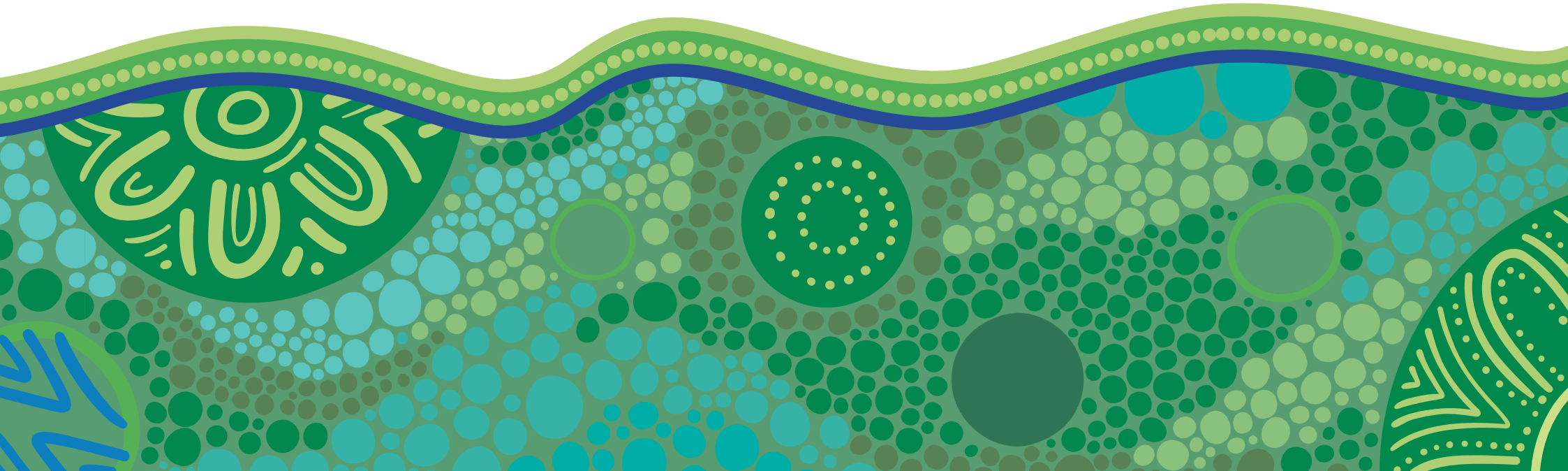
GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Western Australian Suicide Prevention Framework

2026–2031: Overview



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.

Suggested citation

Western Australian Mental Health Commission. (2026). *Western Australian Suicide Prevention Framework 2026-2031: Summary*. Mental Health Commission, Government of Western Australia.

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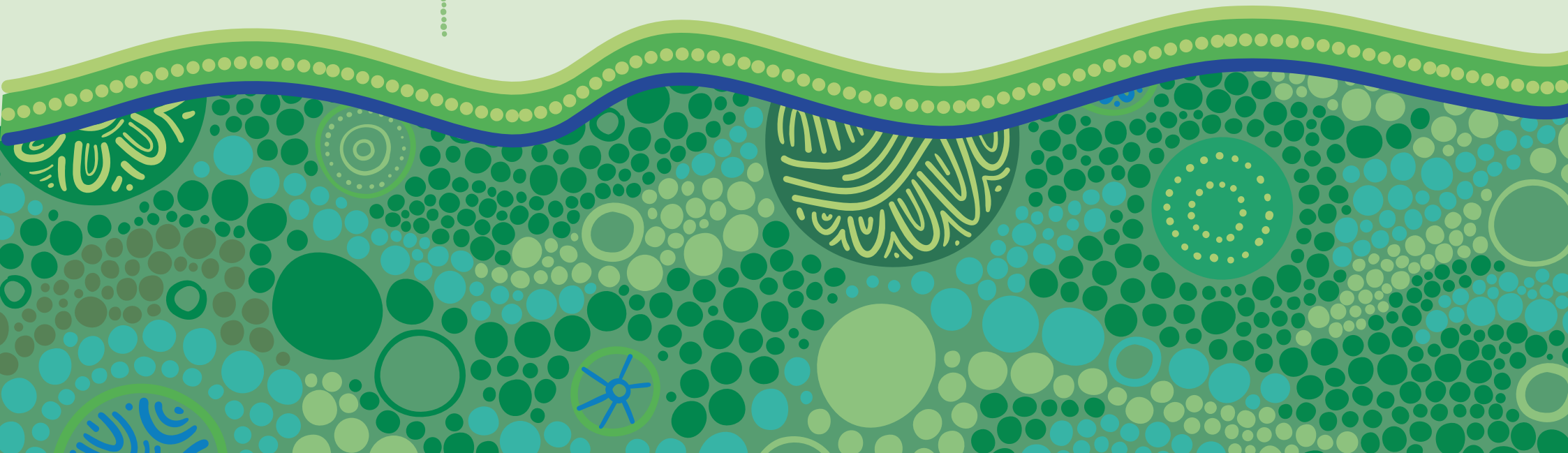


Recognising the value of lived experience

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.

This document provides an overview of the Western Australian Suicide Prevention Framework 2026-2031 (Suicide Prevention Framework), outlining its purpose, key takeaways and the Western Australian approach to suicide prevention.

You can find the full Suicide Prevention Framework here.

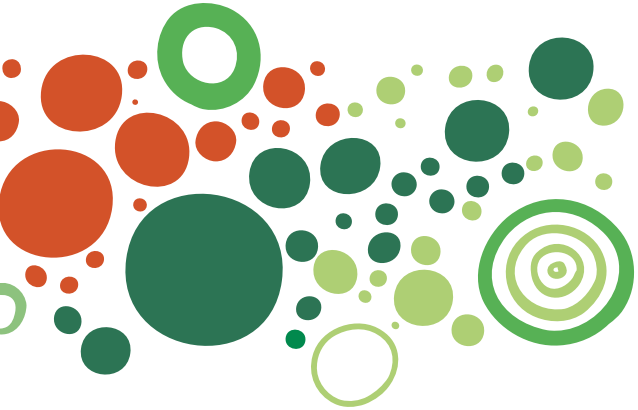
What is the Suicide Prevention Framework?

The Suicide Prevention Framework describes a shared, whole-of-community approach to reducing suicide, suicidal distress and the impacts of suicide in Western Australia over the next five years. It aims to help individuals, communities, non-government and community organisations and all levels of government to develop and coordinate suicide prevention strategies and actions in an effective way.

Depending on a person's or organisation's needs, the Suicide Prevention Framework can be used to:

- Promote shared language and understanding of suicide prevention
- Strengthen alignment with state and national suicide prevention approaches
- Support collaboration across sectors and systems
- Inform planning, policy development and service design
- Guide community-led suicide prevention activity

All people and communities are encouraged to engage with the parts of the Suicide Prevention Framework most relevant to them.



Factors influencing wellbeing and suicide

Suicide is complex, and a person's wellbeing and risk of suicide is influenced by the 'determinants of suicide' which are the social, cultural, economic, environmental, political and structural conditions which shape people's lives and wellbeing. Examples include housing, education, employment, access to services and experiences of discrimination. Determinants specific to Aboriginal people and communities include cultural systems of knowledge, law and practices, impacts of existing and past government policies, and the rights of self-determination and sovereignty.

Suicide impacts all people in Western Australia, but not all people are impacted equally. Groups described as 'disproportionately impacted by suicide' experience greater risks and impacts of suicide than others. For example, suicide rates are significantly higher for men, Aboriginal people, LGBTIQA+SB communities, people with disability or autism, young people and veterans.

Experiencing risk factors or identifying with groups disproportionately impacted by suicide does not automatically mean someone is at greater risk of suicide. In fact, sometimes they can protect people against suicide. Each person's situation is unique so understanding individual experiences and needs is essential to providing appropriate, safe and effective support and preventing suicide.

See Appendix 2 of the Suicide Prevention Framework for a list of factors influencing wellbeing and suicide, including groups that are disproportionately impacted.

Responding to the factors influencing suicide

Building a connected and effective suicide prevention system is a shared responsibility requiring a holistic, coordinated and sustained approach. It includes actions reaching beyond traditional health and human services to address the determinants of suicide; reduce exposure to risk factors; strengthen protective factors; and ensure people can access supports when, where and how they need them.

The approach is designed to complement existing state and national approaches that address mental health, wellbeing and suicide prevention while being relevant to the unique needs of Western Australia. This includes alignment with the Western Australian Mental Health, Alcohol and Other Drugs Strategy 2026–2031 (WA Strategy), National Suicide Prevention Strategy 2025–2035 and National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035.

Social and emotional wellbeing for Aboriginal people and communities

The Suicide Prevention Framework recognises the importance of social and emotional wellbeing for Aboriginal people and communities.

The Model of Social and Emotional Wellbeing (SEWB Model) provides a culturally grounded approach to health and wellbeing that reflects the holistic nature of Aboriginal mental health and social and emotional wellbeing. It underpins suicide prevention for Western Australian Aboriginal people and communities in the Suicide Prevention Framework (read more here).

Cultural security is the guiding principle supporting culturally safe and responsive ways to embed social and emotional wellbeing and suicide prevention approaches for Aboriginal people and communities. When social and emotional wellbeing and suicide prevention strategies and actions are culturally safe, locally developed and led by Aboriginal people, they can improve pride in cultural identity, strengthen connections to Country, community and relationships and significantly enhance the wellbeing of Aboriginal people and communities. Suicide prevention strategies and actions should identify and respond to the unique cultural rights, needs, strengths and leadership of Aboriginal people and communities.

How social and emotional wellbeing supports differ from suicide prevention supports

Social and emotional wellbeing supports focus on holistic, long-term, wraparound care that strengthens the wellbeing of Aboriginal people and communities, while suicide prevention supports provide immediate, crisis-focused action to ensure safety and urgent intervention. Both forms of support are essential and complementary.

Similarly, culturally safe care is different from social and emotional wellbeing services, but both are important. Understanding the differences and applying the SEWB Model across the design, delivery, and evaluation of services helps ensure Aboriginal people can access culturally safe, appropriate support at the right time, in any setting.

Guiding principles

The below table outlines the guiding principles and system aspirations that support suicide prevention efforts in Western Australia.

Principles	Aspirations
Accessibility	People can access timely, appropriate and affordable support
Compassionate and holistic approaches	Responses are respectful, trauma-informed and person-centred
Connected and coordinated systems	Services work together and are easy to navigate
Cultural security	Aboriginal people receive culturally secure and responsive support
Economic security	People have access to education, employment and secure housing
Good health	People are supported to maintain physical and mental health
Navigating life transitions	Support is available during key life changes
Safety and security	People feel physically, psychologically and culturally safe
Social inclusion	People feel connected, valued and able to participate

These principles should be considered when developing and/or implementing suicide prevention strategies and actions across all parts of the suicide prevention system. Examples of suicide prevention activities in line with the guiding principles are included throughout the Suicide Prevention Framework. These opportunities provide practical guidance for communities, organisations, services and governments.

Streams

The Suicide Prevention Framework is built around four equally important and interconnected streams that, when considered as a whole, create a comprehensive suicide prevention system that reduces suicide risk, responds to distress early, supports people when needed and helps individuals and communities navigate the impacts of suicide loss.

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.

Wellbeing

Objective:

Strengthening wellbeing for the whole population by enhancing protective factors, building resilience and shaping how people think and talk about suicide.

Wellbeing initiatives aim to promote wellbeing for everyone and prevent people from experiencing distress in the first place. Higher levels of wellbeing can protect against risk factors and reduce the likelihood of suicidal distress. Initiatives can target all Western Australians and/or focus on specific groups of people or settings. They should aim to strengthen protective factors and improve the conditions that support wellbeing, including social connection, economic security, safe and supportive environments, cultural identity, and other factors that influence the risk of suicidal distress.

For Aboriginal people and communities, wellbeing is understood through a social and emotional wellbeing lens, which recognises the interconnectedness of culture, Country, family, kinship, spirituality, mind and body. Wellbeing initiatives for Aboriginal people should be culturally grounded, community led and aligned with Aboriginal ways of knowing, being and doing, aligning with the SEWB Model domains.

Early intervention

Objective:

Addressing risk factors and determinants of suicide, including supporting groups who may be experiencing higher risk of suicide.

Early intervention focuses on supporting people and groups who may be experiencing increased risk of suicide. It does this by identifying and responding to the factors that influence suicide risk, before distress escalates, and supports people to access the right help at the right time. Early intervention initiatives may be targeted to specific population groups disproportionately impacted by suicide, focused on particular settings or life stages, or designed to address determinants of suicide.

Responding to distress early is not the responsibility of the health system alone. Effective early intervention requires coordinated action across government, services and communities. The Suicide Prevention Framework recognises that economic, social and public policies shape the environments in which people live, work and play, and can increase suicide risk or strengthen protection against suicidal distress. Government agencies responsible for these policies are therefore essential partners in suicide prevention.

Support

Objective:

Provide timely, appropriate and effective support for people experiencing mental health issues or conditions and suicidal thoughts and behaviours, and for the families, carers and others who support them.

Quick access to appropriate supports is crucial for anyone experiencing suicidal thoughts and behaviours. Initiatives under this stream may include community-based support, crisis support or ongoing care after a suicide attempt. Support may be provided to individuals, as well as families, carers and significant others who are supporting someone in distress. Help can look different depending on a person's situation, needs and preferences.

The Suicide Prevention Framework recognises that an effective suicide prevention support system means people can access and receive the support they need, when and where they need it. This requires services to be compassionate, accessible and easy to navigate, as well as person-centred and culturally safe.

Effective supports for Aboriginal people should align with the SEWB Model domains. These domains can be reflected through holistic, culturally secure supports that are Aboriginal-led, promote self-determination, strengthen the Aboriginal workforce and offer flexible support options that meet the diverse needs of Aboriginal people, family and communities.

Postvention

Objective:

Provide timely, appropriate and effective support to people and communities impacted by suicide loss.

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. Postvention includes support for family, friends, colleagues, health professionals, first responders and the wider community following a death by suicide. It can include immediate crisis support, practical assistance, grief and bereavement support, peer support, and longer-term mental health care. These responses should be flexible, compassionate and tailored to the individual and collective needs of people and communities.

When delivering postvention support for Aboriginal people and communities, it is important to understand and value the collective trauma of suicide loss which can be felt throughout Aboriginal communities, as well as the healing power and strength in Aboriginal people's connection to community, culture, Country, spirituality and ancestors.

Foundations

The Suicide Prevention Framework identifies key enablers (foundations) to support long term impacts. These foundations are the building blocks needed to implement and sustain a contemporary, person-centred suicide prevention system and support the delivery of effective 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

The Suicide Prevention Framework outlines the proposed implementation approach over short, medium and longer-term horizons. Further information on the planned actions can be found here.

However, effective implementation of the Suicide Prevention Framework is a shared responsibility and relies on collective action across the whole community, including all levels of government, non-government and community organisations, individuals and communities. When planning, developing or putting into place suicide prevention strategies and actions, it can be helpful to think about the following:

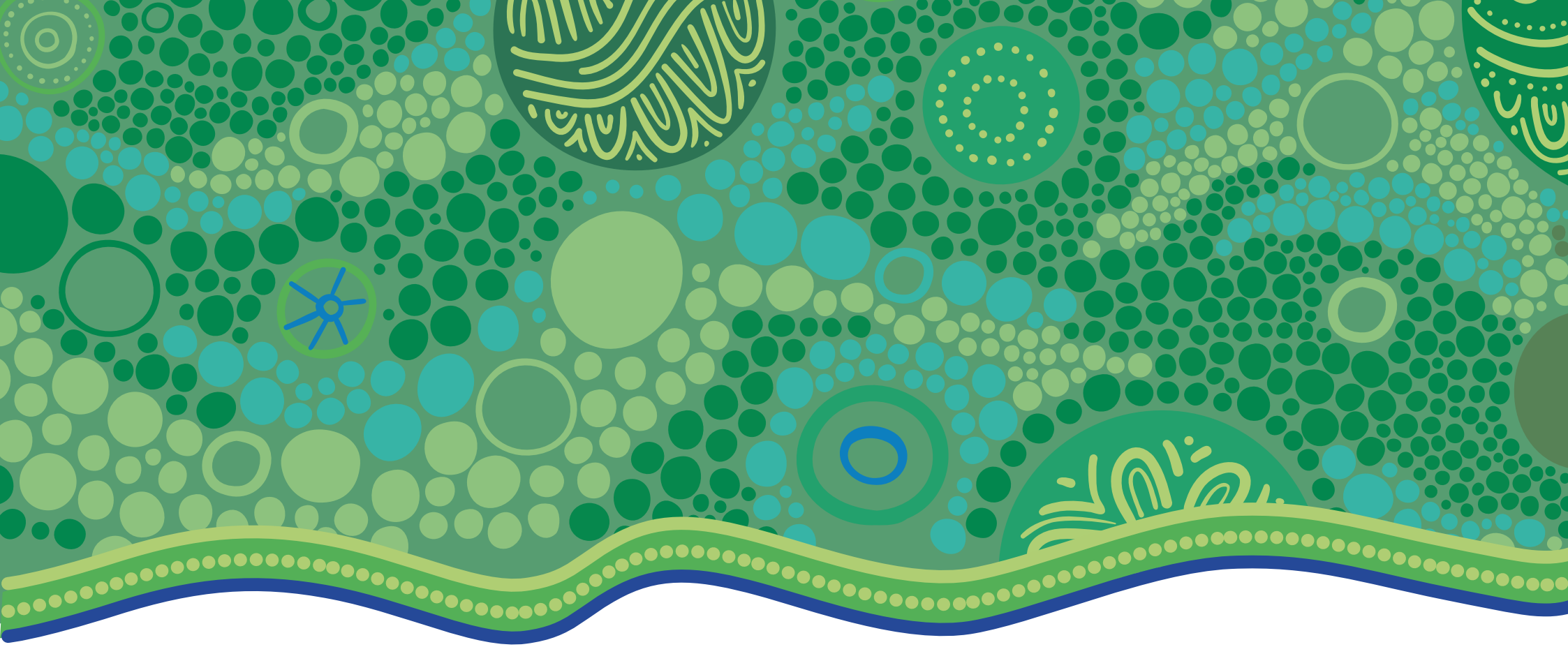
- Does the strategy or action align with any of the four streams (Wellbeing, Early Intervention, Support, and Postvention)?
- How does the strategy or action align with the principles?
- Does the strategy or action reflect the SEWB Model domains to improve the social and emotional wellbeing of Aboriginal people and communities?
- How can the strategy or action respond to the distinct needs of groups disproportionately impacted by suicide?
- How can the strategy or action be culturally secure for Aboriginal people and communities?

Measuring progress

Progress against the Suicide Prevention Framework will be reported 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.

More information?

To learn more, read the full Western Australian Suicide Prevention Framework 2026-2031. It provides a comprehensive overview of suicide prevention in Western Australia, details how the Mental Health Commission plans to deliver on the Suicide Prevention Framework and identifies opportunities for communities and stakeholders to take action across the four streams to reduce and prevent suicide in Western Australia.



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