

## Executive Summary

The suicide rates of Aboriginal and Torres Strait Islander peoples for the period 2001 -2010 were twice that of non-Indigenous Australians (ABS, 2012). The high rates of suicide among Aboriginal and Torres Strait Islander peoples are commonly attributed to a complex set of factors which not only includes disadvantage and risk factors shared by the non-Indigenous population, but also a broader set of social, economic and historic determinations that impact on Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health.

In June 2010 the Senate Community Affairs References Committee recommended, in its report into suicide amongst Aboriginal and Torres Strait Islander peoples, that “...*the Commonwealth government develop a separate suicide prevention strategy for Indigenous communities within the National Suicide Prevention Strategy...*” (SCARC, 2011).

In response the Australian Government agreed to develop Australia’s first national Aboriginal and Torres Strait Islander Suicide Prevention Strategy and established the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group (the Advisory Group) to guide its development. A list of the members for the Advisory Group can be found at Appendix 1.

The Strategy has been informed by extensive community consultation across Australia and by the Aboriginal and Torres Strait Islander peoples’ holistic view of health that encompasses mental health, physical, cultural and spiritual health. Participants at the community consultations consistently called for community-focused, holistic and integrated approaches to suicide prevention with an emphasis on investment in “upstream” prevention efforts to build community, family and individual resilience and on restoring social and emotional wellbeing.

The overarching objective of the Strategy is to reduce the cause, prevalence and impact of suicide on individuals, their families and communities.

Six goals underpin this objective:

1. Reduce the incidence and impact of suicide and suicidal behaviour in the Aboriginal and Torres Strait Islander population and in specific communities affected by suicide.
2. Ensure that Aboriginal and Torres Strait Islander communities and populations are supported within available resources to respond to high levels of suicide and/or self-harming behaviour with effective prevention strategies.
3. Implement effective activities that reduce the presence and impact of risk factors that contribute to suicide outcomes in the short, medium and long term and across the lifespan.
4. Build the participation of Aboriginal and Torres Strait Islander peoples in the workforce in fields related to suicide prevention, early intervention and social and emotional wellbeing through the provision of training, skills and professional qualifications at all levels.
5. Build the evidence base to support effective action and to evaluate the outcomes of suicide prevention activity at local, regional and national levels.

6. Make high quality resources, information and methods to support suicide prevention for Aboriginal and Torres Strait Islander peoples available across all contexts and circumstances.

The objectives and goals will be achieved through the six action areas of the Strategy, which set out how these will be achieved in terms of areas of need, intervention and expected outcomes.

The action areas focus on early intervention and building strong communities through more community-focused, holistic and integrated approaches to suicide prevention. In implementing the activities listed under the action areas the focus should, where possible, be on providing the widest possible benefit to Aboriginal and Torres Strait Islander peoples, with additional effort focussed on those at greater risk or disadvantage. Each action area is supported by a number of outcomes and associated strategies through which the outcomes are intended to be achieved.

The action areas are as follows:

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

This action area focuses on strategies to address two key areas: the encouragement of leadership, action and responsibility for suicide prevention on the part of communities; and the development, implementation and improvement of preventive services and interventions for communities and their members. The actions reflect the importance of organisations understanding communities, respecting local cultures, strengths and histories and recognising differences in social relationships and possibilities for action in rural, urban and remote settings.

**Action area 2:** *Building strengths and resilience in individuals and families.*

Suicide risk is associated with adversity in early childhood. This action area focuses on 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. The focus is also on activity 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.

**Action area 3:** *Targeted suicide prevention services.*

Targeted services are provided to individuals and families at a higher level of risk including 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 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. A number of strategies to address these issues are identified under this action area.

**Action area 4:** *Coordinating approaches to prevention.*

This action area relates to the importance of 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. This will help to reduce duplication and overlap of services and to improve infrastructure and resources.

**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. Developing a body of research in this area is a high priority. Also important are adequate data on self-harm and suicide in communities to address the gaps in the availability and accuracy of information in these areas. This action area recommends a number of strategies to address these issues.

**Action area 6:** *Standards and quality in suicide prevention.*

This action area focusses on strategies to ensure consistency in standards of practice and high quality service delivery. The three key components are: 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.

The Strategy has been developed to complement the National Suicide Prevention Strategy. The strategic platform of the National Suicide Prevention Strategy is expressed in the LiFE Framework, an evidence-based strategic framework that sets out a population approach to suicide prevention and provides a guide for developing suicide prevention initiatives, as well as identifying resources to assist their implementation. It aims to provide information and resources to researchers, policy makers, professionals and community members.

In order to achieve its objectives and goals, the implementation of the Strategy will involve, in different ways, all sectors and levels of government, the non-government and community sectors, research and training institutions and, most importantly, the communities themselves.

It will also be essential that the implementation of the Strategy links to a number of other complementary policy frameworks to ensure synergies between these:

- The Fourth National Mental Health Plan;<sup>1</sup>
- The 'Closing the Gap' commitments and National Indigenous Reform agreements;
- The National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013<sup>2</sup> and National Aboriginal and Torres Strait Islander Health Plan<sup>3</sup> (in development);

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<sup>1</sup> Fourth National Mental Health Plan – An agenda for collaborative action in mental health 2009-2014

<sup>2</sup> Commonwealth of Australia National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013

- The National Aboriginal and Torres Strait Islander People’s Drug Strategy (in development);<sup>4</sup>
- The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Social and Emotional Wellbeing 2004-2009 (currently under review);<sup>5</sup>
- The Roadmap for National Mental Health Reform 2012-2022<sup>6</sup>; and
- State and territory government suicide prevention strategies.

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<sup>3</sup> National Aboriginal and Torres Strait Islander Health Plan (in development)

<sup>4</sup> Commonwealth of Australia National Aboriginal and Torres Strait Islander Peoples Drug Strategy (currently in development)

<sup>5</sup> National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Wellbeing 2004-2009 (currently under review)

<sup>6</sup> The Roadmap for National Mental Health Reform 2012-22