

**Submission
No 8**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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Preventing Youth Suicide in New South Wales

Context

The Committee on Children and Young People have commenced an inquiry into current approaches to prevent youth suicide in New South Wales. The Terms of Reference draw particular attention to:

- a. Any gaps in the coordination and integration of suicide prevention activities and programs across all levels of government
- b. Governance arrangements and accountabilities for suicide prevention
- c. Provision of services in local communities, particularly in regional and rural areas
- d. Provision of services for vulnerable and at-risk groups
- e. Data collection about the incidence of youth suicide and attempted suicide
- f. Provision of high-quality information and training to service providers
- g. Approaches taken by primary and secondary schools
- h. Any other related matters

The Aboriginal Child, Family and Community Care State Secretariat (AbSec), as the peak Aboriginal child and family organisation in NSW, is pleased to make a submission on behalf of our stakeholders; Aboriginal children and young people, their families, communities and organisations. AbSec is committed to advocating on behalf of Aboriginal children, families, carers and communities, and to ensure they have access to the services and supports they need to keep Aboriginal children safe and provide them the best possible opportunities to fulfil their potential through Aboriginal community controlled organisations.

Aboriginal children and young people continue to be significantly over-represented in youth suicide and attempted suicide in NSW. According to NSW data¹ Aboriginal young people aged 15 to 24 years die by suicide at almost twice the rate of their non-Aboriginal peers (15.3 per 100,000 compared to 8.1 per 100,000, 2011-15). Children and young people known to the NSW Department of Family and Community Services are also particularly vulnerable, with young people known to FACS four times more likely to die from suicide relative to their peers². Again, Aboriginal children and young people were particularly over-represented, emphasising the need for a dedicated approach to Aboriginal Youth Suicide Prevention that is tailored to the needs of Aboriginal young people, their families and communities, and co-designed with Aboriginal people and communities.

More broadly, there has been a range of initiatives focused on suicide prevention over recent years³. In NSW, the NSW Mental Health Commission has launched a strategic plan for mental health, including eight actions directed towards suicide prevention. Following this, a proposed Suicide Prevention Framework has been developed and is currently being trialled in four communities. However, a report by the National Coalition for Suicide Prevention in 2014 gave Australia a mixed grade with respect to suicide prevention performance, noting positive outcomes in means restriction and media guidelines, but poor performance with respect to strategy, oversight and coordination and crisis intervention⁴. This report noted the need for a distinct approach to suicide prevention in Aboriginal communities; one that is community-controlled culturally embedded, and described Aboriginal communities themselves as a key strength in Aboriginal suicide prevention.

¹ HealthStats NSW: http://www.healthstats.nsw.gov.au/Indicator/men_suidth/men_suidth_atst_age, accessed 28 August 2017

² NSW Family and Community Services, *Child Deaths 2014 Annual Report: Learning to improve services*, available at: http://www.community.nsw.gov.au/__data/assets/file/0020/340454/FACS_child_deaths_annual_report_2014_090816.pdf

³ See Roth, L. (2017) Suicide Prevention, NSW Parliamentary Research Service, July 2017 for an overview.

⁴ National Coalition for Suicide Prevention (2014), *One world connected: an assessment of Australia's progress in suicide prevention*.

AbSec continues to advocate for the establishment and strengthening of a state-wide safety-net of Aboriginal community controlled organisations delivering holistic, culturally connected and innovative community-embedded services for all Aboriginal children and young people, and their families, across NSW⁵. This model reflects three foundational principles: that improving outcomes for vulnerable children must include supporting positive change for the child's social network⁶, that Aboriginal communities are themselves best placed to develop and deliver the services they need⁷, and must be empowered to do so, and that culture represents a significant positive factor in overcoming adversity⁸. AbSec would like to take this opportunity to acknowledge the tireless work of countless Elders, leaders and community advocates working daily in their communities, promoting the social and emotional wellbeing and resilience of Aboriginal children and young people yet often under-appreciated by mainstream systems.

Consistent with this, Aboriginal young people have repeatedly emphasised the importance of community and culture in their wellbeing. In consultations led by AbSec's Youth Ambassadors⁹, Aboriginal young people, including those with experience of the statutory child protection system, emphasised the importance of family, community and culture in their experience of safety, and in their future wellbeing. This is echoed in similar consultations conducted by the Advocate for Children and Young People. Related to this point, Aboriginal children and young people themselves should be engaged, at the local level, to participate in the design of services and strategies developed with them in mind, including the development of local Aboriginal youth suicide prevention strategies, in line with what has been demonstrated as effective.

What works in Aboriginal Youth Suicide Prevention

The recently completed Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)¹⁰ examined in great detail the existing evidence regarding suicide prevention in Aboriginal communities. Through their analysis, ATSISPEP identified a range of success factors across three broad levels of intervention, representing a public health approach to suicide prevention (see Fig.1). This approach emphasises the importance of an integrated approach to suicide prevention, combining individual and population based approaches.

Importantly, a number of common factors were identified, providing a broader framework for this integrated approach. That is, effective suicide prevention strategies for Aboriginal people, including Aboriginal youth, should be community owned and embedded, empowering Aboriginal communities to develop their own tailored responses through a cultural framework and involving community Elders. They should also build partnerships within the community, and include data collection and evaluation processes to build a local evidence base and drive continuous improvement.

⁵ AbSec (2016) *Achieving a Holistic Aboriginal Child and Family Service System for NSW*, available at:

⁶ Shonkoff, J., and Fisher, P., (2013) Rethinking evidence-based practice and two-generation programs to create the future of early childhood policy, *Development and Psychopathology*, pp. 1635-1653

⁷ The Harvard Project on American Indian Economic Development, led by Professors Stephen Cornell and Joseph P. Kalt. Information available at <http://hpaied.org/about>

⁸ National Scientific Council on the Developing Child (2015) *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*. <http://www.developchild.harvard.edu/resourcecategory/reports-and-working-papers/>

⁹ AbSec (2017) 'Youth Report: AbSec Youth Ambassador Program' available at: <https://www.absec.org.au/images/downloads/AbSec-YouthReport-2016-web.pdf>

¹⁰ Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., and Holland, C. (2016) *Solutions that Work: What the Evidence and our People Tell Us*, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project: Report. Available at www.atsispep.sis.uwa.edu.au

In addition to these factors, AbSec feels it is important to note the research of Chandler and Lalonde (cited by ATSIPEP – see Text Box 2 on page 12 in that publication) in their examination of suicide among First Nations’ young people in British Columbia, Canada, which identified ‘cultural continuity’ as a key protective factor¹¹. Chandler and Lalonde noted that the occurrence of suicide in these communities was not reliably related to socio-economic status or even “rurality”. Rather, in a series of studies they identified eight markers that were associated with lower suicide risk for First Nations communities, including:

- a) Evidence of steps to secure title over traditional lands
- b) Evidence of attaining some level of self-government
- c) Community control over educational services
- d) Community control over police and fire services
- e) Community control over health delivery services
- f) Community control over child welfare services
- g) Evidence of established cultural facilities
- h) Representation of women in community governance

While Chandler and Lalonde identified that communities often took different paths to achieving these eight factors, some constellations demonstrated greater protective value than others. Nevertheless, factors were seen to have a cumulative effect. In reporting this work, Chandler and Lalonde emphasis the diversity that exists across communities, including indigenous communities, and the need to engage with each individual community rather than establishing a uniform approach. This is an important step not just in terms of providing services, but also in understanding differences across communities in suicide rates, and reflecting on the knowledge and evidence that Aboriginal communities themselves hold about this issue. The authors recommend the lateral transfer of knowledge across communities, which is reflected in AbSec’s own model of a state-wide safety-net of Aboriginal community controlled organisations. Regardless, those strategies likely to be most effective are those that are initiated by Aboriginal communities themselves, through their own processes. Emphasising this point, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project noted that¹²:

“A common success factor in community-based interventions or responses to Indigenous suicide is their development and implementation through Indigenous leadership and in partnership with Indigenous communities. This is not only because responses need to address cultural and ‘lived experience’ elements, but also because of the right of Indigenous people to be involved in service design and delivery as mental health consumers. In addition, the empowerment of communities is a beneficial outcome in itself, with a potential for multiple flow-on benefits. With community ownership and investment, such responses are also likely to be sustained over time.”

As such, ATSIPEP recommended that:

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing,

¹¹ Chandler, M. and Lalonde, C. (2004) Cultural Continuity as a Moderator of Suicide Risk among Canada’s First Nations, in Kirmayer, L. and Valaskakis, G. (Eds) *The Mental Health of Canadian Aboriginal Peoples: Transformations, Identity and Community*. University of British Columbia Press

¹² Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., and Holland, C. (2016) *Solutions that Work: What the Evidence and our People Tell Us*, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project: Report. Available at www.atsispep.sis.uwa.edu.au, pp. 2

cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care.

ATSISPEP synthesised these key factors for successful suicide prevention activities in Aboriginal and Torres Strait Islander communities and developed a range of tools to assess local suicide prevention activities, develop local approaches, and evaluate their efficacy¹³. These tools provide important prompts to guide development, including assessing local need and the ensuring that local planning is community-led and tailored to the strengths and challenges present in local communities. Finally, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report outlines key steps to evaluate the outcomes and impact achieved through suicide prevention activities, allowing lessons learned at the local level to be shared across the broader Aboriginal safety-net of community-controlled organisations, building further evidence to empower Aboriginal communities to more effectively address these challenges. This iterative Aboriginal community-led mechanism will ensure continuous improvement of community approaches that effectively address local factors associated with the incidence of suicide and further strengthen Aboriginal community responses to support Aboriginal children and young people to thrive.

Many of these elements are consistent with a systems approach to suicide prevention, such as evident in the proposed Suicide Prevention Framework currently being trialled in NSW¹⁴. This framework sees effective suicide prevention achieved through the cumulative impact of nine elements spanning from population based approaches through to individual level strategies and supports. Importantly, this approaches recognises the need for a community-led approaches tailored by and for local Aboriginal communities, noting that they will work in partnership with Aboriginal community leaders and organisations to “tailor the approaches to ensure they are culturally relevant to and led by the local community”¹⁵. However, it should be noted that this broader framework, while consistent with some elements of the ATSISPEP recommendations, are limited in other ways. For example, they remain focused on suicide prevention activities specifically, and do not include the important community wellbeing elements identified by Chandler and Lalonde. Further, the identified principles for engagement with Aboriginal communities refer to the establishment of strong “mutually beneficial” relationships and are “empowering for Aboriginal people”¹⁶, as distinct from emphasising the need for Aboriginal-led approaches focused on suicide prevention and, moreover, the social and emotional wellbeing of Aboriginal people, families and communities. AbSec concurs with LifeSpan project advisor Leilani Darwin, who called for suicide prevention programs to reflect not only global best practice, but also respects the views and perspectives of Aboriginal peoples, a living approach that adapts to the needs and views of Aboriginal communities, rather than consultation and engagement being “tacked on” to an established mainstream framework :

“What’s needed is an evidence-based approach to suicide prevention that not only draws from best practice globally, but also takes seriously our views as First Nations peoples. Suicide prevention activities must be targeted and culturally informed, reviewed by Aboriginal and

¹³ Ibid. pp. 27-46.

¹⁴ See http://www.lifespan.org.au/lifespan_in_nsw/

¹⁵ LifeSpan Integrated Suicide Prevention: Frequently Asked Questions (2016), available at: http://www.lifespan.org.au/wp-content/uploads/2016/07/LifeSpan_FAQ_Final.pdf, accessed 28 August 2017

¹⁶ NHMRC Centre for Research Excellence in Suicide Prevention and Black Dog Institute, for the NSW Mental Health Commission (2015) *Proposed Suicide Prevention Framework for NSW*.

Torres Strait Islander communities, elders and experts for feedback and further development.”¹⁷

Despite this, there remains a risk that a mainstream approach will not provide adequate focus on the specific needs of Aboriginal people, and may therefore fail to address the over-representation of Aboriginal people, and particularly Aboriginal youth, at risk of suicide. As such, we reiterate the recommendation of ATSIPEP for all future suicide prevention initiatives to include a dedicated approach for Aboriginal communities, with Aboriginal community governance, and reflecting a holistic view of health and wellbeing, building on the success factors identified by ATSIPEP. It is critical to the success of such programs that Aboriginal communities are empowered to participate fully in their design and delivery. How this has been achieved in the communities involved in this trial must be a central part of the reporting and evaluation processes.

Conclusion

Aboriginal children and young people are at increased risk of suicide and self-harm, emphasising the need for greater effort and focus on this important issue. Evidence has demonstrated clearly the importance of Aboriginal community control, self-government and cultural resilience in reducing the incidence of suicide within Aboriginal communities. Drawing on this and other evidence, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project identified a range of factors associated with effective suicide prevention within Aboriginal communities. Common to these approaches is the need for community control, the involvement of community Elders, and the presence of a cultural framework. Importantly, this emphasises the need to support the devolution of decision making across a range of community services, including child welfare, education, justice and health, empowering Aboriginal communities to design and deliver services at the local level. AbSec stands behind the recommendations arising from this project, including the need for greater community governance and self-determination with respect to the design and delivery of suicide prevention initiatives, including important upstream programs focused on social and emotional wellbeing, cultural renewal and improving the social determinants of health. In our view, investment in such an approach will likely have positive impacts not only for suicide prevention, but also child welfare, juvenile justice and lifelong wellbeing for Aboriginal people in NSW.

AbSec and other relevant Aboriginal peak bodies are currently working to improve Aboriginal community control of these domains, and it is important that government play their role in supporting Aboriginal community-led initiatives. This requires more flexible commissioning approaches that empower Aboriginal communities to establish their own service system responses across a range of domains including child welfare, justice, health and education, focused towards shared high-level outcomes. Not only is this enhanced community control of child welfare, health, justice and education services likely to contribute to a reduction in the incidence of suicide in Aboriginal communities, but is also likely to be associated with a range of positive outcomes across those domains, such as improved health and education outcomes and a reduction in the over-representation of Aboriginal children and young people within the statutory child protection and juvenile justice systems. Aboriginal children and young people themselves have a critical role to play in the design of these services.

More broadly, efforts to enhance Aboriginal self-government, cultural maintenance and revival and land title should be pursued in partnership with Aboriginal communities. Many of these initiatives are a key feature of the NSW Government OCHRE strategy, and greater effort is needed to implement local decision

¹⁷ Darwin, L. (2017) *Vital Voices are Missing in the Discussion to Reduce Indigenous Suicide Rates*, Huffington Post Australia, accessible at: <http://www.huffingtonpost.com.au/leilani-darwin/vital-voices-are-missing-in-the-discussion-to-reduce-indigenous-a-22110112/>, accessed 28 August 2017

making and other cultural enrichment initiatives at the local level, empowering and strengthening local Aboriginal communities and families around Aboriginal children and young people. This must include agreement-making processes for the design, delivery and oversight of basic services to Aboriginal children, families and communities.

While these broader actions are likely to provide benefit, there may also be a need to establish a specific suicide prevention activities for Aboriginal children and youth, recognising the crisis of over-representation in Aboriginal youth suicide in NSW. As the above evidence demonstrates, Aboriginal suicide prevention activities must be developed by Aboriginal communities at the local level if they are to be most effective. As noted above, the ATSIPEP examined the relevant national and international evidence and provides significant guidance to support the development of suicide prevention strategies. This includes tools to assess Aboriginal suicide prevention activity at the local level and support the development and evaluation of Aboriginal suicide prevention activities. These tools support the translation of research into practice for local communities, ensuring that the success factors identified by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Program are integrated into the design and development of Aboriginal suicide prevention activities at the local level, including the ongoing LifeSpan project in various NSW sites.

It is AbSec's view that these tools must provide the framework for the development of local Aboriginal suicide prevention activities. AbSec notes the investment of \$8 million over four years announced in the 2016-17 budget for a Suicide Prevention Fund, and encourages particular focus on engaging Aboriginal community controlled approaches to suicide prevention aligned to the principles identified by ATSIPEP. These initiatives can be supported at the state-wide level by empowering an appropriate Aboriginal body to oversee services and supports for Aboriginal children and their families. The development of local suicide prevention activities must occur in the context of ongoing capacity and capability building of local Aboriginal community control processes, and efforts to strengthen Aboriginal self-government and cultural strengthening.

This holistic approach recognises Aboriginal children and young people as agents in their own lives, and seeks to create an approach to community supports that are tailored to them as whole people, rather than seeking to break them down into organisational silos. Importantly, it creates a social environment where Aboriginal people are empowered and respected, and promotes a local services system that sees and values Aboriginal children for who they are, and who they will become.

Recommendations

1. That strategic planning around suicide prevention in NSW include a distinct Aboriginal strategy, developed in partnership with relevant Aboriginal community controlled organisations and peak bodies and reflect the principles and recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.
2. In line with the above recommendation, all current initiatives including the LifeSpan project and Suicide Prevention Fund should include a distinct focus on Aboriginal suicide prevention activities in line with the ATSIPEP principles and recommendations, and that these principles form a key part of evaluation and reporting processes with appropriate oversight through relevant Aboriginal community organisations and peak bodies.
3. That the NSW Government commit to the development of a state-wide safety-net of Aboriginal community controlled organisations to design, deliver and oversee the delivery of basic services to Aboriginal children and young people, families and communities at the local level, including local decision making and cultural enrichment activities identified under the OCHRE strategy.

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.

UNIVERSAL/ INDIGENOUS COMMUNITY- WIDE In this report 'universal' is used to indicate community-wide responses, not population-wide responses as the term usually indicates	Primordial prevention	<ul style="list-style-type: none"> Addressing community challenges, poverty, social determinants of health Cultural elements – building identity, SEWB, healing Alcohol /drug use reduction
	Primary prevention	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> School-based peer support and mental health literacy programs Culture being taught in schools
	Young people	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Access to counsellors/mental health support 24/7 availability Awareness of critical risk periods and responsiveness at those times 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	<ul style="list-style-type: none"> Community empowerment, development, ownership – community-specific responses Involvement of Elders Cultural framework
	Provider	<ul style="list-style-type: none"> Partnerships with community organisations and ACCHS Employment of community members/peer workforce Indicators for evaluation Cross-agency collaboration Data collections Dissemination of learnings

Figure 1: Summary Table of Success Factors identified by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (2016)