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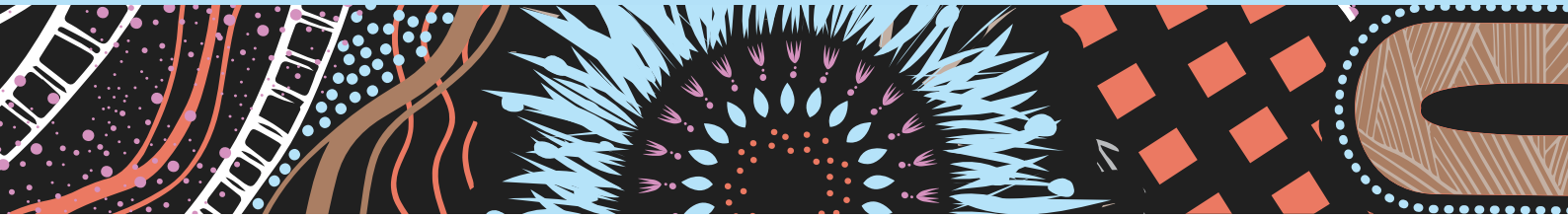
INDIGENOUS
Mental Health and Suicide Prevention
Clearinghouse

Indigenous self-governance for mental health and suicide prevention

Summary paper



This paper is a summary of the *Indigenous self-governance for mental health and suicide prevention* publication by Kimberley Groves, Mark Moran and Josephine Bourne. This publication was commissioned by, and published on, the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at <www.indigenousmhspc.gov.au>.

Some people may find the content of this report confronting or distressing. If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

Key findings

- Suicide was a rare occurrence in Aboriginal and Torres Strait Islander (Indigenous Australian) communities before 1970. However, it is now a leading cause of death for Indigenous Australians, who experience a much higher rate of suicide than that of non-Indigenous Australians.
- Poor mental health outcomes and suicide in Indigenous communities are related to collective trauma, disempowerment, and the enduring effects of colonisation.
- There is evidence that Indigenous communities that have secured a level of self-governance have less or no instances of youth suicide.
- Indigenous organisations make unique contributions to mental health and suicide prevention through processes, structures, institutions, and control associated with self-governance. They do this by:
  - providing Indigenous Australians with improved access to services and continuity of care within holistic mental health and suicide prevention models
  - conceptualising and applying culturally appropriate models of wellbeing
  - using cultural knowledge and principles in culturally responsive and trauma-informed healing
  - promoting personal and community empowerment for Indigenous Australians
  - advocating for recognition of the social determinants of health and enabling connectivity within complex government systems.
- There is a gap in the evidence base. There are no programs that explicitly cite self-governance as a way to achieve good mental health and suicide prevention.

What we know

First Nations communities in Canada that have attained self-governance have fewer or no instances of youth suicide (Chandler and Lalonde 1998). Prince (2018) studied 2 Indigenous Australian communities that took back governance of their own affairs and found that they experienced a reduction in suicides and increased community capacity to deal with associated social and cultural issues.

Indigenous Australian self-governance is understood as:

- processes (how things are done)
- structures (the ways people organise themselves and relate to each other)
- institutions (the rules for how things should be done)
- control (including Indigenous direction and leadership) (AIGI n.d.; Dudgeon et al. 2018).

In this article, self-governance includes these broader forms. The focus is on Indigenous Australian organisations and the potential contribution they make to Indigenous mental health and suicide prevention.

Background

Suicide was a rare occurrence in Indigenous Australian communities before 1970 (Tatz and AIATSIS 2005). By 2019, suicide was the second leading cause of death for Indigenous males and the seventh leading cause of death for Indigenous females (ABS 2019a). Indigenous Australians now experience a suicide rate double that of other Australians (ABS 2019b; Productivity Commission 2020).

Several interrelated factors contribute to suicide, including:

> intergenerational trauma attributable to colonisation and dispossession, exposure to multiple and cumulative life stressors, higher levels of psychological distress, exposure to suicide of other family members, poorer access to mental health services for people who are at risk of suicide, higher rates of alcohol use, and the use of illicit substances (SCRGSP 2020).

Indigenous Australians are not accessing mental health and suicide prevention services at a comparable rate to non-Indigenous Australians, nor at a rate commensurate with need (AIHW 2021). When accessing mainstream health services, Indigenous Australians regularly report racism, and many expect not to be helped or treated well (Fielke et al. 2009; Freeman et al. 2016; Royal Commission into Victoria's Mental Health System 2019).

Recognition of the social determinants of health is important. These include inadequate housing, high rates of incarceration, lack of educational and employment opportunities, and problems of youth disengagement, community justice and conflict resolution. These factors contribute to distress and are barriers to (re)gaining acceptable levels of mental health. Taking a social determinants of health approach recognises that certain population subgroups are more vulnerable to these unfavourable circumstances (WHO and Calouste Gulbenkian Foundation 2014).

Defining self-governance

Governance is understood by the Australian Indigenous Governance Institute (AIGI n.d.) in the following way:

> It is an ancient jurisdiction made up of a system of cultural geographies ('country'), culture-based laws, traditions, rules, values, processes and structures that has been effective for tens of thousands of years, and which nations, clans and families continue to adapt and use to collectively organise themselves to achieve the things that are important to them.

The freedom of Indigenous Australians to self-determine how to live and organise was denied or curtailed, and Indigenous governance was disrupted, with British colonisation (AIGI n.d.; Vivian et al. 2017).

The United Nations Declaration of the Rights of Indigenous People (UN 2007) conveys a legal right to self-governance, stating (emphasis added):

> Indigenous peoples, in exercising their right to self-determination, have the right to autonomy or self-government in matters relating to their internal and local affairs, as well as ways and means for financing their autonomous functions.

Joe DeLaCruz, of the Quinault Indian Nation, has succinctly described the relationship between Indigenous self-determination and self-governance (quoted in Caldbick 2011):

> No right is more sacred to a nation, to a people, than the right to freely determine its social, economic, political and cultural future without external interference. The fullest expression of this right occurs when a nation freely governs itself. We call the exercise of this right self-determination. The practice of this right is self-government.

The Australian Government does not legally recognise Aboriginal and Torres Strait Islander people in terms of a distinct nation (or any other form of political unit or collective), nor does it acknowledge inherent rights to Indigenous self-governance (Vivian et al. 2017).

In the context of suicide prevention, the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (Dudgeon et al. 2018:5, emphasis added) understands that Indigenous governance is:

> about Indigenous communities' control of the design and implementation of suicide prevention activity taking place within them; or direction and leadership guiding external organisations to the same end.

This article explores the ways in which Indigenous organisations embody and enable processes, structures, institutions, and control (including direction and leadership) associated with self-governance in ways that contribute to Indigenous wellbeing and suicide prevention.

Self-governance as an entry point to suicide prevention

Variations in suicide rates across communities and regions indicate differences in how people and communities are organising through processes, structures, institutions, and control towards preventing suicide (Clifford et al. 2013).

In Canada, a study by Chandler and Lalonde (1998) highlighted that, across nearly 200 First Nations groups in British Columbia, some communities had youth suicide rates that were 800 times the national average, while suicide never occurred in other communities. By comparing community-level markers of 'cultural continuity' to rates of youth suicide, they found that a range of cultural factors or markers may function to maintain or regain a more robust sense of cultural continuity that can 'insulate' First Nations youth from the risk of suicide (Chandler and Lalonde 1998:13). The marker found to have the most protective value against youth suicide is self-governance. The Chandler and Lalonde (1998:15) study found 'an estimated 102.8 fewer suicides per 100,000 youth within communities that have attained self-government against those that have not'.

The study considered self-government to exist where First Nation communities had successfully negotiated with federal and provincial governments to establish their 'right in law to a large measure of economic and political independence within their traditional territory' (Chandler and Lalonde 1998:14).

Prince's (2018) case studies of Indigenous Australian communities in Yarrabah (Queensland) and the Tiwi Islands (Northern Territory) draw comparable conclusions about self-governance and suicide prevention (Box 1). Both communities saw a dramatic reduction in suicide rates from the high rates experienced in the 1990s by taking control of how things were done, the way people organised themselves, and the values that their responses were based on (Prince 2018).

Box 1: Australian self-governance and suicide prevention case studies: Tiwi Islands and Yarrabah

These case studies clearly associate self-governance with a reduction in suicide and an empowerment of community capacity to deal with future issues.

Tiwi Islands

There was no word for suicide in the Tiwi language when the first suicide was understood to have occurred in 1989 in the Tiwi Islands. By 2006, the community had one of the highest suicide rates in the world (Prince 2018:6). Interviews with community revealed 'disempowerment' and 'loss of control' to be strong themes. The community considered it had lost its ability to 'govern' its own affairs, including its 'control over traditional lands, health, education and the passing on and preservation of culture' (Prince 2018:6). In a series of meetings, the community decided to 'take control of processes, systems and services, which they recognised at the time were out of their control' (Prince 2018:18). A range of community-led initiatives was launched, and it was agreed that responses were to be based on cultural knowledge, traditions, and systems (Prince 2018:18).

Yarrabah

In Yarraba, a community of 2,500 people, 22 people reportedly completed suicide in the 10 years between 1986 and June 1996 (McCalman et al. 2005:5). Change came through taking control and identifying their own culturally appropriate solutions (Prince 2018), these included: community-based suicide intervention and prevention strategies, including the Family Wellbeing program (Prince 2018:23); and the establishment of the community-controlled health service in 1998 – the Gurriny Yealamucka Health Service – which supported the Yaba Bimbie Men's Group (Prince 2018:24). In the following 9 years, there were reportedly 2 completed suicides in Yarrabah (McCalman et al. 2005:15).

In the Canadian and Australian case studies outlined above, cultural identification, or self-determination alone was not the deciding factor in the reductions in suicide. In combination with cultural continuity, it was the autonomous action of self-government that saw the positive impact on suicide (Hunter and Harvey 2002).

Contributions of Indigenous organisations

Indigenous organisations make unique contributions to mental health and suicide prevention, they:

- provide Indigenous Australians with improved access to services and continuity of care within holistic mental health and suicide prevention models
- conceptualise and apply culturally appropriate models of wellbeing
- utilise cultural knowledge and principles in culturally responsive and trauma-informed healing
- promote personal and community empowerment for Indigenous Australians
- drive action on the social determinants of health through advocacy and enable connectivity within complex government systems.

Aboriginal Community Controlled Health Organisations (ACCHOs) are more likely to have an Indigenous and culturally capable workforce. They provide a variety of services from a single base and help clients navigate complex health and social sectors. They understand how services are experienced by Indigenous clients, acknowledging, for example harmful experiences resulting from past and ongoing colonisation.

Indigenous organisations apply Indigenous models of wellbeing in their own activities and services. The influence of these models on policies and frameworks across government has brought widespread value to suicide prevention. They bring Indigenous worldviews into operationalised health paradigms and are used in program planning and implementation (McEwan et al. 2008).

Many Indigenous organisations do not limit their role to providing mental health services to their clients. They also work to change the system, challenging power relationships of different government departments and service providers to ensure that their constituents are better served.

Relevant policies, programs and initiatives

Policies

Cultural identification and self-determination are established elements in Australian policy on Indigenous mental health and suicide prevention. Indigenous models of wellbeing are recognised in many policy developments or reports that guide policy:

- The 1995 Ways Forward National Aboriginal and Torres Strait Islander Mental Health Policy supported culturally appropriate and community-led primary mental health services, as well as principles of self-determination (Swan and Raphael 1995).
- The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing, first established 2004–2009 (NATSIHC and NMHWG 2004) and updated in 2017 to extend to 2023 (PM&C 2017), established the ability to conceptually articulate and practically apply culturally relevant models of wellbeing, and is essential to Indigenous self-determination and self-governance.
- Victoria's Balit Murrup (Strong Spirit): Aboriginal social and emotional wellbeing framework 2017–2027 (Department of Health and Human Services 2017a) promotes service delivery in ways that incorporate culturally appropriate models of social and emotional wellbeing, supported by Aboriginal leadership.
- The Gayaa Dhuwi (Proud Spirit) Declaration connects Indigenous values-based social and emotional wellbeing frameworks, leadership and empowerment to mental health and suicide prevention (NATSILMH 2015).
- The Solutions That Work report (ATSISPEP 2016) pointed to Indigenous leadership and partnership with Indigenous communities as important success factors in suicide prevention services.

- The 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy recognised that an Indigenous-specific interpretation and approach to suicide was needed in the health system.
- Victoria's Korin Korin Balit-Dja [Growing very strong]: Aboriginal health, wellbeing and safety strategic plan 2017–2027 directly links Indigenous self-determination to health, wellbeing and safety (Department of Health and Human Services 2017b).

During 2018–19, the Coalition of Peaks formed a representative body of 50 Aboriginal and Torres Strait Islander community-controlled peak organisations (Coalition of Peaks 2020). This led to a Partnership Agreement with the Council of Australian Governments (COAG), and then to a National Agreement on Closing the Gap and the inclusion for the first time of 'Outcome 14' for Indigenous social and emotional wellbeing. This had the target of 'significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero' (CATSIPO and Australian Governments 2020:33). This partnership argued for shared and decentralised decision-making across a range of health and wellbeing outcomes.

More detail on the Australian Government, state and territory frameworks and strategies is available in Chapter 4 and Appendix A of the *Indigenous self-governance for mental health and suicide prevention* publication.

Programs and initiatives

Governments are involved in housing assistance in 3 main areas: social housing services, financial assistance and homelessness services (AIHW 2021; see Box 1). Social housing is rental housing provided or managed by the Australian Government or other organisations. Provision of social housing focuses on assisting households experiencing financial instability, disadvantage or trauma (Groenhart et al. 2014). Homelessness agencies funded under the National Housing and Homelessness Agreement, which commenced in 2018, are referred to as Specialist Homelessness Services.

Table 1: Program descriptions and evaluation information

Name and brief description	Location / Indigenous-specific?	Evaluation
ACCHOs and social determinants of health Focus: Advocacy and connectivity; Access to services and continuity of care	National Indigenous-specific – yes	Pearson et al. 2020
Central Australian Aboriginal Congress Focus: Access to services and continuity of care; Advocacy and connectivity	South Australia and Northern Territory Indigenous-specific – n.a	Freeman et al. 2016
Family Wellbeing Focus: Personal and community empowerment	Yarrabah, Queensland Indigenous-specific – yes	McEwan et al. 2008
National Empowerment Project Focus: Personal and community empowerment; Advocacy and connectivity	Various locations in Australia Indigenous-specific – yes	Mia et al. 2017
Promoting Community Conversations About Research to End Suicide (PC CARES) Focus: Personal and community empowerment; Culturally responsive and trauma-informed healing	10 villages in rural Alaska, USA Indigenous-specific – yes	Trout et al. 2018
Elders program Focus: Culturally responsive and trauma-informed healing	Inner-city primary care clinic, Canada	Hadjipavlou et al. 2018
Akeyulerre Healing Centre Focus: Culturally responsive and trauma-informed healing	Alice Springs, Northern Territory Indigenous-specific – yes	Arnott et al. 2010

Name and brief description	Location / Indigenous-specific?	Evaluation
Yaba Bimbie Focus: Culturally responsive and trauma-informed healing; Personal and community empowerment	Yarrabah, Queensland Indigenous-specific – yes	McCalman et al. 2005
Mibbinbah Indigenous Men's Spaces Project Focus: Culturally responsive and trauma-informed healing	Various locations in Australia Indigenous-specific – yes	Bulman and Hayes 2011
Uti Kulintjaku Project Focus: Culturally appropriate models of wellbeing	Central Australia Indigenous-specific – yes	Togni 2016
Yawuru Wellbeing Project Focus: Culturally appropriate models of wellbeing; Personal and community empowerment	Yawuru community, Broome, Western Australia Indigenous-specific – yes	Yap and Yu 2016
United Health Education and Learning Program Focus: Culturally appropriate models of wellbeing; Personal and community empowerment	Inala, Brisbane Indigenous-specific – yes	Skerrett et al. 2018

What works

Following a review of the literature, 4 approaches are considered to be best practice for improving mental health and suicide prevention:

- Strengths-based cultural determinants approaches
  - Communities have innate strengths that can be built on as the basis of recovery. Surfacing and communicating these strengths is key to achieving progress, as is the integration of Indigenous knowledges into mainstream health institutions.
- Culturally responsive trauma-informed approaches
  - This approach mitigates against further Indigenous intergenerational and transgenerational trauma. It involves building the capacity of mainstream services and allows for the transfer of positive intergenerational knowledge.
- Interface approach
  - Indigenous organisations are the interface between Indigenous groups and non-Indigenous structures and agents. They can empower their community by connecting to other organisations and to higher levels of government and the private sector and significantly challenge external power influences.
- Decolonisation approaches
  - This approach is consistent with the principle of subsidiarity, which should result in decisions made at the lowest level possible closest to where they will have their effect. This counters power imbalances from past and ongoing colonial practices that contribute to social determinants of poor mental health and suicide.

Conclusions

There is limited, yet compelling, evidence from Canada (Chandler and Lalonde 1998) and Australia (Prince 2018) that draws a link between Indigenous self-governance and improved mental health and suicide prevention outcomes. However, this review revealed that self-governance has not been explicitly referenced in programs as a means to achieve mental health and suicide prevention outcomes. In this review Indigenous organisations were found to contribute to mental health and suicide prevention in ways that are enabled by processes, structures, institutions and the control associated with self-governance.

Indigenous organisations provide Indigenous Australians with improved access to services and continuity of care within holistic mental health and suicide prevention models by:

- conceptualising and applying culturally appropriate models of wellbeing
- using cultural knowledge and principles in culturally responsive and trauma-informed healing
- promoting personal and community empowerment for Indigenous Australians
- driving action on the social determinants of health through advocacy and enabling connectivity within complex government systems.

It is promising that there appears to be a mainstream political recognition of (or return to) the principles of self-governance in the context of policy and programs for Indigenous Australians. Nevertheless, Indigenous organisations that are active in delivering mental health and suicide prevention services are beholden to many separate reporting requirements under multiple funding contracts, which are typically short term and subject to a high turnover. This undermines the effectiveness of these organisations and negatively impacts staff performance and retention, especially that of Indigenous workers (Moran et al. 2014).

With self-governance not explicit in many programs or studies, there is an obvious need for new research – co-designed by Indigenous researchers, communities, and stakeholders – to produce quality evidence about self-governance and suicide prevention. Indigenous program evaluations need to look to more decentralised performance measurement frameworks with indicators that are built up around Indigenous organisations.

More research must also be done to understand the difference in rates of suicide between Indigenous men and women and the risk and protective factors associated with gender roles and constructs in Indigenous communities. Similarly, research is needed towards understanding the different impacts of mental health and suicide prevention strategies and interventions on Indigenous women and men. It is also essential to understand the risk factors for those Indigenous persons that identify differently, or are seen differently by their communities, in terms of gender.

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