



ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION POLICY POSITION STATEMENT

POSITION

1. All Australians should work together to prevent suicide in Aboriginal and Torres Strait Islander communities
2. The rights of Aboriginal and Torres Strait Islander peoples to self-determination, justice and autonomy should underpin everything we do in suicide prevention
3. Our strategies to tackle Aboriginal and Torres Strait Islander suicide should combine whole of population approaches with targeted programs and services led by, and tailored to the needs of Aboriginal and Torres Strait Islander communities, such as those that strengthen cultural identity and belonging
4. We need accurate, reliable, culturally competent data to build a strong evidence base for future Aboriginal and Torres Strait Islander suicide prevention activities, and to interrogate the success of our current approaches

CONTEXT AND COMMENTARY

There are high rates of suicide among Aboriginal and Torres Strait Islander peoples.

Aboriginal and Torres Strait Islander peoples die from suicide at double the rate of the rest of the Australian population, with 195 Aboriginal and Torres Strait Islander people taking their own lives in 2019.¹ Rates are still higher among Aboriginal and Torres Strait Islander peoples living in remote communities and among children and young people. Suicide is the leading cause of death for Aboriginal and Torres Strait Islander children aged 5-17, who account for one-third (32.4%) of all Aboriginal and Torres Strait Islander child deaths.²

We need to see immediate action to drive these rates down.

Self-determination and suicide prevention strategy

We know the social determinants of suicide for the general population also affect Aboriginal and Torres Strait Islander peoples. Issues such as employment status, social support, and social inclusion impact Aboriginal and Torres Strait Islander individuals and communities, just as they impact the broader Australian community.

Policymakers also need to take into account the risk factors unique to Aboriginal and Torres Strait Islander peoples. Intergenerational trauma, social marginalisation, dispossession, loss of cultural identity, community

¹ Australian Bureau of Statistics (2019) *Causes of Death, Australia*, accessed online on 13 January 2021 at <<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2019>>.

² Ibid.

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breakdown and the artefacts of colonialism have had a profound impact on the mental health, wellbeing and lives of Aboriginal and Torres Strait Islander peoples.³ Suicide Prevention Australia is signatory to the Uluru Statement from the Heart. The Statement articulates the aspirations of Aboriginal and Torres Strait Islander peoples for self-determination, justice, truth telling and respect.

That's why self-determination must be the underpinning principle of any action to address Aboriginal and Torres Strait Islander suicide.⁴ The risk factors stemming from dispossession, breakdown of community and loss of autonomy can only be minimised if Aboriginal and Torres Strait Islander peoples themselves decide how best to address them.

We must involve Aboriginal and Torres Strait Islander peoples in general population level suicide prevention strategy. This means working with Aboriginal and Torres Strait Islander peoples at every stage of strategy design, development, implementation and review. Suicide Prevention Australia also understands there is a shift toward creating a separate Aboriginal and Torres Strait Islander Suicide Prevention Strategy. We support this shift, but are mindful that a strong Aboriginal and Torres Strait Islander lens must be passed over every aspect of general suicide prevention policymaking regardless.

We also need programs specifically targeted to Aboriginal and Torres Strait Islander communities, age groups and populations, led by Aboriginal and Torres Strait Islander people, in partnership with the community/communities targeted. This ensures services are delivered in a culturally safe environment, by culturally competent people, and in a culturally competent way. Providing culturally safe, culturally competent customer experience and continuity of care is especially important for crisis support services, as doing so can be life-saving.⁵

A majority (65%) of Aboriginal and Torres Strait Islander peoples also live outside major cities and the heavy concentration of suicide prevention support services in the cities disproportionately affects them.⁶ Targeted, specialist programs and services tailored to remote and regional Aboriginal and Torres Strait Islander communities will address these gaps to access.

This approach mirrors best practice research, which found a common factor in successful suicide prevention strategies for Aboriginal and Torres Strait Islander peoples were that they were developed and led by Aboriginal and Torres Strait Islander leaders, and in partnership with their communities. This recognises the rights of Aboriginal and Torres Strait Islander peoples to self-determination; their rights as health consumers; and has the broader outcome of community empowerment itself.⁷

Promoting Cultural Strengths

There should be increasing investment in preventative and early intervention initiatives, as well targeted early intervention programs, that have the capacity to reduce the rates of suicides amongst Aboriginal and Torres Strait Islander people, especially amongst young people and children. Programs strengthening connection to their Indigenous cultures and communities can be source of hope, identity and resilience. Healing and

³ Ibid.

⁴ Suicide Prevention Australia is a signatory to the Uluru Statement from the Heart. The Statement articulates the aspirations of Aboriginal and Torres Strait Islander people for self-determination, justice, truth telling and respect.

⁵ Dudgeon, P. Milroy, J. Calma, T. Luxford, Y. Ring, I. Walker, R. Cox, A. Georgatos, G. & Holland, C. (2016). *Solutions that work: what the evidence and our people tell us*, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report, University of Western Australia, accessed online on 1 November 2019 at <https://www.atsispep.sis.uwa.edu.au/_data/assets/pdf_file/0006/2947299/ATSISPEP-Report-Final-Web.pdf>.

⁶ Australian Bureau of Statistics (2017) *Census of Population and Housing - Counts of Aboriginal and Torres Strait Islander Australians*, accessed online on 13 January 2021 at <<https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/census-population-and-housing-counts-aboriginal-and-torres-strait-islander-australians/latest-release>>.

⁷ Dudgeon, P. Milroy et al. (2016), pp. 3-4.

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strengthening social and emotional wellbeing and cultural renewal, are critical in improving the social determinants of health to reduce suicidal behaviours.⁸ A number of recent well-evaluated programs have demonstrated the need for cultural elements using a strengths-based approach in any overall response to suicide.⁹ Effective programs are co-designed with Aboriginal and Torres Strait Islander communities to increase community empowerment and promote social and emotional well-being, by identifying not just risk factors but also protective factors influencing mental health. These programs can strengthen a sense of identity and belonging, including cultural identity specifically, through connecting to country and culture.

Investing in such programs is in line with the *Gayaa Dhuwi Declaration*, which calls for the recognising and embedding Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing across the mental health system and suicide prevention services, and combining these concepts with clinical perspectives as a basis for interventions and evaluation.¹⁰

Accurate, reliable, culturally competent data

We need complete, accurate and culturally competent data on the social determinants of Aboriginal and Torres Strait Islander suicide.

The response to Aboriginal and Torres Strait Islander suicide must be evidence-based. An evidence based approach will help target public funding and policy attention where it is most needed and, ultimately, drive down suicide rates.

Accessing reliable, accurate and culturally competent information on Aboriginal and Torres Strait Islander suicide is, however, a significant challenge. Despite the availability of sophisticated data management systems, methodologies for collecting data on Aboriginal and Torres Strait Islander status, suicide deaths and social determinants differ between the Commonwealth, States and Territories. The significant information gaps resulting from these differences hinder the targeting, tailoring, and assessment of suicide prevention strategies for Aboriginal and Torres Strait Islander peoples.

The World Health Organisation (2010) has recommended countries collect data on social determinants across the following 'domains':

- Socioeconomic and political context
- Social stratification
- Exposures, vulnerabilities and consequences of interactions with social systems
- Differential outcomes in health¹¹

Suicide Prevention Australia believes Australian Governments should collect, synthesise share data across these domains in a manner that respects privacy considerations (for example, through de-identification). While this is a complex initiative, the base infrastructure is already present to support this information collection and sharing in the medium term.

⁸ Dudgeon, P. Milroy et al. (2016).

⁹ Dudgeon, P., Boe, M., Walker, R. et al. (2020) Addressing Inequities in Indigenous Mental Health and Wellbeing through Transformative and Decolonising Research and Practice. *Research in Health Science*, Vol 5, No.3 <<https://doi.org/10.22158/rhs.v5n3p48>>.

¹⁰ National Aboriginal and Torres Strait Islander Leadership in Mental Health. (2015). *Gayaa Dhuwi (Proud Spirit) Declaration* <https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf>.

¹¹ Pulver, L. Haswell, M. Ring, I. Waldon, J. Clark, W. Whetung, V. Kinnon, D. Graham, C. Chino, M. LaValley, J. & Sadana, R. (2010). 'Indigenous Health – Australia, Canada, Aotearoa New Zealand and the United States - Laying claim to a future that embraces health for us all', *World Health Report Background Paper 33*, World Health Organisation, <<https://www.who.int/healthsystems/topics/financing/healthreport/IHNo33.pdf>>.

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In the short term, the Australian Bureau of Statistics, in consultation with the Australian Institute of Health and Welfare, should expand the National Survey of Mental Health and Wellbeing to collect information on Aboriginal and Torres Strait Islander psychosocial risk factors. This expansion should involve questions across the World Health Organisation's key domains for social determinants, developed in consultation with Aboriginal and Torres Strait Islander peoples to ensure their cultural competence.

We also believe the Commonwealth, State and Territory Governments should routinely consult with Aboriginal and Torres Strait Islander communities on data governance issues. This should include consulting on a consistent method of recording Aboriginal and Torres Strait Islander status, suicide deaths, risks and protective factors.

This will strengthen the quality and consistency of the information we have available on Aboriginal and Torres Strait Islander suicide deaths, risks and protective factors; and the assessment of suicide prevention programs and services delivered to their communities.

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