Aboriginal Health Council of Western Australia

WA Suicide Prevention Framework 2026-2031

AHCWA Feedback

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The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for 23 Aboriginal Community Controlled Health Services (ACCHS) in Western Australia (WA). WA ACCHS are located across geographically diverse metropolitan, regional and remote locations. They deliver the most effective model of comprehensive primary health care for Aboriginal people and are in a unique position to identify and respond to the local, cultural and health needs of Aboriginal people and their communities. AHCWA exists to support and act on behalf of its 23 Member Services, actively representing and responding to their individual and collective needs.

AHCWA welcomes the opportunity to provide feedback on the Draft WA Suicide Prevention Framework 2026-2031 (the Framework). The Framework represents an important evolution in suicide prevention, signalling a clear intention to move beyond crisis response toward a more holistic, prevention-oriented system that acknowledges Social and Emotional Wellbeing (SEWB) and the cultural determinants of health. AHCWA recognises and supports the positive shifts in language and intent, including explicit references to Aboriginal leadership, culture as a protective factor, and the adoption of the SEWB model as a guiding principle.

However, feedback from AHCWA' SEWB team regional consultations highlight that communities continue to experience a gap between policy intent and lived reality. Participants consistently described the Framework as strong in theory but disconnected from practice - "good words on paper" that risk being unfulfilled unless Aboriginal governance, funding control, and on-the-ground realities are embedded within its implementation. This sentiment was echoed in Derby, where community members reflected that although the draft principles "could be alright," they felt disconnected from local reality - "it's hard to say what's missing when all of this is missing in Derby." Participants also noted that additional resources will be essential for services to meet these principles, as many are already operating at limited capacity. This reflects a broader pattern across reforms: policies often promote partnership but rarely mandate self-determination, leaving communities feeling disconnected and services under-resourced.

While the Framework acknowledges Aboriginal leadership, self-determination, and SEWB, it falls short of embedding Aboriginal governance structures or naming clear decision-making bodies responsible for Aboriginal-led implementation. Without mechanisms, such as an Aboriginal Implementation Advisory Group with delegated authority, these commitments remain aspirational. The Framework's repeated reference to "partnership" risks undermining the intent of the Closing the Gap Priority Reforms, particularly Priority Reform 2, which commits governments to building and strengthening the ACCHS and transferring service delivery to community control where possible. To align with this national commitment, the Framework must move beyond rhetoric toward concrete mechanisms that enable Aboriginal decision-making, Aboriginal-led commissioning, and long-term community control.

The language of partnership must evolve into the practice of power-sharing, transferring funding and authority to Aboriginal Community Controlled Organisations (ACCOs) and resourcing Aboriginal governance structures that hold governments accountable. Co-commissioning models with multi-year, flexible funding would enable ACCOs to plan, lead, and evaluate suicide prevention responses on their own terms. Without these commitments,

the Framework risks replicating existing power imbalances, where Aboriginal communities are consulted, but not empowered to act.

AHCWA acknowledges the Framework's strong use of SEWB language and its recognition of culture, kinship, identity, and Country as protective factors. However, while SEWB is articulated conceptually, much of the Framework's proposed implementation remains rooted within biomedical or programmatic logics. There is a risk that SEWB becomes symbolic rather than driving design, evaluation, and funding priorities. To prevent this, the Framework should operationalise SEWB by requiring all programs to demonstrate SEWB-based program logic, invest in cultural healing programs, and embed Aboriginal-defined measures of success. Access to Traditional Healers, Elders, language programs, and cultural camps must be treated as core interventions, not supplementary activities within the suicide prevention continuum. Communities also called for investment in existing, trusted SEWB programs such as the "Mothers of Angels" group facilitated by the Derby Aboriginal Health Service SEWB Team. This grassroots initiative, driven by community members' own healing journeys, exemplifies sustainable, culturally grounded suicide prevention in action. Supporting similar models and training local carers and community members to provide suicide watch and follow-up care would build on existing strengths within Aboriginal communities.

The WACHS Cultural Governance Framework (2021) provides a framework for embedding cultural authority, Traditional healers, and community-based cultural practice within health service delivery. Building on this policy, the WA Suicide Prevention Framework should ensure that Traditional Healers, cultural healing programs, and funded Elder roles are integral, not optional, components of suicide prevention and SEWB responses. Community consultations reaffirmed that racism and discrimination remain pervasive barriers to accessing timely, appropriate, and compassionate care. Participants described how exclusion criteria - such as requiring a fixed address for service intake - effectively exclude those experiencing housing instability or mobility between communities. Many have been turned away or treated with judgment, leading to disengagement and avoidance of mainstream services altogether. As one consultation noted, "non-judgmental, non-discriminatory care is a foundation to health and wellbeing, but it is commonly not the experience for Aboriginal people at both the metro and regional levels." Addressing systemic racism must therefore be central to implementation.

The Framework's recognition of Aboriginal data governance and outcome measurement is positive, but it must translate into Aboriginal-led accountability and Indigenous Data Sovereignty in practice. The current reliance on the Annual Implementation and Monitoring (AIM) process risks reinforcing a bureaucratic, government-centred approach unless Aboriginal governance is embedded within the reporting architecture. An Aboriginal-led accountability stream within AIM, with shared ownership of indicators, public reporting, and community-level feedback loops, would better reflect Priority Reform 1 (shared decision-making). Similarly, the development of SEWB indicators must be led by Aboriginal communities to ensure that outcomes are defined and measured in culturally relevant, strengths-based ways.

Another critical area is regional and remote implementation. The Framework acknowledges regional challenges such as workforce shortages, transport barriers, and service fragmentation. However, communities have highlighted that these acknowledgements must translate into region-specific implementation plans that are co-designed with local ACCOs and supported by ring-fenced funding. Communities consistently emphasised that outreach and infrastructure funding must be made available to bridge the geographical barriers of regional and remote areas. Without investment in transport, communications, and local infrastructure, even well-designed programs remain inaccessible. Participants also highlighted the absence of regular interagency working groups or collaborative mechanisms in the suicide prevention space, particularly in regional areas. Strengthening cross-sector collaboration at the local level, between ACCOs, mental health services, and community organisations, would ensure more coordinated, culturally safe responses to crisis and prevention.

The previous WA Suicide Prevention Framework 2021–2025 included regional action plans that made it more responsive to local contexts. This iteration should retain and enhance that approach, ensuring flexibility and community leadership in both planning and delivery. Consultations further reinforced the urgent need for afterhours support, as emergency departments remain culturally unsafe and unsuitable for those in suicidal crisis. Afterhours, community-based supports, such as crisis outreach teams and safe spaces, are largely unavailable. Expanding these services, grounded in SEWB principles, would provide vital alternatives for people in crisis.

Workforce development also requires greater specificity. While the Framework highlights workforce capacity building and cultural safety, it lacks clear pathways for growing the Aboriginal SEWB workforce. Funded SEWB cadetships, cultural supervision roles, Elders' leadership positions, and Aboriginal-led cultural capability training (in both design and delivery) would demonstrate tangible commitments to workforce growth and sustainability. Likewise, mainstream services must be held accountable for achieving measurable improvements in cultural capability - not simply for attending training.

At a broader level, the Framework's treatment of social determinants of suicide - housing, poverty, employment, justice involvement, racism, and intergenerational trauma - is conceptually sound but weakly operationalised. Community discussions emphasised that grief and loss must also be recognised as underlying determinants, not only in relation to suicide but as a cumulative and intergenerational experience impacting wellbeing and resilience. Addressing grief at the community level requires culturally grounded healing responses and recognition that these experiences cannot be separated from social determinants. Cross-portfolio commitments must move beyond coordination to shared accountability and pooled funding. Pooled funding models, joint commissioning agreements, and cross-agency key performance indicators could ensure that suicide prevention is not confined to the mental health silo but instead integrated into housing, justice, education, and employment reform agendas.

In terms of national alignment, the Framework is consistent with several key documents, including the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, the National Agreement on Closing the Gap, and the draft WA Mental Health and Alcohol and

Other Drugs Strategy. It also reflects the spirit of the Gayaa Dhuwi (Proud Spirit) Declaration through its use of SEWB language, cultural recognition, and commitment to collaboration. However, alignment remains largely conceptual. To be consistent with the Declaration, the Framework must embed Aboriginal governance, culture-led healing, and community control as operational realities rather than aspirational principles. Formally adopting Gayaa Dhuwi as a guiding framework, alongside Closing the Gap Priority Reforms, would strengthen coherence, accountability, and national consistency.

Ultimately, the Framework's success will depend on implementation clarity. Communities and service providers alike need to understand who will lead, how programs will be funded, and how accountability will be maintained. A companion Implementation Plan naming responsible agencies, funding streams, and timelines with Aboriginal-led oversight, would provide the transparency and structure required to translate commitments into outcomes.

In conclusion, AHCWA supports the intent and spirit of the Draft WA Suicide Prevention Framework 2026–2031 and urges that Aboriginal leadership, governance, and resourcing be central to its implementation. The Framework has the potential to be transformative if it moves from words to action: embedding Aboriginal governance structures, mandating community control, resourcing cultural healing, and operationalising Indigenous Data Sovereignty. These reforms are essential not only to achieve better suicide prevention outcomes for Aboriginal people, but to honour Western Australia's obligations under the National Agreement on Closing the Gap and the Gayaa Dhuwi Declaration - commitments that place self-determination, culture, and community control at the centre of wellbeing. AHCWA remains committed to working in partnership with the MHC and communities to translate these commitments into action.

AHCWA Recommendations:

Focus Area	Concern	Recommendation
Community Control vs "Partnership"	Framework positions Aboriginal roles as partners rather than leaders, weakening alignment with CTG commitments.	Replace ambiguous "partnership" language with commitments to transition programs and commissioning to community control, including co-commissioning and long-term funding.
Social and Emotional Wellbeing (SEWB)	SEWB is adopted conceptually but risks remaining symbolic without implementation mechanisms.	Mandate SEWB-based program logic, embed Traditional Healers and cultural healing, and develop SEWB-defined success indicators.
Traditional Healing and Cultural Authority	Traditional healing not explicitly embedded; Elders' roles not formalised.	Build on the WACHS Cultural Governance Framework (2021) to embed Traditional Healers, cultural healing budgets, and funded Elder roles within all suicide prevention programs.

Regional and Remote Implementation	Limited operational detail or funding mechanisms for regional delivery; regional barriers persist.	Develop region-specific implementation plans co-designed with local ACCOs; include ring-fenced regional funding, workforce housing initiatives, and outreach infrastructure investment.
Afterhours and Crisis Support	Emergency departments remain unsafe and inappropriate crisis settings.	Invest in afterhours, community-based crisis supports such as culturally safe safe-spaces and outreach teams.
Workforce Development	No clear Aboriginal workforce pipeline; cultural capability obligations are vague.	Fund SEWB cadetships, cultural supervision, leadership pathways, and Aboriginal-led training design and delivery for mainstream staff.
Data Sovereignty and Accountability	AIM risks being bureaucratic and government-centric.	Create an Aboriginal-led AIM accountability stream, shared ownership of indicators, and Aboriginal Data Governance Protocols for data collection, storage, and reporting.
Social Determinants	Determinants are acknowledged but not operationalised; grief and loss under-addressed.	Address grief and loss as a determinant; establish pooled, cross-portfolio funding and joint accountability across housing, justice, and employment.
Discrimination and Racism	Racism remains a barrier to access; eligibility criteria exclude many community members.	Embed anti-racism strategies in commissioning and accountability frameworks; remove exclusionary intake criteria; require non-discriminatory care standards.
Alignment with National Frameworks	Alignment with CTG and Gayaa Dhuwi is conceptual rather than embedded.	Formally adopt Gayaa Dhuwi (Proud Spirit) Declaration as guiding framework alongside CTG; ensure measurable implementation of Priority Reforms.
Implementation Clarity	Framework lacks clear funding, responsibilities, and timelines.	Publish a Companion Implementation Plan naming accountable agencies, funding lines, and timelines, co-governed by Aboriginal representatives.
Aboriginal Governance and Leadership	Commitments to Aboriginal leadership and SEWB are positive but lack operational governance structures or delegated authority.	Establish a formal Aboriginal Implementation Advisory Group with decision-making powers; embed shared governance in line with Closing the Gap Priority Reforms 1 & 2.