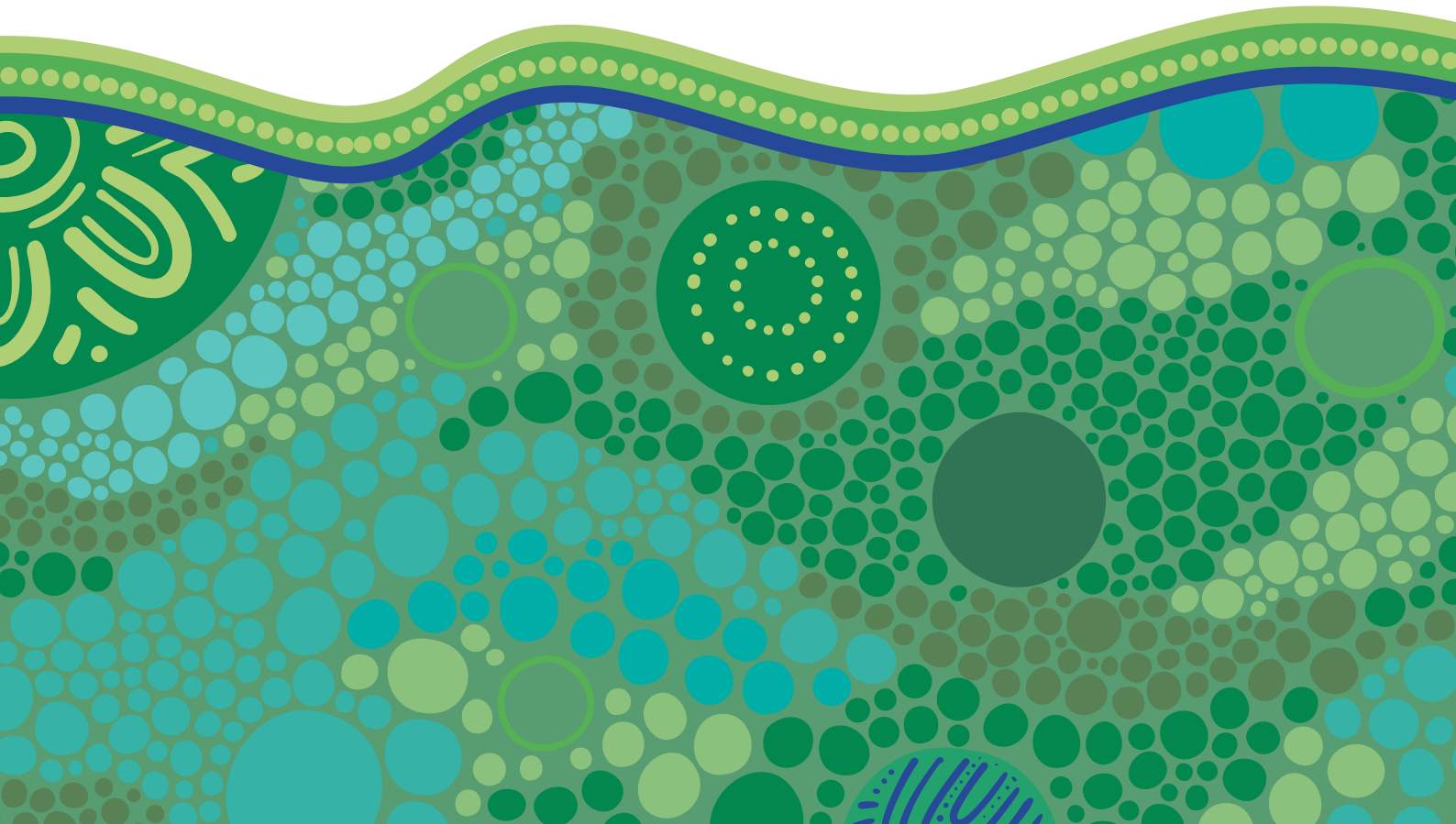
GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

# Consultation Summary

## Western Australian Suicide Prevention Framework 2026-2031



# Acknowledgements


### 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.

### Recognition of lived experience

We recognise the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues, including their families and carers.

### This resource was prepared by:

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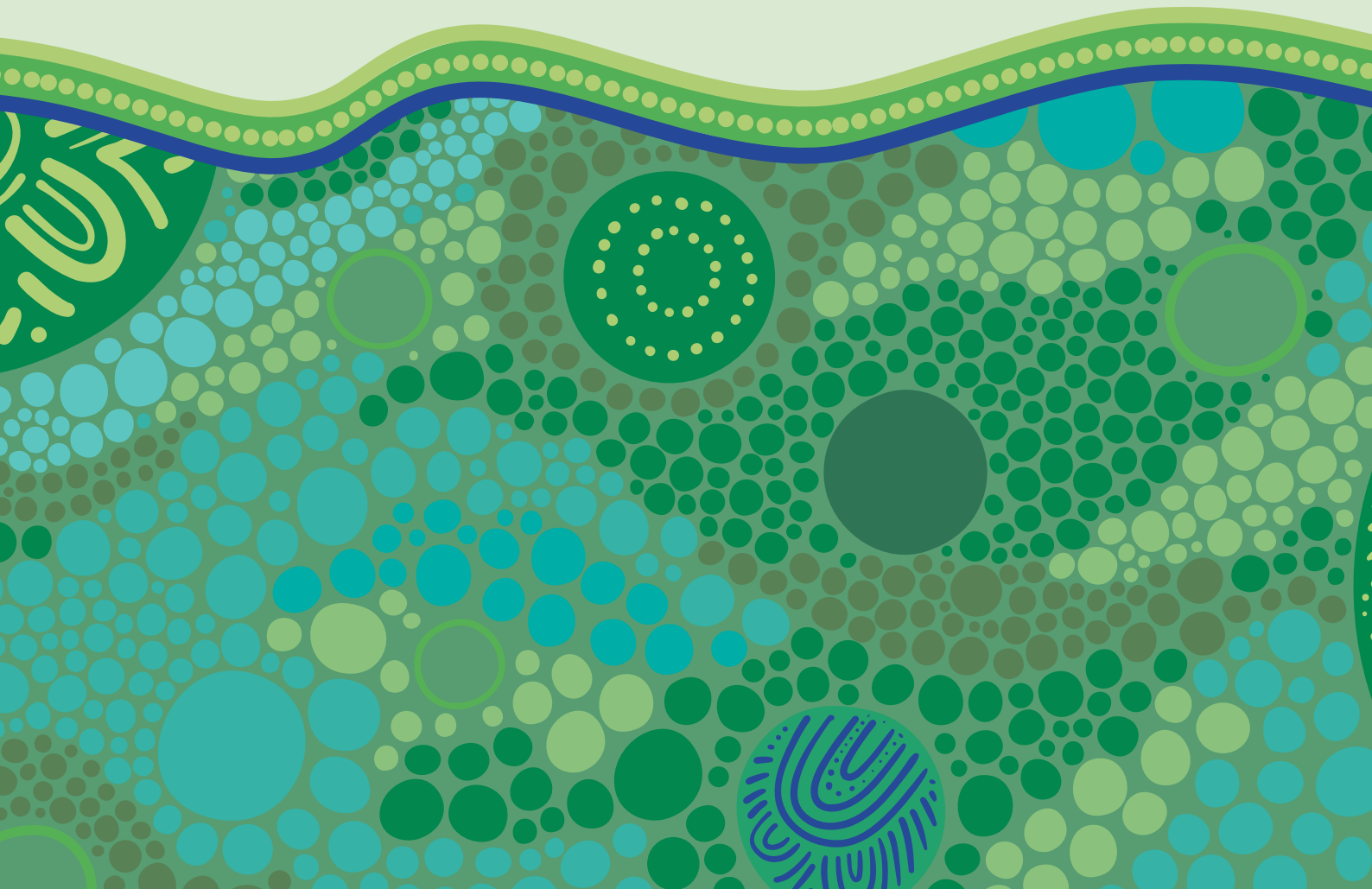

# Background

The Mental Health Commission (Commission) has released the Western Australian Suicide Prevention Framework 2026-2031 (Suicide Prevention Framework) which describes the context and approach to suicide prevention over the next five years.

Read more about the Suicide Prevention Framework here.

This report provides a summary of feedback received during consultation on the draft Suicide Prevention Framework.

The Commission extends its sincere thanks to everyone who contributed their feedback, insights, experience and time throughout the consultation process. Those who generously shared their personal and lived experiences to inform their submissions are acknowledged and appreciated.

## Development of the Suicide Prevention Framework

Development of the Suicide Prevention Framework was informed by ongoing research and broad consultation to ensure it reflects diverse perspectives, community needs and evidence-based approaches to suicide prevention.

Consultation involved engagement with:

- Sector advisory and leadership groups
- Western Australian Government departments and entities
- Western Australian peak bodies
- Community and professional organisations
- Mental health and suicide prevention service providers
- National suicide prevention stakeholders
- People with lived and living experience of suicide, suicide bereavement and/or caring for someone experiencing suicidal distress
- Members of the public.

### Initial feedback

Initial development of the Suicide Prevention Framework was informed by agency representatives from the Western Australian Mental Health Alcohol and Other Drug Deputies Group, key suicide prevention organisations, and services contracted by the Commission under the previous Western Australian Suicide Prevention Framework 2021-2025.

## Targeted consultation

Targeted consultation was carried out with peak bodies and organisations representing groups disproportionately impacted by suicide. This included people with lived experience of suicide; people from LGBTIQA+SB and culturally and linguistically diverse communities; people with disability; people with mental health conditions; and families, carers and significant others.

Organisations tailored their approach to consultation in ways that worked for their communities, including in-person and online workshops, web-based surveys, interviews, and focus groups. Consultations were held across regional and metropolitan Western Australia to ensure a wide range of voices and experiences were heard.

Key themes identified during targeted consultation included:

- Strong support for meaningful inclusion of people with lived experience of suicide
- Identified need for Government leadership and system reform in suicide prevention
- Building connected, community-centred supports
- Addressing stigma and prejudice, and improving safety.

The Aboriginal Health Council of Western Australia (AHCWA) led targeted consultation with Aboriginal stakeholders across Western Australia. AHCWA gathered feedback through in-person workshops across seven regions, online surveys and insights from recent consultation workshops for the nationally funded Culture Care Connect suicide prevention plans. AHCWA provided a comprehensive consultation report which directly informed the development of the Suicide Prevention Framework.

# Public Consultation

Public consultation took place from 15 October 2025 to 12 November 2025. The Commission invited participation from a wide range of stakeholders, including people with a lived and/or living experience of suicide and people working in the suicide prevention and mental health sector. Consultation opportunities were promoted through organisational and service networks, as well as social media platforms.

Community members and organisations were invited to provide feedback on the draft Suicide Prevention Framework via an online survey or written response.

## Who we heard from

- 128 total submissions
- 46 (35.9%) from individuals and 82 (64.1%) from organisations

Of the 46 individual respondents:

- 32 (69.6%) were from the Perth metropolitan area and 12 (26.1%) were from regional areas. Two (4.3%) respondents did not disclose their locations
- 32 (69.6%) disclosed they were a person with a lived experience of suicide (experienced suicidal thoughts and behaviours, survived a suicide attempt)
- 11 (23.9%) disclosed they were a person who has a lived experience of suicide related to having lost a loved one to suicide or caring for a person experiencing suicidal distress (family member, friend, significant other, loved one and/or carer).

Of the 82 organisations who responded:

- 18 (22%) were from government organisations
- 20 (24%) were located in the Perth metropolitan areas, 10 (12%) were regional, 52 (63%) were statewide (based in over 3 locations), and three (4%) were national.

## Public Consultation Feedback

Stakeholders expressed overall support for the draft Suicide Prevention Framework and welcomed the holistic and prevention-focussed approach. Respondents particularly valued the clear structure, accessible and easy to understand language, and the way the concept of Social and Emotional Wellbeing is embedded throughout. The emphasis on addressing risk factors and the broader social determinants of suicide was also broadly accepted.

All survey responses and written submissions were individually reviewed and considered.

The following key themes were identified:

- Strengthened implementation and evaluation
- Increased focus on prevention and early intervention
- Strengthened support for communities
- Enhancing services and other supports
- Building, supporting and expanding the suicide prevention workforce.

These themes are summarised below.

Stakeholder input and feedback has informed the Suicide Prevention Framework, enhancing its clarity, relevance and overall effectiveness.

## Implementation and evaluation

Feedback emphasised that holistic implementation and strong evaluation is essential to supporting the Suicide Prevention Framework. Stakeholders sought clarity in respect to roles and responsibilities across government, stronger accountability, transparent reporting with measurable indicators and detailed action plans to support delivery. Cross-government and cross-sector collaboration was seen as essential to responding to suicide.

Stakeholders called for practical tools, examples, and guidance to support implementation, improved suicide data collection, monitoring and use, long-term and sustainable funding and strengthened engagement with communities. Alignment with existing strategies and policies was identified as critical to ensure coordinated and effective responses.

## Prevention and early intervention

Recognising that effective suicide prevention requires broader approaches than crisis response alone, feedback emphasised the need for greater focus on acknowledging and addressing the underlying factors that influence wellbeing and suicide risk (determinants of suicide).

Alcohol and other drug-related harm, family and relationship breakdown, housing insecurity, financial distress, contact with the justice system, family and domestic violence and discrimination were identified as key factors requiring coordinated and targeted action to reduce suicide.

There was consistent feedback highlighting the need for targeted and tailored responses for groups disproportionately impacted by suicide. Stakeholders emphasised the importance of working in genuine partnership with communities to develop and implement approaches that strengthen wellbeing and reduce suicide risk, ensuring they are culturally safe, relevant, and effective.

### *Targeted and tailored approaches for Aboriginal people and communities*

Aboriginal stakeholders emphasised that suicide prevention responses must be Aboriginal led, grounded in culture and guided by strong cultural governance and self-determination. They supported embedding concepts of Social and Emotional Wellbeing across the Suicide Prevention Framework and ensuring culturally safe approaches to suicide prevention, recognising that cultural safety is the ongoing responsibility of organisations and services, not Aboriginal people or communities.

An appropriately resourced and supported Aboriginal suicide prevention and social and emotional wellbeing workforce was identified as essential to delivering safe, effective, and sustainable responses that strengthen social and emotional wellbeing and reduce and prevent suicide for Aboriginal people and communities.

### *Lived experience, families, carers and significant others*

Feedback highlighted the need to embed system level, lived experience leadership across the design, delivery and evaluation of suicide prevention responses.

Stakeholders also called for greater recognition of families, carers, and significant others, including improved support and acknowledgement of the unique insight and role they provide in suicide prevention and postvention.

## Supporting communities

Feedback called for better recognition of community-based supports, including schools, sports clubs and peer-led programs, as equally important as clinical services in suicide prevention. Stakeholders emphasised building community capacity to recognise and respond to suicidal distress, through training, awareness raising, embedding supports in local settings and improving workplace capability.

Stigma was identified as an ongoing barrier to help-seeking that must be directly addressed. Strengthening social connection and community participation was seen as central to improving safety and wellbeing and reducing stigma.

Stakeholders also highlighted the need for governments and organisations to partner closely with communities to deliver culturally safe, locally responsive and sustainable supports.

## Enhancing services and other supports

Feedback identified gaps in the availability, accessibility and responsiveness of appropriate mental health and suicide prevention services supports. Stakeholders called for a broader range of options so people can access the right support at the right time and place. This included more community-based and non-clinical

services, alternatives to emergency departments for people experiencing crisis, increased access to peer support, and increased access to aftercare following a suicide attempt.

Systemic and practical barriers such as cost, location, exclusion criteria, lack of cultural safety, digital access or literacy issues, and long wait times continue to limit service access for many people and communities. Feedback emphasised the need for compassionate, trauma-informed and person-centred care that promotes choice and autonomy, with lived experience meaningfully embedded at all stages of service development and implementation.

There was strong support for multidisciplinary wraparound responses, clearer service pathways, and improved service navigation to address system complexity and provide coordinated, holistic support.

## Building, supporting and expanding the suicide prevention workforce

Stakeholders emphasised the need to expand the suicide prevention workforce and advocated for structures that support and enhance the capacity and capability of the existing workforce. This would strengthen services' ability to respond to people's needs in trauma-informed and culturally safe ways. Strengthening workforce wellbeing was also identified as essential to protecting staff and ensuring the system operates effectively and sustainably.

General practitioners, first responders, emergency department staff, and the Aboriginal and social and emotional wellbeing workforces were identified as priorities for improved resourcing, support, and training.

There was strong support for growing, retaining, and strengthening the Lived Experience (Peer) workforce. This included clearer development pathways and improving organisational understanding of and readiness for peer roles.

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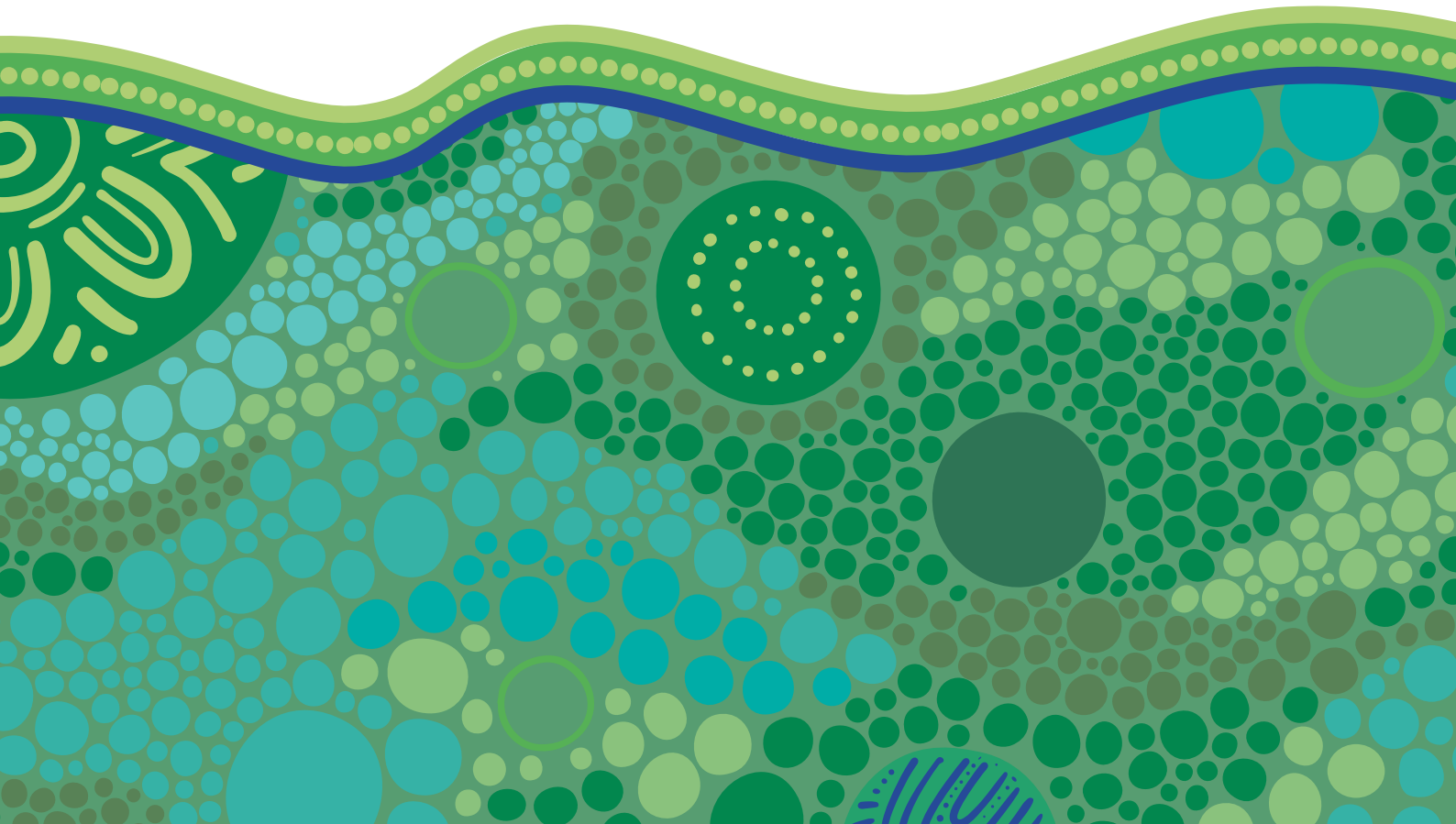
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