CBPATSISP Fact Sheet | Updated September 2023

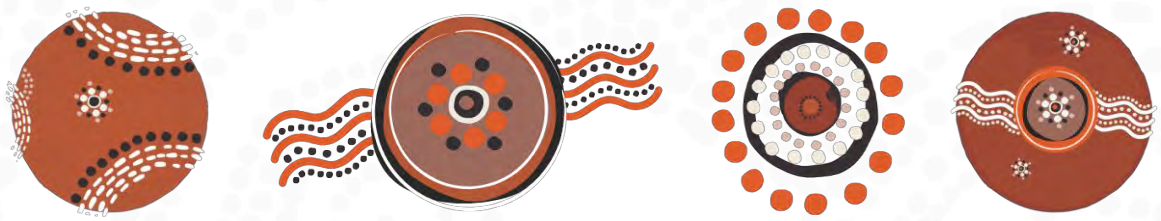
What Works in Indigenous Suicide Prevention

This fact sheet describes the key factors in Indigenous suicide prevention identified in the Solutions That Work[1] report

The Report[1]

The work of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) builds on the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). The ATSISPEP 2016 legacy report—Solutions That Work[2]—identified success factors in Indigenous suicide prevention. These factors were identified through a meta-evaluation of Indigenous suicide prevention activities, which was also supported by a combination of:

1) 12 Indigenous community, risk group, and subject-matter-specific **Roundtables Consultations** on suicide prevention,
2) a **literature review** on community-led Indigenous suicide prevention,
3) a **thematic analysis** of 69 previous Indigenous suicide prevention focused consultations, which involved 1,823 participants,
4) an **analysis** of other sources such as state and territory general population suicide prevention strategies, and
5) **key recommendations** from the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference held in Alice Springs in May 2016.



Each suicide death is different, and at the population level, the causes of suicide are multi-layered, which requires a comprehensive response to Indigenous suicide.

Layers of Responses

ATSISPEP identified three broad layers of responses:

1. For individuals **challenged by suicide ideation**, or for those who have **recently attempted suicide**, **preventative interventions** are required

Clinical mental health services delivered in culturally safe service environments with access to Indigenous and/or culturally competent non-Indigenous staff, available 24/7, in a timely manner are critical.

2. For **groups with higher rates of suicide** (i.e., Indigenous young people), **tailored preventative responses** are required:

Peer-to-peer support, diverting young people from alcohol or drug misuse, or other challenging behaviours, and contact with Elders and culture, can enhance social and emotional wellbeing, and prevent suicides in young people.

3. For **individuals, families, and communities**, **community-based responses** are required to:

1) raise community awareness and capacity in relation to suicide through education programs that support help-seeking behaviours for mental health and suicide ideation;
2) promote culturally secure services;
3) address upstream issues associated with suicide such as unemployment and alcohol and drug misuse; and
4) promote healing and resilience in individuals, families and communities by strengthening social and emotional wellbeing and culture.

Community-level suicide prevention activities are most likely to succeed if they are
1) co-designed and implemented under Indigenous community leadership and/or,
2) in genuine power sharing partnerships between service providers and Indigenous communities.

Communities are in the best position to design cultural and lived experience elements into service responses; it is also the right of Indigenous people to be involved in service and program co-design and delivery both as Indigenous people and as mental health consumers. In addition, community empowerment is a beneficial outcome per se, with the potential for flow-on benefits including lower rates of Indigenous suicide.

Success Factors Identified by ATSISPEP

The success factors for Indigenous suicide prevention were provided in the Report[1]. Those identified in the meta-evaluation of evaluated community-led Indigenous suicide prevention programs are in bold.

Universal/ Indigenous community -wide	**Primordial prevention**	**Addressing community challenges, poverty, social determinants of health**
		Cultural elements - building identity, social and emotional wellbeing, healing
		Alcohol/drug use reduction
	Primary prevention	**Gatekeeper training - Indigenous-specific**
		Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy
		Reducing access to lethal means of suicide
		Training of frontline staff/GPs in detecting depression and suicide risk
		E-health services/internet/crisis call lines and chat services
		Responsible suicide reporting by the media
Selective - at-risk groups	**School age**	School-based peer support and mental health literacy programs
		Culture being taught in schools
	Young people	**Peer-to-peer mentoring, and education and leadership on suicide prevention**
		Programs to engage/divert, including sport
		Connecting to culture/Country/Elders
		Providing hope for the future, education - preparing for employment
Indicated - at-risk individuals	**Clinical elements**	**Access to counsellors/mental health support**
		24/7 availability
		Awareness of critical risk periods and responsiveness at those times

Success Factors Identified by ATSISPEP (Cont.)

Indicated – at-risk individuals	**Clinical elements**	**Crisis response teams after a suicide/postvention**
		Continuing care/assertive outreach post ED after a suicide attempt
		Clear referral pathways
		Time protocols
		High quality and culturally appropriate treatments
		Cultural competence of staff/mandatory training requirements
Common elements	**Community leadership/ cultural framework**	**Community empowerment, development, ownership - Community-specific responses**
		Involvement of Elders
		Cultural framework
	Provider	**Partnerships with community organisations and ACCHS**
		Employment of community members/peer workforce
		Indicators for evaluation
		Cross-agency collaboration
		Data collections
		Dissemination of learnings

Reference

[1] Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., & Walker, R. (2016 November 10). *Solutions that work: What the evidence and our people tell us.* National Indigenous Australians Agency. https://www.niaa.gov.au/sites/default/files/publications/solutions-that-work-suicide-prevention.pdf

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