

# Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

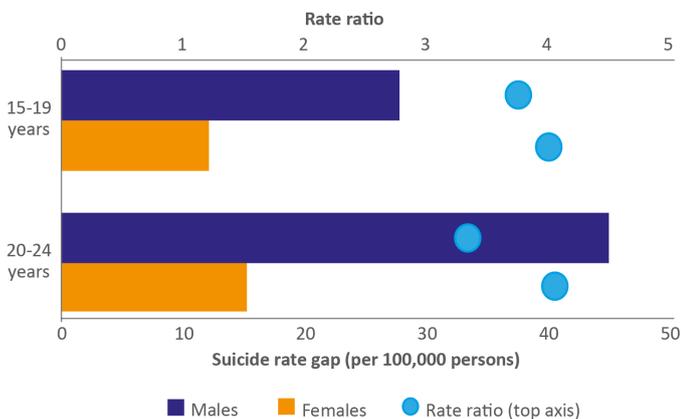
## FACT SHEET 3

### Suicide prevention for Aboriginal and Torres Strait Islander young people

Suicide is the leading cause of death for Aboriginal and Torres Strait Islander peoples (herein Indigenous) between the ages of 15 to 34, where it accounts for 1 in 3 deaths.<sup>1</sup>

The suicide gap is largest amount young people. The suicide rates for Indigenous 15-19 year old males (37.8 per 100,000 persons) and females (16.1) are around four times that for non-Indigenous males (10.1) and females (4.0). Similarly, for 20-24 year olds, the suicide rate for Indigenous males (64.2 per 100,000 persons) is over three times the rate for non-Indigenous males (19.3) and the rate for Indigenous females (20.1) is four times that for non-Indigenous females (5.0).

#### Gap between Indigenous and non-Indigenous youth suicide



Source: ATSIPEP analysis of unpublished NCIS data<sup>2</sup>

The high suicide rate among Indigenous young people is attributed to a range of complex and interrelated historical, political, economic, structural, and social factors that continue to impact on the younger generations of Indigenous people. Many Indigenous young people are disproportionately exposed to grief, trauma, loss and discrimination which greatly affects their social and emotional wellbeing.<sup>3</sup> Many also experience a range of negative impacts associated with chronic economic disadvantage, lack of access to

appropriate support services, ongoing discrimination by the criminal justice, limited educational and employment opportunities, loss of Elders and other adult family members and mentors due to early deaths or imprisonment.<sup>4</sup> Indigenous youth are also directly impacted by very high rates of psychological distress and exposure to life stressors. In the Australian Aboriginal and Torres Strait Islander Health Survey (2012-13), Indigenous young people 15 – 24 years reported that the most common stressors are the death of a family member or friend (31%); inability to get a job (24%); serious illness (19%); pregnancy (16%); mental illness (12%) and trouble with the police (12%).<sup>5</sup>

Many face psychological insecurity, depression, anxiety, loss of kinship networks and parents, conflict with others, and the perceptual and cognitive disturbances associated with alcohol or substance use. Some Indigenous young people can experience extremely strong responses of guilt, shame, rejection, psychological distress and despair. Many of these risk factors and negative circumstances result in Indigenous children and young people with diminished connections to identity-forming structures and support systems critical to their healthy transition from childhood to adolescence into adulthood. This may also lead to a severely diminished or absent positive future orientation associated with a loss of hope or will to live.

#### Comprehensive approach to supporting Indigenous young people

There is a need for suicide prevention services to maintain a focus on working with young people and young adults. This is not only in relation to those

among these groups who are immediately 'at risk' but also to address the developmental factors that can predispose a person to suicide at an early age.

Findings from the research conducted by the ATSIPEP team have identified that effective programs for the prevention of suicide and self-harm among Indigenous children and young people require:

- ◆ ongoing work across services directed at the health and wellbeing of children, youth and families — to positively address the complex array of determinants impacting on the life-course outcomes of Indigenous children, young people, their families and communities
- ◆ programs and services that help develop and enhance children and young people's social and emotional competencies — as the foundations to resilience throughout life and a capacity to cope with conflict and stress
- ◆ services that assist families to help protect against sources of risk and adversity to children and young people that make them vulnerable to self-harm
- ◆ community-based strategies that engage young people and connect them with Elders
- ◆ education and support programs for frontline workers to strengthen their knowledge of cultural issues and the complexities facing Indigenous young people
- ◆ 24 hour support services — research undertaken regarding the time and means of suicide and self-harm attempts suggests that children and young people die due to intentional self-harm across all time periods.

Furthermore, there is a need for service providers and program staff who:

- ◆ invest in building partnerships and relationships of trust with young people
- ◆ incorporate learning opportunities in social and community activities
- ◆ work with families and not just young people
- ◆ acknowledge existing strengths and interests in the community
- ◆ find local mentors and role models within communities
- ◆ strengthen partnerships between agencies
- ◆ acknowledge that the aspirations of young people and the wider community may not necessarily fit with the expectations of funders and their definition of successful outcomes

### Promising programs

ATSIPEP research confirms programs showing most promising results for suicide prevention for young Indigenous people are those that:

- ◆ invest in locally based upstream approaches that promote young people's connectedness, sense of belonging, stability, hope and control over their life and future
- ◆ are activity based and foster connection to cultural practices and identity
- ◆ support young people to have a vision for their future
- ◆ have a focus on recovery and healing from stress and trauma
- ◆ utilise digital technology
- ◆ are peer led and utilise the role of youth workers and others in less formal relationships with young people
- ◆ enhance communication between family members and within communities
- ◆ are both clinical and culturally based and provided 24 hours a day

More information about the above programs and additional factsheets is available on the [ATSIPEP website](#).

#### References:

1. Australian Institute of Health and Welfare 2015. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW.
2. ATSIPEP. (2015). Analysis using unpublished National Coronial Information System data. *Note: Rates have been adjusted to account for cases with unknown Indigenous status—see <http://www.atsispep.sis.uwa.edu.au/> for more details.*
3. Chalmers et al.: Providing culturally appropriate mental health first aid to an Aboriginal or Torres Strait Islander adolescent: development of expert consensus guidelines. *International Journal of Mental Health Systems* 2014 8:6.
4. Higgins D and Davis K 2014. Law and justice: prevention and early intervention programs for Indigenous youth. Resource sheet no. 34. Produced by the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.
5. Australian Bureau of Statistics, Australian Aboriginal and Torres Strait Islander Health Survey, First Results, 2012, ABS cat. no. 4727.0.55.001, 13, 27/11/13



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