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Health and Welfare



Connection between family, kinship and social and emotional wellbeing

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



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Australian Institute of Health and Welfare

Board Chair

Mrs Louise Markus

Chief Executive Officer

Mr Rob Heferen

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Australian Institute of Health and Welfare

GPO Box 570, Canberra ACT 2601

Tel: (02) 6244 1000 Email: info@aihw.gov.au

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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 between family, kinship and social and emotional wellbeing

What we know

- Suicide is the third leading cause of death among Aboriginal and Torres Strait Islander people and the rate is increasing. Death by suicide for Indigenous Australians is around twice the rate of the non-Indigenous population (ABS 2019a; AIHW: Kriesfeld & Harrison 2020).
- 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).
- Existing trauma and intergenerational trauma is compounded by family violence and substance misuse as well as stress caused by personal, cultural and institutional racism, which have been linked to biological markers of stress.
- Family violence disrupts healthy connections to family and has long-term negative impacts on mental health and wellbeing of children and their mothers. It makes children more vulnerable to suicide and suicide-related behaviour.
- Substantial barriers to healing and wellbeing, which are also substantial risks for suicide and suicide-related behaviour, include:
 - social, economic, educational and political marginalisation
 - lack of secure and adequate housing, especially for women and children
 - high incarceration rates of children, as well as men and women, including parents
 - lack of access to services and support.
- Healthy connections to family and kin are enabled by processes that empower cultural continuity and community control. Strong and healthy connections to family and kin protect people from suicide and suicide-related behaviour.
- 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 family and kin is acknowledged to underpin SEWB across the life span, and across generations.



What works

- The protective benefits of cultural continuity and place-based Indigenous governance have been well-demonstrated.
- Cultural continuity or community control is recognised across the literature as central to Indigenous suicide prevention and an important protective factor.
- Primary forms of health and resilient forms of connection, attachment and continuity are found in flourishing family and kinship networks.
- Empowering cultural attachment, cultural connections and cultural continuity are similar forms of resilience-building mechanisms that protect against suicide and suicide-related behaviour.
- Self-determination is the governing systemic principle, theory and mechanism that delivers best-practice Indigenous suicide prevention programs and policy.
- Pathways to strengthening connection to family and kin interrupt the transmission of historical trauma, decrease stress, strengthen identity, and increase resilience. These pathways include:
 - secure and safe housing
 - healing centres
 - employment
 - cultural healing spaces for women and men
 - caring for and connecting with Country
 - cultural practices
 - intergenerational knowledge exchange
 - language use
 - connecting with skin groups
 - engagement in cultural values and Lore.

What doesn't work

- Approaches have little success if they do not recognise the impact of trauma across generations and are not culturally safe, holistic and informed by a place-based intervention and prevention.

What we don't know

- There are limited data about suicide-related behaviour (self-harming and suicidal ideation) across the field of suicide prevention in general and in the field of Indigenous suicide prevention in particular.
- There is a gap in the research relating to the relationship between intergenerational poverty, intergenerational trauma, the disruption of healthy connections to family and suicide and suicide-related behaviour.
- The extent of family violence and the impact of family violence on women and child victims is unknown because there are many barriers to reporting family violence.



1



Introduction



1 Introduction

Healthy, supportive, loving and nurturing connections to family and kinship networks are vital for Aboriginal and Torres Strait Islander (hereafter Indigenous Australians) to flourish and continue their culture. These connections support:

- greater individual and collective resilience against adverse life experiences
- self-determination
- prevention of suicide and suicide-related behaviour (Kelly et al. 2010).

The Uluru statement from the heart made it clear that Indigenous Australians love their children and would not choose to be separated from them (2017).

Proportionally, we are the most incarcerated people on the planet. We are not an innately criminal people. Our children are alienated from their families at unprecedented rates. This cannot be because we have no love for them. And our youth languish in detention in obscene numbers. They should be our hope for the future.

Strengthening healthy connections to family and kin through multiple pathways is an important evidence-based component of the complex interventions involved in Indigenous suicide prevention programs and policies across the country. Indigenous communities already contain suicide prevention knowledge and practices about how to create a life that is worth living (Chandler & Lalonde 1998). Unlocking the capacity for healing and prevention requires self-determination across the sector.

This paper explores the cultural determinants—the cultural factors that strengthen healthy connections to family and kin—that influence the protective benefits of connections to family and kin. It also seeks to refine the knowledge base around Indigenous suicide prevention by exploring Indigenous-centred research, policy and programs that aim to strengthen the protective benefits of healthy connections to the SEWB domain of family and kin. Indigenous understandings of family and kin, as well as understandings of what constitutes a healthy connection to family and kin and why this is protective for individuals, families, and the community itself, is discussed in relation to recent research in the field, and strategies and programs that support these connections.

Social and emotional wellbeing

Social and emotional wellbeing (SEWB) is an expression of traditional life-affirming Indigenous knowledge systems about collective and land-based wellbeing. SEWB is central to culturally safe and successful approaches to suicide prevention in Australia and it resonates with holistic definitions of health that have emerged from the international primary health care movement (WHO 1978). Vision 2030 (NMHC 2020) recognises SEWB as central to mental health and suicide prevention reform in the sector.

Anchored in traditional knowledge systems of holistic, collective, land-based wellbeing, SEWB comprises 7 interrelated domains: body, mind and emotions, family and kinship, community, culture, Country, and spirituality (Dudgeon et al. 2017). Optimal SEWB occurs when there are harmonious and healthy connections across all the domains.



Connection to family, kinship and community are overlapping domains of SEWB. They are connected through shared obligations and duties that can also be understood as cultural norms or rules. These rules are vital to cultural continuity—contemporary preservation of traditional culture, including such characteristics as language and community control (Oster et al. 2014). They ensure the harmonious thriving of families and communities and are an intricate part of culture. For example, Grandmothers Law is a way of being, knowing and doing that guides families and communities. It is recognised as central to the flourishing of children and therefore the prevention of suicide and suicide-related behaviour (Dudgeon & Bray 2019).

Cultural determinants

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 individuals, families and communities (Department of Health 2017). They originate from and promote a strengths-based perspective. The cultural determinants of health promote resilience, foster a sense of identity, and support mental and physical health and wellbeing for individuals, families and communities.

Arabena (2020) drew on the SEWB model and the National Longitudinal Study of Aboriginal and Torres Strait Islander Wellbeing Project (Salmon et al. 2018) and identified 6 cultural determinants of Indigenous wellbeing:

- Connection to Country—the sense of belonging and connection. It is closely related to identity and attachment with the physical environment.
- Indigenous beliefs and knowledge—relationships, identities and cultural traditions. It incorporates healing, traditional medicine and gendered knowledge systems and practice.
- Indigenous language—verbal, written and body language as a vehicle for expressing culture and teaching it to others. Language is the basis for cultural knowledge, economies and trade.
- 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.
- Cultural expression and continuity—actions in the form of dances, songs, storytelling, ceremony and the sharing of food, celebrations and the representation of values.
- Self-determination and leadership—control over decision-making and resources and assists collective decisions made.

These cultural determinants are premised on extensive and well-established knowledge networks in communities and in the community-controlled sectors. The implementation of these is consistent with themes in the United Nations Declaration on the Rights of Indigenous Peoples (UN 2007) and Australia's commitments to meeting the 2030 Sustainability Targets (Arabena 2020). Cultural continuity is recognised across the literature on suicide prevention research as the foundation of successful and sustainable interventions (Chandler & Lalonde 1998; Dudgeon et al. 2020). This approach aligns with the human right of Indigenous people to have self-determination over their own health and healing (UN 2007).



Indigenous families have culturally distinct childrearing practices, and family and kinship structures that provide important resilience resources (Kildea et al. 2018). Culturally specific family obligations, norms and protocols govern connections within and between families, including complex kinship connections. Strengths-based approaches to Indigenous family functioning recognise the importance of supporting healthy connections to these cultural family and kinship practices and structures (Geia et al. 2011).

In the context of suicide prevention, strengthening connections within families is best achieved by a holistic, whole-of-community approach that:

- engages with the cultural determinants of health
- empowers place-based healing programs
- empowers culturally safe interventions and support for families that is gender-specific and age-appropriate.

Strengthening healthy connections to family is especially protective for women and children who are at greater risk from sexual assault and family violence, including homicide (AIHW 2019a). Indigenous mothers are more likely than non-Indigenous mothers to live in remote and very remote areas, where there is a lack of access to services (AIHW 2018, 2021). They are also more likely to experience significantly higher levels of psychological distress, especially during pregnancy and after giving birth (Weetra et al. 2016).

Severe overcrowding and general housing insecurity—combined with poverty and barriers to employment and education, exposure to family violence and exposure to persistent racism—erode healthy family connections and challenge the ability of mothers and other family members to care for children during the early years (Australian Human Rights Commission 2020; Langton et al. 2020). These barriers have profound impacts on the wellbeing of the whole family (Department of Health 2017; Wexler et al. 2015; Williamson et al. 2016).

Cultural connection, identity and wellbeing

The domain of family and kinship is recognised across many national frameworks and policies, such as the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009 (NATSIHC & NMHWG 2004) and the subsequent 2017–2023 framework (PM&C 2017). These documents make the point that:

The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing (NATSIHC & NMHWG 2004:6).

Cultural connections refer to the relationship Indigenous Australians have with key features of their culture, including (but not limited to) language, family, community, and Country. Restoring healthy cultural connections to family and kinship networks is central to resilience and wellbeing (Healing Foundation and Emerging Minds 2020). Such connections enable the transmission of intergenerational resilience, healing, culture, language, spirituality, and Lore. They are the foundations of cultural continuity and wellbeing across the life span. Participation in cultural activities has been shown to strengthen family wellbeing (Jones et al. 2018).



Connection to family is the 'cornerstone' of Indigenous Australian culture, spirituality and identity (SNAICC 2019). This connection has been disrupted by the process of colonisation and the resulting intergenerational trauma in families.

As Davis (2019) points out in the Family is Culture report, the Indigenous concept of 'connection' is culturally specific:

For Aboriginal and Torres Strait Islander people, 'connection' to family, community, culture and Country is a fundamental concept which is central to one's sense of identity, belonging and wellbeing. Aboriginal and Torres Strait Islander people understand 'connection' to be gained through social experience and involves interaction with families, communities and ancestors associated with a particular area that is related to them. In this sense, 'connection' refers to interdependent and reciprocal relationships between Aboriginal peoples and Country which is sustained through cultural knowledge and practices (Davis 2019:320).

Connection to family is expressed through, and is an expression of, culture. It is anchored by a place-based knowledge of culture. Complex place-based kinship networks, for example, embed identity within a web of connections that describe culturally specific social rules, obligations and practices that are devoted to maintaining social harmony and the wider health and wellbeing of families and communities, and a custodial connection to Country or land (Byers et al. 2012; Rose et al. 2003).



2



Background



2 Background

Despite substantial disruptions across generations, connections to family and kinship are an important resilience resource for Indigenous peoples. Although family violence occurs in Indigenous Australian communities, most Indigenous families have healthy and protective family functioning and most Indigenous children have good mental health (Silburn et al. 2006; Williamson et al. 2016):

- Almost half (47.8%) of Indigenous families reported high family wellbeing (Lovett et al. 2020).
- Almost all (94%) of Indigenous people over 15 years self-reported not experiencing physical harm during a 12-month period (ABS 2019b).
- More than half (58%) of 'youth living in high family-level risk contexts predictive of poor psychosocial functioning were defined as resilient' (Hopkins et al. 2014:5).
- 3 in 4 Indigenous adolescents (75%) 'reported strong connection with family' (Azzopardi et al. 2018:15).
- Most Indigenous youth surveyed valued family relationships (76.4%) and sought support from family (69.5%) (Hall et al. 2020).

Indigenous families endure significant burdens from the legacy of colonisation and associated transmission of trauma. The effects of the forced removal of children across generations (the Stolen Generations) continues to disrupt healthy connections to family and kinship networks. Moreover:

- victims of family violence are not receiving adequate support (Fogliani 2019; Langton et al. 2020)
- children are being placed in out-of-home care in increased numbers and are losing contact with their families and culture (Davis 2019)
- families are being separated through high incarcerations rates which include an over-representation of children and youth in detention (Department of Health 2017).

There is a broad recognition in the research literature that the disproportionately high rates of suicides within Indigenous populations are influenced by the adverse impact of colonisation (Wexler et al. 2015). In *The Dance of Life Matrix*, an Indigenous multidimensional model of wellbeing, Milroy (2006) names the impact of colonisation on Indigenous Australians as genocide.

Suicide rates

The historic and ongoing disruptions to healthy family and kinship connections, including the transmission of trauma across generations, has been linked to increased suicide and suicide-related behaviour in Indigenous communities in Australia.

Suicide and suicide-related behaviour among Indigenous men, women and children is an escalating population health crisis in Australia that requires a sustained whole-of-government and whole-of-community response. Suicide and intentional self-inflicted injuries were collectively the third leading cause of death among Indigenous people between 2014 and 2018 (AIHW: Kriesfeld & Harrison 2020:26). The risk of suicide is not heterogenous—certain populations are at higher risk of suicide than others (see Box 1).

Box 1: Suicide among Indigenous Australians

- Suicide and intentional self-harm remains one of the 5 leading causes of death among Aboriginal and Torres Strait Islander people (ABS 2019a).
- The number of Indigenous deaths from suicide increased by 49% from 16.7 to 24.1 deaths per 100,000 in 2006–2018 (AIHW: Kriesfeld & Harrison 2020:12).
- From 2004–05 to 2016–17, 'the rate of hospitalisation due to intentional self-harm increased by 120% for Indigenous females (from 2.2 to 4.5 per 1,000) and by 81% for Indigenous males (from 1.6 to 3.3 per 1,000)' (AIHW: Kriesfeld & Harrison 2020:12).
- Over a period of 5 years (from 2014 to 2018) almost a quarter of all child suicide deaths were by Aboriginal and Torres Strait Islander children (ABS 2019a).
- In 2015, suicide was the leading cause of death for Indigenous children aged 5–17, accounting for 26.5% of Indigenous children; more than half of these (61.5%) were female children (ABS 2019a).

Overall, Indigenous Australians adults are 2.3 times more likely to experience high or very high psychological distress (ABS 2018) and 32 times as likely to be hospitalised for assaults from family violence (AIHW 2019a). It should be noted that high levels of stress are a recognised pathway to substance misuse (Krueger & Chang 2008).

Also of concern are the high numbers of Indigenous children taking their own lives. Indigenous children who take their own lives are more likely to be residing in a non-parental residence and to take their own lives outside their family home (Dickson et al. 2019).

Trauma

Indigenous Australians experience higher levels of stress than non-Indigenous Australians. Indigenous Australians report high and very high levels of psychological distress at 2.3 times the rate of non-Indigenous Australians (ABS 2018). Indigenous Australians are 1.9 times as likely to be unemployed (AIHW 2019b), and as noted before, 32 times as likely to be hospitalised for family violence assault as non-Indigenous Australians (AIHW 2019a).

Exposure to adverse childhood experiences (including forced removal from family) leads to trauma which is compounded by additional exposure to other stressors associated with racism and socio-economic marginalisation. Together, they contribute to the breaking of healthy and protective connections to family and kin and the healthy continuity of family and kin relations.

Exposure to direct and secondary trauma in the family has been linked to increased risk of suicide among youth. Exposure to direct trauma is strongly linked to suicidal ideation and suicide attempts (Dudgeon et al. 2016; Nadew 2012; Ralph et al. 2006). Indigenous people are burdened by relentless grief due to the large numbers of deaths in families and kinship groups, and this grief has a profound impact on their SEWB (Australian Human Rights Commission 2020).



There is now increased evidence that racist discrimination leads to high levels of stress, which is also linked to psychiatric disorders (Currie et al. 2020; Ketheesan et al. 2020; Sarnyai et al. 2016).

Barriers to overcoming these issues are well-known. They include:

- the lack of postvention support for families affected by suicide
- the lack of safe and secure housing, education and employment
- the lack of access to services
- cultural barriers to seeking help (such as lack of culturally appropriate services)
- cross-generational and entrenched poverty
- lateral and family violence
- historical and intergenerational trauma.

Mental health conditions, socioeconomic crisis, and 'exposure to other suicides', self-harm, and suicidal ideation are identified as risk factors (SCRGSP 2020:8.66). The 'heavy weight of Sorry Business' is one of the most common stressors (Australian Human Rights Commission 2020:415).

The Productivity Commission's (2020) report into mental health identified the following risk factors:

- lack of cultural continuity—Indigenous self-determination over aspects of culture and community
- poor physical health and access to health services, family and relationship difficulties, stress associated with the death of family members, unemployment, homelessness, financial stress, violence and racism
- exposure to traumatic stressors and intergenerational trauma associated with cultural dislocation, and loss of identity and practices resulting from colonisation and the effects of the Stolen Generation
- alcohol use and Foetal Alcohol Spectrum Disorder—alcohol-attributable suicides were estimated to be 30% higher for Indigenous males than for non-Indigenous males
- suicide 'clustering'—a series of suicides or self-harming acts that occur in a community over a period of weeks or months
- living in regional or remote areas where there are greater levels of social isolation and poorer access to services
- comparatively high rates of incarceration, although typically for relatively short periods of time
- a strong element of impulsivity to many suicide deaths.

All of these risk factors weaken healthy connections to family and kinship and place considerable burdens on families and kinships networks.



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Key issues that affect family and kin



3 Key issues that affect family and kin

Family wellbeing is fundamental to Indigenous Australian wellbeing. Protective factors that support a healthy connection to family and kinship are ‘loving, stable, accepting and supportive family, adequate income, culturally appropriate family-focused programs and services’ (PM&C 2017:8).

This section discusses the key issues identified in the research around the cultural determinants of protective connections to family and kin. In particular, it explores the cultural determinants approach to suicide prevention that has emerged as an important strengths-based focus in Indigenous suicide prevention. It is part of a shift towards enhancing and empowering existing capabilities, resources and knowledge of healing and resilience.

The *My Life My Lead* report offers a useful and clear understanding of why a cultural determinants approach is vital for Indigenous wellbeing (Department of Health 2017). The report shows that there is strong evidence emerging around the various ways that culture can support better health outcomes:

Cultural determinants originate from and promotes a strength-based perspective, acknowledging that stronger connection 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 education, economic stability and community safety. ... 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 2017:6).

Stolen Generations

Generations of children, families and communities have been traumatised through the forced removal of their children (Healing Foundation 2013; HREOC 1997). Indigenous people endured similar practices in North America and Canada (Dudgeon et al. 2015). Separating young children from mothers breaks attachment bonds that are foundational to healthy emotional and physical development.

The landmark 1997 report *Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (HREOC 1997) documented substantial, profound and chronic levels of child abuse and neglect experienced by children after separation and the impairment of family and community wellbeing from grief and trauma related to the forced separation of their children. The Royal Commission into Institutional Responses to Child Sexual Abuse found that ‘many survivors had experienced suicidal thoughts and some had attempted suicide’ (RCIRCSA 2017:19).



The Healing Foundation's (2017) report, *Bringing Them Home 20 years on: an action plan for healing*, states:

Children were moved to institutions run by churches and non-government organisations, adopted by non-Indigenous families, or placed with non-Aboriginal households to work as domestic servants and farm hands. Many children suffered very harsh, degrading treatment (including sexual abuse), limited or no contact with families, and were frequently indoctrinated to believe in the inferiority of Aboriginal and Torres Strait Islander people and culture (Healing Foundation 2017:7).

The Healing Foundation and Emerging Minds (2020) report found that a key theme was that intergenerational trauma caused a comprehensive disconnection, not only from family and kinship systems, but from Country, spirituality and culture and parenting practices. These resulted in 'a devastating ongoing impact on connection and attachment to kinship and ecological system' (Healing Foundation and Emerging Minds 2020:4). Members of the Stolen Generations and their decedents are more likely to:

- have poor mental health
- have been incarcerated or formally charged by police
- rely on government payments as the primary source of income
- have insecure housing as they are less likely to be a home owner
- have poor general health
- report perceived discrimination
- have endured substantial child sexual assault while in the 'care' of the place they were removed to
- have experience of physical violence (AIHW 2018, 2021; RCIRCSA 2017).

The result is generations of traumatised children and families. Healthy connections to family and kinship networks have been disrupted and family wellbeing has been eroded (Atkinson et al. 2014).

It should also be emphasised that connection to family is also connection to culture (Davis 2019; SNAICC 2019) and language.

Under the SEWB model, connection to the domain of family and kin is essential to continual renewal of a holistic connection to culture, Country, spiritually, body, mind and emotions, and community, and language.

Out-of-home care

Although the forced removal of children from their families ended in 1972, concerns about the continuing removal of Indigenous children—to 'out-of-home care'—have been raised by grassroots organisations such as Grandmothers Against Removals, SNAICC and by Professor Megan Davis in the 2019 *Family is culture* report.

The rate of child protection orders and out-of-home care of Indigenous children is an order of magnitude higher (8–11 times) than of non-Indigenous families. Just over 5% (18,000) of Indigenous children were living in out-of-home care at 30 June 2019 (AIHW 2020).



For jurisdictions with available data in 2017–18 (which excludes data from New South Wales and Tasmania):

- 42.0 per 1,000 Indigenous children were the subject of a substantiation—this is almost 7 times the rate of non-Indigenous children (6.5 per 1,000).
- Emotional abuse was the most common type of substantiated abuse for Indigenous children.
- Indigenous children had a higher percentage of substantiations for neglect (30%) than non-Indigenous children (12%), and a lower percentage of substantiations for emotional and sexual abuse.
- The substantiation rates for Indigenous children had increased from 34.4 in 2013–14 to 42.0 per 1,000 Indigenous children in 2017–18.
- 65% of Indigenous children were placed with relatives or kin, other Indigenous caregivers, or in Indigenous residential care. This percentage is similar to that reported in previous years.

The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) aims to enhance and preserve Indigenous children's connection to family and community and sense of identity and culture. It enshrines in legislation and policy the importance of Indigenous children remaining within family and kinship networks and in the Indigenous community more broadly. This is demonstrated in the relatively high proportions of Indigenous children who were placed either with Indigenous caregivers or with relatives in many jurisdictions.

The ATSICPP has guided out-of-home care since the 1970s and is an important achievement of the self-determination movement. Despite this achievement, the Office of the Guardian for Children and Young People (AIHW 2020) found that:

- by 30 June 2019, only 62.7% (854 of 1,363) children had been placed in out-of-home care in accordance of the ATSICPP
- fewer Indigenous children are re-united with the families that non-Indigenous children.

An important component of the ATSICPP is 'Connection', which aims to support Indigenous children in out-of-home care to maintained or reconnect with their families, community, culture and Country. This part of the ATSICPP is supported by the 2007 United Nations Declaration and the Rights of Indigenous Peoples (UN 2007) and the United Nations Convention on the Rights of the Child (UN 2009).

There is increased concern in Indigenous communities about the high rates of separation of children and a systemic failure to abide by the principles of the ATSICPP. Grandmothers Against Removals, led by Aunty Hazel Collins, have raised serious concerns about the increasing number of children being placed in out-of-home care. In their submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs, Inquiry into Local Adoption, May 2018, Grandmothers Against Removals (2018:3) states:

When First Nations children are placed with non-Indigenous carers, these carers frequently cut contact with the children's families and communities. This is a breach of the human rights of these children and their families, and is state-sanctioned cultural genocide. [...] young people in out-of-home care achieve worse outcomes in adulthood due to removal from their families and cultures. They grow into adults who seek to heal from removal by reconnecting with their families and communities.



Professor Megan Davis conducted a contemporaneous analysis of the case files of 1,144 Indigenous children and young people in out-of-home care in New South Wales between 1 July 2015 and 31 June 2016. This resulted in the *Family is culture* report (Davis 2019).

Davis found that an increasing number of Indigenous children and young people have been removed from their families since the assimilation policy of forced removal ceased. The increase is substantial: from 829 Indigenous children and young people in 1993 to 6,766 in the most recent data she had available (Davis 2019).

SNAICC (2019) identified the following structural drivers that contribute to Indigenous children being placed in the child protection system:

- intergenerational trauma
- institutional racism
- socioeconomic disadvantage
- poor access to safe, affordable and quality housing
- exposure to family violence.

These structural drivers also contribute to risk of suicide and suicide-related behaviour.

Incarceration

Connection to family and kinship networks are disrupted through the incarceration of children, youth, mothers and fathers and other members of families and kin. It is widely recognised that Indigenous Australians are incarcerated at much higher rates than non-Indigenous Australians. The mental health impacts of incarceration and the need for a SEWB approach to healing is receiving the increasing attention of researchers (Sullivan et al. 2019).

The chronic incarceration of Indigenous children and youth and their treatment by the criminal justice system has been identified as a human rights issue. It has negative impacts on the wellbeing of children and youth; it breaks protective connections to family and community.

Of concern is the treatment of children within detention centres, as described in the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory (RCBIPDCNT 2017). The Commission also found that there was a systemic breaking of connections to family, kinship and culture by the justice system that impaired the wellbeing of children. The Commission recommended substantial changes to restore and protect these connections, including the establishment of 20 Family Support Centres (Recommendation 39.3).

Recommendation 7.3 advocates that an in-principle recognition of 'the centrality of family and community to the wellbeing of children and young people' underpins the partnership between Aboriginal community representatives and the Northern Territory and Commonwealth Governments (RCBIPDCNT 2017:28).

Incarceration all too often re-traumatises already traumatised men, women and children. It puts them at further risk of suicide and suicide-related behaviour: fathers and mothers are incarcerated, the connection to their children is severed, and attachment bonds disrupted. Indeed, women who



have been released from prison are at 14 times higher risk from suicide (AIHW 2019c). Structural reform advocated by the renewed 2020 Close the Gap addresses the high rates of incarceration through justice reinvestment and the abolition of the detention of children. This is a recognition that incarceration is a 'source of ongoing trauma and long-term health concern' (Lowitja Institute 2021:6).

Wage injustice and intergenerational poverty

Indigenous Australians have endured generations of enforced poverty through wage theft, workplace exploitation and employment exclusion. Lower socioeconomic position during childhood is correlated with adverse childhood experiences (Bunting et al. 2018; Walsh et al. 2019). High stress loads have been linked to acceleration of the 'epigenetic clock' or increases in frailty (Factor-Litvak 2021) and psychological challenges (Carbone 2020).

The *Wiyi Yani U Thangani (Women's Voices): Securing Our Rights, Securing Our Future Report* noted that:

the despair of poverty and the lack of opportunities that come with extreme poverty were highlighted in reference to youth suicide (Australian Human Rights Commission 2020:433).

The breakdown of Indigenous families through entrenched intergenerational poverty can be understood in the context of this evidence. Despite this widespread experience, there has been little research into how intergenerational poverty compounds intergenerational trauma and increases vulnerability to suicide and suicide related behaviour.

Family violence

Family violence impairs the protective connections between family and kin. It drives the transmission of trauma across generations and has been linked to a range of adverse life outcomes, mental health challenges, as well as suicide and suicide-related behaviour (Australian Human Rights Commission 2020; Langton et al. 2020).

Memmott and others (2001) provide a description of family violence:

- Family violence may involve all types of relatives. The victim and the perpetrator often have a kinship relation.
- The perpetrator of violence may be an individual or a group.
- The victim of violence may also be an individual or a group.
- The term 'family' means extended family, which also covers a kinship network of discrete, intermarried, descent groups.
- The 'community' may be remote, rural or urban based. Its residents may live in one location or be more dispersed, but nevertheless interact [and] behave as a social network.
- The acts of violence may constitute physical, psychological, emotional, social, economic and sexual abuse.
- Some of the acts of violence are ongoing over a long period of time. One of the most prevalent examples is intimate partner (or domestic) violence.



There has been much research into family violence, the role of substance abuse, poverty and trauma, the mental health of perpetrators and victims, the links to increased out-of-home care rates, and the suicide of children and youth (Langton et al. 2020). Calma (2006:38) notes that:

It is crucial to acknowledge the impact of broader systemic violence when considering the impact of family violence in Indigenous communities.

Strengthening connections

The protective benefit of connection to family and kinship is fundamental to wellbeing. In Australia, strengthening healthy interfamilial and kinship connections reduces suicide and suicide-related behaviour by:

- healing the trauma caused by suicide on suicide impacted families and kinship networks and building post-traumatic growth
- interrupting the transmission of intergenerational trauma and buffering against psychological stress
- supporting perinatal health and resilient early childhood development
- strengthening the integration of members of the Stolen Generation, victims of family violence and child abuse, children who have been placed in out-of-home care, LGBTI+ people, single parents, prisoners and young people in juvenile detention
- supporting the transmission of intergenerational resilience, communication and care, culture and Lore
- modelling pro-social health promoting resilient behaviour and cultural identity (Dudgeon et al. 2016; Dudgeon et al. 2017; Salmon et al. 2018; Salmon et al. 2019a,b).

When these connections are disrupted, Indigenous peoples, families and communities are likely to experience poorer SEWB because of impact of the social and cultural determinants of Indigenous wellbeing and mental health (Gee et al. 2014).

Strengthening healthy intra-familial and kinship connections is fundamental to positive family functioning, individual and family wellbeing and to the broader wellbeing of the community and culture. Many of the problems that detract from the connections that build SEWB are also well-known risk factors for suicide and suicide-related behaviours. Conversely, reparation and strengthening of these connections has a protective effect on SEWB and reduces the risk of suicide and suicide-related behaviours (Dudgeon et al. 2016).

The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009 (PM&C 2017) identifies risk factors to the SEWB domain of family and kin. Examples of risk factors include absence of family members, family violence and child neglect and abuse. Examples of protective factors are:

- a loving, stable, accepting and supportive family
- adequate income
- culturally appropriate family-focused programs and services.



National and international quantitative and qualitative evidence across the literature in Indigenous suicide prevention indicates that the upstream protective benefits of healthy family and kinship connections are best achieved by:

- strengths-based sustainable, holistic, culturally safe, place-based approaches, by Indigenous-governed parenting programs
- family-focused, place-based Indigenous run healing programs for men and women
- postvention support for suicide impacted families
- strengthening culturally safe connections between families, schools and services
- overcoming inequities in the proximal and distal determinants of family wellbeing such as housing, employment and education.

In all of this, Indigenous governance is vital to success (Dudgeon et al. 2016).



4



Policy context



4 Policy context

This section describes the key policies and frameworks that are dedicated to Indigenous mental health and preventing Indigenous suicide and suicide-related behaviour. There is a specific focus on aspects of these policies that advocate improving SEWB by strengthening connections to family and kinship.

The right of Indigenous people to determine, protect and build connections to their family and kin is recognised in international law. Article 30 of the Convention on the Rights of the Child states:

In those States in which ethnic, religious, or linguistic minorities or persons of indigenous origin exist, a child belonging to such a minority or who is indigenous shall not be denied the right, in community with other members of his or her group, to enjoy his or her own culture, to profess and practise his or her own religion or to use his or her own language (UN 2009).

The United Nations Declaration of the Rights of Indigenous People also supports the right to a continuing connection to family and culture (UN 2007) as pronounced in:

- Article 14, or the right to establish and control educational systems that promote cultural methods of teaching and learning
- Article 21, or the right to improve economic and social conditions
- Article 22, or attention to the rights of Elders, women, children and youth, and people with a disability.

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National frameworks

Strengthening SEWB is integral to an Indigenous-led approach to mental health reform and suicide prevention (see **Appendix A**). Three overarching policies 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*
- *National Aboriginal and Torres Strait Islander suicide prevention strategy.*

Fifth National Mental Health and Suicide Prevention Plan

In alignment with the Preventing Suicide: A Global Imperative (WHO 2014), the *Fifth national mental health and suicide prevention plan* (the Fifth Plan, COAG 2017) describes a suicide prevention approach that involves integrating interventions. The Fifth Plan commits all governments to a systems-based approach (see Box 2).



Box 2: The 11 elements of the Fifth Plan

1. Surveillance: increase the quality and timeliness of data on suicide and suicide attempts.
2. Means restriction: reduce the availability, accessibility and attractiveness of the means to suicide.
3. Media: promote implementation of media guidelines to support responsible reporting of suicide in print, broadcasting and social media.
4. Access to services: promote increased access to comprehensive services for those vulnerable to suicidal behaviours and remove barriers to care.
5. Training and education: maintain comprehensive training programs for identified gatekeepers.
6. Treatment: improve the quality of clinical care and evidence-based clinical interventions, especially for individuals who present to hospital following a suicide attempt.
7. Crisis intervention: ensure that communities have the capacity to respond to crises with appropriate interventions.
8. Postvention: improve response to and caring for those affected by suicide and suicide attempts.
9. Awareness: establish public information campaigns to support the understanding that suicides are preventable.
10. Stigma reduction: promote the use of mental health services.
11. Oversight and coordination: utilise institutes or agencies to promote and coordinate research, training and service delivery in response to suicidal behaviours.

Source: COAG 2017

Priority Area 4 of the Fifth Plan identifies improving mental health and reducing suicide among Indigenous Australians as a national priority. At its core are actions that enable Indigenous peoples' leadership in the building of culturally capable models of care, using Aboriginal Community Controlled Health Services (ACCHS) to integrate and streamline consumer contact with different parts of the mental health system and develop the Indigenous Australian mental health workforce.

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing

The importance of the SEWB domain of connection to family and kinship is stressed in the *National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2017–2023* (PM&C 2017). Action Area 2 focuses on the promotion of wellness. In that Action Area, Outcome 2.2 ensures Aboriginal and Torres Strait Islander families are strong and supported. Outcome 2.2. centres on the following key strategies:

- Increasing family-centric and culturally safe services for families and communities.
- Supporting families by providing access to parenting programs and services in relation to early childhood development, family support, health and wellbeing, alcohol and other drugs.

- Supporting the role of men and Elders in family life and the raising of children in a culturally informed way.
- Supporting single parent families and extended family and kin support networks.
- Supporting family re-unification for members of the Stolen Generations, prisoners, children removed from their families into out-of-home care, and young people in juvenile detention (PM&C 2017:21).

Examples of actions in this outcome include:

- promote the role of ACCHS in delivering family SEWB support programs and services and provide relationships counselling and parenting programs
- support community-led anti-family violence and child abuse campaigns
- give non-working families free access to support programs and early childhood learning centres (PM&C 2017:21).

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

Similarly, Action Area 2 of the *National Aboriginal and Torres Strait Islander suicide prevention strategy* (NATSISPS) identifies the need to strengthen connections to family and kinship through ‘building strengths and resilience in individuals and families’. Outcome 2.1 can be understood as specifically identifying this need by proposing (Department of Health and Ageing 2013:29):

There are culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies.

The cultural continuity literature in the field has pointed to the importance of healing and community centres, so other areas of the NATSISPS can also be understood as supporting the strengthening of connections to family. For example, Outcome 3.2, which addresses Action Area 3 ‘Targeted suicide prevention services’ of the strategy, effects the inclusion of integrated suicide prevention services for families and individuals in Indigenous healing centres and other community centres.

Indigenous organisations have published 2 major policy concordance documents that comprehensively map the key policies and frameworks supporting the improvement of Indigenous mental health and prevention of Indigenous suicide:

- *Health in culture—policy concordance: The interconnectedness of Aboriginal and Torres Strait Islander social and emotional wellbeing, mental health and suicide prevention policy* (NATSILMH 2018).
- *Aboriginal and Torres Strait Islander suicide prevention policy concordance* (CBPATSSIP 2019).

By way of example, the NATSILMH (2018) concordance identifies the 3 most important relationships between the policy documents outlined above (Table 1).

Table 1: The 3 most important relationships between policy and frameworks

Policy document	Relationship with other documents
The Fifth Plan	Recognises the National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social emotional wellbeing 2017–2023 as a guiding document in implement (p32) Includes actions to implement the Gayaa Dhuwi (Proud Spirit) Declaration (Action 12.3, p34) Is informed by the work of ATSISEPP and NATSISPS Seeks to operationalise the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 (Action 4, Action 11, p2).
National strategic framework for Aboriginal and Torres Strait Islander people's mental health and social and emotional wellbeing 2017–2023	Refers to Outcome 3.3—to Implement the NATSISPS
National Aboriginal and Torres Strait Islander Health Plan Implementation Plan	Recognises as guiding documents for implementation (p8): • National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009 • NATSISPS • National Aboriginal and Torres Strait Islander peoples' drug strategy 2014–2019 Includes the implementation of the NATSISPS as a deliverable by 2018 (Strategy 1C) (p15). Supports the implementation of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026 (p12)

State-based policies

The states and territories have implemented policies for Indigenous suicide prevention. Two of these are described here—the Balit Murrup: Aboriginal social and emotional wellbeing framework (Department of Health and Human Services 2017a) and Korin Balit-Djak (Department of Health and Human Services 2017b) in Victoria. Others are outlined in **Appendix A**.

Balit Murrup

Of all state-level policy in Australia, Balit Murrup is the most current and relevant to the topic of this article. The key focus of Balit Murrup is to improve the SEWB and mental health of Aboriginal people, families and communities in Victoria (Department of Health and Human Services 2017a). The framework is guided by 6 principles that address: self-determination, leadership and community control of all aspects of service design, implementation and evaluation, embedding of healing and protective factors, delivery of culturally capable services, person-centred care, community engagement in the design and delivery of services and integrated partnerships between health service providers and Aboriginal communities.



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- embedding of healing and protective factors
- delivery of culturally capable services
- person-centred care
- community engagement in the design and delivery of services
- integrated partnerships between health service providers and Aboriginal communities.

Key aims of Balit Murrup include:

- 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.

The Framework emphasises connection to family and kinship as a foundation for building resilience and maintaining wellbeing. This is specifically recognised in the priorities identified for *Domain 2—Supporting resilience, healing and trauma recovery*—which encapsulate:

- Aboriginal leadership and ownership of health promotion and prevention activities
- enabling mental health literacy to allow individuals and their families talk about what is happening to them
- embedding of healing approaches in all aspects of mental health service delivery
- use of trauma-informed clinical practices which focus on healing and recovery.

Korin Balit-Djak

Another strategic plan from Victoria that includes strengthening connection to family and kinship is the Korin Balit-Djak Aboriginal health, wellbeing and safety strategic plan 2017–2027 (Department of Health and Human Services 2017b). This plan 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 structure is guided by the core principle of Indigenous self-determination and consists of 5 domains:

- Community leadership
- Prioritising Indigenous culture and community
- System reform across the health and human services sector
- Safe, secure and strong families and individuals
- Physically, socially and emotionally healthy Indigenous communities.



The fourth domain of *Safe, secure and strong families and individuals* recognises community input to the plan, identifying 'robust family and kinship systems' as one of three important factors connecting Aboriginal people to culture, country and community (Department of Health and Human Services 2017b). Strategic directions tied to enhancing the safety, security and strength of families include Aboriginal community led responses to family violence, self-determination and decision making in the care of vulnerable children, culturally responsive early year programs and interventions and partnered Aboriginal community-government arrangements for children in out-of-home care. Further is the aim to increase the number of, and access to, place-based, trauma-informed initiatives for healing, recovery and resilience to effect individual and family wellbeing.

Other relevant policies

The Fourth Action Plan

Families are also supported in the following frameworks and policies. The Fourth action plan of the *National plan to reduce violence against women and their children 2010–2022* (The Fourth Action Plan) is central (DSS 2019). The National Plan was developed to support women and their children experiencing violence. It acknowledges some Indigenous communities require additional support to address higher rates of family violence and sexual assault.

The Fourth Action Plan aims to support Indigenous communities to develop community-led solutions to preventing violence. This includes encouraging Indigenous women to have a stronger voice as community leaders as well as encompassing individual, family and community strengths in preventative action and responses to family violence. It also identifies the need to promote innovation through: place-based approaches, alternative therapeutic models for victim support and the rehabilitation of men who use violence.

Primary prevention is a priority under the Fourth Action Plan. Intergenerational trauma is a driver of violence, affecting victim/survivors and perpetrators. Addressing intergenerational trauma, through holistic healing strategies and strengthening connections to culture, language, knowledge and identity, is identified as a key preventative strategy to family violence in Aboriginal and Torres Strait Islander communities.

Bringing Them Home 20 years on

Healing trauma caused by the removal of children across generations is the continuing focus of *Bringing Them Home 20 years on: An action plan for healing*. This reports states that (Healing Foundation 2017:4):

Most Aboriginal and Torres Strait Islander people have been affected by the Stolen Generations. The resulting trauma has been passed down to children and grandchildren, contributing to many of the issues faced in Indigenous communities, including family violence, substance abuse and self-harm. Two decades on and the majority of the *Bringing Them Home* recommendations have not yet been implemented. For many Stolen Generations members, this has created additional trauma and distress. Failure to act has caused a ripple effect to current generations. We are now seeing an increase in Aboriginal people in jails, suicide is on the rise and more children are being removed. Addressing the underlying trauma of these issues through healing is the only way to create meaningful and lasting change.



Actions specifically related to the SEWB connection with family and kinship and the need to address intergenerational trauma are in Action 2 of the report. These include:

- development and implementation of a national Aboriginal and Torres Strait Islander trauma strategy that links to national action plans to reduce violence against women and children and protect Australia's children
- addressing the rising numbers of children removed from their families and the limited application of the Indigenous Child Placement Principles
- secure and dedicated funding for such mental health and social and emotional wellbeing services.

Implementing integrated suicide prevention

The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATISIP) offers clear guidelines for Primary Health Networks in moving forward with Indigenous mental health and suicide prevention reform. This guidance is aligned with international policy and human rights. A key document in the field *Implementing integrated suicide prevention in Aboriginal and Torres Strait Islander communities: A guide for Primary Health Networks* (Dudgeon et al. 2018a) offers specific guidance.

This guide relies on the historically important ATSISEEP Solutions That Work report (Dudgeon et al. 2016). Of particular relevance here is the section on ATSISEEP success factors as a guide to potential addition elements of an integrated approach. It advocates a culturally appropriate strengths-based approach that involves building community capacity through the use of participatory action research in SEWB and suicide prevention programs and activities.

[participatory action research]-based evaluations and processes should be disseminated to help build an increasing evidence base for Indigenous systems approaches to suicide prevention and suicide prevention in general, and should support the expansion of integrated approaches to suicide prevention in Indigenous communities across Australia (Dudgeon et al. 2018a:7).

The CBPATISIP advises self-determination and Indigenous governance, and the shifting of implementation to community-controlled organisations that have place-based knowledge of what works in specific communities. In this way, SEWB and suicide prevention activities become a way of strengthening connection to community.



5



Relevant programs and initiatives



5 Relevant programs and initiatives

The programs described in this section represent some of the innovative Indigenous therapeutic practices across Australia. They are sophisticated, trauma-informed, strengths-based Indigenous place-based healing practices and are some of the most advanced bi-cultural healing practices in Australia (see **Appendix B**).

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

These therapeutic practices are part of *aranke*, to use the Pitjantjatjara term for lineage (San Roque 2012). These are healing lineages that have developed across many centuries and guided by cultural Lore. Principles of care, respect and responsibility guide healing lores about healthy connections (Dudgeon et al. 2020). Traditional healers (such as the Ngangkari) continue this lineage of cultural knowledge of healing. In many programs, restoring the vitality of the spirit—called *karunpa* in Pitjantjatjara—is important and is connected to Country.

Central to many of these programs is a reconnection with Country which is understood by Indigenous cultures across Australia as the source of spirituality, Lore (Law), and wellbeing. Country is also understood as kin or family. Connecting with Country is a way of restoring cultural knowledge and identity (Poelina et al. 2020). The following offers a description of the complexity of the Indigenous concept of Country:

For Yolŋu people, Country means homeland. It means home and land, but it means more than that too. It means the seas, and the waters, the rocks and the soils, the animals and winds and all the beings, including people that come into existence there. It means the connections between these things, and their dreams, their emotions, their languages and their Rom (Law). It means the ways we emerge together have always emerged together and will always emerge together. This co-becoming manifests through songspirals, known more commonly as songlines or dreamings. Songspirals are rich and multi-layered articulations, passed down through the generations and sung by Aboriginal peoples in Australia to make and remake the lifegiving connections between people and place. (Bawaka Country et al. 2019:683).

Strengthening a spiritual connection to land or place is fundamental to other Indigenous healing practices across the world (Gone 2021).

The process of connection to Country is described by Wooltorton and others (2017:8):

We are saying that this place-based practice of deep listening, sincere observation and accumulative, experiential insightful learning; of intentionally coming to know one's place as the subject of profound love, will gradually facilitate capacity to hear, recognise and heed the voice of Boodjar. Ni, katjij: Boodjar wangkalin—listen, understand—Boodjar (Country) is singing.



The components of these best-practice programs are supported by the recent findings of a systematic review of culturally informed mental health interventions for First Nations, Inuit, and Métis peoples, examining 14 studies, which identified three successful components:

- culturally grounded indoor and outdoor activities
- Elder and peer mentorship
- participating in collective activities with other Indigenous peers and an Elder’ (Graham et al. 2021: 21).

Best practice as measured by the CBPATISIP meet the indicators shown in Box 3.

Box 3: Indicators of best practice programs and services

1. The program or service uses the guiding principles by:
 - having a cultural and community focus
 - strengthening Indigenous governance
 - demonstrating cultural respect.
2. NHMRC Ethical Guidelines were considered in developing the program or service.
3. Community/cultural governance are in place for the program or service.
4. Aboriginal and Torres Strait Islander people were involved in the development of the program or service or steps were taken to include them later.
5. The organisation of the program or service is involved with local Indigenous community groups as shown by:
 - the process being community-led and directed
 - formal partnerships
 - other types of collaboration.
6. An Indigenous Australian community reference group or similar was established for the program or service. The group included key stakeholders or members of the target group (for example, youth, Elders, consumers, carers, LGBTIQ) and meetings were held regularly.
7. The program or service considers the social and historical context of where people are living.
8. The program is specific to local groups by considering, for example gender, the delivery location.
9. The program has relationships with similar programs, services and other stakeholders and integrates with them.
10. The program or service is working with the local Aboriginal Community Controlled Health Service.
11. There is evidence of community capacity-building having taken place.
12. Ongoing activity is in place to ensure a continuous development and quality improvement process—the program is being refined.

- 
13. There is follow-up for participants after completion of the program or service.
 14. Community feedback processes are built into in the program or service.
 15. Aboriginal and Torres Strait Islander staff and other workers are involved in program or service development and implementation.
 16. All non-Aboriginal staff and workers involved had completed cultural competence and safety training.

Source: CBPATSISP n.d.

Youth Empowerment and Healing Cultural Camp (YEaHCC)

The Youth Empowerment and Healing Cultural Camp (YEaHCC) focuses on protective, cultural factors (YEaHCC 2017). They provide a culturally safe and inclusive space that fosters support and imparts life skills. The camps emphasise the importance of strengthening wellbeing and resilience through social empowerment and healing, which centres on re-establishing young people's sense of identity and spiritual and cultural connection with self, family, community, Country and sea. The camps also offer training and guidance with the development of leadership skills, learning about bush medicine, bush food and hunting.

Six independent, 1-week camps are run during the school holidays each year for children and youth who are at-risk throughout the Kimberly region of Western Australia. Inclusion in the camps is via service referral, and 7–10 youth attend each camp. It costs approximately \$1,500 per participant, which includes food, transport, supervision and activities.

The YEaHCC camps for young people considered to be at risk aim to:

- increase their engagement in community life
- promote and strengthen cultural, social, emotional, health and wellbeing
- 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
- strengthen young people's natural support networks
- promote the process of recovery, empowerment and healing from the trauma, grief and loss associated with suicide.

The CBPATSISP found **strong evidence of effectiveness**, commitment and alignment to CBPATSISP best practice principles (CBPATSISP n.d.). The program is self-sustaining, community-led and directed using formal partnerships, and addresses the important, local issues. The program establishes an increased sense of community belonging through providing a greater connection to culture and Country to enhance young people's SEWB.



Uti Kulintjaku Project

Uti Kulintjaku means ‘to think and understand clearly’ in Pitjantjatjara (NPYWC 2021). The project is under the direction of Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women’s Council and based on the cultural principle of *ngapartji* (reciprocity in relationships).

Uti Kulintjaku is a new way, using the old way, and bringing it into the new world (Rene Kulitja, in NPYWC 2021).

Uti Kulintjaku began as a language project to develop and strengthen shared understandings of mental health between Western Desert language-speaking Indigenous (Anangu) people and non-Indigenous mental health professionals. The long-term aims were to increase help-seeking, strengthen health services’ cultural competency, and foster Indigenous leadership.

The outcome was a model called Uti Kulintjaku Iwara: the path to clear thinking. It entails ‘observing, thinking, feeling and looking after each other in order to make things right’ (Togni 2017:272). It comprises thinking work, support work, emotional work, and reflection, iterative learning and evaluation.

Ngangkari healers work with the NPYWC and the Uti Kulintjaku Project. Ngangkari healers teach about how to protect, restore and strengthen the lifeforce, or the spirit. Many Tjanpi artists, or traditional weavers, are also Ngangkari healers. Cultural fibre art, or weaving, is more than weaving. It is an Indigenous healing practice involving cross-generational cultural knowledge exchange and the strengthening of family and community connections.

A review of the project in 2017 found evidence that Anangu women and non-Indigenous mental health professionals were both teaching and learning from each other (‘Thinking work’). The process revitalised a rich vocabulary of feelings, behaviours and states of being (‘Supportive work’), which provided mental health professionals with valuable insight. One tangible output of the process was the production of a multilingual compendium of words and phrases and some innovative resources through which to share them. Art making and storytelling were used to engage the women in exploring their own pain, losses and grief (trauma-informed ‘Emotional work’). The benefits were observable but difficult to quantify. In summary, the shared journey has strengthened the group’s identity (reflection, iterative learning and evaluation).

CBPATSSIP has assessed the Uti Kulintjaku Project very highly as **strong evidence of effectiveness**, commitment and alignment to CBPATSSIP best practice principles (CBPATSSIP n.d.).

Marumali Program

The Marumali Program works to increase the quality of support available for survivors of Australia’s removal policies. *Marumali* means to ‘put back together’ and was developed by a survivor of the Stolen Generations, who has personally facilitated more than 300 workshops Australia wide. The program trains service providers to:

- realise the widespread impact of forcible removal and understand the potential paths for recovery
- recognise the signs and symptoms of trauma associated with forcible removal in clients, families and others involved with their service
- to avoid re-traumatising members of the Stolen Generations.



The intention is that participants and organisations then integrate this knowledge into their policies, procedures and practices.

The Marumali Program offers a variety of 2- to 4-day workshops. The Marumali Program for Aboriginal & Torres Strait Islander Service Providers is a nationally accredited training program; as is the 2-day Risk Management Workshop for Workers. Other workshops are directed at non-Indigenous service providers to avoid reactivating long-standing trauma, and those servicing particular groups (such as young people, Indigenous people in correctional facilities).

A review found that Marumali offers clear guidelines about what type of support is required at each stage (Wilczynski et al. 2007). It identifies the core issues that need to be addressed at each stage and the associated risks. It also offers ways to minimise risk and offers indicators of when the individual is ready to move onto the next stage of healing. A more recent unpublished review found that the program builds an understanding of the effects of colonisation and transgenerational trauma and grief. It increases individual, family and community capacity and is proactive rather than reactive.

CBPATSIISP has assessed the Marumali Program as being **best practice** (CBPATSIISP n.d.). It is seen as a safe, effective and culturally appropriate model to use with survivors who had been forcibly removed from their families, communities and Country (Peeters et al. 2014).

Yuendumu Warra-Warra Kanyi-Mt Theo Program

The Warra-Warra Kanyi (WKK)-Mt Theo Program developed out of the extraordinarily effective efforts of local Yuendumu Elders in 1993 to end petrol sniffing. In 2003 this project broadened beyond petrol sniffers to support any young people at risk. A year later the project developed into a more comprehensive youth development program that now incorporates education, training, cultural activities, mentoring, leadership and career pathways (Mt Theo Program 2011). The program operates under the auspices of the Warlpiri Youth Development Aboriginal Corporation. The WKK—Mt Theo program aims to create meaningful and positive futures for Warlpiri youth (12–25 years).

The program has 5 main elements:

- Prevention and education
- Early intervention
- Peer mentoring and counselling
- Community and family engagement
- Re-engagement with the youth development project.

It offers youth development programs across four communities that engage young people (5–25 year olds) in positive, healthy and safe diversionary, cultural and project activities. The program is most developed and successful in Yuendumu. The program's training and education arm helps 5–25 year olds to re-engage in learning and education. In addition, young people over 16 years are supported to find further employment, and/or community leadership roles (WYDAC n.d.).

An evaluation found good evidence of excellent outcomes for young Warlpiri people. The program consistently delivers high quality diversionary programs, and the 'Yapa' or Walpiri people own the program and believe that it is delivering good outcomes for their young people (Shaw 2015).



This is supported by evidence that more than 92% of 2006 program graduates were employed almost 10 years later. The associated counselling services are well used and provide necessary assistance outside of family structures (Shaw 2015).

CBPATSSIP has assessed the Yuendumu Warra-Warra Kanyi-Mt Theo Program as having **strong evidence of effectiveness** (CBPATSSIP n.d.).

Telling story

Telling Story is a SEWB project that aims to reclaim and document stories of survival and resilience and enable people to speak of future hopes and dreams (Wood & Coutinho 2016). The approach is based on narrative therapy, which believes that people make decisions based on good reasons and that one's history, biography, culture, and character determine what those good reasons might be (Fisher 1989). Telling Story uses digital technology to create an archive stories of hope and survival. These stories can then re-author or acknowledge remote communities as places of care.

The activity-based workshops are held in community venues on Country, where the facilitators collaborate with local clinical and community workers. People are the experts in their own lives and problems are considered as separate from people. This is a strengths-based practice that honours the individuals and their community's agency. Digital stories are co-created from 'rescued' words following an intensive week of co-creation and the sharing of stories of skills and knowledge. The inaugural workshop was held Kalumburu in the Kimberley region of Western Australia. Subsequently, the community chose to share these stories with a wider audience through ABC Kimberley radio. Videos of stories are now available online (Telling Story Project 2020). The process of sharing these stories then allows others to bear witness and respond to the story owners.

By the end of the workshop, participants are able to identify the skills, knowledge and wisdom they possess to navigate and respond to problems in their own lives as well as issues impacting their families and communities. Community members also are given the opportunity to learn from each other and to provide peer support in communities and between communities. Participants who require more support are linked to local networks of physical, mental health and social support. Telling Story is yet to be formally evaluated.

CBPATSSIP has assessed Telling story as showing **promising evidence of effectiveness and practice** (CBPATSSIP n.d.).

National Empowerment Project

The National Empowerment Project (NEP) is an Indigenous-led research project designed to build community capacity by empowering people and strengthening cultural SEWB (National Empowerment Project 2020). The NEP Cultural, Social and Emotional Wellbeing (CSEWB) Program commenced in 2014 based on consultations with 11 communities across Australia. It aims to promote the positive cultural, SEWB and mental health of individuals, families and the community, to build resilience, and to prevent psychological distress and suicide.

The CSEWB Program is delivered in 3 sessions over 6-week blocks across 12 months by the local NEP co-researchers (Mia et al. 2017). Community co-researchers work with existing groups to host community events and to identify complementary or supplementary programs that may help. Community reference groups are established to guide and assist the implementation of the program



in a given area. Each group brings together extensive cultural, professional experience and local knowledge. Its members share the goals of the program, strengthen community ownership, help avoid program duplication, and ensure that the CSEWB Program complements others currently operating in the community (Abdullah & Coyne 2018; Mia et al. 2017).

An evaluation of the initial 2 sites found that the CSEWB Program significantly changed the lives of participants and their families. The reviewers found the extent of significant changes reported compelling (Mia et al. 2017). A more recent review of a different site found that participants better understood how to meet new challenges (Abdullah & Coyne 2018). For instance, they demonstrated, among other things, increased awareness and knowledge of their personal strengths, health care and healthier lifestyle choices, and their relationships. The participants emphasised what they now know about local history and culture. Consequently, they felt confident talking and feeling proud of their history; they found their cultural voice, a key to cultural empowerment. Many participants reported that they had proceeded to improve their everyday lives. Some did more training, others gained, and still others began to volunteer their time where previously they had not. The reviewers concluded that CSEWB Program was a 'culturally appropriate and innovative initiative, primarily driven by the Aboriginal individuals who were committed to seeing through and implementing change within the Aboriginal community, in their lifetime' (Abdullah & Coyne 2018:42).

CBPATSSIP has assessed the NEP CSEWB Program positively, noting that participants report feeling a greater sense of wellbeing, greater resilience, and increased capacity to address and resolve many of the issues of concern. They also attain skills and knowledge that will assist them to succeed in a range of ways (CBPATSSIP n.d.).

Kalka Healing: Healing Starts with You

Kalka Healing is an Indigenous led and developed suicide prevention program which provides workshops that are practical, at the grassroots level, and culturally sensitive. It aims to reduce suicide among Indigenous Australians by:

- providing participants with the tools to lead a purposeful life while being connected to Country, culture, community and family
- enabling participants to turn away from suicide ideation and to grow more resilient
- teaching communities to respond pro-actively to suicide, suicide attempts, suicide ideation and self-harm.

Two programs are available to Indigenous Australians aged 14 years and over:

- 'Healing starts with you' is a 14-hour suicide prevention, coping and response training program. Participants are supported to create a local prevention strategy for themselves and another for their community. They are also guided to respond and manage their own suicidal thoughts, feelings of worthlessness and pain.
- 'Passport for life' is a 4-hour workshop for young Indigenous Australians at risk of suicide or self-harm. In this workshop the participants a safety plan, which entails identifying and connecting with their community as well as identifying support networks and safe places. In this way the participants are provided with the tools to manage when uncontrollable thoughts arise. Non-Indigenous people who want to better understand suicide in Indigenous people may also attend the workshops.



Kalka Healing Helps people to better identify with Country, culture, community and family. Healthier-minded individuals emerged, and communities are empowered to manage the customised strategies created in the workshops. The program has not yet been evaluated; CBPATSISP is currently assessing the program.

The Enemy Within

Joe Williams is an Indigenous man with lived experience who developed The Enemy Within after a successful career as a professional athlete across 2 sports. In his customised workshops Joe talks of dealing with adversities, struggles, resilience, addiction, connection, emotional wellbeing & healing trauma in schools, communities, correctional services, sporting clubs and workplaces.

Main objectives of his approach are to:

- help participants to understand and better manage mental health challenges
- reduce the stigma of mental health challenges
- promote a connection to self, land and community in participants
- provide tools to help participants engage with others who are having mental health challenges
- enable participants to understand the impacts of trauma in individuals.

The Enemy Within is one of the core programs of the Walu-Win Gundyarri (Healthy Spirit) Cultural Health & Wellbeing Camp. The Program has been delivered in more than 300 communities, but it has not been evaluated to date.

CBPATSISP has not assessed The Enemy Within but include it on their list of suicide prevention programs (CBPATSISP n.d.).

GREATS Youth Services

A series of suicides, self-harming and petrol sniffing incidents in the community prompted the development of the GREATS Youth Services (Healthcare Management Advisors 2016). GREATS stands for Great Recreation, Entertainment, Arts, Training and Sport, and provides programs and services for young people aged 10 to 20 years. It commenced in 2009 and is a core program of the Mala'la Health Service (Maningrida, Northern Territory).

GREATS Youth Services provides a drop-in service Tuesday to Saturday and caters for up to 75 children and youth. It also provides a crisis-safe house, Youth Patrol and Outreach Program and school holiday programs, as well as coordinating the annual National Youth Week celebrations. The workers run programs to target disengaged and 'at risk' young people. When possible, these programs are delivered "on Country" in participation with local Elders. GREATS Youth Services also operates a Youth Diversion Program in partnership with Northern Territory Juvenile Justice Department (Dudgeon et al. 2016).

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. GREATS Youth Services delivers cross-sector case management of Aboriginal youth identified as at-risk, and the ATSIPEP considered it an example of a program that is determined, led and governed by the local community. A distinguishing feature of GREATS Youth Service is its



multipronged 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).

CBPATSIISP 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 within that community
- providing access to Indigenous people at risk of suicide or self-harm
- development 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 Indigenous people in the suicide prevention and wellbeing workforce
- having a high standard of community engagement, cultural awareness, early intervention and wellbeing services for Indigenous people.

Aboriginal Mental Health First Aid (AMHFA)

The Aboriginal Mental Health First Aid (AMHFA) course is based on Mental Health First Aid first developed by Kitchener and Jorm (2002, 2004) that was highly successful in increasing participants' knowledge and willingness to assist others experiencing a mental health crisis (Hadlaczky et al. 2014, Morgan et al. 2018). AMHFA was developed in consultation with a working group of Indigenous mental health experts to ensure that the program was culturally appropriate and acceptable to Indigenous people (Hart et al. 2009).

AMHFA aims to improve how people respond to an Indigenous person experiencing a mental health emergency. It teaches participants culturally respectful ways to:

- assess the risk of suicide or harm
- listen non-judgementally
- give reassurance and information
- encourage the person to get appropriate professional help
- encourage self-help strategies.

The first AMHFA training course started in 2007 when 199 instructors were trained. An evaluation established that AMHFA was culturally appropriate, empowering for Indigenous people, and provided highly relevant information that could assist Indigenous people in a crisis (Kanowski et al. 2009). The likelihood that participants would go on to run an AMHFA course was increased if they had prior teaching experience and if there was post-course contact with one of the Trainers or Instructors.

The AMHFA course was redeveloped following a Delphi process that updated the guidelines for non-suicidal self-injury and for those experiencing suicidal thoughts or behaviour (Armstrong et al. 2017; Armstrong et al. 2018). Indigenous specific groups also produced guidelines for 'Cultural



Considerations and Communication Techniques' (Chalmers et al. 2014; Hart et al 2009) and 'Communicating with an Aboriginal or Torres Strait Islander Adolescent' (Chalmers et al. 2014).

A study of 251 participants across 21 different AMHFA courses, delivered across 2 Australian states, found that participants improved their knowledge, were more confident in their capacity to respond appropriately, and felt more likely to provide assistance (Day et al. 2021). Qualitative analysis about the quality of the program and the cultural safety of the training was also very positive. In particular, many participants attributed the program's quality and cultural safety to the personal skills and sensitivities of the instructors and their lived experience (Day et al. 2021).

Mental Health First Aid Australia (2018) now offers:

- a 2–2.5 day Youth Aboriginal & Torres Strait Islander Mental Health First Aid course
- a 12–14-hour AMHFA Refresher Course
- a 5-hour Introduction to MHFA Talking About Suicide.

The CBPATISIP found that AMHFA showed **strong evidence of effectiveness and best practice**. It builds on community capacity and aligns with community consultations regarding the need to enable people to talk and share with one another and build social connectedness (CBPATISIP n.d.).

Talking About Suicide

Talking About Suicide emerged from the AMHFA courses run by Mental Health First Aid Australia. The short-course format is delivered by Indigenous AMHFA Instructors and teaches people how to support an Indigenous person who is experiencing suicidal thoughts. An expert panel of 27 Indigenous people with professional and personal experience in suicide prevention established developed the best-practice guidelines on which the course is based (Armstrong et al. 2020).

Participants learn how to:

- identify the risk factors and warning signs of suicide
- confidently support an Indigenous person in crisis
- connect an Indigenous person to appropriate professional assistance and to other cultural or community supports
- manage their own self-care when assisting someone who is experiencing suicidal thoughts and behaviours (Armstrong et al. 2020).

A non-randomised trial of Talking About Suicide was considered culturally appropriate by Indigenous participants (Armstrong et al. 2020). Information was collected at 3 time points—pre-training, post-training and four-month follow-up—about a range of outcome measures, including beliefs about suicide, stigmatising attitudes, confidence in ability to assist, intention to assist, and actual assisting behaviour.

All but one of the participants had some personal or workplace experience of suicidality or death from suicide, and most held beliefs that were consistent with the evidence. Despite high levels of knowledge prior to training, improvements were observed in beliefs about suicide, stigmatising attitudes, confidence in one's ability to assist and intended assisting actions. Attrition decreased the statistical power at the 4-month follow up, but it still found statistically significant improvements in



beliefs about suicide, stigmatising attitudes and intended assisting actions. Most importantly, the authors measured self-reported, assisting action in the 12 months prior to training and the 4 months after. They found dramatic improvements between pre-course and follow-up. The authors estimated the rate of assisting at follow-up to be over twice that prior to the course (incident rate ratio = 2.58, 95%CI: 2.14–3.11) (Armstrong et al. 2017).

The CBPATSSIP has not assessed Talking About Suicide (CBPATSSIP n.d.).

Deadly thinking

Deadly thinking is a culturally tailored, emotional health and wellbeing workshop designed for Indigenous people living in rural and remote areas of Australia (Orygen 2018). It is implemented by Rural and Remote Mental Health Ltd and funded by the Movember Foundation.

Deadly thinking is designed to:

- increase emotional health and wellbeing literacy
- improve help seeking behaviours
- decrease stigma in rural and remote communities.

It is delivered in 3 phases. First, people attended train-the-trainer workshops. The workshops were then delivered directly to community members. Ongoing support, resources and networks are also provided (for example, through Facebook).

In each workshop a trained, Indigenous facilitator with lived experience works with small groups of participants using activities, such as art, as a medium for generating discussion. The workshops provide a culturally safe and confidential environment. The strength-based approach helps participants develop the skills to yarn with others about topics, such as anxiety, depression, suicidal ideation and substance abuse.

Evaluations were conducted of both the train-the-trainer and the community workshops. Overwhelmingly, participants in both workshops believed that ‘it helps to have a yarn about mental health issues to someone’ (Orygen 2018). Train-the-trainer participants reported greater help-seeking intentions across a range of people. Community participants’ help-seeking intention scores were significantly higher for parents, community leaders, and emotional health professionals. There were no significant changes in barriers to seeking help. Satisfaction with the training was very high in both types of workshops (Orygen 2018). Another evaluation revealed similar findings with significant improvement in help-seeking intentions and high rates of satisfaction with workshop components (Snodgrass et al. 2020).

CBPATSSIP has assessed this program as a **promising program**. Indigenous people developed the program (CBPATSSIP n.d.). It is culturally safe and can be adapted to local community needs. It also helps build capacity in communities where it is run and can function as a stepping stone towards the AMHFA.



Alive and Kicking Goals

Alive and Kicking Goals! (AKG) is a suicide prevention, peer-education project tackling the inadequate provision of mental health services for young people at risk in the Kimberley (Tighe & McKay 2012). Indigenous members of the local football club wanted to do something in response to the high suicide rates among young people. AKG centred on enhancing the capacity, confidence, competence and esteem of community members through peer education (Healthcare Management Advisors 2016). The Broome Saints Football Club and the Mens Outreach Service Aboriginal Corporation initiated the project, and a club member acted as a mentor (Tighe & McKay 2012). Initially, young members of the football club organised a youth subcommittee, where they were trained in suicide prevention and leadership skills. Self-care was an important part of the training and they were supported to develop a solution that worked for them (Tighe & McKay 2012).

A DVD and associated workshop were developed to train peer educators to implement the AKG program. An evaluation of the Peer Educator training reported that participants found the DVD content relevant and appropriate within the Kimberley, they rated the DVD and workshops positively, and they felt that they could relate to and that they could see themselves using ideas from the DVD (Tighe & McKay 2012). Once trained, the young Indigenous men became the contact point for other young people in their community as Peer Educators. The overarching goal of AKG is to reduce Indigenous youth suicide. It did this by:

- engaging Indigenous youth
- enhancing the protective factors for suicide
- encouraging positive help-seeking behaviours
- providing a safe space, which enables participants to discuss sensitive topics of importance
- dismantling stigma by opening discourses around depression and suicidality.

The Peer Educators ran mini-workshops that looked at both the protective and risk factors of Indigenous suicidality. The workshops created a safe space where participants were able to discuss sensitive issues of importance and targeted 2 age groups: 10–15 years, and 16 years and older. During the 2009–2010 pilot the peer educators ran 41 activities and 644 participants attending at least 1 event.

An evaluation of the AKG program found:

- a positive change in attitudes towards talking about suicide, their feelings and help-seeking
- that participants provided confident and detailed answers about how to deal with a person with suicidal ideation.

The CBPATISIP found that AKG showed **promising evidence of effectiveness and practice** (CBPATISIP n.d.). It responded to local needs and interests and took a strength-based approach to enhancing protective factors, dismantling stigma, encouraging conversation around depression, suicide and suicidality, and encourages positive help-seeking behaviour.

The project has continued to grow. In 2010, it secured COAG funding to employ a team leader and 3 paid peer educators.



Stronger Smarter Yarns for Life

Stronger Smarter Yarns for Life is a strengths-based approach to suicide prevention program that aims to increase participants' knowledge, skills and confidence to have yarns with others who are starting to show signs of distress or are facing a personal crisis (Almeda et al. 2019). The program is based on the belief that we all have different strengths and vulnerabilities. Yarning is person-centred, being both personal and contextual. Yarns have many benefits including reducing risk and promoting protection, and providing information about support networks, services and resources. Yarning is not about 'fixing' people but about helping them to help themselves (Sarraf et al. 2018).

Stronger Smarter Yarns for Life was co-developed with an Indigenous education expert, experts in suicide prevention, and Indigenous community members with lived experience. The program is always delivered by 2 facilitators, one of whom is an Indigenous Australian, and each program is tailored to the community in which it is delivered through consultation with community members. A pilot was run in 2012 and it has continued since then.

Stronger, Smarter Yarns for Life aims to build the skills, knowledge and confidence of Indigenous and non-Indigenous people to have early yarns with Indigenous people who are vulnerable or experiencing a personal crisis. The 1-day training provides Indigenous and non-Indigenous participants with:

- an understanding of the unique factors contributing to thoughts of suicide for indigenous people, including the impact of colonisation
- a strengths-based approach to social support and suicide prevention
- the skills and knowledge to identify signs and debunk social myths
- an awareness of the prevalence of mental illness and suicide in Australia generally and for Indigenous Australians in particular
- mental health yarn planning tools and yarning strategies
- a list of suitable referral, support options and resources at local and national levels (Almeda et al. 2019, ConNetica Consulting 2020).

The program is offered by ConNetica, a consultancy focused on mental health and suicide prevention. All programs include a pre- and post-workshop evaluation. An evaluation of the program, run between May 2016 and November 2018, found that Stronger Smarter Yarns for Life obtained 'outstanding results' (Almeda et al. 2019). The majority of participants reported a statistically significant increase in their knowledge about the prevention of suicide. There were also statistically significant increases in their skills to manage yarns related to suicide, such as to recognise when a yarn is needed, to initiate and engage in the yarn, to adopt a respectful and non-judgemental approach, and to work out the practical steps needed to help the person and take action if needed (Almeda et al. 2019).

CBPATISIP has assessed Stronger Smarter Yarns for Life as having **strong evidence of effectiveness and best practice** (CBPATISIP n.d.).



Suicide story

Suicide story is an Indigenous-specific training resource that developed out of the Life Promotion Program. In 1998, the Life Promotion Program began establishing collaborative partnerships with relevant stakeholders, providing community education and training in suicide prevention, and coordinating the response to a death by suicide within the community (Department of Health 2014a).

A DVD addressed 9 issues relevant to Indigenous suicide by incorporating film, animation, artwork, music and interviews. The aim of this training resource is to provide a culturally sensitive approach to increase understanding about suicide, improve the skills to work with people at risk, and build a sense of hope for Central Australian Aboriginal communities. The DVD is supported by a train-the-trainer program and associated materials (Department of Health 2014a). Between March 2017 and June 2018, about 140 participants were trained across 6 workshops. A review in 2012 found that the DVD increased the trainees' knowledge and confidence to respond to someone at risk of suicide (Lopes et al. 2012). Self-reported achievements included improved understanding of imminent risk, how best to intervene, access to support for people at risk of suicide, and community strength through capacity-building approaches (Department of Health 2014a).

The most recent evaluation of the program found strong evidence of improved resilience among participants (Guenther & Mack 2019). They were better equipped to deal with grief, trauma, and the needs of those who may be contemplating suicide. Participants were more aware of the signs of suicidal thoughts. Their confidence to act and intervene has also improved. The reviewers identified several factors supporting the outcomes, including a focus on cultural safety, strong community ownership and having Indigenous facilitators. Using local language and following local protocols also contributed.

Suicide Story builds strength and capacity in Aboriginal communities and resilience in individuals and families. Specifically, it promotes participant capacity to initiate, plan, lead and sustain strategies to promote the awareness of suicide risk and subsequent prevention plans within a community.

CBPATISIP has assessed Suicide Story as having **strong evidence of effectiveness and best practice** (CBPATISIP n.d.). It builds strength and capacity in Aboriginal communities and resilience in individuals and families, and provides materials and resources which address the needs of Aboriginal peoples in diverse community settings.

Wesley LifeForce Suicide Prevention Training

Wesley LifeForce Aboriginal and Torres Strait Islander Suicide Prevention Training began in 2015 when the Seedling Group, an Indigenous consultancy, in consultation with 3 different Indigenous communities developed an Indigenous-specific suicide prevention training program. They did this by running the standard Wesley LifeForce Suicide Prevention Training in each of 3 communities and then seeking feedback from the participants and Elders on how to ensure that the program was culturally respectful and relevant to the community. The Seedling Group then returned to those communities with changes they had made to ensure that they had captured the communities' views correctly (Wesely Mission n.d.).

The aim of the program is to enhance community capacity and engagement, and to help increase community strength and resilience. Respectful knowledge sharing is at the heart of the program.



Discussions are held as yarning circles with community members, and the focus is on collective healing and knowledge exchange. The program is meant to be adapted according to the needs of individual communities (Wesely Mission n.d.).

A formal review of the Wesley Mission LifeForce training (2017–19) found that participants increased their perceived capability and knowledge as a result of the workshop. They also had more positive attitudes and less reluctance to intervene where necessary. These changes were retained, at least in the short term (Hawgood et al. 2021). No formal review of the Indigenous training has been conducted.

Subsequently, the Wesley Mission developed a train-the-Trainer program aimed specifically at Indigenous community mental health workers. The program requires participants to take part in a general community suicide prevention workshop. A 2-day Train-the-Trainer program is facilitated by a Wesley LifeForce trainer and is followed by a 1-day Aboriginal and Torres Strait Islander Train-the-Trainer workshop, which is facilitated by an Indigenous trainer from The Seedling Group. Finally, participants are required to co-facilitate 2 Indigenous workshops supervised by a Wesley LifeForce Trainer.

CBPATISIP has assessed the Wesley LifeForce Suicide Prevention Training as having **strong evidence of effectiveness and best practice** (CBPATISIP n.d.).

The Yiriman Project

The Yiriman Project commenced in 2000 because West Kimberley local Elders were concerned about young people who were harming themselves and getting in trouble with the law (Department of Health 2014b). The Yiriman Project was developed by Elders from 4 Kimberley language groups—Nyikina, Mangala, Karajarri and Walmajarri—and is directed by the Kimberley Aboriginal Law & Cultural Centre (KALACC). The goals of the project differ among the stakeholders and include:

- a youth diversionary program
- a cultural maintenance project
- ways to heal young people, heal Country and heal community (Department of Health 2014b, Palmer 2013, Thorburn & Marshall 2017).

The key elements of the Yiriman Project involve trips on Country, which can last from a couple of days to a couple of weeks, and involve between 12 and 100 people, who walk 15 to 20 kilometres a day (Palmer 2013). Every trip begins with a meeting between the local Elders, young people and Yiriman workers. Key cultural activities centre on restoring a healing kinship with Country through knowledge transfer via an immersion in cultural practices. Cultural knowledge is transferred from Elders to young people by teaching them language, storytelling, visiting ancestral sites, traditional art, hunting, learning about and practicing bush medicine, traditional song, dance activities, and preparing them for advanced cultural practices. Elders also guide participants in the practice of cultural lores of governance and relationship (KALACC 2020).

A thorough evaluation of the outcomes, among other things, found solid evidence of efficacy and established that the Yiriman Project is well respected by members of the community. For more than a decade it has carried out on-Country trips and supported the cultural maintenance of communities across 4 language group areas. In addition, it has entailed trialling new technologies (Palmer 2013).



Some consider this approach to be based on the notion of ‘justice reinvestment’:

preventative financing, through which policymakers shift funds away from dealing with problems ‘downstream’ (policing, prisons) and toward tackling them ‘upstream’ (family breakdown, poverty, mental illness, drug and alcohol dependency) (ALRC 2018).

Justice reinvestment in the Yiriman Project focuses on preventative approaches at a local level, and prioritises front-end holistic support which has the capacity to prevent criminalisation in the first instance (ALRC 2018).

Thorburn and Marshall (2017) evaluated an on-Country trip that took place in 2010. Eleven young people, who were on track for detention in Perth, were taken to a remote part of the Great Sandy Desert. The trip took place over 60 days, at the conservative cost over \$7,000 per head. In the subsequent year, none of the 11 young people had contact with the Department of Corrective Services. Given the estimated cost of \$300,000 to keep a juvenile detained for one year, the Yiriman Project demonstrates considerable potential savings in terms of public money in addition to the numerous cultural and community benefits (Thorburn & Marshall 2017).

In 2012 the Yiriman Project won a Reconciliation Australia Indigenous Governance Award and has been widely cited in more than 9 significant government reports as examples of best practice (KALACC 2020).

CBPATSSIP has assessed the Yiriman Project as providing **strong evidence of effectiveness and best practice** (CBPATSSIP n.d.).

Mowanjum—Connection to Culture

The Mowanjum Connection to Culture program is based on the belief that the transmission of cultural authority will empower the participants to become agents of positive change within their communities (Golson & Thorburn 2020). The initial idea was to develop a series of cultural camps tied to a specific cultural tradition within the Kimberley, where Elders would pass on knowledge and cultural authority for an agreed specific ritual or cultural practice to culturally identified emerging leaders or *Madjas* (Golson & Thorburn 2020). The culture camps would draw upon *Jubna*, traditional forms of storytelling through traditional song and dance (Davey et al. 2019, Dudgeon et al. 2018b).

Jubna Project

The first culture camps took place in mid-2015 and 7 more took place by the end of 2018. The goals of the culture camps were to:

- encourage resilience in young people
- focus on their strengths
- empower young leaders with rights and responsibilities as future cultural bosses
- receive a mandate from Elders and become agents of change
- use agents of change to start to address youth suicide, social disadvantage and cultural loss
- produce change from within.



Participants in the Culture Camps project included Elders, emerging leaders (middle-aged men and women), young people and children. An interim evaluation of the 2015–16 projects found the culturally based camps yielded significant outcomes (in the short and medium term) for the participants and demonstrated the value of strengthening connections between young and old, men and women, people and Country, and culture and economy as a means of supporting sustainable communities. A more recent evaluation drew the same conclusion:

cultural activities such as these that are designed specifically with the transfer of cultural knowledge in mind, are crucial to ensuring the ongoing vibrancy of cultural life and practice and knowledge in the Kimberley. These projects provide a circuit breaker in the everyday lives of people where the focus can shift away from daily minutiae and crises and focus in a committed way on cultural activities. Enabling this singular focus was something repeatedly valued by project participants (Golson & Thorburn 2020).

Keeping Place and Media Project

Under the guidance of Elders the Mowanjum Keeping Place and Media Project in Western Australia records stories of people, places, language and perspectives for families and language groups in the region (Golson & Thorburn 2020).

Keeping Place and Media Project is another initiative of Mowanjum - Connection to Culture, and, also operates under the guidance of Elders. Its purpose is to record the stories of people, places, language and perspectives for families and language groups in the Western Kimberley region. Multimedia and digital archives and the associated recording technology attracts young people to the project and helps engage them with culture. The use of cameras also assists young people to overcome their shyness. 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. 2018b). The project has helped develop a repository of cultural knowledge and developed multimedia skills among the community. Trainee Digital Collections Officers have become excellent community liaisons and advocates for the project and the community have come to value the project (Dudgeon et al. 2018b). The project has developed a pathway by:

- strengthening their strong cultural identity
- improving the sense of belonging to their community cultural and social fabric of the community
- increasing teaching and learning of Jubna between Elders and young people.

CBPATSSIP has rated the Jubna Project and Keeping Place and Media Project as providing **promising evidence of effectiveness and practice** (CBPATSSIP n.d.). Both projects are culturally embedded, responsive and based around a clear program logic. They support Indigenous SEWB and self-determination and pathways for young people.



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Overarching approaches and best practice



6 Overarching approaches and best practice

A 2020 global systematic review of the effects of suicide prevention interventions in Indigenous peoples found that the available evidence supports complex interventions (Leske et al. 2020). Strengthening cultural continuity has been identified as the most effective cross-cutting strategy (Dudgeon et al. 2016; Gibson et al. 2021).

The protective benefits of cultural continuity is widely recognised across the literature as a cultural determinant of health that influences proximal, intermediate and distal health factors (Greenwood & de Leeuw 2012). A review of the benefits of cultural continuity by Ketheesan and others (2020:515) concluded that:

The crucial protective factor of being connected to one's culture, which has recently been demonstrated to attenuate the impact of racial discrimination on [allostatic load] in Indigenous Canadians ... is highly applicable in the Indigenous Australian context. As such, finding new ways of increasing cultural continuity may serve as a focus of public health efforts to lessen the burden of mental illness in Indigenous Australians.

Across the literature, cultural continuity has emerged as the program mechanism that strengthens SEWB and resilience (Dudgeon et al. 2016). Several key protective benefits of cultural continuity have been identified in the literature (Busija et al. 2020; Chandler & Lalonde 1998; Dudgeon et al. 2016; Jongen et al. 2020; Prince et al. 2018; Yap & Yu 2016) as follows:

- the flourishing of families
- the reclamation of language, social and cultural capital, and cultural identity
- the empowerment of Elders
- stronger transmission of culture across generations
- supportive peer relationship
- stronger self-continuity
- cultural revitalisation.

Evidence that cultural continuity prevents Indigenous suicide and suicide-related behaviour is increasing (Currie et al. 2019; Currie et al. 2020; Gibson et al. 2021; Hallett et al. 2007; LaFromboise et al. 2006).

Practice-based evidence

Complex social interactions, such as those needed to redress health and welfare inequities, require an evidence base that reflects its complexity (Pawson et al. 2005). Evidence-based practice, that is, basing practice on clinical evidence gathered through randomised controlled trials, is inadequate for the task. The answer is to use practice-based evidence. This is evidence that emerges through the rigorous gathering and continual testing of evidence as it emerges from practice under real circumstances. Practice-based evidence considers not just outcomes, but also systems, methods and policies and program (Potter et al. 2006).



Protective cultural determinants

Cultural determinants are supportive of protective connections to family and kin. The following key issues have been identified:

- Healing-based strategies that address mental, physical, emotional and spiritual needs and involve connections to culture, family and land work best when solutions are holistic, culturally strong, developed and driven at the local level, and community-led.
- Indigenous families and kin are at heightened risk following suicide of a family member. Substantial long-term postvention support for suicide impacted families is needed across the nation to prevent further suicides and clusters within family and community.
- Child and family centres that are managed and led by the community can provide support to families in a community. They can also be platforms for more targeted services and supports for families who might be vulnerable to future problems or who are currently experiencing difficulties in parenting (Australian Human Rights Commission 2020; Davis 2019; Langton et al. 2020).
- Ensuring that families are connected to other families and free from substance abuse, mental illness and violence requires providing intensive family support services to strengthen parenting skill and building social networks.
- Perinatal and maternal wellbeing is foundational to family wellbeing and the resilience of future generations. It needs to be supported by culturally safe, place-based programs that have strong Indigenous governance and engage the whole family and community.
- There is a particular need for ongoing best-practice Indigenous-governed healing and parental empowerment programs for men and fathers that are place-based and led by male Elders.
- Barriers to help-seeking such as shame, fear of family and community reprisal, lack of access due to excessive cost and lack of transport and time need to be addressed. Confidential e-mental health services can overcome barriers about fear of reprisal and gossip.

The key findings from the report, Improving family violence legal and support services for Indigenous women (Langton et al. 2020) discovered the following:

- funding and resources for victims of family violence is inadequate
- substantial barriers prevented women from reporting family violence to services, with the realistic recognition that they risked becoming homeless and losing their children
- there is a strong need for culturally appropriate services with family violence experts
- it is important that community-controlled services offer confidential support
- there is a significant need for ‘universal early intervention across services and programs’
- the expectation that women protect themselves and their children is matched by a systemic lack of accountability for perpetrators.

It is well established that healthy relationships with family and kinship networks in the community strengthen resilience (Ridani et al. 2015). For example, strengthening youth connections to community is an integral component of the evidence-based population health approach of the



multilevel Canadian National Aboriginal Youth Suicide Prevention Strategy, which includes promoting 'activities for youth that increase their connection to community, the land, each other, Elders, their family, and that promote cultural continuity' (Health Canada 2013:10).

Cultural continuity pathways for connections

Pathways for connecting to family and kinship in the cultural continuity literature have been identified as:

- Art programs (Jersky et al. 2016)
- Cultural camps for youth (Palmer 2013; YEaHCC 2017)
- Leadership skills and cultural knowledge (YEaHCC 2017)
- Culturally safe justice reinvestment programs focusing on parenting (KPMG Australia & Just Reinvest NSW Inc. 2018)
- Culturally safe intergenerational knowledge exchange with Elders (Busija et al. 2020; Palmer 2013; Shaw 2015; Walker & Scrine 2015; Yap & Yu 2016)
- Connecting to cultural gender roles and parenting (KPMG Australia & Just Reinvest NSW Inc. 2018)
- Problem-solving skills to address life challenges (Onnis et al. 2018)
- Learning about cultural history and family history (Peeters et al. 2014)
- Transmitting culture and connection through ceremonies, art and singing (Johnson-Jennings et al. 2020; Salmon et al. 2018; Yuen et al. 2019)
- Cross-generational knowledge exchange (Arabena 2020; Guenther & Mack 2019; Palmer 2013; Prince et al. 2018; Walker & Scrine 2015)
- Cultural paths for the expression of cultural identity (MacLean et al. 2017)
- Culturally appropriate men counselling (No to Violence 2018)
- Use of culturally relevant tools (Jo Thompson Consulting 2019)
- Connection to Lore or cultural values and principles guiding harmonious and healthy relationships (Blignault et al. 2016; Jo Thompson Consulting 2019)
- Culturally safe mental health literacy and training (Day et al. 2021)
- Back to Country cultural experiences (Mia & Oxenham 2017)
- Community meetings focused on consciousness-raising and self-determination (Prince et al. 2018)
- Engaging youth in sport (Tighe & McKay 2012)
- Connecting with skin groups and learning about respect (Palmer 2013; Prince et al. 2018)
- Supporting Indigenous young people as artists, performing stories through hip hop and rap (Salmon et al. 2018)
- Engagement in cultural values (Currie et al. 2020; Palmer 2013; Prince et al. 2018; Ritland et al. 2020)
- Building cultural knowledge and history (CBPATISIP n.d.)

- Cultural healing circles for youth (Aboriginal and Torres Strait Islander Healing Foundation Development Team 2009)
- Culturally safe communication skills about mental health and suicide and sharing stories (Guenther & Mack 2019; Martínez & Pérez 2019)
- Cultural healing for victims of child sexual abuse (Black et al. 2019)
- Maintaining and learning about culture to help children with identity and education (Salmon et al. 2018)
- Cultural groups for men and women (McDonald & Haswell 2013; Palmer 2013; Prince et al. 2018)
- Speaking Indigenous language with other members of the community (Angelo et al. 2019; Biddle & Swee 2012; Bougie & Senecal 2010; Fiddler 2015; Fiedeldey-Van Dijk et al. 2017; Hossain & Lamb 2019; Marmion et al. 2014; Sivak et al. 2019; Wright et al. 2020)
- Connecting with land and learning from Elders, for example collecting, eating and sharing bush tucker (Newell et al. 2020; Palmer 2013; Salmon et al. 2018;)
- Cross-generational knowledge exchange (Arabena 2020; Guenther & Mack 2019; Palmer 2013; Prince et al. 2018)
- Caring for Country (Biddle & Swee 2012; Larson et al. 2019; Palmer 2013; Wright et al. 2020).

Finally, ATSIPEP recommends that Indigenous suicide prevention activity should abide by the following guidelines (Dudgeon et al. 2016):

1. All future Indigenous suicide prevention activity should:
 - use and build on the success factors identified by the ATSIPEP
 - include a commitment to, and a provision for, the evaluation of the activity and the dissemination of findings to further strengthen the evidence base.
2. All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening SEWB, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with emphasis on trauma-informed care.
3. Justice reinvestment principles should be used to secure additional funding for a range of upstream diversionary activity for Indigenous young people away from the criminal justice system. This could include programs to support young people and families, sport or other activities, or by enhancing access to quality education and employment. Justice reinvestment principles should also be used to fund improvements to Indigenous mental health and alcohol and other drug services and programs.
4. Governments should support the training, employment and retention of Indigenous community members as mental health workers, peer workers and others in suicide prevention activity. In particular, Indigenous young people should be supported and trained to work in suicide prevention activity among their peer group.



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Gaps and limitations



7 Gaps and limitations

Suicide prevention in general is hampered by limitations and gaps that are also common to Indigenous suicide prevention (Platt & Niederkrotenthaler 2020). These include the gathering of data on suicides and suicide-related behaviour and the evaluation of suicide prevention strategies and programs.

First is the systemic challenges of suicide and suicide-related behaviour data. Without data, it is difficult to design and implement effective suicide prevention strategies. Culturally safe methodologies for gathering data about Indigenous suicide are needed.

Data underpins the appropriate targeting of prevention strategies and research, and suicide and self-harm statistics are widely used as progress indicators in Australia ... For these reasons, it is important that monitoring of both suicide and self-harm is as comprehensive, informative as possible (AIHW: Kriesfeld & Harrison 2020:130).

Propensities to or not to report and the availability of community-based or led surveillance systems affects the collection of data on suicide and suicide-related behaviour. Culturally safe, place-based, Indigenous governed programs and services that are based on Indigenous knowledges of family wellbeing are needed to overcome barriers to help-seeking and consequently collection of data on suicide-related behaviour (ideation and self-harm). Indigenous-informed data collection is needed if data are to be deployed in culturally safe ways and with Indigenous ownership (Walter 2018).

Second is the evaluation of prevention strategies and programs from an Indigenous stand-point. Studies have found programs are 'poorly documented' (Ridani et al 2014:111) and lack fundamental collection of baseline, input, output and outcomes data at key development, establishment and post-implement stages (see, for example, No to Violence 2018). Further, evaluations generally do not include outcomes measures of cultural and family connectedness (Gupta et al. 2020; Hudson 2016; MacLean et al. 2017; Ridani et al. 2014).

The evidence base for best-practice healing programs, parenting programs, and community-based family empowerment programs could be strengthened. The Indigenous Evaluation Strategy notes that:

After decades of developing new policies and programs and modifying existing ones, we still know very little about their impact on Indigenous people, or how outcomes could be improved (Productivity Commission 2020:4).

The Indigenous Evaluation Strategy offers a range of strategies for improving the evidence base for Indigenous health promotion and intervention. The evaluation of Indigenous suicide prevention programs and SEWB programs should be a priority as mentioned in the Action 1 of the Strategy:

Agencies should systematically identify evaluation priorities... Priorities should be determined based on policy and program impact, risk profile, strategic significance and expenditure, and Indigenous people's priorities' (Productivity Commission 2020:24).



Finally, is the absence of Indigenous-informed indicators and measures. There are few, if any, tools to explicitly measure the domains of SEWB. Few state policies specifically address SEWB or the elements of the SEWB model—including family and kinship—nor are those elements directly measured with a nationally consistent approach. Arabena (2020) offers some useful ways of measuring Indigenous cultural continuity or community self-determination:

- a rise in participation on community organisation boards
- cultural determinants are enshrined in the constitutions and RAPs of community and mainstream organisations
- gender equity as a principle is being embedded in constitutions and enacted through employment processes, policy development and programming
- an increase in the number of Indigenous councillors and employees on local councils
- an increasing number of on-Country trips being taken by community members
- greater involvement in entrepreneurship and employment
- more people in secure housing
- quarantined seats for Indigenous peoples being introduced into the Australian Government Senate.



8



Conclusions



8 Conclusions

Chandler & Lalonde's ground-breaking research (2008) on the protective benefits of cultural continuity discovered that women's governance over child and family services resulted in significant reductions in children in care and youth suicide. Moreover, the important role of the family in the intergenerational transmission of both culture and resilience is acknowledged across the literature (Dockery 2020; McKinley et al. 2020). By strengthening the process of enculturation (cultural identity), healthy connections to family and kinship networks pass on vital intergenerational cultural knowledge, include histories that have been marginalised through assimilation. In this respect, connection to family and kinship can be a form of consciousness-raising and truth telling which rebuilds cultural dignity and respect across generations.

Interrupting the transmission of intergenerational trauma in families and kinship networks and strengthening intergenerational resiliency is an important suicide prevention process, which is best supported by culturally appropriate programs and practices based on place-based knowledges of what works and what does not work for communities. Historical trauma and the intergenerational transmission of this trauma combined with entrenched socioeconomic marginalisation and the persistent impacts of racism have been linked to issues facing Indigenous families. These include high psychological distress, family violence, child abuse and neglect, binge drinking, lack of secure and safe housing, food, access to services, education, and employment. Strengthening connections to the SEWB of family and kinship and restoring family wellbeing through the guidance of Indigenous organisations such as the National Voice for Our Children and the Healing Foundation will enable the strengthening of SEWB through self-determination, cultural identity resilience and healing.

Substantial evidence-based concerns are accumulating about the abuse and neglect of children in out-of-home care, the separation of children from their cultures, the criminalisation of children in out-of-home care, and the impaired SEWB of those children (and in turn their families and kinship networks). This evidence indicates that new generations of children are being traumatised by the process of separation from their families. They will require increased whole-of-government investments in healing to avoid suicide and suicide-related behaviour.

Recommendations for taking action in this area have been proposed by SNAICC and the Healing Foundation, along with several Indigenous-led reports. These recommendations support prevention, recovery and healing for children and families by strengthening connections to family and kinship (Arabena 2020; Australian Human Rights Commission 2020; Davis 2019; Langton et al. 2020). They can be understood to contribute to the prevention of suicide by building the resilience of the SEWB domain of family and kinship and should be recognised as important to the holistic prevention of suicide.

Moreover, the current SEWB Framework, specifically the Promote Wellness Outcome 2.2, provides key strategies for strengthening connection to family and restoring family wellbeing in communities and addressing the social and cultural determinants of family wellbeing. These strategies should guide future research and policy in the area.

A strengths-based approach to connection to family and kin as a protective force for buffering against the stresses that have been linked to suicide and suicide-related behaviour also entails a recognition of the cultural foundation of fortitude, of intergenerational resiliency, and a recognition of the ways in which connections to families and kinship networks transmit resilience across generations.



The *Family Matters Report* (Hunter et al. 2020:5) has recommended that the following roadmap of 4 interrelated evidence-based and human rights based building blocks inform the systemic changes needed to protect and nurture the resilience of children and bring about the flourishing of Indigenous families:

- All families enjoy access to quality, culturally safe, universal and targeted services necessary for Indigenous children to thrive.
- Indigenous people and organisations participate in and have control over decisions that affect their children.
- Law, policy and practice in child and family welfare are culturally safe and responsive.
- Governments and services are accountable to Indigenous people.

Policy must be guided by Indigenous knowledge of what works. Only then can we improve understandings of the protective benefits of connection to family and kin in suicide prevention to strengthen resilience and SEWB.

Finally, it is recommended that strengthening connections to family is embedded in any suicide prevention in all policies. The pathways for strengthening connections to family identified here should be 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
<i>National</i>			
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSIIPS)	The NATSIIPS was released in May 2013 and complements the LIFE Framework in acknowledging the disproportionately high rates of suicide and suicidal behaviour among Indigenous peoples (Department of Health 2013). The NATSIIPS: • commits governments to engaging with Indigenous Australians to develop local, culturally appropriate strategies to identify and respond to those most at risk within communities • focuses on early interventions to strengthen community • prioritises the integration of approaches and places community at the centre of initiatives for suicide prevention.	Action areas: 1. Building strengths and capacity in Indigenous communities 2. Building strengths and resilience in individuals and families 3. Targeted suicide prevention services 4. Coordinating approaches to prevention 5. Building an evidence base and disseminating information 6. Standards and quality in suicide prevention	Australia is yet to revise its NATSIIPS and develop an associated implementation plan

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

Name	Details	Key recommendations	Implementation
The 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 NATSISPS. It includes action to implement Gayaa Dhuwi (Proud Spirit) Declaration (Action 12.3, p.34) The Fifth plan has been informed by: - the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (pp.24–32) - the Prevention Strategy (2013, pp.24, 32) - the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing (2017–2023)	The Fifth Plan commits to: - engaging Indigenous communities in the co-design of all aspects of regional planning and service delivery - collaborating with service providers regionally to improve referral pathways between general practitioners (GPs), ACCHSs, 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 - developing mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration - clarifying roles and responsibilities across the health and community support service sectors - ensuring there is a strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures (p.33).	Action 2.2: Governments will work with PHNs and LHNs to implement integrated planning and service delivery at the regional level. Includes engaging with: - the local community, including consumers and carers - community-managed organisations - ACCHSs - National Disability Insurance Scheme (NDIS) providers - the National Disability Insurance Agency (NDIA) - private providers and social service agencies (p.21). Action 10: Regional plans to connect culturally informed Indigenous Australian suicide prevention and postvention services locally (p. 33).

(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' Mental Health and Social and Emotional Wellbeing 2017–2023	This Framework guides and informs the Aboriginal and Torres Strait Islander mental health and wellbeing reforms in response to the high incidence of SEWB problems and mental ill-health among Indigenous populations.	The Framework provides specific direction by highlighting the importance of preventative 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 • provide care for people who are mildly or moderately ill • care for people living with severe mental illness.	Implementation measures unidentified
Cultural Respect Framework 2016–2026 for Aboriginal and Torres Strait Islander	The Cultural Respect Framework (CRF) was developed for the Australian Health Minister's Advisory Council by the National Aboriginal and Torres Strait Islander Health Standing Committee. The CRF commits the Australian Governments to embed cultural respect principles within the health system. Within the CRF, there are 6 domains and focus areas: • whole-of-organisation approach and commitment • communication • workforce development and training • consumer participation and engagement • stakeholder partnership and collaboration • data, planning research and evaluation.	Domain 5 (p.16): Stakeholder engagement and relationships focuses 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

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

Name	Details	Key recommendations	Implementation
The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025	This Strategy falls under the National Registration and Accreditation Scheme Strategy 2020–2025, which directs the work of the Australian Health Practitioner Regulation Agency (Ahpra). It 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. The Strategy group is a joint decision-making group. This governance structure enables the self-determination for Indigenous Australians, as enunciated in the United Nations Declarations on the Rights of Indigenous Peoples.	• 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 Indigenous Australian participation in the registered health workforce and across all levels of the National scheme. • Influence—using our leadership and influence to achieve reciprocal goals (such as thought leadership on nationally agreed approaches to measuring 'merit' and 'excellence'), definition of cultural safety, alignment with standards in education and health services.	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
Gayaa Dhuwi (Proud Spirit) Declaration of the National Aboriginal and Torres Strait Islander Leadership in Mental Health	The Gayaa Dhuwi (Proud Spirit) 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 Indigenous Australians. The Declaration has 5 themes: • Indigenous Australian concepts of SEWB, 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. • Indigenous Australian concepts of SEWB, 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 Indigenous Australians. • Indigenous Australian values-based SEWB 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 Indigenous Australians. • Indigenous Australian presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Indigenous Australians for the achievement of the highest attainable standard of mental health and suicide prevention outcomes. • Indigenous Australian 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 Indigenous Australian-specific companion to the Wharerātā Declaration.	Theme 3(b) Led by Indigenous Australians, Indigenous Australian values-based SEWB and mental health targets in combination with clinical targets should be adopted across all parts of the Australian mental health system (p.5).	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
Indigenous Allied Health Australia's (IAHAs) Cultural Responsiveness in Action (2015)	IAHA Cultural Responsiveness in Action capability framework has 6 key capabilities: 1. Respect for centrality of culture 2. Self-awareness 3. Proactivity 4. Inclusive engagement 5. Leadership 6. Responsibility and accountability.	The IAHA Cultural responsiveness in action capability framework identifies that services must adopt a holistic and person-centred therapeutic relationship with Indigenous Australians and be culturally responsive. Such an approach requires that services adhere to the following core principles and practices: • holds culture as central to Indigenous Australian health and wellbeing • involves ongoing reflective practice and lifelong learning • is relationship focused • is person and community centred • appreciates diversity between groups, families and communities • requires access to knowledge about Indigenous Australian histories, peoples and cultures.	Implementation measures unidentified
National Drug Strategy 2017–2026 Sub-strategy: National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019	The National Drug Strategy is a framework to build safe and healthy communities. It aims to reduce and prevent drug-related harm including: health, social, cultural and economic harms, harm to individuals, families and communities. This long-term strategy: • identifies national priorities • guides action by governments, service providers and the community • outlines strategies to reduce demand, supply and harm. The goal is: • To improve the health and wellbeing of Indigenous Australian people by preventing and reducing the harmful effects of Alcohol and other drugs on individuals, families, and their communities.	Planning and delivery of services should have strong community engagement including joint planning and evaluation of prevention programs and services provided to Indigenous Australian communities taking place at the regional level (p. 27).	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
<i>New South Wales</i>			
Strategic Framework for Suicide Prevention in NSW 2018–2023	Building on existing programs and aligned with NSW and Australian government 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. This Framework engages with Indigenous people.	These relate specifically to Indigenous Peoples: Priority Area 1L: Building individual and community resilience and wellbeing. Action: 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 Orange, Condobolin and Forbes have been funded to increase the number of AMHFA instructors and improve access to psychological support for Aboriginal people. This course teaches members of the public how to assist an Indigenous Australian adult who is developing a mental health problem or in a mental health crisis. - 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 in Balranald and Wentworth Shires of NSW. - Training and support is provided to local GPs. Community-based health promotion, community development, engagement of Elders and support for Aboriginal people to access culturally appropriate mental health services (p.22).

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

Name	Details	Key recommendations	Implementation
Mental Health Commission of NSW's Living Well: A Strategic Plan for Mental Health in NSW 2014–2024	Serves as the overarching framework for mental health and wellbeing for 2014–2024.	2.2.1 Strengthen partnerships and relationships among Aboriginal communities and service providers by assessing the quality and effectiveness of the relationships and taking steps to improve them. The strategies for evaluating and strengthening the relationships are to be determined in partnership by the Aboriginal communities and service providers. 2.2.2 Establish mechanisms by which non-Aboriginal organisations can access expert, practical advice from Aboriginal people on strategies to improve the cultural appropriateness of their services. 2.2.3 Measure and publicly report: • perceptions of service quality and workplace supports of Aboriginal mental health and SEWB workforces • Aboriginal consumer and carer experience of services. 2.2.4 Strengthen Aboriginal participation in the design, implementation and evaluation of NSW Government policies and initiatives to improve the mental health and SEWB of Aboriginal people. 2.2.5 Encourage Aboriginal people to train as mental health professionals to work in all settings, including by continuing to support and develop the NSW Aboriginal Mental Health Workforce Program and vocational and educational training initiatives. Enhance culturally appropriate mental health first aid and mental health literacy training for Aboriginal communities, including programs delivered by Aboriginal trainers with a lived experience of mental illness.	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
NSW Aboriginal Health Plan 2013–2023	Envisions health equity for Aboriginal people in New South Wales An Aboriginal Mental Health Plan 2006–10 was developed under a previous plan but is yet to be replaced.	Strategic directions: 1. Build trust through partnerships 2. Implement what works and building the evidence 3. Ensure integrated planning and service delivery 4. Strengthen the Aboriginal workforce 5. Provide culturally safe work environments and health services Strengthening performance monitoring, management and accountability.	NSW Health is responsible for implementing the Plan and reporting on progress. The NSW Aboriginal Health Partnership will monitor progress and oversight evaluation. Implementation measures unidentified
<i>Victoria</i>			
Victorian Suicide Prevention Framework 2016–2025	The Victorian suicide prevention framework provides a whole-of-government commitment and coordinated strategy to reduce the suicide toll. The framework is one of the priorities outlined in Victoria's 10-year mental health plan. This plan will complement the Aboriginal health and wellbeing strategic plan and Victorian Aboriginal children and families strategy (p.19).	Objective 2: • Support vulnerable people includes Aboriginal communities. The Framework states: 'The government will work closely with Aboriginal organisations, elders, leaders and communities to build existing knowledge and best practice, while also developing Aboriginal services and universal platforms to be more culturally appropriate'. • The peak body for Aboriginal health in Victoria, Victorian Aboriginal Controlled Community Health Organisations, will develop a consultation mechanism to ensure all 27 Aboriginal community controlled health organisations can contribute.	Implementation measures unidentified

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. These are: • self-determination and community control • community engagement • partnerships between health service providers and Indigenous Australian 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: • 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.	• 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 (Proud Spirit) 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 lead 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.

(continued)

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

Name	Details	Key recommendations	Implementation
			• 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. • 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 ACCHOs and culturally responsive mental health interventions for Aboriginal offenders on a Mental Health Treatment and Rehabilitation Condition (pp.39–40).

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

Name	Details	Key recommendations	Implementation
Korin Balit-Djak Aboriginal health, Wellbeing and Safety Strategic Plan 2017-2027	This Strategic Plan 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 Australian people at the individual, family and community level. The Plan's structure is guided by the core principle of Indigenous Australian self-determination and consists of 5 domains: 1. Community leadership 2. Prioritising Indigenous Australian 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 Indigenous Australian 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 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	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
<i>Queensland</i>			
The Queensland Suicide Prevention Action Plan 2015–2017	The Queensland Suicide Prevention Action Plan 2015–17 aims to reduce suicide and its impact on Queenslanders. It is a step towards reducing suicide by 50% within a decade.	1. Stronger community awareness and capacity so that families, workplaces and communities are better equipped to support and respond to people at risk of, and impacted by, suicide. 2. Improved service system responses and capacity to ensure people at risk, including those who have attempted suicide, get the support they need, when and where they need it. 3. Focused support for vulnerable groups to address the specific needs of groups and communities experiencing higher rates, and at greater risk, of suicide. 4. A stronger more accessible evidence base to drive continuous improvement in research, policy, practice and service delivery.	Implementation measures unidentified
The Queensland Government's Suicide Prevention in Health Services Initiative	An integral part of Connecting care to recovery 2016–2021: A plan for Queensland's state-funded mental health, alcohol and other drug services.	The Taskforce Action Plan focuses on the development of suicide prevention policy, strategies, services and programs to be used in a health service delivery context in order to contribute to a measurable reduction in suicide and its impact on Queenslanders. Priority action areas include: • skills development and support • evidence-based treatment and care • pathways to care within and external to specialist mental health services.	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
The Townsville Community Suicide Prevention Action Plan 2017–2020	Guided by the Living for Everyone (LIFE) framework and the Queensland Suicide Prevention Action Plan 2015–17. Aims to overcome disconnection to community by a number of strategies.	Provision of: • aftercare and crisis care • mental health in the community • GP capacity-building and support; frontline personnel • intervention and peer support training • school programs • community campaigns • media guidelines • means restriction • inclusion, healing and transition.	Implementation measures unidentified
Queensland Health Aboriginal and Torres Strait Islander Mental Health Strategy 2016–2021	Aims to close the gap in mental health outcomes between Indigenous Queenslanders and non-Indigenous Queenslanders. This Strategy acknowledges that Indigenous 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 Australian leadership • community control and partnerships.	Key actions: • Develop culturally capable mental health services • Connect healthcare • Partner for prevention and recovery • Enhance the evidence base.	Implementation measures unidentified
Queensland Aboriginal and Torres Strait Islander Healing Strategy 2021	The development of the Strategy comes from Our Way: A generational strategy for Indigenous Australian children and families 2017–2037. It is a key action under the Changing Tracks Action Plan 2020–2022, supports Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023, which ‘identified a strategic priority to renew, strengthen and integrate cross-sectional approaches to SEWB, including adopting healing informed approaches’.	Recommendations are being developed.	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
<i>Western Australia</i>			
Draft Western Australian Suicide Prevention Action Plan 2021–2025	Provides a framework for a coordinated approach to addressing suicide prevention activity in Western Australia. The plan specifies 4 priority areas: • prevention • intervention • postvention • Indigenous Australians.	While the document doesn't specifically address the 7 domains of the SEWB model, it does outline 8 recommended activities to support healing and restoration to wellbeing. Of these recommended activities, 4 closely align with the SEWB domain of connection to community.	Implementation measures unidentified
WA Aboriginal Health and Wellbeing Framework 2015–2030	The 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 health care 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 strategic directions to improve Aboriginal health and wellbeing outcomes for the next 15 years.	Does not significantly address suicide. In relation to strengthening connections to community, the Framework contains the following relevant points: building community capacity.	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
Mental Health Commission of NSW's Living Well: A Strategic Plan for Mental Health in NSW 2014–2024	Mental Health Commission of NSW's Living Well serves as the overarching framework for mental health and wellbeing for 2014–2024.	2.2.6 Strengthen partnerships and relationships among Aboriginal communities and service providers by assessing the quality and effectiveness of the relationships and taking steps to improve them. The strategies for evaluating and strengthening the relationships are to be determined in partnership by the Aboriginal communities and service providers. 2.2.7 Establish mechanisms by which non-Aboriginal organisations can access expert, practical advice from Aboriginal people on strategies to improve the cultural appropriateness of their services. 2.2.8 Measure and publicly report: • perceptions of service quality and workplace supports of Aboriginal mental health and SEWB workforces • Aboriginal consumer and carer experience of services. 2.2.9 Strengthen Aboriginal participation in the design, implementation and evaluation of NSW Government policies and initiatives to improve the mental health and SEWB of Aboriginal people. 2.2.10 Encourage Aboriginal people to train as mental health professionals to work in all settings, including by continuing to support and develop the NSW Aboriginal Mental Health Workforce Program and vocational and educational training initiatives. 2.2.11 Enhance culturally appropriate mental health first aid and mental health literacy training for Aboriginal communities, including programs delivered by Aboriginal trainers with a lived experience of mental illness.	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
<i>South Australia</i>			
South Australian Mental Health Strategic Plan 2017–2022	This plan sets a 20-year vision for mental health and wellbeing in South Australia, focusing on statewide strategic directions over the next 5 years. It is not only about mental illness, but aims to shift the focus to a whole-of-person, whole-of-life, whole-of-government and whole-of-community approach to building, sustaining and strengthening the mental health and wellbeing of all South Australians.	The SA Mental Health Commission will identify and be responsible for seeking agreement of key stakeholders to lead and/or partner in future actions to achieve the goals and objectives associated with the strategic direction set by the plan. Work will be coordinated with that of the Fifth National Mental Health and Suicide Prevention Plan 2017–2022, in particular: • Priority Area 4 around improving Indigenous Australian mental health and suicide prevention • Priority Area 3 around coordinating treatment and supports for people with severe and complex mental illness. It will also be coordinated with the work of A Fresh Start: Government of South Australia's response to the Child Protection Systems Royal Commission Report: The Life They Deserve.	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
South Australian Suicide Prevention Plan 2017–2021	The Plan was developed following widespread public consultation and builds on the earlier South Australian Suicide Prevention Strategy 2012–2016.	• Establishment of Suicide Prevention Networks (SPNs) in areas where Indigenous Australians and their families live, which align with a South Australian Aboriginal and Torres Strait Islander Suicide Prevention Plan. • Identification and support for vulnerable groups and people, including the partnership with Indigenous Australians to find safe ways of working with people at risk in a culturally competent manner that will maximise the chances of them recovering. • Suicide Prevention Networks...to empower action to support prevention. • Cross-sector collaboration [to] ensure Local Health Networks and Primary Health Networks come together to jointly produce and publish a regional suicide prevention plan that brings together the expertise and efforts of the community-managed sector, primary and specialist mental health services, education, child protection, emergency service providers, ACHSs, and people who have lived experience of suicide. • Contribution to the evidence base. Department of Human Services will work collaboratively with universities to develop research partners, focusing on vulnerable population groups including Indigenous Australians, CALD and LGBTIQ communities, young people, and men.	Increasing the number of SPNs in areas where Indigenous Australians and their families live, growing by 1 each year up to 2021.

(continued)

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

Name	Details	Key recommendations	Implementation
South Australian Health and Wellbeing Strategy 2020–2025	This new direction emphasises the importance of keeping people healthy and refocuses our energy on prevention, promotion and early intervention initiatives, as well as expanding our service capacity in community settings to support people to avoid unnecessary interactions with the hospital sector. There is a stronger focus on delivering better public health services to the community. It supports greater accountability at the local service level, delivery of more out-of-hospital services and greater emphasis on investing in the right areas to reduce the pressures on the SA health system Identifies mental illness as the leading health disparity for Indigenous Australians in South Australia	Goal 3: This new direction emphasises the importance of keeping people healthy and refocuses our energy on prevention, promotion and early intervention initiatives, as well as expanding our service capacity in community settings to support people to avoid unnecessary interactions with the hospital sector. Overarching theme: Together Support system-wide actions for working together including: Improving on the existing primary care sector coalition of General Practice, Aboriginal Community controlled entities ... to develop strategies that deliver timely first response and coordinated care where required (p.11). Theme: Targeted Develop an Aboriginal Care Framework (p.14). Theme: Tailored Develop focused responses for Aboriginal health priorities relating to cancer, diabetes heart disease, stroke and injury with a particular focus on prevention and delivery of timely interventions (p.15).	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
<i>Northern Territory</i>			
NT Health Strategic Plan 2018–2022	Keeping our population well to reduce demand on health care services and focus on primary prevention by: • adopting new models of care that provide efficient, consistent and safe services to reflect best-practice and evidence-based care • harnessing technology to help overcome the physical and financial barrier of distance, and to improve decision making • establishing value for care workforce solutions, including the retention of skilled staff and introducing new ways of working. • maximising the power of partnerships within communities, government and non-government organisations, particularly with the ACCHOs to address inequalities in remote areas.	NT Health has 6 strategic directions: 1. Ensure value for care 2. Prevent illness 3. Focus on each person 4. Redesign to improve access 5. Life performance towards excellence 6. Embed research. It aims to promote social, emotional health and wellbeing by building community resilience, supporting local capacity-building, reducing mental health issues and ensuring our work is aligned with the work of ACCHOs.	Implementation measures unidentified
Northern Territory Mental Health Service Strategic Plan 2015–2021	Six principles underpin the strategies in this Plan: 1. Person-centred holistic care 2. Care that is culturally safe and appropriate 3. Partnering with consumers and carers 4. A recovery paradigm 5. High quality, safe services 6. Equity, sustainability and a stepped-care approach.	Community capacity-building: Work with Aboriginal communities to establish mental health promotion programs and priorities, including suicide prevention activities. (Priority Area 4) Enabling participation and engagement. Establish formal arrangements to consult and collaborate with Aboriginal communities and elders will also be crucial to ensuring that NT mental health services of the future reflect the particular expectations and needs of Indigenous communities.	Implementation measures unidentified

(continued)

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

Name	Details	Key recommendations	Implementation
NT Suicide Prevention Strategic Framework 2018–2023	Implemented through a NT Suicide Prevention Strategic Framework Implementation Plan (NTSPSIFIP) 2018–2023. It outlines the 3 priority areas 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 3: Focused and evidence-informed support for the most vulnerable groups of people. Outcomes: • targeted training for health and social care staff in supporting vulnerable people, especially those in primary health care services • provision of selected and indicated programs for all groups of people.	Implementation measures unidentified
The Best Opportunities in Life: Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018–2028	This plan focuses on young people in the NT (from birth to 24 years of age). It aims to improve health and wellbeing services over the next 10 years. Key focus areas for the plan: • Health development of children and young adults to ensure they are raised and live in an environment that supports, promotes, protects their physical, emotional, cultural and social development • Improved health and wellbeing of young people 0–24 years old by providing a framework to guide health, housing, education, youth justice, child protection and police services in addressing challenges that currently exist in the Territory • Focused and evidence-informed support to ensure children are safe and protected from harm.	1. Children and young people are provided the best opportunities in life. • Priority Action 1.1: All children and their families are supported from birth to age 5 to ensure healthy development and school readiness. • Priority Action 1.2: Children and youth from 6 to 18 years old are supported and equipped to be informed, self-aware, resilient and healthy. 2. There are healthy, safe and sustainable communities and places. • Priority Action 2.1: Communities and places are safe, inclusive, supported, engaged and empowered. • Priority Action 2.2: Services are youth friendly. • Priority Action 2.3: All forms of family, domestic, interpersonal, gender- and racially-based violence and abuse, including sexual exploitation are reduced.	Implementation measures unidentified

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

Name	Details	Key recommendations	Implementation
		3. Health and wellbeing are improving. • Priority Action 3.1: Harms associated with exposure to and consumption of tobacco, alcohol and other drugs are reduced. • Priority Action 3.2: Chronic conditions are addressed by health promotion, prevention and early intervention. • Priority Action 3.3: Communicable diseases are addressed by health promotion, prevention and early intervention. 4. Health equity, especially for Aboriginal children and young people is increasing. • Priority Action 4.1: Liveability and access to housing and accommodation is improved. • Priority Action 4.2: Achievement of full potential in learning and educational attainment is increased. Priority Action 4.3: Opportunities for participation in secure and meaningful employment are increased. 5. Children and young people receive high-quality support when and where they need it. Priority Action 5.1: Early intervention and treatment services are accessible, flexible and responsive to the needs of children and young people. Priority Action 5.2: Services for children, young people and families are culturally responsive. Priority Action 5.3: Transitions at key developmental stages and between services are improved, coordinated and effective.	

(continued)

Appendix B: Relevant programs and initiatives

Table B1: Program descriptions, methods and evaluations

Program	Program details		Evaluation	Evaluation details		Outcomes
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	Youth Empowerment and Healing Cultural Camp (YEaHCC 2019)	Location(s)	WA	Strong evidence of effectiveness, and is aligned to CBPATSSIP best principles - Increased connection to community was report to be protective - Participants reported they were better able to manage negative feelings associated with suicide related behaviour
	Participants	7–10 youths per camp		Participants	n/p	
	Duration	6 independent 1-week school camps		Duration	2 years	
	Indigenous specific	Yes		Indigenous specific	Yes	

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

Program	Program details			Evaluation	Evaluation details			Outcomes
Uti Kulintjaku Project <i>Uti Kulintjaku</i> means 'to think and understand clearly' in Pitjantjatjara Based on the cultural principle of <i>ngapartji ngapartji</i> (reciprocity in relationships) Objectives: • to strengthen shared understandings of mental health between Aboriginal people and non-Aboriginal health professionals • to increase help-seeking, strengthening health services' cultural competency, and Aboriginal leadership.	Location(s)	APY lands	Togni (2017)	Location(s)	APY lands	The model: • facilitates clear thinking, enables safe ways to talk about difficult issues, fosters healing and empowerment • promotes finding new ways to enhance mental health and wellbeing. A multilingual compendium of words and phrases was created and innovative resources were produced Partnerships with mental health services were strengthened According to CBPATSISP: • the Project's model and the healing, empowerment and leadership outcomes for the Aboriginal participants are consistent with programs identified as most effective in enhancing the social and emotional wellbeing and 'suicide proofing' of Aboriginal communities • the Uti Kulintjaku Project has secured six years of funding for suicide prevention • the model developed has potential application to address other complex social and health issues in various contexts' • the 'words for feelings' products were created by the Uti Kulintjaku Project—a mental health literacy project of Ngangkari Program.		
	Participants		Method • 10 x 10 3–4 day workshops • reflective practice • participant observation • focused discussion groups • 21 semi-structured, in-depth interviews.	Participants	n = 21 interviewees			
	Duration	3–4 day workshops		Duration	3 years			
	Indigenous specific	Yes		Indigenous specific	Yes			

(continued)

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

Program	Program details			Evaluation	Evaluation details			Outcomes
Marumali Program The Marumali Journey of Healing for members of the Stolen Generations. The Marumali Program has been developed and delivered by a survivor of removal policies. The workshops are delivered in a variety of formats; each designed to meet the needs of different groups of participants. In addition to the standard program formats, the program can be tailored to meet the specific needs of a particular client group.	Location(s)	n/p		Peeters (2010)	Location(s)	n/p	Lorraine Peeters' story was effective as a model for dealing with the trauma caused by the past removal from family. The model: • builds individual, family and community capacity • addresses issues in the local community and that the workshops were based on culturally safe, trauma-informed practice. Evidence: • Identified as a 'good practice,' 'promising practice' and 'best-practice' Aboriginal model of healing for those who have been forcibly removed (Wilczynski et al. 2007) • The <i>National strategic framework for Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing 2004-2009</i> identified the Marumali Journey of Healing as an initiative that achieved the key result area of 'recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing' (NATSIHC & NMHWG 2004:21-22).	
	Participants	15 per workshop		Peeters, Hamann & Kelly (2014)	Participants	>61		
	Duration	<4 day workshops		Evaluation completed in 2014 not publicly available	Duration	>10 years		
	Indigenous specific	Yes (although non-Aboriginal people are welcomed at workshops)		Method • Organisational documents review • Completed workshop evaluation forms 2002-12 • Online survey • 2 case studies • Interview with key staff	Indigenous specific	Yes		

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

Program	Program details				Evaluation	Evaluation details				Outcomes
Telling Story	Location(s)	WA & NT			CBPSATSISP Method Used principles outlined in ATSISEEP (Dudgeon et al. 2016)	Location(s)	WA & NT			The model: - 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 - helps family and community create an archive of stories which lay testimony to their strengths - enables peer-to-peer learning and support both within and between communities - identifies people in need of additional support and links them to local networks of support including mental health services, community service providers etc. According to CBPSATSISP: - Promising evidence of effectiveness and practice.
	Participants	n/p				Participants	n/p			
	Duration	n/p				Duration	n/p			
	Indigenous specific	n/p				Indigenous specific	n/p			

(continued)

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

Program	Program details			Evaluation	Evaluation details			Outcomes
The National Empowerment Program (NEP)	Location(s)	Qld & WA		Mia et al (2017)	Location(s)	2 sites in Qld 3 sites in WA		The model: - 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 a greater sense of wellbeing, resilience - increases the capacity to address and resolve issues, impacting participants, their families and communities - improves skill and knowledge acquisition that assists participants to succeed in other, generalised ways throughout their life. According to CBPSATSISP: - Promising evidence of effectiveness and practice
	Participants	n/p		Mia & Oxenham (2017)	Participants	n/p		
	Duration	n/p		Method	Duration	n/p		
	Indigenous specific	Yes		- Patient observations - Stories of Most Significant change - Kessler Psychological Distress Scale (K5)	Indigenous specific	Yes		
Kalka Healing: Healing starts with you	Location(s)	NT		Ongoing participatory action research	Location(s)	NT		The model: - improved coping mechanisms - improved positivity - enabled people to express feelings - reduced feelings of suicidality - reduced stigma of talking about issues associated with suicide - affirmed importance of culture, family and community. According to CBPSATSISP: - Promising evidence of effectiveness and practice
	Participants	n/p		This training program has not yet been formally evaluated. ¹	Participants	n/p		
	Duration	n/p		By community invitation, evaluation of strategy proceeds 3 months after delivery of program.	Duration	n/p		
	Indigenous specific	Yes		Method	Indigenous specific	Yes		
				Additional workshop.				

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

Program	Program details			Evaluation	Evaluation details			Outcomes
Yuendumu Warra-Warra Kanyi-Mt Theo Program Since 2010 A community-based youth counselling and mentoring service operating from the remote Warlpiri Community of Yuendumu.	Location(s)	Warlpiri, NT	Shaw (2015) Method • Interviews (152) • Voting exercise • Case studies Longitudinal analysis (74)	Location(s)	Warlpiri, NT	The model: • is a high quality diversionary program, which will assist crime prevention • improves quality of life • assists with employment • increases the use of counselling services • is associated with improved uptake of leadership roles within community. According to CBPSATSISP: • Strong evidence of effectiveness		
	Participants	n/p		Participants	>226			
	Duration	n/p		Duration	3 months–10 years			
	Indigenous specific	Yes		Indigenous specific	Yes			
The Enemy Within Comprises core programs focused on suicide prevention, healing and strengthening SEWB.	Location(s)	National	This program has not yet been formally evaluated.	Location(s)	National	The model: • Addresses disconnection, cultural wellbeing, suicide prevention and the impacts of trauma • Helps break down the stigma associated with talking about mental health challenge • Reconnects individuals to themselves, family and community According to CBPSATSISP: • Promising program, assessment pending		
	Participants	n/p		Participants	n/p			
	Duration	n/p		Duration	n/p			
	Indigenous specific	n/p		Indigenous specific	n/p			

(continued)

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

Program	Program details			Evaluation	Evaluation details			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 (MAHS).	Location(s)	Maningrida, NT	Walker & Scrine (2015) Healthcare Management Advisors (2016) Method MAHS undertakes regular community assessments across the clan groups	Location(s)	Maningrida, NT	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 coordination of suicide prevention - uses 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. According to the CBPSATSISP: - High standard of community engagement, cultural awareness, early intervention and wellbeing services for Aboriginal people		
	Participants	n/p		Participants	n/p			
	Duration	n/p		Duration	n/p			
	Indigenous specific	Yes		Indigenous specific	Yes			

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

Program	Program details	Evaluation	Evaluation details	Outcomes
Aboriginal Mental Health First Aid (AMHFA-National) Aboriginal Mental Health First Aid focuses on developing knowledge about symptoms and behaviours linked with help-seeking by Aboriginal people experiencing mental illness, as well as increasing individual and community understanding of suicide prevention.	Location(s)	n/p	Day et al. (2021)	The model: - encouraged accredited instructors to run amhfa courses through follow-up support from program trainers - improved recognition of mental disorders - improved confidence in value of treatment - decreased social distance from people with mental disorders - increased confidence in provision of help - increased amount of help provided to others, sustained 6 months post program completion. According to CBPSATSISP: - Strong evidence of effectiveness and best practice.
	Participants	n/p	Kanowski et al. (2009)	
	Duration	n/p	Mental Health First Aid Australia (2018)	
	Indigenous specific	Yes (although a non-Indigenous family member can also participate)	Method Delphi consensus method with 28 Aboriginal health experts across 2x independent Delphi studies	

(continued)

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

Program	Program details			Evaluation		Evaluation details			Outcomes
	Location(s)	n/p			Snodgrass (2020)	Location(s)	n/p		
Deadly Thinking SEWB promotion program targeted to remote and rural Indigenous Australian communities. Deadly Thinking aims to improve emotional health literacy, psychological well-being and attitudes towards associated help-seeking. Deadly Thinking workshops involve participants engaging with a series of videos and facilitated group discussions with other participants related to SEWB topics relevant to individuals and communities.	Participants	n/p			Method	Participants	413		The model: • increased positive perceptions of community safety and wellbeing • decreased levels of marked distress • improved help-seeking intentions • produced high rates of satisfaction with participants According to CBPSATSISP: • Promising program. Initial evaluation indicates good acceptability and feasibility of program delivery in rural and remote Indigenous communities however a more robust evaluation of the program is warranted using controlled conditions
	Duration	1 day workshop			• Participant surveys • Measures of psychological distress, suicidal ideation, substance use, changes in attitudes towards help-seeking and help-seeking intentions and satisfaction • Train-the-trainer workshop participants rated confidence to deliver programs.	Duration	n/p		
	Indigenous specific	No (non-Indigenous people are welcome to participate)				Indigenous specific	70% identified as Aboriginal or Torres Strait Islander		

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

Program		Program details			Evaluation		Evaluation details			Outcomes
Alive and Kicking Goals! Community-led youth suicide prevention project which aims to prevent suicide through football and peer education, one-on-one mentoring and counselling.	Location(s)	Broome, WA	Tighe & McKay (2012) Method • Surveys		Location(s)	Broome, WA	Preliminary findings from the pilot were positive and informed ways the program could be further developed According to CBPSATSISP: • Promising program. Designed to respond to local needs and interests and to effectively engage with young people. It takes a strength-based approach focusing on enhancing protective factors and working to dismantle stigma, open a discourse around depression and suicidality, and encourage positive help-seeking among young people			
	Participants	n/p			Participants	n/p				
	Duration	n/p			Duration	n/p				
	Indigenous specific	Yes			Indigenous specific	Yes				
Stronger Smarter Yarns for Life Stronger Smarter Yarns for Life is a very early suicide prevention program that was developed with and for Indigenous and non- Indigenous people.	Location(s)	Qld, ACT, NT	Martínez & Pérez (2019) ConNetica & Centre for Mental Health Research (ANU) Method • Surveys (pre/post)		Location(s)	ACT	The model: • increased participant knowledge about suicide prevention • increased skills to engage in a yarn to reduce suicide risk of a person, including knowing when a yarn is required and to find the right moment to engage in a yarn • increased skills to help others express their thoughts and feelings • increase skills to adopt a respectful approach and to follow steps and take action to help if needed • increased willingness to engage in a yarn, to work out the practical steps learnt. According to CBPSATSISP: • Promising practice.			
	Participants	n/p			Participants	n/p				
	Duration	n/p			Duration	1.5 years				
	Indigenous specific	No			Indigenous specific	No				

(continued)

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

Program	Program details		Evaluation	Evaluation details		Outcomes
Suicide Story Developed by the Mental Health Association of Central Australia in partnership with local Aboriginal people, launched in 2010 and trailed in 3 central Australian sites.	Location(s)	3 sites in central Australia	Guenther & Mack (2019) Method • Interviews (3 questions) • Workshop reports • Annual reports • Historical documents • Internal monitoring and evaluation data (from 2008) 'Realist approach' used for interpretation	Location(s)	3 sites in central Australia	The model overall showed a strong evidence of impact. Outcomes included: • increased resilience • stronger skills to better respond to grief, trauma, and the needs of those who may be contemplating suicide • Greater awareness of the signs of suicidal thoughts • increased willingness to talk about suicide with less stigma • helping behaviour • greater confidence to act and intervene as required • greater sense of empowerment, self-awareness and strength • a focus on cultural safety • a prioritisation of community ownership • aboriginal facilitators being trained and leading workshops • sharing knowledge and stories • restoring hope • used local language • maintained program integrity • ensured local protocols were adhered to • highlighted the importance of reducing stigma associated with suicide • focused on 'both ways' training. According to CBPSATSISP: • Promising practice.
	Participants	n/p		Participants	>30 (30 stakeholders interviewed)	
	Duration	2-3 day workshop		Duration	~10 years of documentation	
	Indigenous specific	Yes		Indigenous specific	Yes	

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

Program	Program details			Evaluation	Evaluation details		Outcomes
Wesley LifeForce Community Suicide Prevention Networks The Networks that particularly focus on suicide prevention in Indigenous communities include the: • Darwin Region Indigenous Suicide Prevention Network (NT) • Top End Suicide Prevention Network (NT) • Galupa Marngarr Suicide Prevention Group (NT) • Life Networks Wambool Aboriginal Team (NSW).	Location(s)	4 sites in NSW and NT	Evaluation report not publicly released	Location(s)	NSW and NT	The model: • strengthened reciprocal learning and offered a small strategy of 'continued or after care' by inclusion of community co-facilitator • increased knowledge regarding incidence of suicide in Australia and contributing factors • improved ability to identify suicidal behaviours, communicate with a suicidal person and conduct a suicide intervention • improved competence in addressing suicide in community. According to CBPSATSISP: • Promising evidence of effectiveness and practice.	
	Participants	Men	Method • Interviews • Email correspondence with 2 Indigenous practitioners involved in adapting training program.	Participants	>2 Gamarada Mens Group		
	Duration	>10 years		Duration			
	Indigenous specific	Yes		Indigenous specific	Yes		

(continued)

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

Program	Program details		Evaluation	Evaluation details		Outcomes
The Yiriman Project Attention is focused on young Aboriginal people (aged 12–30 years) within an immersion style cultural framework as they learn strategies to address problems such as substance abuse, self-harm and contact with the justice system. The Yiriman Project is auspiced and strongly supported by the KALACC, one of 3 peak Indigenous organisations in the Kimberley. KALACC has provided a regional cultural governance structure since 1985 and is situated in Fitzroy Crossing. KALAAC is the principal organisation for the maintenance of customary law and life in the region.	Location(s)	Remote communities	Palmer (2013)	Location(s)	Remote communities	The model: • showed strong increase in community involvement in cultural activities • showed stronger community cohesion • underwent extensive evaluation identifying rigour and effectiveness of the program for its context, with validated and culturally responsive, and strength-based methodologies underpinning its approach to suicide prevention. It takes an upstream, strength-based approach to addressing many of the risk factors for youth suicide and regards the role of connection to Country, culture and law as critical for the youth of the regions in which it operate. According to ATSIISPEP: • Recognised as national best practice for providing a ‘back to Country’ program for Aboriginal youth in remote communities. According to CBPSATSISP: • Promising practice.
	Participants	Youth aged 12-30 years >300	Method • Audit • Observations of outsiders	Participants	Youth aged 12–30 years >300	
	Duration	n/p	• Case studies	Duration	3 years	
	Indigenous specific	No	• Evidence (not explicitly outlined) of community change	Indigenous specific	No	
			• Evidence from elsewhere (unidentified) of the efficacy of culture, language and Country			
			• Comparing ‘good practice’ with Yiriman Project			

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

Program	Program details		Evaluation	Evaluation details		Outcomes
Mowanjum Connection to Culture program and the Junba Project The program was a response to a cluster of youth suicides. Community Elders believed that the learnings and activities that connect young people to culture, Country and a strong identity would give them strength and be the source of their happiness, wellbeing and health.	Location(s)	Mowanjum, WA	Program evaluation is forthcoming Method Unspecified but understood to be qualitative	Location(s)	Mowanjum, WA	According to ATSISPEP Assessment: - provides young people, children and Elders a pathway and a future built around a strong cultural identity and sense of belonging to community - is developing a repository of cultural knowledge - is upskilling the community in multimedia skills - strengthens SEWB at an individual, family and community level - the benefits recognised throughout community. According to CBPSATSISP: - Rated very highly as evidence of promising evidence of effectiveness and practice - Culturally embedded, responsive, based around a clear program logic, supports Indigenous SEWB and self-determination pathways for young people.
	Participants	n/p		Participants	n/p	
	Duration	>8 years		Duration	n/p	
	Indigenous specific	n/p		Indigenous specific	n/p	

(continued)

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

Program	Program details			Evaluation	Evaluation details			Outcomes
Talking about Suicide Talking About Suicide emerged from the AMHFA courses run by Mental Health First Aid Australia. The short-course format is delivered by Indigenous AMHFA Instructors and teaches people how to support an Indigenous person who is experiencing suicidal thoughts. An expert panel of 27 Indigenous people with professional and personal experience in suicide prevention established the best-practice guidelines on which the course is based (Armstrong et al. 2020).	Location(s)	n/p		Armstrong et al. 2020	Location(s)	Qld, WA, SA, NT	Participants learn how to: • identify the risk factors and warning signs of suicide • confidently support an Indigenous person in crisis • connect an Indigenous person to appropriate professional assistance and to other cultural or community supports • manage their own self-care when assisting someone who is experiencing suicidal thoughts and behaviours (Armstrong et al. 2020) . According to CBPSATSISP: • Not assessed	
	Participants	n/p		Method	Participants	n/p		
	Duration	26 years		A non-randomised trial of Talking About Suicide was considered culturally appropriate by Indigenous participants (n = 110) (Armstrong et al. 2020). Information was collected at 3 time points—pre-training, post-training and 4-month follow-up—about a range of outcome measures: beliefs about suicide, stigmatising attitudes, confidence in ability to assist, intention to assist, and actual assisting behaviour.	Duration	n/p		
	Indigenous specific	Yes		All but one of the participants had some personal or workplace experience of suicidality or death from suicide, and most held beliefs that were consistent with the evidence. Despite high levels of knowledge prior to training, improvements were observed in beliefs about suicide, stigmatising attitudes, confidence in one's ability to assist and intended assisting actions.	Indigenous specific	Yes		

n/p: not published



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 '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:

1. Cochrane Review
2. Hoglefe
3. PMC (the US National Library of Medicine National Institute of Health)
4. the National Library of Australia Aboriginal and Torres Strait Islander health bibliography
5. Google Scholar
6. Australian Indigenous HealthInfoNet.

Twenty-three 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 family and kinship was deployed as a pathway within the intervention or as an outcome in the intervention.

The cultural continuity mechanism was refined through research into how this mechanism intersects with a cultural-determinants approach to suicide prevention, wellbeing and resilience (Arabena 2020; Auger 2016; Guenther & 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 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:

1. 350 results for 'suicide+family+wellbeing+Aboriginal' in the last 10 years
2. 206 for 'suicide+family+wellbeing+Aboriginal+Indigenous+ Australia' in the last 10 years
3. 16 results for 'suicide+family+wellbeing' in the last 10 years
4. 2 results for 'suicide+family+wellbeing+Aboriginal+Indigenous' in the last 10 years for the ATSI health bibliography
5. 167 results for 'suicide+Indigenous+governance+Australia' in PMC
6. 3,169 for 'Indigenous suicide prevention' in Cochrane
7. 210 for 'Indigenous' in Hoglefe
8. 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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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principle
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
CBPATISIP	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
COAG	Council of Australian Governments
KALACC	Kimberley Aboriginal Law and Culture Centre
NATSILMH	National Aboriginal and Torres Strait Islander Leadership in Mental Health
NATSISPS	National Aboriginal and Torres Strait Islander suicide prevention strategy
NHMRC	National Health and Medical Research Council
NMHC	National Mental Health Commission
NSW	New South Wales
SEWB	Social and economic wellbeing
SNAICC	Secretariat of National Aboriginal and Islander Child Care
UN	United Nations
WHO	World Health Organization
YEaHCC	Youth Empowerment and Healing Cultural Camp



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Strengthening connection to family and kin interrupts the transmission of trauma, decreases stress, strengthens identity, and increases resilience among Aboriginal and Torres Strait Islander people. This publication reviews existing programs and recommends connection to family and kin as a strengths-based approach to suicide prevention.



Stronger evidence,
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