

## 4 Action areas

The action areas of the Strategy set out how the main goals of the Strategy will be achieved in terms of areas of need, intervention and expected outcomes. The order of action areas varies from that of the LIFE Framework to reflect the logic of engagement of Aboriginal and Torres Strait Islander communities and the priority that needs to be given to supporting community leadership and community action in suicide prevention. It does not suggest that one action area is more important than the other; rather, each action area makes an important contribution to the successful implementation of strategies under all other action areas. The approach taken by the Strategy corresponds to that of Marmot's "proportionate universalism": activities are, where possible, implemented for the widest possible benefit for the Aboriginal and Torres Strait Islander population, but with proportionate additional effort for those at greater risk or disadvantage.

### Action area 1: Building strengths and capacity in Aboriginal and Torres Strait Islander communities

The Strategy recognises the need to build the capacity of communities to take action in response to suicide. This has two dimensions: one is the encouragement of leadership, action and responsibility for suicide prevention on the part of communities; the other involves the development, implementation and improvement of preventive services and interventions for communities and their members. The focus of the first dimension is engagement of communities to jointly develop the awareness of suicide and the need for action, to assess strategies that are appropriate for the community and to plan for action. It is critical for agencies and organisations to understand communities, to respect local cultures, strengths and histories and to recognise differences in social relationships and possibilities for action in rural, urban and remote settings. The second dimension involves the development of appropriate resources, the implementation of initiatives to enhance community safety, to strengthen preventive mental health and wellbeing services and the implementation of early intervention programs for families and young people.

**Outcome 1.1** Communities have the capacity to initiate, plan, lead and sustain strategies to promote community awareness and to develop and implement community suicide prevention plans.

- Issue: Communities differ widely in their composition and their capacity and readiness for action. The concept of community cannot be imposed on people; community action does not guarantee participation of intended groups in prevention and there is a need for locally developed strategies to engage community members in discussion about suicide prevention. External support should aim to assist communities to take charge, plan and act. This can take the form of a facilitated process initiated after expressions of interest.

**Outcome 1.2** Materials and resources are available that are appropriate for the needs of Aboriginal and Torres Strait Islander peoples in diverse community settings.

- Issue: There are very wide linguistic, cultural, socio-economic and historical differences between communities and groups. Resources should be developed for specific needs rather than a one-size-fits-all strategy to produce Aboriginal and Torres Strait Islander-specific materials for engagement, training and practice. Substantial local input and capacity is

integral to the generation of high quality, meaningful resources supported by appropriate professional expertise.

**Outcome 1.3** There is access to community-based programs to improve suicide awareness among “gatekeepers” and “natural helpers” in communities affected by self-harm and suicide.

- Issue: Gatekeepers are service providers and officials who influence access of clients and community members to care; natural helpers are members of families or communities who are in a position to recognise difficulties in individuals and to assist them to seek help. There is strong demand for improved access to training for gatekeepers and Aboriginal and Torres Strait Islander natural helpers. Training should be adapted for Aboriginal and Torres Strait Islander peoples. There should be evaluation of its effectiveness in suicide prevention, either alone or in combination with other approaches, or as part of a targeted community implementation program. It should be implemented in a planned way that is appropriate for specific settings; for example, in discrete remote communities and more dispersed urban environments, where targeting and implementation of training may require different strategies. There should be strategies to ensure that turnover of personnel does not dissipate the effectiveness of training over time.

**Outcome 1.4** High levels of suicide and self-harm in communities are identified and monitored to facilitate a planned response. (see 5.3).

- Issue: There are wide gaps in the capacity of primary health care and mental health services to identify and assess self-harm and maintain appropriate approaches to intervention and follow-up, including follow-up after discharge from hospital treatment. There needs to be improved consistency of assessment and data collection and the ability to compile data on self-harm from multiple sources to help identify potential cumulative risks of suicide.

**Outcome 1.5** Communities are assisted to plan and implement a comprehensive response to suicide and self-harm that includes both short-term and long-term early intervention and prevention activity.

- Issue: Suicide signifies multiple sources of difficulty and potential for future or ongoing risk. Community responses should include early intervention and treatments across the lifespan for families, children and youth, delivered in multiple settings, both widely available and appropriately targeted according to risk.

**Outcome 1.6** Mental health services and community organisations are able to provide appropriate postvention responses to support individuals and families affected by suicide.

- Issue: Services are not always available or appropriate, and communities and families may resist external intervention or be uncomfortable with “mental health” approaches. Sources of support within the community—church members, elders, family members and Aboriginal and Torres Strait Islander practitioners or traditional healers—may need to be engaged to develop and provide appropriate postvention support in partnership with specialised mental

health services. However, appropriate and confidential external support is often needed by many people.

Outcomes	Strategies
<p>Outcome 1.1 Communities have the capacity to initiate, lead and sustain strategies to promote community awareness and to develop and implement community suicide prevention plans</p>	<ul style="list-style-type: none"> <li>i. Identify communities and regions (by expression of interest) to workshop models for community action</li> <li>ii. Develop information and resource guides for coordinating community action to prevent suicide</li> <li>iii. Review and disseminate information on best practice models for community suicide prevention</li> <li>iv. Develop specific strategies regarding access to methods and means of suicide in the community</li> </ul>
<p>Outcome 1.2 Materials and resources are available that are appropriate for the needs of Aboriginal and Torres Strait Islander peoples in diverse community settings</p>	<ul style="list-style-type: none"> <li>i. Identify resource gaps and needs</li> <li>ii. Review and extend Aboriginal and Torres Strait Islander language training programs for mental health and social and emotional wellbeing</li> <li>iii. Produce resource materials in diverse formats for use by Aboriginal and Torres Strait Islander peoples in different community contexts, including those with Aboriginal and Torres Strait Islander languages</li> </ul>
<p>Outcome 1.3 There is access to community-based programs to improve suicide awareness and prevention skills among “gatekeepers” and “natural helpers” in communities affected by self-harm and suicide</p>	<ul style="list-style-type: none"> <li>i. Examine the option of trials for the expansion of culturally adapted gatekeeper programs in remote community and urban settings</li> <li>ii. Develop, implement and evaluate training for Aboriginal and Torres Strait Islander natural helpers</li> <li>iii. Provide cultural awareness and suicide prevention training for providers in mainstream services</li> </ul>
<p>Outcome 1.4 High levels of suicide and self-harm in communities are identified and monitored to facilitate a planned response</p>	<ul style="list-style-type: none"> <li>i. Standardised methods for assessment and recording of suicidal behaviour and self-harm are reviewed for adoption by primary health care and specialist mental health services</li> <li>ii. Primary health care and community services implement protocols for mental health assessment and recording data on self-harm</li> </ul>
<p>Outcome 1.5 Communities are assisted to plan and implement both short-term and long-term early intervention and prevention activity</p>	<ul style="list-style-type: none"> <li>i. Identify appropriate early intervention programs that have been adapted for Aboriginal and Torres Strait Islander families</li> <li>ii. Build partnerships with schools, community councils and other agencies to deliver early intervention and prevention programs for parents, children and at-risk youth</li> </ul>

Outcomes	Strategies
<p>Outcome 1.6 Mental health services and community organisations are able to provide appropriate postvention responses to support individuals and families affected by suicide</p>	<p>i. Develop protocols for communication between specialist mental health services and Aboriginal and Torres Strait Islander families regarding intervention needs and support following bereavement</p> <p>ii. Build capacity of community members and community-based personnel to lead postvention responses to bereavement</p> <p>iii. Develop innovative strategies for bereavement support including practical assistance with housing, finances, work and children’s needs, psychological support and counselling</p> <p>iv. Develop culturally appropriate best practice therapeutic options for responding to traumatic bereavement and complicated grief among Aboriginal and Torres Strait Islander peoples</p> <p>v. Support development of partnerships between communities and NGOs to support emergency response in diverse settings</p> <p>vi. Emergency response should be consistent with best practice (based on systematic review of research on suicide bereavement first responses and emergencies such as Victorian bushfires and Queensland floods)</p>

## Action area 2: Building strengths and resilience in individuals and families

Suicide risk is associated with adversity in early childhood. There should be ongoing work with universal services—child and family services, schools, health services—to help build strengths and competencies and to protect against sources of risk and adversity that make children vulnerable to self-harm in later life. Prevention should work across the lifespan, directly with families or with children in schools to ensure that all Aboriginal and Torres Strait Islander children are supported to develop the social and emotional competencies that are the foundations of resilience throughout life. Some strategies are intended to provide information to all parents, families, and young people to help build skills and awareness, to dispel myths and to promote active use of services and supports. Consistent with the approach to proportionate universalism, those at greater risk are assisted to access specialised services, including targeted therapeutic support for children, adolescents or parents.

Outcome 2.1 There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies

- Issue: Young people can be engaged through community cultural activities such as youth forums to promote leadership and recognise achievements that help young people build individual strengths. Culturally adapted mentorship and life skills programs can focus on healthy life choices, being in charge, thinking ahead and setting goals, and responsible approaches to first relationships. Youth need to be engaged in diverse settings including in schools, in the

community, in the workplace and through participation in sports and the arts, including traditional and contemporary media.

Outcome 2.2 Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved

- Issue: Aboriginal and Torres Strait Islander men from 20-34 years old have been identified as being at highest risk of suicide. They access wellbeing and counselling services or seek health for psychological distress infrequently. Traditionally recognised men's roles have been subjected to heavy pressure from association with violence, child abuse, alcohol misuse and incarceration. Many men's programs are not sustained and lack structure or access to professional advice.

Outcome 2.3 Long-term, sustainable prevention strategies that build resilience and promote social and emotional wellbeing are specifically developed for Aboriginal and Torres Strait Islander families and children

- Issue: Parenting has been identified as a critical focus for early intervention and prevention. There are very few, if any, evidence-based parenting programs specifically developed for Aboriginal and Torres Strait Islander families and children that are demonstrably effective. General parenting and family wellbeing programs need to be made widely available, along with targeted interventions for high risk vulnerable families, parents and children.

Outcome 2.4 Services for the general population are adapted to improve access and use by Aboriginal and Torres Strait Islander peoples and are appropriately linked with culturally competent services

- Issue: Existing large scale whole-of-school programs to promote social and emotional wellbeing do not have Aboriginal and Torres Strait Islander-specific inclusion or engagement strategies or resources and national telephone counselling programs only reach a very small component of the Aboriginal and Torres Strait Islander population. The preventive role of primary health care can be enhanced for Aboriginal and Torres Strait Islander peoples.

Outcome 2.5 There is capacity in Aboriginal and Torres Strait Islander organisations to provide counselling and therapeutic support, including services for families who have experienced suicide or traumatic bereavement

- Issue: There is a need to increase access to Aboriginal and Torres Strait Islander psychological services, both within primary health care and in dedicated Aboriginal and Torres Strait Islander counselling services. Intervention studies that specifically adapt and trial the effectiveness of therapeutic interventions for Aboriginal and Torres Strait Islander peoples are required, and mental health programs in the general population should be encouraged to contribute to the capacity of Aboriginal and Torres Strait Islander wellbeing services.

Outcomes	Strategies
<p>Outcome 2.1 There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies</p>	<ul style="list-style-type: none"> <li>i. Develop criteria for support of cultural programs</li> <li>ii. Review evidence for effectiveness of culture-based initiatives and evaluate cultural strengths programs</li> <li>iii. Develop school and community-based life skills programs for adolescents</li> <li>iv. Promote leadership through youth forums and activities to recognise achievements of young people</li> <li>v. Develop models of training and skills development for peers as natural helpers</li> </ul>
<p>Outcome 2.2 Life promotion and resilience-building strategies are developed; access to wellbeing services among Aboriginal and Torres Strait Islander males is improved</p>	<ul style="list-style-type: none"> <li>i. Develop strategies, including information and mental health promotion strategies, to promote use of general health and wellbeing services and specialist services by men</li> <li>ii. Identify and disseminate good practices for men’s self-help groups</li> <li>iii. Develop strategies to promote the strengths of elders, fathers and other men as positive role models able to contribute to the wellbeing of community, families and youth</li> </ul>
<p>Outcome 2.3 Long-term, sustainable prevention strategies that build resilience and promote social and emotional wellbeing are specifically developed for Aboriginal and Torres Strait Islander families and children</p>	<ul style="list-style-type: none"> <li>i. Develop culturally appropriate strategies for family engagement in wellbeing programs in multiple settings</li> <li>ii. Make parenting programs adapted for Aboriginal and Torres Strait Islander peoples more available in universal and targeted modes to strengthen parenting skills and to improve behavioural, developmental and mental health outcomes among children</li> <li>iii. Develop family focused interventions for Aboriginal and Torres Strait Islander parents and children in partnership with childcare centres and schools</li> <li>iv. Disseminate information on models of effective early intervention and prevention for Aboriginal and Torres Strait Islander families, parents and children</li> <li>v. Identify school-based strategies to counter bullying, racial discrimination and lateral violence</li> </ul>

Outcomes	Strategies
<p>Outcome 2.4 Services for the general population are adapted to improve access and use by Aboriginal and Torres Strait Islander peoples and are appropriately linked with culturally competent services</p>	<p>i. Adapt training resources and inclusion strategies for Aboriginal and Torres Strait Islander students and families in mainstream programs such as KidsMatter and MindMatters  ii. Review and remodel Kids Helpline and Lifeline counselling services to provide appropriate services for Aboriginal and Torres Strait Islander peoples in each state and territory  iii. Examine strategies to improve the preventive capacity of primary health care, including general practitioner services, routine delivery of mental health assessments, counselling, etc</p>
<p>Outcome 2.5 There is capacity in Aboriginal and Torres Strait Islander organisations to provide counselling and therapeutic support, including services for families who have experienced suicide or traumatic bereavement</p>	<p>i. Identify and evaluate the effectiveness of therapeutic interventions for Aboriginal and Torres Strait Islander peoples  ii. Identify strategies to expand access to family and individual counselling through universal primary health care  iii. Build partnerships to enable Aboriginal and Torres Strait Islander clinical services and workforce to be supported by the resources of headspace and other non-Indigenous Aboriginal and Torres Strait Islander services.</p>

### Action area 3: Targeted suicide prevention services

Targeted services are provided to individuals and families at a higher level of risk. Individuals at higher risk include those with mental illness, particularly those with a prior history of attempted self-harm; people in, or discharged from, custody; those with histories of alcohol and drug abuse or of domestic violence; and some people with histories of neglect and abuse. It is important that the mental health and suicide risk status of individuals are properly assessed in settings such as hospital emergency departments where presentations for mental illness, trauma and substance abuse issues are common. Police responses to antisocial behaviour, alcohol and violence requiring arrest and detention may need to be followed by assessment of risk of self-harm. It is critically important that targeted services are well-coordinated and culturally appropriate and have access to or are followed up by culturally competent community-based preventive services.

Outcome 3.1 There is access to effective targeted and specialist services by all Aboriginal and Torres Strait Islander peoples who are at risk of suicide or self-harm

- Issue: There are significant gaps in access to after-hours and emergency mental health services at hospitals and different factors influencing access to services in urban, rural and remote communities. Assessment and triage teams at hospitals often lack capacity to make mental health assessments, and referrals through networks and crisis assessment teams lack Aboriginal and Torres Strait Islander-specific capacity and the capacity to support follow-up care after discharge.

Outcome 3.2 Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres

- Issue: Community health services, community justice centres and counselling services increasingly offer a range of integrated services that may include general health care and/or family support services, combined with more specialised counselling, treatment or rehabilitation services. This approach has potential to improve continuity of care and support for families and individuals.

Outcome 3.3 Targeted and indicated services, including emergency services, are culturally appropriate. They are delivered by Aboriginal and Torres Strait Islander personnel and engage Aboriginal and Torres Strait Islander clients and families

- Issue: Key services lack any specific protocol for identifying Aboriginal and Torres Strait Islander peoples or specifically responding to their needs. Hospitals may lack Aboriginal and Torres Strait Islander liaison or other Aboriginal and Torres Strait Islander wellbeing workers as part of the response and Aboriginal and Torres Strait Islander families may avoid services, abscond from treatment or not make use of follow-up that is available.

Outcome 3.4 There are links and partnerships between mainstream specialist mental health and wellbeing services and Aboriginal and Torres Strait Islander wellbeing services and community organisations

- Issue: Community-controlled services and organisations need to build capacity to provide specialist therapeutic services through innovative partnerships with other specialist services. Some mainstream services do not have specific resources or capacity to work with Aboriginal and Torres Strait Islander clients and could achieve this through partnership with Aboriginal and Torres Strait Islander organisations.

Outcome 3.5 There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander peoples who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence, etc.

- Issue: A range of problems, including mental illness and substance misuse, share a range of common risk factors; early prevention approaches that target outcomes across these problems are needed. These may include strengths-based early intervention initiatives and counselling for youth, or community-based programs targeting those with established problems after discharge from treatment, custody or in other identifiable situations of risk.

Outcome 3.6 There is capacity to identify children with early or emerging risk of conduct, behavioural and developmental problems and options for referral of children and families at moderate and high risk, including families with complex multiple needs, to culturally adapted therapeutic programs.



- Issue: Early behavioural and conduct problems may be a sign of later antisocial tendencies and mental health problems, including vulnerability to suicide and self-harm. Early intervention to address emerging antisocial behaviour and conduct problems has been shown to significantly modify suicide risk factors. There is a need to trial and implement culturally adapted therapeutic early intervention strategies targeting Aboriginal and Torres Strait Islander parents and children with culturally informed assessment and referral options. Developmental impairments caused by foetal alcohol syndrome disorder are associated with suicide risk.

Outcomes	Strategies
<p>Outcome 3.1 There is access to effective targeted and specialist services by all Aboriginal and Torres Strait Islander peoples who are at risk of suicide or self-harm</p>	<ul style="list-style-type: none"> <li>i. Map service utilisation and barriers for Aboriginal and Torres Strait Islander peoples seeking to access targeted and indicated services in regions and communities</li> <li>ii. Identify barriers to access and utilisation and develop strategies to improve access to referral networks, Aboriginal and Torres Strait Islander-specific information, liaison, flexibility and responsiveness</li> <li>iii. Develop strategies to improve Aboriginal and Torres Strait Islander identification, assessment of suicide risk, psychosocial assessment and culturally informed discharge protocols for hospital emergency departments</li> </ul>
<p>Outcome 3.2 Integrated services, including targeted and indicated services for families and individuals, are available in Aboriginal and Torres Strait Islander healing centres or other community centres</p>	<ul style="list-style-type: none"> <li>i. Develop and disseminate models for services that combine specific targeted and indicated services in centres providing integrated wellbeing services</li> <li>ii. Strengthen the focus on early intervention and suicide prevention within integrated services</li> <li>iii. Build inter-sectoral and professional links to support integrated services</li> <li>iv. Develop and evaluate models for interdisciplinary practice in mental health and early intervention</li> <li>v. Investigate innovative models for partnerships between specialist mental health and wellbeing services (eg headspace) and Aboriginal and Torres Strait Islander wellbeing services and community organisations</li> </ul>
<p>Outcome 3.3 Targeted and indicated services, including emergency services, are culturally appropriate. They are delivered by Aboriginal and Torres Strait Islander personnel and engage Aboriginal and Torres Strait Islander clients and families</p>	<ul style="list-style-type: none"> <li>i. Develop Aboriginal and Torres Strait Islander-specific protocols and training for targeted and indicated services</li> <li>ii. Employ Aboriginal and Torres Strait Islander personnel in outreach, follow-up and engagement roles</li> <li>iii. Expand availability of appropriate cultural awareness training for mainstream services</li> </ul>
<p>Outcome 3.4 There are links and partnerships between mainstream specialist mental health and wellbeing services and Aboriginal and Torres Strait Islander wellbeing services and community organisations</p>	<ul style="list-style-type: none"> <li>i. Identify opportunities for complementary service provision arrangements and referral linkages between mainstream services and Aboriginal and Torres Strait Islander community services to coordinate the provision of targeted preventive services</li> <li>ii. Develop local partnerships between existing services such as headspace centres and Aboriginal and Torres Strait Islander community social and emotional wellbeing services</li> </ul>

Outcomes	Strategies
<p>Outcome 3.5 There are integrated and collaborative approaches across sectors responding to Aboriginal and Torres Strait Islander peoples who are at high risk, such as people experiencing mental illness, substance misuse, incarceration, domestic violence etc</p>	<ul style="list-style-type: none"> <li>i. Develop partnership programs to build links between residential/custodial settings and community support (such as transition from prison to community or from alcohol rehabilitation to community reintegration)</li> <li>ii. Provide specific suicide prevention and assessment training for staff in high risk settings who work with Aboriginal and Torres Strait Islander clients</li> <li>iii. Identify alternatives to community reintegration where return to community is not desirable</li> </ul>
<p>Outcome 3.6 There is capacity to identify children with early or emerging risk of conduct, behavioural and developmental problems and options for referral of children and families at moderate and high risk, including families with complex multiple needs, to culturally adapted therapeutic programs.</p>	<ul style="list-style-type: none"> <li>i. Provide training for child health and early education staff to assist them in effectively identifying and responding to behavioural and early mental health problems at childcare, preschool and school</li> <li>ii. Engage at-risk parents to provide parenting and family support via access to health, early education and childcare services as well as child protection services</li> <li>iii. Trial and implement culturally adapted therapeutic family interventions for Aboriginal and Torres Strait Islander parents and children</li> <li>iv. Develop strategies to identify and reduce risk associated with child protection interventions, including child removal, foster care and kinship care and practices of child placement</li> <li>v. Improve identification of foetal alcohol syndrome disorder and other developmental impairments in children</li> <li>vi. Develop information and resources to assist health and social and emotional wellbeing practitioners to respond to family suicidal behaviour and family mental illness</li> </ul>

#### Action area 4: Coordinating approaches to prevention

A suicide prevention strategy requires coordinated action of Commonwealth and state or territory governments, coordination between different departments—health, schools, justice, child and family services, child protection and housing—and coordination with the community sector to ensure that there is capacity within local Aboriginal and Torres Strait Islander organisations to provide preventive services. Especially where Aboriginal medical services are not available, for example in some rural areas, Medicare Locals and local government councils may be central to support for Aboriginal and Torres Strait Islander community initiatives. Coordination between governments is required to reduce duplication and overlap of services and to improve infrastructure and resources. Coordination at regional or local levels involving partnerships between government (including local government), non-government and community-controlled services can provide consistent care and support to families and individuals who have complex or multiple needs.

Outcome 4.1 Multi-sectoral coordination of suicide prevention is established and sustained across levels and sectors of government in jurisdictions, regions and communities

- Issue: There is a need for alignment and collaboration between national and state/territory suicide prevention strategies with a focus on the coordination of regional suicide prevention strategies. There are opportunities to build the capacity for prevention activity across sectors, such as education, health, child protection and justice at all levels of government. Regional coordination of prevention should have regard for specific regional initiatives, such as the Northern Territory's Stronger Futures program and other national and state or territory programs.

Outcome 4.2 There is development of governance and infrastructure and capacity for planning to support regional and local coordination of suicide prevention

- Issue: Current management systems represent barriers to regional coordination. Data on suicide and self-harm is often not readily available to support regional planning and decision making and linkages between service systems at different levels of government in each jurisdiction mean that states, territories and Commonwealth need to reach agreement on how to achieve regional objectives.

Outcome 4.3 There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients

- Issue: Confidentiality of information is perceived to be a barrier to providing continuity of care or care for individuals and families who have complex, multiple needs, or who face transition from one system of care to another. Specific agreements or memoranda of understanding for information sharing, including specific consents by families and individuals to allow for joint case management, should be developed.

Outcome 4.4 Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities

- Issue: There is a need to support the capacity of Aboriginal and Torres Strait Islander organisations to enter into partnerships in suicide prevention. This capacity is not funded, or cannot be sustained, because of the short-term nature of grant funding and the limitation of tender processes.

Outcomes	Strategies
<p>Outcome 4.1 Multi-sectoral coordination of suicide prevention is established and sustained across levels and sectors of government in jurisdictions, regions and communities</p>	<ul style="list-style-type: none"> <li>i. Identify priority areas for horizontal and vertical alignment of suicide prevention activity at Commonwealth and state levels</li> <li>ii. Develop a joint action plan across levels and sectors of government for the Strategy</li> <li>iii. Develop strategies for alignment between key policy frameworks relating to alcohol, mental health, Closing the Gap, Aboriginal and Torres Strait Islander early childhood and Aboriginal and Torres Strait Islander education</li> </ul>
<p>Outcome 4.2 There is development of governance and infrastructure to and capacity for planning to support regional and local coordination of suicide prevention</p>	<ul style="list-style-type: none"> <li>i. Investigate feasibility of approaches to regional coordination of suicide prevention including, but not limited to, roles of key government agencies and partners</li> <li>ii. Identify models for governance to support interagency approaches to coordinated suicide prevention</li> <li>iii. Develop data, information and resources to support regional level planning and coordination of strategies</li> <li>iv. Examine models for pooling of funds to support coordinated approaches to prevention</li> </ul>
<p>Outcome 4.3 There are agreements to support collaborative approaches to joint case management to ensure continuity of services and supports for higher risk clients</p>	<ul style="list-style-type: none"> <li>i. Pilot and evaluate specific multidisciplinary approaches to service provision for vulnerable individuals and families</li> <li>ii. Investigate feasibility of specific memoranda of understanding to enable joint approaches to case management</li> <li>iii. Clarify agency responsibilities for interagency coordination of care for high risk Aboriginal and Torres Strait Islander clients and families</li> </ul>
<p>Outcome 4.4 Coordinated suicide prevention strategies are supported by improved community sector capacity, based on partnerships between services, agencies and communities</p>	<ul style="list-style-type: none"> <li>i. Build the capacity of Aboriginal and Torres Strait Islander organisations to sustain partnerships with governments and other organisations</li> <li>ii. Establish partnerships between governments and the community sector to develop and train the prevention workforce across health, education and community services</li> <li>iii. Develop options for prevention research partnerships between the community sector, non-government organisations and research and training sectors to build capacity in suicide prevention</li> </ul>

## Action area 5: Building the evidence base and disseminating information

It is important that activities to prevent suicide are founded on evidence and that services are professionally and ethically sound and do not add to the risk and vulnerability of Aboriginal and Torres Strait Islander clients. Evidence is needed to demonstrate that services are effective in preventing suicide, in reducing risk factors for suicide and minimising its impact on families and communities. Developing a body of research on the effectiveness of preventive interventions developed or adapted for Aboriginal and Torres Strait Islander peoples and their communities is a high priority. In other areas, the evidence base is limited by the lack of data on self-harm in communities and on outcomes or prevention at the community or regional level. The limitations on the collection and publication of population level suicide data is due to the quality of Aboriginal and Torres Strait Islander identification and the small numbers involved making it difficult to detect statistically significant trends and differences by age, sex and region. The Australian Bureau of Statistics is working with the Registries of Births, Deaths and Marriages in each jurisdiction to improve the quality of Aboriginal and Torres Strait Islander mortality data and this work is ongoing.

Further evidence is needed on the causes of suicide and self-harm for specific subgroups and in specific settings. Evidence on effective practice, toolkits and resources needs to be made available to Aboriginal and Torres Strait Islander community organisations, practitioners and government providers to inform the planning and implementation of activities. Opportunities exist for academic research to explore suicide and related issues, its determinants and the effectiveness of programs for prevention and postvention, particularly at the community level.

The Strategy will be an important channel to disseminate information and resources to all groups involved in suicide prevention.

**Outcome 5.1** Governments, agencies and services continue to work together to improve completeness and accuracy of data collection, Aboriginal and Torres Strait Islander identification and access to appropriate methods, measures and standards for reporting Aboriginal and Torres Strait Islander suicide and self-harm.

- Issue: Gaps in availability and accuracy of data on Aboriginal and Torres Strait Islander suicide and self-harm remain across Australian jurisdictions

**Outcome 5.2** Population-level data and evidence on the distribution of Aboriginal and Torres Strait Islander suicide, self-harm, and risk and protective factors in the Aboriginal and Torres Strait Islander population are available.

- Issue: There is a need for greater research effort to identify determinants of suicide and self-harm in specific subgroups and populations.

**Outcome 5.3** There is locally accessible capacity to monitor risk behaviours and indicators of community functioning for individual communities and regions in order to reduce suicidal behaviour and prevent suicide.

- Issue: National population data on risk factors and indicators of community functioning and wellbeing cannot be provided at regional and community levels. An investigation of community characteristics, levels of service use and links to self-harm needs to be undertaken and the capacity of practice systems in health care and other services to capture and report on self-harm needs to be improved. Research into the contribution of community level factors, including cultural change and continuity, community governance and social capital, should be conducted for Australian conditions.

Outcome 5.4 There is an improved evidence base on the effectiveness of suicide prevention activity, including effective services and interventions, community initiatives, mental health awareness promotion and training and capacity development.

- Issue: There is very little research on the effectiveness of suicide prevention based on intervention studies developed with and for Aboriginal and Torres Strait Islander peoples. Research on different interventions and at different intervention points should aim to provide evidence on prevention strategies for specific subgroups such as parents and children, youth and adults.

Outcome 5.5 There is research led by Aboriginal and Torres Strait Islander researchers so that an evidence base built on Aboriginal and Torres Strait Islander knowledge is developed. This could include organisations like the Ninti One network of Indigenous Community Researchers who have knowledge of the contemporary social, cultural and environmental contexts of remote Aboriginal and Torres Strait Islander communities.

- Issue: Leveraging opportunities to build the numbers of Aboriginal and Torres Strait Islander peoples with graduate and postgraduate qualifications to levels comparable with other nations should be a priority across sectors. There is a need to build pathways to suicide prevention research for Aboriginal and Torres Strait Islander students across sectors; areas of Aboriginal and Torres Strait Islander knowledge should also be developed to contribute to evidence across sectors.

Outcome 5.6 Partnerships are established between researchers, Aboriginal and Torres Strait Islander communities and community organisations to evaluate evidence-based practices and provide support for program implementation and quality improvement.

- Issue: Aboriginal community-controlled health organisations and Aboriginal medical services have signalled the need for evaluation research to support policy and practice development and to evaluate outcomes of programs and services. Suicide prevention practices can be developed and incorporated within existing continuous quality improvement systems.

Outcome 5.7 Accessible information on evidence-based approaches, effective interventions, good practice and professionally safe and culturally responsive strategies for use by communities, organisations and services is disseminated and widely available.

- Issue: There is a need for access to information on evidence-based strategies and appropriate, culturally adapted resources and interventions to support planning of responses by communities and organisations. A need to acknowledge successful approaches has been identified. The dissemination and information strategy should include a register of proven and promising interventions, as well as culturally adapted and validated resources and instruments. Proactive, targeted strategies to disseminate information to specific practitioner groups, organisations and to communities are needed. This can include collaboration with Aboriginal and Torres Strait Islander professional associations and information networks.

Outcomes	Strategies
<p>Outcome 5.1 Governments, agencies and services work together to improve completeness and accuracy of data collection, Aboriginal and Torres Strait Islander identification and access to appropriate methods, measures and standards for reporting Aboriginal and Torres Strait Islander suicide and self-harm</p>	<p>i. Governments continue to identify opportunities working with the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data<sup>9</sup> to improve data on deaths and intentional self-harm in each jurisdiction, including data to support coordination and evaluation of suicide prevention at a regional level</p> <p>ii. Work with national data collection agencies and the the National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data to improve surveillance data on Aboriginal and Torres Strait Islander suicide and self-harm where possible</p> <p>iii. Continue to Improve standards of Aboriginal and Torres Strait Islander identification within administrative data collection activities across agencies and services</p>
<p>Outcome 5.2 Population-level data and evidence on the distribution of Aboriginal and Torres Strait Islander suicide, self-harm, and risk and protective factors in the Aboriginal and Torres Strait Islander population are available</p>	<p>i. Develop analyses of suicide and self-harm and key indicators of risk in communities and regions through research activities</p> <p>ii. Explore possibilities of data linkages to compile population-level data on relevant risk factors, characteristics of communities and service usage patterns</p> <p>iii. Examine ways to implement research studies that investigate the determinants of suicide and self-harm in specific subgroups and communities</p> <p>iv. Conduct research into the contribution of community characteristics, culture and governance to prevention</p>

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<sup>9</sup> The National Advisory Group on Aboriginal and Torres Strait Islander Health Information and Data is an Australian Health Ministers Advisory Council (AHMAC) sub-committee which provides broad strategic advice to AHMAC on ways of improving the quality and availability of data and information on Aboriginal and Torres Strait Islander health and health service delivery. The Advisory Group includes representatives from relevant statistical agencies, jurisdictions, experts and Indigenous membership.



Outcomes	Strategies
<p>Outcome 5.3 There is locally accessible capacity to monitor risk behaviours and indicators of community functioning for individual communities and regions in order to reduce suicidal behaviour and prevent suicide</p>	<ul style="list-style-type: none"> <li>i. Standardise assessment and recording of suicide risk in health and community services</li> <li>ii. Develop methods for reporting indicators of self-harm at a community level to enable planned responses</li> <li>iii. Develop appropriate strategies for monitoring those at risk, and for referral and follow-up arrangements with appropriate specialist and support services</li> </ul>
<p>Outcome 5.4 There is an improved evidence base on the effectiveness of suicide prevention activity, including effective services and interventions, community initiatives, mental health awareness promotion and training and capacity development</p>	<ul style="list-style-type: none"> <li>i. Identify priorities for intervention studies for the development of universal and targeted early intervention services</li> <li>ii. Evaluate whole-of-community initiatives to identify the best methods of response to suicide clusters</li> <li>iii. Evaluate specific adaptations of gatekeeper training and training for natural helpers</li> <li>iv. Conduct trials to evaluate the effectiveness of multi-component, whole-of-community suicide prevention strategies</li> </ul>
<p>Outcome 5.5 There is research led by Aboriginal and Torres Strait Islander researchers. An evidence base built on Aboriginal and Torres Strait Islander knowledge is developed.</p>	<ul style="list-style-type: none"> <li>i. Identify strategies to support Aboriginal and Torres Strait Islander completions in relevant disciplines at graduate and postgraduate levels of training</li> <li>ii. Improve the participation rates of Aboriginal and Torres Strait Islander peoples as researchers and consultants in intervention trials that develop services for Aboriginal and Torres Strait Islander peoples</li> <li>iii. Conduct studies to show how Aboriginal and Torres Strait Islander knowledge can contribute to social and emotional wellbeing</li> </ul>
<p>Outcome 5.6 Partnerships are established between researchers, Aboriginal and Torres Strait Islander communities and community organisations to evaluate evidence-based practices and provide support for program implementation and quality improvement</p>	<ul style="list-style-type: none"> <li>i. Establish research and implementation partnerships between the community and research sectors to implement and evaluate suicide prevention initiatives</li> <li>ii. Develop research-informed strategies to support quality implementation of preventive activity</li> <li>iii. Develop practice-based evidence to support continuous quality improvement in Aboriginal and Torres Strait Islander wellbeing services</li> <li>iv. Investigate the effectiveness of culturally adapted interventions and instruments specifically for use by Aboriginal and Torres Strait Islander wellbeing workers.</li> </ul>

Outcomes	Strategies
<p>Outcome 5.7 Accessible information on evidence-based approaches, effective interventions, good practice and professionally safe and culturally responsive strategies for use by communities, organisations and services is disseminated and widely available</p>	<p>i. Develop an information plan that builds access to information about Aboriginal and Torres Strait Islander suicide prevention</p> <p>ii. Develop specific resources for targeted audiences, Aboriginal and Torres Strait Islander families and communities, practitioners and organisations</p> <p>iii. Explore methods for online access to information about effective practices, resources and instruments, supports for planning and service delivery</p> <p>iv. Strengthen communities of practice in Aboriginal and Torres Strait Islander suicide prevention through targeted provision of information and resources through Aboriginal and Torres Strait Islander professional bodies and information networks</p>

### Action area 6: Standards and quality in suicide prevention

The social and cultural diversity and the wide geographical dispersion of Aboriginal and Torres Strait Islander communities across Australia highlights the need for consistent standards of practice for services and interventions and the capacity to assure high quality in programs of activity. There are three major components to the Strategy: 1) Measures to improve Aboriginal and Torres Strait Islander participation in the workforce through access to training and qualifications at all levels; 2) Implementing quality controls to strengthen uptake and embedding of preventive activity in primary health care and other service sectors; and 3) Strengthening the role of evaluation to support quality implementation of programs and to evaluate their outcomes.

Outcome 6.1 There are comprehensive plans to develop participation of Aboriginal and Torres Strait Islander peoples in the suicide prevention and wellbeing workforce.

- Issue: The need for a systematic approach to building the Aboriginal and Torres Strait Islander wellbeing workforce and to improving specific skills in suicide prevention and social and emotional wellbeing was consistently emphasised at the forums. The approach needs to be cross-sectoral with regard to workforces in early childhood, educational services, health care, child protection therapeutic services, police and other sectors. Special provision should be made for Aboriginal and Torres Strait Islander community members unable to access training in universities or colleges in city centres.

Outcome 6.2 Standards are developed for community engagement and cultural awareness in wellbeing services and for early intervention for Aboriginal and Torres Strait Islander peoples, families and communities.

- Issue: Guidelines, resources and information about specific successful models of culturally appropriate engagement are needed. Concerns that a checklist approach to cultural competence may be superficial and counter-productive need to be met by trial and rigorous

evaluation of culturally adapted practice models and training approaches with and for Aboriginal and Torres Strait Islander personnel.

**Outcome 6.3** Programs are evaluated and there is quality support for implementation.

- Issue: Provision for evaluation can be significantly improved in funding arrangements under state and Commonwealth contracts. There are currently very few evaluations conducted that contribute to the evidence base in any way. Aboriginal and Torres Strait Islander community services benefit from evaluations of programs that demonstrate their effectiveness and that provide information for practice development, policy and planning.

**Outcome 6.4** Suicide prevention principles are embedded in systems of quality improvement for social and emotional wellbeing and mental health care.

- Current guidelines and protocols for mental health care, hospital emergency services and other areas of social and emotional wellbeing practice can be improved in terms of their specificity for suicide prevention and appropriateness for Aboriginal and Torres Strait Islander peoples. There is a need to encourage uptake of current Medicare items where possible for mental health and social and emotional wellbeing assessment in the Indigenous Health Check through training and audit. There is a need to embed suicide prevention practices in existing continuous quality improvement processes.

Outcomes	Strategies
<p><b>Outcome 6.1</b> There are comprehensive plans to develop and support the participation of Aboriginal and Torres Strait Islander peoples in the suicide prevention and wellbeing workforce such as nurses and counsellors</p>	<ul style="list-style-type: none"> <li>i. Work towards a coordinated approach to Aboriginal and Torres Strait Islander workforce development across sectors and levels of government</li> <li>ii. Review pathways to recruitment and training to enhance access to appropriate courses for community members</li> <li>iii. Work with Aboriginal and Torres Strait Islander training organisations, the Aboriginal and Torres Strait Islander VET sector and other organisations to build access to appropriate training options</li> <li>iv. Develop funding options to secure Aboriginal and Torres Strait Islander input into development of training resources</li> </ul>
<p><b>Outcome 6.2</b> Standards are developed for community engagement and cultural awareness in wellbeing services and for early intervention for Aboriginal and Torres Strait Islander peoples, families and communities</p>	<ul style="list-style-type: none"> <li>i. Build evidence to support guidelines for community engagement and culturally responsive practice through evaluation of cultural protocols in training and practice</li> <li>ii. Disseminate information on best practice models, including manuals, guidelines and resources for training and service delivery</li> </ul>

Outcomes	Strategies
<p>Outcome 6.3 Programs are evaluated and there is quality support for program implementation</p>	<ul style="list-style-type: none"> <li>i. Ensure that there is provision for evaluation in funded suicide prevention programs</li> <li>ii. Support specific partnerships between research organisations and the Aboriginal and Torres Strait Islander community sector to evaluate program implementation and outcomes</li> <li>iii. Use evaluation to build systems of quality improvement for suicide prevention in health care, child and family services, education and other services.</li> </ul>
<p>Outcome 6.4 Suicide prevention principles are embedded in systems of quality improvement for social and emotional wellbeing and mental health care</p>	<ul style="list-style-type: none"> <li>ii. Where possible encourage through current programs including general practitioners and other clinicians to increase provision of mental health assessments and treatments through training and quality improvement strategies</li> <li>ii. While there are limitations in the Medicare Benefits Schedule data as a measure of provision of services for Aboriginal and Torres Strait Islander clients, examine the possibility of using the Medicare Benefits Schedule to monitor access to general practitioners, psychiatrists and psychologists, and the flow-on effects of these services to Aboriginal and Torres Strait Islander wellbeing services through referral and other links.</li> <li>iii. Work with the Aboriginal and Torres Strait Islander community-controlled healthcare sector to ensure that suicide and self-harm risk assessment are incorporated in continuous quality improvement systems for child, youth and adult mental health services.</li> </ul>