



March 2025

Measuring Outcomes for First Nations Communities

Submission

Introduction

Suicide Prevention Australia is the national peak body for the suicide prevention sector. We exist to provide a clear, collective voice for suicide prevention, so that together we can save lives. We represent more than 350 members ranging from national household name agencies to small community-based organisations and local collaboratives in every State and Territory; as well as individual service providers, practitioners, researchers, students and people with lived experience. This includes more than 140,000 employees and volunteers across Australia. We believe that through collaboration and shared purpose, we can work towards our ambition of a world without suicide.

Background

Since 2020, the suicide rates of Aboriginal and Torres Strait Islander people have been approximately three times that of non-Indigenous people.¹ In 2023, the age-standardised suicide rate for Aboriginal and Torres Strait Islander people was 30.2 per 100,000 compared to 11.3 for non-Indigenous people.² Furthermore, the age-standardised suicide rate for Aboriginal and Torres Strait Islander people has increased between 2018 and 2023 by 30.5%, with the current rate being the highest ever recorded.³ Whilst the largest increases (occurring between 2022 - 2023) can partly be attributed to a methodology change in deriving First Nations status, these rates are extremely concerning.

For Aboriginal and Torres Strait Islander people who died by suicide between 2019-2023, 80% were aged between 15 and 44 years. For males, the highest suicide rate was for those aged 35-44 years at 76.5 deaths per 100,000, and for females, the highest rate was for those aged 15-24 years at 26.1 deaths per 100,000.⁴

These figures highlight how suicide rates have increased significantly over the past 5 years in Aboriginal and Torres Strait Island communities, and the disproportionate impact on younger people.

Based on the clear link between suicide risk and First Nations communities, this submission will focus specifically on Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing, and Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero; under the National Agreement on Closing the Gap. Focusing on Target 14, this submission will address the following terms of reference:

- A. The ways in which the targets are funded;
- B. The ways in which targets are measured, and evaluated;
- C. The priority of the targets in the National Partnership Agreement and progress under the National Priority reforms;
- D. The degree to which current measurements and targets reflect the strengths of First Nations cultures, as opposed to an emphasis on deficit and lack;
- E. The possibility of incorporating broad ideas about wellness into measurements, with a view to promoting mental, physical, and spiritual health and wellbeing;
- F. The incorporation of alternative measurements as a complement to existing measurements;

¹ Centre for best Practice in Aboriginal and Torres Strait Islander Suicide Prevention. Aboriginal-and-Torres-Strait-Islander-communities-suicide-data-summary-2023. Prepared by Everymind using the Australian Bureau of Statistics (ABS) Causes of Death data, released 10 October 2024. Accessed at: [CBPATISP template](#)

² Ibid.

³ Ibid

⁴ Ibid

G. Opportunities for building on and expanding the current Closing the Gap framework;

This submission also references and supports the recommendations in the joint submission from Gayaa Dhuwi, the peak body for Aboriginal and Torres Strait Islander mental health and suicide prevention, and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP).

Progress under the National Priority Reforms

This section of the submission responds to the following terms of reference for this inquiry:

C. The priority of the targets in the National Partnership Agreement and progress under the National Priority reforms.

The Closing the Gap agreement has several priority reforms in addition to the major outcomes. Priority Reform 1 is: *Formal partnerships and shared decision-making*. The outcome for this priority is:

Shared decision-making: Aboriginal and Torres Strait Islander people are empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.

However, to date, the measures or indicators for this outcome have not been agreed upon.⁵ We call on the Federal government to use the recently released National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035, developed in partnership between the Australian Government and Gayaa Dhuwi, as a guide to develop indicators for how governments can work and fund partnerships with Aboriginal and Torres Strait Islander organisations and communities to reduce the rates of suicide and self-harm amongst Aboriginal and Torres Strait Islander peoples.

We suggest that the partnership outcome should use these principles under the [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035](#) (National Strategy), and the recently released Implementation Plan for the [Gayaa Dhuwi \(Proud Spirit\) Declaration](#), to measure progress in supporting the leadership of Aboriginal and Torres Strait Islander controlled organisations in suicide prevention.

Recommendations: We suggest the following principles from the National Strategy be used as basis for the partnership priority, which are:

1. Establish and build on Aboriginal and Torres Strait Islander control, leadership, governance, and coordination of suicide and self-harm prevention activities.
2. Promote youth leadership and oversight of Aboriginal and Torres Strait Islander youth empowerment and suicide and self-harm prevention activities.
3. Increase and strengthen partnerships and shared decision-making arrangements and structures between Aboriginal Controlled Community Health Organisations (ACCHOs), governments, Aboriginal and Torres Strait Islander communities, and people.

⁵ Productivity Commission. Closing the Gap Information Repository. Priority Reform 1 Accessed at: [Proportion of Aboriginal and Torres Strait Islander people reporting improvements in their communities - Formal partnerships and shared decision-making - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)

4. Continue to develop and refine approaches that support all suicide and self-harm prevention approaches and services to be delivered in partnership with Aboriginal and Torres Strait Islander organisations, communities, and people in genuine and meaningful ways.

5. Support and promote the involvement of a diverse range of Elders and cultural healers in Aboriginal and Torres Strait Islander suicide and self-harm prevention activity design and implementation to ensure that all activity meets cultural governance and is delivered within a cultural framework.⁶

The ways in which the targets are funded; measured, and evaluated

This section of the submission addresses the following terms of reference for this inquiry:

- A. The ways in which the targets are funded;
- B. The ways in which targets are measured and evaluated.

In order to achieve the above principles of genuine partnership, long-term funding commitments beyond short-term project cycles are essential. Long-term funding cycles allow Aboriginal community-controlled organisations (ACCOs) to plan effectively, build capacity, and implement strategies with a clear sense of sustainability.

Resources should prioritise place-based and community-led initiatives that have demonstrated success, such as culturally grounded healing programs and suicide prevention initiatives developed by Aboriginal community-controlled organisations ACCOs. For this reason, funding models should support innovation and collaboration, allowing communities to develop specific solutions to the specific challenges they may face, in the locations where they work.⁷ ACCOs face significant challenges in trying to implement programs in short timeframes (such as two years) in remote and regional areas, where it can take 6 months to recruit staff for the program. With those constraints it can be very difficult to use a co-design process or conduct community consultation.⁸

As CBPATISIP and Gayaa Dhuwi highlight in their joint submission, governments need to fund ACCOs and ACCHOs to develop their long-term capacity beyond the usual short-term project cycle, which in turn builds organisational strength to respond to new challenges. This would also assist in preventing burnout in the First Nations suicide prevention workforce. Programs should include a dedicated establishment period that allows for recruitment, infrastructure, and the development and implementations of policies and procedures. These steps are necessary to ensure long term success and sustainability of community-led initiatives.

⁶ Department of Health and Aged care. 2025. The National Aboriginal and Torres Strait Islander Suicide Prevention strategy 2025-2030. Accessed at: [National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025–2035](#)

⁷ Pearson, O., Schwartzkopff, K., Dawson, A., Hagger, C., Karagi, A., Davy, C., Brown, A., & Braunack-Mayer, A. (2020). Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia. BMC Public Health 20, 1859 (2020). <https://doi.org/10.1186/s12889-020-09943-4>

⁸ Australian Indigenous Psychologist Association (AIPA) PANEL: Perspectives on Emerging Opportunities in Funding and Policy Directions for SEWB and Suicide Prevention, Indigenous Suicide Prevention Conference. 4 Mar2025

There should be an increase in funding to ACCOs, with a particular focus on supporting innovation and collaboration. Some examples of this are Thirrili's postvention program which operates in First Nations communities across Australia. Thirrili's approach centres on minimising the traumatic impact of suicide on the families and friends in the wake of a suicide, whilst respecting and upholding local cultural protocols.⁹

In order to evaluate and learn from previous programs and to support community driven decision making and policy development, Aboriginal and Torres Strait Islander peoples, ACCOs and ACCHOs must control their own data. Aboriginal and Torres Strait Islander data sovereignty ensures that data can be used to drive the development of programs and services that genuinely meet the needs of their peoples and communities. This would allow for Aboriginal and Torres Strait Islander peoples to advocate for tailored solutions to wellbeing and address health disparities.

Recommendations: Suicide Prevention Australia supports the following recommendations based on Gayaa Dhuwi and CBPATSSIP's submission:

- Increase funding for ACCOs and ACCHOs to develop and implement suicide prevention and wellbeing programs.
- Funding for programs should allow for genuine co-design with communities, with sufficient time to implement a co-design process, including the involvement of a diverse range of Elders and cultural healers in Aboriginal and Torres Strait Islander suicide and self-harm prevention activity design and implementation to ensure that all activity meets cultural governance, and is delivered within a cultural framework.
- Fund programs which promote youth leadership and oversight of Aboriginal and Torres Strait Islander youth empowerment and suicide and self-harm prevention activities.
- Funding for programs should be long-term and sustainable and include a dedicated establishment period that allows for recruitment, infrastructure, and the development and implementations of policies and procedures.
- Funding and partnership with Aboriginal communities must include data sovereignty for Aboriginal and Torres Strait Islander peoples and organisations.

Strength Based Measurements Reflecting the Strengths of First Nations cultures

This section of the submission addresses the following terms of reference for this inquiry:

- D. The degree to which current measurements and targets reflect the strengths of First Nations cultures, as opposed to an emphasis on deficit and lack;
- E. The incorporation of alternative measurements as a complement to existing measurements.

The current measurements and targets for the Closing the Gap framework use a deficit-based approach when examining the indicators. For example, under *Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero*

Some of the indicators for this target include: non-fatal hospitalisations for intentional self-harm, intentional self-harm mortality rate (suicide), proportion of people reported experiencing one of more barriers accessing health services, and the proportion who report

⁹ CBPATSSIP. Best Practice Programs and Services. Accessed at [Crisis Support - CBPATSSIP](#)

having experienced racism in the previous 12 months.¹⁰ Whilst it is important to measure these nationally used indicators of self-harm and suicide using standardised measures, there should be additional indicators which measure Target 14 as well as other Closing the Gap targets. For example, *Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing*, measures wellbeing using the *K10 Depression and Anxiety Scale* which may not be appropriate or reflective of First Nations understanding of social and emotional wellbeing. This highlights that indicators under Target 14 and Outcome 14 are not using a strengths-based approach.

Suicide is a complex behaviour that has increased dramatically in First Nations populations in recent decades. It is deeply interconnected with all aspects of people's lives and experiences. Suicide Prevention Australia recommends a shift towards a strength-based framework for measuring progress. This should be based on recent research which demonstrates which factors can strengthen social and emotional wellbeing and cultural renewal, and how these work to reduce suicidal behaviours in First Nations communities.¹¹ A number of recent well-evaluated programs have demonstrated the need for cultural elements, such as connection to country and the importance of self-determination in any overall response to suicide.¹²

Suicide Prevention Australia suggests that Closing the Gap targets, especially Target 14, should be using both the *Gayaa Dhuwi (Proud Spirit) Declaration*¹³ and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing* to understand and measure wellbeing, taking a cultural strengths approach. Both emphasise the holistic nature of health and the centrality of cultural strength in achieving positive outcomes.¹⁴ In addition, the recently released implementation plan for the [Gayaa Dhuwi Proud Spirit declaration](#) (Implementation Plan) describes how First Nations leadership and social and emotional wellbeing concepts should be embedded throughout Australia's mental health and suicide prevention systems.¹⁵

The government should continue to support the development of culturally appropriate measures of social and emotional wellbeing which is demonstrated through the Aboriginal and Torres Strait Islander SEWB Measurement Consortium. The Consortium includes membership from the Australian Institute of Health and Welfare working alongside Aboriginal and Torres Strait Islander community organisations.

To comprehensively measure impacts of Aboriginal and Torres Strait Islander led programs, Suicide Prevention Australia recommends that the Productivity Commission's [Indigenous](#)

¹⁰ Productivity Commission. Closing the Gap Data. Socio-economic outcome area 14

Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing. Accessed at: [Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)

¹¹ 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.

¹² 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 .

¹³ Gayaa Dhuwi Proud Spirit Declaration. 2015.

¹⁴ Dudgeon P, Bray A, Blustein S, Calma T, McPhee R, Ring I, & Clarke R 2022. Indigenous Mental Health and Suicide Prevention Clearinghouse. Connection to community. IMH 9, Canberra: AIHW, Australian Government, pp. 12.

¹⁵ Gayaa Dhuwi. 2025. Gayaa Dhuwi Declaration Framework and Implementation Plan. Accessed at: [Gayaa Dhuwi \(Proud Spirit\) Implementation Framework and Plan](#)

[Evaluation Strategy](#) should be utilised.¹⁶ The government should ensure this work is promoted and applied broadly within its agencies.

Recommendations: The Commonwealth should consult with Gayaa Dhuwi and the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSIISP) on strengths-based measures of SEWB using Gayaa Dhuwi's Implementation Framework and the PC's Indigenous Evaluation Strategy. This should be done in conjunction with consultations with the Aboriginal and Torres Strait Islander SEWB Measurement Consortium.

Opportunities for building on and expanding the current Closing the Gap framework

This section of the submission addresses the following term of reference for this inquiry:

- F. The incorporation of alternative measurements as a complement to existing measurements.

The social and emotional wellbeing of Aboriginal and Torres Strait Islanders is affected by the social determinants of health including education and unemployment and a broader range of problems resulting from colonisation and its intergenerational legacies: grief and loss, trauma and abuse, violence, removal from family and cultural dislocation, substance abuse, racism and discrimination and social disadvantage.^{17,18,19}

In particular, the risk of suicide is impacted by a range of socio-economic and environmental determinants, such as financial crisis, childhood abuse, insecure housing, environmental disasters, food insecurity, and intergenerational trauma. Further details on the links between a range of factors and the risk of suicide can be found here:

<https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>.²⁰

Closing the Gap targets for housing, education, and justice should be viewed through a social determinants lens which underpins both Aboriginal and Torres Strait Islander and non-indigenous health and wellbeing. These determinants have been widely demonstrated to influence suicide rates in both the non-indigenous, and the Aboriginal and Torres Strait Islander population.²¹

¹⁶ Productivity Commission. October 2020. Indigenous Evaluation Strategy.

¹⁷ Australian Institute of Health and Welfare (AIHW). 2020. Summary of Intergenerational Trauma and Mental Health. Indigenous Mental Health and Suicide Prevention Clearinghouse. Accessed at: [Intergenerational trauma and mental health](#)

²⁰ Australian Institute of Health and Welfare (AIHW). 2022. Indigenous Mental Health and Suicide Prevention Clearinghouse. Protective and risk factors for suicide among Indigenous Australians. Canberra: AIHW, Australian Government, pp. 4-10

¹⁹ Commonwealth of Australia 2017. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing. Canberra: Department of the Prime Minister and Cabinet. Accessed at: [National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023](#)

²⁰ Suicide Prevention Australia, Socio-economic and Environmental Determinants of Suicide: Background Paper. Accessed at: <https://www.suicidepreventionaust.org/wp-content/uploads/2023/08/SPA-SEDS-Background-Paper-August-2023-Designed.pdf>

²¹ Pirkis, Jane et al. October 2024. Preventing suicide: a public health approach to a global problem. *The Lancet Public Health*, Volume 9, Issue 10, e787 - e795

High rates of youth incarceration for instance increase the risk for suicide, and suicide rates are unlikely to drop, whilst incarceration rates increase. Housing insecurity and in particular homelessness increases the risk for suicide in non-indigenous populations.^{22,23}

Suicide Prevention Australia supports Gayaa Dhuwi and CPATSISP's calls for the linking of these targets and conditions to suicide prevention - cross-referenced to reinforce their interconnected impact. Key examples of how these areas intersect with social and emotional wellbeing (SEWB) include:

- Housing circumstances – such as tenure, affordability, the amount of living space and location – are key determinants of physical and mental health. Stable housing provides an environment conducive to positive mental and emotional health by reducing stress factors like overcrowding, unsafe living conditions, and homelessness.²⁴ Programs such as the *National Partnership Agreement on Remote Indigenous Housing* focus on addressing these issues, with culturally safe housing supporting connection to community, culture, and family—core components of SEWB.²⁵
- Education plays a crucial role in fostering SEWB, with initiatives like *Deadly Choices* empowering youth to make positive decisions about their health and education. The Closing the Gap education targets aim to improve school attendance, literacy, and numeracy outcomes for Aboriginal and Torres Strait Islander students, which are key to reducing social inequalities and promoting individual and community wellbeing.²⁶
- The justice system has a profound impact on SEWB. Programs such as *Just Reinvest NSW (JRNSW)* aim to reduce incarceration rates by addressing the social drivers leading people into the criminal justice system. These community-led strategies focus on early intervention, diversion, and support for young people.²⁷ These initiatives align with Closing the Gap targets to reduce overrepresentation of Aboriginal and Torres Strait Islander peoples in the justice system and promote healing through culturally safe support services, ultimately fostering long-term positive impacts on SEWB.²⁸

By recognising the interconnectedness between these critical areas, it's clear that policies and programs addressing multiple determinants of health simultaneously are essential. Acknowledging the holistic nature of SEWB ensures that progress in one domain can have a positive cascading effect on others.

To understand the impact of socio-economic and environmental determinants and how progress on suicide prevention can be measured, it is critical to view determinants throughout the lifecycle, especially through childhood and the first 2,000 days. Early childhood, especially

²² Ayano G, Tsegay L, Abraha M, Kalkidan Yohannes. Suicidal ideation and attempt among homeless people: a systematic review and meta-analysis. *Psychiatr Q.* 2019 Dec;90(4):829-842.

²³ Fowler K, Gladden R, Vagi K, Barnes J, Frazier L. Increase in suicides associated with home eviction and foreclosure during the US housing crisis: findings from 16 national violent death reporting system states, 2005-2010. *Am J Public Health.* 2015 Feb;105(2):311-316.

²⁴ Foster G, Gronda H, Mallett S & Bentley R 2011. Precarious housing and health: research synthesis.

²⁵ Australian Government. 2010. National partnerships Agreement on Remote Indigenous Housing. Accessed at: [National Partnership Agreement on Remote Indigenous Housing | Federal Financial Relations](#)

²⁶ Productivity Commission. Closing the Gap Information Repository. Target 3: Education. Accessed at: [Aboriginal and Torres Strait Islander children are engaged in high quality, culturally appropriate early childhood education in their early years - Dashboard | Closing the Gap Information Repository - Productivity Commission](#)

²⁷ Allison, F (2022), Redefining Reinvestment. An opportunity for Aboriginal communities and government to co-design justice reinvestment in NSW. Final Report. Just Reinvest NSW

²⁸ Productivity Commission. Closing the Gap Information Repository. Dashboard. Accessed at:

the first 2,000 days of life has been demonstrated to impact a person's health and mental health outcomes over the life course.²⁹

Early intervention during childhood is key to addressing social determinant disparities and reducing suicide risk in adulthood. The Closing the Gap measures for children, such as *Target 4: Children Thrive in their early years* should include culturally appropriate child specific indicators of wellbeing linked to Outcome 14 and Target 14, to respond to issues during the formative years, where support can have the most profound and lasting impact. This not only impacts individual children but contributes to intergenerational cycles of disadvantage.³⁰

Embedding comprehensive measures for children across health, education, social and emotional wellbeing, and cultural connection is essential to ensure that outcomes improve. It ensures that Aboriginal and Torres Strait Islander children are visible within data, policies, and programs, and that their voices and needs are central to driving meaningful change.

Recommendation: The Commonwealth to adequately recognise that socio-economic and environmental determinants impact on the risk of suicide, as well as broadly on the health and wellbeing, of Aboriginal and Torres Strait Islanders; and that targets such as those around youth incarceration should be connected to targets for reducing suicide rates.

Acknowledgements Statement

Suicide Prevention Australia acknowledges the unique and important understanding provided by people with lived and living experience. This knowledge and insight is critical in all aspects of suicide prevention policy, practice and research. Advice from individuals with lived experience helped guide the analysis and recommendations outlined in this policy position.

As the national peak body for suicide prevention, our members are central to all that we do. Advice from our members, including the largest and many of the smallest organisations working in suicide prevention, as well as practitioners, researchers and community leaders is key to the development of our policy positions. Suicide Prevention Australia thanks all involved in the development of this policy position.

If you or someone you know require 24/7 crisis support, please contact:

Lifeline: 13 11 14

www.lifeline.org.au

Suicide Call Back Service: 1300 659 467

www.suicidecallbackservice.org.au

For general enquiries

02 9262 1130 | policy@suicidepreventionaust.org | www.suicidepreventionaust.org