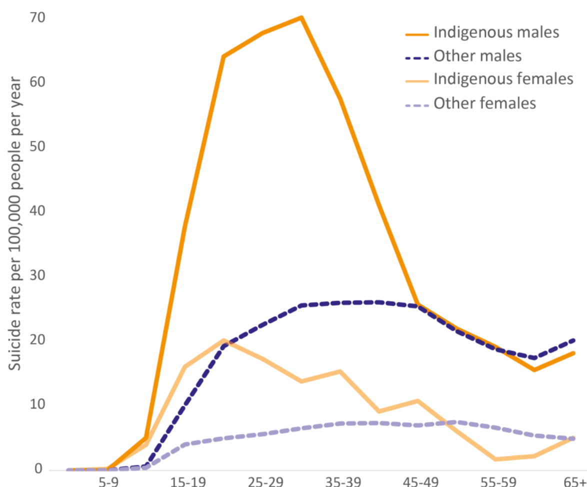
Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

FACT SHEET 1

What we know about suicide prevention for Aboriginal and Torres Strait Islander peoples

Suicide is one of the most common causes of death among Aboriginal and Torres Strait Islander peoples (herein Indigenous). On average, over 100 Indigenous Australians end their lives through suicide each year, accounting for 1 in 20 Indigenous deaths.[1,2] Indigenous people between the ages of 15 to 34 are at highest risk, with suicide the leading cause of death, accounting for 1 in 3 deaths.[1] While these numbers reflect that Indigenous suicide is a significant public health issue, they are likely to underestimate the true scale of the problem.

Suicide rates by age, 2001-12



Source: ATSISPEP analysis of unpublished NCIS data.

The available data suggests that the suicide rate for Indigenous peoples has, on average, been twice as high as that recorded for other Australians over the last decade, and that there has been little change in national Indigenous suicide rates between 2003 and 2012.[1,2]

The gaps are considerably greater in some regions and vary markedly by age and gender:

- Suicide rates are typically much higher among Indigenous men than women
- The peak age of suicide is 30-34 years for Indigenous men (3 times the rate of other men of this age) and 20-24 years for Indigenous women (4 times the rate of other women)[3]

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
- transgenerational 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.[4]

Strategies to close the suicide gap

The complex, embedded and intertwined nature of the various *antecedent* or risk factors require multi-level suicide prevention strategies. These include:

- targeting the broader social determinants that expose people to a range of ongoing negative experiences and events across the life course, particularly severe economic disadvantage
- preventative early intervention for individuals in distress
- long-term and upstream approaches that promote resilience, a strong sense of self, coping skills and a positive future orientation

- proactive bereavement support and containment of suicide clusters and contagion by addressing trauma and additional stresses associated with suicide
- strengthening how individuals negotiate the contexts in which they live supporting and enhancing people's inner strength and coping skills
- connecting people to their cultural values, care systems and identity
- providing emergency mental health interventions, as well as support for front-line community workers, first responders and family members caring for suicidal individuals

Effective programs and services

There are two critical elements for any suicide prevention program in Indigenous communities to be effective. Firstly, programs need to be culturally appropriate and secondly, need to have community engagement and ownership from the outset. They also need to be:

- small scale and able to respond to local contexts and issues
- have a holistic understanding of health and wellbeing
- encompass the links between the individual, family/kinships networks and community
- understand the central importance of culture and country to a strong sense of self, identity and sense of belonging
- promote recovery and healing from stress and trauma
- empower people to regain a sense of control and mastery over their lives
- have culturally competent staff and skilled cultural advisers
- utilise peers, youth workers and others in less formal relationships with young people
- have community ownership and input into the design, delivery and decision making processes

Promising programs

ATSISPEP research has found the following programs to be examples of best practice in addressing suicide:

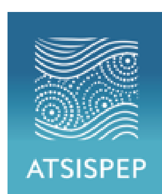
- **Alive and Kicking Goals (Kimberley, WA)**
- **Warra-Warra Kanyi - Mt Theo Project (NT)**
- **Suicide Story (NT)**
- **Red Dust Healing (Australia wide)**
- **UHELP (Inala, QLD)**
- **Gurriny Yealamucka Family Wellbeing Program (Yarrabah QLD)**
- **Townsville 24 hour mental health service (QLD)**
- **Galupa Marngarr Suicide Prevention Group (NT)**

More information about the above programs and additional factsheets is available on the ATSISPEP website.

Conclusion: The research confirms programs identified as showing promising results for Indigenous suicide prevention and wellbeing are those that: encourage self-determination and community governance, reconnection and community life, and restoration and community resilience; adhere to the Closing the Gap service-delivery principles of engagement, access, integration and accountability. These programs also take a holistic approach; focus on recovery and healing from stress and trauma; empower people to regain a sense of control and mastery over their lives; are led by the community and are family focused, culturally responsive and context specific.[5]

References:

1. Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.
2. Australian Institute of Health and Welfare 2014. Suicide and hospitalised self-harm in Australia Trends and analysis. 2014. Canberra: AIHW.
3. ATSISPEP. (2015). Analysis using unpublished National Coronial Information System data. *Note: Rates have been adjusted to account for cases with unknown Indigenous status—see http://www.atsispep.sis.uwa.edu.au/ for more details.*
4. The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples Oct 2010 (Access to health and community services), ABS Cat. No.4704.0
5. The Mental Health and Social and Emotional Wellbeing of Aboriginal and Torres Strait Islander Peoples, Families and Communities. Supplementary Paper to *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention* . Prepared by Chris Holland, with Pat Dudgeon and Helen Milroy for the National Mental Health Commission May 2013



The School of Indigenous Studies
The Poche Centre for Indigenous Health

ATSISPEP is funded by the Australian Government through the Department of Prime Minister and Cabinet