

ACTION 1:
PRIORITISE
ABORIGINAL AND
TORRES STRAIT
ISLANDER WAYS
OF WORKING

ACTION 2:
ESTABLISH AN
ABORIGINAL AND
TORRES STRAIT
ISLANDER YOUTH
FORUM

THE ABORIGINAL AND TORRES STRAIT ISLANDER
ROUNDTABLE ON MENTAL HEALTH AND SUICIDE PREVENTION

ACTION 3:
STRENGTHEN THE
EVIDENCE BASE FOR
ABORIGINAL AND TORRES
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DEVELOP AN
ABORIGINAL AND
TORRES STRAIT ISLANDER
CULTURAL FRAMEWORK
FOR SUICIDE PREVENTION
SERVICES AND
PROGRAMS

CALL TO ACTION 2014

THE ABORIGINAL AND TORRES STRAIT ISLANDER ROUNDTABLE ON MENTAL HEALTH AND SUICIDE PREVENTION CALL TO ACTION

In June 2014, over 50 Aboriginal and Torres Strait Islander and non-indigenous leaders, experts and stakeholders met in Perth to discuss suicide prevention among Aboriginal and Torres Strait Islander peoples and to identify the actions needed to turn the high rates of suicide around.

This resulting *Call to Action* affirms culture as central to improving social and emotional wellbeing, mental health and reducing suicide. It affirms that action to reduce suicide should be informed by culturally informed research knowledge and evidence, and supports Whole of Community and Whole of Government approaches.

CULTURE AND COMMUNITY: are of central importance to the health and wellbeing of Aboriginal and Torres Strait Islander peoples and strengthen individual and community resilience against psychological distress and suicide. Any program addressing mental health issues and suicide needs to be culturally based and community driven.

ACTION 1: PRIORITISE ABORIGINAL AND TORRES STRAIT ISLANDER WAYS OF WORKING

Aboriginal and Torres Strait Islander cultural ways of working and community-led healing programs to prevent suicide are prioritised. Culture is central to any program aimed at supporting individual and community social and emotional wellbeing. This should be stipulated in funding models for services and programs.

OUR YOUNG PEOPLE: sometimes need support to negotiate 'two ways' of living. They also should be supported to contribute to the suicide prevention conversation and assisted on their pathways to community leadership.

ACTION 2: ESTABLISH AN ABORIGINAL AND TORRES STRAIT ISLANDER YOUTH FORUM

Aboriginal and Torres Strait Islander voices and cultural values should support relevant healing initiatives for suicide prevention. Young people's views on suicide prevention need to be heard. A 'youth report' is urgently needed to complement the recently published Culture is Life Campaign's *Elders' Report into Preventing Indigenous Self-harm and Suicide*.

RESEARCH AND EVIDENCE: is crucial to understanding and preventing suicide and self-harm. Formal partnerships are needed between community based organisations, data custodians and researchers to develop a culturally informed evidence-base to support effective action. This will require the development of measures and indicators of cultural continuity, the establishment of new, robust data collections, and the optimal use of existing datasets (including the use of linked administrative data) at aggregate and unit-record levels.

ACTION 3: STRENGTHEN THE EVIDENCE BASE FOR ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE PREVENTION

A taskforce is established to map all services and programs that aim to reduce Aboriginal and Torres Strait Islander suicide. A further task is to review existing community consultation outcomes, research evidence, systemic approaches and community-led strategies for suicide prevention.

GOVERNMENT STRATEGIES: the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, the *Social and Emotional Wellbeing Framework* and the *National Aboriginal and Torres Strait Islander Health Plan* all require plans of action for implementation that are developed in partnership with Aboriginal and Torres Strait Islander communities and stakeholders to ensure the cultural integrity of the resulting services and programs.

ACTION 4: DEVELOP AN ABORIGINAL AND TORRES STRAIT ISLANDER CULTURAL FRAMEWORK FOR SUICIDE PREVENTION SERVICES AND PROGRAMS

A cultural framework should guide Whole of Government responses (services and programs) to suicide. This would prioritise cultural competence, cultural safety and cultural consultation. It would also enable the monitoring of the success of such responses by measures of the above.