, nurses, pharmacists, psychologists, psychiatrists, social workers, peer workers) in both whole of population and Aboriginal Community Controlled Health Organisations.
- Workers delivering income and psychosocial supports (for example, financial, housing, unemployment, and family support services).
- Personal support networks (for example, family, carers and kin, and social supports), and institutions (such as, educational, religious, and spiritual communities, media, interest groups, and workplaces).
- Policymakers who develop and implement population-level interventions related to suicide prevention (including policies that promote general wellbeing, reduce the impact of the social determinants of suicide, or aim to alleviate suicidal distress).[2]

**Focus areas:**

- Workforce capacity and capability aligned to existing national and state workforce strategies including the Western Australian Mental Health and Alcohol and Other Drugs Workforce Strategic Framework 2020-2025.
- Education and training for mental health and alcohol and other drug workforces on stigma, trauma-informed care and cultural safety, with the aim of increasing accessibility and outcomes for Aboriginal peoples, people with a disability, CaLD people and LGBTIQA+SB people.
- Gatekeeper Suicide Prevention training to increase workers' confidence and competence when supporting people at risk of suicide.
- Training and capacity building of the mental health, alcohol and other drugs and suicide prevention workforces, as well as generalist and non-specialised workforce across the broader public and non-government sectors (such as youth workers, community and welfare workers).
- A Western Australian Mental Health and Alcohol and Other Drugs Strategic Action Plan that will identify short and medium term initiatives to deliver on the Strategy and its related Frameworks, including the Suicide Prevention Framework.
- Support the Commonwealth to undertake a national data and information monitoring project to inform how to grow and retain the mental health and suicide prevention workforce and deliver government priorities agreed under the National Mental Health Workforce Strategy 2022-2032.

### Social and emotional wellbeing

It is important to consider the holistic concept of SEWB for any suicide prevention strategies or actions for Aboriginal peoples and communities. Recognising the interconnectedness of physical wellbeing with spiritual and cultural factors, especially a fundamental connection to land, community and traditions is vital to maintaining SEWB.[20]

Aboriginal Community Controlled Organisations play a central role in the design of suicide prevention strategies or action. The following documents provide guidance on how to improve the SEWB of Aboriginal peoples, and embed the SEWB model:

- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
- National Social and Emotional Wellbeing (Mental Health) Policy Partnership
- Aboriginal Empowerment Strategy – Western Australia 2021-2029.

# Stream 1 – Wellbeing

**Objective: Strengthening wellbeing for the whole population; enhancing protective factors; building resilience, shaping individual and community attitudes and the way people think and talk about suicide.**

Wellbeing describes a person's quality of life and their ability to contribute to the world with meaning and purpose.[5] It is a combination of someone's physical, mental, emotional, and social health.[94] How people think about their own and other people's wellbeing can be different because of the range and combination of factors that exist in the environment in which they are born, grow, work, live and age. Sometimes these factors can be related to experiences that happened in childhood or to experiences that have an impact across generations.[6]

Increasing protective factors and decreasing the presence of risk factors can lead to an overall increase in wellbeing. Conversely, higher levels of wellbeing can protect against the impact of risk factors for suicidal distress. Communities in which people belong, feel safe, healthy, economically secure and connected to others are associated with higher levels of collective wellbeing, lower levels of distress, and lower suicide rates.[2]

**Social and emotional wellbeing**

Wellbeing for Aboriginal peoples relates to the intersection and interaction of the seven SEWB domains. When developing any campaigns, programs, services, or initiatives that aim to increase the wellbeing of Aboriginal people, it is essential to consider all SEWB domains.

There are unique risk and protective factors that can influence each of the SEWB domains for Aboriginal peoples. Effective early intervention strategies and actions could focus on the SEWB domains of: Connections to Country; connections to Culture; and connection to family and relationships.

# Stream 2 – Early intervention

**Objective: Addressing the risk factors and social determinants for suicide, including those factors that disproportionately impact some population groups.**

Early intervention refers to strategies and actions that support people and groups experiencing more risk factors and fewer protective factors, or who are known to be disproportionately impacted by suicide. An effective suicide prevention system identifies these people early and works to remove barriers ensuring they can access appropriate programs and supports when they need them. Intervening early has significant benefits for the whole population, as well as for those who are at higher risk for suicide.

In respect to the social determinants for suicide, it is also important to consider the influence of broad economic, social, and public policies, for example finance, education, employment housing, communication, climate, and environment. These policies can contribute to people being at an increased risk of suicide because of inequalities in the environments in which they live, work and play. It is important that sectors and organisations with responsibility for these policies are included as partners in the Western Australian approach to preventing suicide.[95]

## Opportunities to strengthen wellbeing and provide effective early intervention

**Strengthening wellbeing and intervening before people experience suicidal thoughts and behaviours is essential in reducing and preventing suicide and the impacts of suicide.**

**The following describes how the principles that underpin the Suicide Prevention Framework support efforts to meet the objectives under the Wellbeing and Early Intervention streams.**

It is important to note that strengthening wellbeing and intervening early extends across the full spectrum of need, with everyone working together. While it may look different depending on an individual's specific circumstances, supporting, and strengthening a person's wellbeing and providing help when needed remains key to reducing suicide and the impacts of suicide.

Examples of strategies and actions aligned with the principles to strengthen wellbeing and provide effective early intervention are provided in the Table 8. While not exhaustive, they represent opportunities to decrease risk factors associated with suicidal thoughts and behaviours and positively influence overall wellbeing. These opportunities provide guidance for people and organisations in the implementation of suicide prevention strategies or actions across the streams of wellbeing or early intervention, or to show how existing strategies and actions meet these streams.

The examples have been included against specific principles to demonstrate how they align; however, it is noted that strategies and actions can sit across multiple streams and relate to several principles.

Embedding ways of monitoring and evaluation will ensure that measures are in place to check whether the approach is achieving its goals and making a difference to the target group. Guidance about measuring the impacts of strategies and actions is available on page 57.

### Planning suicide prevention strategies and actions

When planning, developing or putting into place strategies and actions that increase protective factors, decrease risk factors or address the social determinants, it can be helpful to think about the following:

- Does the strategy or action align with any of the four streams (Wellbeing, Early Intervention, Support, and Postvention)?
- How does the strategy or action align with the principles?
- Does the strategy or action improve the SEWB for Aboriginal peoples?
- How does the strategy or action consider and embed the SEWB model?
- How will people with lived experience have a central role in the design, implementation and evaluation of the strategy or action?
- How will the strategy or action be monitored and evaluated?

**Table 8: Opportunities for action across wellbeing and early intervention**

| Principle | Wellbeing | Early intervention |
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| **Accessibility** | Ensuring everyone has equal access to information, resources, activities, programs, and environments that promote, and support wellbeing is important to preventing suicide. This includes having access to physical environments that foster community connections, physical activity, and connection to nature.<br><u>Opportunities include:</u><br>• Social and emotional learning, resilience and prevention-specific skills building programs in classrooms, sporting clubs and other settings, delivered by trained teachers or mental health professionals.<br>• Equal access to natural environments, public open spaces, and green and blue spaces through urban design, land use and infrastructure. | People who are at-risk of suicidal thoughts and behaviours need to have access to readily available supports to prevent distress escalating. Supports can be formal (health professionals, financial support, support for alcohol and other drug use) and informal (talking to a trusted family or friend).[96]<br><u>Opportunities include:</u><br>• Specialised wellbeing programs for children and young people in out-of-home care (foster and residential care).<br>• Targeted, culturally appropriate programs to improve the wellbeing of groups disproportionately impacted by suicide including but not limited to men, LGBTQIA+SB community and people from CaLD communities. |
| **Compassionate and holistic approaches** | Strategies to strengthen wellbeing should be informed by consultation and research and use safe and inclusive language to reduce stigma. This ensures the diverse needs of the community are met, and fosters a sense of community belonging which increases wellbeing.<br><u>Opportunities include:</u><br>• MindFrame guidelines[7] embedded into organisational communication and media reporting to reduce and address stigma.<br>• Programs that build self-compassion, hope, and prevent or challenge self-stigma.<br>• Effective, evidence based SEWB interventions and evaluations which are grounded in cultural perspectives and Aboriginal ways of working. | Evidence-based and co-designed approaches extend to early interventions for people who are at risk of suicidal thoughts and behaviours. Supports should be trauma-informed and inclusive of family, carers, and significant others as appropriate. Peer based supports can help people feel understood and supported. By connecting with someone who shares a similar experience, people are better able to navigate their individual circumstances.<br><u>Opportunities include:</u><br>• Delivery and evaluation of the Gatekeeper Suicide Prevention training to support people in the community and across workforces to identify and provide support for people at-risk of suicidal thoughts and behaviours. |

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| | | • Mental Health First Aid and SafeSide Prevention training in communities and workplaces to equip people with the skills to recognise and respond to mental health and suicide crisis.<br>• Culturally secure and Aboriginal-led suicide prevention training in communities and workplaces which are tailored for Aboriginal peoples and aim to meet community's self-identified needs, such as Youth Aboriginal and Torres Strait Islander Mental Health First Aid, LivingWorks I-ASIST and LivingWorks safeYARN.<br>• Peer-based programs that provide social engagement and support to reduce stigma and is provided in a safe and non-judgmental setting. |
| **Connected and coordinated systems** | Strategies and actions that take a holistic view of the interrelated factors that can impact wellbeing, rather than just focusing on isolated risk factors, are most effective at strengthening wellbeing and addressing risk factors.<br><u>Opportunities include:</u><br>• Capacity and capability of health professionals to refer patients to community wellbeing programs and activities (social prescribing).<br>• Evidence-based online psychoeducational and psychological skills-building programs, including services outside of traditional health and mental health environments e.g. financial services. | Collaboration between government and community organisations provides the opportunity to support people and families requiring wellbeing support across a range of domains. This can be achieved by building the capacity of the community and workers outside of traditional health and mental health services (e.g., financial, employment, housing, legal or other personal circumstances) to better understand the factors that increase or decrease the risk and impact of suicide and better support those in their communities who may need it.<br><u>Opportunities include:</u><br>• Universal screening for perinatal depression or anxiety and alcohol or other drug issues, accompanied by priority referral to mental healthcare or alcohol and other drug services for parents experiencing these difficulties.<br>• Suicide prevention training in the community, including workplaces and high-risk industries, with tailored training and peer facilitators for groups who are disproportionately impacted by suicide. |

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| **Cultural security** | Healthy lifestyles, healthy environments and safe communities are essential in supporting resilience and SEWB for Aboriginal people, families, and communities.<br>Opportunities include:<br>• Strategies, actions and evaluation approaches, which are led by Aboriginal communities and organisations, that increase SEWB and seek to decrease the risk of suicide.<br>• Regional SEWB pilot program to support holistic approaches to improve Aboriginal people's wellbeing.<br>• Aboriginal people, Elders and communities are authentically engaged in co-design of all aspects of planning, consultation, program/service delivery and evaluation. | The unique protective and risk factors that contribute to the SEWB of Aboriginal people, including the SEWB domains, need to be considered when looking at a holistic approach to suicide prevention. This can be achieved through the co-design and co-delivery of activities and programs that are informed by the needs of Aboriginal people.<br>Opportunities include:<br>• A Strategic approach to consolidate, guide and strengthen the further development of SEWB approaches in Western Australia, aligned with the SEWB Framework, the National SEWB Policy Partnership, the National Agreement on Closing the Gap and the Aboriginal Empowerment Strategy - Western Australia 2021-2029.<br>• Better understanding of Aboriginal suicide prevention and SEWB across Western Australia. |
| **Economic security** | Equal access to meaningful employment and education has a protective effect against the impact of changes to a person's economic situation. Economic security means people can access goods and services, fostering a sense of purpose, and facilitating interpersonal connections which can improve overall wellbeing and prevent suicidal distress. Providing suitable housing is a basic need to support individual safety and security.<br>Opportunities include:<br>• Financial assistance and support schemes linked to tertiary and vocational educational programs for people who cannot afford to study, or those who are experiencing barriers to accessing education.<br>• Financial literacy programs to all members of the community. | Effective cross-system coordination is required to support those who are: experiencing economic insecurity; unemployed; low-income earners; facing income uncertainty; and economic disadvantage due to their socioeconomic status. Changes to economic security can result in an almost immediate but short-term increase in risk of suicide.[2]<br>Opportunities include:<br>• Evidence-based financial supports for people nearing retirement.<br>• Industry specific education programs for services that work with people experiencing situations associated with social determinants for suicide (e.g. for people working with those recently unemployed or underemployed) and navigation support to improve access to appropriate supports.<br>• Cross-government approaches to reduce inequality and address social determinants that influence protective and risk |

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| | | factors of suicide (for example, family and domestic violence, homelessness). |
| **Good health** | People who are supported in their mental and physical health, are more likely to engage in employment, education, and recreation activities[97] which has an overall positive impact on wellbeing and can protect against suicide.<br><u>Opportunities include:</u><br>• Targeted and general disability supports (information and guidance, peer support, capacity building) to all people with disability regardless of whether they are a National Disability Insurance Scheme participant.<br>• Grant programs for place-based activities that provide opportunities to participate in community art, sport and recreation activities.<br>• Workplace policies and initiatives, such as Thrive at Work, which aim to promote and support positive mental health in settings where people work.<br>• Healthy public policies to support the availability and accessibility of affordable healthy food options.<br>• Public policies and regulatory initiatives that address alcohol availability, promotion of products and pricing.<br>• Active ageing programs that encourage older adults to be physically active.<br>• Public awareness campaigns that increase knowledge and skills to encourage:<br>  ○ healthy eating<br>  ○ regular physical activity<br>  ○ good sleep hygiene<br>  ○ mindfulness<br>  ○ reduced alcohol risk. | Access to timely and appropriate supports for individuals, families and significant others experiencing issues related to mental health, alcohol and other drugs and/or gambling can help to reduce and prevent suicide.<br><u>Opportunities include:</u><br>• Responsible media reporting of suicide to reduce knowledge of, and access to, means of self-harm and suicide.<br>• Collaboration and coordinated communication of services to help people access multiple services when seeking help for multiple issues impacting them at the same time. |

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| **Navigating life transitions** | Equipping people with the information and skills to identify and positively navigate significant life transitions (from childhood to older age) is an important part of strengthening wellbeing and preventing suicide.<br><u>Opportunities include:</u><br>• Programs and supports that encourage physical activity, eating healthily and avoiding alcohol and other drug use tailored to people going through key life-stages, such as expectant and new parents, and the different stages of childhood and adolescence.<br>• Programs that prepare and support young people leaving school by equipping them with life skills, emotional resilience and access to tailored guidance to help ease their transition into further education, employment or independent living.<br>• Programs to support members to transition out of the Australian Defence Force in a way that builds and maintains their wellbeing. | Life transitions can be risk factors for suicide, such as the perinatal period; family and relationship breakdowns; grief; bereavement by suicide; legal issues; changes to employment status, including transitions out of the workforce and retirement; following service in the Australian Defence Force; and engagement with places of detention (for example prison or immigration detention).[2]<br><u>Opportunities include:</u><br>• Programs that support people leaving prison to access housing, employment, and increase awareness of mental health services.<br>• Support for new parents who are experiencing parenting-related stress, such as free public access to Ngala's residential parenting service, which offers early mental health intervention and prevention support for parents and babies, in a residential setting.<br>• Programs that support people transitioning into retirement to build and maintain social connections and engagement in their communities. |
| **Safety and security** | Ensuring people feel safe and protected from discrimination and abuse is essential to promoting wellbeing and preventing suicide. It is vital that people experience positive and respectful interpersonal relationships, and that the broader community values supporting people to feel safe.<br><u>Opportunities include:</u><br>• Work design practices to promote employee mental health and wellbeing and prevent workplace psychosocial hazards outlined in the Work Health and Safety (General) Regulations 2022. | Addressing risks to personal safety can help to prevent suicidal distress. In the early years, this includes ensuring that children are free from abuse, neglect and bullying. It is also important to address and prevent family, domestic and sexual violence, discrimination, racism and abuse, workplace psychosocial hazards (bullying, stress, poor working conditions) and the impacts of natural events and climate change (bushfires, flood, droughts).<br><u>Opportunities include:</u><br>• Targeted strategies that support groups disproportionately impacted by suicide including but not limited to men, the |

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| | • Primary prevention activities that prevent family and domestic violence.<br>• Respectful relationships initiatives and programs that address bullying, discrimination or rejection for gender, disability, race or sexual orientation in schools.<br>• Protection of young people from harmful impacts of social media use. | LGBTQIA+SB community, people from CaLD communities, and ex-serving Australian Defence Force members.<br>• Suicide prevention approaches embedded in responses to natural events. |
| **Social inclusion** | Meaningful connections with family and friends, neighbours, community groups and organisations with shared interests, beliefs, and culture all foster a sense of community and overall wellbeing. It is particularly important to provide opportunities for engagement and social inclusion among groups at greater risk of isolation, discrimination, or disadvantage.<br><u>Opportunities include:</u><br>• Community volunteering opportunities to build social engagement between people with like-minded interests.<br>• Cultural events, festivals and programs that create community cohesion and social connectivity through shared activities.<br>• Programs that increase internet and social media literacy to support people to engage safely with online networks. | Addressing loneliness and experiences of social exclusion related to racism, ageism, stigma, homophobia, transphobia, or economic circumstance can increase wellbeing and reduce suicide and suicidal thoughts and behaviours.<br><u>Opportunities include:</u><br>• Evidence-based programs to tackle loneliness and reduce social isolation such as social skills training, befriending and one-on-one social support initiatives.<br>• Public awareness campaigns to raise awareness of the importance of social inclusion activities in preventing and addressing loneliness. |

# Stream 3 – Support

**Objective: Timely, appropriate, and effective support for people seeking help for mental health issues or conditions and suicidal thoughts and behaviours and those who support them, when and where they need it.**

Building and maintaining an effective support system is essential for preventing suicide. When people can access and receive the support they need, when and where they need it, suicidal thoughts and behaviours and the impacts of suicide can be reduced, and incidents of suicide deaths prevented. The support stream describes what optimal suicide prevention support looks like. A good support system works for everyone, seeks to reduce the causes of suicidal thoughts and behaviours and restores people's wellbeing. This includes supports that are relevant and helpful to families, carers and significant others. The different types of support have been described in Table 9.

Help can look different depending on a person's situation and preferences, whether or not they are experiencing suicidal distress. Some people might feel comfortable speaking to a family doctor, while others may prefer community mental health services or peer support programs. Having access to a range of appropriate supports can improve wellbeing, prevent suicidal thoughts and behaviours occurring in the first place, and help to prevent suicide.

Accessing appropriate supports quickly is crucial for anyone experiencing suicidal thoughts and behaviours. This includes people showing early signs of distress, people experiencing suicidal distress, survivors of suicide attempts, and those who support them. Providing support to families, carers, significant others and communities after someone has died by suicide (postvention) is an essential component of an effective suicide prevention approach and is explored further in *Stream 4: Postvention*.

**Table 9: Types of support**

| Community support | Crisis support | Aftercare |
|---|---|---|
| Community mental health support services can help keep people well, out of hospital, and connected to their family, friends and community. Community supports describe a range of supports provided in local community settings, such as peer-led interventions, short or long-term residential accommodation, safe spaces, and primary health care services working alongside community mental health services. These supports can be virtual (online, video and phone) or face-to-face. | Crisis supports are for people experiencing suicidal crisis, and their families, carers and significant others, where an immediate response is needed.<br><br>Crisis support can include responses by emergency services and volunteers, helplines, emergency departments and hospitals, as well as alternative crisis supports which can divert people away from emergency departments. | Aftercare refers to treatment, help or supervision of people and their families, carers, and significant others following a suicide attempt. Because people who have attempted suicide are at greater risk of suicide, aftercare programs help people engage with supports needed to prevent future suicidal behaviours.<br><br>Aftercare can be provided by hospitals, community-based organisations, peer support or residential services. |

Effective suicide prevention supports for Aboriginal people may focus on the SEWB domains of: connection to body and behaviours, connection to mind and emotions and connection to family and kinship.

Other considerations include:

- Services for Aboriginal peoples co-designed and led by local Aboriginal Community Controlled Organisations where possible, to allow services to address the specific needs of their own community, and facilitate collaboration with local communities when designing and delivering services.
- Aboriginal ways of working that promote empowerment, choice and self-determination.
- Increasing access to culturally secure supports in the community.
- Increasing the number of, and support for, Aboriginal workers within mainstream services, as well as within Aboriginal services.
- Balancing supports between promoting wellbeing and providing treatment and care.
- Designing holistic supports that respond to the diverse and individual needs of Aboriginal people, families and communities.

# Stream 4 – Postvention

**Objective: Timely and effective supports to people and communities impacted by suicide loss.**

Postvention is the support and assistance given to people and communities who have been bereaved by suicide or impacted by suicide loss in some way. This includes responses that support family, friends, colleagues, health professionals, first responders and the wider community, to help them recover from the trauma of a death by suicide, cope with additional stressors, and manage their experiences of loss and grief in the short and long term.

Postvention is an important part of suicide prevention because people who are bereaved by suicide can be at a higher risk of suicide themselves and may experience poorer mental health outcomes. [98, 99] Effective postvention is key to preventing further suicide death within a family and community and includes actions that respond to the potential contagion of suicides, and helps to identify and inform a broader understanding of trends, patterns and potential causes of suicide. [100]

When done well, postvention can help people heal by increasing connection, providing education and reducing stigma to promote help-seeking. It can also lower the risk of suicide and suicidal thoughts and behaviours from occurring, continuing or getting worse for people who have been bereaved or impacted by suicide.

**How suicide bereavement is different to other loss**

Losing a loved one to suicide can be a painful, complex and confusing experience that is different to other losses. While feelings of shock, denial, sadness, confusion, and anger are experienced by people bereaved by suicide, they are also more likely to feel higher levels of shame, guilt, responsibility, rejection, blame and trauma. This can be because of the stigma often associated with suicide but can also be related to feelings of regret for things said or not said, a need for answers or guilt for not being able to do something to prevent the loved one's death.

Postvention is a way to provide support for this specific experience of grief, which can impact people in different ways and for long periods of time. There is no single, right way to respond to suicide loss. All people and communities have different needs, and their individual and collective circumstances need to be considered when providing a supportive response.

**Social and emotional wellbeing**

The wellbeing of Aboriginal people is deeply connected with the health of Country. Country is also a sacred place for healing, and provides a connection to ancestors, wisdom and strength.

When delivering postvention support for Aboriginal people and communities is important to value and understand:

- The time and space needed for grief, loss and 'sorry business'
- The collective trauma of suicide loss felt throughout Aboriginal communities
- The healing power and strength in Aboriginal peoples' connection to community, culture, Country, spirituality and ancestors.

## Opportunities to improve supports and responses to suicide

**Providing timely, appropriate, and effective supports, when and where people need them, can reduce and prevent suicide and suicidal thoughts and behaviours. The following describes how the principles that underpin the Suicide Prevention Framework contribute to the objectives under the Support and Postvention streams.**

Effective and appropriate supports can improve outcomes for people seeking help for a range of mental health issues or conditions and/or periods of suicidal thoughts and behaviours, and in response to suicide loss. They can also have a positive impact on a person's wellbeing which is a protective factor for suicide.

Examples of strategies and actions aligning with the principles are included in Table 10. While not an exhaustive list, they represent opportunities to improve how, where and when support is provided. Importantly, the opportunities provide examples of strategies and actions that contribute to the objectives under streams 3 and 4. These are intended to be a guide for people and organisations for the implementation of suicide prevention strategies or actions across the streams of support or postvention.

The examples have been included against the Suicide Prevention Framework's principles to demonstrate how they align; however, it is helpful to note that strategies and actions can sit across multiple streams and relate to several principles.

Findings from inquests and inquiries into suicide deaths (e.g. Coronial inquests) provide an opportunity to learn and improve approaches to prevent and respond to suicide. Additionally, embedding mechanisms for monitoring and evaluation when designing strategies and actions will ensure that measures are in place to check whether the approach is achieving its goals and making a difference to people or groups they are hoping to support. Guidance about measuring the impacts of strategies and actions is available on page 57.

**Table 10: Opportunities for action across support and postvention**

| Principle | Support | Postvention |
|---|---|---|
| **Accessibility** | Timely, affordable, appropriate and readily available supports, regardless of where someone lives, is central to a well-functioning support system. Choice, autonomy and agency should be available to all people, including families, carers and significant others. Specific consideration should be given to the intersectionality and diversity of culture, beliefs, identity, ability and care needs.<br>A wide range of support options that meet the diverse needs of Western Australians, including increased access to | It is important that people and communities are supported following a death by suicide. Appropriate and timely responses to suicide can prevent further harm and improve outcomes for the people and communities impacted.<br><u>Opportunities include:</u><br>• Evidence-based, dedicated and ongoing postvention and bereavement services for families, communities, carers, significant others, children and young people. |

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| | community-based supports, can help to reduce suicidal distress and aid recovery.<br><u>Opportunities include:</u><br>• Interpreters and translators to address language and cultural barriers to increase access to support for people from CaLD communities.<br>• Crisis support for people living and working in rural, regional and remote parts of Western Australia.<br>• Appropriate virtual support services as an alternative where face-to-face options are not available or not preferred.<br>• Peer-led and community-based activities that provide ongoing opportunities for healing. | • Safe and appropriate suicide prevention services and postvention supports for LGBTIQA+SB people including through access to LGBTIQA+SB lived experience (peer) workers. |
| **Compassionate and holistic approaches** | Meeting people, (and their families, carers and significant others) who are experiencing suicidal thoughts and behaviours with understanding and respect for their strength, autonomy and agency is essential in providing effective support for suicidal distress. Supports should be available for as long as needed, not just during times of crisis.<br><u>Opportunities include:</u><br>• Appropriately supported alternatives to emergency departments so people have more options when experiencing suicidal thoughts, behaviours, and/or suicidal distress.<br>• Culturally secure, trauma-informed and compassionate approaches and responses in all services, including emergency departments, crisis and support services.<br>• Community-based, long-term support for people who experience chronic suicidal thoughts, and their family, carers and significant others. | Understanding and respect is essential to providing effective postvention support to people and communities impacted by suicide. The painful experience of grief and bereavement following suicide loss is further complicated by the effects of stigma and trauma. To foster compassionate and holistic approaches, support should be trauma-informed and person-centred.<br><u>Opportunities include:</u><br>• Enhance whole of community understanding of, and capacity to respond to, suicide bereavement and impacts in areas of grief and loss, trauma and crisis support through education campaigns and training.<br>• Postvention responses that support families when State Coroner findings are released, noting State Coroner findings can take up to two years. Additional support for families at this time will reduce risk of re-traumatisation. |

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| **Connected and coordinated systems** | A support system that is easy to navigate encourages people to engage with the supports they need. Interacting with the mental health and wider support systems should not create more distress. People deserve to know where and how to get support.<br><br>Opportunities include:<br>• Aboriginal-led and delivered programs, initiatives and services including integration with, or complementary to, Western therapeutic practices.<br>• Transitional programs to support people back into their local community following a period of inpatient support, including residential alcohol and other drug treatment rehabilitation and hospital and psychiatric settings.<br>• Step Up/Step Down services that provide residential care in the community, preventing hospital admission or facilitating a smooth transition home following a hospital stay.<br>• Compassionate, timely and appropriate support in a safe environment provided by mental health professionals and support workers, for people experiencing suicidal distress.<br>• Clear care pathways across the suicide prevention system to ensure seamless care and support, as well as supports to assist people to navigate through the suicide prevention sector and broader system.<br>• Aftercare services in Western Australia that include support following incidents of self-harm and services targeted to children and young people. | Postvention responses are most effective when they are coordinated across communities and involve a wide range of stakeholders. This ensures people receive the type of support they need, when and where they need it. Establishing clear models of care and guidelines for suicide postvention coordination between existing federal, state and community-based services, that is supported by data, can better ensure people and communities are appropriately supported following bereavement by suicide and can help reduce the risk of further deaths by suicide.<br><br>Opportunities include:<br>• Robust data collection approaches that help to identify trends and provide timely and appropriate responses to incidents of suicide, for example improved access to data through the WA Suicide Monitoring System.<br>• Robust data collection and sharing mechanisms to provide improved and coordinated responses following a death by suicide. |
| **Cultural security** | Providing culturally safe and secure care for Aboriginal peoples creates environments where people feel understood and valued ,and contributes to effective prevention of suicide and suicidal distress. Support for Aboriginal peoples who are | Providing culturally safe and secure postvention responses for Aboriginal peoples and communities following a suicide loss can prevent further harm. Postvention support for Aboriginal peoples and communities should be holistic and community- |

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| | experiencing suicidal thoughts and behaviours should be grounded in the SEWB Framework, which emphasises respect and understanding for cultural identity, promotes a holistic view of health and wellbeing, and leads to better healing for communities.<br>Opportunities include:<br>• Culturally secure and equitable mental health and SEWB services for those experiencing distress.<br>• Cultural awareness training for non-Aboriginal staff working across suicide prevention to ensure cultural security.<br>• Specialist services within Aboriginal Community Controlled Health Services.<br>• Partnerships between Aboriginal-led organisations and mainstream services to provide culturally secure, shared care. | based, led by the insights and strengths of Aboriginal peoples with lived experiences.<br>Opportunities include:<br>• Culturally safe and secure postvention responses for Aboriginal peoples and communities.<br>• Consistent and authentic engagement with Aboriginal people, Elders and communities in the co-design of all aspects of postvention planning, consultation, program/service delivery and evaluation. |
| **Economic security** | Continuing access to education and employment should be available when people are receiving support. Suicide prevention also includes strategies and actions that help people, families and carers to access housing or economic supports as part of a holistic approach to recovery and sustained, ongoing health.<br>Opportunities include:<br>• Workers providing support to people in financial distress to identify signs of suicidal distress and understand services available to provide help. | Financial supports throughout postvention can protect jobs while people are grieving and support people to remain in education following a suicide loss, which can be a protective factor against suicide.<br>Opportunities include:<br>• Coordinated practical and financial support to families bereaved by suicide in locally and culturally secure ways. |
| **Good health** | It is important to support people with mental health and physical conditions to reduce and prevent suicide. This includes those who experience cooccurring issues, for | It is important that people bereaved by suicide continue to have access to appropriate health and wellbeing supports as part of an effective postvention response. |

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| | example, people requiring alcohol and other drug support, or support for problem gambling and gambling harms.<br><br>Opportunities include:<br>• Access to services for people experiencing mental health issues or conditions with supports that align with an individual's goals and their definition of wellbeing.<br>• Effective responses for people experiencing co-occurring needs such as neurodivergence, alcohol and other drug use, or gambling addictions.<br>• Workforce capability that ensures appropriate support options for people presenting with complex mental health issues and additional co-occurring needs. | Opportunities include:<br>• Inclusion of postvention actions in workplace policies and processes that aim to reduce psychosocial hazards.<br>• Postvention protocols that are embedded in schools to support young people and staff, ensuring they have access to the support they need, for as long as they need it. |
| **Navigating life transitions** | Understanding and being responsive to issues related to key life transitions is essential to providing effective supports that are tailored to individual circumstances.<br><br>Opportunities include:<br>• Services that provide targeted supports relating to life transitions, including people seeking help for mental health issues or conditions, people experiencing suicidal distress or following a suicide attempt, and people bereaved by suicide.<br>• Partnerships with intersecting agencies that ensure coordinated mental health, alcohol and other drug, housing and social supports, including while in-custody and post release as people transition back to the community. | Awareness and consideration of life transitions impacting people who are bereaved by suicide should also be considered when planning and providing postvention responses and support.<br><br>Opportunities include:<br>• Postvention services tailored to the impacts of the risk factors relating to specific life transitions. |
| **Safety and security** | To prevent re-traumatisation or further harm for people seeking or receiving support for suicidal thoughts and behaviours, people need to feel physically, psychologically and culturally | It is important to build the skills and knowledge across a range of communities to enable them to appropriately respond to grief, loss, trauma and distress related to a suicide loss. |

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| | safe. These supports include times of crisis, during crisis and following crisis, and need to be appropriate to the diverse needs of Western Australian communities (e.g., men, LGBTIQA+SB, CaLD, people with disabilities).<br><u>Opportunities include:</u><br>• Safe space services across Western Australia to provide alternatives to emergency departments when experiencing distress, including for young people.<br>• Design of spaces, both physical and virtual, to ensure they are accessible, quiet, comfortable, pleasant and take account of emotional and physiological needs. | <u>Opportunities include:</u><br>• Workplace Postvention Response Plans following the loss of a co-worker.<br>• Training in regional and remote community members to increase confidence and capacity to respond to suicide loss, grief and trauma. |
| **Social inclusion** | An effective support system can play a powerful role in promoting social inclusion by creating opportunities for people to connect with others through shared experiences. Feeling understood, valued and less alone can foster a sense of belonging and understanding, reduce stigma and build wellbeing to prevent the risk of further harm.<br><u>Opportunities include:</u><br>• Workplace recruitment policies, practices and training to retain Aboriginal peer workers, ensuring Aboriginal people can access support from people with shared lived experiences and improve their trust in support services.<br>• Gender balanced representation in workplaces, ensuring people can access support from those they feel safe with and that better reflects their experience, e.g. increasing male workers in mental health services. | Strengthening connections within communities can assist with healing and decrease the risk of suicide and suicidal distress. This can be achieved by ensuring people and communities who are bereaved and impacted by suicide loss feel seen, supported and connected during times of grief and loss.<br><u>Opportunities include:</u><br>• Peer support programs for people bereaved or impacted by suicide, in the communities they live.<br>• Accessible and formal peer support, community-based support and education, and respite opportunities, for families, carers and significant others, particularly following a suicide attempt or death by a loved one. |

# Implementation

**The Suicide Prevention Framework is for all Western Australians. Its implementation will require a flexible, step-by-step approach that takes into account current, new, and emerging challenges, strategies, and actions. This will ensure the suicide prevention system remains responsive and well-coordinated.**

The Suicide Prevention Framework recognises that preventing suicide is a shared responsibility - across government, communities, support services, and individuals. It calls for collective action and a shared commitment to build a more connected, compassionate, and coordinated approach to suicide prevention across the state.

Summarised in Table 11, the Suicide Prevention Framework will be implemented over three horizons: actions for immediate implementation within the first two years; mid-term actions within three to five years; and longer-term actions beyond five years.

The Mental Health Commission will oversee the implementation of the Suicide Prevention Framework and report on progress through **Annual Implementation and Monitoring Plans (AIM plans)** developed and implemented as part of the WA Strategy. The AIM Plans will provide updates for the Western Australian community on key achievements, challenges, next steps, and progress aligned to Mental Health Commission's key actions. Additional detail on the AIM Plans can be found in the WA Strategy.

**Table 11: Horizons for implementation**

| **Horizon One:** within two years | **Horizon Two:** within three to five years | **Horizon Three:** Beyond five years |
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| • Develop a state approach to SEWB to embed effective, culturally secure and community driven approaches that improve the long-term SEWB of Aboriginal people across Western Australia.<br>• Explore approaches for cross system governance such as establishing a Prevention Governance Group to strengthen cross-government collaboration.<br>• Implement the WA Suicide Monitoring System to capture timely data on suicide deaths in Western Australia and inform the | • Implement the Outcomes Measurement Framework to measure service-level outcomes to monitor progress regarding suicide prevention strategies and actions.<br>• Improve approaches to funding and co-commissioning of services across government to support service coordination and collaboration.<br>• Strengthen alternatives to emergency departments, including peer-led programs to provide more appropriate service responses. | • Review and evaluate the Suicide Prevention Framework to ensure that future directions build on progress, reflect what works, and is led by community.<br>• Strengthen suicide prevention in policy and planning across sectors to ensure suicide prevention is recognised as a shared responsibility.<br>• Focus on long-term growth and sustainability of the suicide prevention sector by strengthening prevention and early intervention, enhancing community understanding and involvement, and |

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| commissioning of suicide prevention services and programs.<br>• Implement the Outcomes Measurement Framework to measure system-level outcomes relating to suicide prevention.<br>• Build the capacity and capability of the workforce to deliver effective and compassionate suicide prevention supports.<br>• Research, test and evaluate suicide prevention strategies and actions for groups disproportionately impacted to inform the delivery of more effective, targeted and culturally safe responses.<br>• Establish mechanisms to meaningfully consult with lived experience networks to inform strategic decisions.<br>• Expand suicide prevention activity in the regions to provide improved access to timely, culturally safe and locally responsive supports.<br>• Implement peer-led safe spaces for people experiencing suicidal distress to provide compassionate support as an alternative to emergency departments and clinical spaces.<br>• Increase peer support for groups disproportionately impacted by suicide to foster connection, reduce stigma and provide safe support targeted towards their specific needs.<br>• Expand postvention services to the regions to strengthen local responses and reduce the risk of further distress. | • Develop evidence-based models and test new strategies to provide more appropriate service responses and reduce suicide.<br>• Progressively embed lived experience roles and lived experience expertise at all levels of system design, service delivery and evaluation.<br>• Strengthen cross-sector commitment and collaboration in suicide prevention to deliver more coordinated and effective supports and to respond to the social determinants of suicide which sit outside of the traditional health sector.<br>• Identify and respond to gaps across the streams of wellbeing, intervention, support, and postvention to support the transition between services, and improve access. | fostering innovation to drive meaningful and lasting change. |

# Measuring impacts

**State and national approaches including the National Suicide Prevention Outcome Measurement Framework, and the WA Mental Health and Alcohol and Other Drug Outcomes Measurement Frameworks will be considered to identify appropriate outcomes and indicators to measure the impacts of the Suicide Prevention Framework.**

**Evaluation** helps identify whether suicide prevention strategies and actions are making a difference and show what's working, what isn't, and why. Evaluation supports better decisions by showing which actions are likely to lead to positive outcomes, informing program design, and identifying areas for improvement. This ensures that suicide prevention efforts are accountable, relevant and responsive to the diverse needs of communities across Western Australia. While research into suicide prevention continues to develop, well-planned evaluations play an important role in building the evidence base for best practice and guiding the expansion of effective programs. Above all, evaluation should focus on people, including working closely with lived experience, and Aboriginal people and their communities.

**At a local level**, showing the impact of suicide prevention activities can be challenging, as national data often does not reflect local experiences. However, tools such as surveys, interview, focus groups and case studies can provide valuable insights into community attitudes, behaviours and experiences.

There are useful guides, such as the **Department of Health's Evaluation Framework and Implementation Guide**[101] and the **Department of Treasury's Program Evaluation Guide**,[102] to assist with program planning and evaluation. These guides explain how to create a logic model, identify evaluation questions, set program objectives, and choose the right methods for measuring and collecting data to assess a program's impact.

### National and local efforts to measure suicide prevention strategies and actions

**At a national level, work to develop the National Suicide Prevention Outcomes Framework** has commenced.[103] In addition to traditional outcome indicators for suicide prevention (e.g. suicide deaths and attempts), the National Suicide Prevention Outcomes Framework will also include reduced suicidal distress as a core outcome. The National Suicide Outcomes Framework will also focus on people-centred outcomes as a measurement of the impact of the National Suicide Prevention Strategy, in respect to preventing suicidal distress by addressing social and economic drivers of suicide; improved supports for people experiencing thoughts and behaviours; and the whole of government approach to suicide prevention.

**In Western Australia, the Mental Health Commission's Mental Health and Alcohol and Other Drugs Outcomes Measurement Framework** will be the primary way to select and measure system and service-level outcomes to effectively monitor and evaluate the impact of publicly funded mental health and alcohol and other drug services that are meaningful to people accessing them, as well as their families and carers, and the wider Western Australian community. Further research and consultation is currently underway to measure SEWB outcomes, applying the principles of strengths-based reporting and Aboriginal data governance and sovereignty.

# Summary

The Suicide Prevention Framework provides a foundation for understanding and addressing suicide prevention in Western Australia. Grounded in previous suicide prevention work carried out in Western Australia, the WA Strategy and alignment with national approaches to suicide prevention, it sets out a coordinated, whole-of-community approach towards all Western Australians leading healthy and fulfilling lives.

The Suicide Prevention Framework offers education on the wide range of factors that can increase the risk of suicide, including social determinants such as housing instability, financial stress and domestic and family violence. It highlights why some groups of people are more at risk of suicide than others – often due to marginalisation, exposure to multiple risk factors and systemic disadvantage.

Importantly, the Suicide Prevention Framework reinforces that suicide prevention is a shared responsibility. While mental health services and supports play a significant role, the complex causes of suicide mean that all people, communities, sectors and systems have an important role to play in preventing suicide.

As well as being structured around four interconnected streams – Wellbeing, Early intervention, Support and Postvention – the Suicide Prevention Framework is underpinned by key foundational elements necessary for success: robust leadership and governance, a culture that values lived experience, strengthened data and evaluation systems, and a skilled and supported workforce. Together, these create the conditions for coordinated, sustainable and effective suicide prevention efforts.

The Suicide Prevention Framework emphasises the need for action across all four streams and outlines guiding principles to ensure that suicide prevention strategies and actions are safe, effective and inclusive. It also provides practical opportunities for action under each stream – not only for government, but for communities, organisations and people who wish to contribute to suicide prevention.

Everyone must learn, evolve and work together to prevent and reduce suicide.

# Appendix 1: Glossary

| Term | Description |
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| **Autonomy and agency** | Both terms refer to the ability to independently make decisions and take actions. Agency refers to a person's ability to make choices about their own life. Autonomy specifically refers to the freedom to make choices without outside influence or pressure. Both are important for people to have a sense of control in their lives. |
| **Bereaved/bereavement** | The grief, or natural emotional response, following the death of a loved one. |
| **Bereaved by suicide** | The experience of grief following a death by suicide. Those bereaved by suicide often experience a complicated form of grief caused by a combination of feelings, thoughts and behaviours which can be experienced and expressed in unique ways. |
| **Country** | A term used by Aboriginal people to refer to the lands, waters and skies to which they are connected through ancestral ties and family origins. |
| **Culturally and linguistically diverse (CaLD)** | Individuals, families and carers who identify as being ethnically, culturally and/or linguistically diverse. |
| **Elders** | Aboriginal people who are recognised to be custodians of Indigenous knowledge, and who have permission to share knowledge and beliefs. Elders become leaders and guides for the community and take on the role of sharing, promoting, and sustaining their knowledge, beliefs, and practices in Aboriginal culture.[104] |
| **Intersectionality** | A framework to describe how different aspects of a person's identity overlap and interact and the unique forms of discrimination or disadvantage that result.[105] A person's identity can be informed by many things including, but not exclusive to, gender, sexual orientation, ethnicity, age, health, disability/ability, socioeconomic status, refugee or asylum seeker background, language or language proficiency, religion or geographic location. Adopting an intersectional lens improves understanding of people and their experiences and can lead to more inclusive and responsive policy and service delivery. |

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| **Mental health condition**[3] | A disorder diagnosed by a medical professional that interferes with an individual's cognitive, emotional or social abilities. Different types of mental health conditions occur to varying degrees of severity. Examples include anxiety disorders, such as generalised anxiety disorders and social phobias; mood disorders (such as depression and bipolar disorder); psychotic disorders (such as schizophrenia); eating disorders (such as anorexia and bulimia); and personality disorders (such as borderline personality disorder). |
| **Mental health issue**[3] | When cognitive, emotional or social abilities are diminished, but not to the extent that they meet the criteria for a diagnosed mental health condition. Mental health issues can occur due to life stressors. They are usually less severe than diagnosed mental health conditions and often resolve with time or when an individual's situation changes. If a mental health issue persists or increases in severity, it may develop into a diagnosed mental health condition. |
| **Neurodivergence** | A non-medical term referring to people who experience the world differently to others. It is often (but not always) used by those living with neurodevelopment diagnoses such as Autism, Attention Deficit Hyperactivity Disorder (ADHD) and Dyslexia. |
| **Recovery** | There is no singular or consensus definition of recovery. For many people, recovery from suicidal thoughts and behaviours signifies an end to those thoughts and behaviours. For others, recovery may be an ongoing process of moving forwards or maintaining a personally defined state of wellbeing or quality of life. |
| **Restricted access to means of suicide**[106] | Limiting access to means, or methods, of suicide is a universal evidence-based intervention for preventing suicide. Restricting access to means includes limiting the extent to which particular methods of suicide are physically available, such as installing barriers or restricting firearms. It also includes reducing people's awareness of methods and how to access them, such as responsible media reporting of suicide. |
| **Re-traumatisation** | Reliving the experience of trauma when faced with a new, similar incident. |
| **Suicide death** | A death which occurs when a person intentionally ends their own life. |
| **Trauma-informed** | Integrating an understanding of trauma into all policies and practice that recognises the widespread prevalence and whole-of-community impact of trauma and works to prevent re-traumatisation and supports better outcomes for those who have experienced trauma. |

# Appendix 2: State and national strategies

The following State and National strategies contribute to the overall suicide prevention system in Western Australia.

| State Strategies | |
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| **Mental Health Commission** | Mental Health and Alcohol and Other Drugs Strategy 2025 – 2030*<br>A Safe Place: A Western Australian strategy to provide safe and stable accommodation, and support to people experiencing mental health, alcohol and other drug issues 2020-2025<br>Mental Health Alcohol and Other Drug Workforce Strategic Framework 2020-2025<br>Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025<br>Western Australian Mental Wellbeing Guide<br>Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025<br>Western Australian Eating Disorders Framework 2025-2030 |
| **Commissioner for Children and Young People** | Policy statements on youth justice, health and mental health, education and child protection. |
| **Department of Communities** | Aboriginal Community- Controlled Organisation (ACCO) Strategy 2022 – 2032<br>Aboriginal Family Safety Strategy 2022-2032<br>All Paths Lead to a Home – Western Australia's 10-Year Strategy on Homelessness 2020-2030<br>A Western Australia for Everyone: State Disability Strategy 2020-2030<br>An Age-Friendly WA: State Seniors Strategy 2023 – 2033<br>At Risk Youth Strategy 2022-2027<br>Koorlangka Bidi – WA Youth Action Plan 2024 - 2027 |

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| | Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030<br>State Disability Strategy 2020-2030<br>Strengthening Responses to Family and Domestic Violence, System Reform Plan, 2024-2029<br>Stronger Together: WA's Plan for Gender Equality 2020-2030<br>WA Housing Strategy 2020-2030<br>WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029<br>WA Volunteering Strategy |
| **Department of Education** | Building on strength: future directions for the Western Australian public school system<br>Every student, every classroom, every day<br>Focus 2025 |
| **Department of Finance** | State Commissioning Strategy for Community Services 2022 |
| **Department of Health** | Chief Allied Health Office homeless health action plan 2022–2025<br>WA Aboriginal Health and Wellbeing Framework 2015-2030<br>WA Disability Health Framework 2015–2025<br>Western Australian Health Promotion Strategic Framework 2022–2026<br>Western Australian Sexual Health and Blood-borne Virus Strategy and Action Plan 2024-2030<br>Sustainable Health Review |
| **Department of Justice** | Sexual Violence Prevention and Response Strategy* |
| **Department of Local Government, Sport and Cultural Industries** | WA Hiking Strategy: Bushwalking and trail running in Western Australia 2020-2030<br>WA Languages Services Policy 2020<br>WA Strategic Trails Blueprint 2022 - 2027<br>Western Australian Mountain Bike Strategy – mountain biking and off road cycling in WA 2022 - 2032 |

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| | Western Australian Screen Industry Strategy 2024 - 2034<br>Western Australian Multicultural Policy Framework |
| **Department of the Premier and Cabinet** | Aboriginal Empowerment Strategy – Western Australia 2021-2029<br>Whole-of-Government Aboriginal Community-Controlled Organisation Strategy for community services to Aboriginal People (May 2024)<br>Department of Training and Workforce Development<br>Workforce Diversification and Inclusion Strategy 2021 - 2025 |
| **Department of Treasury** | Supporting Continuous Improvement in ESG Outcomes for Western Australia |
| **Western Australian Police Force** | WA Police Force Diversity, Equity and Inclusion Strategy 2025-2030* |
| **National Strategies** | |
| **Closing the Gap** | National Agreement on Closing the Gap 2020 |
| **Department of Health and Aged Care** | National Drug Strategy 2017-2026<br>National Alcohol Strategy 2019 – 2028<br>National Tobacco Strategy 2023 – 2030<br>National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028<br>National Mental Health Workforce Strategy 2022-2032<br>National Preventative Health Strategy 2021-2030<br>National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031<br>National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* |
| **Department of Social Services** | Australia's Disability Strategy 2021-2031 and Australia's Disability Strategy 2021-2031 – 2024 Review |

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| | National Autism Strategy 2025 - 2031 and development of the National Autism Strategy First Action Plan 2025-2026 \| Department of Social Services<br>National Carers Strategy*<br>National Plan to End Violence against Women and Children 2022-2032<br>Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 |
| **National Emergency Management Agency** | National Disaster Mental Health and Wellbeing Framework |
| **National Indigenous Australians Agency** | National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* |
| **National Mental Health Commission** | Fifth National Mental Health and Suicide Prevention Plan<br>National Children's Mental Health and Wellbeing Strategy<br>National Suicide Prevention Strategy*<br>Vision 2030 for Mental Health and Suicide Prevention in Australia |
| **Federal Financial Relations** | National Mental Health and Suicide Prevention Agreement 2022 |

*Denotes strategies currently in development

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