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Connection to community

Pat Dudgeon, Abigail Bray, Shol Blustein, Tom Calma,
Rob McPhee, Ian Ring and Rose Clarke

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The AIHW is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.

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About the cover artwork:

Artist: Linda Huddleston

Title: The journey towards healing

At the centre of the artwork is the Clearinghouse. The black half-circles are the people who come to the Clearinghouse for information about mental health and suicide prevention.

The waves of red, yellow and white dots surrounding the inner circle represent strength and healing.

The footprints represent the journey towards healing.

The red and white circles around the edge represent different programs and policies aimed at helping people heal.

The hands represent success and wellbeing.

Summary

Connection to community

What we know

- Aboriginal and Torres Strait Islander people (Indigenous Australians) are burdened by trauma from colonisation and the ongoing transmission of trauma across generations as a result of the forced removal of children from their families and communities (the Stolen Generation).
- Indigenous concepts of holistic self and wellbeing are founded on the national, culturally appropriate framework of social and emotional wellbeing (SEWB), which recognises the influence of social, historical and cultural determinants.
- Connection to community underpins SEWB across the life span and across generations.
- Strong and healthy connections to community protect people from suicide and suicide-related behaviour.

What works

- Connection to community underpins interventions into Indigenous suicide prevention, which strengthen resilience and increase SEWB.
- The protective benefits of connection to community include:
  - reductions in youth suicide
  - strengthened cultural identity and self-continuity
  - intergenerational communication and the transmission of cultural knowledge through the empowerment of Elders
  - the restoration of supportive peer relationships
  - family thriving
  - language reclamation, cultural revitalisation, and increased collective social and cultural capital.

What doesn't work

- Interventions that implement only a clinical, individualistic approach to suicide prevention have limited success with Indigenous Australians.
- Programs and strategies that do not have Indigenous governance over the design, implementation and evaluation have not been found to be effective.
- Approaches that are not Indigenous-centred and place-based have numerous barriers to implementation and evaluation.

What we don't know

- The factors that characterise Indigenous communities marked by elevated suicide rates have not been identified, nor have the factors that distinguish these communities from those where suicide is low or non-existent.
- The relationship between community wellbeing, community control and suicide and suicide-related behaviours within communities, including by comparison to other communities in Australia, is not understood.
- National measures of Indigenous connection to community are required.

1

Introduction

1 Introduction

The collective wellbeing of many Indigenous Australian communities has been chronically impaired by colonisation. Colonisation has undermined the fundamental principles that 'held' and guided people by their communities' connections. This impact is seen worldwide as the world's indigenous peoples are vulnerable to suicide because of the impact of colonisation (WHO 2014).

Indigenous communities experience disproportionately high suicide rates (ABS 2021), which reflect a broader pattern of disparate Indigenous suicide mortality across colonised nations (Biddle et al. 2020). While important advances in government policy, resources, and efforts have been directed at reducing suicide among Indigenous Australians, suicide rates in Australia are increasing, as is the incidence of mental distress.

Social and emotional wellbeing (SEWB) is an expression of traditional life-affirming Indigenous knowledge systems about wellbeing and is central to culturally safe and successful approaches to suicide prevention in Indigenous communities. SEWB comprises 7 interrelated domains: body, mind and emotions, family and kinship, community, culture, Country, and spirituality (Dudgeon et al. 2017). SEWB is at its peak when there are harmonious and healthy connections across all the domains.

Connection to community is a key domain in the SEWB model. The concept of community is fundamental to identity and concepts of self in Indigenous Australian cultures. It defines relationships, social roles and cultural norms and practices (lores), which are 'a complex set of relational bonds and reciprocal obligations' (Gupta et al. 2020:2) that differ across Australia's cultural groups. Connection to community is also described in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing 2017–2023* (PM&C 2017) (National Strategic Framework):

> Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other and work together. (PM&C 2017:8)

This publication discusses Indigenous understandings of community. It:

- discusses understandings of what constitutes a healthy connection to community and why this is protective for individuals, families, and the community itself
- reports key information about research, evaluation, program and policy initiatives
- identifies best-practice approaches and critical success factors for implementation.

2

Background

2 Background

Connections to community are an important source of resilience for Indigenous Australians, despite substantial disruptions to their connection to community across generations (Milroy 2006). Cultural community connectedness, which builds a sense of cultural identity, is known to reduce suicide (Gibson et al. 2021a; Ridani et al. 2015). These connections can be understood as the cultural determinants of Indigenous resilience and wellbeing.

This is a common theme of *The Elders Report into Preventing Indigenous Self-harm and Youth Suicide* (Culture is Life 2014), in which cultural knowledge holders across the country offer insights into the importance of healthy community connections for Indigenous children and youth. The social determinants of suicide and trauma among Indigenous Australians has been covered elsewhere (Dudgeon et al. 2021a).

Stressors and risk factors

There is a consensus in the field of indigenous psychology that the prevalence of mental health problems, including suicide in colonised indigenous populations, is linked to the complex and traumatic impact of colonisation, both past and present. Colonisation is recognised as the overarching social determinant of psychological distress such that there is 'one critical social determinant of health, the effect of colonisation' (International Symposium on the Social Determinants of Indigenous Health 2007:30).

The intergenerational transmission of the historical trauma caused by colonisation is an example of this (Pollock et al. 2018). Displacement from communities and Country, the forced removal of children from their families and communities, and other genocidal assimilation policies, along with subsequent socioeconomic marginalisation and a pervasive and systemic racism, have impacted mental health across generations.

Recent advances in suicide research have argued for an analysis of community-level risk factors for suicide 'to develop interventions that can appropriately address relevant social forces or aspects of the environment that may contribute to suicide' (Torok et al. 2019:1209). So-called 'suicide audits' of communities affected by suicide clusters can provide information about the socioeconomic and cultural impacts on mental health. These audits can also identify pathways in the community for improving resilience and accessing health services (Torok et al. 2019).

Although clinically based evidence is vital to targeted interventions with at-risk individuals, an analysis of the social determinants of suicide—the conditions of everyday life across the lifespan—is increasingly important. Such an analysis enables the development of sustainable primary prevention strategies, person-centred interventions, and social prescribing initiatives that connect people to community support (Chandler and Dunlop 2018; Wexler et al. 2015). A key contribution to the determinants approach to Indigenous suicide prevention is research into the relationship between 3 factors:

- the generational transmission of 'historical trauma'
- risk factors for suicide and suicide-related behaviour
- a strength-based focus on the cultural determinants of healing and wellbeing (Wexler et al. 2015).

The coronial Inquest into the deaths of 13 children and young persons in the Kimberley region, Western Australia found that the 'social determinants of ill-health' have a critical role in Indigenous suicide (Fogliani 2019:14).

The Productivity Commission produced the first *Overcoming Indigenous Disadvantage* report in 2003. The most recent report identifies mental health challenges, socioeconomic crisis, 'exposure to other suicides', self-harm, and suicidal ideation as risk factors for suicide (SCRGSP 2020:66). A lack of cultural continuity—Indigenous self-determination over aspects of culture and community—was also identified as a risk factor for Indigenous suicide. Other community-related risk factors include loss of identity and practices and exposure to traumatic stressors and intergenerational trauma associated with cultural dislocation (Productivity Commission 2020a).

Cultural continuity has been defined as 'the integration of people within their culture and the methods through which traditional knowledge is maintained and transmitted' (Auger 2016). First discussed by Chandler and Lalonde (1998), the concept of cultural continuity refers to multiple place-based pathways for revitalising Indigenous self-determination in communities, such as community control over health systems and cultural events, cultural camps for youth, language reclamation, and justice reinvestment programs (Dudgeon et al. 2021a). There is increasing evidence that cultural continuity reduces suicide and suicide-related behaviour (Currie et al. 2019; Currie et al. 2020; Gibson et al. 2021a; Hallett et al. 2007; LaFromboise et al. 2006).

Other community related risk factors include exposure to traumatic stressors and intergenerational trauma associated with cultural dislocation, and loss of identity and practices (Productivity Commission 2020a). A key protective factor of cultural continuity is the support of identity through the revitalisation of community based cultural practices (Dudgeon et al. 2021a).

Strengthening connections to community

Cultural determinants of health represent those factors that promote resilience, foster a sense of identity, and support good mental and physical health and wellbeing for individuals, families and communities (Department of Health 2017). The National Strategic Framework acknowledges that 'stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health' including community safety (Department of Health 2015:53). The influence of the social and cultural determinants of SEWB can strengthen or disrupt harmonious connections between the 7 domains of body, mind and emotions, family and kinship, community, culture, Country, and spirituality. This affects the wellbeing of individuals, families and communities.

The national longitudinal Mayi Kuwayu study of Indigenous health and wellbeing reported by Salmon et al. (2019) identified the following cultural determinants: connection to Country, knowledge and beliefs, language, self-determination, kinship and cultural expression. The reparation and strengthening of cultural determinants has a protective effect on SEWB, reducing the risk of suicide and suicide-related behaviours (ATSISPEP 2016).

Importantly, connection to community is one of the 6 cultural determinants of wellbeing promoted by *Country Can't Hear English: A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples* (Arabena 2020). This cultural determinant is described as:

> Family, kinship and community—knowing and being part of a community and having responsibilities, obligations and duties in extended families, community life, local initiatives and political issues. (Arabena 2020:3)

Family, kinship and community are overlapping SEWB domains. For example, the cultural determinant of 'family, kinship and community' is linked to the SEWB domain of 'connection to family and kinship', which is described as:

> … knowing and being part of the community and the perception of oneself. Being a part of the community may entail various responsibilities and obligations that confirm and reinforce membership and belonging. Membership includes duties to extended family, and being involved and active in community functions, initiatives and political issues. (Arabena 2020:12)

This understanding is enriched by the linking of the SEWB domain of 'connection to community' to the cultural determinant 'cultural expression and continuity'.

> Cultural expressions are actions taken to express attitudes, beliefs, customs and norms. Expression can often take the form of artefacts, symbols, dances, songs, art and ceremony, storytelling, use of language, family relations, sharing of food and celebrations, and representation of values. (Arabena 2020:12)

Connection to community is a central protective process:

> strong families and strong communities are the best protection from suicide ideation and attempts. [C]ommunities have also acknowledged that building strong families and strong communities requires an understanding of the impact of colonisation and various pathways necessary for healing. (Prince et al. 2018:33)

Connection to community is also described in the National Strategic Framework (PM&C 2017:8), which includes the following examples of risk factors to healthy connection to community:

- family feuding
- lateral violence
- lack of local services
- isolation
- disengagement from community
- lack of opportunities for employment in community settings.

Examples of protective factors are listed as:

- support networks
- community-controlled services
- self-governance
- Language use
- engagement with cultural activities, ceremonies and organisations.

Wellbeing and healthy community functioning are strongly correlated (Biddle 2011). It should be noted here that PM&C (2017) recognises that cultural continuity (described here as 'community-controlled services' and 'self-governance') is a primary a suicide prevention factor. Cultural continuity also involves the collective, community-based transmission of cultural activities and place-based ways of being, doing and knowing across generations (Dudgeon et al. 2021a).

Strengthening pathways to community wellbeing is a universal and fundamental intervention that promotes upstream protective factors for individuals. It enhances the capacity of communities to implement selective and indicated suicide prevention interventions (ATSISPEP 2016). Indeed, this has been recognised as central to a whole-of-government approach to suicide prevention. The Australian Government has advised that such an approach will:

> Strengthen connection to family, place, culture and land for Aboriginal and Torres Strait Islander people, recognising that these are essential to healing—this should include policies and investments that support social, emotional and cultural wellbeing. (National Suicide Prevention Adviser 2020:15)

3

Methods

3 Methods

A literature review was conducted across scholarly databases, government reports and the grey literature. A realist approach, or realist review, was taken because this approach is considered the most useful for understanding complex interventions with the purpose of developing evidence-based policy (Jagosh et al. 2011; Pawson 2006). It aims to understand what 'works for whom, in what circumstances, in what respects and how' (Pawson et al. 2005). An important aim of a realist review is to identify the shared mechanism (or cross-cutting strategy or theory) that drives successful interventions.

Fifteen articles about programs and interventions that were founded on cultural continuity were identified. They were further explored for how strengthening healthy connection to community was deployed as a pathway within the intervention or as an outcome in the intervention.

The cultural continuity concept was refined through research on how this concept intersects with a cultural determinants approach to suicide prevention, wellbeing and resilience (Arabena 2020; Auger 2016; Gibson et al. 2021b; Guenther and Mack 2019; Ketheesan et al. 2020).

This meant examining the cultural determinants that support protective connections to community in programs that are engaged in suicide prevention activities and interventions. It identified streams or pathways that strengthen connections to community with the outcome of increasing resilience, reducing markers of stress, increasing SEWB, and reducing suicide and suicide-related behaviour.

4

Key issues

4 Key issues

Connection to community underpins interventions into Indigenous suicide prevention that strengthen resilience and increase SEWB (ATSISPEP 2016). The protective benefits of community have been well-documented (ATSISPEP 2016; Busija et al. 2020; Chandler and Lalonde 1998; Gibson et al. 2021a; Jongen et al. 2020; Prince et al. 2018; Yap and Yu 2016) and include:

- reductions in youth suicide
- strengthening cultural identity and self-continuity
- intergenerational communication and the transmission of cultural knowledge through the empowerment of Elders
- the restoration of supportive peer relationships
- family thriving
- language reclamation, cultural revitalisation, and increased collective social and cultural capital.

Embedding culturally appropriate knowledge about suicide in communities enables a whole-of-community approach to prevention. Suicide prevention forums with at-risk remote communities found that the 'community gatekeeper' approach to prevention overcomes barriers to accessing services (Westerman and Sheridan 2020).

This section discusses the key issues identified in the research about connection to community. In particular, this section explores the following key issues:

- cultural determinants that strengthen healthy connections to community
- the need for Aboriginal-led evidence-based policy.

Cultural determinants that strengthen healthy connections to community

The cultural determinants of health encompass the cultural factors that promote resilience, foster a sense of identity, and support good mental and physical health and wellbeing for communities (Department of Health 2017). The National Strategic Framework (PM&C 2017:8) identifies support networks, community-controlled services, and self-governance as protective factors that support a healthy connection to community.

Across the literature, there is an emerging evidence base supporting the protective benefits of connection to community (Auger 2016; Currie et al. 2019; Gibson et al. 2021b). Communities that are culturally strong are governed by health-promoting cultural norms based on Indigenous systems (including community ethics, life-affirming cultural norms, Indigenous language use, and cultural social capital) that embed and hold people in supportive community networks.

The focus on cultural determinants is part of the strengths-based approach, which has emerged in Indigenous suicide prevention research both nationally and internationally. The focus on cultural determinants is part of a broader shift in the social sciences towards holistic, contextually

rich approaches to population health problems that focus on enhancing or empowering existing capabilities, resources and knowledges in communities, families and individuals (Fogarty et al. 2018; Gibson et al. 2021b).

There is still much work to be done on measuring markers of effective connection to community, although promising recent advances have been made in Australia, specifically in relation to young people (Gibson et al. 2021a; 2021b).

Current research efforts aim to understand:

- the protective force of cultural continuity for complex interventions into Indigenous suicide prevention
- suicide clusters in communities

These are explored in the following sections.

Cultural continuity as a concept of best practice

The *My Life My Lead—Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health: Report on the national consultations* (My Life My Lead) identifies why a cultural determinants approach is vital for Indigenous wellbeing (Department of Health 2017). The report indicates that there is existing and strong evidence that culture can support better health outcomes:

> Cultural determinants are enabled, supported and protected through traditional cultural practice, kinship, connection to land and Country, art, song and ceremony, dance, healing, spirituality, empowerment, ancestry, belonging and self-determination. (Department of Health 2017:7)

The consultations that formed part of *My Life My Lead* resulted in an understanding that the best results are achieved through genuine partnerships with communities. Flexible approaches that deliver on the commitment to 'do things with, not to' Indigenous Australians and their communities must be a high priority. This includes working with community-controlled organisations and providing opportunities for meaningful input from community members into service delivery at the local level (Department of Health 2017).

In addition, strong connections to community—together with the recognition of cultural continuity—has been identified as the program mechanism or theory supporting the complex interventions into Indigenous suicide prevention that strengthen resilience and increase SEWB (ATSISPEP 2016).

Cultural continuity can be understood as a theory of self-determination and wellbeing as well as a practice and an approach. As an approach:

> It advocates for a shared and persistent identity that is protective, particularly during turbulent times, by enhancing social support, encouraging healthy interpersonal relationships, supplying spiritual tranquillity and ultimately providing tangible strategies for living and surviving in the world. (Arabena 2020:4)

There is now a substantial evidence base for cultural continuity being a whole-of-community protective force. It reduces psychological distress, suicide and suicide-related behaviour (Alcántara and Gone 2007; Currie et al. 2019; Currie et al. 2020; Gibson et al. 2021b; Hallett et al. 2007;

LaFromboise et al. 2006; Thirrili 2019). For example:

> [i]n communities where Aboriginal and Torres Strait Islander people have greater cultural social capital, in that people attended and participated in more cultural events, ceremonies, organisations and activities, and were more connected and involved with the broader community, young people died by suicide at a rate 37% lower. (Gibson et al. 2021b:647)

The identified protective benefits of cultural continuity have been well-documented (ATSISPEP 2016; Busija et al. 2020; Chandler and Lalonde 1998; Gibson et al. 2021a; Gibson et al. 2021b; Jongen et al. 2020; Prince et al. 2018; Yap and Yu 2016) and include:

- reductions in youth suicide
- strengthening cultural identity and self-continuity
- intergenerational communication and the transmission of cultural knowledge through the empowerment of Elders
- the restoration of supportive peer relationships
- family thriving
- language reclamation and use, cultural revitalisation and increased access to cultural events, and increased collective social and cultural capital.

There is also evidence that cultural continuity enables connections to community that enhance wellbeing (Chandler and Lalonde 1998; Currie et al. 2020; Sánchez-Moreno et al. 2020). For example, a recent review by Ketheesan et al. (2020) identify that:

> finding new ways of increasing cultural continuity may serve … to lessen the burden of mental illness in Indigenous Australians. (Ketheesan et al. 2020:515)

Another activity that promotes cultural continuity is truth-telling about the past and the present; this process builds community and individual cultural identity through narratives. Collective truth-telling is identified by the Healing Foundation as central to the healing of intergenerational or historical trauma (Healing Foundation 2019). Culturally safe community-based truth-telling is important for building identity and community connections when it is about:

- the historical and continuing impact of colonisation on mental health and wellbeing
- the resilience and strengths of Indigenous people.

Truth-telling is valued as it is widely recognised as being central to building strong communities. (Dodson and Leeser 2018)

Truth-telling has long been identified as an evidence based mechanism for individual and collective healing within Indigenous communities (Avalos 2021; Panofsky et al. 2021; Heart and Horse 2000). Ground-breaking work by the Hunkpapa/Oglala Lakota psychiatrist Marie Yellow Horse Brave Heart has provided an evidence base for the therapeutic benefits of truth-telling in healing unresolved grief and loss (historical trauma) caused by colonisation (Brave Heart 1998). Evidence has confirmed that:

> (a) education about historical trauma would lead to increased awareness of associated affects, and (b) sharing these affects in a traditional context would provide cathartic relief. (Heart and Horse 2000:249)

Indeed, trauma informed interventions that raise awareness of the social determinants of mental health and wellbeing and encourage testimonies and critical reflection have become influential in the field of Indigenous psychology.

Suicide clusters, community and cultural continuity

Exposure to the death by suicide of someone in the community is recognised as a form of community trauma that is linked to increased risk of suicide and self-harm. As the *Hear Our Voices* report (Dudgeon et al. 2012) states:

> The small and close knit nature of Indigenous communities means every suicide has a widespread impact with ripples of loss, grief and mourning throughout the community and beyond—particularly where communities are highly interconnected. This can create layers of increased risk within affected communities during the grieving period, and in some situations a 'suicide cluster' can form. (Dudgeon et al. 2012:45)

Such communities are often already managing intergenerational trauma and chronic levels of psychological distress.

The Overcoming Indigenous Disadvantage report (SCRGSP 2020) describes the impact of suicide on communities in the following way:

> Suicide causes substantial grief, pain, and loss within and across communities. For every suicide death, many other people are affected—particularly close friends and family, who can suffer from intense grief for many years … Suicides can occur in clusters within a community over a limited period; these clusters have particularly negative effects on communities due to the risk of further suicides, significant grief reactions and the ongoing trauma and 'bereavement overload', which in turn can contribute to future suicidal behaviours. (SCRGSP 2020:66)

Many communities have been subjected to waves of cultural destruction through forced removal of children across generations and the subsequent grief and shattering of community, family and kinship networks, punitive colonial interventions, genocidal assimilation policies, systemic institutionalised racism, which has led to dehumanising levels of social and economic marginalisation.

There is also evidence that demographic patterns of mental illness (such as elevated rates of schizophrenia in men) are linked to historical oppression in those places (Gynther et al. 2019:69). Two communities that recovered from suicide clusters by strengthening cultural continuity, and their connections to community, found that 'the level of suicide in each location was a long-term outcome of the colonisation process' (Prince et al. 2018:32).

As *My Life My Lead* recognised, interventions 'must recognise the unique history across communities and cultures, and that the impact of trauma will be different depending on this history' (Department of Health 2017:21).

Epidemiological data suggest that geographical location can influence suicide risk. There are complex patterns of vulnerability and resilience: some communities experience higher rates of suicide and others experience lower rates (Campbell et al. 2016; Fogliani 2019; Leckning et al. 2020). The clustering of suicides is also receiving increasing research attention (Hawton et al. 2019). A suicide cluster involves multiple suicides that occur closer in time or place than would normally be expected using statistical inference or community expectation (Hawton et al. 2019).

Trauma caused by suicide is intensified in Indigenous communities because of their collectivist nature. Sustainable postvention involving holistic trauma-informed SEWB support is necessary to prevent the risk of suicide clusters and the transmission of intergenerational trauma. Postvention interventions should be locally driven and designed, focusing on the needs of the community (ATSISPEP 2016; Dudgeon et al. 2017).

The need for evidence-based policy

The evidence base for Indigenous suicide prevention programs and strategies is under-developed generally, and specifically as it relates to the benefits of connection to community. One reason for the paucity of evidence is a lack of appropriate evaluation (Gupta et al. 2020; Hudson 2016; McLean et al. 2017; Ridani et al. 2015). Of concern is the ways in which the lack of an evidence base in Indigenous suicide prevention activities has been absorbed into a broader deficit narrative about Indigenous advancement. (For a more detailed discussion of the issues facing the evidence base for Indigenous suicide prevention and the paths forward see Dudgeon et al. 2021).

One significant and surmountable issue preventing the production of an evidence base for Indigenous suicide prevention activities is a lack of funding for the evaluation of programs. Many programs are run for short periods, with small numbers, and the cost of evaluation is not part of the budget.

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021–2031 (Suicide Prevention Strategy) (PM&C 2017), which is currently under development and led by Gayaa Dhuwi (Proud Spirit) Australia (GDPSA), seeks to rectify this issue. Priorities of this strategy include:

- the empowerment of Indigenous suicide prevention data, evaluations and research through the development of evaluation tools and the evaluation of suicide prevention activities across Australia
- Indigenous governance over the collection of real-time data on suicide and suicide related behaviour.

A suicide prevention research strategy is also under development in consultation with communities.

5

Policy context

5 Policy context

This section describes the key policies and frameworks that are dedicated to improving Indigenous mental health and preventing Indigenous suicide and suicide-related-behaviour by strengthening connections to community.

Indigenous-led reform

The mental health system in Australia is undergoing comprehensive reform. *Vision 2030: Blueprint for mental health and suicide prevention* (Vision 2030) calls for a transition to a whole-of-government, community-based person-led and person-centred mental health system. Indigenous governance is vital to 'effective outcomes' in the delivery of these reforms (NMHC 2020:23).

Aspects of Vision 2030 intersect with a SEWB approach that supports strengthening connection to community. These include the following:

- Mental health is addressed in its full social context.
- Communities are at the centre of identifying their needs, designing responses and delivering care.
- Anyone at risk of or living with a mental health issue has access to affordable, evidence-based care in their own community.
- People play a central role in their care and the choice, design and delivery of services that support them (NMHC 2020:6).

Of equal relevance is the adoption of a SEWB approach to the delivery of mental healthcare and suicide prevention that recognises:

- the social, emotional, spiritual and cultural, physical, economic and mental wellbeing of the individual
- the equitable impact of housing, economic, employment, environment and social trends alongside clinical approaches to mental ill-health (NMHC 2020:7).

These reforms include the development and implementation of a new Indigenous suicide prevention strategy. The revised *National Aboriginal and Torres Strait Islander suicide prevention strategy 2021–2031* is scheduled for release in the near future. It builds on the 2013 iteration (DoHA 2013), which was subsumed by and informs the *Fifth National Mental Health and Suicide Prevention Plan* (the Fifth Plan) (COAG Health Council 2017).

Policies and frameworks

The 3 overarching policies at the national level focusing on Indigenous-led approach to mental health reform and suicide prevention are:

- Fifth National Mental Health and Suicide Prevention Plan
- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Each of these is set out in more detail in Appendix A. More detail about the national and state and territory policy landscape is described in Appendix A and in Dudgeon et al. (2021a).

6

Relevant programs and initiatives

6 Relevant programs and initiatives

The programs described in this section are some of the innovative Indigenous therapeutic practices across Australia. They are trauma-informed, strengths-based, Indigenous place-based healing practices. They represent some of the most advanced bi-cultural healing practices in Australia.

Many of the programs address ways of overcoming the social determinants that contribute to suicide and suicide-related behaviours. There is also a strong focus on overcoming mental health stigma, creating forms of culturally sensitive understandings of psychological stress and trauma, and using the expertise of people with lived experience.

These programs do not represent an exhaustive list of programs designed to enhance connection to community. They are also not exclusively focused on enhancing the participant's connection to community; rather, these programs recognise the interdependent nature of the 7 domains of SEWB and that it is not practical (nor useful) to design programs that focus only on one of the SEWB domains.

In addition, the programs are not described with a consistent depth of evidence. This is because many of the programs have not been evaluated or have not been evaluated specifically for the purpose of determining the impact on a person's connection to community. As a result, not every program is described with the same level of specificity and insight. However, this presents an opportunity for policy makers, evaluators and service delivery organisations to document and demonstrate the efficacy of their work.

Unless otherwise noted, the material below was sourced from the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP n.d.(a)).

Telling Story

Telling Story is a series of collaborative, place-based mental health projects that are based on Narrative Therapy principles. Telling Story commenced in 2015 in Kalumburu, Western Australia (WA), following a request from community Elders for community members to meet, talk, heal and share hopeful stories.

Telling Story collaborates with Elders and local clinical and community workers to tailor the content to the local context, customs and languages. The Telling Story programs are often co-facilitated by local senior community members who are actively involved in the community to strengthen Indigenous governance. Community members have the opportunity to learn from each other, provide peer support both within communities as well as between communities. The activity-based workshops are held at community venues and on Country depending on community needs and wishes.

Telling Story uses primary healthcare organisations and considers the individuals' health holistically by including community engagement and cultural awareness in wellbeing and early intervention services.

Objectives

The objectives of the program are as follows:

- Build capacity in individuals and the community by exploring their responses to loss, grief and trauma and the impact these experiences have had on their lives.
- Uncover stories of hope, strength and resilience to better equip individuals and communities to navigate the issues they are facing in their lives such as mental health concerns and suicide.

Activities

Telling Story facilitates week-long intensive projects in the community. Activity-based workshops use Narrative Therapy to connect and encourage community members to share their experiences of cultural practices and identity. The aim is to highlight the individual's skills, competencies and beliefs that will help them navigate problems in their own lives or the lives of others. All stories are documented through letters, audio or video recording so community members and people outside the community can view and witness the stories.

Participants

All workshops are tailored to reach different age and gender groups in the community, so they support the community context

Location

Western Australia

Northern Territory

Evaluation and feedback

Not formally evaluated

CBPATSIP assessment

CBPATSISP has assessed this program as having promising evidence of effectiveness and practice:

- The program establishes a cultural and community focus by involving Elders and senior community members where possible and tailoring of the content to local customs and languages.
- The program strengthens Indigenous governance and capacity by using, where possible, local community members to co-facilitate the workshops.
- The program builds resilience and promotes SEWB within individuals and the community.
- Telling Story uses primary healthcare organisations and considers the individuals' health holistically by including community engagement and cultural awareness in wellbeing and early intervention services.

Youth Empowerment and Healing Cultural Camp

The Burrongglo Aboriginal Corporation hosts the Youth Empowerment and Healing Cultural Camp (YEaHCC) for children and youth at risk of suicide. YEaHCC is a self-sustaining program that has been developed by Indigenous people for Indigenous people.

The content of the camp emphasises importance of strengthening wellbeing and resilience through social empowerment and healing. Access to the program is made by direct referral.

The camp provides the opportunity to reinforce the importance of identify, belonging to community and culture, respecting others and Elders. The camp also strengthens traditional and contemporary Aboriginal culture and provides participants with the skills and ability to successfully contribute to society.

Objectives

The objectives of the program are as follows:

- Increase engagement by providing a culturally safe and inclusive space that fosters support and imparts life skills.
- Promote and strengthen cultural, social, emotional, health and wellbeing by engaging young people in cultural and social activities and outings on Country.
- Enhance and promote cultural identity, belonging and knowledge.
- Encourage and strengthen peer support among young people.
- Develop, empower and nurture leadership, resilience, confidence and healing.
- Increase awareness of local youth support services and programs available, and strengthen young people's natural support networks.
- Promote the process of recovery, empowerment and healing from the trauma, grief and loss associated with suicide.

Activities

The program is run as 6 independent one-week camps during school holidays. Camp activities are centred on creating a sense of identity and connection with self, family, community, Country and Sea.

The camp also offers training and guidance with the development of leadership skills, learning about bush medicine, bush food and hunting.

Participants

Children and young people at risk of suicide or have had first-hand experiences of suicide

Location

Dampier Peninsula, Western Australia

Evaluation and feedback

An internal evaluation was conducted following the first 2 years of the program by Shadforth and Shadforth (2018). The ages of participants were between 8 and 18 years, comprising both male and female participants.

Self-report measures showed that 70% of the participants perceived that the causes of suicide were due to bullying, family issues and loneliness; other factors such as academic pressure and stress comprised the remaining 30%.

As a result of the program, the participants reported that they were better able to deal with these feelings after attending the camp. However, they also reported that suicide prevention and awareness was lacking in their community as were anti-bullying strategies.

CBPATSIP assessment

The YEaHCC is rated very highly as strong evidence of effectiveness, commitment and alignment to CBPATSISP best-practice principles. The program establishes an increased sense of community belonging through providing a greater connection to culture and Country to enhance young people's SEWB.

National Empowerment Project

The National Empowerment Project is an Aboriginal-led community empowerment project established in 2012 that works with Indigenous communities to develop, deliver and evaluate appropriate mental health and suicide prevention programs using participatory action research.

The Community Social and Emotional Wellbeing Program (CSEWB) program was delivered over a 12-month period across 3 lots of 6-week blocks and included the following activities:

- community events and workshops
- life skills
- men, women and youth groups
- family tree activity—connecting and reconnecting individuals to family, bridging a link to their Elders to share culture, community knowledge and history.

A community reference group (CRG) was formed to guide and assist the implementation of the program, strengthen community ownership, and avoid program duplication (Mia et al. 2017).

- The National Empowerment Project created local co-researchers to work with community groups and CRG to identify other activities outside the CSEWB program, such as life skills programs, cultural camps, healing programs. Local government services delivered relevant activities such as mental health first aid training and leadership training (Mia et al. 2017).

Objectives

The objectives of the program are as follows:

- During Phase One: identify the main challenges, risk and protective factors impacting mental health and SEWB

- During Phase Two: design and deliver the CSEWB to implement the community identified strategies to strengthen SEWB and assist communities to secure funds to implement appropriate programs.

Activities

- Facilitate extensive community consultations to identify the main challenges impacting the communities and strategies to strengthen cultural, social and emotional wellbeing in the community.
- Deliver 2-day workshops to strengthen the cultural, social and emotional wellbeing for community members by identifying strengths in each SEWB domain as well as actions to take to increase their connection to these protective factors.

Participants

- 2012–2013—8 Indigenous communities across Australia
- 2013–2014—3 Indigenous communities across Australia

Location

- New South Wales: Sydney (Redfern), Toomelah
- Victoria: Mildura
- Queensland: Cherbourg, Kuranda
- Western Australia: Perth, Geraldton, Narrogin, Northam/Toodyay
- South Australia: Mt Gambier
- Northern Territory: Darwin

Evaluation and feedback

An independent evaluation by Mia et al. (2017) identified the following key findings for program participants:

- Participants had increased confidence, individual assertiveness and strengths in areas such as public speaking and voicing their opinions in discussions in various settings.
- Participants became more conscious of their physical and mental health.
- Participants noted a decreased use of substances such as tobacco, alcohol and marijuana and how those physical changes improved mental health.
- Participants had increased awareness and resolve to nurture more positive relationships with their children, partners, family members and the wider community.
- Participants learned skills to deal with family/domestic violence and family breakdown.
- Participants became more self-aware and could recognise negative self-talk and its negative impacts on their behaviours. The program allowed participants to self-assess their behaviours and actions and develop strategies to change their current lifestyles and situations.

- Participants developed a renewed interest in education and training and the associated benefits of personal and professional development for individual growth.
- Participants recognised the importance of reconnecting with their family, community, history, culture and Country and how doing so provided a sense of belonging and enhanced cultural, social and emotional wellbeing.
- Participants recognised the value of strengthening culture and spirituality in bringing a sense of inspiration, connectedness and hope for individuals, families and the collective community.

CBPATSIP assessment

The National Empowerment Program has very strong evidence of effectiveness and best practice. In particular, the program:

- builds strength and capacity in Indigenous communities, individuals and families to develop and sustain community awareness projects
- provides culturally appropriate community activities that engage youth, build cultural strengths, leaderships, life skills and social competencies
- provides effective strategies that target suicide prevention in at-risk groups of Indigenous people
- offers coordinated, integrative, and collaborative access to various mental health, drug and alcohol and health sectors
- has a strong evidence base for its work and research and provides clear standards and quality control in suicide prevention. The research is led by Indigenous Australians and works in conjunction with community members and community organisations that support the effectiveness of the programs.

Kalka Healing

Kalka Healing is an Aboriginal-led suicide preventing training program that aims to provide individuals with the coping strategies to prevent suicidal behaviours. It also provides communities with the practical responses to suicide. All workshops are delivered by a qualified and experienced Aboriginal SEWB Counsellors, at the grassroots level, to ensure culturally sensitive, relevant and practical advice to communities.

Objectives

The objectives of the program include the following:

- Teach communities to respond pro-actively to suicide, suicide attempts, suicide ideation and self-harm.
- Provide participants with the means to identify and control negative thoughts and to turn them into positive ones and to better identify with Country, culture, community, and family.
- Empower communities to manage the customised strategies developed during the program on an ongoing basis.

Activities

Kalka offers 2 programs:

- *Healing starts with you*, which is a 14-hour suicide prevention, coping and response training program. Participants are supported to create a local prevention strategy. This is done by recording a detailed list of what best addresses the participants' needs, community needs and the needs of families in that community. Participants are guided to respond and cope with their own suicidal thoughts, feelings of worthlessness and the associated pain. Participants are also guided to build a local and culturally appropriate strategy that is designed to empower their community. The program creates a local suicide prevention strategy that specifically targets the needs of the community and the community members.
- *Passport for Life*, which is a 4-hour workshop that is aimed at preventing suicide in at-risk youth. The workshop develops safety plans with young people. These plans aim to provide tools for young people to deal with uncontrolled thoughts by identifying and connecting with their community. It also helps them identify support networks and safe places.

Participants

- Aboriginal people aged 14 years and older
- Non-Aboriginal people who want to better understand suicide among Aboriginal people may also attend

Location

- Northern Territory

Evaluation and feedback

This program has not been formally evaluated. However, additional feedback and evaluation is gained by community invitation through an additional workshop 3 months after the program has been delivered. The results are as follows:

- Former participants reported better coping, feeling more positive and better able to express their feelings. Some participants reported no longer feeling suicidal.
- Participants expressed that the program reduced the stigma of talking about issues associated with suicide and affirmed the importance of culture, family and community.
- Participants acknowledged that it is their strategy, developed upwards from the grassroots level.

CBPATSIP assessment

No current assessment

Alive and Kicking Goals

Alive and Kicking Goals (AKG) is an Indigenous-led program from the Kimberley, Western Australia, which aims to prevent youth suicide through facilitating programs under the Men's Outreach Services through football and peer education, one-on-one mentoring, and counselling. It is a community-based, community-developed and community-driven, peer-led, suicide awareness and prevention program that is grounded in continual learning. Participants are shown that dreams are possible through hard work and passion.

This program takes a strengths-based approach by seeking to:

- enhance protective factors such as capacity, confidence, competence and self-esteem
- encourage positive help-seeking behaviours
- dismantle stigma by opening discourses around depression and suicidality.

Objectives

The objectives of the program include the following:

- Teach communities to respond pro-actively to suicide, suicide attempts, suicide ideation and self-harm.
- Provide participants with the means to identify and control negative thoughts and turn them into positive ones and to better identify with Country, culture, community, and family.
- Empower communities to manage the customised strategies developed during the program on an ongoing basis.

Activities

The initial program was developed at the Broome Saints Football Club. Weekly meetings conducted after football practice were led by respected sportsmen who volunteered to mentor other youth leaders to develop their leadership skills.

Peer Educators run holistic mini-workshops with young people to discuss protective and risk factors for Aboriginal suicidality. The workshops also facilitate the viewing of an informative film that demonstrates healthy coping strategies and help-seeking behaviours participants can use for themselves and impart to others. These workshops are held in a culturally safe space in the community where the young participants can discuss sensitive topics of importance to them.

Participants

- Two age groups—individuals aged 10–15 years and individuals aged 16 years and over

Location

- Kimberley, Western Australia

Evaluation and feedback

A formal evaluation was conducted by Tighe and McKay (2012) from November 2010 to 2012. During the data collection period, all AKG workshop participants were invited to participate in the evaluation either with a survey (for the group aged 16 years and older) or attend a focus group at school (for participants aged 10–15 years).

Key findings identified in the evaluation were:

- Participants were able to recognise the physical signs of someone who was feeling down or depressed and their physical and emotional isolation from family and community.
- Participants reported the concept of carrying the burden and individual responsibility of saving a life, even if, in some cases, suicide is unpreventable. This highlighted the importance of suicide prevention as a shared effort.

In addition, 3 critical factors were found, which underpinned the effectiveness and success of the program. These were:

- The initiative is embedded in the contexts in which it is working.
- The program is community-based.
- The space where meetings took place was safe for participants.

CBPATSIP assessment

AKG is building strengths and resilience in youth by:

- providing culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies
- developing life promotion and resilience-building strategies
- improving access to wellbeing services among Indigenous males
- using long-term, sustainable prevention strategies that build resilience and promote SEWB and that have been specifically developed for Indigenous youth
- providing services that engage Indigenous youth and are appropriately linked with culturally competent services
- providing counselling and therapeutic support, including services for families who have experienced suicide or traumatic bereavement.

Keeping Place and Media Project

Under the guidance of Elders, Keeping Place and Media Project is an initiative of Mowanjum Aboriginal Community to create a digital archive of Aboriginal culture, knowledge and cultural history. The purpose is to record stories of people, places, language and perspectives for families and language groups in the region (Golson and Thorburn 2020).

Objectives

The primary objective of this program is to protect Aboriginal culture, ancestral knowledge, language, and stories as vital to the future of the people.

Other objectives included:

- attracting young people to engage them with culture
- empowering native title organisations, Indigenous ranger groups and Aboriginal cultural heritage organisations to record and share history, culture and stories about community.

Activities

A multimedia, digital archive of peoples' stories, traditions and languages and recorded in a safe and secure location. Young people are encouraged to capture storylines, songs, and dance, and to interview each other. Other cultural activities associated with Mowanjum Aboriginal Art and Culture Centre are captured and stored for safekeeping, sharing and teaching (Dudgeon et al. 2018).

Participants

- For individuals aged 10–15 years and 16 years and older

Location

- Kimberley, Western Australia

Evaluation and feedback

No formal evaluation has been completed.

CBPATSIP assessment

The Keeping Place and Media Project provides promising evidence of effectiveness and practice as it is culturally embedded, responsive, and based around a clear program logic. It supports Indigenous SEWB and self-determination and pathways for young people.

Specifically, this program:

- strengthens the cultural identity of participants
- improves participant's sense of belonging to their community
- increases teaching and learning between Elders and young people.

GREATS Youth Services

The Great Recreation, Entertainment, Arts, Training and Sport (GREATS) Youth Services is a core program of the Mala'la Health Services Aboriginal Corporation, which offers a range of programs and services for young people. Mala'la Health Services Aboriginal Corporation services Maningrida and surrounding areas in North East Arnhem Land.

Objectives

Improve the health and wellbeing of our people in the Maningrida community and surrounding outstations.

Activities

The key activities include:

- drop-in service Tuesday to Saturday
- specialist programs for disengaged and 'at-risk' youth such as the Strong Young Women's Program "Gin Derta" and Strong Young Men's Program "Ngarlapul"
- Youth Diversion Program in partnership with Northern Territory Juvenile Justice Department
- Youth Patrol and Outreach Program and School Holiday program.

When possible, these programs are delivered 'on Country' in participation with local Elders.

In addition, the service trains and employs only local young people from across clan groups. In doing so, it provides a pathway to training and employment for local young people, along with mentoring roles.

Participants

- Young people aged 10–20 years

Location

- Maningrida, Northern Territory

Evaluation and feedback

Based on a 2016 evaluation by Healthcare Management Advisors, a distinguishing feature of GREATS Youth Service is its multi-pronged interventions aimed at addressing suicide prevention (Healthcare Management Advisors 2016). Anecdotal evidence suggests no young people died by suicide in Maningrida in the 3 years following its opening (Healthcare Management Advisors 2016).

CBPATSIP assessment

CBPATSISP has assessed the GREATS Youth Services as:

- responding to the issues of its young people
- targeting suicide prevention using a range of interventions
- having the ability to build the strength and capacity of the community and the strengths and resilience of individuals and families in that community
- providing access to Aboriginal people at risk of suicide or self-harm
- developing governance, infrastructure and the capacity for planning to support regional and local coordination of suicide prevention
- having comprehensive plans to develop and support the participation of Aboriginal people in the suicide prevention and wellbeing workforce
- having a high standard of community engagement, cultural awareness, early intervention and wellbeing services for Aboriginal people.

7

Overarching approaches and best practice

7 Overarching approaches and best practice

The most important work on reviewing suicide prevention in Indigenous communities is that of the ATSISPEP at the University of Western Australia. During 2014–2016, ATSISPEP identified factors that were common to successful, whole-of-community, on-the-ground, whole-of-government approaches to suicide prevention (ATSISPEP 2016).

These efforts have led to an evaluation framework by ATSISPEP (2016). The ATSISP Evaluation Framework was developed over 2 years of community consultations, roundtables, systematic literature reviews and a meta-evaluation of programs. The Framework:

- was guided by expert Indigenous groups
- privileged Indigenous ways of doing, knowing and being, including program design, methodologies and delivery
- involved national Aboriginal and Torres Strait Islander mental health Indigenous leadership.

This was supported by both:

- a substantial national and international evidence base about best-practice evaluation and suicide prevention
- Indigenous understandings of the social, cultural and historical determinants of SEWB and mental health.

In keeping with internationally validated approaches to suicide prevention, the ATSISP Evaluation Framework (CBPATSISP n.d.(b)) provides tools for evaluating key outcomes from community-based programs that focus on universal prevention as well as indicated and targeted group prevention.

Based on evidence of what works in suicide prevention and SEWB programs and services, the CBPATSISP Evaluation Framework developed the following criteria for evaluation:

- assist in Indigenous capacity building
- prioritise Indigenous knowledge and experience
- respect cultural values
- recognise Indigenous rights and self-determination
- facilitate cultural strengthening
- facilitate and promote indigenous leadership and governance
- foster genuine partnerships and community engagement
- promote healing.

This conceptual framework is intended as both a process guide and a ‘cultural audit’ for applying Indigenous evaluation principles and indicators to specific populations, issues, and community and organisational contexts (CBPATSISP n.d.(b)).

The CBPATSISP Evaluation Framework is used in the following discussions to direct the meta-evaluation of programs and services. The aim is to ensure that the meta-evaluation is able to correctly assess effective and culturally appropriate suicide prevention and intervention.

Strategy 1. Principles of best practice

The work of the CBPATSISP comes from the principles in the:

- *National Strategic Framework for Aboriginal and Torres Strait Islander Social and Emotional Wellbeing 2004–2009* (SHRG 2004) and the subsequent 2017–2023 framework (PM&C 2017)
- *Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders* (NHMRC 2018).

CBPATSISP is designed to:

- evaluate suicide prevention activities that are already underway
- provide guidance around evaluation while in the planning stages
- be used by governments, communities and funders such as primary health networks.

The literature has shown the best-practice programs and services should be concerned with self-determination and community governance, reconnection and community life, and restoration and community resilience.

Dudgeon et al. (2018) have more information about how the CBPATSISP Implemented integrated suicide prevention in Indigenous communities.

Strategy 2. Pathways for connections to community with evidence of positive SEWB outcomes

Connecting youth to community through culturally rich pathways that build a sense of cultural identity is known to reduce suicide (Gibson et al. 2021a; Ridani et al. 2015). This is a common theme of *The Elders Report into Preventing Indigenous Self-harm and Youth Suicide* (Culture is Life 2014), in which cultural knowledge holders across the country offered insights into the importance of healthy community connections for Indigenous children and youth.

Being a part of the community brings with it responsibilities and obligations that confirm and reinforce membership and belonging. This could include fulfilling duties to extended family and being involved and active in community functions, initiatives and political issues. This understanding is enriched by the linking of the SEWB domain of 'connection to community' to the cultural determinant 'cultural expression and continuity':

> Cultural expressions are actions taken to express attitudes, beliefs, customs and norms. Expression can often take the form of artefacts, symbols, dances, songs, art and ceremony, storytelling, use of language, family relations, sharing of food and celebrations, and representation of values' (Arabena 2020:12).

'Cultural expressions' can, therefore, also be understood as connections to community. This means that the cultural determinants influencing the protective benefits of connections to community must be considered. This approach acknowledges Indigenous communities already contain suicide prevention knowledge and practices about how to create a life that is worth living (Chandler and Lalonde 1998; 2008).

Strengthening healthy connections to community has other benefits. It reclaims cultural identity and so provides a buffer against the impacts of racism (Currie et al. 2019; Stein et al. 2014), protects mental health, and has been found to increase the self-esteem of Indigenous youth. Galliher et al. (2011:510) found that 'a sense of engagement in community and competence in traditional practice can also facilitate general self-efficacy and offer a buffering effect'.

The benefits for indigenous youth having a strong cultural identity have been observed in several studies in the Navajo (Jones and Galliher 2007), Lakota/Dakota and Sioux (Pittinger 1998), and the Northern Plains, Southwest, and Pueblo American Indian (Whitesell et al. 2006, 2009). Evidence supporting the protective benefits of connecting to community for Indigenous people found that civic participation increased social capital, wellbeing, positive social development, prosocial and pro healthy behaviour (Liebenberg et al. 2019).

Pathways for connecting to community in the cultural continuity literature have been identified as:

- showing respect for Elders knowledge and leadership (Culture is Life 2014; Prince et al. 2018)
- transmitting culture and connection through ceremonies, art and singing (Gibson et al. 2021a; Johnson-Jennings et al. 2020; Salmon et al. 2019; Yuen et al. 2019)
- holding 'Welcome to Country' ceremonies (Salmon et al. 2019)
- traditional cultural practices (Currie et al. 2019; Galliher et al. 2011; Palmer 2013)
- engaging in cultural values (Currie et al. 2020; Palmer 2013; Prince et al. 2018)
- having creation stories, smoking ceremonies, artefact making and painting (Palmer 2013; Salmon et al. 2019)
- supporting Indigenous Australian young people as artists performing stories through hip hop and rap (Salmon et al. 2019)
- playing musical instruments in both Indigenous and non-Indigenous settings (Salmon et al. 2019)
- maintaining and learning about culture to help children with identity and education (Salmon et al. 2019)
- having cultural groups for men and women (Palmer 2013; Prince et al. 2018)
- having a cultural place to tell stories (Prince et al. 2018)
- speaking Indigenous language with other members of the community (Fiedeldey-Van Dijk et al. 2017; Hossain and Lamb 2020; Sivak et al. 2019)
- engaging in traditional cultural activities (Hossain and Lamb 2020; Palmer 2013)
- connecting with skin groups and learning about respect (Palmer 2013; Prince et al. 2018)
- connecting with land and learning from Elders; for example, collecting, eating and sharing bush tucker (Auger 2016; Palmer 2013; Salmon et al. 2019)
- creating cultural spaces (art centres, sports spaces) (Arabena 2020; Hossain and Lamb 2020)
- sharing cultural knowledge (Arabena 2020)
- exchanging knowledge across the generations (Arabena 2020; Guenther and Mack 2019; Palmer 2013; Prince et al. 2018)

- reclaiming history with the support of therapy (Salmon et al. 2019)
- exchanging knowledge across the generations with Elders in a way that is culturally safe (Bond 2010; Palmer 2013; Yap and Yu 2016)
- engaging in informal practices of learning and education (Prout 2012)
- engaging in ceremonial practices of learning and education (Palmer 2013; Prout 2012)
- connecting to community through affirmation of culture, Country and language (Healing Foundation 2015; Palmer 2013)
- caring for Country (Palmer 2013).

These pathways should be integrated into programs that are dedicated to reducing suicide and suicide-related behaviour. They should be under the guidance of local communities with Indigenous governance over the design, implementation and evaluation of all initiatives and interventions.

8

Gaps and limitations

8 Gaps and limitations

Suicide prevention in general is hampered by limitations and gaps that are also common to Indigenous suicide prevention (Platt and Niederkrotenthaler 2020). These include:

- the accurate gathering of data about suicides and suicide-related behaviour
- the evaluation of suicide prevention strategies and programs.

There are other limitations and gaps particular to Indigenous suicide prevention in Australia. These are related to the distinct cultural and social determinants of Indigenous suicide and, specifically, how these determinants relate to the SEWB domain of community.

This section on 'limitations and gaps' addresses:

- the systemic challenges of suicide and suicide-related behaviour data
- the limitations and gaps surrounding the cultural and social determinants of the SEWB domain of community in relation to suicide prevention.

Incomplete and submerged data on suicide and suicide-related behaviour

Most of the data about suicide and suicide-related behaviour are submerged. It is likely that there are more submerged clinical data about Indigenous intentional self-harm and suicidal behaviours, including suicidal ideation, than we realise (Dudgeon et al. 2021b).

The 'iceberg model' of suicide acknowledges this issue. It is based on the idea that the number of non-fatal suicide-related behaviour (non-fatal intentional self-harm and suicidal ideation) is far greater than the number of deaths by suicide (Geulayov et al. 2018). Deaths by suicide, in other words, are the 'tip of the iceberg' of psychological distress and suicide-related behaviour impacting communities.

The result is that significantly larger submerged clinical datasets around suicidal ideation, non-treated self-harm (not presenting to clinical services) and intentional self-harm are concealed. This is exacerbated by Indigenous people accessing health services and clinical services less than non-Indigenous people.

Without such data, it is difficult to design and implement effective suicide prevention strategies. Indeed, the quality of Indigenous program evaluations is varied and often low, many of which are not published or made publicly available.

We need culturally safe ways to gather clinical data for rates of:

- suicidal ideation
- non-treated self-harm (not presenting to clinical services)
- intentional self-harm resulting in presentations to other health services (emergency department, ambulance or primary care services).

Data from communities affected by suicide clusters are also needed: 'suicide audits' of vulnerable communities could provide evidence to support whole-of-community intervention strategies.

Communities are made more vulnerable to suicide, and suicide clusters, through sudden and external shocks such as COVID-19, environmental disasters, mass job loss, and sudden government interventions. The effects of many of these external shocks on vulnerable Indigenous communities have not been researched. Even so, whole-of-community resilience to the external shock of COVID-19 indicates abiding strengths and wellbeing connections to community pathways in and across communities (Dudgeon et al. 2021).

There is an acknowledged problem with data linkage across Australia because the health and welfare sectors and their associated evidence bases are largely disconnected. We need to link datasets across states about Indigenous suicide data to develop a national evidence base.

Indicators of community connection

Although connection to community has been found to be strongly protective in almost 200 culturally different First Nations communities or bands in British Colombia, similar research has yet to be conducted in Australia. It is not known what characterises communities marked by dramatically elevated suicide rates and suicide clusters and what distinguishes them from communities where suicide is effectively unknown. The relationship between community wellbeing, suicide and suicide-related behaviours in communities, and in comparison to other communities, is a promising area of research.

A significant model is the Native American Awareness of Connectedness Scale—a quantitative assessment of reasons for living and communal mastery. It has relevance for the analysis of culturally grounded suicide prevention strategies (Mohatt et al. 2011).

Gibson et al. (2021a) recently developed several cultural connectedness indicators for cultural social capital. The cultural social capital index assesses culturally specific aspects of social capital, including involvement in cultural events, ceremonies, or organisations, social and community activities, contact with family and friends, and proportion of friends who are First Nations people. The index also includes the ability to receive or provide support outside the home and comfort in contributing to the community.

As part of this research, a significant relationship between cultural (community) connectedness and suicide rates was found:

> … the age-adjusted suicide rate was 80% higher in areas classified as having lower levels of cultural social capital; that is, it was 44% lower in communities with high cultural social capital, where larger proportions of First Nations people participate in cultural events, ceremonies, organisations, and community activities, and were more involved with their community. (Gibson et al. 2021a:516)

This important research demonstrates that community connections protect against suicide when they are mediated by or are an expression of cultural connection. The development of more indicators of community and cultural connection is needed, but it is limited by several obstacles. This includes the fact that gathering epidemiological data on Indigenous communities across Australia is hindered by:

- a lack of data linkage across states
- entrenched data silos

- a lack of culturally appropriate strengths-based measures of community wellbeing by which to quantify protective forms of cultural continuity and community control.

The development of a measurement based on these themes, which also included markers of cultural continuity and community control, has not yet emerged. Having said that, the Kimberley Aboriginal Suicide Prevention Trial, which was 1 of 12 suicide prevention trials funded by the Commonwealth Department of Health, has had as a core focus the development of Indigenous self-governance and community control. At the time of writing, this trial was still concluding and was being evaluated. Early, anecdotal outcomes demonstrate the positive impact of self-governance. It could prove important for the long-term goal of suicide prevention because overcoming the entrenched 'wicked' problems surrounding the social determinants of Indigenous suicide is a long-term process.

Few state policies specifically address SEWB or the elements of the SEWB model, including community strength, nor are those elements directly measured with a nationally consistent approach. Measures captured in *the National Aboriginal and Torres Strait Islander Health Survey* (ABS 2019) are biomedically focused and contrast Indigenous and non-Indigenous measures.

More research in this area is needed. Chandler and Lalonde's (2008) analysis of the protective force of the various markers of cultural continuity or community control found that self-government was the most important factor. It was up to double the importance of other factors (land claims, education, health, cultural facilities and police and fire services). Yet as Gibson et al. (2021a) point out, many of the indicators of cultural continuity used by Chandler and Lalonde are representations of Canadian First Nations autonomy (for example self-determination over policing, education, child protection and land).

9

Recommend-ations for further research

9 Recommendations for further research

Connection to community is recognised across the literature on Indigenous wellbeing as vital to the health of individuals and families. Connection to community is linked to pro-social and pro-healthy behaviour, resilient identity formation and increased social capital (Gall et al. 2021; Liebenberg et al. 2019). Given the evidence for the protective importance of connection to community in Indigenous suicide prevention, it is vital that further research is conducted in this area.

Data linkage and Indigenous-led measurements are needed in many areas. Research that explores the following relationships between connection to community, SEWB, mental health and suicide can potentially contribute to holistic healing and prevention.

The SEWB and resilience of communities with low to non-existent suicide have not been adequately researched and might discover protective mechanisms that can be transferred to other communities. For example, Gibson et al. (2021a) have found that communities with high cultural social capital have reduced suicide rates. However, they note that '[c]onfounding of the effects of cultural indicators and other community level factors requires further investigation' (Gibson et al. 2021a:4). In other words, there needs to be more studies into the impact of cultural and community context as well as longitudinal community control comparisons.

Indigenous designed and validated measures of health-related quality of life are also needed to evaluate the impact of interventions and programs aimed at increasing resilience and wellbeing in communities. Indigenous health-related quality-of-life measures can support robust epidemiological data and provide an evidence base to guide interventions. A cultural determinants approach that engages the whole community in the design, implementation and evaluation of such measurements respects the right to self-determination over health and wellbeing.

Culturally appropriate data gathering on rates of suicidal ideation, clinically treated self-harm and non-treated self-harm is essential, as much of the data about suicide and suicide- related behaviour are submerged. Gathering these data would entail substantial data linkages across states and territories, together with national co-operation and commitment to overcoming data silos in the sector. Further research is needed on demographic patterns of suicide and suicide-related behaviour. Increased Indigenous-led, placed-based research into barriers to disclosing suicide-related behaviour is also required.

The application of Indigenous-led participatory action research into community-level risk factors is also needed. This would enable identification by community members of interventions that can address local social determinants and strengthen pathways of resilience and healing.

Finally, there is a need for research into the protective leadership role of Elders in the renewal of cultural values and community wellbeing. This is an important area of inquiry to highlight the relationship between connection to community, cultural continuity, and suicide prevention.

10

Conclusions

10 Conclusions

The collective wellbeing of many Indigenous communities has been chronically impaired by colonisation, which undermined the protective cultural determinants of health, complex Indigenous systems of cultural, social and spiritual governance that once ensured healthy and harmonious social relations and wellbeing.

According to the evidence from the literature, a range of connections to community has been found to reduce allostatic load, increase resilience and wellbeing, all of which are outcomes which have been identified as supporting a reduction in suicide and suicide-related behaviour.

Strengthening the evidence base for Indigenous suicide interventions by embedding evaluation in all programs and engaging in process and outcome evaluation is clearly necessary for evidence-based policy in the field. Recent research by Gibson et al. (2021a:4) found evidence that connection to community reduces suicide rates, a finding that supports 'the appropriateness of trialling strategies that reduce Indigenous youth suicide by increasing cultural connections and engagement, and reducing institutional and personal discrimination'.

Although these words were written in 2015 in a systemic review of 67 Indigenous Australian suicide prevention programs, it is worth considering the suggestion again to reinforce the importance of better taking a strengths-based, cultural determinants approach that is founded on the governing principle of cultural continuity:

> Communities in which suicide rates are low are especially likely to possess knowledge of potential benefit to other communities, and can work together to develop strategies, share or optimise limited resources, and monitor the impact of interventions. For those communities who may not necessarily be aware of the factors behind their low suicide rates, partnerships with researchers may help to unlock this knowledge. (Ridani et al. 2015:112)

Finally, it is recommended that strengthening connections to community is embedded in suicide prevention in all policy approaches and that the pathways for strengthening connections to community identified here are incorporated into prevention interventions and initiatives.

Appendixes

Appendix A: Policies and frameworks

Table A1: Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy	The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy complements the LIFE (Living Is For Everyone) Framework in acknowledgement of the disproportionately high rates of suicide and suicidal behaviour among Indigenous Australians. The strategy: • commits governments to engaging with Indigenous Australians to develop local, culturally appropriate strategies to identify and respond to those most at risk in communities • focuses on early interventions to strengthen community • prioritises the integration of approaches and places community at the centre of initiatives for suicide prevention.	There are 6 action areas: 1. Building strengths and capacity in Aboriginal and Torres Strait Islander Communities 2. Building strengths and resilience in individuals and families 3. Targeted suicide prevention services 4. Coordinating approaches to prevention 5. Building evidence base and disseminating information 6. Standards and quality in suicide prevention	Australia is yet to revise its National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and develop an associated implementation plan.

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
Fifth National Mental Health and Suicide Prevention Plan (2017–2023)	The Fifth Plan integrates the support of state and territory mental health and suicide prevention plans with the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. It includes an action to implement the Gayaa Dhuwi (Proud Spirit) Declaration (NATSILMH 2015) (Action 12.3). The Fifth Plan has been informed by: • the work of the ATSISPEP • the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy • the National Strategic Framework for Aboriginal and Torres Strait Islander People's Mental Health and Social and Emotional Wellbeing .	The Fifth Plan commits to: • Engage with Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery. • Collaborate with service providers regionally to improve referral pathways between general practioners, Aboriginal Community Controlled Health Organisations, SEWB services, alcohol and other drug services and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points, connect culturally informed suicide prevention and postvention services locally, and identify programs and services that support survivors of Stolen Generation. • Develop mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration. • Clarify roles and responsibilities across the health and community support service sectors. • Ensure there is a strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures (COAG Health Council 2017).	Action 2.2: Governments will work with primary health networks and local health networks to implement integrated planning and service delivery at the regional level. This includes engaging with local community, including consumers and carers, community-managed organisations, ACCHSs, NDIS providers, the NDIA, private providers and social service agencies (COAG Health Council 2017). Action 10: Regional plans to connect culturally informed Aboriginal and Torres Strait Islander suicide prevention and postvention services locally (COAG Health Council 2017).

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Social and Emotional Wellbeing 2017–2023	This Framework is intended to guide and inform the Indigenous mental health and wellbeing reforms in response to the high incidence of SEWB problems and mental ill-health among Indigenous Australians.	The Framework provides specific direction by highlighting the importance of preventive actions that focus on children and young people. This includes: • strengthening the foundation • promoting wellness • building capacity and resilience in people and groups at risk • providing care for people who are mildly or moderately ill • caring for people living with severe mental illness.	Implementation measures unidentified
Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander Health	The Cultural Respect Framework (CRF) was developed for the Australian Health Minister's Advisory Council (AHMAC) by the National Aboriginal and Torres Strait Islander Health Standing Committee. The CRF commits the Commonwealth Government and states and territories to embed cultural respect principles within their health system. Within the CRF, there are 6 domains and focus areas: 1. Whole-of-organisation approach and commitment 2. Communication 3. Workforce development and training 4. Consumer participation and engagement 5. Stakeholder partnership and collaboration 6. Data, planning research and evaluation	Domain 5 (AHMAC 2016:16): Stakeholder engagement and relationships focus on strengthening connection to community. Domain 5 encompasses: • joint health and non-health policies • programs and services at community, state and national levels to address the broader social determinants impacting health.	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025	The strategy was developed by the Aboriginal and Torres Strait Islander Health Strategy Group (the Strategy Group), which represents a strategic partnership between independent Indigenous Australian health leaders, experts and peak bodies, and leaders and representatives from across the National Scheme (AHPRA and National Boards 2020). The Strategy group is joint decision-making. This governance structure enables the self-determination for Indigenous Australians, as enunciated in the United Nations Declaration on the Rights of Indigenous Peoples.	The objectives of the strategy comprise: • Cultural safety—a culturally safe workforce through nationally consistent standards, codes and guidelines across all practitioner groups within the National Scheme • Increased participation—increased Indigenous Australian participation in the registered health workforce and across all levels of the National Scheme • Greater access—greater access for Aboriginal and Torres Strait Islander participation in the registered health workforce and across all levels of the National Scheme • Influence—use leadership and influence to achieve reciprocal goal.	Implementation measures unidentified
Gayaa Dhuwi (Proud Spirit) Declaration of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (Gayaa Dhuwi declaration)	The Gayaa Dhuwi Declaration is the touchstone of Gayaa Dhuwi (Proud Spirit) Australia's work to reform Indigenous SEWB, mental health and suicide prevention and secure a fit for purpose mental health system for Aboriginal and Torres Strait islander peoples (NATSILMH 2015). The Declaration has 5 themes: • Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing should be recognised across all parts of the Australian mental health system, and in some circumstances support specialised areas of practice	Theme 3(b) Led by Indigenous Australian, Indigenous values-based SEWB and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system.	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
	• Aboriginal and Torres Strait Islander concepts of social and emotional wellbeing, mental health and healing combined with clinical perspectives will make the greatest contribution to the achievement of the highest attainable standard of mental health and suicide prevention outcomes for Aboriginal and Torres Strait Islander peoples. • Aboriginal and Torres Strait Islander values-based social and emotional wellbeing and mental health outcome measures in combination with clinical outcome measures should guide the assessment of mental health and suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples. • Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide prevention outcomes. • Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system. • Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system. The Gayaa Dhuwi Declaration is an Aboriginal and Torres Strait Islander-specific companion to the Wharerātā Declaration.		

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
State policies			
Strategic Framework for Suicide Prevention in NSW 2018–2023	Building on existing programs and aligned with NSW and Commonwealth policy directions, the framework supports the NSW Government's existing commitments under the Fifth Plan and sets the direction for future action. It brings the voices of the community and the sector together to provide understanding and guidance for individuals, communities, organisations, the private sector and government in tackling the complex issue of suicide.	Priority Area 1: Building individual and community resilience and wellbeing. • Connecting individuals and cultivating strong personal relationships and sense of identity • Improve community strength, resilience and capacity by fostering community cohesion. Action 1.4: Promoting mental health literacy and community-led suicide prevention with Aboriginal people.	Regarding the promotion of mental health literacy and community-led suicide prevention with Aboriginal people: • NSW Health is funding the delivery of Mental Health First Aid. • ACCHSs in regional centres have been funded to increase the number of Aboriginal Mental Health First Aid instructors and improve access to psychological support for Aboriginal people. • The Kumpa Kiira Suicide Prevention Project (through NSW Health's Suicide Prevention Fund) integrates suicide prevention within a whole-of community perspective targeting young people and Elders. • The provision of training and support to local GPs. • Community-based health promotion, community development, engagement of Elders and support for Aboriginal people to access culturally appropriate mental health services.

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
Balit Murrup Aboriginal Social and Emotional Wellbeing Framework 2017–2027	Of all state-level policy in Australia, Balit Murrup is the most current and relevant to the topic of this article. The SEWB model is threaded throughout the framework, which includes specific reference to the 7 SEWB domains. The framework is underpinned by 6 principles, all of which implicitly support the SEWB domain of connection to community, although 3 do so explicitly (Department of Health and Human Services 2017a). These are: • self-determination and community control • community engagement • partnerships (between health service providers and Aboriginal communities).	The key focus of Balit Murrup is to improve the SEWB and mental health of Aboriginal people, families and communities. This includes carers. Balit Murrup commits to action on delivering locally-designed community responses that underpin and inform the building of a more culturally responsive service system with an expanded skilled Aboriginal workforce. Key aims of Balit Murrup include the following: • Building the resilience, engagement, skills and self-determination of Aboriginal people • Enabling Aboriginal people to be heard, to make decisions, and to plan and shape their own journeys of care, recovery and healing • Supporting the planning and delivery of culturally appropriate care for the clinical, cultural and SEWB needs of Aboriginal people across all service systems • Supporting and investing in local Aboriginal community-led initiatives and strategies.	Implementation goals include: • Utilise the Aboriginal governance and accountability framework structures and other engagement and co-design processes to enable Aboriginal mental health consumers, families and organisations to inform local, statewide and regional mental health programs, policy and planning • Support the promotion and implementation of the Gayaa Dhuwi Declaration that sets out principles for governments, professional bodies and services to support a new paradigm for shaping mental health responses to Aboriginal mental health problems and provides a platform to work collaboratively to embed culturally safe services • Strengthen the role of designated led clinicians and managers across clinical mental health services responsible for the development of services, workforce expansion and partnerships in Aboriginal mental health and social emotional wellbeing • Support the allocation of culturally responsive specialist family violence advisors in major mental health and alcohol and drug services that will identify and respond to alcohol, drug and mental health issues. • Resource Aboriginal organisations to provide specialist supports, including culturally responsive counselling and wrap-around services to children, families and carers who have experienced family violence.

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
			• Support the implementation of the forensic mental health improvement plan to address the over-representation of people with a mental illness in the criminal justice system with a focus on preventing reoffending in the first place. • Create an Aboriginal Coordinator's position to ensure culturally safe partnerships with Aboriginal community-controlled organisations and culturally responsive mental health interventions for Aboriginal offenders on a Mental Health Treatment and Rehabilitation Condition.
Korin Korin Balit-Djak Aboriginal Health, Wellbeing and Safety Strategic Plan 2017–2027	This strategic plan (Department of Health and Human Services 2017b) was driven by the Victorian Government's commitment to self-determination and other key policies and reforms that are focused on improving the quality of life for Indigenous people at the individual, family and community level. The Plan's structure is guided by the core principle of Indigenous self-determination and consists of 5 domains: 1. Community leadership 2. Prioritising Aboriginal culture and community 3. System reform across the health and human services sector 4. Safe, secure and strong families and individuals 5. Physically, socially and emotionally healthy Aboriginal communities.	1. Aboriginal community leadership • Priority focus 1.1: Aboriginal communities self-determine health, wellbeing and safety • Priority focus 1.2: Aboriginal Elders and young people lead self-determining lives 2. Prioritising Aboriginal culture and community • Priority focus 2.1: Aboriginal culture, knowledge and heritage is valued and embraced • Priority focus 2.2: Aboriginal Victorians are connected to culture, Country and community 3. System reform across the health and human services sector • Priority focus 3.1: Health and human services are culturally safe • Priority focus 3.2: A strong and sustainable Aboriginal workforce • Priority focus 3.3: Aboriginal leadership in governance and accountability	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
		4. Safe, secure and strong families and individuals • Priority focus 4.1: Aboriginal Victorians have stable, secure and appropriate housing • Priority focus 4.2: Aboriginal children and families are thriving and empowered 5. Physically, socially and emotionally healthy Aboriginal communities • Priority focus 5.1: Aboriginal Victorians are resilient and have optimal SEWB	
Every Life. The Queensland Suicide Prevention Action Plan 2019–2029. Phase One	The Queensland Suicide Prevention Strategic Plan is the first phase of latest action plan to reduce suicide. Phase Two and Phase Three will include evaluation of the action areas, implementing new actions and revising Every Life.	Key action areas include: • Action 1: Building resilience, improve wellbeing in people and social connectedness in the community. • Action 2: Reducing vulnerability in high risk groups. • Action 3: Enhancing responsiveness to suicidality and people in crisis. • Action 4: Working together towards a shared goal.	Implementation measures unidentified
Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021	The strategy aims to close the gap in mental health outcomes between Indigenous Queenslanders and non-Indigenous Queenslanders. It acknowledges that Indigenous Australian cultures are underpinned by connectedness. The strategy builds this connectedness and holistic nature of SEWB into its structure, building on principles of: • community engagement • Indigenous leadership • community control and partnerships.	• Developing culturally capable mental health services • Connecting healthcare • Partnering for prevention and recovery • Enhancing the evidence base	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
WA Aboriginal Health and Wellbeing Framework 2015–2030	The Framework has been developed to ensure Aboriginal people in Western Australia have access to high-quality healthcare and services, while assisting community to make good health a priority through a focus on prevention. It is a high-level conceptual framework outlining a set of 6 strategic directions and 7 priority areas to improve Aboriginal health and wellbeing outcomes for the next 15 years.	Strategic Direction 4.4: Individual, Family and Community Wellbeing Priority Area 5.3: Building Community Capacity • Improved Community development and capacity building in Aboriginal communitycontrolled organisations • Aboriginal participation and re-empowerment, including in environmental projects • Nurturing strong relationships between individuals and families • Communities working in partnership with health services to compliment mainstream services Priority Area 5.7: Addressing the Social Determinants. • Strengthen community functioning, reinforce positive behaviours and improve health, housing, education and employment	• Engage with families, communities and stakeholders at the commencement of planning to ensure community knowledge is accessed, harnessed and informs the development of health initiatives. • Cultural systems of care are acknowledged and actively incorporated within clinical care delivery and practice. • Care plans and clinical decisions should be made jointly and consider the context of family and community. • Recognise family networks form the basis of innovative approaches to health and wellbeing.
Western Australia Suicide Prevention Framework 2021–2025	The Strategic Plan provides a framework for a coordinated approach to addressing suicide prevention activity in Western Australia. The suicide prevention plan specifies 4 priority areas: prevention, intervention, postvention and Indigenous Australians.	Priority Area 4: Aboriginal and Torres Strait Islander peoples, acknowledges the SEWB model and aims to implement strategies to improve connection to Country and community. • 11.3 Develop and deliver a culturally appropriate public awareness-raising campaign aimed to support Aboriginal people • 11.4 Recognise and empower Aboriginal youth voices in suicide prevention discussions and leadership through greater participation in decision-making, co-production of prevention initiatives and advice to services	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
		• 11.5 Provide increased and equitable access to SEWB services for Aboriginal people in mental distress and/or with suicidal ideation, including the engagement of Elders and Traditional Healers where required • 11.6 Empower ACCHSs and other community organisations to provide culturally appropriate suicide prevention, intervention and postvention services for Aboriginal people	
South Australian Suicide Prevention Plan 2017–2021	The plan builds on the earlier South Australian Suicide Prevention Strategy 2012–2016. This plan is a person- and community-centred approach that uses evidence-based strategies to prevent suicide in South Australia. The plan sets out 3 main areas of focus: • making people our priority • empowering communities • translating evidence into practice.	Focus Area 5.2: Empowering Communities Activities include: • Establishment of Suicide Prevention Networks (SPN) in each local government region, including the establishment of SPNs in areas where Indigenous people and their families live, and where it is a culturally safe way to develop stronger communities • Cross-sector collaboration involving local health networks and primary health networks (including Aboriginal Community Controlled Health Organisations) to develop suicide prevention plans • Identification and monitoring of communities in distress associated with suicide • Promotion of mental health and wellbeing in nature • Development of local prevention plans through identification of local risks and suicide hot spots	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
Northern Territory Mental Health Strategic Plan 2019–2025	The plan outlines the path to create mental health promoting communities, schools, and workplaces for Territorians. The plan also aims to set strategic directions for the investment in services to protect and promote mental health in the community. It acknowledges that SEWB is vital to being healthy, productive and resilient when coping with difficult times.	Priority Area 2: Culturally secure, safe and trauma-informed care focused on recovery: • Person, family and community-centred treatment • Promoting resilience, independence, and self-management • Identifying and addressing the particular needs of the most vulnerable • Creating a more inclusive community environment Priority Area 3: Person-centred supports and services with consumers and carers at the front and centre of care: • Community capacity building • Working with Aboriginal communities to establish mental health promotion programs and priorities, including bestpractice or evidence-based suicide prevention activities • Identifying and addressing the particular needs of the most vulnerable	Implementation measures unidentified

(continued)

Table A1 (continued): Description and key recommendations of policies and frameworks

Name	Details	Key recommendations	Implementation
Northern Territory Suicide Prevention Strategic Framework 2018–2023	The Framework represents the Northern Territory Government's strategy to reduce the Territory's suicide rate by half over the next 10 years. It outlines 3 priority goals for focus: • building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma • informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the Territory • focused and evidence-informed support for the most vulnerable groups of people.	Goal 1: • Committed to building a healthy, safe and inclusive Territory where people are engaged with their community and live meaningful lives • Participation by all members of the community is encouraged and sought—and is especially inclusive of those who are more disadvantaged Goal 2: • Recognising and celebrating the increasing diversity of the community and ensuring that services are adapted to meet all their needs • Creating a comprehensive network of services that is client-centred, recovery focused, integrated and coordinated. Goal 3 • Targeted training for health and social care staff in supporting vulnerable people, especially those in primary healthcare services • Provision of selected and indicated programs for all groups of people.	Implementation measures unidentified
Northern Territory Mental Health Strategic Plan 2019–2025	The Strategic Plan outlines the path to create mental health promoting communities, schools, and workplaces for Territorians. The plan also aims to set strategic directions for the investment in services to protect and promote mental health in the community.	Goal 1: Building stronger communities that have increased capacity to respond to and prevent suicidal behaviour through raising awareness and reducing stigma. Goal 2: Informed, inclusive services that provide timely, integrated, compassionate and culturally safe responses that meet the diverse needs of people across the Northern Territory Goal 3: Focused and evidence-informed support for the most vulnerable groups of people	Implementation measures unidentified

Appendix B: Programs

Table B1: Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Telling Story Helps participants identify skills, knowledge and wisdom they possess to navigate and respond to problems in their own lives and those impacting family and community.	Location(s)	WA and NT	Not evaluated	Location(s)	n.a.	n.a.
	Participants	n.a.		Participants	n.a.	
	Duration	n.a.		Duration	n.a.	
	Indigenous specific	Yes		Indigenous specific	n.a.	
Youth Empowerment and Healing Cultural Camp (YEaHCC) Healing camps strengthen connection to community, family and Country and develop leadership skills and cultural knowledge.	Location(s)	WA	Shadforth and Shadforth (2018) Internal evaluation using self-report measures	Location(s)	WA	Participants reported that they were better able to deal with feelings of anger, sadness, loneliness, uselessness and wanting to self-harm after attending the camp Evidence of effectiveness, and is aligned to CBPATSISP best-practice principles: • Increased connection to community was report to be protective. • Participants reported they were better able to manage negative feelings associated with suiciderelated behaviour.
	Participants	7–10 young people per camp		Participants	Program participants aged 8–18 years	
	Duration	6 independent 1-week school camps		Duration	2 years	
	Indigenous specific	Yes		Indigenous specific	Yes	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
National Empowerment Project An Indigenous-led research project designed to build community capacity by empowering people and strengthening cultural wellbeing and social and emotional wellbeing	Location(s)	11 communities in NSW, Vic, Qld, WA, SA and NT	Mia et al. (2017) Interviews Stories of Most Significant change	Location(s)	11 communities in NSW, Vic, Qld, WA, SA and NT	The evaluation found the project: • acknowledges the importance of 'going back to Country' for cultural purposes, and for family and community reconnection to the land and cultural ceremony • builds confidence and empowerment • builds greater sense of wellbeing, resilience • increases capacity to address and resolve issues. impacting participants, their families and communities • enhances skill and knowledge acquisition that assists participants to succeed in other, generalised ways throughout their life.
	Participants	Community members and community-based co-researchers		Participants	Community members and community-based co-researchers	
	Duration	Ongoing		Duration	2 years	
	Indigenous specific	Yes		Indigenous specific	Yes	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Kalka Healing: Healing starts with you Kalka Healing is an Indigenous-led and developed suicide prevention program that provides workshops that are practical, at the grassroots level, and culturally sensitive.	Location(s)	NT	Not evaluated	Location(s)	n.a.	n.a.
	Participants	Indigenous and non-Indigenous persons aged 14 years and over		Participants	n.a.	
	Duration	14-hour suicide prevention, coping and response training program 4-hour workshop for youth at risk of suicide		Duration	n.a.	
	Indigenous specific	Yes		Indigenous specific	n.a.	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
Alive and Kicking Community-led youth suicide prevention project that aims to prevent suicide through football and peer education, one-on-one mentoring and counselling	Location(s)	Kimberley, WA	Tighe and McKay (2012) Pre- and post-workshop qualitative surveys Focus groups (community members) Surveys (school principals and/or teachers)	Location(s)	Broome	The evaluation focused on the pilot program. The evaluation found positive change among participants with respect to: • attitudes and knowledge about suicide • language use about suicide and help-seeking • knowledge about interventions and referral pathways • support to engage with mental health services. The program's effectiveness was attributed to it being community owned and led and the retention of staff which enabled longer-term relationships to form between staff and participants.
	Participants	Indigenous young people aged 10–25 yeas		Participants	Young men who undertook training to become Peer Educators to the program	
	Duration	One workshop		Duration	n.a.	
	Indigenous specific	Yes		Indigenous specific	n.a.	
Keeping Place and Media An initiative to record the stories, places, languages and perspectives of families and languages groups in the Kimberley, Western Australia	Location(s)	Kimberley, WA	Not evaluated	Location(s)	n.a.	n.a.
	Participants	Young people aged 10–15 years and 16 and over		Participants	n.a.	
	Duration	n.a.		Duration	n.a.	
	Indigenous specific	Yes		Indigenous specific	n.a.	

(continued)

Table B1 (continued): Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Evaluation outcomes
GREATS Youth Services GREATS (Great Recreation, Entertainment, Arts, Training and Sport) Youth Services [GYS] is a core service provider of Malala Aboriginal Health Service to young people aged 10–20 years	Location(s)	NT	Walker and Scrine (2015) Healthcare Management Advisors (2016)	Location(s)	Maningrida	The model: • builds strengths, capacity, and resilience at an individual, family and community level • provides a targeted suicide prevention service • develops governance and infrastructure and capacity for planning to support the regional and local co-ordination of suicide prevention • supports the existence of comprehensive plans to develop and support participation of Aboriginal people in suicide prevention and wellbeing workforce. • develops standards for community engagement and cultural awareness in wellbeing services for early intervention plans for Aboriginal people, families and communities.
	Participants	Young people aged 10–20 years		Participants	n.a.	
	Duration	2009 to present		Duration	n.a.	
	Indigenous specific	Yes		Indigenous specific	Yes	

NSW = New South Wales; NT = Northern Territory; Qld = Queensland; Vic = Victoria; WA = Western Australia

Appendix C: Methods

A literature review was conducted across scholarly databases; key government reports and grey literature were also explored. A realist approach, or realist review was taken because this approach is considered the most useful for understanding complex interventions—for comprehending what 'works for whom, in what circumstances, in what respects and how' (Pawson et al. 2005).

The literature review was initially conducted by searching literature published between January 2010 and February 2021 in several large online databases:

- Cochrane Review
- Hogrefe
- PMC (the US National Library of Medicine National Institute of Health)
- the National Library of Australia Aboriginal and Torres Strait Islander (ATSI)health bibliography
- Google Scholar
- Australian Indigenous HealthInfoNet.

After sifting through the research, 23 articles about programs and interventions that were founded on the cultural continuity mechanism were identified. These were further explored for how strengthening healthy connection to community was deployed as a pathway in the intervention or as an outcome in the intervention.

This meant examining the cultural determinants that support protective connections to community in programs that are engaged in suicide prevention activities and interventions. It identified streams or pathways that strengthen connections to community with the outcome of increasing resilience, reducing allostatic loads (biomarkers of stress), increasing SEWB, and reducing suicide and suicide-related behaviour. These are discussed in the section on cross-cutting strategies.

Search criteria

A search of PMC keywords from 2010–2020 resulted in the following:

- 350 results for 'suicide+family+wellbeing+Aboriginal' in the last 10 years
- 206 for 'suicide+family+wellbeing+Aboriginal+Indigenous+ Australia' in the last 10 years
- 16 results for 'suicide+family+wellbeing' in the last 10 years
- 2 results for 'suicide+family+wellbeing+Aborginal+Indigenous' in the last 10 years for the ATSI health bibliography
- 167 results for 'suicide+Indigenous+goverance+Australia' in PMC
- 3,169 for 'Indigenous suicide prevention' in Cochrane
- 210 for 'Indigenous' in Hogrefe
- 20 entries for 'cultural healing' in the Australian Indigenous HealthInfoNet.

Initially the title and abstract were read, and then after this initial screening, full texts were read and evaluated. The reference lists of relevant full texts were also consulted, and relevant texts then examined. A manual search of all citing literature connected to Chandler and Lalonde's (1998) work on cultural continuity was also conducted to review work since their work was published. Grey literature, reports, including coronial reports and findings from Royal Commissions, were also examined. The database for *Crisis*, the journal of the International Suicide Prevention Association, was examined and research conducted on general evaluation of suicide prevention programs (non-Indigenous) explored.

In short, SEWB research that demonstrated evidence-based links to connection to family and kinship as a suicide prevention activity or process were included in the search, but only if they also demonstrated Indigenous governance and were strengths-based and engaged with cultural determinants.

Exclusion criteria

The following groups of literature were excluded:

- non-Australian Indigenous evidence
- scoping reviews and study protocols
- proof-of-concept studies, discussion of pilot programs and feasibility trails
- editorials, books and interviews with small numbers of people approximating opinions
- suicide prevention mentoring programs that focused only on youth in boarding schools
- general SEWB programs that did not have a focus on suicide prevention.

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We acknowledge the traditional custodians of all of the lands of Aboriginal and Torres Strait Islander peoples. We honour the sovereign spirit of the children, their families, communities and Elders past, present and emerging. We also acknowledge and respect the continuing cultures and strengths of Indigenous peoples across the earth.

We thank the Indigenous Mental Health and Suicide Prevention Clearinghouse Steering Committee and Fadwa Al-Yaman for their advice and guidance on this report during its development.

Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AKG	Alive and Kicking Goals
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
CBPATSISP	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
COAG	Council of Australian Governments
CRF	Cultural Respect Framework
CRG	Community reference group
GDPSA	Gayaa Dhuwi (Proud Spirit) Australia
GREATS	Great Recreation, Entertainment, Arts, Training and Sport
LIFE	Living Is For Everyone
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSILMH	National Aboriginal and Torres Strait Islander Leadership in Mental Health
NHMRC	National Health and Medical Research Council
NMHC	National Mental Health Commission
NSW	New South Wales
NT	Northern Territory
SA	South Australia
SEWB	Social and economic wellbeing
SPN	Suicide Prevention Networks
WA	Western Australia
WHO	World Health Organization
YEaHCC	Youth Empowerment and Healing Cultural Camp

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Healthy connections to community support the wellbeing of Aboriginal and Torres Strait Islander people. This paper discusses several protective factors resulting from community connection that work to strengthen resilience and social and emotional wellbeing.

AIHW

Stronger evidence,
better decisions,
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