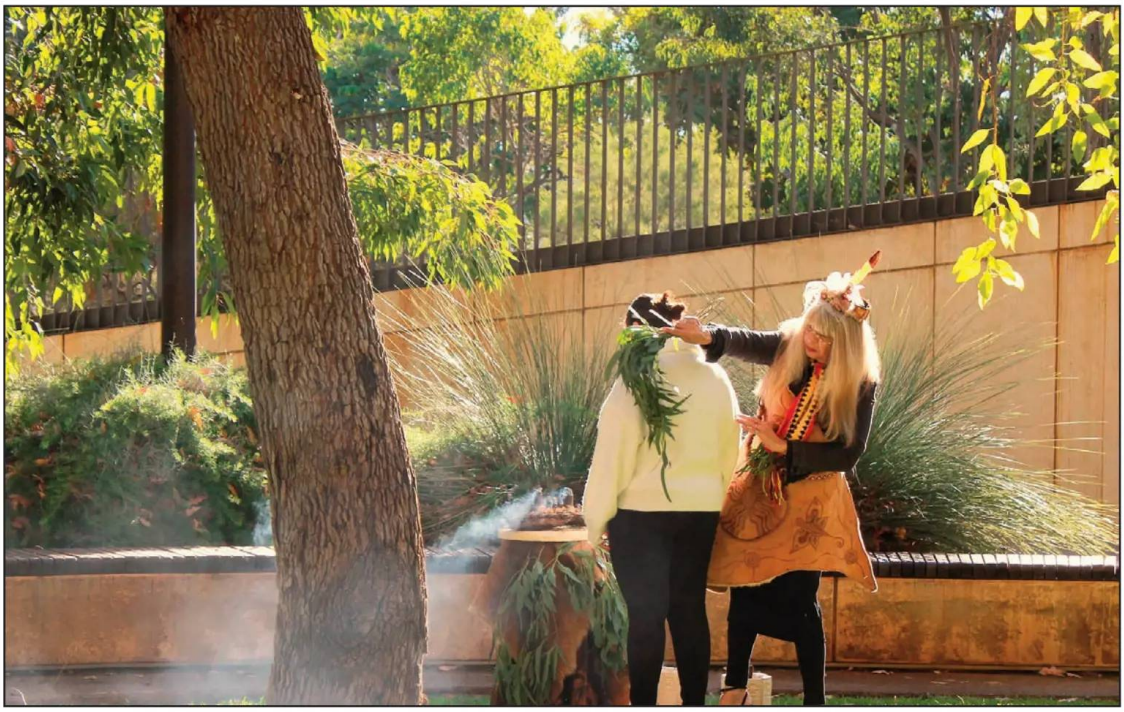
Community-led initiatives are essential to reduce suicide rates

Pat Dudgeon



A Welcome to Country and smoking ceremony on Noongar boodjar at the University of Western Australia

Last week the Australian Bureau of Statistics put out its annual Causes of Death data release and it paints a devastating picture of deaths by suicide of Aboriginal and Torres Strait Islander people. In 2024 suicides of Aboriginal and Torres Strait Islander people increased to the highest number ever at 306. This represents an 8% increase on the 283 suicides we saw in 2023. And this is the third consecutive year of increase.

Painting an even darker picture is the data concerning our children. There were 70 suicides of Aboriginal and Torres Strait Islander children between 2021 and 2024, a quarter of whom were aged 14 or younger. Of all deaths of Aboriginal and Torres Strait Islander children, 21% were suicides. This trend in Aboriginal and Torres Strait Islander suicides contrasts with non-Aboriginal Australians, in whom there has been a slight reduction for both males and females. The data shows what we already knew: the government must do better for Aboriginal and Torres Strait Islander peoples.

These figures are disheartening, but we must use them to continue to advocate for the rights of our people and find a better way forward. Suicide has been linked to the ongoing impacts of colonisation, including racism and intergenerational trauma. These impacts are entrenched but we can address them by restoring connections to culture, Country and community. It's important to remember that prior to colonisation, suicide was unknown to Aboriginal and Torres Strait Islander peoples and our ways of knowing, being and doing, kept us strong and well. Our communities hold the solutions we need but we require system transformation to enable these models to come to the forefront again.

Time and again we have seen that community-led initiatives are the most effective route to reducing suicide rates. Governments at the state, territory and federal levels must accelerate their investment in community-led suicide prevention initiatives. These responses should consider specific risk factors, re-empower Aboriginal and Torres Strait Islander peoples and communities, and work within culturally-informed models of health and wellbeing, like the Social and Emotional Wellbeing (SEWB) model. SEWB is a holistic concept of health and wellbeing which encompasses connections to mind and emotions, body, spirit, Country, kinship, community, and culture. When people experience positive SEWB, this is a protective factor against suicide.

Connection to culture, for example, can be expressed in many different ways. It is about strengthening your relationship to your Aboriginal or Torres Strait Islander heritage. This includes knowing cultural activities, having shared values, customs, and traditions. Expressing your connection to culture could include things like taking part in ceremonies, going camping on Country, doing art, dance, song, storytelling, speaking and learning language, knowing protocols, and expressing cultural identity and pride. Strengthening SEWB is an important part of suicide prevention.

In 2021 the Aboriginal Health Council of Western Australia (AHCWA) translated the SEWB concept into a service model for Aboriginal Community Controlled Health Services (ACCHS). The model is based around four pillars: culturally secure community development; psychosocial support; targeted interventions; and supported-coordinated care. It also includes a SEWB workforce structure designed to ensure services are both clinically sound and culturally grounded, delivering care that is holistic, culturally safe and community led.

The Aboriginal Health Council of Western Australia developed a Social and Emotional Wellbeing model of service in consultation with Western Australian Community Controlled Health Services in 2021.

The Transforming Indigenous Mental Health and Wellbeing project was tasked with evaluating the pilot of this model of service, delivered in five locations around Western Australia. We found the implementation to be a responsive, culturally secure, and influential approach, which strengthened SEWB outcomes for Aboriginal people and communities.

The WA pilot shows it is possible to co-design and deliver effective SEWB services across whole communities. However, this is only one approach. I am looking forward to seeing more and more community-led initiatives around Australia building our people up and leading the way forward in suicide prevention. I invite our allies and governments to support us in this urgent mission – we need system change to enable these community-based solutions. I do believe that real progress can be made in addressing the unacceptable reality behind these latest statistics. We, as Aboriginal and Torres Strait Islander peoples, hold the solutions we need to keep us strong and well.

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This is part a series of *Koori Mail* columns about Aboriginal and Torres Strait Islander mental health, social and emotional wellbeing and suicide prevention contributed by authors from the CBPATSISP, which was established in 2017 to develop and share evidence about effective suicide-prevention approaches for Indigenous people and communities.

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