



Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

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Aboriginal Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

This is a national project led by the School of Indigenous Studies, UWA in partnership with the national Healing Foundation and Telethon Kids Institute.

Started mid 2014.

Aboriginal Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

- To evaluate Aboriginal and Torres Strait Islander suicide prevention services and programs
- Undertake a comprehensive review (of both literature and data) and statistical analysis of Aboriginal and Torres Strait Islander suicide prevention services and programs around Australia,
- Mapping the location of these programs and services and the incidence of suicide.
- Develop a culturally appropriate suicide prevention service and program evaluation framework. Trail this.
- Identify Aboriginal and Torres Strait Islander community suicide prevention needs;
- Identify system-level change for Aboriginal and Torres Strait Islander suicide prevention; and
- Host a national suicide prevention conference.

Why Do We need ATISISPEP?

- Indigenous Suicide has many causes, including cultural, historical, political and unknown considerations
- The development of an evidence base for what works in Aboriginal and Torres Strait Islander suicide prevention

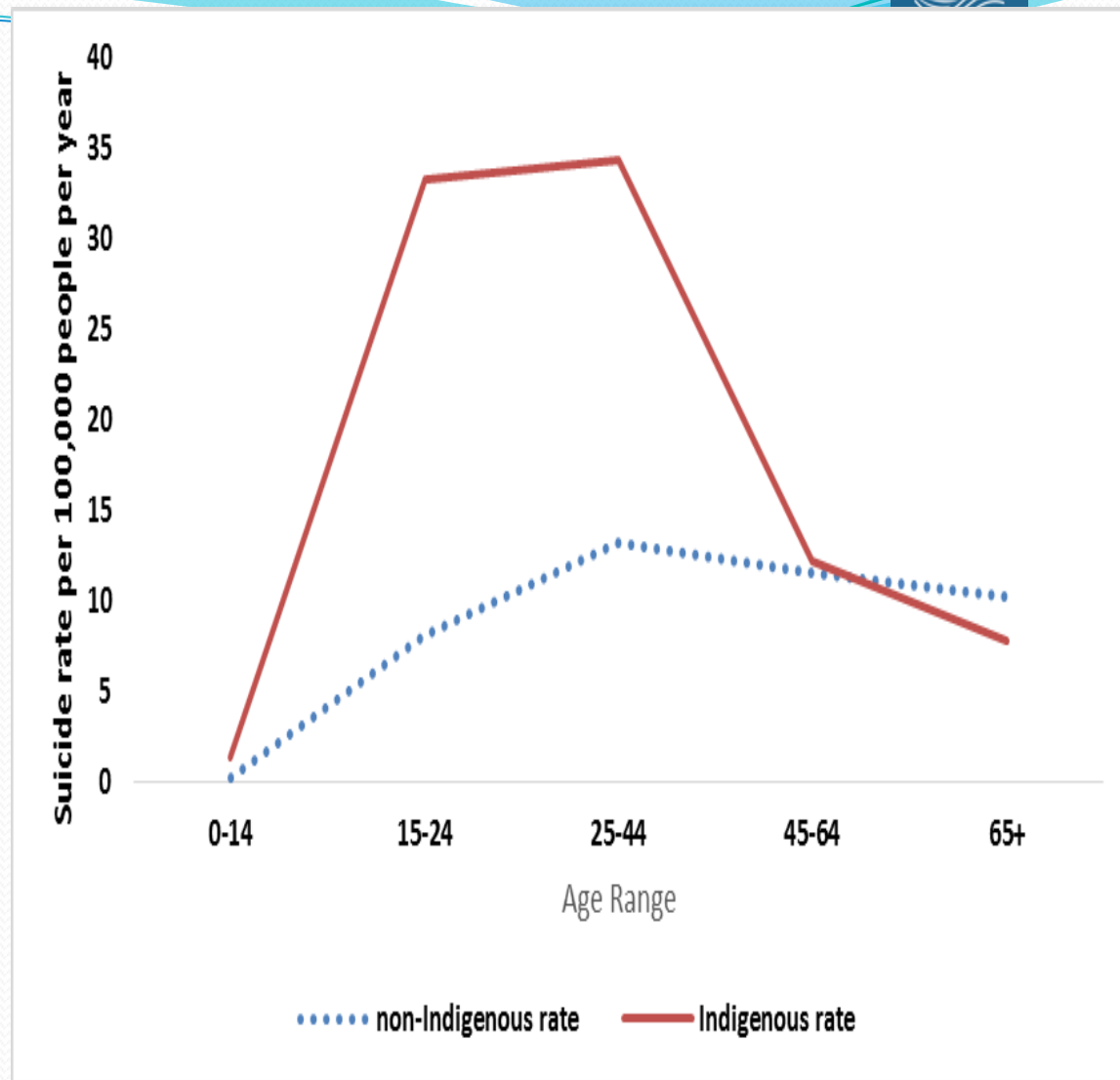
High Aboriginal and Torres Strait Islander Suicide Rates

The high Indigenous suicide rate is attributed to a range of complex and interrelated factors that heighten the risk for suicidal behaviours and self-harm. These can include the cumulative impact of:

- ◆ Ongoing exposure to socio-economic disadvantage and multiple psychological stressors
- ◆ Grief from the premature deaths of family, community members and friends, including suicide
- ◆ Violence and inter-personal conflict
- ◆ Trans generational trauma, grief and loss associated with the ongoing impact of dislocation and the effects of forced removal of children and mistreatment
- ◆ Pervasive racism and discrimination at individual, institutional and system levels
- ◆ A loss of a sense of purpose and meaning in life
- ◆ Poor health, including a number of co-morbidities and severely compromised mental health and emotional wellbeing
- ◆ An 'access' gap to mental health services with 34.5% of Indigenous peoples who reported high or very high rates of psychological distress also experiencing access problems to health services.

Rates

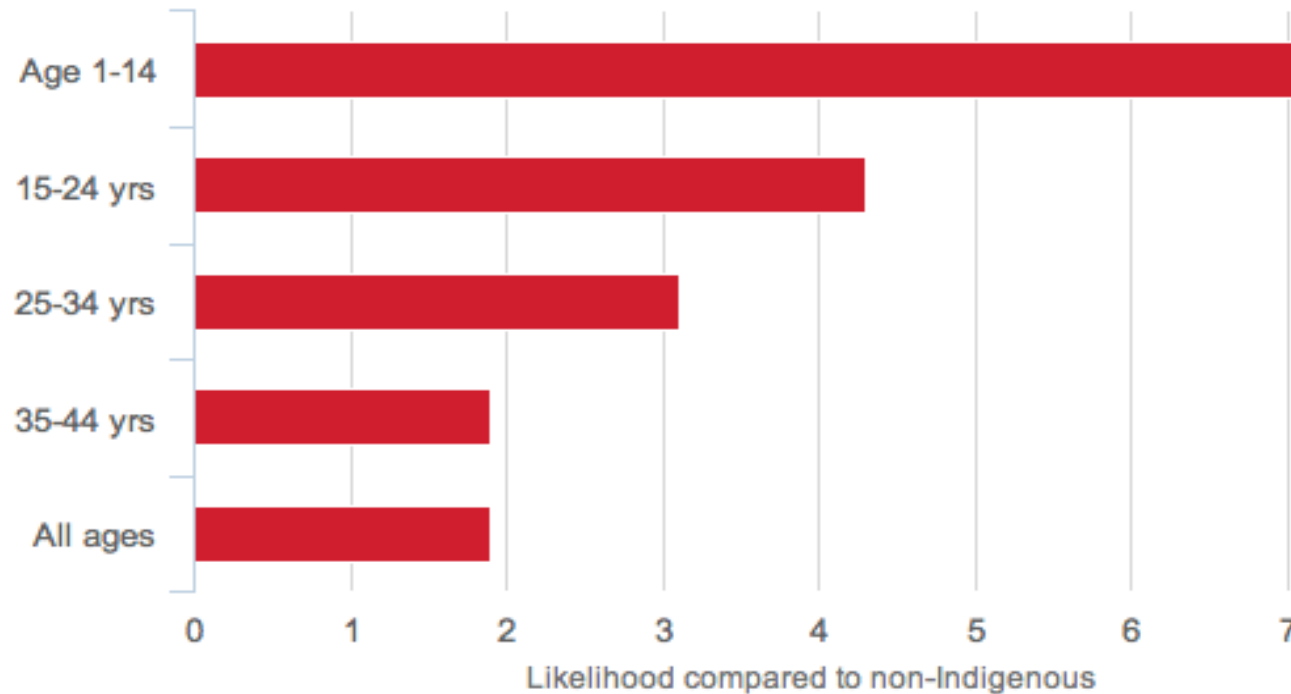
Over the past **30 years** Aboriginal suicide has increased dramatically with young Aboriginal people especially males **aged 17-23** being the most at risk. In 2015 the overall Aboriginal suicide rate was twice that of other Australians; 5.9 times higher among young Aboriginal females aged 15–19 years. The rate of intentional self-harm among young Indigenous people aged 15–24 is also high at 5.2 times the rate for the other young people.



Rates Very High Among Our Young People

Indigenous suicide

How much more likely are Indigenous people to die by suicide?



Graphic: Inga Ting | Source: ABS 2015

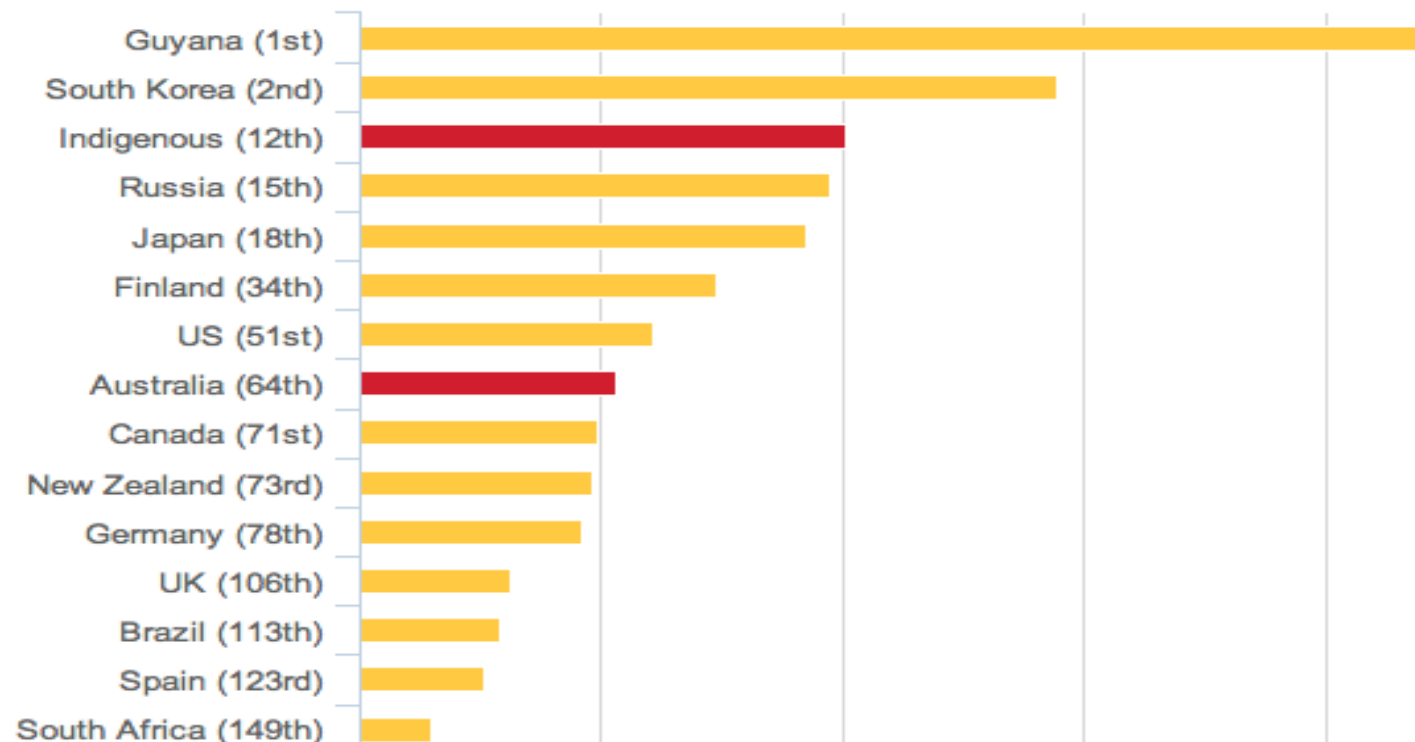
Ting I and Hunter F, 2015. See:

<http://www.smh.com.au/national/health/indigenous-suicide-rate-12th-highest-in-the-world-20150710-gi9jyn.html>

Twelfth highest suicide rate in the world

Global suicide rates

Suicide rates and rank out of 171, selected countries, 2012



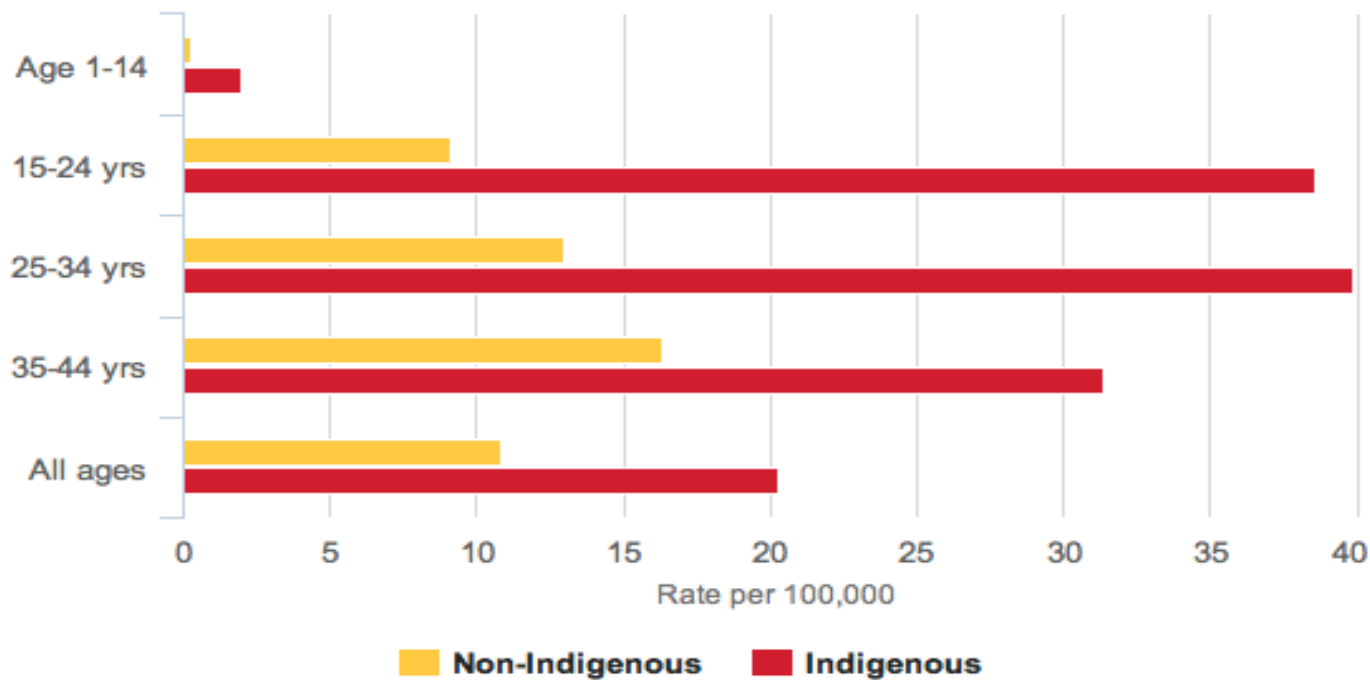
Ting I and Hunter F, 2015. See:

<http://www.smh.com.au/national/health/indigenous-suicide-rate-12th-highest-in-the-world-20150710-gi9jyn.html>

Difference Highest Among 15 – 24 Year Olds

Rate per 100,000

Select from the legend below to compare Indigenous and non-Indigenous suicide rates.



Graphic: Inga Ting | Source: ABS 2015

Ting I and Hunter F, 2015. See:

<http://www.smh.com.au/national/health/indigenous-suicide-rate-12th-highest-in-the-world-20150710-gi9jyn.html>

Population Health Approach

Universal interventions: Usually aimed at the whole and ‘well’ population, this report defined ‘universal’ activity and interventions as Indigenous community-wide activity and prevention. Within this level, interventions that aim to prevent the risk factors for suicide, is critical. These approaches address the ‘upstream’ risk factors for suicide such as alcohol and drug use reduction, family dysfunction, and other challenges to wellbeing that might face communities. These ‘upstream’ responses might also involve promoting healing and strengthening resilience in individuals, families and communities by strengthening social and emotional wellbeing and culture.

Selective interventions: These interventions are aimed at groups who are identified as being at higher risk of suicide. For example, Indigenous children and young people accounted for 30% of the total suicide deaths under 18 years of age over 2007–2011. Indigenous 15-24 year olds are more than five times as likely to suicide as their non-Indigenous peers.

Indicated interventions: These interventions are aimed at individuals who have been identified as at risk of suicide, or who have attempted suicide. For these people, the accessibility of services could be a life-saving issue. Optimally, support should be available 24 hours a day, 7 days a week to ensure a person receives therapeutic treatment as soon as possible. In addition to time protocols, a culturally safe service environment and access to Indigenous or culturally competent staff for Indigenous people in a vulnerable state may also be important to the success of an intervention or response.

Literature Review: What is Effective?

- Alcohol supply reduction strategies
- Community prevention programs which improve Social and Emotional Wellbeing
- Gatekeeper training programs
- Community consultation at all phases of research
- Research must acknowledge the different cultures, values and knowledge systems of Aboriginal and Torres Strait Islander communities

Main Messages:

- Importance of cultural connections to build resilience
- Need community leadership and/or partnership for success

Meta-Evaluation of Program Evaluations: Success Factors

- Peer to peer mentoring/ education and leadership on suicide prevention
- Counselling/ safe space for people to discuss their concerns
- Community site specific/ using community organisations
- Support materials, DVDs, no assumption of literacy in participants
- Connects with young people through sport
- Connects young people to country, culture and community life
- Connects young people to Elders
- Works through a cultural framework

Community Roundtables - Voices of the People



Regional Roundtables

- Mildura Victoria
- Darwin, Northern Territory
- Broome/Kimberley, Western Australia
- Cairns, Queensland
- Shoalhaven, New South Wales
- Adelaide, South Australia

Topical Issues/Expert Roundtables Meetings

- Youth
- Lesbian, Gay, Bisexual, Transgender, Queer or Intersex (LGBTQI)
- Justice Issues and Suicide
- Clinical Factors
- The Need for Critical Responses

Regional Roundtables Outcomes

From the Roundtables, several key themes emerged:

- Self-determination and local leadership
- Social determinants of health
- Trauma
- Incarceration and justice issues
- Culture and identity.

Self Determination and Local Leadership

We should be self-determining and have our own healing centres and do our own thing. I am tired of going cap in hand for money allocated but then there are lots of things stacked against us and we don't get any money (Adelaide Roundtable Participant).

Local responses are imperative. Local responses fix local problems. When you remove the local responsibility and offset to expensive outside groups, you reduce effectiveness and outcomes (Mildura Roundtable Participant).

Governments have to support us and not support the ways that continue to fail us, that make it worse for us, that leave our people without involvement and instead the same old White people controlling us, not knowing when to let go, can't let go because they do not want to let go (Cairns Roundtable Participant).

The answers are with us, not with others. We know our people, we know our communities and families. We understand the suicides, the suicide threats, antisocial behaviour, alcohol and drug abuse, why many are unemployed, the low engagement by youth (Darwin Roundtable Participant).

Social Determinants of Health

Suicide is the tip of the iceberg – we have to look at unemployment, lack of education, housing issues, overcrowding, homelessness, and justice issues. We have to talk about the high cost of living. It's these things – housing, education – all these gaps and pressures that are making our people mentally distressed (Roundtable Participant)

Where there is poverty, there are problems, there is anger (Cairns Roundtable Participant).

There are also suicides that would not occur if sociocultural determinants were addressed – for instance – housing (Mildura Roundtable Participant).

Our people are not being employed in the numbers that they should be and especially in the services that are set up to respond to our people (Shoalhaven Roundtable Participant).

Some of our people have no schools to send their kids. Some of our people still in the shacks have nothing in their community. And in many communities, the quality of schooling is poor and is no real education for our kids and their future (Cairns Roundtable Participant).

Poverty

‘Deep and persistent disadvantage’ characterises a disproportionate number of Indigenous communities today. It is a term coined by the Productivity Commission to classify the socioeconomic status of population groups in relation to 29 indicators across seven key life domains (including material resources, employment, education and skills, health and disability, social connection, community and personal safety).

The Productivity Commission found that in 2010, 9.1% of Indigenous people were estimated to suffer deep and persistent social exclusion in Australia, compared to approximately 5% in the general population.

Racism

There is anger among our people, resentment at the racism, and just hurt from the sense of rejection (Cairns Roundtable Participant).

Our campaigners are not strong enough on a school curriculum that teaches White and Black kids truths that in the end will make them proud of the First People of this country (Adelaide Roundtable Participant).

The recognition of self in terms of identity is a huge risk issue. We need to take pride in ourselves, we need cultural education and cultural continuity (Midura Roundtable Participant).

Trauma

It cannot be understated that generations of trauma are passed down and the only thing that we do is to respond to the worst of the traumas when they play out in society instead of early intervention and healing strategies (Shoalhaven Roundtable Participant).

There has to be a focus on the healing stuff and we need to build strategies and action plans to address the grief and trauma (Adelaide Roundtable Participant).

All people deal with change and some cope better than others, but for Aboriginal people, we deal and deal and deal with layers and layers and layers of grief and loss and death, and change after change after change, trauma after trauma (Shoalhaven Roundtable Participant).

Incarceration and Justice Issues

In my role as a [worker] in the [justice system], I find someone attempts suicide, well this is daily the suicide attempts. The other day I had a guy who slashed up in the prison clinic and for it's not how we should respond, but how to prevent. The focus needs to be on prevention. The rate of attempted suicides in prisons is very high (Shoalhaven Roundtable Participant).

I work in Aboriginal Prison Support Services and prisoners are one of the vulnerable groups when they come of prison. They fall through the gaps and they finish up harming themselves and I guess I want to sit down today and put my thoughts across of how to go forward. Working with youth suicide prevention programs, we have to understand more so the issues with young Aboriginal males despite the increasing number of girls harming themselves. The males are the major problem and many of them have no role models whomsoever let alone no male role models (Adelaide Roundtable Participant).

Our mob continues to be locked up and it's hard. As a community we have had a number of conversations and we said we don't have the level of resources and expertise needed but despite this, let us work with what we've got and start positive journeys (Adelaide Roundtable Participant).

Culture and Identity

We're the cultural guardians with the knowledge and we know that our strategies can work and that we need the non-Indigenous organisations to walk alongside us, with us, instead of against us. We cannot continue in their expectation of us fitting into their models (Darwin Roundtable Participant).

Getting back to Country is important and helps big ways. Trying to get back to connecting with Country is what we do and where we from, well 80 percent of the people there were forcibly removed to there, so we are trying to get them connected to their identity, their Country (Cairns Roundtable Participant).

Community Roundtables: Messages

- Racism and the various social determinants of health contribute to a sense of hopelessness for many
- Programs must be led, or partnered, by community and the mental health workforce must include more Indigenous Australians.
- Community members who have been bereaved through suicide are not receiving the level of access to service providers that they need.
- To identify Aboriginal and Torres Strait Islander community suicide prevention needs - What the people said causes suicide and what is needed to stop it:

Community Roundtables: Messages Continued

- Poverty, disadvantage, unemployment, racism, lack of housing/overcrowding, trans-generational trauma and issues around incarceration. Also - acknowledging the history of colonisation that has contributed to the present situation.
- All emphasized the importance of culture and identity, the need for local leadership in determining problems and finding the solutions. They were concerned that many programs and services were not culturally relevant. Self determination was needed.

Many of the Community Roundtable Reports are already at

<http://www.atsispep.sis.uwa.edu.au/community-consultations-and-roundtables>

What Needs to be in Place

- Community control and empowerment: projects should be grounded in community, owned by the community, based on community needs and accountable to the community.
- Holistic: based on Aboriginal and Torres Strait Islander definitions of health incorporating spirituality, culture and healing.
- Sustainable, strength based and capacity building: projects must be sustainable both in terms of building community capacity and in terms of not being 'one off'; they must endure until the community is empowered.
- Genuine or true partnership with community is needed for successful suicide prevention programs

Overall Messages Continued

- Partnerships: projects should work in genuine partnerships with local Aboriginal and Torres Strait Islander stakeholders and other providers to support and enhance existing local measures not duplicate or compete with them.
- Safe cultural delivery: projects should be delivered in a safe manner.
- Innovation and evaluation: projects need to build on learnings, try new and innovative approaches, share learnings, and improve the evidence base.
- Culture must be embedded in all suicide prevention activities. Disconnection from culture has contributed to high suicide rates
- Cultural safety must be an essential element of initial and ongoing training for all non-Indigenous health and mental health professionals
- The solutions can be found where you find the problems – communities must be engaged in developing solutions that work for them.
- We need to increase the number of Aboriginal and Torres Strait Islander people in the mental health workforce at all levels

ATSIPEP Key Outcomes

- A tool to assist funders to assess applications regarding Indigenous suicide prevention programs
- A culturally appropriate tool for communities to assess suicide prevention programs to suit their needs
- Roundtable Reports and Discussion Papers
- Fact Sheets
- Final Review Report (launched tomorrow!)

Success Factors: Community Wide

- Addressing community challenges, poverty, social determinants of health
- Cultural elements – building identity, SEWB, healing
- Alcohol/drug use reduction
- Gatekeeper training – Indigenous-specific
- Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy
- Reducing access to lethal means of suicide
- Training of frontline staff/GPs in detecting depression and suicide risk
- E-health services/internet/crisis call lines and chat services
- Responsible suicide reporting by the media

Success Factors: At Risk Groups

- School-based peer support and mental health literacy programs
- Culture being taught in schools
- Peer-to-peer mentoring, and education and leadership on suicide prevention
- Programs to engage/divert, including sport
- Connecting to culture/country/Elders
- Providing hope for the future, education – preparing for employment

Common Elements

- Community empowerment, development, ownership – community-specific responses
- Involvement of Elders
- Cultural framework
- Partnerships with community organisations and ACCHS • Employment of community members/peer workforce
- Indicators for evaluation
- Cross-agency collaboration
- Data collections
- Dissemination of learnings

Inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference

The Inaugural Aboriginal and Torres Strait Islander Suicide Prevention Conference was held over two full days from May 5th-6th, with preconference workshops and a Welcome Event on May 4th, at the Alice Springs Convention Centre in the Northern Territory.



Intended to bring together experts and members of the Aboriginal and Torres Strait Islander and general community from across the country to Alice Springs, the heart of the Aboriginal nations. For two days those gathered will **exchange learnings, share lived experience and build knowledge.**

Intended outcomes were:

- Presentation of the products of ATSIPEP including a culturally appropriate suicide prevention service and program evaluation tool;
- Recommendations for national action to achieve systemic change;
- Forging a national alliance of key stakeholders for Aboriginal and Torres Strait Islander Suicide Prevention;
- Sharing of knowledge regarding suicide prevention, postvention, community capacity and resilience building; and
- Engagement and professional development of key stakeholders including Primary Health Networks (PHNs), Commonwealth and jurisdictional bureaucracies, politicians, health professionals, academics, educators and others.

Inaugural Aboriginal and Torres Strait Islander Suicide Prevention Conference



A total of 362 delegates were registered. 76 bursaries were offered, along with full sponsorship of 8 counsellors and 9 speakers. Several men and women from the Uti Kulintjaku-Ngangkari Healer Group also provided healing.



Inaugural Aboriginal and Torres Strait Islander Suicide Prevention Conference



99.5% participants were **satisfied or very satisfied** with the overall experience.



The Report

The Report summarises the work of ATISISPEP in expanding the evidence base for what works in Indigenous community-led suicide prevention and is based on:

Twelve Indigenous community, risk group and subject-matter-specific suicide prevention roundtable consultations that took place across Australia over 12 months from March 2015 – April 2016.

A literature review on what works in community-led Indigenous suicide prevention.

An analysis of 69 previous consultations on Indigenous suicide prevention that took place across Australia between the years 2009 and 2015, and that involved 1,823 participants.

An analysis of other credible and relevant sources, including the *Access to Allied Psychological Services (ATAPS) Operational Guidelines for Indigenous Suicide Prevention Services*, and state and territory general population suicide prevention strategies.

Key themes and recommendations from the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference held in Alice Springs on 5–6 May 2016.



The Report has 17 recommendations;

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care.

Justice Reinvestment principles need to be adopted.

An Indigenous suicide prevention workforce should be developed so that communities can lead their own solutions. There also needs to be a culturally competent non-Indigenous workforce.

A National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Implementation Plan should be developed and funded, utilising the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

Aboriginal Community Controlled Health Services remain the preferred facilitators of suicide prevention activity to their communities.

The ATISISPEP Assessment Tool for assessing Indigenous suicide prevention activity should be used.

The Critical Response Project The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Immediate responses are also needed.

The Critical Response Project, starting in WA, will

- ensure the services available for Aboriginal and Torres Strait Island families affected by suicides or attempted suicides are better coordinated and delivered in culturally appropriate ways,
- coordinate first-response services and ensure that essential support is provided to individuals, families and local communities dealing with suicide.
- Work in with the WA Mental Health Commission and other relevant services.

Working Together Book

Chapter 9 - Preventing suicide among Indigenous Australians

Working Together:

Aboriginal and Torres Strait Islander
Mental Health and Wellbeing
Principles and Practice - 2nd Edition

To order a copy:

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Domains of SEWB:

- body
- mind and emotions
- family and kin
- community
- culture
- country
- ancestors and the spiritual dimension of existence



Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report

To visit the ATSISPEP homepage and download the ATSISPEP Report,
please follow this link:

<http://www.atsispep.sis.uwa.edu.au>