

SUBMISSION

11 November 2025

Draft Western Australian Suicide Prevention Framework 2026–2031

Submitted to the Mental Health Commission (WA)

Executive Summary

The Veterans, Emergency Services & Police Industry Institute of Australia (VESPIIA) welcomes the release of the Draft Western Australian Suicide Prevention Framework 2026–2031 and commends the Mental Health Commission for its leadership in developing a coordinated, evidence-informed, and compassionate approach to suicide prevention.

VESPIIA supports the Framework's vision of a Western Australia where suicide is prevented, and everyone can live with hope and connection. The draft provides a strong structural foundation built on three priority streams — Wellbeing, Early Intervention, and Support/Postvention — supported by clear principles and enablers. The focus on lived experience, cross-sector collaboration, and data-driven evaluation reflects contemporary best practice and aligns closely with VESPIIA's own mission to strengthen the wellbeing of those who serve and those who support them.

Our submission broadly endorses the Framework's direction but identifies several areas where it can be made more inclusive, actionable, and sustainable. In particular, while the Framework recognises that suicide prevention requires a whole-of-community approach, it does not yet fully address the specific needs of veterans, first responders, and their families — cohorts with elevated suicide risk due to occupational exposure, trauma, transition challenges, and barriers to help-seeking.

VESPIIA's feedback focuses on strengthening the Framework by:

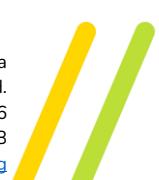
- Formally recognising veterans, first responders, and their families as a defined priority population within the Framework's structure and implementation plan;
- Embedding targeted, measurable actions across all three priority streams to address occupational risk factors and ensure appropriate supports for those who serve;
- Establishing cross-sector partnerships between the Mental Health Commission, Defence, DVA, WA Police, DFES, and peak bodies such as VESPIIA to coordinate delivery and oversight; and
- Integrating workforce capability, peer, faith-based, and family-inclusive supports as core elements of suicide prevention, not peripheral activities.

VESPIIA also highlights several existing programs that demonstrate effective, evidence-aligned practice consistent with the Framework's guiding principles:

- The Cadre of Padres, a national network providing trauma-informed pastoral care and postvention support to veterans and first responders;
- The Future Frontlines Papers, a research collaboration with the University of Western Australia's Defence & Security Institute translating evidence into practical wellbeing strategies; and
- The VESPIIA Research and Resource Library, a developing knowledge hub supporting workforce development and evidence-based program delivery.

Through these initiatives, and through our sector-wide collaboration, VESPIIA works to ensure that suicide prevention is embedded in daily practice — from leadership and workplace culture to transition support and recovery.

VESPIIA stands ready to partner with the Mental Health Commission and other agencies to ensure the final Framework meaningfully includes all service communities and delivers measurable, long-term outcomes for those at greatest risk.



GENERAL POSITION

VESPIIA welcomes the opportunity to contribute to the development of the Western Australian Suicide Prevention Framework 2026–2031. Suicide prevention is an issue that cuts across every part of the community, and its success depends on practical collaboration between government, health services, workplaces, and the organisations supporting those most at risk.

As the national professional body representing the organisations, staff, and volunteers who deliver programs and services to veterans, emergency services, police, and their families, VESPIIA occupies a unique position within this landscape. Our membership includes both service organisations and the professionals who support them — the people most often called upon to respond when crisis occurs. This perspective allows us to see not only the needs of individuals in distress, but also the systemic pressures faced by those working to prevent suicide every day.

VESPIIA's submission is grounded in the principle that effective suicide prevention must recognise occupational identity and exposure as key determinants of wellbeing. Veterans and first responders experience elevated suicide risk, driven by factors such as repeated trauma exposure, organisational stress, transition to civilian life, and stigma surrounding help-seeking. These risks are compounded by the secondary trauma experienced by the staff and volunteers who support them.

While the draft Framework presents a strong and compassionate foundation, it currently provides limited detail on how the needs of these occupationally exposed populations will be embedded in implementation. Our feedback focuses on closing that gap by recommending:

- Formal recognition of veterans, first responders, and their families as a defined priority population within the Framework;
- Tailored actions and evaluation measures that reflect the realities of workplace and service-based suicide risk;
- Cross-sector partnerships between the Mental Health Commission, government agencies, and professional bodies such as VESPIIA to coordinate delivery and resourcing; and
- Integration of evidence-based, non-clinical supports — including peer, faith, and family-based models — within the Framework's wellbeing, early intervention, and postvention streams.

This submission builds on VESPIIA's ongoing work in advocacy, professional development, and sector coordination, including our Cadre of Padres program, Future Frontlines Papers research series, and Research and Resource Library. Together, these initiatives demonstrate practical models that align closely with the Framework's guiding principles of compassion, connection, collaboration, and evidence-informed action.

Through this submission, VESPIIA seeks to ensure that suicide prevention in Western Australia fully reflects the diversity of lived experience — including those whose service to the community places them at higher risk. We remain committed to working with the Mental Health Commission and partner agencies to deliver a framework that is inclusive, sustainable, and genuinely whole-of-community.

KEY ASKS

VESPIIA's submission makes six key recommendations to strengthen the Western Australian Suicide Prevention Framework 2026–2031, ensuring it fully reflects the needs of veterans, first responders, and the people and organisations who support them.

1. Recognise veterans, first responders, and their families as a defined priority population.

These groups experience suicide risk at significantly higher rates than the general population due to trauma exposure, cumulative stress, and identity loss following service. The final Framework should explicitly list them as a priority population with tailored actions across all streams.

2. Embed occupational suicide prevention into every stream.



Each stream — Wellbeing, Early Intervention, Support, and Postvention — should include concrete actions that address occupational risk, workforce wellbeing, and culturally competent support for service communities.

3. Establish formal cross-sector partnerships.

Implementation should include a structured collaboration between the Mental Health Commission, DVA, Defence, WA Police, DFES, and VESPIIA. This would enable coordinated delivery, data sharing, and consistency across government and community responses.

4. Strengthen workforce capability and leadership.

Introduce training and accreditation pathways for managers, chaplains, peer supporters, and frontline leaders in trauma-informed care, early intervention, and postvention response. These skills are critical in high-risk occupational settings.

5. Integrate peer, faith, and family-based supports.

Recognise and fund informal supports — including peer networks, family programs, and chaplaincy — as part of the formal suicide prevention system. These connections are often the first and most trusted points of contact for those in distress.

6. Include occupational identifiers in data and evaluation systems.

Add fields in suicide surveillance and evaluation datasets to capture occupational status (veteran, police, firefighter, paramedic, etc.), ensuring that progress and outcomes can be accurately measured and reported over time.

SUBMISSION

Section A: Overall Feedback

Q7(a): Is clear, easy to understand and the structure makes sense

Yes

The Framework is well-structured and accessible, with a logical flow from priorities to enablers. However, some sections could benefit from greater clarity around how actions will be operationalised and resourced across sectors.

Q7(b): Covers everything it needs to

No

While comprehensive in scope, the Framework does not sufficiently address the needs of veterans, first responders, and their families, who experience suicide risk at rates significantly higher than the general population. These groups require specific, tailored strategies, partnerships, and measurable actions.

Follow-up: You mentioned the Framework did not cover everything it needs to. What other information should be included?

The Framework should include specific reference to veterans, first responders, and their families as a defined priority population, with targeted strategies and implementation pathways. While the Framework recognises these groups as being at heightened risk, there is currently no clear mechanism outlining how their needs will be addressed within the proposed actions. These cohorts face unique risk factors, including cumulative exposure to trauma and critical incidents, complex transitions from service to civilian life, organisational culture barriers to help-seeking, and family stress associated with service life.

VESPIIA recommends:

1. Establishing a Veteran and First Responder Suicide Prevention Sub-Plan under the Framework, co-designed with sector bodies such as VESPIIA, DVA, WA Police, DFES, and relevant ex-service organisations.



2. Embedding occupational suicide prevention within Priority Area 2 (Early Intervention and Crisis Support), recognising that service-related trauma requires tailored interventions and peer-based support models.
3. Explicitly including families of veterans and first responders within all prevention and postvention measures.
4. Integrating sector data into the state's suicide surveillance systems to improve understanding of suicide trends in these groups.
5. Leveraging existing infrastructure, including the VESPIIA Research and Resource Library and the Cadre of Padres network, to strengthen workforce capability across the sector.

Q7(c): Uses appropriate language and terminology

Yes

The language is inclusive and trauma-informed. VESPIIA supports the emphasis on lived experience and protective factors, and recommends ensuring consistent use of terms such as "service personnel," "veteran," and "first responder" throughout.

Q7(d): Provides enough practical information to plan and deliver suicide prevention strategies and actions

No

The Framework outlines strong guiding principles but lacks sufficient implementation detail for organisations working with high-risk occupational cohorts.

Follow-up: You mentioned the Framework does not provide enough practical information. What additional practical information should be included?

The Framework could include:

- Clear implementation pathways, defining responsible agencies, timelines, and engagement opportunities for delivery partners.
- Sector-specific action guidance with examples of tailored initiatives (e.g. peer support networks, workplace wellbeing programs, transition support).
- Workforce capability requirements with training frameworks aligned to existing professional bodies such as VESPIIA.
- Data and evaluation mechanisms to track progress for occupationally exposed cohorts.
- Funding pathways for community organisations delivering sector-aligned programs.

Section B: Vision, Priorities and Enablers

a. Encourages whole-of-community involvement

Effective

The Framework promotes broad collaboration but could further strengthen inclusion of veteran and first responder networks in local suicide prevention planning.

b. Focuses on addressing the factors that can contribute to suicide

Moderately Effective

Addresses broad population risk factors but lacks reference to occupation-specific contributors such as trauma exposure, cumulative stress, and moral injury.

c. Describes the groups disproportionately impacted by suicide

Moderately Effective

Identifies several high-risk groups but provides limited depth on veterans, first responders, and their families.

Follow-up: What should be added or changed?

The Framework should clearly define veterans, first responders, and their families as high-risk groups, supported by data and tailored strategies for prevention and postvention.



Additional issues noted:

VESPIIA identified a need for dedicated occupational suicide prevention initiatives, improved data collection, and consistent inclusion of veterans and first responders across all streams.

Social and Emotional Wellbeing (SEWB)

Ratings:

- Covered appropriately – **Agree**
- Accurately describes the SEWB model – **Agree**
- Gives enough guidance to develop and carry out SEWB strategies – **Disagree**
- Captured holistically across the Framework – **Neutral**

What VESPIIA likes:

VESPIIA welcomes the way the Framework positions Social and Emotional Wellbeing (SEWB) as a holistic, strengths-based concept that recognises the interconnected nature of mental, physical, cultural, and social health. The emphasis on belonging, purpose, and connection as protective factors reflects contemporary evidence and aligns closely with VESPIIA's own values of Support, Development, Advocacy, and Community.

We particularly value the recognition of SEWB as a shared responsibility across community, service systems, and government, underpinned by cultural safety and lived experience. This approach complements the collaborative, whole-of-sector model that VESPIIA promotes through its work with veterans, emergency services, and police professionals.

The incorporation of Aboriginal and Torres Strait Islander perspectives provides an important foundation for understanding wellbeing in context, and we support the continued prioritisation of these voices. The framework's inclusive tone and recognition of the broader determinants of wellbeing — such as social connection, meaning, and identity — offer a sound base for tailoring strategies across diverse communities, including occupational cohorts.

Suggestions to improve:

While the SEWB model is well-articulated, the Framework could be strengthened by broadening its application beyond cultural dimensions to encompass occupational, psychosocial, and relational determinants of wellbeing. For many veterans and first responders, identity and belonging are formed through service. When that connection is disrupted — through trauma exposure, transition, or organisational change — the resulting loss of purpose can significantly affect wellbeing and increase suicide risk. The Framework should explicitly recognise occupational identity as a core component of SEWB for these groups.

Further, there is limited practical guidance to help agencies and community organisations translate SEWB principles into day-to-day suicide prevention work. Including an implementation guide or SEWB action matrix that links the model's domains to measurable strategies (e.g. workplace peer programs, faith-based support, community reconnection initiatives) would provide the clarity needed for consistent, evidence-informed practice.

The Framework could also better reflect the role of families, peers, and faith networks as protective elements within SEWB. Initiatives such as VESPIIA's Cadre of Padres demonstrate how chaplaincy and peer-led approaches enhance connection, resilience, and recovery in service populations. Recognising and embedding these supports within the SEWB model would improve its reach and relevance across occupational cohorts.

Finally, VESPIIA recommends ensuring that SEWB principles are applied consistently across all streams — wellbeing, support, and postvention — to reinforce that mental health promotion, prevention, and recovery are interconnected stages of the same holistic system.



Wellbeing Stream

Ratings:

- Clear and appropriate objective – **Agree**
- Covers main aspects for strengthening wellbeing – **Neutral**
- Describes useful examples – **Disagree**

What VESPIIA likes:

VESPIIA supports the intent of the Wellbeing Stream and its focus on strengthening protective factors across the population through connection, belonging, and resilience. The emphasis on promoting positive mental health — rather than solely responding to crisis — aligns with the prevention-first approach that underpins VESPIIA's work. We particularly welcome the Stream's recognition that wellbeing is influenced by social, cultural, and environmental factors, and that community-level initiatives play a critical role in reducing suicide risk.

The holistic framing of wellbeing provides a solid foundation for collaboration across government, community organisations, and sector partners. It complements VESPIIA's own approach, which integrates professional development, peer networks, and advocacy to enhance workforce and community wellbeing across the veteran, emergency services, and police sectors. The Stream's inclusive tone and acknowledgement of diverse experiences create opportunities for locally led solutions that reflect the realities of different communities, including occupational ones.

Suggestions to improve:

VESPIIA recommends strengthening the Wellbeing Stream by broadening its focus to include occupational and service-based wellbeing, particularly for veterans, first responders, and their families. These groups experience elevated suicide risk due to exposure to trauma, high-pressure environments, and the challenges of transition and identity loss after service.

To enhance the Stream and better inform Table 8, the Framework should include actions that address the unique needs of occupationally exposed populations, such as programs supporting trauma recovery, moral injury, and identity reintegration. Peer and faith-based supports, including chaplaincy and mentoring, should be recognised as valid wellbeing interventions, as they are proven to foster connection and resilience among high-risk workforces. The Stream would also benefit from actions that build workforce capability through mental health and leadership training for managers, supervisors, and peer leaders in emergency services, veteran, and community organisations.

Transition-focused initiatives should be explicitly included under “life transitions,” acknowledging that leaving uniformed service is a known period of vulnerability. Finally, the evaluation framework should be updated to include occupational wellbeing metrics—such as workforce wellbeing, peer engagement, and help-seeking rates—to ensure that outcomes reflect the lived realities of those working in high-stress service professions.

Early Intervention Stream

Ratings:

- Clear and appropriate objective – **Agree**
- Covers risk factors effectively – **Neutral**
- Describes useful examples – **Disagree**

What VESPIIA likes:

VESPIIA supports the Early Intervention Stream's focus on identifying and responding to suicide risk as early as possible, particularly through community connection, education, and improved access to support. The emphasis on equipping individuals and communities with the skills and confidence to recognise distress



and respond appropriately aligns closely with VESPIIA's values and ongoing work in training, professional development, and sector collaboration.

We also welcome the recognition that early intervention is not limited to clinical settings but includes informal, community-based, and workplace interventions. This broader framing creates opportunities for early action within the professional environments that veterans and first responders operate in, where distress often presents before formal crisis points. The Stream's commitment to shared responsibility — involving government, service providers, workplaces, and families — provides a strong foundation for system-wide prevention efforts.

Finally, VESPIIA appreciates that the Stream integrates early intervention with broader wellbeing promotion. This interconnected approach mirrors the reality that suicide prevention must be embedded within everyday practices of support and leadership, not treated as a separate or reactive activity.

Suggestions to improve:

VESPIIA recommends strengthening the Early Intervention Stream by expanding its scope to include actions tailored to occupationally exposed populations such as veterans, first responders, and their families. These groups experience unique risk factors—such as exposure to trauma, cumulative stress, moral injury, and organisational barriers to help-seeking—that require early, targeted intervention well before crisis occurs. Table 8 could be enhanced by including actions that promote structured peer-support programs, workplace wellbeing check-ins, and proactive screening during key transition points such as discharge or retirement from service.

Embedding early referral pathways that connect occupational cohorts with trusted, culturally competent supports would also improve early response outcomes. The Stream should recognise that early intervention often begins in the workplace or professional community, not only in clinical or crisis settings. Building capability through manager and peer training, chaplaincy engagement, and trauma-informed leadership development would enable earlier recognition of distress and reduce stigma around seeking help. Finally, evaluation measures should capture indicators such as help-seeking behaviour, workplace referrals, and participation in peer-support programs, ensuring that early intervention is both measurable and sustainable across high-risk occupational settings.

Support Stream

Ratings:

- Clear and appropriate objective – **Agree**
- Covers key aspects – **Neutral**
- Describes useful examples – **Disagree**

What VESPIIA likes:

VESPIIA supports the Support Stream's focus on providing coordinated, person-centred care for individuals experiencing distress or suicidal crisis. The Stream's recognition of the need for timely, compassionate, and connected support reflects evidence-based principles and aligns with the approach that VESPIIA promotes across the veteran and first responder sectors. The emphasis on collaboration between health, community, and government services is a key strength, as is the inclusion of lived experience perspectives to guide support design and delivery.

We also appreciate the recognition that support must extend beyond clinical intervention to include informal and community-based responses. This aligns with the model of care that underpins initiatives such as VESPIIA's Cadre of Padres, where faith and peer networks provide critical support before, during, and after crisis. The Stream's broad framing of "support" as both preventative and responsive creates valuable opportunities for partnerships across occupational and community settings.

Suggestions to improve:



VESPIIA recommends strengthening the Support Stream by including clearer, practical guidance on how coordinated and timely support will be delivered for occupationally high-risk groups such as veterans, first responders, and their families. These groups often encounter barriers to help-seeking due to stigma, confidentiality concerns, and cultural norms around resilience and self-reliance.

Table 10 should incorporate actions that explicitly address these barriers, such as embedding mental health professionals or peer responders within emergency service and defence workplaces, establishing dedicated referral pathways for service personnel, and resourcing post-critical-incident support networks. The Framework should also acknowledge the proven value of chaplaincy, pastoral care, and family-inclusive approaches as integral components of support, particularly in the immediate aftermath of trauma.

Building workforce capacity through trauma-informed leadership and peer-support training would enhance early engagement and improve long-term outcomes. Finally, monitoring indicators such as response times, continuity of care after discharge, and uptake of workplace-based support would ensure that this Stream achieves measurable, sustainable improvements across high-risk occupational settings.

Postvention Stream

Ratings:

- Clear and appropriate objective – **Agree**
- Covers main aspects – **Neutral**
- Describes useful examples – **Disagree**

What VESPIIA likes:

VESPIIA supports the Postvention Stream's acknowledgment that suicide has ripple effects across families, workplaces, and communities, and that compassionate, coordinated responses are essential to preventing further harm. The recognition of postvention as a key component of suicide prevention — not merely a reactive process — is a particular strength of the Framework. This aligns closely with VESPIIA's approach to supporting service communities, where post-incident support is integral to long-term recovery and resilience.

The emphasis on timely, person-centred care and interagency collaboration reflects good practice, and the inclusion of lived experience perspectives reinforces the importance of community-led recovery. We also value the inclusion of families and peers within postvention responses, as these networks are often the first to identify risk and provide ongoing emotional support following a suicide.

Suggestions to improve:

VESPIIA recommends strengthening the Postvention Stream by including clear, actionable guidance on how postvention support will be delivered for veterans, first responders, and their families — groups who often experience cumulative trauma, collective loss, and professional exposure to suicide. Table 10 should include actions that establish structured workplace and community postvention protocols, ensuring that support is coordinated across agencies and culturally appropriate for service communities.

These actions could include formal partnerships between the Mental Health Commission, WA Police, DFES, DVA, and sector peak bodies such as VESPIIA to deliver joint postvention responses. The Framework should also recognise the critical role of chaplaincy, pastoral care, and peer networks in facilitating safe conversations, memorial support, and early reconnection following suicide. Additionally, resourcing targeted training for managers and team leaders to respond to suicide bereavement in workplace settings would help reduce stigma and support recovery.

Evaluation measures should track re-engagement, return-to-work rates, and ongoing support uptake to ensure that postvention is sustained, not time-limited. These refinements would ensure that postvention activity is both compassionate and operationally effective across all high-risk occupational and community settings.



Implementation

What VESPIIA likes:

VESPIIA supports the Framework's recognition that implementation requires shared leadership, cross-sector collaboration, and long-term commitment. The inclusion of clear governance structures and staged horizons provides an important foundation for accountability and evaluation. We particularly value the focus on data, evidence, and lived experience as central components of implementation. This approach reflects contemporary best practice and ensures that the Framework remains adaptable to emerging needs.

The identification of "horizons" is also a strength, providing a practical structure for phasing actions over time. This acknowledges that suicide prevention is a continuous process that requires sustained investment rather than short-term projects. The proposed emphasis on partnerships, workforce development, and community leadership is well aligned with VESPIIA's own work in professional training, policy collaboration, and member engagement.

Suggestions to improve:

VESPIIA recommends strengthening the Implementation section by explicitly outlining how occupationally specific suicide prevention strategies — particularly for veterans, first responders, and their families — will be embedded within the Framework's governance and delivery structures. These cohorts are acknowledged as at-risk but are not yet represented in the planned leadership or partnership mechanisms.

To address this, the Framework should include a clear partnership horizon that commits to collaboration with sector peak bodies such as VESPIIA, DVA, WA Police, and DFES. This would ensure that implementation is informed by organisations with existing networks, expertise, and trusted access to affected populations. The section could also specify mechanisms for coordinated funding and resource sharing across agencies to avoid duplication and strengthen capability at the frontline. In addition, measurable targets should be built into each horizon, supported by transparent reporting on outcomes and sector participation.

Finally, inclusion of workforce wellbeing and occupational suicide prevention within the early horizons would demonstrate a tangible commitment to protecting those who deliver essential community services.

Final Feedback

VESPIIA commends the Mental Health Commission for developing a strong, collaborative vision for suicide prevention in Western Australia. The draft Framework provides a solid foundation for coordinated action and demonstrates genuine intent to embed lived experience, data, and cross-sector partnerships into future planning.

To fully realise its goal of a whole-of-community approach, the Framework should now ensure that veterans, first responders, and their families are recognised as distinct priority populations, supported by targeted actions, tailored postvention models, and representation within implementation governance. These groups sit at the intersection of many risk factors already identified in the Framework — trauma exposure, identity loss, and social disconnection — and require practical, coordinated responses that bridge the gap between government, service agencies, and community networks.

VESPIIA remains committed to supporting this work through continued research, professional development, and partnership with the Mental Health Commission to strengthen the wellbeing and resilience of Western Australia's service communities.

