



# Aboriginal and Torres Strait Islander Suicide Prevention Fact Sheet 5

## What Works in Indigenous Suicide Prevention

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](#)) whose 2016 legacy report, *Solutions That Work*, identified key success factors in Indigenous suicide prevention.

Suicide prevention success factors in *Solutions That Work* were identified through a meta-evaluation of previously evaluated Indigenous suicide prevention activity supported by an analysis of:

- ◆ **12 roundtables on suicide prevention including Indigenous young people and LGBTIQ peoples**
- ◆ **Review of 69 previous consultations that involved 1,823 participants**
- ◆ **Key recommendations from the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in May 2016**
- ◆ **A literature review**
- ◆ **State and Territory suicide prevention strategies**

**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.** ATSISPEP identified three broad layers of response required:

- 1 For individuals challenged by suicide ideation, or 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 hours a day, 7 days a week, 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, are successful prevention activities for young people.
- 3 For individuals, families and communities community-based, multilevel suicide prevention activities are required to:**
  - Raise community awareness of, and ability to respond to, suicide by education programs designed to support help-seeking behaviours for mental health and suicide ideation challenges;
  - Promote culturally secure services;
  - Address upstream issues associated with suicide such as: unemployment, alcohol and drug misuse and other challenges to community wellbeing; and
  - Promote healing and resilience in individuals, families and communities by strengthening social and emotional wellbeing and culture.

A shared success factor in community-level suicide prevention activity is its co-design and implementation under Indigenous community leadership and/or in genuine power sharing partnerships between service providers and Indigenous communities. Communities are best placed to design the responses needed in factoring in cultural and lived experience elements; 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, the empowerment of communities is a beneficial outcome in itself, with potential for multiple flow-on benefits including lower rates of Indigenous suicide.

A summary table of success factors extracted from the full report - [Solutions That Work](#).

### SUMMARY TABLE OF SUCCESS FACTORS IDENTIFIED BY ATSIPEP

The following outlines success factors for Indigenous suicide prevention, with those identified in the meta-evaluation of evaluated community-led Indigenous suicide prevention programs in **blue font**.

<b>UNIVERSAL/ INDIGENOUS COMMUNITY- WIDE</b>  In this report 'universal' is used to indicate community-wide responses, not population-wide responses as the term usually indicates	<b>Primordial prevention</b>	<ul style="list-style-type: none"> <li>Addressing community challenges, poverty, social determinants of health</li> <li>Cultural elements – building identity, SEWB, healing</li> <li>Alcohol /drug use reduction</li> </ul>
	<b>Primary prevention</b>	<ul style="list-style-type: none"> <li>Gatekeeper training – Indigenous-specific</li> <li>Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy</li> <li>Reducing access to lethal means of suicide</li> <li>Training of frontline staff/GPs in detecting depression and suicide risk</li> <li>E-health services/internet/crisis call lines and chat services</li> <li>Responsible suicide reporting by the media</li> </ul>
<b>SELECTIVE – AT RISK GROUPS</b>	<b>School age</b>	<ul style="list-style-type: none"> <li>School-based peer support and mental health literacy programs</li> <li>Culture being taught in schools</li> </ul>
	<b>Young people</b>	<ul style="list-style-type: none"> <li>Peer-to-peer mentoring, and education and leadership on suicide prevention</li> <li>Programs to engage/divert, including sport</li> <li>Connecting to culture/country/Elders</li> <li>Providing hope for the future, education – preparing for employment</li> </ul>
<b>INDICATED – AT RISK INDIVIDUALS</b>	<b>Clinical elements</b>	<ul style="list-style-type: none"> <li>Access to counsellors/mental health support</li> <li>24/7 availability</li> <li>Awareness of critical risk periods and responsiveness at those times</li> <li>Crisis response teams after a suicide/postvention</li> <li>Continuing care/assertive outreach post ED after a suicide attempt</li> <li>Clear referral pathways</li> <li>Time protocols</li> <li>High quality and culturally appropriate treatments</li> <li>Cultural competence of staff/mandatory training requirements</li> </ul>
<b>COMMON ELEMENTS</b>	<b>Community leadership/ cultural framework</b>	<ul style="list-style-type: none"> <li>Community empowerment, development, ownership – community-specific responses</li> <li>Involvement of Elders</li> <li>Cultural framework</li> </ul>
	<b>Provider</b>	<ul style="list-style-type: none"> <li>Partnerships with community organisations and ACCHS</li> <li>Employment of community members/peer workforce</li> <li>Indicators for evaluation</li> <li>Cross-agency collaboration</li> <li>Data collections</li> <li>Dissemination of learnings</li> </ul>

More information about suicide prevention and fact sheets are available on the [CBPATSIISP](#) website.

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