



POSITION STATEMENT

Suicide Prevention and Capacity Building in Australian Indigenous Communities

Suicide Prevention Australia

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About Suicide Prevention Australia

Suicide Prevention Australia (SPA) is a non-profit, non-government organisation working as a public health advocate in suicide prevention. SPA is the only national umbrella body active in suicide prevention throughout Australia, promoting:

- Community awareness and advocacy;
- Collaboration and partnerships between communities, practitioners, research and industry;
- Information access and sharing; and
- Local, regional and national forums, conferences and events.

As a national organisation, SPA supports and assists both individuals and organisations throughout Australia, by promoting collaboration and partnerships in suicide prevention, intervention and postvention. SPA is supported by funding from the Australian Government under the National Suicide Prevention Strategy.

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<http://www.mindframe-media.info/>

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Guiding Principles

- The prevalence of suicide in Indigenous¹ communities has been shown to be significantly higher than that of non-Indigenous populations, yet Indigenous understandings and definitions of suicide and self-harming behaviours remain under-researched, undervalued and under-utilised.
- The risk of suicide and self-harm among Indigenous communities is complicated and compounded by complex (trans)generational transmissions of violence, trauma, grief, (de)colonisation, racism, family removal, identity and cultural dislocation and loss – the effects of which are known to greatly contribute to sociocultural and economic problems and conditions, which in turn place individuals at greater risk.
- SPA recognises that strategies aimed at reducing the rate of suicide among Indigenous communities must:
 - Be culturally based, supporting and respecting the differences between Indigenous groups, and working from understandings commonly held by each group; and
 - Include genuine consultation with the groups for which they are intended, rather than indiscriminately adapting non-Indigenous models of suicide prevention.
- The role and potential of community-based, family-centred care giving and ‘self-determination’ is central to protection against Indigenous suicide and self-harm.
- A cross-sector approach, including Indigenous and non-Indigenous organisations, is essential to enhance collaboration and communication in providing culturally appropriate service delivery.
- The focus now must shift from talk to tangible outcomes for Indigenous communities.



Background

Suicide in traditional Indigenous communities has emerged as a priority issue of public concern only in recent decades. Although the collection of reliable suicide statistics remains problematic, available evidence suggests that the rate of suicide among Indigenous people is much higher than non-Indigenous Australians. Suicide accounted for 4.2% of all external causes of death for Indigenous people in 2008 (Australian Bureau of Statistics (ABS) 2010). For Indigenous males aged 0–24 years and 25–34 years, suicide rates are approximately three and four times the corresponding age-specific rates for non-Indigenous males respectively and worryingly the suicide rates for young Indigenous women are approximately five times that of non-Indigenous young women (ABS & Australian Institute for Health and Welfare (AIHW) 2008). In some remote Indigenous communities, this may be significantly higher. In particular, suicide among Indigenous youth has increased alarmingly over the past 30 years (Cantor et al 1998).

In 2004-2005, the AIHW conducted research into the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander people using an interim model measuring eight domains of wellbeing: psychological distress; impact of psychological distress; positive wellbeing; anger; life stressors; discrimination; cultural identification and removal from natural family. The survey results indicate 27% of Indigenous Australians experience high or very high levels of psychological distress (AIHW 2009). Psychological distress (rather than mental illness) appears to impact upon suicidal ideation in the broader population, with those experiencing high and very high distress levels being 21 and 77 times more likely to report suicide ideation than those experiencing low psychological distress (Chamberlain et al. 2009).

As prevalence of suicide death and attempts differ between Indigenous and non-Indigenous populations, so too do characteristics of suicidal and self-harm behaviour. For example, “many of the mainstream social risk factors for suicide do not apply to Aboriginal people and their communities in the same way, if at all” (Elliott-Farrelly 2004). Furthermore, Indigenous people have historically been exposed to policies different to those of mainstream population resulting in different social risk factors experienced by both groups.

¹Please note: the use of the term ‘Indigenous’ within this document refers to both Aboriginal and Torres Strait Islander people and communities, unless otherwise individually specified, and has been adopted after explicit community consultation on the issue of appropriate terminology

Unlike non-indigenous populations, the link between Indigenous suicide and clinical depression is not clear. While mental disorders are contributing factors to suicide, Indigenous suicidality and mental illness seem to have a tenuous connection (Tatz 1999, 2005). This has been questioned (Goldney 2002), but Indigenous suicidology has provided little evidence to date to suggest any direct correlation between Indigenous suicide and diagnosable mental illness (Elliott-Farrelly 2004).

However, the causation of suicide needs to be analysed further with discussions of Indigenous suicidality framed within the broader context of the historical and social issues confronting Indigenous peoples, such as assaults on culture, land, family, language and identity.

Likewise, little research has actually been conducted into Indigenous understandings and definitions of suicide and self-harm behaviour. Intent is not always obvious. For instance, Indigenous suicides can often appear to be impulsive and frequently occur in the context or aftermath of intoxication (Elliott-Farrelly 2004; Hunter et al 2001; Tatz 1999).

Suicide deaths often spark clusters of suicides in Indigenous communities – for example, in the high profile case of Yarrabah in North Queensland where, in 1995, five suicides were reported to have occurred within the one Indigenous family in the space of two years (Hunter et al 2001). Such cases clearly demonstrate the need for suicide prevention strategies – not dissimilar to the Yarrabah Family Life Promotion Program subsequently initiated later that same year – that address risk at the community level, rather than just that of the individual. ‘Suicide Story’, a training program developed by the Central Australian Life Promotion Program, is another Indigenous-specific preventative strategy and allows for cultural and community adaptations in its deliverance.

SPA’s Position

SPA supports the Living is for Everyone (LiFE) Framework developed under the National Suicide Prevention Strategy and encourages the active development of specific strategies to advance issues relating to Indigenous communities within this national framework for the prevention of suicide and self-harm in Australia. Indigenous suicide has been recognised as a priority in the suicide prevention strategies of many States and Territories, yet there are still no nationally coordinated suicide prevention initiatives that target Indigenous Australians.

More specifically, SPA acknowledges, supports, advocates and seeks reform on the following:



A multidisciplinary approach to Indigenous suicide prevention

While mental disorders are contributing factors to suicide, some have stated that Indigenous suicidality in particular does not belong in the domain of mental health (Tatz 1999, 2005) – an assertion that has been questioned (Goldney 2002). The causation of Indigenous suicide requires further exploration.

In spite of this, available evidence shows that risk factors such as alienation and anger; dispossession; grief and lack of purpose; separation of children from parents; social disadvantage; poverty; lack of meaningful support networks; the impact of erroneous government policies; overt and covert racism; illiteracy; lack of publicly recognised role models and mentors; sexual assault; family violence; lack of meaningful employment; widespread use of drugs; and heavy drinking are major social and environmental contributors implicated in the development of suicidal and self-harming behaviours in Indigenous individuals.

Indigenous suicide is typically “either defined as a mental health issue and is therefore addressed by mental health services (the prevailing approach), or it is defined as an issue outside of mental health and is therefore addressed by other non-mental health services (the ‘alternative’ approach)” – resulting in the significant absence of a multidisciplinary approach that frames suicide and self-harm prevention more holistically and “allows for definitions and treatments from both angles” (Farrelly 2008). Thus a cross-sector approach equipped with Indigenous cultural understanding and awareness is significant in the prevention and treatment of suicide ideation.

Many Indigenous communities and community leaders have initiated their own innovative and culturally appropriate suicide prevention activities. Examples include Alive and Kicking Goals in Broome and Hoops 4 Health in the Northern Territory, which use AFL and basketball respectively to promote the importance of healthy bodies and healthy minds to Indigenous youth. Health specific services include the Bila Muuji Social and Emotional Wellbeing project which is a consortium of Aboriginal Health Services in NSW who provide culturally appropriate mental health services and also preventative health measures to reduce the impact of trauma, loss and disempowerment in Indigenous communities.

Towards an Indigenous suicidology

SPA acknowledges that there are certain cultural protocols that vary from Indigenous community to Indigenous community and that these must be respected as a central feature of any initiative seeking to address the problem of suicide among Indigenous peoples.

Such initiatives should therefore be supported by an Indigenous suicidology that recognises differences in suicide aetiology and contributes to the development and implementation of Indigenous-specific suicide prevention strategies with the capacity to deliver tangible outcomes for at-risk individuals and affected families in Indigenous communities (Elliott-Farrelly 2004). This requires cultural sensitivity (extending to responsible media reporting of Indigenous suicide, particularly Indigenous suicides in custody) and a demonstrated respect for the fundamental principle of self-determination².

In developing and implementing Indigenous suicide prevention strategies, however, it is important to recognise that no 'quick fix' solution exists to the complex web of underlying sociocultural and economic problems and conditions found to greatly contribute to increased individual risk and endemic rates of suicide and self-harm among Indigenous peoples.

However, SPA is concerned not to perpetuate the perception that Indigenous health remains an insoluble problem. Indeed, there are presently a number of carefully evaluated best practice community intervention and capacity building programs and initiatives from different institutions and disciplines, which offer hope and important learnings about Indigenous suicide prevention (for examples, see the work of Tracy Westerman, Judy Atkinson and others referenced in a recent paper by Petchkovsky, Cord-Udy & Grant 2007).

A number of studies have shown that traditional Indigenous culture and connections to family and the land can, in some communities, afford certain protections from suicide (Swan & Raphael 1995).

To ensure early and ongoing tailored Indigenous suicide prevention and intervention, SPA supports a consultative approach with better engagement and collaboration of bureaucracies in their own right, as well as individuals, Indigenous communities, government, advocacy groups and support networks. Services such as Link-Up which support Indigenous individuals and families in addressing impacts of historical and social complexities are necessary in the healing and recovery from trans-generational trauma and should be utilised in multidisciplinary strategies.

Community and the capacity for care giving

Racism, child removal, family violence and child sexual abuse may link directly to suicidal behaviour. These dangerous and upsetting events can also cause severe trauma for those who experience them. Their attempts to deal with the emotional complexities of the trauma may include abuse of drugs and alcohol, crimes leading to incarceration, self-harm, seemingly reckless self-destructive behaviours, and possibly eventual suicide. Unresolved trauma and ineffective attempts to deal with it, can cause more dangerous and upsetting events for each succeeding generation, so that the social and emotional wellbeing of an individual becomes trans-generational.

SPA recognises that such intergenerational transmission can have significant detrimental impacts on the caregiver's capacity in Indigenous communities to provide an optimal environment for the physical, emotional and psychosocial development of infants. This can occur through the neurobiological consequences of trauma, the effects of alcohol on the foetus and disruptions to caretaking arrangements.

Matters arising out of the effects of family law (particularly child custody, access and support) as well as child welfare and associated issues can also significantly contribute to the level of suicide, attempted suicide, self-harm and family conflict in Indigenous communities. A recent Australian child protection report found that Indigenous children were on protection orders and in out-of-home care 8 and 9 times that of their non-Indigenous peers (AIHW 2010). Indigenous communities often find it hard to understand, believe or accept that children can be taken away by the courts and other authorities and that a parent can be prevented from seeing their children.



²United Nations Declaration on Rights of Indigenous People (2007) (Australia became a signatory in 2009), Article 3: Indigenous peoples have the right to self-determination. By virtue of that right, they freely determine their political status and freely pursue their economic, social, and cultural development.

Given these tremendous pressures, it is testimony to the strength and resilience of Indigenous peoples that so many families are still able to raise healthy, happy children and that cultural and other practices remain intact in many regions of Australia (for examples, see some of the ‘success stories’ included in the policy briefing paper, *Close the Gap: Solutions to the Indigenous Health Crisis facing Australia*, National Aboriginal Community Controlled Health Organisation (NACCHO) and Oxfam Australia (2007)).

Despite this, preventable and premature death has now become readily familiar to many Indigenous children. While infant mortality has improved since the 1970s, Indigenous children are almost five times as likely to die before the age of five as non-Indigenous children (NACCHO & Oxfam 2007). Equally so, the over-representation of Indigenous people in custody – particularly at an early age – does not appear to have improved (Human Rights and Equal Opportunity Commission 1996).

Grief and postvention

SPA acknowledges that grieving and loss is common and constant for Indigenous communities. Historical legacies of dispossession (including land, family and culture) and the “trauma inflicted through government policies of removing Aboriginal children from their families have had profoundly destructive and enduring impacts upon the social and emotional wellbeing” of Aboriginal peoples (Silburn et al 2006).

Key findings from *The Western Australian Aboriginal Child Health Survey: Strengthening the Capacity of Aboriginal Children, Families and Communities* reveal that families of Aboriginal children report extraordinarily high levels of stress. In the 12 months prior to the survey, one in five (22 per cent) Aboriginal children aged 0-17 years were living in families where major life stress events – incarceration, violence, severe hardship and death – had occurred (Silburn et al 2006).

Suicide deaths, particularly by hanging, are frequently witnessed by many members of an Indigenous community, and places where people have died by suicide often take on local meanings and associations. In some instances, high levels of exposure to both death and suicide have resulted in a de-sensitisation among members of Indigenous communities, where “suicide and self-harm behaviour becomes normal, and even expected (though by no means acceptable)” (Farrelly 2008).

Despite this, the availability of and access to grief support by Indigenous peoples after a death by suicide is virtually non-existent or, at best, deficient (Elliott-Farrelly 2004). Many of the grief support services that are available operate from mainstream/non-Indigenous models, which may not meet Indigenous needs or work from Indigenous understandings of and responses to grief and loss.

Closing the gap

SPA recognises that the detrimental effects of intergenerational transmissions of grief and trauma have been exacerbated for Indigenous youth, in particular, by the conflicting sense of commonly feeling “caught between two cultures” (Donaghy 1997) and by the institutional racism inherent in past and present policies affecting Indigenous communities (Lavallee & Poole 2009).

In 2008 the Australian Governments made a commitment to address the health and welfare disparities between Indigenous and non-Indigenous Australians, through the Closing the Gap initiative. This initiative aims to improve health and education outcomes for Indigenous Australians, measures which can indirectly and directly impact suicide rates. Particularly, investment in infrastructure, services and governance under the strategy have the potential to address some of the underlying causes of Indigenous suicide discussed above.

In July 2009 the Billard Aboriginal Community in Western Australia held a Blank Page Summit on Suicide in response to the escalating Indigenous suicide rates in the Kimberly region. The Summit was attended by many political and community stakeholders and produced a communiqué that aimed to create ‘suicide proof’ communities. As an event that is run by and for Indigenous communities, the Blank Page Forum provides an innovative prototype for community action for suicide prevention, as recognised by then Prime Minister Kevin Rudd in his *Closing the Gap 2010 update* (Commonwealth of Australia 2010).



Recommendations

- SPA strongly recommends that Indigenous suicide prevention strategies adopt a multidisciplinary approach that is respectful to Indigenous culture, history and agency and that enables the development of solutions in genuine collaboration with Indigenous peoples.
- SPA actively supports recognition of the capacity of Indigenous leaders and communities to undertake suicide prevention initiatives. Where necessary, SPA supports the training of Indigenous workers to form part of and/or lead suicide prevention initiatives. SPA also recommends that greater recognition be paid to pre-existing best practice community intervention and capacity building programs so that potentially important lessons about Indigenous suicide prevention may be better valued and understood.
- For progress to occur, there must be an understanding that colonisation and integration have had, and continue to have, a significant impact on the rates of suicide among Indigenous peoples. Strategies which foster cultural and individual healing are significant to reducing incidents of Indigenous suicide ideation.
- Indigenous suicide prevention strategies must be congruent with the unique characteristics of different Indigenous groups, rather than indiscriminately adapting non-Indigenous models of suicide prevention.
- Postvention and responses to the enduring grief experienced within Indigenous communities as a result of suicide and self-harm must be addressed as a matter of priority within all Indigenous suicide prevention strategies. Provision of postvention care should include a whole-of-community approach to facilitate dialogue as a strategy for reducing cluster suicides.
- SPA recommends that strategies addressing the problem of suicide and self-harm among Indigenous communities be designed to consider risk in terms of social and contextual factors, and should focus on addressing risk at the community and extended family level, rather than just that of the individual.
- While the Australian Government's Closing the Gap initiative is welcomed, SPA believes this development must be supported by an ongoing government commitment to improving the health, housing and living standards of Indigenous communities. It should also ensure that laws are interfaced effectively with Indigenous cultural values and practices.
- SPA supports skilling up Indigenous and non-Indigenous workers to best manage proactive and reactive responses to suicide deaths and attempts within Indigenous communities.
- SPA advocates for the implementation of a pre-/postvention program which can be adapted to specific community needs and identity (to allow for community-led initiatives rather than imposing non-Indigenous ideologies)
- SPA strongly advocates that greater attention be afforded to detailed research of specific issues such as:
 - Indigenous understandings and definitions of suicide and self-harm;
 - The impact of intergenerational transmissions of violence, suicide and self-harm;
 - The familiarity of death to Indigenous children;
 - Indigenous suicide deaths in custody;
 - Indigenous understandings of effective support models – whether as a preventative or postventive measure;
 - Indigenous workforce capacity, including the provision of SEWB and related programs;
 - Accredited workforce training;
 - Provisions for carers of those identified as being at risk of self-harming behaviours
 - Community development and environmental enhancement programs; and
 - Ethical guidelines for media reporting of Indigenous suicide.



SPA's strategic contribution

Aboriginal Suicide Prevention & Capacity Building Workshop

In 2007, SPA worked closely with the Australian Government and an organising committee on the implementation of an Aboriginal Suicide Prevention & Capacity Building Workshop in Central Australia. This workshop was held in Alice Springs from 12 June to 14 June 2007 and drew some 89 participants.

The purpose of the workshop was:

1. For delegates to network and share information with community-based organisations working with Aboriginal communities that are part of the National Suicide Prevention Strategy or have a focus on suicide prevention for Aboriginal communities; and
2. For organisations to build their capacity to implement suicide prevention projects effectively.

The intended outcomes of the workshop were to:

- Better understand the issues organisations face from a broad community perspective when dealing with suicide prevention;
- Help identify ways in which suicide prevention can be achieved in Aboriginal communities;
- Strengthen communication between initiatives and services within Central Australia by upskilling organisations to effectively implement and manage suicide prevention projects;
- Increase networking and information sharing opportunities among community-based organisations that are part of the National Suicide Prevention Strategy or have a focus on suicide prevention;
- Train and develop the skills of delegates to provide a continuum of knowledge on the entire funding process from submission writing to project evaluation; and
- Facilitate an increased capacity to implement suicide prevention projects more effectively.

SPA remains committed to reducing the impact of suicide on Australian Indigenous communities, and shall continue to advocate for improved suicide prevention policies and infrastructure for Indigenous Australians.

More information is available via the SPA website: <http://www.suicidepreventionaust.org>

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