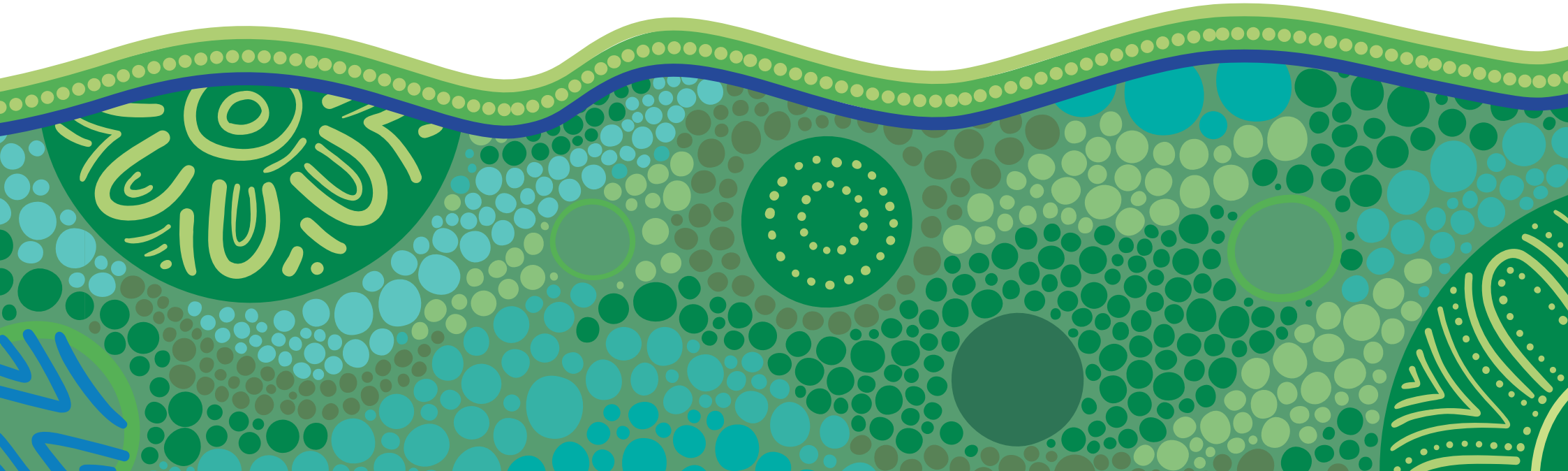
GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Western Australian Suicide Prevention Framework

2026–2031



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.

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Feedback

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Accessibility

This publication is available in alternative formats for people with a disability on request to the Mental Health Commission.

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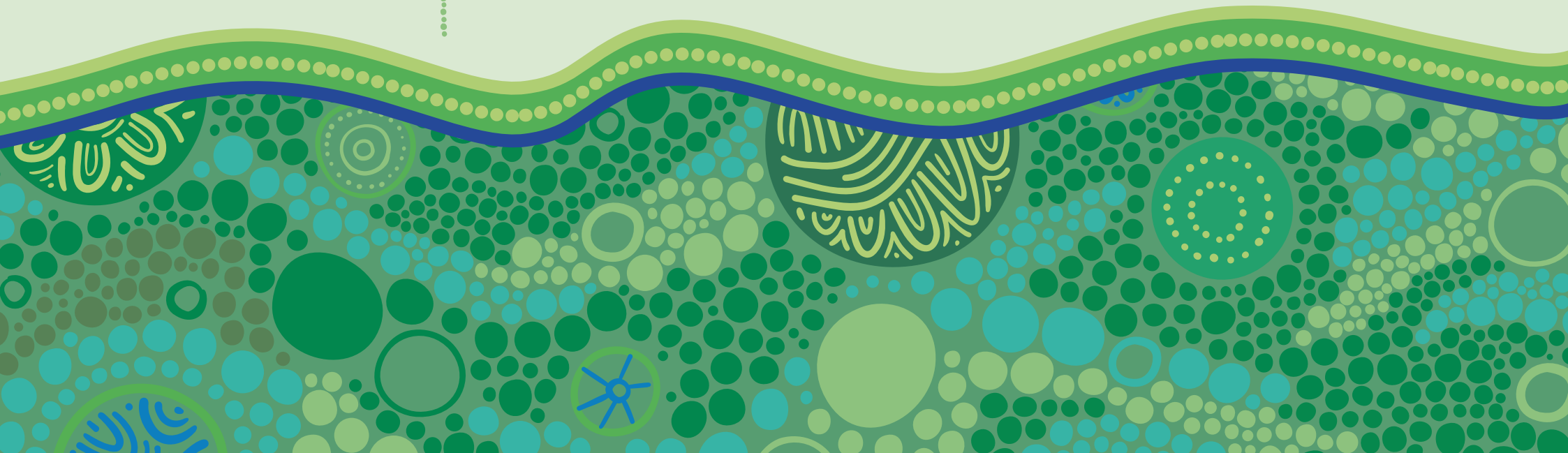


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Need help?

If you or someone you know is having thoughts of suicide or is struggling, please seek help. Seeking help could involve talking to your general practitioner, often called a GP.

In an emergency, call an ambulance on Triple Zero (000), or visit your local emergency department.

Here For You

This support line is for anyone seeking help for their own or someone else's mental health, alcohol and/or other drug related challenges.

7am to 10pm daily
1800 437 348 (toll free)
admhss.mhc.wa.gov.au

Kids Helpline

Kids Helpline provides free, private and confidential phone and online counselling service for young people aged 5 to 25, available 24 hours a day, 7 days a week.

1800 551 800
kidshelpline.com.au

Lifeline

Provides all Western Australians experiencing a personal crisis or thinking about suicide with access to crisis support 24 hours a day, 7 days a week.

13 11 14
0477 13 11 14 (Crisis text service)
lifelinewa.org.au

13 Yarn

Offers a confidential one-on-one yarning opportunity with a Lifeline-trained Aboriginal & Torres Strait Islander Crisis Supporter who can provide crisis support 24 hours a day, 7 days a week.

13 92 76
13yarn.org.au

Other crisis and mental health support lines

Suicide Call Back Service

1300 659 467
suicidecallbackservice.org.au

Beyond Blue

1300 224 636
beyondblue.org.au

CAMHS Crisis Connect

1800 048 636
CAMHS Crisis Connect

MensLine Australia

1300 789 978
mensline.org.au

MATES In Construction

1300 642 111
mates.org.au

QLife (LGBTIQA+SB)

1800 184 527
qlife.org.au

Headspace

1800 650 890
headspace.org.au

Carers WA

1300 227 377 (general line)
1800 007 332 (counselling line)
carerswa.asn.au

Carer Gateway

1800 422 737
carergateway.gov.au

HelpingMinds

08 942 771 00 (Metro)
1800 811 747 (Regional)
helpingminds.org.au

PANDA (Perinatal anxiety and depression)

1300 726 306
panda.org.au

Postvention support

Thirrili (Aboriginal and Torres Strait Islander support after suicide)

1800 841 313
thirrili.com.au

Stand By (support after suicide)

1300 727 247
standbysupport.com.au

Active Response Bereavement Outreach

1300 114 446 (general line)
anglicarewa.org.au

Children and Young People Responsive Suicide Support

1300 114 446
anglicarewa.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.



Key terminology

Suicide prevention is constantly evolving and so is the language and terminology used. While having a shared language is important, this document acknowledges that language can vary across settings and sectors. Refer to **Appendix 1** for the glossary.

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 Traditional Custodians 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.

Aboriginal peoples' lived experience

Recognises the effects of ongoing negative historical impacts and/or specific events on the social and emotional wellbeing of Aboriginal peoples. It encompasses the cultural, emotional, mental, physical and spiritual wellbeing of the individual, family or 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]

Aboriginal Lived Experience (Peer) Work

Social and emotional wellbeing work undertaken by a skilled Aboriginal community member whose knowledge, experience and understanding is shared with other people in their community for the purpose of helping community to be heard, supported, and respected in their social and emotional wellbeing healing journey.[1]

Community

The term community is used in this document to describe people that live in a similar geographical area (e.g. the Western Australian community). It also describes groups of people that may be connected by shared characteristics, interests, identity, culture, language or beliefs, activities and/or social connections (e.g. sports clubs).

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 reduces or vanishes when 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 further escalate to suicidal distress if not addressed.[2]



Lived experience

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 and/or suicide.

Lived experience of suicide

This refers to those who have experienced suicidal thoughts and behaviours, survived a suicide attempt, supported someone through suicidal distress or have lost someone to suicide.

Lived Experience (Peer) Work

The intentional and purposeful use of lived experience in a professional role. Capitalisation recognises 'Lived Experience' as a growing discipline, distinct from personal experience, that brings critical expertise into suicide prevention and related sectors. Including 'peer' in brackets acknowledges the significance of peer roles while signifying a move towards the term 'Lived Experience' as the workforce grows and diversifies.

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 providing peer support, advocacy, education, policy, research, leadership, service design or system reform. Their work is guided by clear values, ethical practice and Lived Experience (Peer) supervision. The workforce can include consumers, family/significant others and Aboriginal Lived Experience (Peer) workers.

Refer to the Western Australian Lived Experience (Peer) Workforces Framework for more information.

Mental health

Mental health is an umbrella term that describes both the positive and negative mental states of people, often described as mental wellbeing. All people experience some level of mental health that changes in response to the different circumstances, events and changes that life brings.

Mental health condition[2]

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[2]

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.

Peer support

Specialised, non-clinical, trauma informed practice delivered by people with lived experience. Peer support complements clinical and psychosocial services and can provide deeper understanding and relational safety than traditional service models alone. Services and programs that provide peer support can be peer-based where the service is delivered by people with lived experience and/or peer-led where leadership roles are held by people with lived experience. Peer support and other peer roles also fit under the broader umbrella term 'Lived Experience (Peer) Work'.

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.

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]

Suicidal thoughts and behaviours

Any feelings or thoughts about wanting to die, and any 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 person.

Wellbeing

A positive state experienced by individuals and communities. Wellbeing is a complex combination of someone's physical, mental, emotional and social health.[3] It encompasses quality of life and the ability of people to contribute to the world with a sense of meaning and purpose.[4] 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.[5]

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.[6]

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.

Figure 1: Examples of stigmatising language and preferred alternatives

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



Foreword
Minister for Mental Health

I am honoured to introduce the Western Australian Suicide Prevention Framework 2026-2031.

As I reflect on the work that has brought us to the release of the Western Australian Suicide Prevention Framework 2026-2031 (Suicide Prevention Framework), I am humbled by the input from community organisations, suicide prevention experts and those with lived experience, their families and loved ones. Their courage, knowledge and advocacy continues to shape our understanding of suicide and the actions that have the greatest impact on preventing suicide and supporting those experiencing distress or loss.

The Suicide Prevention Framework aligns closely with the National Suicide Prevention Strategy 2025-2035, while being firmly grounded in the Western Australian context. It sits alongside the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035, which is essential to understanding what is needed to support Aboriginal people and communities to live strong, connected and fulfilling lives.

As the first strategic document to be introduced under the Western Australian Mental Health Alcohol and Other Drugs Strategy 2026-2031 (WA Strategy), the Suicide Prevention Framework directly supports efforts to meet Focus Area 3: Preventing and reducing suicide and suicidal distress. The WA Strategy provides the broader vision and foundations for a system capable of delivering effective and compassionate suicide prevention responses.

For Western Australia, the Suicide Prevention Framework marks an important step in our collective journey. It recognises that preventing suicide is not the responsibility of a single agency or sector, but a shared commitment. Meaningful change is achieved when governments, non-government and philanthropic organisations, communities and individuals, work together, collaborate and strategically invest in initiatives that support the Western Australian community. The Suicide Prevention Framework sets a new path forward, identifying the importance of prioritising wellbeing, tackling risk factors, intervening early and ensuring people receive the support they need, when and where they need it.

I extend my sincere thanks to all who contributed to the development of the Suicide Prevention Framework, and to those who have and continue to provide the vital work of supporting the mental health and wellbeing of Western Australians.

I look forward to seeing the collaboration and dedication continue and strengthen under the direction of the Mental Health Commission.

Hon Meredith Hammat MLA



Foreword

Commissioner, Mental Health and Alcohol and Other Drugs

The Suicide Prevention Framework represents the beginning of a renewed and collective journey towards a more holistic approach to suicide prevention in Western Australia.

It builds on the significant efforts and achievements of community, service providers and government over recent decades, and reflects a shared commitment to doing more together to prevent suicide and strengthen wellbeing across our communities.

The Suicide Prevention Framework provides foundational information about suicide and its impacts in Western Australia. It outlines the complex and interrelated factors that influence wellbeing and suicide and recognises that efforts to prevent suicide must occur more broadly than traditional mental health spaces.

This includes actions that boost wellbeing, address risk factors, support early intervention, ensure appropriate support is available for everyone and provide compassionate and effective postvention support for people, families and communities impacted by suicide.

I would like to extend my sincere thanks to all of those who contributed their time, expertise and lived experiences to the development of the Suicide Prevention Framework. I sincerely appreciate the community members, non-government organisations, service and program providers, lived experience organisations, individuals, families, carers and significant others, and peak bodies who shared valuable insights to shape the document.

I also acknowledge feedback from government departments, whose participation signals an understanding that suicide prevention is not the responsibility of any single sector, but a shared endeavour requiring coordinated and sustained action.

Thank you also to members of sector governance and advisory groups, including the Mental Health, Alcohol and Other Drugs Deputies Group, Joint Mental Health and Alcohol and Other Drugs Leadership Group, Lived Experience and Clinical Advisory Groups, and Assistant Commissioners.

The Mental Health Commission looks forward to continuing to work alongside community and government to turn this shared vision into action and to support collective efforts that make a real difference in preventing suicide and improving wellbeing for all Western Australians.

Maureen Lewis

Introduction

Suicide tragically impacts the lives of many Western Australians. In 2025, 417 people in Western Australia died by suicide, which is more than one person every day.[7]

When someone dies by suicide, up to 135 people are exposed to that loss.[8] People can feel a mix of emotions following a loss to suicide including shock, sadness, anger, guilt and confusion. Negative views around suicide (stigma) can make it harder for people to talk about their experience and seek support.[9] This can lead to more distress and more suicide deaths if effective suicide prevention strategies and actions are not in place.[10,2]

A broad approach to suicide prevention is needed to boost peoples' wellbeing and address the contributing causes of suicidal thoughts and behaviours.[2] This includes efforts to improve people's overall physical and mental health, strengthen individuals' connections to families, communities and culture, foster a sense of belonging, address financial pressures, housing insecurity and discrimination, or a combination of these.

Effective suicide prevention also focuses on providing support for people who are experiencing any kind of distress,[2] including support for the people who care for them and for those who have lost someone to suicide. Because each person's situation is unique, understanding individual needs and experiences is crucial to providing appropriate support and preventing suicide.

It is also important to address barriers some people face when seeking help. Support should be easy to access, 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 how people think and talk about suicide, can impact suicide prevention efforts.[11,12] By reducing the stigma associated with mental health and suicide, people will be more open to seeking help.

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 people impacted by suicide. This means working alongside and actively listening to the voices of people with a lived experience of suicide, as well as engaging with groups disproportionately impacted by suicide, for example, men, Aboriginal people, LGBTIQA+SB communities, people with disability, people with autism, children and young people, and veterans. It is essential to recognise and respect the leadership, strengths and deep cultural knowledge of Aboriginal people and their communities, ensuring they are central partners in all social and emotional wellbeing strategies and actions.



Preventing suicide requires a whole-of community commitment to building an integrated and effective suicide prevention system. While real and long term change can take time, the Suicide Prevention Framework outlines the range of stakeholders who have a role to play in reducing and preventing suicide and its impacts in Western Australia.

The Suicide Prevention Framework is for everyone. There is no expectation that any single person, family, group, non-government organisation or government department will implement everything outlined. Instead, each is encouraged to adopt the parts of the Suicide Prevention Framework most relevant to their circumstances. Working together is essential to prevent and reduce suicide in Western Australia.



About the Suicide Prevention Framework

The Suicide Prevention Framework describes the context and approach to preventing suicide over 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 is for everyone – individuals, families and communities, non-government and community organisations and all levels of government. It provides guidance on applying a holistic approach to preventing suicide in the context of the Western Australian landscape.

The Suicide Prevention Framework outlines the factors that influence suicide and explores ways to reduce risk of suicide for all Western Australians, with a specific focus on those that are disproportionately impacted and exposed to the determinants of suicide (refer to **Appendix 2** for more information). It also describes how new and existing strategies, actions and supports can better meet the specific needs of the Western Australian community across the streams of Wellbeing, Early Intervention, Support and Postvention. These streams are of equal importance and support a suicide prevention approach that prevents suicide distress before it occurs.

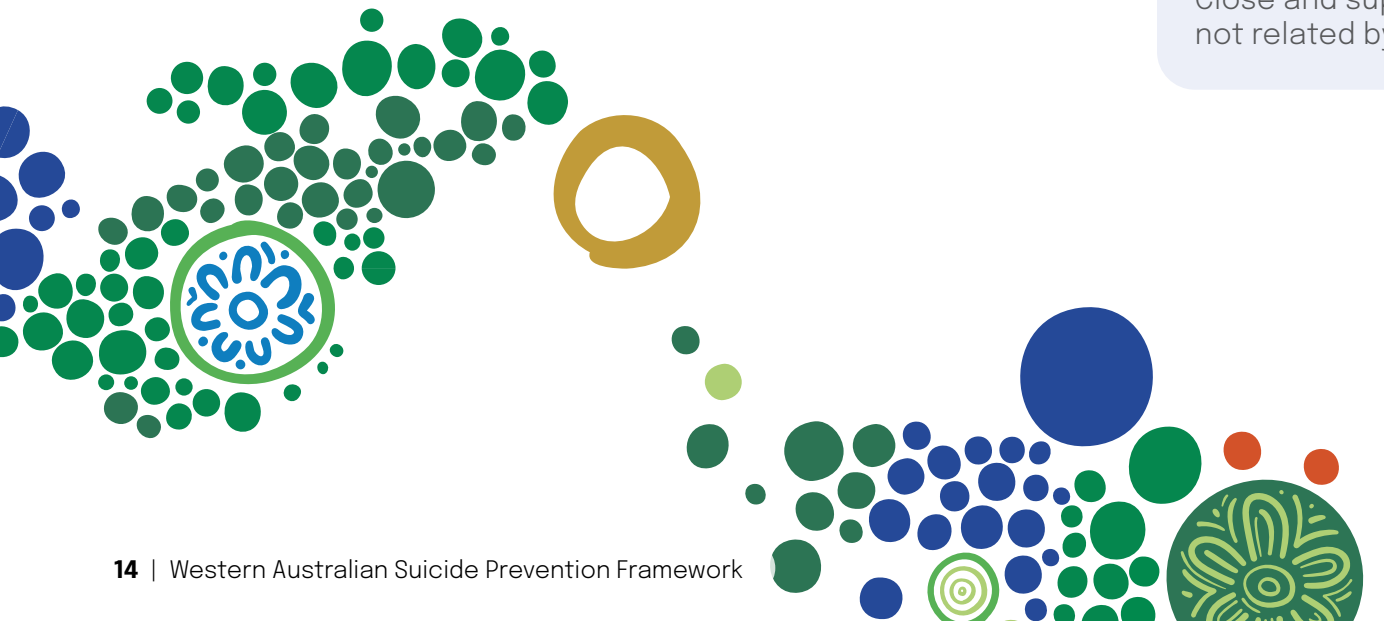
The following phrases are used throughout the Suicide Prevention Framework

Reduce and prevent suicide

Efforts to reduce and prevent suicide, suicidal thoughts and behaviours and the impacts of suicide.

Family, carers and significant others

Close and supportive relationships, including those who are not related by blood.



Strategic context

The Suicide Prevention Framework is designed to complement existing approaches that address the determinants of suicide and contribute towards suicide prevention (refer to **Appendix 3** for key strategic documents). Western Australia's approach to suicide prevention is guided by a coordinated set of national and state commitments designed to strengthen the mental health and wellbeing of all Western Australians.

The Suicide Prevention Framework aligns with and has been informed by the National Suicide Prevention Strategy 2025-2035 and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035.

The Western Australian Mental Health, Alcohol and Other Drugs Strategy 2026-2031 (WA Strategy) sets the vision for mental health and alcohol and other drugs systems, services and supports in Western Australia for the next five years. The Suicide Prevention Framework directly supports collective efforts to meet Focus Area 3 of the WA Strategy: Preventing and reducing suicide and reducing suicidal distress.

As a whole-of-government priority, suicide prevention requires sustained, collaborative effort across agencies, sectors and communities to address determinants of suicide, reduce exposure to risk factors, strengthen protective factors and ensure people can access wraparound supports when, where and how they need them. Achievement of the Suicide Prevention Framework's objectives are expected to occur over time, with stakeholders ranging from the non-government organisations, philanthropic community and federal, state and local governments all having a role to play. This may include targeted grant programs, strategic partnerships and cross-agency investment aligned with government priorities. While progress has already been made, continued strategic investment and collaboration across government, non-government organisations, private partners, communities and individuals will be essential to achieving long-term, meaningful change.

The Suicide Prevention Framework has been informed by consultation on the WA Strategy, reforms and strategies affecting wellbeing and the social determinants of health, state and national policy, and feedback from key stakeholders, including people with lived experience.

Through the National Mental Health and Suicide Prevention Agreement, Commonwealth, state and territory governments work together to build a more integrated, sustainable and effective system. The National Agreement is supported by jurisdictional Bilateral Schedules, which set out joint priorities and funded initiatives such as the implementation of the Western Australian Aftercare Services Program to support people following a suicide attempt or suicidal crisis.

The Suicide Prevention Framework also aligns with the National Agreement on Closing the Gap 2020, a commitment to improve social and emotional wellbeing and reduce suicide among Aboriginal and Torres Strait Islander people. As the lead agency, the Mental Health Commission ensures alignment by embedding consistency across initiatives, and prioritising community-led, culturally safe approaches, recognising that Aboriginal communities hold the knowledge and authority to design and deliver supports that effectively meet community need.

The Infant, Child and Adolescent System Transformation Program (ICA Program) is a statewide initiative designed to improve the public mental health system for young Western Australians, from birth to age 18. The ICA Program is guided by eight key actions and provides a roadmap for building a stronger, more connected mental health system that addresses identified gaps. The Mental Health Commission works in partnership with stakeholders to strengthen the mental health system and deliver better outcomes for infants, children and young people and their families.

The Western Australian Suicide Prevention Framework Summary

Purpose

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

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

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.

Foundations

The 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.

Embedded 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

Outlines horizons for implementation over the short (first two years), medium (three to five years) and long term (beyond five years).

Horizon 1
Develop a strategic approach to social and emotional wellbeing, expand suicide prevention programs and strengthen collaboration.

Horizon 2
Strengthen cross-sector commitment and collaboration in suicide prevention, and address gaps in the sector.

Horizon 3
Foster long-term growth and innovation to inform future approaches to suicide prevention and drive meaningful and lasting change.

National approach to suicide prevention

National Suicide Prevention Strategy 2025-2035

The National Suicide Prevention Strategy[2] (National Strategy) provides a strong foundation for the Suicide Prevention Framework, 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. 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, 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 to distress, 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 has been designed to align with state and territory strategies to enable coordinated and nationally consistent suicide prevention approaches. National efforts to reduce suicide should be guided by the National Strategy and the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035.

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

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035[13] sets a path for all governments to work in genuine partnership with Aboriginal and Torres Strait Islander people, organisations and communities and to drive culturally safe and responsive solutions to prevent and reduce suicide.

It 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. The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035 provides a solid foundation for the Suicide Prevention Framework.

The priorities outlined in the strategy are applicable to all support service providers, including Aboriginal Community Controlled Health Organisations, Aboriginal Community Controlled Organisations, and non-Aboriginal service providers. They include:

1. Leadership and self-determination: empowering Aboriginal and Torres Strait Islander people 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.
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: available 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. Developing and using culturally informed and evidence-based approaches to inform the design, implementation, and evaluation of responses to prevent suicide and self-harm.

* 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.

Understanding wellbeing and suicide

Suicide is a complex issue, and a person's health, wellbeing and risk of suicide is influenced by a range of individual and community risk and protective factors.

At the individual level, life events and transitions, personal circumstances, culture, and physical and mental health can impact whether someone experiences suicidal thoughts and behaviours. These factors can interact with the '**determinants of suicide**' the social, economic, environmental, political and structural conditions of someone's life, such as housing, education and exposure to discrimination. These influences can increase (risk factors) or reduce (protective factors) someone's risk of suicidal thoughts and behaviours. Understanding these factors and how they work together to impact people's lives is essential for planning and developing effective suicide prevention strategies and actions.

Suicide impacts all people in Western Australia, but not all people are impacted equally.[15] Some population groups and communities are referred to as '**groups disproportionately impacted by suicide**' because they experience higher risk and broader impacts of suicide when compared to the general population. This is often due to increased exposure to certain risk factors, such as discrimination, stigma, racism, poverty and limited access to safe supports. Notably, men made up almost three quarters of all suicide deaths recorded in Western Australia in 2025[7] and suicide rates are significantly higher for Aboriginal people, LGBTIQA+SB communities and people working in certain occupations due to a range of unique factors.

Identifying with one or more groups disproportionately impacted by suicide does not automatically mean someone is at greater risk of suicide. For many, their community serves as a vital source of strength, resilience and support. A strong sense of identity and belonging can protect against the impacts of suicide and suicidal thoughts and behaviours. Each person's situation is unique, and understanding their individual experiences and needs is crucial to providing appropriate and effective support and preventing suicide.

For more information on groups disproportionately impacted by suicide, including specific occupations and influencing factors, please refer to **Appendix 2**. While not exhaustive, it highlights the importance of suicide prevention responses being place-based, tailored to people's needs, and focused on addressing the determinants of suicide.

Determinants specific to Aboriginal people and communities include:

- Cultural systems of knowledge, law and practices.
- The impacts of existing and past government policies which have resulted in the oppression and displacement of Aboriginal people, families and communities such as the survivors of the Stolen Generations and their descendants.
- Unresolved issues of land, control of resources, and the rights of self-determination and sovereignty.[14]

Suicide in Western Australia

Data can help to identify trends and risk factors and assist in developing effective prevention strategies and support systems. It is a crucial step in saving lives and providing the right help where it is 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 WA, suicide is the

leading cause of death

for people aged between 15 and 44 years of age.[**]

40% **of deaths among young people (15 to 24 years old)**

are attributed to suicide.[**]

Aboriginal peoples in WA are

3.5 times

more likely to die by suicide

than non-Aboriginal people.[**]

60% **of self harm*[*] hospitalisations are female.**[***]



Almost

3 in 4 **deaths by suicide are males.**[**]



* 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)

** Australian Bureau of Statistics. (2026). Causes of Death, Australia. ABS. https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release.

*** Government of Western Australia Department of Health. (2024). Hospital Morbidity Data Collection [Unpublished raw data]. Extracted 29 October 2024.

Intersectionality

Exposure to risk and protective factors of suicide do not exist in isolation. People hold multiple identities related to culture, gender, sexuality, socioeconomic status, dis/ability, geographic location, migration background, and others, that interact to shape their experiences and opportunities. This is commonly known as 'intersectionality'. For some, these overlapping identities can lead to increased risk of suicide due to exposure to marginalisation and disadvantage. For others, intersecting identities can strengthen protective factors based on connection, belonging and resilience.

Understanding intersectionality is important because it helps to explain why no single identity or experience determines someone's risk of suicide.

It is also important to remember that not everyone exposed to the same risk factors will have suicidal thoughts and behaviours, and some people without obvious risk factors can still be at risk. However, implementing ways to address risk factors, including the determinants of suicide, and strengthening protective factors, can help protect people against suicide.

Stigma

Reducing stigma is critical to fostering understanding and compassion to promote safe conversations about suicide and facilitate access to timely and effective supports.

Stigma arises from a range of cultural, social, political, and psychological factors.[16] It includes harmful ideas, assumptions or attitudes based on specific features or circumstances of a person or group.[18] As well as contributing to individual distress, it can lead to people being treated differently because of discrimination, often creating barriers to accessing equitable support and care.[17,18]

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 explicit, implicit or internalised belief that suicide is a sign of weakness or attention seeking.[19] 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.[20,21] 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 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.[11] 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 believes negative stereotypes about themselves, leading to feelings of shame and self-blame.

Social and Emotional Wellbeing for Aboriginal People and Communities

For Aboriginal people and their communities, social and emotional wellbeing 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.

Social and emotional wellbeing 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 social and emotional wellbeing.

Social and emotional wellbeing reflects a deeper, collective, and more holistic view of health than in Western culture. The concept of social and emotional wellbeing aligns with Aboriginal ways of being, knowing and doing and is interwoven with long-standing cultural beliefs and practices. Recognising and incorporating social and emotional wellbeing is vital for effective suicide prevention strategies and actions designed for, or accessed by, Aboriginal people.

Aboriginal people in Western Australia are 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. Colonisation has contributed to widespread, ongoing and intergenerational trauma, and increased rates of suicide and suicidal distress within Aboriginal communities. 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 social and emotional wellbeing of Aboriginal people and preventing suicide within communities.

Healing is a holistic process. Applying a social and emotional wellbeing approach can help address the impacts of intergenerational trauma and support wellbeing. When 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 people and communities.

The Suicide Prevention Framework supports ways to embed and reflect social and emotional wellbeing, as well as a broad and holistic approach to suicide prevention that is culturally safe and responsive to Aboriginal people and communities in Western Australia.

A strategic approach to social and emotional wellbeing 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 (SEWB Framework), the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035, and Outcome 14 of the National Agreement on Closing the Gap 2020. This approach will guide government and non-government sectors to implement effective, culturally secure and community driven approaches that improve the long-term social and emotional wellbeing of Aboriginal people across Western Australia.

A Model for Social and Emotional Wellbeing

The SEWB Model (**Figure 2**) provides a comprehensive, culturally grounded approach to health and wellbeing for Aboriginal people and communities.

The SEWB Model reflects the holistic nature of Aboriginal mental health and social and emotional wellbeing and recognises that wellbeing is interconnected and extends beyond the individual. Each domain is important, collectively supporting resilience, cultural identity, and healing across individual and community levels. The SEWB Model also aligns closely with the Suicide Prevention Framework's approach to suicide prevention, recognising the interconnectedness of culture, community, family, Country, spirituality, physical and mental health and the broader social environment for Aboriginal people and communities.

The SEWB Framework and SEWB Model were developed through extensive consultation with Aboriginal communities, leaders, and mental health experts. This inclusive process has shaped an approach that honours traditional knowledge systems and addresses the unique needs of Aboriginal people and communities in Australia.



The SEWB Model identifies seven key domains which promote a strong sense of self:

Connection to body and behaviours

Physical health; feeling strong and healthy, and able to physically participate as fully as possible in life.

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.

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 people.

Connection to community

Providing opportunities for individuals and families to connect with each other, support each other and work together.

Connection to culture

Maintaining a strong cultural identity by participating in cultural practices, and responsibilities.

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.

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.



Figure 2: A Model of Social and Emotional Wellbeing[23]

The nature and importance of these domains, and the way in which a person connects with them is unique and can change at any point in time throughout someone's life. Connection to the domains may support and strengthen the cultural identity of Aboriginal people and communities thereby strengthening social and emotional wellbeing and reducing and preventing suicide.

The Suicide Prevention Framework

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

The Suicide Prevention Framework outlines principles that support a shared understanding of what is needed to improve suicide prevention efforts in Western Australia. They include accessibility; compassionate and holistic approaches; connected and coordinated systems; cultural security; economic security; good health; navigating life transitions; safety and security; and social inclusion.

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:



Wellbeing

Strengthening wellbeing for the whole population; enhancing protective factors; building resilience; shaping individual and community attitudes and how people think and talk about suicide.



Support

Providing 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.



Early Intervention

Addressing the risk factors and determinants for suicide, including those factors that disproportionately impact some groups.



Postvention

Providing timely and effective supports to people and communities impacted by suicide loss.

To build an effective suicide prevention system, the Suicide Prevention Framework identifies key Foundations, aligned with the National Strategy and the WA Strategy. They include robust leadership and governance; embedded lived experience; strengthened data, monitoring and evaluation; and a skilled workforce.

Principles

The principles guide the planning, design and implementation of suicide prevention strategies and actions.*

Examples of how the principles can be put into practice to support effective suicide prevention activity are provided under each stream. Strategies and actions can relate to more than one principle because the principles are interconnected.

Table 1: Principles and aspirations for Western Australia's suicide prevention system

Principles	Aspirations
Accessibility	People can access affordable, timely and appropriate supports that meet 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 seek help.
Compassionate and holistic approaches	People's needs are 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 work effectively 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. Only the Aboriginal person who is the recipient of a service or interaction can determine whether it is culturally safe.[25]
Economic security	People can access 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.
Navigating life transitions	People are supported through periods of transition, significant life events and changes to reduce distress.
Safety and security	People feel physically, psychologically, and culturally safe in all aspects of life. People experience positive and respectful interpersonal relationships in their everyday lives and 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.

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

Planning suicide prevention strategies and actions

Opportunities to meet the objectives under the streams of Wellbeing, Early Intervention, Support and Postvention are described in the following sections. They are intended to be a practical guide to help people and organisations to plan and implement effective suicide prevention strategies or actions. While not exhaustive, the examples demonstrate how strategies and actions can align with the principles underpinning the Suicide Prevention Framework, as well as how agencies across government, non-government organisations and communities can contribute to preventing and reducing suicide in Western Australia. It is helpful to note that effective suicide prevention strategies and actions often sit across multiple streams and 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 ways to monitor and evaluate strategies and actions is essential to understanding whether approaches are achieving their goals and making a meaningful difference to the people and communities they aim to support. Further guidance about measuring the impacts of strategies and actions is available on page 62.

When planning, developing or putting into place strategies and actions that increase protective factors, decrease risk factors or address the determinants of suicide, 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 social and emotional wellbeing for Aboriginal people and communities?



The difference between social and emotional wellbeing support and suicide prevention support

Social and emotional wellbeing services provide wraparound support to strengthen the social and emotional wellbeing of Aboriginal communities. Suicide prevention support services provide immediate, crisis-focused action that can prioritise safety, risk management and urgent intervention. Suicide prevention supports can form part of social and emotional wellbeing for Aboriginal people.

Understanding these differences is essential in ensuring that Aboriginal people and communities are able to receive the right support at the right time, in ways that are culturally safe, appropriate and responsive to their needs.

Providing social and emotional wellbeing support requires a different way of working to suicide prevention, particularly when providing support for someone experiencing suicidal crisis.

It is important for all mental health and community organisations to think about how to apply the SEWB Model when working with Aboriginal people to ensure culturally safe and holistic support for Aboriginal people and families when it is needed. Aboriginal people should be able to access culturally safe support from any organisation, not only social and emotional wellbeing-specific services.

Organisations also have a responsibility to provide culturally safe support when responding to suicide and people experiencing mental health issues or conditions. Providing culturally safe care is different from delivering social and emotional wellbeing services, but both are important.

It is important for all services to understand the SEWB Model and consider its domains when designing, delivering and evaluating services, to ensure that Aboriginal communities have access to culturally safe, compassionate and coordinated supports at every stage.





Higher levels of wellbeing can protect against the impact of risk factors for suicidal distress

Wellbeing

Objective:

Strengthening wellbeing for the whole population; enhancing protective factors; building resilience; shaping individual and community attitudes and how 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.[4] It is a combination of someone's physical, mental, emotional, and social health.[3]

How people think about their own and other people's wellbeing can be different because of the 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.[5]

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]

The following describes how the principles that underpin the Suicide Prevention Framework can guide effective suicide prevention strategies and actions that meet the objectives of the Wellbeing stream.

Social and emotional wellbeing

When developing campaigns, programs, services, or initiatives that aim to increase the wellbeing of Aboriginal people, it is important to consider the seven domains in the SEWB Model. The intersections of these domains reflect wellbeing for Aboriginal people.

Table 2: Opportunities for action across Wellbeing

Principle	Opportunities to strengthen wellbeing for the whole population
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. **Opportunities include:** • 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. • Equal access to natural environments, public open spaces, and green and blue spaces through urban design, land use and infrastructure. • Mental health and wellbeing resources tailored to different cultures and groups. For example, different languages for culturally and linguistically diverse (CaLD) communities, and reflecting the specific needs of diverse communities such as trans and gender diverse people and fly-in-fly-out (FIFO) workers.
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 helps to foster a sense of belonging which increases wellbeing. **Opportunities include:** • MindFrame guidelines[6] embedded into organisational communication and media reporting to reduce and address stigma. • Programs that build self-compassion, hope, and prevent or challenge self-stigma. • Effective, evidence based social and emotional wellbeing initiatives and evaluations that focus on strengthening the SEWB Model domains (e.g. cultural identity, connection to family and community) which are grounded in cultural perspectives and Aboriginal ways of working. • Safe, inclusive, affirming programs, supports and services that foster gender euphoria, connection and belonging for trans and gender diverse people.

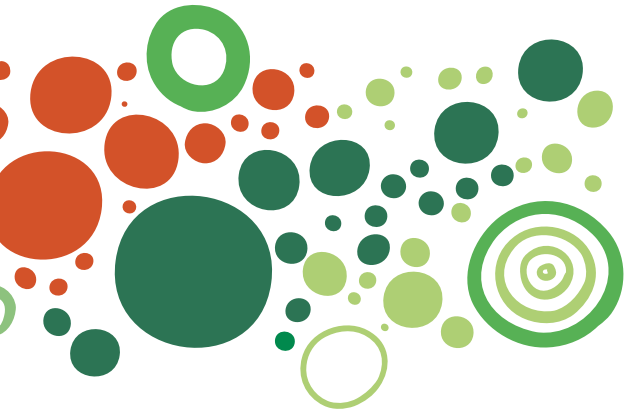
Principle	Opportunities to strengthen wellbeing for the whole population
Connected and coordinated systems	Strategies and actions that take a holistic view of the interrelated factors that are most effective at strengthening wellbeing compared to actions that focus on isolated risk factors. **Opportunities include:** • Capacity and capability of health professionals to refer patients to community wellbeing programs and activities. • Evidence-based online programs that teach people about mental health and wellbeing, and build practical coping skills, including offering support in places outside of the traditional health and mental health environments (e.g. financial services).
Cultural security	Healthy lifestyles, healthy environments and safe communities are essential to support resilience and social and emotional wellbeing for Aboriginal people, families, and communities. **Opportunities include:** • Aboriginal-led strategies, actions and evaluation approaches to increase social and emotional wellbeing and decrease risk of suicide. • Aboriginal people, Elders and communities are authentically engaged to co-design all aspects of planning, consultation, program/service delivery and evaluation. • Community groups, such as sports clubs, partner with Aboriginal organisations to embed the SEWB Model across mental health and wellbeing programs.
Economic security	Equitable access to meaningful employment, education and secure housing can improve feelings of safety, connection with others, access to necessary goods and services and improve overall wellbeing. **Opportunities include:** • 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. • Financial literacy programs to all members of the community.

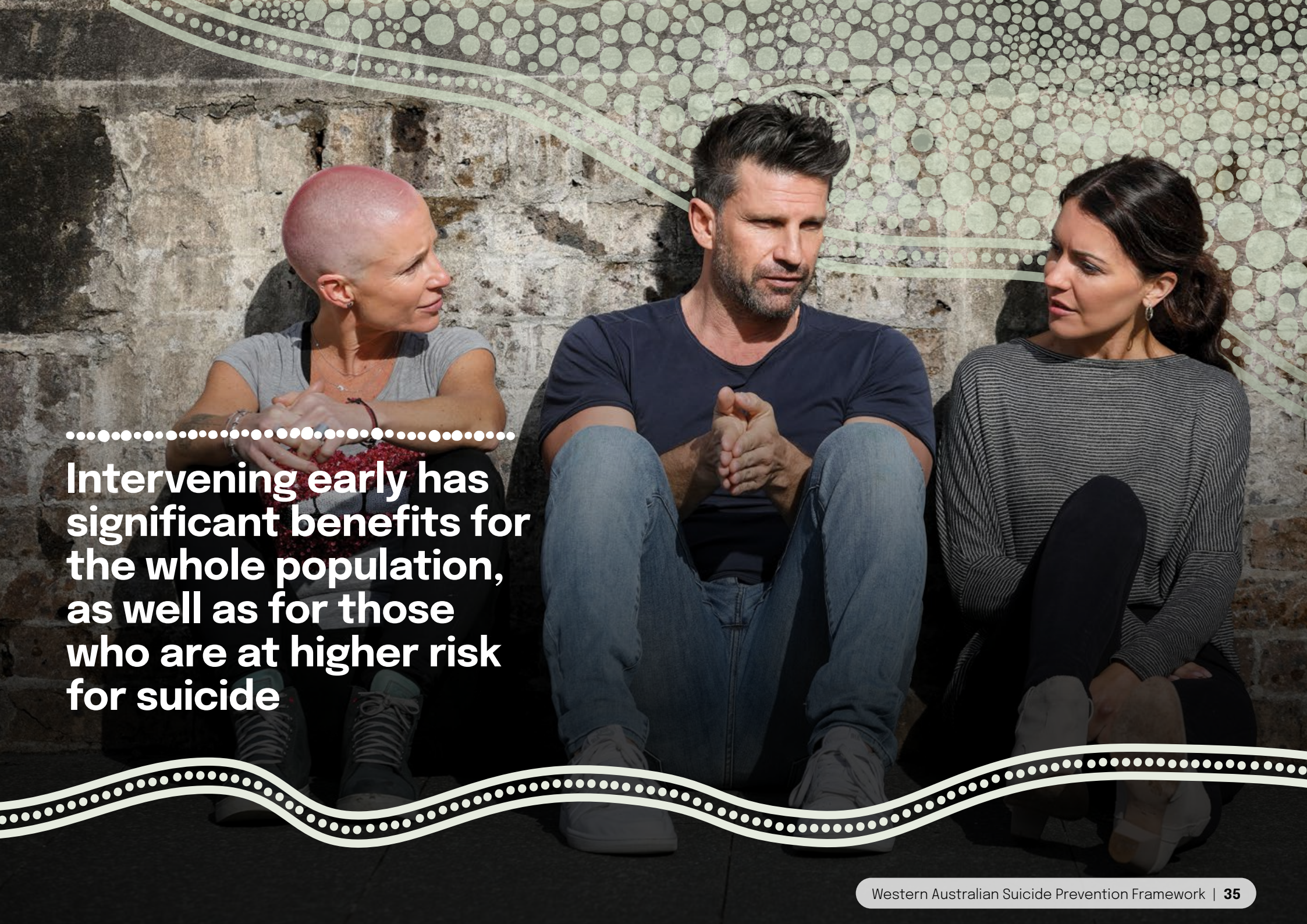
Principle	Opportunities to strengthen wellbeing for the whole population
Good health	People who are supported in their mental and physical health, are more likely to engage in employment, education, and recreation activities[26] which has an overall positive impact on wellbeing and can protect against suicide. **Opportunities include:** • 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. • Grant programs for place-based activities that provide opportunities to participate in community art, sport and recreation activities. • Workplace policies and initiatives, such as Thrive at Work, which aim to promote and support positive mental health where people work. • Healthy public policies to support the availability and accessibility of affordable healthy food options. • Public policies and regulatory initiatives that address alcohol availability, promotion of products and pricing. • Active ageing programs that encourage older adults to be physically active. • Public awareness campaigns that increase knowledge and skills to encourage: healthy eating; regular physical activity; good sleep hygiene; mindfulness; and reduced alcohol risk.



Principle	Opportunities to strengthen wellbeing for the whole population
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. **Opportunities include:** • Programs and supports that encourage physical activity, healthy eating 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. • Programs that prepare and support young people leaving school by equipping them with life skills, emotional resilience and access to tailored guidance to ease their transition into further education, employment or independent living. • Programs to support members to transition out of the Australian Defence Force in a way that builds and maintains their wellbeing. • Programs for Aboriginal children and young people that strengthen cultural pride, identity and belonging.
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. **Opportunities include:** • 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*. • Primary prevention activities that prevent family and domestic violence. • Respectful relationship initiatives and programs that address bullying, discrimination or rejection for gender, disability, race or sexual orientation in schools. • Protection of young people from the harmful impacts of social media use.

Principle	Opportunities to strengthen wellbeing for the whole population
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. **Opportunities include:** • Volunteering opportunities to build social engagement between people with like-minded interests. • Cultural events, festivals and programs that create community cohesion and social connectivity through shared activities. • Programs that increase internet and social media literacy to support people to engage safely with online networks.





Intervening early has significant benefits for the whole population, as well as for those who are at higher risk for suicide

Early Intervention

Objective:

Addressing the risk factors and determinants of 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 for accessing 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 determinants of 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.[27]

The following describes how the principles that underpin the Suicide Prevention Framework can guide effective suicide prevention strategies and actions that meet the objectives under the Early Intervention stream.



Table 3: Opportunities for action across Early Intervention

Principle	Opportunities to address risk factors and determinants of suicide
Accessibility	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 member or friend).[28] **Opportunities include:** • Specialised wellbeing programs for children and young people in out-of-home care (foster and residential care). • Targeted, culturally appropriate programs to improve the wellbeing of groups disproportionately impacted by suicide including but not limited to men, LGBTIQA+SB community and people from CaLD communities. • Local social and emotional wellbeing programs, healing and yarning circles, and mobile outreach for Aboriginal 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 helps to foster a sense of belonging which increases wellbeing. **Opportunities include:** • Mental Health First Aid training in communities (e.g. sports clubs) and workplaces to equip people with the skills to recognise and respond to mental health and suicide crisis. • Culturally secure and Aboriginal-led suicide prevention training in communities and workplaces which are tailored for Aboriginal people 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. • Peer-based programs that offer social connection and support in a safe, non-judgmental setting, to help reduce stigma. • Development of a trauma-informed approach aligned with A Trauma-Informed Approach: Guidance for Western Australian State Government.

Principle	Opportunities to address risk factors and determinants of suicide
Connected and coordinated systems	Collaboration between government and community organisations supports people and families engaged in support services. This can be achieved by building the capacity of 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 impact the risk of suicide to better support those in need. **Opportunities include:** • Universal screening for perinatal depression or anxiety and alcohol or other drug issues, with priority referral to mental healthcare or alcohol and other drug services for parents experiencing these difficulties. • Tailored suicide prevention training for workplaces and high-risk industries, delivered by peer facilitators, for groups who are disproportionately impacted by suicide. • Coordination between health, education and community services to provide the right support to people and communities as early as possible.
Cultural security	A holistic and culturally secure approach to suicide prevention includes consideration of the unique protective and risk factors that shape the social and emotional wellbeing of Aboriginal people and communities. Aboriginal-led and co-designed suicide prevention strategies and actions that are developed, delivered and evaluated in genuine partnership with Aboriginal people and communities, support culturally safe initiatives that are responsive to local needs and priorities. **Opportunities include:** • A strategic approach to consolidate, guide and strengthen further development of social and emotional wellbeing approaches in Western Australia, aligned with the SEWB Framework, the National Social and Emotional Wellbeing Policy Partnership, the National Agreement on Closing the Gap 2020 and the Aboriginal Empowerment Strategy – Western Australia 2021-2029. • Better understanding of Aboriginal suicide prevention and social and emotional wellbeing. • Healing and cultural practices guided by Elders in local communities to strengthen cultural connection and community resilience.

Principle	Opportunities to address risk factors and determinants of suicide
Economic security	Changes to economic security can result in an almost immediate but short-term increase in risk of suicide.[2] Effective cross-system coordination is required to support those who are: experiencing economic insecurity; unemployed; underemployed; low-income earners; facing income uncertainty; and economic disadvantage due to their socioeconomic status. **Opportunities include:** • Evidence-based financial supports for people nearing retirement. • Industry specific education programs for services that work with people experiencing situations associated with determinants of suicide (e.g. for people working with those recently unemployed or underemployed) and navigation support to improve access to appropriate supports. • Cross-government approaches to reduce inequality and address determinants of suicide (for example, family and domestic violence, and homelessness).
Good health	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. **Opportunities include:** • Responsible media reporting of suicide in a manner which promotes help-seeking and reduces stigma, and avoids reporting which increases knowledge of, and access to, means of self-harm and suicide. • Collaborative and coordinated communication between services to help people access services when seeking help for multiple issues impacting them at the same time, such as between mental health, alcohol and other drugs and suicide prevention systems. • Food security initiatives such as community kitchens and breakfast programs for children and young people. • Peer services and interventions to support informed and people-centred responses to specific alcohol and other drugs use and harms.

Principle	Opportunities to address risk factors and determinants of suicide
Navigating life transitions	Life transitions can be risk factors for suicide. Examples include 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] **Opportunities include:** • Programs that support people leaving prison to access housing, employment, and increase awareness of mental health services. • 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. • Programs that support people transitioning into retirement to build and maintain social connections and engagement in their communities.
Safety and security	Addressing risks to personal safety can help prevent suicidal distress. 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). **Opportunities include:** • Targeted strategies that support groups disproportionately impacted by suicide including but not limited to men, the LGBTIQA+SB community, children and young people, people from CaLD communities, and ex-serving Australian Defence Force members. • Suicide prevention approaches embedded in responses to natural events. • Targeted strategies to support people who have experienced determinants of suicide that impact individual and family wellbeing such as family and domestic violence.

Principle	Opportunities to address risk factors and determinants of suicide
Social inclusion	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. **Opportunities include:** • Evidence-based programs to tackle loneliness and reduce social isolation such as social skills training, befriending and one-on-one social support initiatives. • Education campaigns to raise awareness of the importance of social inclusion activities in preventing and addressing loneliness.





Quick access to appropriate supports is crucial for anyone experiencing suicidal thoughts and behaviours

Support

Objective:

Provide 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. Help can look different depending on a person's situation and preferences.

Some people might feel comfortable speaking to a family doctor, while others may prefer community mental health services or peer support programs. 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. This includes supports that are relevant and helpful to families, carers and significant others. Types of support are described in **Table 4**.

Quick access to appropriate supports 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 the Postvention stream.

The following describes how the principles that underpin the Suicide Prevention Framework can guide effective suicide prevention strategies and actions that meet the objectives under the Support stream.

Table 4: Types of support

Community support	Crisis support	Aftercare
Virtual (online, video and phone) and face-to-face community mental health support services can help keep people well, out of hospital, and connected to their family, friends and community. Community supports describe the range of services provided in community settings, such as Lived Experience (Peer) interventions, short or long-term residential accommodation, safe spaces, and primary health care services (including general practitioners) working alongside community mental health services.	Crisis supports are for people experiencing suicidal crisis, and their families, carers and significant others, when an immediate response is needed. 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 for 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 the supports needed to prevent future suicidal behaviours. Aftercare can be provided by hospitals, community-based organisations, peer support or residential services.

Social and emotional wellbeing

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

Other considerations include:

- Services for Aboriginal people and communities co-designed, led and delivered by local Aboriginal Community Controlled Organisations where possible, to allow services to address the specific needs of their community and facilitate collaboration with local communities.
- Aboriginal ways of working that promote 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.
- Offering a range of support options to meet the diverse needs and preferences of communities.
- Integration of the SEWB Model within existing services so holistic supports and approaches are available across all levels of care.



Table 5: Opportunites for action across Support

Principle	Opportunities to provide timely, appropriate and effective support
Accessibility	Timely, affordable, appropriate and 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, diversity of culture, beliefs, identity, ability and care needs. Support options that meet the diverse needs of Western Australians, including increased access to community-based supports, can help to reduce suicidal distress and aid recovery. **Opportunities include:** • Interpreters and translators to address language and cultural barriers to increase access to support for people from CaLD communities. • Crisis support for people living and working in rural, regional and remote parts of Western Australia. • Appropriate virtual support services as an alternative where face-to-face options are not available or not preferred. • Peer and community-based activities that provide ongoing opportunities for healing.
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. **Opportunities include:** • Supported alternatives to emergency departments so people have more options when experiencing suicidal thoughts, behaviours, and/or suicidal distress. • Culturally secure, trauma-informed and compassionate approaches and responses in all services, including emergency departments, crisis and support services. • Community-based, long-term support for people who experience ongoing or persistent suicidal thoughts, and their family, carers and significant others.

Principle	Opportunities to provide timely, appropriate and effective support
Connected and coordinated systems	An easy to navigate system 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. **Opportunities include:** • Aboriginal-led and delivered programs, initiatives and services including integration with, or complementary to, Western therapeutic practices. • Programs to support people transition back into their local community following a period of inpatient support. • Step Up/Step Down services that provide residential care in the community, avoiding hospital admission or facilitating a smooth transition home following a hospital stay. • Compassionate, timely and appropriate support in a safe environment provided by mental health professionals and support workers, for people experiencing suicidal distress. • 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. • Aftercare services that include support following incidents of self-harm and services targeted to children and young people.
Cultural security	Culturally safe and secure care for Aboriginal people creates environments where people feel understood and valued and contributes to effective prevention of suicide and suicidal distress. Support for Aboriginal people who are 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.. **Opportunities include:** • Culturally secure and equitable mental health and social and emotional wellbeing services for those experiencing distress. • Cultural awareness and safety training for non-Aboriginal staff working across suicide prevention in partnership with local Elders and community leaders, to ensure cultural security. • Specialist services within Aboriginal Community Controlled Health Services. • Partnerships between Aboriginal-led organisations and mainstream services to provide culturally secure, shared care. • Aboriginal-led crisis response supports.

Principle	Opportunities to provide timely, appropriate and effective support
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. **Opportunities include:** • Support for people in financial distress to identify signs of suicidal distress and increase awareness of the services available to provide help. • Wraparound support that helps people receiving mental health care to keep studying or working, and to access financial or housing assistance when needed.
Good health	It is important to support people with mental health issues or conditions as well as physical conditions to reduce and prevent suicide. This includes those who experience co-occurring issues, such as people also requiring alcohol and other drug support or support for problem gambling and gambling harms. **Opportunities include:** • 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. • Effective responses for people experiencing co-occurring needs such as where suicidal distress may be present alongside neurodivergence, alcohol and other drug use, or gambling addictions. • Workforce capability that ensures appropriate support options for people presenting with complex mental health issues or conditions and additional co-occurring needs.
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. **Opportunities include:** • 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. • 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.

Principle	Opportunities to provide timely, appropriate and effective support
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 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). **Opportunities include:** • Safe space services across Western Australia to provide alternatives to emergency departments for people experiencing distress, including for young people. • Design of spaces, both physical and virtual, to ensure they are accessible, quiet, comfortable, pleasant and take account of emotional and physiological needs. • Staff are supported to partner with and provide appropriate support alongside family, carers and significant others.
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. **Opportunities include:** • Workplace policies, practices and training to recruit and retain Aboriginal Lived Experience (Peer) workers, ensuring Aboriginal people can access support from people with shared lived experiences and improve their trust in support services. • 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).



Effective postvention is key to preventing further suicide death within a family and community



Postvention

Objective:

Provide timely, appropriate and effective support 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 distress 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.[29,30] Effective postvention is key to preventing further suicide death within a family and community and includes actions that respond to potential clusters of suicides, and helps to identify and inform a broader understanding of trends, patterns and causes of suicide.[31]

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 someone 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, responsibility, rejection, and stigmatisation.[32]

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.

The following describes how the principles that underpin the Suicide Prevention Framework can guide effective suicide prevention strategies and actions that meet the objectives under the Postvention stream.

Table 6: Opportunities for action across Postvention

Principle	Opportunities to provide timely, appropriate and effective postvention support
Accessibility	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. **Opportunities include:** • Evidence-based or evidence-informed, dedicated and ongoing postvention and bereavement services for families, communities, carers, significant others, children and young people. • Safe and appropriate suicide prevention services and postvention supports for LGBTIQA+SB people including through access to LGBTIQA+SB Lived Experience (Peer) workers. • Postvention resources developed with sports clubs and places of worship, to support community members who have experienced a loss by suicide.
Compassionate and holistic approaches	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. To foster compassionate and holistic approaches, support should be trauma-informed and person-centred. **Opportunities include:** • Enhance whole of community understanding of suicide bereavement, grief and loss, trauma and crisis support through education campaigns and training. • Short, written resources for family and friends that provide basic tips and information to support someone who is bereaved by suicide. • Coordinated 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. • Programs in culturally safe spaces for collective Aboriginal community healing following loss.

Principle	Opportunities to provide timely, appropriate and effective postvention support
Connected and coordinated systems	Postvention responses are most effective when coordinated across communities and involving a range of stakeholders. This ensures people receive the type of support they need, when and where they need it. Clear models of care and guidelines for postvention coordination of federal, state and community-based services can ensure people and communities are appropriately supported following bereavement by suicide and can help reduce the risk of further deaths. **Opportunities include:** • Robust data collection to identify trends of suicide deaths to inform suicide prevention approaches, for example, utilise the Western Australian Suicide Monitoring System. • Support information sharing to facilitate improved, targeted and coordinated responses following a death by suicide.
Cultural security	Culturally safe and secure postvention responses for Aboriginal people and communities following a suicide loss can prevent further harm. Postvention support for Aboriginal people and communities should be holistic and community-based, led by the insights and strengths of Aboriginal people with lived experience. **Opportunities include:** • Culturally safe and secure postvention responses for Aboriginal people and communities. • Consistent and authentic engagement with Aboriginal people, Elders and communities to co-design postvention planning, consultation, program/service delivery and evaluation.
Economic security	Financial supports provided through postvention can strengthen protective factors against suicide following a suicide loss. By reducing immediate financial stressors, these supports enable people to remain engaged in education and maintain employment and stable housing during a period of significant grief and disruption. **Opportunities include:** • Coordinated practical and financial support to families bereaved by suicide in locally and culturally secure ways. • Wraparound supports for people bereaved by suicide to remain in safe, secure and stable housing.

Principle	Opportunities to provide timely, appropriate and effective postvention support
Good health	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. Effective programs strengthen mental, emotional, spiritual and cultural wellbeing which supports community resilience. **Opportunities include:** • Inclusion of postvention actions in workplace policies and processes that aim to reduce psychosocial hazards. • Postvention planning in schools to support young people, staff and school communities to respond to a suspected suicide in the short and longer term, including identifying appropriate support options that are available for as long as they need it.
Navigating life transitions	Awareness and understanding of life transitions impacting people who are bereaved by suicide should also be considered when planning and providing postvention responses and support. **Opportunities include:** • Postvention services for people bereaved by suicide who are experiencing a specific life transition (e.g. becoming a parent). • Postvention support groups for children and young people, parents, families and communities to help people through significant life changes after experiencing a loss to suicide.
Safety and security	It is important to build postvention 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. **Opportunities include:** • Workplace Postvention Response Plans following the loss of a co-worker. • Training regional and remote community members to increase confidence and capacity to respond to suicide loss, grief and trauma.

Principle	Opportunities to provide timely, appropriate and effective postvention support
Social inclusion	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. **Opportunities include:** • Peer support programs for people bereaved or impacted by suicide, in the communities they live, to foster connection and belonging for those experiencing grief following a suicide loss. • 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.

Social and emotional wellbeing

Due to the nuances of Aboriginal kinship systems, the impacts of grief may be more widespread and compounded. The healing and wellbeing of Aboriginal people is deeply connected to kinship, community and Country.

When delivering postvention support for Aboriginal people and communities it 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 people and communities' connection to community, culture, Country, spirituality and ancestors.

Delivering the Suicide Prevention Framework

Foundations

Building blocks needed to implement and sustain an effective suicide prevention system.

A strong foundation is essential to delivering an effective suicide prevention system. The system enablers (foundations) described below outline the key factors required to enable effective implementation of the Suicide Prevention Framework, support appropriate and timely responses to people's needs and promote continuous improvement. These foundations are also critical to the broader mental health and alcohol and other drug systems. Significant work is already underway nationally and across Western Australia to strengthen these enablers, particularly through implementation of the National Strategy and 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, and is paramount in the Mental Health Commission's efforts to contribute effectively to suicide prevention. This means setting shared priorities, clear 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 and prevent suicide.
- **Embedded 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 to providing emotional and social support to people, families, carers and significant others through shared experiences. This includes integrating the Lived Experience (Peer) Workforce into multidisciplinary teams to help prevent the need for clinical intervention and allow clinical staff to be more responsive to those who require support.
- **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 to better meet the needs of communities. This is particularly important for the coordination and planning of postvention strategies and actions.
- **Skilled and supported workforce:** Everyone working in suicide prevention, including clinical, community, policy, Lived Experience (Peer) workers, and Aboriginal and social and emotional wellbeing workforces should be equipped and empowered to understand their role in suicide prevention, have the skills to perform their role well, and be sufficiently and sustainably supported to operate effectively and compassionately.

Mental Health Commission suicide prevention programs across the streams

Wellbeing

- **Public education for all Western Australians** describing how individuals can gain and maintain their own optimal level of mental health and wellbeing. The Mental Health Commission runs campaigns, like Think. Mental Health, to give people in the community the information they need to make informed choices about mental health, alcohol, and other drugs.
- **Regional suicide prevention coordinators** work in collaboration with local service providers and community members within the ten health regions in Western Australia, to build their community's capacity to prevent and respond to suicide. They support, promote, and coordinate community activities while guiding broader regional strategies to strengthen prevention efforts.
- **Community Liaison Officers** partner with Aboriginal organisations to drive suicide prevention efforts across Western Australia. They work at the grassroots level, connecting with Elders and local services, coordinating community-led activities, and responding to emerging needs. Their role is grounded in cultural knowledge and strong relationships, ensuring regional Aboriginal suicide prevention plans are locally guided, culturally secure, and responsive.
- **Men's Wellbeing** community education programs help raise awareness about the challenges that can affect the mental health and wellbeing of men in regional and farming communities. The Regional Men's Health program provides practical education, promotes help-seeking and supports men to strengthen personal resilience.



Early Intervention

- **Suicide prevention training** to identify and respond to people at risk of suicide. Gatekeeper Suicide Prevention training equips human services workers who support people at risk of suicide. The program focuses on risk assessment, crisis response and linking individuals to appropriate support. SafeSide Prevention provides a suite of suicide prevention programs to support people working in mental health, alcohol and other drugs and youth services to help staff respond to suicide.
- **More than $1 million in grants has been provided to community organisations** across Western Australia to deliver culturally appropriate, community-led programs that raise awareness, reduce stigma, build resilience and strengthen community connections.
- **24-hour crisis support line** available through telephone, text and online chat, providing counselling, support, information and referrals whenever it is needed. This includes a team of Crisis Support Workers on Saturday nights to better meet community demand at peak times, and ensuring fewer calls go unanswered.
- **Free virtual and telehealth counselling service to support young Western Australians (5-25yrs)** experiencing mental health issues or conditions. This service helps to reduce geographic, financial and social barriers to accessing mental health support, which is particularly important for children and young people living in remote parts of Western Australia, where access to alternative mental health services is limited, ensuring they can connect with the help they need no matter where they live.
- **Peer support workshops** giving young LGBTIQA+SB people the chance to connect, learn, and build practical skills for mental health and wellbeing. Held on weekends in both regional and metropolitan Western Australia, they place a special focus on supporting LGBTIQA+SB youth in regional and remote communities.
- **Men's mental health programs** providing support, guidance and access to appropriate referrals when needed. These programs raise awareness of the issues and stressors that impact the mental health and wellbeing of men, including industry-specific services for men in sectors such as building, construction and mining/FIFO, offering tailored support to address the unique challenges they face.



Support

- **Delivery of a short-stay sanctuary** as a safe, welcoming alternative to hospital emergency departments for young people aged 16–25 who are experiencing suicidal thoughts or behaviours. The program includes both clinical and peer support for up to five days in a comfortable, homestyle environment.
- **The Martu "Wama Wangka (Talking about Alcohol)" Program** is a healing support program that seeks to address the physical, mental, emotional and spiritual issues impacting wellbeing in Martu Aboriginal Communities. The program provides education using cultural values, knowledge and practices, including reconnection with Country to build personal and community resilience.
- **Support to women experiencing family and domestic violence** through the provision of a Recovery Support Worker who offers practical help, advocacy, counselling, and connects women to ongoing services. They also coordinate support to manage complex needs for women experiencing homelessness as a result of family and domestic violence.
- **Delivery of the Social and Emotional Wellbeing Pilot Program** through flexible interdisciplinary teams across five regions, the program increases access to social and emotional wellbeing and healthcare services to improve holistic health outcomes and quality of life for Aboriginal people of all ages.
- **Implementation of the Western Australian Aftercare Services Program** to support people and their families, following a suicidal crisis. The program will work to prevent future suicide attempts and strengthen connections to ongoing care through a multidisciplinary team of clinical and Lived Experience (Peer) workers.



Postvention

- **Postvention coordinators** who provide timely, practical and holistic postvention responses to suspected suicides. Postvention Coordinators support and strengthen existing prevention/postvention support and planning to ensure timely responses to incidents of suicide to mitigate and minimise risk of further suicides.
- **Delivery of the Response to Suicide and Self-Harm in Schools Program** to prevent and respond to suicidal behaviour and self-harm in school-aged children and young people. The Schools Response Program seeks to ensure that school aged young people experiencing issues related to depression, self-harm and/or grief from suicide by family and friends, have access to necessary services and supports. The program is a collaboration between the Child and Adolescent Mental Health Services, the Department of Education and Youth Focus.
- **Long-term bereavement support** for children and young people aged 6 and 18 who have lost a significant person in their life to suicide.





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 reaching its objectives to reduce and prevent suicide will be achieved over time, and is the shared responsibility across all levels of government, communities, non-government organisations 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.

Table 7 describes activities the Mental Health Commission will undertake under the Suicide Prevention Framework, over three horizons: actions for immediate implementation; mid-term actions; and longer-term actions.

The Mental Health Commission will report on progress of the Suicide Prevention Framework through Annual Implementation and Monitoring Plans (AIM plans) developed 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. The WA Strategy provides additional detail on the AIM Plans.

Table 7: Horizons for implementation

Horizon One within two years	Horizon Two within three to five years	Horizon Three beyond five years
• Develop a state approach to social and emotional wellbeing to embed effective, culturally secure and community driven approaches that improve the long-term social and emotional wellbeing of Aboriginal people across Western Australia. • Explore approaches to strengthen collaboration across-government. • Utilise the Western Australian Suicide Monitoring System to capture timely data on suicide deaths in Western Australia to inform the commissioning of suicide prevention services and programs. • Measure system-level outcomes relating to suicide prevention to inform future strategies and actions. • Develop social and emotional wellbeing outcomes for Aboriginal people and communities, applying the underlying principles of strengths-based reporting and Aboriginal data governance and sovereignty. • Research suicide prevention strategies and actions for groups disproportionately impacted to inform the delivery of more effective, targeted and culturally safe responses. • Establish mechanisms to meaningfully consult with lived experience networks to inform strategic decisions. • Consider new and existing legislation that could strengthen coordination of suicide prevention in Western Australia. • Expand regional suicide prevention activity to provide improved access to timely, culturally safe and locally responsive supports. • Expand postvention services to the regions to strengthen local responses and reduce the risk of further distress.	• Improve approaches to cross-government funding and commissioning of services to support coordination and collaboration. • Strengthen alternatives to emergency departments, including programs delivered by Lived Experience (Peer) workers to provide more appropriate service responses. • Develop evidence-based models and test new strategies to improve service responses and reduce suicide. • Progressively embed lived experience roles and lived experience expertise at all levels of system design, service delivery and evaluation. • Strengthen cross-sector commitment and collaboration in suicide prevention to deliver more coordinated and effective supports and to respond to the determinants of suicide which sit outside of the health sector. • Identify and respond to gaps across the streams of Wellbeing, Early Intervention, Support, and Postvention to support the transition between services, and improve access. • Implement peer-led safe spaces for people experiencing suicidal distress to provide compassionate support as an alternative to emergency departments and clinical spaces. • Increase support for groups disproportionately impacted by suicide that is delivered by Lived Experience (Peer) workers to foster connection, reduce stigma and provide safe support targeted towards their specific needs.	• Review and evaluate the Suicide Prevention Framework to ensure that future directions build on progress, reflect what works, and is led by community. • Strengthen suicide prevention in policy and planning across sectors to ensure suicide prevention is recognised as a shared responsibility. • Focus on long-term growth and sustainability of the suicide prevention sector by strengthening prevention and early intervention, enhancing community understanding and involvement, and fostering innovation to drive meaningful and lasting change.

Measuring impacts

State and national approaches to evaluation will help identify appropriate outcomes and indicators to measure the impacts of the Suicide Prevention Framework.

Evaluation strengthens the sector's understanding of the suicide prevention strategies and actions that are making a difference, what is working, what is not, 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 suicide prevention efforts are relevant and responsive to the diverse needs of communities across Western Australia. 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, demonstrating the impact of suicide prevention activities can be challenging as national data often does not reflect local experiences. However, tools such as surveys, interviews, focus groups and case studies can provide valuable insights into community attitudes, behaviours and experiences.

The Department of Health's Evaluation Framework and Implementation Guide[33] and the Department of Treasury's Program Evaluation Guide,[34] can assist with program planning and evaluation. They 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

The National Suicide Prevention Office is developing the National Suicide Prevention Outcomes Framework (Outcomes Framework)[35] to measure the outcomes that matter to people and track progress against the National Strategy. The Outcomes Framework moves away from traditional approaches of measuring progress solely based on numbers, to adopt a mixed methods approach, combining statistics and stories to improve understanding about people's experiences. By focusing on the impact of suicide prevention activity, reporting against the Outcomes Framework will help guide where to focus efforts. In addition to the key goal of reducing suicide deaths, the Outcomes Framework expands the goals for suicide prevention to include reducing suicide attempts and suicidal distress and increasing wellbeing to protect against suicide.

The Mental Health Commission's Mental Health and Alcohol and Other Drugs Outcomes Measurement Framework is one approach to measuring alcohol and other drugs and mental health outcomes in the Western Australian community. Further research and consultation is underway to identify and establish measurements of social and emotional wellbeing, applying the principles of strengths-based reporting and Aboriginal data governance and sovereignty.

Summary

The Suicide Prevention Framework is an aspirational, whole-of-community approach towards all Western Australians leading healthy and fulfilling lives.

It provides a foundation for understanding and addressing suicide prevention in Western Australia, building on previous suicide prevention work and aligning with state and national approaches to suicide prevention.

The Suicide Prevention Framework describes the wide range of factors that can increase the risk of suicide such as housing instability, financial stress and domestic and family violence. It also outlines why some groups of people are more at risk of suicide than others, often due to marginalisation, exposure to multiple and intersecting risk factors and systemic disadvantage.

When implemented together, the interconnected streams of Wellbeing, Early Intervention, Support and Postvention will strengthen protective factors, address risks, and effectively support people in need and those impacted by suicide. It is underpinned by the foundational elements essential for an effective and sustainable system: robust leadership and governance, embedded lived experience, strengthened data and evaluation systems, and a skilled and supported workforce.

The Suicide Prevention Framework outlines the 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 just for government, but for communities, organisations and all people who wish to contribute to suicide prevention.

Importantly, the Suicide Prevention Framework reinforces that suicide prevention is a shared responsibility. The complexity of suicide means that all people, communities, sectors and systems have an important role to play in preventing suicide.

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



Appendix 1

Glossary

Table 8: Glossary

Term	Description
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 someone.
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	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.[108]
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.[109] 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.
Neurodivergence	A non-medical term that refers to those who experience a different cognitive functioning, processing thoughts and feelings, and behaviour than the general (neurotypical) population. It is often (but not always) used by those living with neurodevelopment diagnoses such as autism, attention deficit hyperactivity disorder, dyslexia, obsessive-compulsive disorder and Fetal Alcohol Spectrum Disorder.

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[110]	Limiting access to means, or methods, of suicide is a universal evidence-based intervention for preventing suicide. Restricting access to means includes limiting the physical availability of methods of suicide, 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 prevention	Describes the broad range of strategies and actions that aim to reduce and prevent suicide, suicidal thoughts and behaviours and the impact of suicide deaths. 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.
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

Factors that impact wellbeing and suicide

While not a complete list, the below describes groups more likely to experience suicide risk, occupations which carry a higher risk of suicide and some key determinants of suicide.

Table 9: Disproportionate impacts of suicide

Groups more likely to experience suicide risk	
Aboriginal people and communities	Aboriginal people are over 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.[7] Rates of self-harm and suicidal risk are also disproportionately higher.[36,37] In addition to other factors, higher rates of suicide for Aboriginal people can be linked to trauma that has been passed down through the generations since colonisation.[38] 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.[39,40,41] Addressing the determinants of suicide and embedding and implementing the SEWB Model across the suicide prevention system would improve the social and emotional wellbeing 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 social and emotional wellbeing for Aboriginal people and communities.[42,43]
Men	In 2025, almost three in four deaths by suicide in Western Australia were men.[7] In Australia, men are overrepresented across all age groups and suicide remains the leading cause of death for Australian males aged 15 to 44.[7] Men are also consistently overrepresented in suicide statistics across other population and occupation groups.[7] It is important to recognise that men are not a homogenous group and many experience an increased risk of suicide due to intersecting identities. 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.[44,45,46] Despite experiencing high rates of psychological distress[47] men are less likely to seek professional mental health support.[48,49] Barriers to help-seeking are complex and vary across groups but are often linked to stigma around mental health or suicide, and social and cultural expectations of stoicism, masculinity, and self-reliance.[49,50] To reduce suicide among men, it is 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[51] as well as designing and delivering services that feel safe, relevant, and accessible to the men who need them.[50]

LGBTIQA+SB communities*	LGBTIQA+SB communities experience higher levels of suicidal distress than non-LGBTIQA+SB people because of their experiences of stigma, discrimination, abuse, violence and social exclusion.[52,53] It is important to recognise that LGBTIQA+SB communities are not all the same and have different needs that require dedicated research, planning and responses. Notably, trans and gender diverse people are more likely to experience suicidal thoughts and behaviours than cis-gendered people.[54] People from the LGBTIQA+SB community can experience higher rates of financial distress, unemployment and homelessness related to stigma and discrimination.[55] These risk factors can also be barriers to accessing appropriate mental health and other supports. LGBTIQA+SB people that identify with other groups can experience multiple and overlapping types of stigma which can compound the risk of suicidal distress. This is significant for LGBTIQA+SB Aboriginal people, people from CaLD backgrounds, people of faith, and people with disability.[56] Community services and programs delivered by LGBTIQA+SB Lived Experience (Peer) workers, alongside supportive relationships and access to gender-affirming healthcare play important roles in reducing risk factors for LGBTIQA+SB communities.[57,58] In addition, promoting inclusion in communities and across the suicide prevention system can contribute to improved wellbeing and better outcomes for LGBTIQA+SB communities.
Culturally and linguistically diverse communities	In Western Australia, 1 in 3 people are born overseas and 1 in 5 speak a language other than English.[59] 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.[60] Refugees can experience greater risk of suicide when compared to other migrants.[61] This is due to their exposure to potentially traumatic events including forced emigration to escape war, persecution, torture 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.[61] Notably, men from CaLD communities are at an increased risk. In 2020, approximately 70% of suicide deaths among CaLD Australians aged 15 and over in 2020 were male.[62] 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.

**Lesbian, gay, bisexual, trans/transgender, intersex, queer, asexual, Sistergirl, Brotherboy and all other queer and trans identities*

People with disability	In Australia, people with disability are three times more likely to die by suicide than people without disability[63] and those on the autism spectrum are almost three times more likely to die by suicide than non-autistic people.[64] Disability itself is not the cause of increased suicide risk. Rather, the social, structural, and attitudinal barriers that people with disability face, including ongoing discrimination, social isolation, stigma, financial distress, and barriers to accessing appropriate mental health and other care, employment, education, and secure housing.[65] 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. 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.[66]
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 2023, over 1,800 ex-serving ADF members died by suicide, 20 times more than Australian soldiers who died in combat.[67] Male veterans in the permanent forces were found to be 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 160% more likely to be hospitalised for self-harm at least once compared to other female patients, and 110% more likely to die by suicide.[68] 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 or conditions, can lead to increased risk of suicidal behaviours.[68,69] 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.[70] The Royal Commission into Defence and Veteran Suicide[68] made recommendations to address the rates of suicide of this group, including reducing stigma and removing the barriers to help seeking. In response to the Royal Commission, the Australian Department of Veterans' developed the Suicide Prevention Framework 2025-2031 and Implementation Plan which sets out a whole-of-government approach to veteran suicide prevention.
People with mental health conditions	In 2022, 63% of people who died by suicide had a mental and/or behavioural disorder present.[71] Some studies indicate that this figure is much higher, with estimates as high as 90%.[72] 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. 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. People living in very remote areas experience more than double the suicide rate of those in major cities.[73] In 2025, the suicide rate in regions outside Greater Perth was nearly twice the rate recorded within Greater Perth.[74] Regional and remote communities can experience greater risk of suicide due to a range of factors, including challenges accessing appropriate healthcare.[75,76] 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.[75,76] Notably, around 60% of Western Australia's Aboriginal population live in regional and remote areas,[77] 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 community across the life span could foster wellbeing and decrease risk of suicide. Suicide is the main cause of death for younger people across Australia. In 2025, 40% of deaths among Australians aged 15-24 years were due to suicide.[7] Early access to services, education on mental health, and co-designing services with young people could work to reduce this risk.[78] It is also important to address risk factors because exposure to harm and trauma in childhood can increase suicide risk throughout someone's life, accounting for 41% of suicide attempts in Australia.[79] Australians aged 85 and older experience elevated rates of suicide.[7] This can be because of barriers participating in social activities, chronic disease and pain, elder and financial abuse, 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.[80,81]
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, which are all risk factors of suicide.[82] Addressing these risk factors and providing targeted suicide prevention support for this group can reduce their risk of suicide and equip them to better support their loved ones.[83,84]

Occupations which can carry a higher risk of suicide	
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,[85] including repeated exposure to traumatic events, including suicide, exposure 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.[85] Specialised training and support, social support and assurances in personal and team capabilities have been identified as protective factors.[85]
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.[86] 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.[86] 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.[87] In Western Australia, construction workers are three times more likely to report suicidal thoughts and behaviours than other adults.[88] 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.[89] Additionally, construction workers are reported to experience loneliness, bullying, negative workplace experiences and harmful substance use at higher levels than the general population.[88] Protective factors include strong interpersonal experiences outside of work and support from colleagues.[88]
Farming and agriculture workers	People working in farming and agriculture can experience higher rates of suicide,[90] particularly men, those who have separated from their spouse, and young and middle-aged farmers.[91,92] Almost half of Australian farmers have reported experiencing suicidal thoughts and/or behaviours.[93] Risk factors thought to increase risk of suicide include increased periods of social isolation, declining communities and factors outside of their control such as extreme weather, natural disasters, inflation and cost pressures, and changes to government policies or regulations.[94,95,96] 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.[97,98]
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.[99,100,101] Providing targeted support for healthcare workers and improving their conditions at work could reduce their risk of suicide.[100,102]

Determinants of suicide*	
Bullying	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) can be associated with a higher risk of suicidal thoughts and behaviour.[103]
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.
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	Violence that occurs in intimate partner and family relationships. It includes assault, threats, abuse, neglect or harassment. Family and domestic violence 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.[104] Being both a victim or perpetrator of family and domestic violence can be associated with an increased risk of suicide.
Financial distress	Experiencing a lack of sufficient, consistent and/or guaranteed income to manage a person's current economic obligations.
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.
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 physical health, life, work, or relationships.
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.[105]

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

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. While intergenerational trauma may be experienced by many groups, in Australia the term is often used to describe the ongoing impacts of colonisation on Aboriginal people and the trauma experienced by the survivors of the Stolen Generations and their descendants.
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 family and domestic violence; child removal; neglect; and disruptive family breakdown.
Environmental disasters	Extreme weather events such as droughts, flooding 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.[106] Eco-anxiety is increasingly recognised as causing significant distress, helplessness, stress, worry and fear about the impacts of climate change, particularly for young people.[107]
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.



Appendix 3

State and national strategies related to suicide prevention

Table 10: State and National strategies that contribute to the overall suicide prevention system in Western Australia

State strategies	
Mental Health Commission	• Mental Health and Alcohol and Other Drugs Strategy 2026 - 2031 • 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 • Mental Health Alcohol and Other Drug Workforce Strategic Framework 2020-2025 • Western Australian Mental Health Promotion, Mental Illness, Alcohol and Other Drug Prevention Plan 2018-2025 • Western Australian Mental Wellbeing Guide • Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 • 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 • Aboriginal Family Safety Strategy 2022-2032 • All Paths Lead to a Home - Western Australia's 10-Year Strategy on Homelessness 2020-2030 • An Age-Friendly WA: State Seniors Strategy 2023 - 2033 • At Risk Youth Strategy 2022-2027 • Koorlangka Bidi - WA Youth Action Plan 2024 - 2027 • Path to Safety: Western Australia's strategy to reduce family and domestic violence 2020-2030 • State Disability Strategy 2020-2030 • Strengthening Responses to Family and Domestic Violence, System Reform Plan, 2024-2029 • Stronger Together: WA's Plan for Gender Equality 2020-2030 • WA Strategy to Respond to the Abuse of Older People (Elder Abuse) 2019-2029 • WA Volunteering Strategy • Western Australia's LGBTIQA+ Inclusion Strategy 2025-2035

Department of Creative Industries, Tourism and Sport	• WA Hiking Strategy: Bushwalking and trail running in Western Australia 2020-2030 • WA Languages Services Policy 2020 • WA Strategic Trails Blueprint 2022 - 2027 • Western Australian Mountain Bike Strategy - mountain biking and off road cycling in WA 2022-2032 • Western Australian Screen Industry Strategy 2024-2034 • Western Australian Multicultural Policy Framework
Department of Education	• Our plan for public education in Western Australia • Aspirations for all
Department of Health	• Chief Allied Health Office homeless health action plan 2022-2025 • WA Aboriginal Health and Wellbeing Framework 2015-2030 • WA Disability Health Framework 2015-2025 • Western Australian Health Promotion Strategic Framework 2022-2026 • Sustainable Health Review
Department of Justice	• Sexual Violence Prevention and Response Strategy
Department of the Premier and Cabinet	• Aboriginal Empowerment Strategy - Western Australia 2021-2029 • Whole-of-Government Aboriginal Community-Controlled Organisation Strategy for community services to Aboriginal People (May 2024)
Department of Training and Workforce Development	• Workforce Diversification and Inclusion Strategy 2021-2025
Department of Treasury and Finance	• Supporting Continuous Improvement in ESG Outcomes for Western Australia • State Commissioning Strategy for Community Services 2022
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 • National Alcohol Strategy 2019-2028 • National Tobacco Strategy 2023-2030 • National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018-2028 • National Mental Health Workforce Strategy 2022-2032 • National Preventative Health Strategy 2021-2030 • National Aboriginal and Torres Strait Islander Workforce Strategic Framework and Implementation Plan 2021-2031 • 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 • National Autism Strategy 2025-2031 and development of the National Autism Strategy First Action Plan 2025-2026 • National Carers Strategy • National Plan to End Violence against Women and Children 2022-2032 • Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031 • National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035
Department of Veterans' Affairs	• Department of Veterans' Affairs Suicide Prevention Framework 2025-2031
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 • National Children's Mental Health and Wellbeing Strategy • National Suicide Prevention Strategy 2025-2035 • Vision 2030 for Mental Health and Suicide Prevention in Australia
Federal Financial Relations	• National Mental Health and Suicide Prevention Agreement 2022

Appendix 4

Suicide prevention stakeholders

Table 11: Stakeholders involved in the Western Australian suicide prevention system

Stakeholder roles in the Western Australian suicide prevention system	
Commonwealth Government	The Commonwealth Government oversees the development and implementation of national frameworks, including funding and commissioning some programs and services. The Commonwealth seeks to influence population outcomes through policies, laws, regulations and taxes, including those related to determinants of suicide such as income support, employment and housing.
Western Australian Government	The Western Australian Government develops statewide strategies, frameworks, laws, regulations and public education. This includes approaches related to the determinants of suicide and wellbeing at community, organisational and individual levels, and through the development, implementation and funding of programs and services. Government responsibilities directly related to suicide prevention include housing, employment, health, disability and financial supports, transport, workplace supports, the justice system and education. For more information on what the Mental Health Commission is doing in suicide prevention see pages 56-59. A list of government strategies which seek to address the determinants of suicide across State Government departments can be found at **Appendix 3**.
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.
Private organisations and non-government organisations	The non-government and private sector deliver face-to-face and online supports, including but not limited to health and mental health services, community-led organisations and Aboriginal Community Controlled Organisations. These sectors 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	Everyone shares 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	How the 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, decrease stigma and reduce risk of suicide.[111] 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'.[111]

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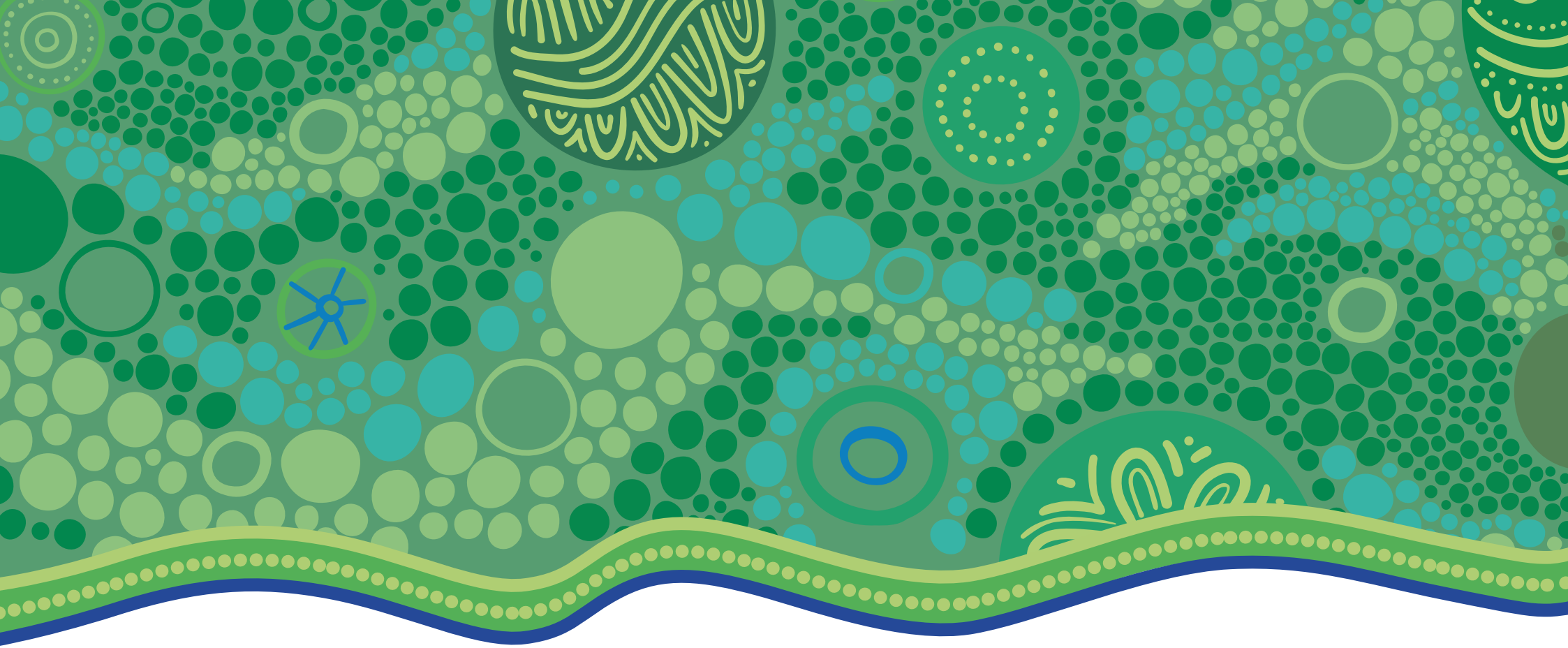
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