

# Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

## FACT SHEET 6

### Addressing the relationship between racism and inequality in suicide

Racism is a key determinant that impacts adversely on the health, mental health and wellbeing of Aboriginal and Torres Strait Islander peoples (herein Indigenous) that has a significant impact on suicidal thoughts and suicidal behaviour.

Indigenous people continue to experience high levels of exclusion and victimisation, discrimination and racism at personal, societal, and institutional levels. A large proportion of Indigenous people experience interpersonal racism. Racism occurs when discriminatory beliefs inform the attitudes, practices and policies of institutions, and serves to maintain and reproduce inequitable outcomes, including poverty, homelessness and overcrowding. The ongoing discrimination against Indigenous youth by the criminal justice system is one example. Racism manifested in poor health outcomes in mainstream health and mental health services is another.

Racism has significant impacts on health via multiple pathways: for example, a lack of culturally responsive health services means a lack of cultural safety that then impacts on peoples access; discrimination in the employment market and education system can lead to lower SES (socio-economic status) and as a cause of stress and psychological distress.

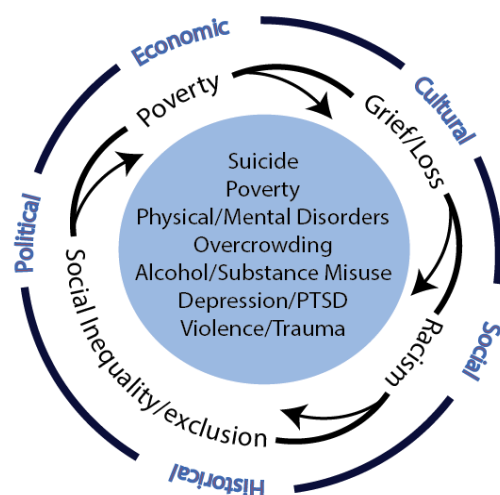
The impacts of racism have also been associated with a higher prevalence of risk-taking behaviours such as smoking. Many of the coping mechanisms used by people in response to racism including consuming alcohol, tobacco and other drugs are themselves known risk factors for suicide and considered evidence of psychological distress.

Alcohol and other drug misuse was the factor that was most frequently identified in a thematic analysis of coroner's reports (using data from the National Coronial Information System) of Indigenous suicide deaths in the Northern Territory between July 2000 and December 2010.<sup>1</sup>

### Racism and poor mental health

There is a growing body of literature that connects the harmful effects of racism with poor physical and mental health and negative social and emotional wellbeing outcomes, especially in Indigenous children and young people.<sup>2</sup> This evidence shows that the detrimental impacts of racism affect the majority of Indigenous children.

Internalising the effects of racism can cause toxic levels of stress, and distress, depression and feelings of powerlessness which are all associated with suicidal ideation and behaviour. The Western Australian Aboriginal Child Health Survey found that young Indigenous peoples (aged 12-17 years) who had experienced racism had over twice the risk of having seriously thought about ending their own life.<sup>3,4</sup> The effects of racism have also been shown to negate the protective effects associated with parenting and family function. As a cause of stress and psychological distress racism limits the capacity of parents to promote good child development and access the supports for raising children.<sup>5</sup>



Inter-relationship between context and determinants as risk factors associated with suicide

## A Call to Action

In 2009 over 40 leading researchers and academics from across Australia signed the **Boatshed Racism Roundtable Declaration** that proposed four areas of action to address the destructive impact of racism. These are:

**Constitutional** – That there be a preamble to the Constitution that recognises the rights of First Nations peoples, followed immediately by the establishment of a treaty that details a formal agreement between the Australian Government and Indigenous peoples, and a framework for national action.

**Policy** – That policies that affect and impact on Indigenous peoples must be based on their full involvement and engagement to ensure appropriate agendas and appropriate levels of resourcing are applied.

**Practice** – That effective and genuine partnerships with governments and capacity building agendas be recognised as essential pathways to improving the outcomes for Indigenous peoples' education, health and wellbeing.

**Standards** – That all actions must be based on, and be an expression of, the articles in the UN Declaration of the Rights of Indigenous Peoples – particularly Article 3 (the Right to Self Determination) and Article 42 (calling on the states and agencies of the United Nations to implement the Declaration).

Governments need to embed cultural respect and cultural safety across all sectors of the system including the planning and delivery of culturally secure and appropriate health and mental health services that uphold the rights of Indigenous peoples and achieve equitable health outcomes.

Culturally safe service delivery is crucial in enhancing individual and collective empowerment and more effective and meaningful pathways to Indigenous self-determination. Enhancing individual practice is essential to ensure ways of working with and across cultures are respectful and promote cultural security and achieve improved mental health and social and emotional wellbeing (SEWB) outcomes.<sup>6</sup>

## The Cultural Respect Framework

The Cultural Respect Framework (AHMRC, 2004) acknowledges the **centrality of culture**.

- ◆ It aims to influence the corporate health governance, organisational management and delivery of all tiers of the Australian health care system to adjust their policies and practices to be culturally respectful and thereby contribute to improved health outcomes for Indigenous peoples.
- ◆ It also emphasises the need to recognise the natural supports (family members, religious and spiritual resources, traditional healers, community organisations) and the need to support vulnerable individual and families. It makes an assurance that Cultural Respect will occur at each level of care within the system (that is crisis, inpatient, out-patient, residential, home-based, health maintenance, community health liaison services).
- ◆ It proposes the use of Cultural Respect indicators providing incentives for Cultural Respectful performance, as well as sanctions for culturally destructive practices so it becomes an integral part of the evaluation of organisational and system performance. Ongoing training and staff development needs to embed cultural competence into the overall Cultural Respect Plan.

More information about the project and additional factsheets is available on the [ATSISPEP website](#).

### References:

1. Kuipers P, Appleton J, Pridmore S. Thematic analysis of key factors associated with Indigenous and non-Indigenous suicide in the Northern Territory, Australia. *Rural Remote Health* 2012; 12(4): 2235.
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3. Larson A, Gillies M, Howard PJ, Coffin J. It's enough to make you sick: the impact of racism on the health of Aboriginal Australians. *Aust N Z J Public Health* 2007; 31(4): 322-9.
4. Zubrick SR, Silburn S, Lawrence D, Mitrou F, Dalby R, Blair E. The Western Australian Aboriginal Child Health Survey: The social and emotional wellbeing of Aboriginal children and young people. Perth: Telethon Institute of Child Health Research; 2005.
5. Shepherd, C. C., Li, J., Mitrou, F., & Zubrick, S. R. (2012). Socioeconomic disparities in the mental health of Indigenous children in Western Australia. *BMC public health*, 12(1), 756.
6. Walker, R, Schultz, C & Sonn, C. 2014, 'Cultural Competence – Transforming Policy, Services, Programs and Practice' in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2<sup>nd</sup> edn, eds P Dudgeon, H Milroy & R Walker, Australian Government Department of the Prime Minister and Cabinet, Canberra.



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