QAIHC
Queensland Aboriginal and Islander Health Council

QAIHC SUBMISSION TO THE

Gayaa Dhuwi (Proud Spirit) Australia

SUBMISSION

Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

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Discussion paper on renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

About the Queensland Aboriginal and Islander Health Council (QAIHC)

The Queensland Aboriginal and Islander Health Council (QAIHC) was established in 1990 by dedicated and committed Aboriginal and Torres Strait Islander leaders within the community-controlled health Sector (the Sector). From our first meeting 30 years ago, we have grown to become a national leader in Aboriginal and Torres Strait Islander health, and as a voice for our 26 members, the Aboriginal and Torres Strait Islander Community Controlled Health Organisations (ATSICCHOs) in Queensland, two regional bodies, 14 Associate Members and one Affiliate Member.

Like our ATSICCHOs, we embody self-determination; we are governed by an Aboriginal and Torres Strait Islander board that is elected by our Members.

QAIHC Members work tirelessly to provide culturally appropriate, comprehensive, primary health care services to local Aboriginal and Torres Strait Islander communities in Queensland. Collectively they have established more than 60 clinics across the state to service the population. Our two regional bodies – the Institute for Urban Indigenous Health (IUIH) and Northern Aboriginal and Torres Strait Islander Health Alliance (NATSIHA) also provide support to our Members.

Our Members provide more than just holistic Primary Health Care models, they help the whole community and regional economies by encouraging whole of community wellbeing, thus creating local jobs and ensuring local design of services.

Nationally, we represent ATSICCHOs through our affiliation and membership on the board of the National Aboriginal Community Controlled Health Organisation (NACCHO) and are regarded as an expert in our field.

QAIHC, as the peak of ATSICCHOs in Queensland, wishes to express the collective views on behalf of our Members into the discussion paper on renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS).

QAIHC would like to acknowledge the Australian Government for engaging Gayaa Dhuwi (Proud Spirit) Australia to lead the renewal of the NATSISPS in consultation with wider stakeholders and the community. QAIHC welcomes the opportunity to provide collective views into the discussion paper.

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Opening statement

QAIHC believes that an integrated multi-sectoral response that encompasses mental health, social, economic and community issues is critical in addressing the leading external cause of death for Aboriginal and Torres Strait Islander people in Queensland, being suicide.[1]

Aboriginal and Torres Strait Islander people are persistently overrepresented in suicide mortality data and suicide is a significant public health challenge.[1] In 2018, suicide was the fifth leading cause of death for Aboriginal and Torres Strait Islander people in Australia and the fourth leading cause of death in Queensland. In 2014–2018, the suicide rate among Aboriginal and Torres Strait Islander peoples was 1.9 times the rate of non-Indigenous Australians.

Aboriginal and Torres Strait Islander people generally face several stresses and challenges that may account for heightened suicide rates, including challenges around acculturation and minority group status, discrimination, socioeconomic deprivation, poverty, unemployment and inequalities in health systems. Mental health problems such as depression and substance use have been noted as prevalent amongst Aboriginal and Torres Strait Islander peoples and may further account for the risk of suicide and self-harm.[2] Immediate action is required on addressing the complex barriers which increase the risk of suicide among Aboriginal and Torres Strait Islander peoples in Queensland to reduce these rates.

QAIHC maintains that the Aboriginal and Torres Strait Islander concept of health is holistic, incorporating the physical, social, emotional, and cultural wellbeing of individuals and their whole community. For Aboriginal and Torres Strait Islander peoples, health is seen in terms of the whole-life-view.[3] This holistic concept also acknowledges the greater influences of social determinants of health and wellbeing. Social determinants include: homelessness; education; unemployment; problems resulting from intergenerational trauma; grief and loss; abuse; violence; removal from family and cultural dislocation; harmful use of substances; racism and discrimination; and social disadvantage.

QAIHC's understanding is that suicide among Aboriginal and Torres Strait Islander peoples extends beyond mental health and requires an effective suicide prevention strategy that focuses on addressing the broader social, cultural and emotional factors which increases risk of suicide amongst Aboriginal and Torres Strait Islander peoples.

QAIHC are encouraged to note that the seven steps identified by Gayaa Dhuwi (Proud Spirit) Australia for the renewal of the Strategy are consistent with our advocacy for improving overall outcomes for Aboriginal and Torres Strait Islander peoples. The Sector acknowledge and value the fact that the original strategy and renewal has been led by Aboriginal and Torres Strait Islander organisations and people who have extensive experience in the field. We hope the renewed strategy will strengthen opportunities for Aboriginal and Torres Strait Islander peoples to eliminate barriers and decrease the risk of suicide adequately and appropriately.

This brief submission addresses key questions that were put forward by Gayaa Dhuwi (Proud Spirit) Australia in the discussion paper.

Please note that QAIHC have also contributed to, and support, the National Aboriginal and Community Controlled Health Organisation's (NACCHO's) submission.

Based on the questions, QAIHC provides the following recommendations for consideration.

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[1] Australian Bureau of Statistics (ABS). *3303.0 - Causes of Death, Australia, 2018*. Released on 25 September 2019.

[2] Dickson, M.J., Cruise, K., McCall, A.C., Taylor, J.P. (2019). *A systematic review of the antecedents and prevalence of suicide, self-harm and suicide ideation in Australian Aboriginal and Torres Strait Islander youth*. International Journal of Environmental Research and Public Health, 16(17). Retrieved from: https://doi.org/10.3390/ijerph16173154

[3] National Aboriginal Health Strategy Working Party (1989). National Aboriginal Health Strategy (NAHSWP)

Step 1: Establishing Indigenous control, governance and coordination of national and jurisdictional level suicide prevention activity relevant to Indigenous communities.

1.1. If there is a national mechanism for the implementation of the renewed NATSISPS, which organisations should be a part of it?

QAIHC is supportive of the proposed national mechanism, explicitly governed by Aboriginal and Torres Strait Islander peoples, to oversee and coordinate the implementation of the renewed NATSISP. This aligns with National Agreement on Closing the Gap's Priority Reforms,[4] the ATSICCHO Sector's ongoing advocacy for Aboriginal and Torres Strait Islander peoples' right to self-determination, and the United Nation's Declaration on the Rights of Indigenous Peoples.[5]

Queensland's 26 ATSICCHOs are delivering holistic, comprehensive and culturally competent primary healthcare services that meet the needs of local communities. ATSICCHOs' community-developed health solutions are significantly contributing to the quality of life and improved health outcomes for Aboriginal and Torres Strait Islander peoples. They are initiated and operated by local Aboriginal and Torres Strait Islander communities. Due to the ATSICCHOs' integral role in community health and wellbeing, QAIHC suggest that NACCHO, as the national leadership body for the ATSICCHO Sector, are uniquely positioned to lead the proposed national mechanism.

QAIHC notes that the discussion paper has already incorporated the Australian Indigenous Psychologist Association and the Australian Indigenous Doctors Association as part of the national approach. Other organisations could include the peak representative body for Aboriginal and Torres Strait Islander nurses and midwives – the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaW), and the Centre for Indigenous Genomics – an Aboriginal and Torres Strait Islander led and run organisation with insight into the scientific / neurological sector.

Further, the National Agreement on Closing the Gap (NACTG) and its four Priority Reforms will provide the overarching policy framework for policies and programs impacting Aboriginal and Torres Strait Islander peoples, and the national mechanism should be developed in line with the National Agreement.

Recommendation 1:	***Ensure the proposed mechanism that sits within The National Suicide Prevention Leadership & Support Program is led and controlled by the ATSICCHO Sector.***
Recommendation 2:	***Invite CATSINaW and the Centre for Indigenous Genomics to be a part of the national mechanism.***
Recommendation 3:	***Ensure the national mechanism is developed in line with the National Agreement on Closing the Gap.***

[4] National Agreement on Closing the Gap: At a Glance. https://www.closingthegap.gov.au/national-agreement-closing-gap-glance

[5] Article 23; United Nations Declaration on the Rights of Indigenous Peoples (Resolution adopted by the General Assembly on 13 September 2007) https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

1.2. What do you think about specific national initiatives [discussed in the paper] that are proposed to be coordinated nationally under Indigenous governance? What/who is missing?

Placed based flexibility:

QAIHC is supportive of the proposal that suicide prevention initiatives for Aboriginal and Torres Strait Islander peoples require national-level coordination under Aboriginal and Torres Strait Islander governance to ensure consistency and accountability. However, it is equally important to consider and acknowledge the diversity of Aboriginal and Torres Strait Islander peoples, including different languages, cultures, histories and perspectives and how this can impact the effectiveness of specific suicide prevention initiatives. QAIHC's recommendation is that the national mechanism should encourage location-specific and culturally-specific adaptation of national initiatives through co-design to incorporate Aboriginal and Torres Strait Islander peoples' diversity for achieving the best possible outcomes.

Also, QAIHC's understanding is that place-based approaches support community to participate, lead and own the initiatives that are important to meet their community needs. The approach is also helpful to break down fear and stigma by engaging community, family and an individual in their own environment and enabling them to take charge of their own health and wellbeing. QAIHC's Members, the ATSICCHOs, can validate the important role of place-based approaches and self-determination in improving the overall health outcomes of Aboriginal and Torres Strait Islander peoples; they are well positioned to facilitate the process at a local level to develop and implement local community-led suicide prevention initiatives. Recognising the different needs of people through place-based solutions will deliver better results.

Recommendation 4: ***Allow flexibility within national suicide prevention initiatives to incorporate location-specific and culturally-specific perspectives through co-design to improve their effectiveness.***

Recommendation 5: ***Ensure ATSICCHOs are resourced to design and deliver place-based suicide prevention initiatives.***

Recognising the impact of past trauma:

QAIHC note the paper has identified a need to provide coordination through an overarching Aboriginal and Torres Strait Islander-led national strategic response to heal trauma in Aboriginal and Torres Stria Islander communities, families and individuals and to halt the inter-generational transmission of trauma. QAIHC support this consideration as part of the renewal process based on the fact that trauma-informed brains make trauma-informed decisions.

Insights about what is going on in a person's brain and body can play a pivotal role in recovery for persons at risk of suicide. For example, a small study undertaken by James Cook University on cortisol rise levels in Aboriginal and Torres Strait Islander people provides insight into internal neural message disruption due to intergenerational trauma that impact Aboriginal and Torres Strait Islander people's mental health. The mechanisms by which trauma is transmitted through generations could include impacts on children resulting from weakened attachment relationships with care givers, challenged parenting skills and family functioning, parental physical and mental illness, and disconnection and alienation from the extended family, culture and society. These effects are compounded by exposure to high levels of traumatic incidents and stressors in the present.[6] For these reasons, QAIHC recommend the scientific / neurological sector be involved at the national level.

Recommendation 6: ***Continue to acknowledge the impact of past trauma.***

[6] Berger, M., Leicht, A., Slatcher, A., Kraeuter, A. K., Ketheesan, S., Larkins, S., & Sarnyai, Z. (2017). *Cortisol Awakening Response and Acute Stress Reactivity in First Nations People*. Scientific reports, 7, 41760. https://doi.org/10.1038/srep41760

Step 2: Establishing Indigenous control and governance at the regional level.

2.1. If there is to be Indigenous governance of suicide prevention at the regional level, how could it best be supported? Which organisations or groups should be involved?

QAIHC is supportive of the establishment of Aboriginal and Torres Strait Islander control and governance at the regional level. QAIHC believes that creating opportunities of a real and active involvement of Aboriginal and Torres Strait Islander peoples in every level of decision-making structures, including in the design, planning, implementation and delivery of suicide prevention initiatives/services and programs is critical for better outcomes.

There are numerous possible ways of establishing Aboriginal and Torres Strait Islander control and governance at the regional level. QAIHC's view is that strategies to prevent suicide should not exist within silos. To ensure effective responses to suicide prevention, it is critical that state-level activities are incorporated into regional responses. In Queensland, QAIHC is working collaboratively with Queensland Health to ensure three levels of governance and health reform. The three levels are (1) State-wide, with QAIHC as the representative as state peak body, (2) Regional such as Far North Queensland, North/North West Queensland etc., with groups of ATSICCHOs represented alongside Hospital and Health Services (HHSs) to tackle regional-level challenges together, and, (3) Local, with the ATSICCHO leading programs for their community.

The development of control and governance at the regional level in Queensland will therefore depend on the definition of 'regional' and may need to include QAIHC as the state-level peak body, and the Regional Networks once they are established. Any proposed changes should link in with regional specifics.

The current fragmented and uncoordinated approach to mental health and suicide prevention is not working well in reducing suicide risk among Aboriginal and Torres Strait Islander communities and there needs to be an Aboriginal and Torres Strait Islander led mechanism to coordinate the efforts. In line with the Productivity Commission's recommendation of establishing a Regional Commissioning Authority as part of the review of the mental health system[7]; QAIHC advocates for an Aboriginal and Torres Strait Islander-led Regional Commissioning Authority.

The Queensland ATSICCHO Sector's experience is that the current mental health and suicide prevention response led by the Primary Health Networks (PHN) does not meet the needs of Aboriginal and Torres Strait Islander peoples equitably.

Recommendation 7:	***Ensure regional control and governance mechanism are established in a way that incorporates state-level mental health and suicide prevention activities and actions.***
Recommendation 8:	***Support Aboriginal and Torres Strait Islander-led Regional Commissioning Authorities, in line with the Productivity Commission's interim report's recommendation.***
Recommendation 9:	***Ensure the PHNs and mainstream health organisations/ funding bodies are accountable to the ATSICCHO Sector.***

[7] Productivity Commission, Mental Health, Draft Report 31 October 2019. https://www.pc.gov.au/inquiries/completed/mental-health/draft

Step 3: Establishing Indigenous control and governance at the community level.

3.1. How can Indigenous governance of suicide prevention activity be best supported at the community level?

QAIHC is supportive of the establishment of Aboriginal and Torres Strait Islander control and governance at the community level. QAIHC's experience is that most successful initiatives or programs in Aboriginal and Torres Strait Islander communities are those that are owned by the community, ensure Aboriginal and Torres Strait Islander people's authority and autonomy over all aspects of the initiative, build commitment from all collaborators, and focus on building community capability.

The ATSICCHO Sector are well positioned to lead the control and governance of suicide prevention actives at the community level. The Sector is well positioned to work collaboratively with the community to co-design and deliver community led, localised and culturally safe mental health and suicide prevention initiatives that impact on Aboriginal and Torres Strait Islander people's holistic health and wellbeing.

Recommendation 10: ***Develop ATSICCHO's capability to support Aboriginal and Torres Strait Islander governance of suicide prevention activities at the community level (NACTG Priority Reform 2).***

Step 4: Identifying program elements to be considered for integrated approaches to Indigenous suicide prevention at the community level.

4.1. What else is important in suicide prevention? *[Referring to the potential program elements mentioned in the Discussion Paper]*

Improving the patient journey and care coordination:

QAIHC are committed to working in partnership to ensure Aboriginal and Torres Strait Islander people at risk of suicide, and their families/carers, receive access to culturally safe referral pathways and appropriate suicide prevention resources. Funded through the Mental Health Alcohol and Other Drugs Branch, the Suicide Prevention Referral Pathways Project (SPRPP) comprises two pilot sites where the ATSICCHO have partnered with their respective HHS and other local service providers to strengthen access to culturally safe suicide prevention services across the continuum of care and patient journey. The SPRPP has also undertaken extensive consultation to inform what state-wide scalability could look like for improving suicide prevention referral pathways across the ATSICCHO Sector.

Recommendation 11: ***Support ATSICCHO Sector to develop an integrated suicide prevention referral pathway to improve patient outcomes.***

Improving community suicide prevention literacy:

The SPRPP has identified community-level gaps in suicide prevention literacy and how to effectively deal with suicidal crisis. The project has highlighted an urgent need to offer culturally appropriate advocacy training to increase understanding of clinical processes and jargon association with HHS settings. This training needs to ensure that at least one person in a family's Kinship group has a good understanding of HHSs' clinical processes when someone close to them experiences a suicidal crisis. Many community members are not aware of what happens in this complex and emotional situation and this can lead to confusion, anger and frustration. An appointed advocate could help overcome these frustrations. The lack of culturally appropriate advocacy may also contribute to Aboriginal and Torres Strait Islander peoples discharging against medical advice from hospital settings or engaging in post-discharge services.

Recommendation 12: ***Focus on improving suicide-literacy levels of Aboriginal and Torres Strait Islander people (including family and community) at a community level through the development and delivery of a culturally appropriate advocacy training program.***

Improving the cultural safety of mainstream services:

ATSICCHO feedback indicates that tertiary care staff do not always understand cultural safety and trauma-informed communication techniques in relation to information gathering when a person presents in a suicidal crisis. Un-safe questioning has the potential to cause great distress particularly to Aboriginal and Torres Strait Islander patients when their family or known Aboriginal and Torres Strait Islander Health Workers are present.

Recommendation 13: ***Support mainstream health providers to improve culturally safe communication techniques, including in relation to information gathering when a person presents in suicide crisis.***

Improving the availability of culturally safe, youth-specific suicide prevention services:

Youth are the future Elders of our people and, according to the Australian Youth Mental Health Report 2018, one in three experience psychological distress daily.[8] In the 2012-2013 Aboriginal and Torres Strait Islander Health Survey, 73 per cent of respondents aged 15 years and over reported that they, their family or friends had experienced one or more life stressor in the previous year. That rate is 1.4 times than reported by non-Indigenous people.[9]

In 2019, QAIHC hosted the inaugural Aboriginal and Torres Strait Islander Youth Health Summit (the Summit) which created an opportunity for Aboriginal and Torres Strait Islander young people from across Queensland to share, connect and learn from each other. Young people shared about complex health and wellbeing issues they are currently facing, and how those issues need to be addressed to achieve the best possible health outcomes. Key messages raised by the Aboriginal and Torres Strait Islander young people at the Summit included:

1. Health is viewed in a holistic context, it is interconnected with mind, body and spirit and young people are asking for access to holistic health care.

[8] Carlisle, E., Fildes, J., Hall, S., Hicking, V., Perrens, B. and Plummer, J. 2018, *Youth Survey Report 2018, Mission Australia*
[9] ABS 2013. *Australian Aboriginal and Torres Strait Islander Health Survey*: First Results, Australia, 2012-13

2. Aboriginal and Torres Strait Islander young people are eager to co-design and deliver cultural and age appropriate health education and services that meet their needs.
3. Access to health services that are rich in culture, culturally safe, use traditional methods and provide health education from a cultural perspective are vital to engaging in holistic care.
4. Maintaining good mental health was a top priority for young people. They expressed a need for mental health and wellbeing services particularly for anxiety and depression and want to learn how to develop sustainable, positive methods of dealing with stress, worry and boredom. Negative coping strategies were identified as; alcohol and drug use, overeating and abusive behaviour. Young people said these only complicated the core issues.
5. Grief and loss from deaths including suicide are paralysing communities with significant levels of stress.[10]

The Queensland Aboriginal and Torres Strait Islander Youth Health Strategy will be launched in December 2020 and it includes strategic actions relating to suicide prevention services.

A lack of Aboriginal and Torres Strait Islander youth mental health programs is leading to many Aboriginal and Torres Strait Islander young people not attending or seeking help when they need it.

Recommendation 14: ***Place focus on developing and implementing youth-specific mental health and suicide prevention programs.***

Increasing the evidence base:

A recent systematic review assessing the effects of suicide prevention interventions on suicide related outcomes in Aboriginal and Torres Strait Islander populations worldwide found there was insufficient evidence to confirm the effectiveness of any one suicide prevention intervention.[11] This clearly indicates a greater need for research initiatives focused on Aboriginal and Torres Strait Islander-specific suicide prevention.

Recommendation 15: ***Increase investment in Aboriginal and Torres Strait Islander-led suicide prevention research initiatives to support the evidence base.***

Step 5: Identifying vulnerable groups within the Indigenous population challenged by suicide for selective prevention activity within an integrated approach.

5.1. Are there any other groups that should be included? *[Referring to the groups mentioned in the Discussion Paper]*

QAIHC notes that the discussion paper has incorporated a wide range of population groups within the Aboriginal and Torres Strait Islander population that are experiencing higher rates of suicide than the wider Aboriginal and Torres Strait Islander population, which QAIHC supports. QAIHC recommends the renewal should also consider:

[10] QAIHC (2019). *2019 QAIHC Youth Health Summit Report*. www.qaihc.com.au/publications/reports-papers/2019-qaihc-youth-healthsummit-report

[11] Leske, S., Paul, E., Gibson, M., Little, B., Wenitong, M., & Kolves, K. (2020). *Global systematic review of the effects of suicide prevention interventions in Indigenous peoples*. Journal of Epidemiology and Community Health, Published Online First: 11 August 2020. doi: 10.1136/jech-2019-212368

1. including the relationship of remoteness, Aboriginal and Torres Strait Islander peoples and suicidality
2. including suicide during the perinatal period
3. including people with a disability
4. including commentary on intersectionality to acknowledge how diversity and identity dimensions can overlap and compound disadvantage and discrimination, thus increasing suicide risk
5. developing more Aboriginal and Torres Strait Islander LGBTIQ+SB[12]-specific suicide prevention initiatives.

Recommendation 16: ***Consider incorporating the five above mentioned population groups under the list of the vulnerable groups to suicide.***

Step 6: Developing and implementing Integrated service models for mental health and those at risk of suicide / after a suicide attempt/ postvention within an overall integrated approach.

6.1. How can ACCHSs and other relevant services work together better? Who else needs to be considered?

QAIHC is supportive to the fact that it is critical to develop and implement integrated service models for mental health and those at risk of suicide/after a suicide attempt/postvention within an overall integrated approach. To implement any integrated service model, it is essential to improve collaboration between the ATSICCHO Sector and the public/private health and community services sector, including primary and specialist mental health services, allied health and a range of community based-social support services. The Queensland Government is undertaking work in this area through Health Reform and QAIHC is involved in supporting ATSICCHO engagement in Health Reform planning.

QAIHC notes the discussion paper has considered key community groups who can play important role in implementing suicide prevention initiatives effectively in the community, such as traditional/cultural healers and Elders. QAIHC is supportive of this and advocates for capacity development of the ATSICCHO Sector to enable them to effectively engage a wide range of community groups as part of the community suicide prevention initiatives.

Recommendation 17: ***Improve collaboration between the ATSICCHO Sector, public/private health and community service providers.***

QAIHC believes that high quality and nationally/regionally consistent suicide mortality data is essential to inform the development and implementation of initiatives in addressing suicide risks effectively and to achieve better outcomes for Aboriginal and Torres Strait Islander peoples. The lack of a coordinated national/regional approach has created a gap in accessing timely and accurate suicide data specific to Aboriginal and Torres Strait Islander peoples. This significantly impacts the ATSICCHO Sector's ability to achieve expected outcomes for Aboriginal and Torres Strait Islander peoples. QAIHC recognise a strong need for reform of shared access to data and information at a national/regional level in line with the National Agreement on Closing the Gap.

[12] QAIHC currently uses the following as a descriptor of diverse and proud community. Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Sistergirl and Brotherboy (LGBQTI+SB). This language is evolving, and we have strived to be as inclusive as possible.

Recommendation 18: ***Focus on improving access to suicide-related data, including timely access to mortality data, via data collection, sharing and reporting mechanisms (culturally appropriate).***

Step 7: Ensuring the cultural safety of mainstream services.

7.1. How can we make mainstream services more culturally safe?

QAIHC and the ATSICCHO Sector's experience is that ensuring cultural safety of mainstream services should be a key priority to improve overall outcomes of Aboriginal and Torres Strait Islander peoples. QAIHC notes and supports the Gayaa Dhuwi (Proud Spirit) Declaration incorporated in the discussion paper that supports shifting the paradigm by ensuring Aboriginal and Torres Strait Islander presence and leadership is in place across all parts of the mainstream Australian mental health system as the best guarantee of cultural safety. This aligns with the Sector's ongoing advocacy.

Other ways mainstream services can be made more culturally safe include:

1. **Strengthening and establishing formal partnerships and shared decision making (NACTG Priority Reform 1)**

   QAIHC's recommendation is that it is essential to develop a mechanism at the regional and community level to improve partnerships between ATSICCHOs and mainstream community mental health and HHS to enhance cultural capability. Partnerships will mean the ATSICCHO is more involved in any project and able to provide cultural safety in design and implementation. Other strategies could include the introduction of cultural mentorships and training placements for mainstream health care workers.

   It is fundamental that non-Indigenous staff can demonstrate cultural safety to underpin appropriate and relevant suicide prevention services for Aboriginal and Torres Strait Islander people at risk of suicide. Understanding the risk factors, and the differences between suicide risks in Aboriginal and Torres Strait Islander populations and non-Indigenous populations is important for developing effective Aboriginal and Torres Strait Islander suicide prevention activities. Education campaigns that are supported to improve staff understanding around the diverse needs of Aboriginal and Torres Strait Islander peoples and are underpinned by trauma-informed care is required. It would be helpful for a culturally relevant and trauma-informed care model to be clearly defined and embedded within medical and health training and education.

2. **Transforming government organisations so they work better for Aboriginal and Torres Strait Islander people (NACTG Priority Reform 3)**

   There is opportunity to improve the cultural safety of wider mainstream support organisations, such as the emergency services, and to reduce the incidence of institutional racism. Research has indicated that first responders may be over reliant on Emergency Examination Orders and emergency departments.[13] Opportunities to support police in the use of alternative approaches is required. Emergency service agencies including police and ambulance are frequently required to be frontline responders to mental health crises in the community, where people may have poor mental health, unable to regulate their emotions, or

[13] Queensland Forensic Mental Health Service, Metro North Hospital and Health Service, and Queensland Centre for Mental Health Research. 2020. Partners in Prevention: Understanding and Enhancing First Responses to Suicide Crisis Situations – Data Linkage Study. Brisbane: Queensland Health. https://qcmhr.uq.edu.au/wp-content/uploads/2020/07/PiP_DataLinkage_online.pdf

engaged with the harmful use of substances, and may be suicidal. Because of this, first responders are widely acknowledged to have a unique and important role to play in community-based suicide prevention.[13]

Recommendation 19: ***Support the implementation of the National Agreement on Closing the Gap to help make mainstream service providers more culturally safe.***

7.2. How can we rapidly increase Indigenous employment across mainstream mental health and suicide prevention services?

QAIHC notes that to improve Aboriginal and Torres Strait Islander participation in the workforce through improving access to training and qualifications at all levels is a major component of the 2013 NATSISPS.[14]

QAIHC is aware of the development of the National Aboriginal and Torres Strait Islander Health Workforce Plan as part of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023; and recommend mainstream mental health and suicide prevention services must comply with the actions identified in it to increase Aboriginal and Torres Strait Islander employment across mental health and suicide prevention services.

On 13 August 2020, the *Health Legislation Amendment Bill* 2019 was passed by the Queensland Parliament. This Bill is a key plank in driving a health equity reform agenda by embedding a commitment to Aboriginal and Torres Strait Islander health equity in the *Hospital and Health Boards Act* 2011. The legislation requires each HHS to develop a strategy to achieve health equity with Aboriginal and Torres Strait Islander people; and each Hospital and Health Board to have one or more Aboriginal persons and/or Torres Strait Islander persons as member. There is opportunity within the Regulation that will accompany this legislation to have significant impact on increasing Aboriginal and Torres Strait Islander employment across mainstream health services.

Any other comments?

Aboriginal and Torres Strait Islander people face additional difficulties and barriers navigating the current mental health care system in Queensland due to inadequate, localised culturally safe pathways and fragmented support services. There is a gap in access to Aboriginal and Torres Strait Islander specific help-seeking resources and programs that have been developed through co-design and/or are locally relevant. For any suicide prevention program to succeed, genuine and meaningful engagement and partnerships with local and regional Aboriginal and Torres Strait Islander communities is essential.

[14] Australian Government (May 2013). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (page 43)

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