WELLBEING AND HEALING THROUGH CONNECTION AND CULTURE

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Lifeline

Acknowledgements
We acknowledge the traditional custodians of all the lands of Aboriginal and Torres Strait Islander peoples. We honour the sovereign spirit of the children, their families, communities and Elders past, present and emerging. We also wish to acknowledge and respect the continuing cultures and strengths of Indigenous peoples across the world.

The authors wish to acknowledge Maddie Boe for her research assistance during the early stages of this project.

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Artist Acknowledgement
Beautiful Healing in Wildflower Banksia Country describes a story about the life affirming inter-connections between people, land, oceans, waterways, sky and all living things. The painting began in the Sister Kate's Home Kid's Aboriginal Corporation Healing (SKHKAC) Hub, at the second National and World Indigenous Suicide Prevention Conference held in Perth, Western Australia in 2018. During the conference participants came together in the Healing Hub to collaborate on the triptych which was then respectfully completed by the SKHKAC team. The Sister Kate's Children's Home began in 1934 and closed in 1975, and was an institution for Aboriginal children who are now known as the Stolen Generations - where the Home Kids of SKHKAC are planning to build an all accessible Place of Healing on the Bush Block adjacent to the old Home, and will run Back to Country Bush Camps and other cultural healing activities.

Acknowledgement of Servier, who have graciously supported Lifeline to commission Professor Dudgeon and her team to deliver this report.

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CONTENTS

GLOSSARY

Country

The Indigenous concept of Country is multi-dimensional and describes a living spiritual consciousness which includes land, sea, waterways and sky, people, animals and plants, and has a past, present and future.

Cultural Determinants

Promotes a strength-based approach using strong connections to culture and Country to build identity, resilience and improved outcomes.

Cultural Healing

Therapeutic practices which are founded on traditional life affirming Indigenous knowledge systems.

Culturally Responsive

Essential practices and policies which make Aboriginal and Torres Strait Islander peoples feel culturally safe and which are informed by Indigenous ways of doing, knowing and being. It is an integral consideration in improving the quality and cultural safety of mental health and wellbeing services.

Cultural Safety

Describes an environment which is culturally, psychologically, spiritually, physically and emotionally safe for Indigenous people with shared respect, shared meaning, shared knowledge and experience, and dignity.

E-Mental Health

Mental health services which are delivered electronically, for example through telephone, computer, and other digital platforms.

Help Seeking

Any form of communication directed at finding assistance and guidance about a problem during a time of distress.

Historical Trauma

Trauma which is anchored in the traumatic historical experience of colonisation.

Indigenous

Used in this report predominantly to refer to Aboriginal and Torres Strait Islander people. Where used to refer to Indigenous people of other nations, this is specifically addressed.

Intergenerational Trauma

The transmission of historical trauma across and within generations.

Intervention

An action or provision of a service to produce an outcome or modify a situation.

Postvention

Culturally responsive and trauma informed actions intended to support individuals, families and communities impacted by suicide.

Primary Prevention

Activity to prevent a completed suicide or a suicide attempt occurring but in the context of an Indigenous community-wide approach.

Relationality

This complex multi-dimensional Indigenous concept describes the mutual inter-connected ontologies (being), epistemologies (knowing) and axiologies (ethics) of Indigenous knowledge systems.

SEWB

Social and emotional wellbeing is a holistic health discourse composed of seven interconnected domains of wellbeing which are influenced by cultural, political, social and historical determinants.

Social Determinants

Refers to the interrelationship between health outcomes and the living and working conditions that define the social environment.

Sorry Business

Refers to the diverse Aboriginal and Torres Strait Islander cultural practices and protocols which surround bereavement, death, and other forms of loss.

Stolen Generations

Term used to describe Aboriginal and Torres Strait Islander people who were forcible removed from their families, communities, culture and land through genocidal assimilationist policies.

Trauma Informed Care

Strengths-based framework grounded in an understanding of and responsiveness to the impact of trauma, emphasising physical, psychological and emotional safety for survivors as well as providers of care.

Universal Interventions

Usually refers to a suicide prevention activity aimed at the whole and 'well' population. In this report, 'universal' activity and interventions are defined as Indigenous community-wide activity and preventions (rather than those targeting the whole Indigenous population).

ACRONYMS

ABS
Australian Bureau of Statistics

ACCHS
Aboriginal Community Controlled Health Services

AHPRA
Australian Health Practitioner Regulation Agency

AIHW
Australia Institute of Health and Welfare

AIPA
Australian Indigenous Psychologists Association

ATSISPEP
Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

AIASTSIS
Australian Institute of Aboriginal and Torres Strait Islander Studies

CATSINaM
Congress of Aboriginal and Torres Strait Islander Nurses and Midwives

CRCAH
Co-operative Research Centre for Aboriginal Health

CBPATSISP
Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention

IAHA
Indigenous Allied Health Australia

LGBTIQ
Lesbian, Gay, Bisexual, Transsexual, Intersex, or Queer

NACCHO
National Aboriginal Community Controlled Health Organisation

NAHSWP
National Aboriginal Health Strategy Working Party

NAIDOC
National Aborigines and Islanders Day Observance Committee

NATSISPS
National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

NATSILMH
National Aboriginal and Torres Strait Islander Leadership in Mental Health

NDIS
National Disability Insurance Scheme

NPS
National Psychosocial Support

NPY
Ngaanyatjarra Pitjantjatjara Yankunytjatjara

NPYWC
Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council

PHNs
Primary Health Networks

RCIADIC
Royal Commission into Aboriginal Deaths in Custody

SEWB
Social and Emotional Wellbeing

SNAICC
Secretariat of National Aboriginal and Islander Child Care

SKHKAC
Sister Kate's Home Kid's Aboriginal Corporation

UNDRIP
United Nations Declaration of the Rights of Indigenous Peoples

WHO
World Health Organisation

EXECUTIVE SUMMARY

This review summarises the emerging research and knowledge, key themes and principles surrounding Aboriginal and Torres Strait Islander cultural perspectives and concepts of healing and social and emotional wellbeing as they relate to suicide prevention. These discussions will support Lifeline to enhance and refine their existing knowledge and practices to promote culturally responsive suicide prevention services for Aboriginal and Torres Strait Islander peoples. This review explores the importance of the delivery of staff training programs to achieve this along with external training and program development for Lifeline services, including the telephone crisis line, Online Chat and emerging Crisis Text. Adopting an Indigenous research approach, this review prioritises Indigenous knowledge of healing and wellbeing and provides examples of culturally appropriate and effective practices.

Culturally responsive Indigenous designed and delivered e-mental health services play a crucial role in overcoming barriers to help seeking experienced by Indigenous people such as a lack of culturally appropriate gender and age specific services, forms of institutional and cultural racism and poor service delivery which intensify mental health stigma and shame along with fear of ostracism and government intervention (Canuto, Harfield, Wittert & Brown, 2019; Price & Dalgeish, 2013). A lack of such services can result in barriers to help seeking which contribute to higher levels of intergenerational trauma, self-harm and suicide (Isaacs, Sutton, Hearn, Wanganeen & Dudgeon, 2016; Mitchell & Gooda, 2015). Self-determination in the form of community controlled suicide prevention and healing has been identified as a solution to the transmission of intergenerational trauma contributing to suicide (Dudgeon et al., 2016a).

Furthermore, recommendations presented in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Report, *Solutions That Work: What the Evidence and Our People Tell Us* (Dudgeon et al., 2016a), stress that an effective primary suicide prevention strategy must include freely available 24/7 e-mental health services. Such services have been successfully implemented in Canada. Beginning in 2016, the First Nations and Inuit Hope For Wellness Helpline is a culturally responsive, multilingual, toll free, 24/7 telephone service and online chat counselling and crisis intervention service. However, although the exceptionally high suicide rates of Indigenous peoples in Canada and Australia are widely recognised internationally to be a shared population health crisis, Australia has yet to invest in the kind of culturally responsive e-mental health suicide prevention services provided to Indigenous peoples in Canada. In recognition of this context, this review contributes to, and builds on, Lifeline's commitment to deliver culturally responsive suicide prevention services to Aboriginal and Torres Strait Islander peoples in Australia.

Lifeline Australia is responsible for delivering culturally responsive services to Aboriginal and Torres Strait Islander people who contact Lifeline when they are in crisis. The first strategic priority in *Lifeline's Suicide Prevention Strategy 2012* is to enhance their capacity to be an essential suicide intervention service by "targeting high risk groups and individuals within a broad strategy of promoting service access for the whole community" (Lifeline Australia, 2012, p. 6). In order for such service initiatives to be effective, Lifeline needs to have comprehensive knowledge about local culturally responsive suicide prevention and wellbeing services so that callers are referred appropriately or "followed up by culturally competent community-based preventive services" (Australian Government, 2013, p. 32). This focus is also central to the *Fifth National Mental Health and Suicide Prevention Plan,* specifically priority area 4 on improving Aboriginal and Torres Strait Islander mental health and suicide prevention broadly, and in particular "increasing knowledge of social and emotional wellbeing concepts, improving the cultural competence and capability of mainstream providers and promoting the use of culturally appropriate assessment and care planning tools and guidelines" (Commonwealth of Australia, 2017, p.34). There is then, a clear policy alignment which needs to be urgently actioned with appropriate funding to address the current national Indigenous suicide crisis.

A number of key principles and practices fundamental to Indigenous knowledges of social and emotional wellbeing (SEWB), healing, and cultural responsiveness have been identified as central to effective suicide prevention. A strengths-based approach, which empowers local healing capacity, is embedded in cultural understandings of healing and the life affirming principles of holistic relationality and respect which underpin SEWB is vital.

RECOMMENDATIONS

Based on the Project findings a culturally responsive Aboriginal and Torres Strait Islander e-mental health suicide prevention service should implement the following across all Lifeline services:

Action Area 1
Sensitive processes for identifying Aboriginal and Torres Strait Islander callers to be implemented.

Action Area 2
Development of a national Aboriginal and Torres Strait Islander Lifeline telephone crisis line, Online Chat and/or Crisis Text service designed by and delivered by a skilled Aboriginal and Torres Strait Islander workforce.

Action Area 3
Recruitment, training and secure long-term employment of an Aboriginal and Torres Strait Islander Lifeline workforce.

Action Area 4
An indepth clinical understanding of the culturally unique risk and protective factors for Aboriginal and Torres Strait Islander social and emotional wellbeing to inform Lifeline crisis support.

Action Area 5 The building of partnerships between Lifeline and local community organisations and Aboriginal Community Controlled Health Services.

Action Area 6
The development of culturally responsive and safe referral pathways which reflect local community healing knowledges and resources.

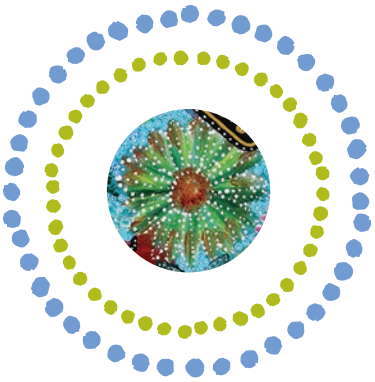
Action Area 7
The nine guiding principles underpinning the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023 to inform the development of culturally responsive e-mental health services.

Action Area 8
The development of an Aboriginal and Torres Strait Islander Children and Youth Lifeline to be co-designed with relevant Aboriginal and Torres Strait Islander partners and promoted in schools and communities across Australia.

INTRODUCTION

This literature review describes Aboriginal and Torres Strait Islanders peoples' knowledges of cultural healing and social and emotional wellbeing (SEWB) programs which are relevant to suicide prevention by examining the findings of key texts, research reports, databases and grey literature to identify central themes and emerging principles. The theoretical framework of this report is guided by a de-colonising Indigenous standpoint known as Indigenous Standpoint Theory which prioritises Indigenous research and voices and acknowledges the cultural and intellectual property rights of Indigenous peoples. Indigenous Standpoint Theory, centres Indigenous epistemologies, ontologies and axiologies, ways of knowing, being and doing (Foley, 2006).

The purpose of this project is to provide a range of information to enable Lifeline to build on existing cultural awareness and competency so that their services incorporate Aboriginal and Torres Strait Islander perspectives on culturally safe suicide prevention.



SECTION ONE: BACKGROUND

The objectives of the project are to summarise the research and knowledge, key themes and emerging principles surrounding concepts of healing and wellbeing as they relate to Aboriginal and Torres Strait Islander cultures with relevance to suicide prevention. This will support Lifeline to enhance and refine their existing knowledge of culturally responsive suicide prevention practices for Aboriginal and Torres Strait Islander peoples. This project prioritises Indigenous knowledges to inform the delivery of staff training programs, external training and program development for Lifeline services, including the telephone crisis line, Online Chat and emerging Crisis Text.

Aboriginal and Torres Strait Islander Peoples

The diverse Aboriginal and Torres Strait Islander peoples (herein also respectfully referred to as Indigenous, and Indigenous Australians) are recognised as cultural groups who have been estimated in 2016 to make up 3.3% of the population of Australia (ABS, 2016a). Indigenous Australians are the traditional custodians of the land now called Australia, and are one of the oldest continuing cultures on earth, estimated to be at least 55,000 years old (Nagle et al., 2017). The continuing Indigenous knowledge systems encompass philosophy, governance, medicine, spirituality, complex holistic therapeutic practices, arts, earth sciences, and astronomy, among other forms of cultural knowledge. Pre-contact Indigenous Australian culture was governed by complex democratic laws which ensured harmonious and equitable relationships between different cultural groups, between men, women, children and the elderly, and between people and the land. Community appointed male and female Elders led the governance of the communities. Laws governing the responsibilities of men and women to families, communities, culture and Country are often gendered (Dudgeon & Walker, 2011).

Strengths-based Indigenous healing systems are holistic, integral to the governance of the community, and connected to Indigenous knowledge systems in general. The purpose of these systems is the strengthening of harmony through the nurturing of the wellbeing of individuals, families, communities, and Country. A key culturally distinct feature of Indigenous knowledge systems, including health systems, is their *relationality* (Moreton-Robinson, 2017; Rose, James & Watson, 2003). For example, the National Indigenous Health Discourse of SEWB is relational (Dudgeon, Bray, D'Costa & Walker, 2017c). Disrupted relationships between the seven domains of SEWB — Country, spirituality, culture, community, family and kinship, mind and emotions, and body — have been identified as risk factors for self-harm (Dudgeon et al., 2016a). The traumatic process of colonisation, that included massacres, enslavement, abduction of children, rape, imprisonment, dispossession from land, and forced starvation, disrupted Aboriginal and Torres Strait Islander culture and thereby, the harmonious relations between these domains. SEWB can be understood as an evolving description of the broad framework of Indigenous wellness and healing systems which were refined over tens of thousands of years and successfully created harmonious, healthy and environmentally sustainable models of living.

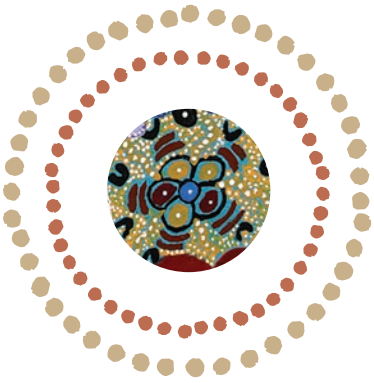
Compared to non-Indigenous Australians, Indigenous Australians now endure a disproportionate burden of ill health, social marginalisation, and forms of systemic institutional racism, including within the health system itself, with those who live in rural and remote areas of Australia experiencing greater ill health, poverty, lack of just access to health services, food and housing security (Lowell, Kildea, Liddle, Cox & Paterson, 2015; Markham & Biddle, 2018; RANZCP, 2018). According to the 2019 *Closing the Gap Report* "Indigenous males born between 2015 and 2017 have a life expectancy of 71.6 years (8.6 years less than non-Indigenous males) and Indigenous females have a life expectancy of 75.6 years (7.8 years less than non-Indigenous females)" (Lowitja Institute for the Close the Gap Steering Committee, 2019, p.123).

With a median age of 23 years old, Indigenous Australians are substantially younger on average than non-Indigenous Australians who have a median age of 38 years (ABS, 2016b). Young Indigenous Australians in particular experience hunger, poverty, lack of just access to health services, education and employment, homelessness, and chronic over-crowding at far greater rates than non-Indigenous Australians, with children suffering from diseases such as otitis media, skin infections, acute rheumatic fever and rheumatic heart disease associated with poverty and poor environmental conditions (Australian Indigenous HealthInfoNet, 2018; Browne, Adams & Atkinson, 2016; Lowell et al., 2015). Young Indigenous peoples, including children, die by suicide at far greater rates than their non-Indigenous peers (ABS, 2018a; Dudgeon et al., 2016a). Indigenous suicide is a significant and growing crisis which requires systemic whole-of-community and whole-of-government Indigenous-led prevention.

Culturally Responsive Suicide Prevention Approaches

In a key article in the field of Indigenous suicide prevention, Wexler and Gone (2012) discuss the need for culturally responsive suicide prevention which recognises the importance of communities' health beliefs and practices rather than an uncritical imposition of (individualistic and pathologising) Western health and social service models. Imposing Western clinical models often results in systemic ethnocentrism and misdiagnosis (Newton, Day, Gillies & Fernandez, 2015). For suicide prevention to be effective and culturally secure for Indigenous people it is "imperative to carefully assess the local meanings surrounding a health issue to determine the usefulness of health-related services in non-Western contexts" (Wexler & Gone, 2012, p.193). In Australia, these issues have been explored at length by Indigenous suicide prevention researchers, communities, and their allies during recent times.

This report brings together the findings of several significant Indigenous-led reports and projects including a foundational text, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon, Milroy & Walker, 2014a), the 2014 *Elders Report into Preventing Indigenous Self-harm and Youth Suicide* (People Culture Environment, 2014) which advised using culture and traditional healing to prevent youth suicide, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report, *Solutions That Work: What the Evidence and Our People Tell Us* (Dudgeon et al., 2016a), and findings from research conducted through the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP). The results of these research projects have led to the emergence of evidence based and culturally safe approaches to overcoming the multiple and complex factors which contribute to despair and suicide (Dudgeon et al., 2016a; Prince, 2018).



Culturally Responsive E-mental Health Services

An analysis of 2012 Kids Helpline data about young Indigenous callers found that "more than half (59%) of the mental health-related calls involved a young Aboriginal person seeking assistance for a self-injury and/or self-harm concern or the presentation of a recent self-injury" (Adams, Halacas, Cincoita & Pesich, 2014, p. 353). More recently, a seven year youth mental health report, the largest of its kind conducted in Australia, found that "greater proportions of Aboriginal and Torres Strait Islander respondents indicated turning to a community agency, social media or a telephone hotline for help" (Hall et al., 2019, p.56). These findings are significant and show that more effort needs to be focused on ensuring helplines are culturally safe. E-mental health services (crisis helplines, web based technologies, text services, mental health and suicide prevention apps, telepsychiatry services, and so forth) have emerged as a cost effective extension of conventional mental health services which are able to reach isolated communities and, when culturally responsive, overcome barriers to help seeking such as mistrust of mainstream mental health services (Langarizadeh et al., 2017; Tighe et al., 2017). A systematic review of e-mental health services for Indigenous Australians found that such services were usefully accessed by remote communities and improved social and emotional wellbeing, clinical outcomes and access to health services (Caffery, Bradford, Wickramasinghe, Hayman & Smith, 2017). The ATSISPEP report, *Solutions That Work* (Dudgeon et al., 2016a), recommends that culturally responsive and Indigenous designed and delivered e-mental health services are integral to an effective suicide prevention strategy for Indigenous Australians. The importance of developing and maintaining partnerships with Aboriginal Community Controlled Health Services (ACCHSs) is stressed as central to the ongoing success of such services.

In 2012 the Australian government announced an e-mental health strategy for Australia which stated that "the service will develop and provide online mental health training for health professionals working with Aboriginal and Torres Strait Islander peoples as one of its first priorities" (Australian Government, Department of Health and Ageing, 2012, p.16). More recently the government has acknowledged the potential benefits of e-mental health for all Australians living in rural and remote areas, allocating funding through the Better Access Initiative which commenced in November 2017 (Department of Health, 2019).

In 2018, further changes were made to Medicare so that eligible people with a mental health care plan could access psychological services via video conference. In 2019 the Government put in place the National Psychosocial Support (NPS) Measure to provide support to people with severe mental illness who are currently not receiving support. Further, the government has committed $19.1 million from July 2019 to support Primary Health Networks (PHNs) to strengthen the interface between the National Disability Insurance Scheme (NDIS) and Commonwealth psychosocial support services. Currently, there is no mention of specific initiatives for Aboriginal and Torres Strait Islander peoples. However, a recent trial using video conferencing with three communities in the Northern Territory for general health issues has been described as a 'game changer' in closing the gap in Indigenous health service delivery with potential to be transposed to mental health and social and emotional wellbeing support (St Clair, Murtagh, Kelly & Cook, 2019).

There has also been progress in developing e-mental health services for Indigenous people in other countries. For instance, in recent years, culturally responsive e-mental health services for Indigenous people have been developed in Canada such as the First Nations and Inuit Hope For Wellness Helpline – a toll free 24/7 telephone service and online chat counselling service which offers counselling and crisis intervention from culturally competent counsellors. The service offers crisis intervention and counselling in Cree, Ojibway and Inuktitut languages as well as French and English. The helpline also offers to work with callers to find accessible and culturally appropriate well-being support services. Canada also offers Indigenous people a 24/7 Native Youth Crisis Hotline, the KUU-US Crisis Line Society, an Aboriginal specific crisis line operated by First Nations Health Authority and servicing the whole of British Colombia, and the Nunavut Kamatsiaqtut help line. There are also similar e-mental health (termed tele-mental health) services in Canada specifically supporting Indigenous girls and women at risk (Culture for Life, 2019).

Cultural Knowledge: Generation, Transmission and Protection

"Culture is grounded in the land we belong to as much of the law, ceremony and healing comes from Country" (Milroy, 2006, para 32).

As it has been noted by a number of researchers, there are significant gaps in the literature on Indigenous healing systems in Australia (Bradley, Dunn, Lowell & Nagel, 2015; Caruana, 2010; Oliver, 2013). As Feeney (2009) observes in a literature review of healing practices:

> Sometimes the most creative and successful work in this area is not always written up and made publicly available. Knowledge about what works and ideas about what is possible is often transmitted orally through sharing stories. Some attention to gathering peoples' insight through alternative means is recommended. One of the possible healing practice options to establish is to support culturally embedded ways of exchanging and passing on knowledge about healing. (p.6)

Many Indigenous cultures have customary laws protecting the unlawful dissemination of such knowledges (Janke, 2018; Okediji, 2018). Significantly, the growing national and international awareness of the importance of ensuring that Indigenous knowledges (including knowledges of healing) are shared in culturally responsive ways is reflected in the United Nations Permanent Forum on Indigenous Issues 2019 theme "Traditional knowledge: Generation, transmission and protection" (Marrie, 2019).

A useful description of Indigenous knowledge systems is offered by the Lowitja Institutes' Researching Indigenous Health: A Practical Guide for Researchers (Laycock, Walker, Harrison & Brand, 2011):

> Australian Indigenous knowledge systems are based on a tradition where knowledge belongs to people. Indigenous knowledge tends to be collective; it is shared by groups of people. This knowledge is held by right, like land, history, ceremony and language. This right is governed by ancestral laws that are still strong in many communities.
>
> The principles of ancestral law and oral culture of Indigenous people mean that a lot of traditional knowledge is held by respected Elders, and can only be transmitted in accordance with customary

rules, laws and responsibilities. How Indigenous knowledge is represented comes from collective memory in languages, social practices, events, structures, performance traditions and innovations, and features of the land, its species and other natural phenomena. However, knowledge is more than how it is 'represented' by people. An Indigenous way of looking at knowledge says that people are only part of the knowledge system that is at work in the world. Language, land and identity all depend on each other. (p. 9)

With this in mind, it is worth recognising that research gaps in the literature on traditional healing might signify the presence of culturally important lores and protocols about the protection of these knowledge systems. Finally, it should be remembered that Indigenous people across the world have risked and lost their lives (and continue to do so) protecting their knowledge systems from colonial appropriation and destruction (Freeman, 2019).

Literature Review Identifying Existing Knowledges and Practices

Much of the research on Indigenous Australia traditional or cultural healing has been conducted by non-Indigenous scholars from an ethnocentric, Western psychiatric and anthropological perspective and without any Indigenous governance over the design or ethics of the research process. During the 1960s, for example, cultural knowledge of healing was often framed as 'primitive' (Berndt, 1964). Research conducted on and about Indigenous peoples' healing knowledges and cultural healers during the 1970s (Cawte, 1974; Eastwell, 1973; Gray, 1979; Johnson, 1978; Taylor, 1977; Webber, Reid & Lalara, 1975), in the 1980s (Biernoff, 1982; Cawte, 1984; Reid, 1982, 1983; Reid & Williams, 1984; Soong, 1983; Tonkinson, 1982; Toussaint, 1989; Waldock, 1984), and the 1990s (Brady, 1995; Cawte, 1996; Elkin, 1994; Mobbs, 1991; Peile, 1997; Rowse, 1996), was frequently dominated by such perspectives and approaches.

As Suggit (2008) comments on research undertaken between 1900 and 1970 on Australian Indigenous healing and healers, "the psychology of Indigenous Australians has been, and continues to be, theorised within the Western institutions of psychology, psychiatry and psychoanalysis" (Suggit, 2008, p.28). Moreover, Suggit suggests that much of the early research was assimilationist: for instance, Cawte (1976, 1974) articulated a central dichotomy between traditional and Western defined mental illnesses, the latter identified as "assimilating" Indigenous communities (Reser, 1991, p. 220). Suggit finds that the work of Elkin (1977) and Berndt (1982, 1962, 1946-7, 1947-8) "constitutes the most detailed accounts of traditional healing and sorcery practice within Australia" (Suggit, 2008, p. 14). Suggit explores more recent research on Ngangkari traditional healers, research by Indigenous academic Phillips (2003) who argues for a revitalisation of cultural healing, and McCoy's (2004) research on the healing practices of kanyirninpa (holding) of men in the Balgo/Wirrimanu in the Kimberley and notes the 2008 call from the Co-operative Research Center for Aboriginal Health (CRCAH) to develop "culturally appropriate" Indigenous therapies (CRCAH, 2008, p.4).

Here research in the area conducted on Indigenous healing practices was supplemented by more recent research by Dudgeon & Bray (2018). It should be noted that this literature review is not a definitive description of cultural knowledges of healing and that such knowledges are, as discussed previously, the cultural property of Indigenous peoples and protected by customary lores and protocols. This literature review was initially conducted by searching literature published between January 2009 and May 2019 in several large online databases: PMC (the US National Library of Medicine National Institute of Health), the National Library of Australia Aboriginal and Torres Strait Islander health bibliography, and Australian Indigenous HealthInfoNet. A search of PMC keywords from between 2009-2019 May resulted in the following: 'Indigenous cultural knowledge' (15142 entries); 'Indigenous traditional knowledge' (10591 entries); 'cultural traditional healing Indigenous' (2097 entries); 'Indigenous wellbeing traditional (1202 entries); 'Indigenous welling traditional' (708 entries); 'Indigenous healing tradition' (649 entries); 'Indigenous traditional knowledge suicide' (627 entries); Aboriginal healing Australia (402 entries).

The Aboriginal and Torres Strait Islander National Library of Australia (Trove) search, using the key words 'Aboriginal healing' resulted in 4018 entries; 'traditional medicine Aboriginal' in journal articles and data sets resulted in 3181 entries, 'Aboriginal knowledge' resulted in 11421 entries. The Australian Indigenous HealthInfoNet resulted in 20 entries for 'cultural healing'. Initially the title and abstract were read, and then after this initial screening, available full texts were read and evaluated. The reference lists of relevant full texts were also consulted, and relevant texts then examined.

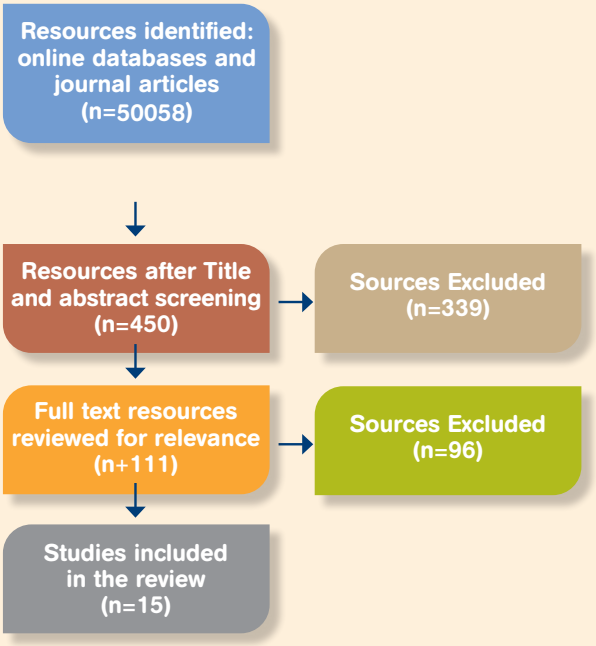


Figure 1. Chart Depicting the Number of Resources Included and Excluded in the Literature Search

The inclusion criteria were as follows. Available full texts which discuss Indigenous Australian cultural healing as a form of suicide prevention; which are authored by Indigenous people; have Indigenous governance throughout the research process; and have been evaluated by the cultural experts engaged in this project as appropriate, were examined. The exclusion criteria were as follows. Texts published prior to 2009; which had content focused on non-Australian Indigenous people and themes; which lacked specific descriptions of healing knowledge (i.e. which only described healing as 'holistic'); texts which described the design, implementation and/or evaluation of healing programs and not healing knowledges; which lacked a decolonising theoretical framework or approach; which did not engage with research authored by Aboriginal and Torres Strait Islander peoples; which did not discuss Aboriginal and Torres Strait Islander suicide prevention; which were judged to be culturally inappropriate by the cultural experts, were all excluded. A total number of fifteen texts were identified as appropriate for this literature review.

Six comprehensive literature reviews of research on Indigenous Australian healing knowledge systems and wellbeing programs – by Williams, Guenther and Arnott (2011), Oliver (2013), McKendrick, Brooks, Hudson, Thorpe and Bennett (2014), Bradley et al., (2015), Salmon, et al. (2018) and Butler, et al. (2019) – were also identified and are discussed below. Together these literature reviews encompass research into the area conducted on material published between 1970 to March 2019.

- Williams et al., (2011) review of the international literature on traditional healing discovered that "in Australia in particular, there are many gaps in the literature" (p.2). The majority of this review describes literature which assesses service delivery and roles, with a focus on the function of healing centres rather than an exploration of the healing process itself, or the cultural practices involved or Indigenous belief systems. For example, when discussing the Rerranytjun Healing Centre at Yirrkala they describe how the Centre aims to combine mainstream and Yolngu Indigenous healing in order to address Indigenous youth suicide but do not describe the healing involved. In conclusion, they state: "traditional healing has only a very loose connection to health as it is understood in the mainstream. It is spiritual, wholistic, often connected to expressions of identity such as land, family and culture" (Williams et al., 2011, p.24).

- Oliver (2013) conducted a review of the literature on the role of traditional medicine in primary health care in Australia by searching databases from between 1992 to 2013 which included qualitative and quantitative research, grey literature and recorded audio interviews for urban, rural, remote and very remote areas. Keywords included "Traditional/Indigenous/Aboriginal/Torres Strait Islander/bush/plant medicine; traditional medicine practices; ethnomedicine; traditional healer/practitioner; traditional health practices; and one or more of the terms: primary health care; role of; integration; Australia; Aboriginal Australia/n. State library resources were also identified" (Oliver, 2013). Oliver found that "there is a paucity of literature that seeks to examine the role of traditional treatment modalities of ceremony and healing songs, instead the focus is on traditional healers or bush medicine" (Oliver, 2013). Significantly for this report is Oliver's recognition that the available information is limited by "a reluctance to share knowledge with outsiders" which is speculated to be due to "cultural reasons or a mistrust regarding the way that this information will be used" (Oliver, 2013). Indeed, Oliver notes that bush medicine is understood from an Indigenous stand point to be "secret business" (Oliver, 2013).

- McKendrick et al., (2014) in their literature review of Aboriginal and Torres Strait Islander healing programs found that "only a few of the many healing programs for Aboriginal people are well documented in the black or the grey literature and even fewer have been systematically evaluated" (McKendrick et al., 2014, p. 55). They identified the following healing programs: Family and Community Healing focused on family violence; Deadly Vibe, a magazine supporting youth; the Family Wellbeing Empowerment Program, a community support and advocacy group; the Ma'ddaimba Balas Men's Group that addressed male violence; the Marumali program addressing healing Stolen Generation trauma; and the Yaba Bimbi Indigenous Men's Support Group suicide prevention program (see Tsey, Patterson, Whiteside & Baird, 2004; Tsey et al., 2004). Traditional Ngangkari healers are also discussed.

- Bradley et al., (2015) investigated culturally safe healing spaces for Indigenous women through a comprehensive review of the literature between 1970 and 2015. They searched EBSCOhost, incorporating CNAHL Plus with Full Text, Medline with Full Text, PscyhARTICLES, PsycINFO, SocINDEX with Full Text, and the Psychology and Behavioural Sciences Collection, the International Journal of Mental Health Nursing, along with e-Journal and Humanities International Complete, explored citations from relevant articles, and used Google Scholar as "a baseline search aid" (Bradley et al., 2015, p. 427). Keywords used by Bradley et al. which are relevant to this review were 'healing' and 'social and emotional wellbeing'. They conclude that a 2010 doctoral dissertation by De Donatis on Yolnu healing practices, *They Have a Story Inside: Madness and Healing on Elcho Island, North-east Arnhem Land,* "remains the only in depth investigation found of Indigenous Australian mental health and illness concepts" (Bradley et al., 2015, p. 473). Following De Donates, they claim that "without an understanding of Indigenous mental illness aetiologies there can be no real change in basic assumptions guiding mental health service delivery" (Bradley et al., 2015, p. 473).

- Salmon et al., (2018) researched international literature published from between 1990 and 2017, in five large online databases and several smaller ones using the following search terms: "(Aborigin* OR Indigenous OR Torres Strait Islander OR Koori OR Murri) AND (Culture OR Law OR Country OR Community OR Elders OR Spirituality OR Language) AND (Health and Wellbeing)" and then secondly "(First Nation OR Native OR Inuit OR Maori OR Metis) AND (Culture OR Law OR Country OR Community OR Elders OR Spirituality OR Language) AND (Health and Wellbeing)" (p. 6). In their section on "traditional healing" (p. 27-30) they cite Mikhailovich and Pavli (2011), Dudgeon and Bray (2018), Phillips and Bamblett (2009), ATSI Healing Foundation Development Team (2009), Vicary and Westerman (2004), Davanesen (2000), Swan and Raphael (1995), Arnott, Guenther, Davis, Foster and Cummings (2010), Dobson (2007), Oliver (2013) and NPY Womens' Council (2003). They report that traditional healing is understood as a concept (Mikhailovich & Pavli, 2011), defined as a spiritual process (Phillips & Bamblett, 2009), and that being "spiritually unwell" effects the "whole of your being" (Healing Foundation 2009, p. 4). Salmon and colleagues note that according to Vicary and Westerman, (2004) "Aboriginal treatments focus more on methods that build resilience against spirits" (Salmon et al., 2018, p. 27); that Aboriginal medicine is holistic (Devanesen, 2000); and that ceremonies, chants, cleansing and smoke rituals counselling, healing circles, bush trips to special sites, painting and other forms of art therapy vision quests, massage and residential treatment are examples of methods which are often used in various combinations (Swan & Raphael, 1995; Arnott et al., 2010; Davenesen, 2000; Dobson, 2007; Oliver, 2013). They discuss how Ngangkari traditional healers restore the health of the spirit/karanpa (NPYWC, 2003). They cite Arnott et al., (2010) on the Akeyulerre Healing Centre operated by Arrente in Alice Springs:

  > surrounding these activities in a spiritual dynamic that is expressed through the work of Angankeres [healers], in ceremonies, and in the transmission of knowledge from one generation to the next. It is about keeping culture strong, reconnecting with county, and building a sense of belonging. (p. vi)

  No specific descriptions of Indigenous Australian knowledge systems are discussed, however terms such as 'traditional healing' and 'Indigenous healing' were not included in their literature review.

- Butler et al., (2019) comprehensive literature review of the domains of Indigenous Australian wellbeing is also important to be considered here. They searched titles and abstracts in MEDLINE, Embase, PsycINFO, ECONLIT, CINAHL (all using the EBSCOhost user interface) from the inception to March 2019. "The key search terms were a) Indigenous Australians, including both general and specific terms … (e.g., 'Indigenous Australian' and 'Aboriginal' or 'Torres Strait Islander'), and b) quality of life and/or wellbeing search terms (e.g., 'wellbeing', 'quality of life', and 'social and emotional wellbeing')" and they also "identified studies from the grey literature by searching reference lists of included papers, Indigenous Australian-specific research databases, national research databases, and government websites" (Butler et al., 2019, p. 139). They discovered that "forty-eight articles had reference to the connection between Indigenous Australian culture, identity, spirituality and wellbeing" and identified the principle of "interrelated and multi-directional relationship" between these connected domains (Butler et al. 2019, p. 148). In relation to Indigenous wellbeing and mental health, seventeen articles were identified and some (specifically Balaratnasingam et al., 2019; Barnett & Barnett, 2009) identified problems with the culturally inappropriate imposition of Western diagnostic criteria, and the importance of collective understandings of community wellbeing and culturally appropriate services (Tedmanson & Guerin, 2011; Thorpe & Rowley, 2014). They conclude, overall, that their "findings confirm that Indigenous Australians' wellbeing is a multi-dimensional construct which should be assessed in a holistic manner" (Butler et al., 2019, p.153).

Social and Emotional Wellbeing as a Healing Framework

This Report recognises SEWB as an evolving, strengths-based, holistic Indigenous mental health and wellbeing discourse which has an increasing influence on policy and suicide prevention practice. SEWB comprises of seven culturally unique inter-related domains: connectedness to Country, spirituality, culture, community, family and kinship, mind and emotions, and body. These are influenced by political, social and historical determinants (Day & Francisco, 2013; Gee, Dudgeon, Schultz, Hart & Kelly, 2014; Henderson, Cox, Dukes, Tsey & Haswell, 2007).

Figure 2. A Model of Social and Emotional Wellbeing (National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023)

SEWB can be understood as a broad framework which encompasses specific cultural iterations of Indigenous healing practices and epistemologies across the country. For example, the Yawuru peoples *Mabu Liyan* (living well) knowledge system (Yap & Yu, 2016) can be understood as specific iterations of the broader Indigenous discourse of SEWB. All Indigenous conceptions of SEWB emphasise the importance of healthy holistic connections to spirituality, Country, culture, community, family and kinship, body, and mind and emotions as the source of wellbeing. Cultural healers are embedded within these broader life affirming cultural healing systems. *Indigenous knowledge systems are life affirming,* affirming of all life (human and non-human) and therefore fundamental to healing and the restoration of vital relationships.

Healing, from an Indigenous stand-point, is described by the Aboriginal and Torres Strait Islander Healing Foundation in *A Theory of Change for Healing* (2019) as "recovery from the psychological and physical impacts of trauma which is predominantly the result of colonisation and past government policies" (Healing Foundation, 2019, p. 5).

Citing a report on the national consultations undertaken by the Aboriginal and Torres Strait Islander Healing Foundation Development Team, *Voices from the Campfires* (2009), healing is further defined as "a spiritual process that includes addictions recovery, therapeutic change and cultural renewal … healing is holistic and involves physical, social, emotional, mental, environmental and spiritual wellbeing" (Healing Foundation, 2019, p. 5).

A key point made by the Healing Foundation (2019) is that healing is a collective, holistic, relational process. The collective process of healing involves the practice of complex cultural lores which support harmonious relationships between individuals, families, communities and inter-connected domains of Indigenous wellbeing such as Country, spirituality and culture. Indigenous scholars have described these cultural lores as gendered (Langton, 1997; Wall, 2017; Watson, 2014). Culturally specific understandings of the healing powers of respect, responsibility and love underpin cultural healing knowledges. Healing also involves clinical, culturally safe and responsive approaches (The Lowitja Institute, 2018).

Nine Principles for Social and Emotional Wellbeing in Culturally Safe and Responsive Work

The landmark National Aboriginal Health Strategy (NAHSWP, 1989) underpinned the development of nine guiding principles by Indigenous experts in consultation with Indigenous communities across Australia. These principles continue to be relevant to all health professionals working with Aboriginal and Torres Strait Islander people and can be understood as the foundation of culturally safe or culturally responsive work with Indigenous Australians. These principles (set out below) articulate a holistic, whole-of-life view of SEWB which asserts Indigenous self-determination as an inalienable human right. The vision of the National Aboriginal Community Controlled Health Organisation (NACCHO) reflects the centrality of SEWB: "Aboriginal people enjoy quality of life through whole-of-community self-determination and individual, spiritual, cultural, physical, social and emotional well-being" (NACCHO, 2019).

Further articulated in *Ways Forward* (Swan & Raphael, 1995), a pivotal text in the field of Indigenous mental health and wellbeing, these nine principles were included in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009* (AHMAC, 2009). Another central text in the area, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Dudgeon et al., 2014a) also sets out these principles as informing the text and articulating their relevance for all health professionals working with Aboriginal and Torres Strait Islander people and the foundations of culturally safe or culturally responsive work with Indigenous Australians. Importantly, a systematic review demonstrated how programs and services adopting these principles were more likely to be successful in supporting Aboriginal and Torres Strait Islander people than those that did not (Dudgeon et al., 2014b). The 2017-2023 *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing* (AHMAC, 2017) maintains and further promotes these principles which are outlined below.

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context, that encompasses mental health and physical, cultural and spiritual health. That Land is central to wellbeing.
2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
3. Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander peoples' health problems generally, and mental health problems, in particular.
4. It must be recognised that the experience of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have intergenerational effects.
5. Human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health, (versus mental ill health). Human rights relevant to mental illness must be specifically addressed.
6. Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

7. The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.

8. There is no single Aboriginal and Torres Strait Islander culture or group, but numerous grouping, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander peoples may currently live in urbane, rural and remote settings, in urbanised, traditional or other lifestyles, and frequently move between those ways of living.

9. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment. (AHMAC, 2009, p. 6)

The ***first*** principle recognises that health is holistic. There is an emerging evidence base both within Australia, and internationally, that indicates connection to community, family, culture, Country and ancestry is fundamental to health and social and emotional wellbeing and that holistic cultural healing is vital to Indigenous people's health and wellbeing and a key suicide prevention approach (Dudgeon, Bray & Walker, 2019a). The ***second*** principle recognises that self-determination should guide the provision of culturally responsive and culturally safe health services for Indigenous people: "Aboriginal health in Aboriginal hands" (NACCHO, 2019). There is substantial evidence that such an approach is protective (Butler et al., 2019) and effective (Dudgeon et al., 2014b). The ***third*** principle recognises the importance of embedding local Indigenous cultural knowledge into all components of the mental health system. The ***fourth*** principle requires an understanding of the existence of trauma within individuals, families and communities, how this trauma is expressed and how it can be treated. The ***fifth*** principle recognises that it is a human right to have access to mental health care and prevention and that these rights are upheld by national and international laws. The ***sixth*** principle recognises that colonisation is continual and has an ongoing destructive impact on the wellbeing of Aboriginal and Torres Strait Islander peoples. The ***seventh*** principle requires recognition of the cultural differences of Indigenous belief systems about family and kinship, the cultural lores which govern and support relationships or bonds, and the importance of an Indigenous ethics of mutual affection, responsibility and sharing which are expressed by these relationships. The ***eighth*** principle recognises the cultural diversity of Indigenous peoples across the nation and the need for localised community-led initiatives to promote local ownership and effective program and service delivery and to prevent the circulation of stereotypes within the mental health system. Importantly, the ***ninth*** principle acknowledges the great strengths, creativity and endurance of Indigenous peoples which reinforces the need to adopt a strengths-based approach as, for example, articulated by the *SEWB Framework* 2017-2023 (AHMAC, 2017).

Strengths-based Approaches

> A strengths-based approach recognises the resilience of individuals and communities. It focuses on abilities, knowledge and capacities rather than a deficits-based approach, which focuses on what people do not know, or cannot do, problematising the issue or victimising people. It recognises that the community is a rich source of resources; assumes that people are able to learn, grow and change; encourages positive expectations of children as learners and is characterised by collaborative relationships. It focuses on those attributes and resources that may enable adaptive functioning and positive outcomes. (AHMAC, 2017, p.22)

In contrast, a deficits-based approach to Indigenous mental health and wellbeing connects with broader dominant racist narratives which have been instrumental in justifying human rights abuses: from the doctrine of *terra nullius,* eugenicist fictions about racial inferiority, to the pathologisation and criminalisation of peoples and culture, the socio-political impact of this 'approach' has been, and continues to be, oppressive.

Cultural Capability Domains

Complementing the nine principles discussed above is the *Aboriginal and Torres Strait Islander Cultural Capacity Framework* model which describes how effective practice in each of the following domains contributes to health and mental health practitioners becoming culturally capable and responsive.

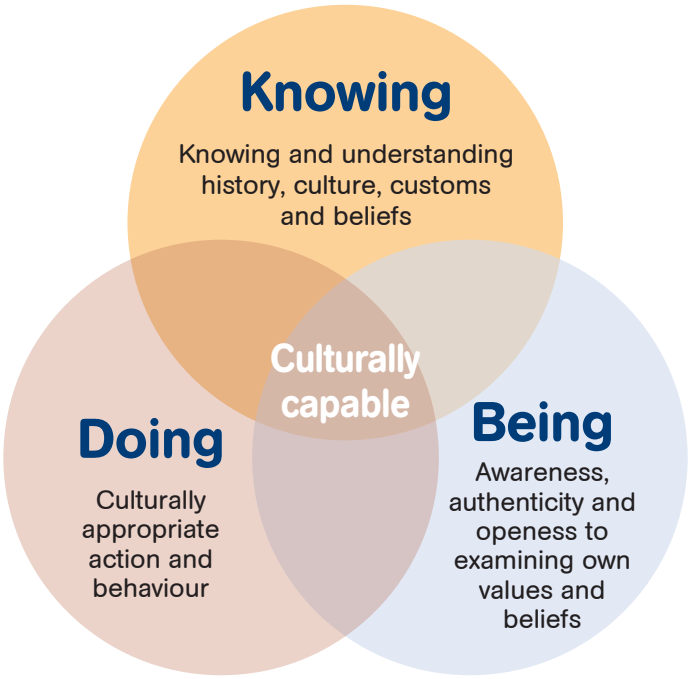


Figure 3. The Commonwealth Aboriginal and Torres Strait Islander Cultural Capability Model (http://www.apsc.gov.au/publications-and-media/current-publications/cultural-capability-framework)

This requires practitioners undertaking a range of steps to meet the requirements of cultural responsiveness as follows:

Knowing

- Gaining knowledge of Aboriginal and Torres Strait Islander culture, customs, histories, and place-based circumstances
- Understanding Aboriginal and Torres Strait Islander peoples' current and past interactions with government.

Doing

- Taking action in a culturally appropriate way.

Being

- Demonstrating authentic respect for culture in all interactions.
- Being aware of personal values and biases and their impact on others.
- Having integrity and cultural sensitivity in decision-making.

Knowing, Doing, and Being

- Continuously building capability across all three domains.
- Cultural capability is a process of continuous learning. (Commonwealth of Australia, 2015, p. 4)

Given that historically, Western constructions of knowledge and practice have tended to dominate mental health and health at the expense of Aboriginal ways of knowing, being and doing it is crucial that services and practitioners adopt a critically reflexive standpoint and engage in transformative practice in their work with Aboriginal and Torres Islander people to improve health and well-being outcomes (Walker, Schultz & Sonn, 2014).

The 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

In 2013, based on extensive community consultations, the first National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS) was launched by the Australian government. Although the Strategy was not implemented by a new incoming government, the findings and recommendations in the Strategy remain valuable in informing this discussion. There were six action areas identified in the NATSISPS:

- Building strengths and capacity in Aboriginal and Torres Strait Islander communities;
- Building strengths and resilience in individual and families;
- Targeted suicide prevention services;
- Co-ordination of approaches to prevention;
- Building the evidence base and disseminating information; and,
- Standards and quality in suicide prevention. (Dudgeon et al., 2016a, p. 11)

These action areas have influenced suicide prevention practices and research in the field for the last seven years and remain relevant to the continuation of prevention, healing and research in the field. The third action area – *targeted suicide prevention services* – is clearly relevant to Lifeline's culturally responsive approach. In addition, however, a successful targeted suicide prevention service should be supported through a broader capacity strengthening of communities, individuals and families and co-ordination of approaches. Finally, the key success factors identified in the ATSISPEP Report, *Solutions That Work* (Dudgeon et al. 2016a) provide a useful guide in the building of an evidence base for a culturally responsive Lifeline service which adheres to recognised standards and quality in suicide prevention.

Key Success Factors for Indigenous Suicide Prevention

Between 2014-2016, the Aboriginal and Torres Strait Islander Suicide Prevention Project (ATSISPEP) was conducted to identify prevalence, key risk and protective factors and successful programs and services in Indigenous suicide prevention. As well as a comprehensive literature review and program, services and resources review, the team conducted an extensive review of community consultations and held roundtables across Australia with numerous Indigenous community members and experts in a range of disciplines and services connected to suicide prevention (Dudgeon et al., 2016a; Milroy, Dudgeon, Cox, Georgatos & Bray, 2017). The following factors were identified as important to on the ground, whole-of-community and whole-of-government suicide prevention.

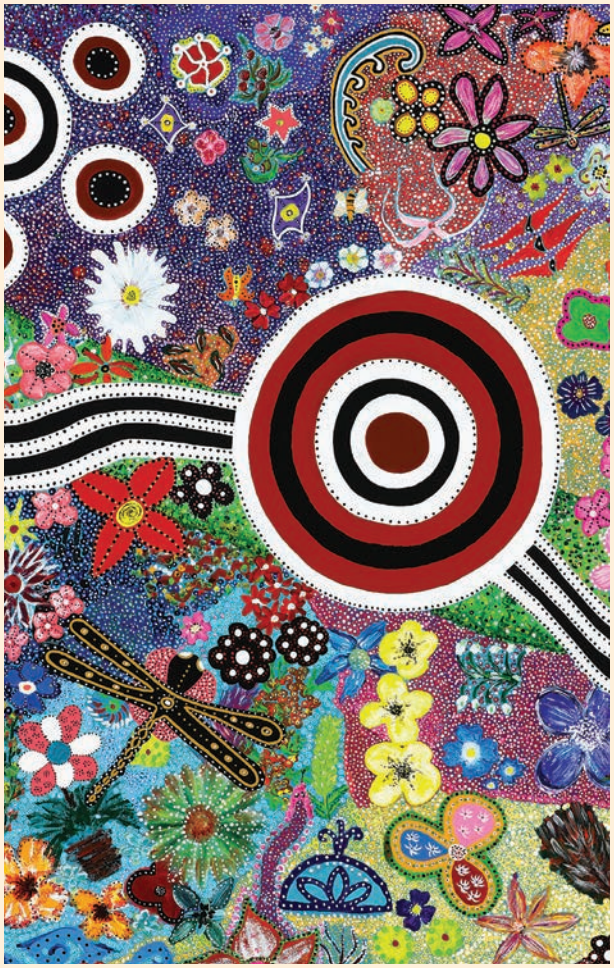
SUMMARY TABLE OF SUCCESS FACTORS IDENTIFIED BY ATSISPEP

The following outlines success factors for Indigenous suicide prevention, with those identified in the meta-evaluation of evaluated community-led Indigenous suicide prevention programs in **blue font.**

UNIVERSAL/ INDIGENOUS COMMUNITY-WIDE In this report 'universal' is used to indicate community-wide responses, not population-wide responses as the term usually indicates	**Primordial prevention**	• Addressing community challenges, poverty, social determinants of health • Cultural elements – building identity, SEWB, healing • Alcohol/drug use reduction
	Primary prevention	• Gatekeeper training – Indigenous-specific • Awareness-raising programs about suicide risk/use of DVDs with no assumption of literacy • Reducing access to lethal means of suicide • Training frontline staff/GPs in detecting depression and suicide risk • eHealth services/internet/crisis calls lines and chat services • Responsible suicide reporting by the media
SELECTIVE – AT RISK GROUPS	**School age**	• School-based peer support and mental health literacy programs • Culture being taught in schools
	Young people	• Peer-to-peer mentoring and education and leadership on suicide prevention • Programs to engage/divert including sport • Connecting to culture/Country/Elders • Providing hope for the future, education - preparing for employment
INDICATED – AT RISK INDIVIDUALS	**Clinical elements**	• Access to counsellors/mental health support • 24/7 availability • Awareness of critical risk periods and responsiveness at those times • Crisis response teams after a suicide/postvention • Continuing care/assertive outreach post ED after a suicide attempt • Clear referral pathways • Time protocols • High quality and culturally appropriate treatments • Cultural competence of staff/mandatory training requirements
COMMON ELEMENTS	**Community leadership/ cultural framework**	• Community empowerment, development, ownership – community-specific responses • Involvement of Elders • Cultural framework
	Provider	• Partnerships with community organisations and ACCHS • Employment of community members/peer workforce • Indicators for evaluation • Cross-agency collaboration • Data collections • Dissemination of learnings

Table1. Summary table of success factors identified by ATSISPEP (Dudgeon et al., 2016a, p.3)

Of these identified success factors, it is important to note that a culturally responsive suicide prevention helpline would have a cultural framework, partner with community organisations and Aboriginal Community Controlled Health Services and employ Indigenous counsellors and community members. Such a service would train frontline workers skilled in Aboriginal and Torres Strait Islander SEWB and mental health; be freely available 24/7; offer culturally responsive referrals to high quality and culturally appropriate treatments; and engage in culturally appropriate forms of evaluation and data collection.



Key Messages

Culturally responsive Aboriginal and Torres Strait Islander suicide prevention is an evolving best practice within Australia. The ATSISPEP has identified a comprehensive whole-of-community, whole-of-government approach to best practice which should be implemented as a matter of priority. Culturally responsive suicide prevention is also informed by the nine principles first developed by the 1989 National Aboriginal Health Strategy, along with the six action areas from the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Central to healing, and so prevention, is SEWB, a strengths-based, holistic Indigenous mental health discourse. SEWB can be understood as a broad framework which encompasses seven domains of cultural interconnectedness along with specific cultural iterations of Indigenous healing practices and epistemologies including more traditional forms of cultural healing, along with healing practices which adapt Western approaches. Indigenous self-determination underpins successful suicide prevention, including in the area of e-mental health. Australia has yet to invest in and implement the kinds of culturally responsive and Indigenous-led network of e-mental health services which are now available in Canada.

SECTION TWO: ABORIGINAL AND TORRES STRAIT ISLANDER SUICIDE

The lack of traditional cultural protocols surrounding suicide, or words describing suicide, suggests that suicide was unknown within the culturally diverse Aboriginal and Torres Strait Islander communities prior to colonisation (Cawte, 1965; Hunter & Milroy, 2006; Reser, 1989; Swan & Raphael, 1995). The issue of Indigenous suicide first gained public attention in the late 1980s when reports of men dying from hanging in prison led to widespread community concerns and resulted in the 1991 Royal Commission into Aboriginal Deaths in Custody (Hunter, Reser, Baird & Reser, 1999). Suicide rates have continued to increase since the late 1980s (Hunter & Milroy, 2006) and it is recognised that there may be a *significant under reporting* of Indigenous suicide as coroners often fail to identify Indigenous people (Dickson, Cruise, Mccall & Taylor, 2019). Although the Royal Commission into Aboriginal Deaths in Custody recognised that Indigenous mental health was often ignored and advocated for increased access to culturally safe services, health service gaps continue (De Leo, Sveticic, Milner & Mackay, 2011). The Royal Commission into Aboriginal Deaths in Custody Recommendation 266 – "that the linking or integrating of mental health services for Aboriginal people with local health and other support services be a feature of current and expanded Aboriginal mental health services" – has yet to be fully implemented.

Suicide is the second leading cause of death for Aboriginal and Torres Strait Islander males and with the majority (88%) occurring between 15 to 44 years, the suicide rate is 1.7 times greater than for non-Indigenous males and 2.4 higher than Aboriginal and Torres Strait Islander females (Henley & Harrison, 2017). Aboriginal and Torres Strait Islander children are significantly more likely to die by suicide (Dudgeon, Calma & Holland, 2017a; National Children's Commissioner, 2014). Moreover, Indigenous Australians are exposed to more stressful life events than non-Indigenous Australians (ABS, 2013), and increased exposure is strongly linked to higher levels of psychological distress and suicidal ideation (Dudgeon, Watson & Holland, 2017b).

In 2017, Indigenous Australian suicide rates were twice as high as non-Indigenous Australian suicide rates (ABS, 2018b; ABS, 2018c). Moreover, "suicide accounts for a greater proportion of overall deaths amongst Aboriginal and Torres Strait Islander peoples than non-Indigenous Australians, at 5.5% compared to 2.0% in 2017 (ABS, 2018c)" (Dudgeon et al., 2019b, p. 8). Furthermore, between 2013 and 2017 youth suicide represented 26.7% of deaths by suicide for Indigenous people, and in this age group 10.1 suicide deaths per 100,000 people, in comparison to 2 suicide deaths per 100,000 for non-indigenous peoples (ABS, 2018c).

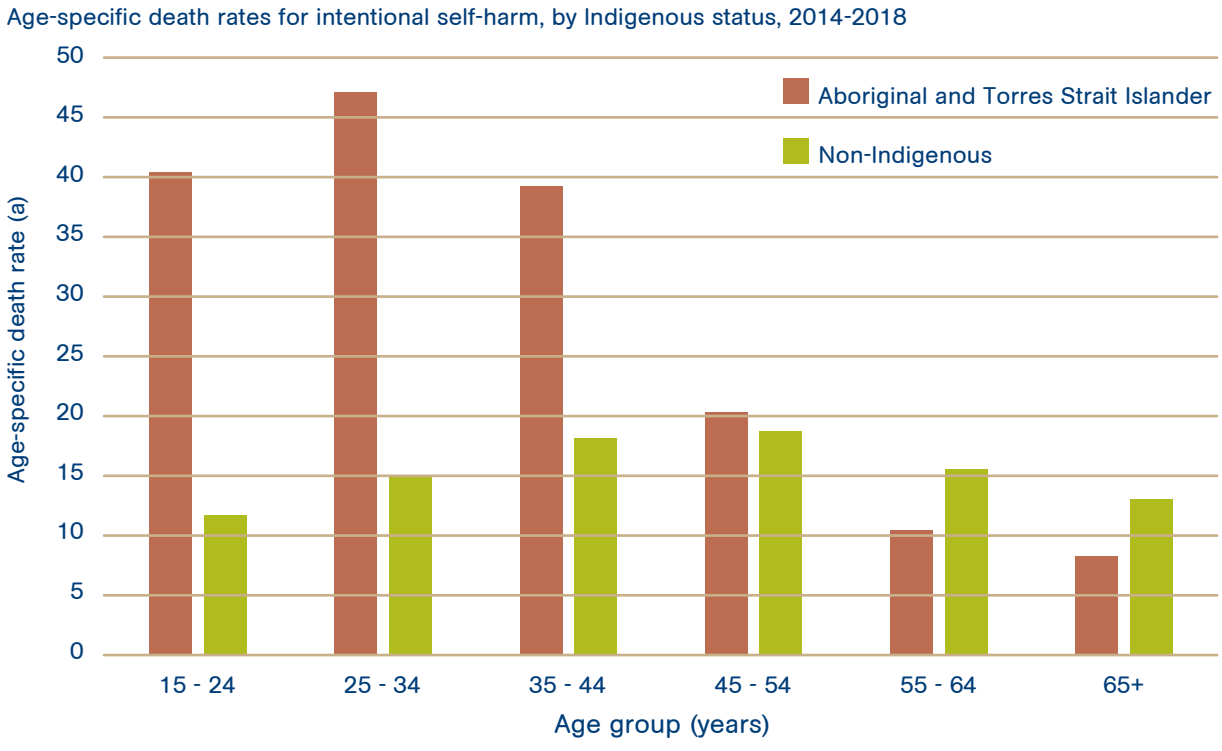


Figure 4. Age-specific death rates for intentional self-harm, by Indigenous status, 2014-2018, ABS, 2019.

Also contributing to this situation are health service gaps between the Indigenous and non-Indigenous population, and a lack of culturally safe comprehensive primary health care and mental health services remain an ongoing symptom of health inequity in colonial Australia (De Leo et al., 2011; Westerman, 2004). Barriers to culturally safe, responsive and sustainable social and emotional wellbeing services have contributed to high suicide levels.

According to the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (2013) individuals who are at higher risk of suicide include "those with mental illness, particularly those with a prior history of attempted self-harm; people in, or discharged from, custody; those with histories of alcohol and drug abuse or of domestic violence; and some people with histories of neglect and abuse" (Australian Government, 2013, p. 6). There are also a number of identified groups who are vulnerable to suicide and they are discussed below.

Vulnerable Groups

Data on the suicide of Indigenous children and young people indicate that they are one of the highest risk groups in Australia: suicide is the leading cause of death for those between 10 and 25 years old and accounts for a third of deaths of the 15 to 34 years old age group (ABS, 2018a). Aboriginal and Torres Strait Islander children under 14 years are twelve times more likely to take their own lives and youth die from suicide four times as often as non-Indigenous youth (Calma, Dudgeon & Bray, 2017; Commission for Children and Young People and Child Guardian, 2014; Soole, Kolves & De Leo, 2014). Indigenous children are at a higher risk of suicide in regional areas and compared to non-Indigenous children they are more likely to be in out of home care before taking their own lives and to take their own lives outside of their family home (Dickson et al., 2019). Moreover, in 2018 suicide was the leading cause of death for Aboriginal and Torres Strait Islander children (between 5 and 17 years old) and accounted for 26.5% of the total death of Aboriginal and Torres Strait Islander children with over half of these (61.5%) being female children (ABS, 2019). Over a period of five years (from 2014 to 2018) almost a quarter of all child suicide deaths were by Aboriginal and Torres Strait Islander children (ABS, 2019).

The ATSISPEP Fact Sheet 5, Examining the Risk Factors for Suicidal Behaviour of Aboriginal and Torres Strait Islander Children, identified the following contributing factors: bullying at school (peer rejection, harassment); stress from failure and disengagement at school; and within families, stress from poverty, substance misuse of adults around them, violence and forms of interpersonal conflict, and overcrowding (Walker et al., 2015). The impact of racism on Indigenous children should also be recognised as a key stressor for it has a pervasive impact on the child's environment and potentially undermines protective support created within schools, families and communities (Macedo, Smithers, Roberts, Paradies & Jamieson, 2019). The 2017 Healing Foundation, National Youth Healing Forum Report found that young people identified the following factors as contributors to suicide: lack of support and services, shame preventing communication, substance misuse at a very young age, lack of specific services for young people impacted by family violence, abuse, and neglect and pressure from having to be carers at an early age (Healing Foundation, 2017).

In considering culturally appropriate and responsive strategies to address these complex factors it is important to contextualise the issues impacting on children and families within the broader historical and cultural context. According to Cree scholar and suicidologist, Ansloos, it is important to re-think how we frame Indigenous suicide in order to develop appropriate strategies. He argues that Western suicide research tends to pathologise suicide generating lists of individual risks associated with particular vulnerable groups such as 'young men' which does not acknowledge or pay sufficient attention to the historical and cultural context and social determinants. Ansloos emphasises the need to "acknowledge the complexity of identity in a relational worldview. Indigenous approaches extend relationality into complex and dynamic spheres that go beyond the confines of an enlightenment notion of identity or self-hood" (Ansloos, 2017, p. 11).

Along with Indigenous scholars including Wexler and Gone (2016) who are contributing to a critical Indigenous suicidology, Ansloos (2018) suggests that the sites for suicide prevention reside "within the social and structural dimensions of life for Indigenous peoples, such as addressing the profound effects of colonialism" (Ansloos, 2018,

p.23). Mainstream approaches to suicide "fail to act upon these dynamics because it is oriented by hyper-individualistic, psycho-centric, ethnocentric, and positivist ideology" (Ansloos, 2018, p.23). It requires instead a decolonising approach to suicide prevention research, program implementation and practices which nourishes "vitality, thriving, and wholeness of spirit in our communities" as well as a commitment to "centering a dynamic understanding of Indigenous culture" and recognising "the social and structural foundations of suicide through practices which promote holistic wellbeing for and with Indigenous peoples" (Ansloos, 2018, p.23). Ansloos suggests it is critical for policymakers, program providers and researchers in suicide prevention to acknowledge that "Indigenous communities face the ongoing effects of historical colonialism, and the contemporary effects of neocolonial violence" (Ansloos, 2018, p.23).

Acknowledging the historical and contemporary effects of colonisation is equally essential in addressing suicide in the Australian context. Generations of children have been forcibly taken from their families and then subjected to chronic forms of dehumanising racism which were expressed as systemic sexual, psychological and physical abuse. The 1997 Bringing Them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Children from their Families determined that Aboriginal and Torres Strait Islander people have been subjected to genocide "both as an individual and a community experience" (Wilkie, 1997, p.171). The national investigation concluded that the forced removal of children "has been the single most significant factor in emotional and mental health problems which in turn have impacted on physical health" (Wilkie, 1997, p.171). As a consequence of being subjected to genocide, compounding and complex forms of intergenerational trauma experienced by members of the Stolen Generation put this group at a higher risk from suicide. Further, there is evidence that children living with members of the Stolen Generation have increased stress levels and are subjected to greater levels of racism at school, and have poor self-assessed health including mental health (AIHW, 2019).

There is also evidence that Indigenous males are taking their lives more frequently than Indigenous females (Adams & Danks, 2007; ABS, 2019). According to a statistical analysis of Indigenous suicides over the period 2001-2012 conducted by the ATSISPEP "overall, males accounted for 77% of Indigenous suicide deaths. However, this ratio varied quite considerably across the states and territories, from 61.5% male in Victoria to over 85% male in the Northern Territory and the Australian Capital Territory" (Dudgeon et al., 2016a, p.8). Moreover, according to data released by the ABS in 2019 on Aboriginal and Torres Strait Islander suicide, during 2018, 129 males and 40 females died from suicide, and suicide was the second leading cause of death for Aboriginal and Torres Strait Islander males (ABS, 2019).

Another vulnerable group are victim/survivors of child sexual abuse. The ATSISPEP Report found a "high level of suicidality among those who have experienced child sexual abuse" (Dudgeon et al., 2016a, p. 9). The impact of child sexual abuse has been linked to a complex range of socio-economic and health challenges such as underachievement at school, lowered employability, substance misuse, re-victimisation, criminality, and imprisonment (Dudgeon et al., 2016a). Aboriginal and Torres Strait Islander victim/survivors of child sexual abuse potentially endure compounding and complex forms of trauma from exposure to pathogenic forms of racism and intergenerational trauma. Such forms of trauma have been identified in victim/survivors among the Stolen Generations, for as the Australian Royal Commission into Institutional Responses to Child Sexual Abuse found, "many survivors had experienced suicidal thoughts and some had attempted suicide. Other survivors believed the trauma associated with removal and sexual abuse in institutional settings manifested in relationship difficulties passed from generation to generation" (Australian Government, 2017, p.19).

The ATSISPEP Report (Dudgeon et al., 2016a) also notes that the results of a LGBTIQ Roundtable Consultation suggest that this group may be particularly vulnerable and highlights the importance of further research in this area by informed members of this group. "The need for Aboriginal and Torres Strait Islander sexuality and gender diverse people to lead and own the agenda was a clear emerging issue" (Dudgeon, Bonson, Cox, Georgatos & Rouhani, 2015, p.1). This highlights the need for a self-determination, strengths-based approach to enable participation by Aboriginal and Torres Strait Islander sexuality and gender diverse people in all aspects of research and academic discourse to inform policy and program development. Strengths-based research by and for all vulnerable groups is a vital part of suicide prevention.

People who have lived experience of suicide, either as survivors and/or bereaved by suicide, have an added burden of trauma which can make them vulnerable. As the *We are Not the Problem, We are Part of the Solution: Indigenous Lived Experience Project Report* (Dudgeon et al., 2018b) report found, many people with lived experience of suicide identified an:

> urgent need for the provision of culturally appropriate services and responses to Indigenous suicide prevention. In particular, this involved the prioritisation of Indigenous understandings and practices of wellbeing and healing, particularly in relation to suicide prevention. Further, participants emphasised the importance of local solutions, including capacity building within communities and organisations, being culturally informed and guided by Aboriginal and Torres Strait Islander peoples with lived experience. (Dudgeon et al., 2018b, p.1)

People with lived experience of suicide "spoke of feeling ignored and discriminated against by governments and government agencies" (Dudgeon et al., 2018, p.26). To have a lived experience of suicide is all too often to carry forms of trauma which are compounded by mental health stigma.

Suicide rates also appear to vary across regions in Australia with the Kimberley region of Western Australia found to have a disproportionately high rate, between 2005-2014, of: 74 suicide deaths of Indigenous youth per 100,000 peoples (Campbell, Chapman, McHugh, Sng & Balaratnasingam, 2016; McHugh, Cambell, Chapan & Balaratnasingam, 2016). As the West Australian Coroner's *Inquest into the Deaths of Thirteen Children and Young Persons in the Kimberley Region, Western Australia* noted, during the "period 2009 to 2013, suicide was three times the national average, with the rate of suicide by Aboriginal people, particularly youth, amongst the highest in the world" (Fogliani, 2019, p.32). The Coroner's report noted that the "social determinants of ill-health" in the Kimberley region were chronic (Fogliani, 2019, p.14).

Aboriginal and Torres Strait Islander populations have differences across groups and across regions. For instance, a study by Gynther and colleagues (2019), found significant differences in the distribution of psychosis between Aboriginal and Torres Strait populations in Cape York and the Torres Strait compared with other populations. Their findings highlight the vulnerability of Aboriginal people living in communities that up until the 1980s were previously missions or government reserves governed under severe colonial social controls. These findings suggest that the contextual factors that affect neuropsychological development underlie health, mental health and social outcomes and increase the likelihood of developing mental disorders, including psychoses. This study also revealed greater disparities in service access and mental health and with adverse outcomes including suicide, violence and substance misuse which affirms the impact of historical and contemporary social factors on mental health.

Key Messages

In summary, Indigenous suicide has emerged as a significant population health crisis since the late 1980s and evidence links increases in suicide to the burden of racism, stress, trauma and socio-economic marginalisation that Indigenous people endure from the process of colonisation. In recent years children and young people, child abuse victim/survivors, males, and LGBTIQ peoples are at increased risk from suicide. People with lived experience of suicide are also a vulnerable demographic. Suicide appears to be distributed geographically in different ways with clusters of suicides occurring in particular regions. There is a need to address the profound effects of colonisation upon the social and structural dimensions of Indigenous lives by adopting a decolonising approach to suicide prevention programs and practices to support the strengths that reside within their culture, families and communities.

Risk Factors: Social, Political, and Historical Determinants

The social determinants of health (which encompass historical and political determinants) are generally understood to be the socio-economic contexts which influence the whole of life, from birth to death (Commission on the Social Determinants of Health, 2008). That health inequities, including mental health inequities, are influenced by social determinants is broadly recognised and include early child development; education and skills development; employment and working conditions; minimum income for healthy living; sustainable communities; access to services and racism (Marmot, 2005; Marmot & Bell, 2012; WHO, 2018).

The social determinants of Indigenous suicide are complex and involve many human rights issues such as entrenched forms of social exclusion, poverty, and ongoing traumatising colonisation. A social determinants approach to suicide recognises that suicide is a symptom, not of an innate individual pathology, but of a wider social, historical and political context. The determinants approach to mental health has informed policy and practice in the field for decades and this holistic approach is aligned with an Indigenous stand-point (Wilkinson & Marmot, 2003).

A range of studies reviewed by Dudgeon and colleagues for ATSISPEP and CBPATSISP indicate that the many of the factors that contribute to trauma and psychological distress and depression are associated with Indigenous suicide deaths. They include: adverse childhood experiences; racism; lateral violence; intergenerational impacts of colonisation, including dispossession and loss of cultural practices; introduction of alcohol and challenges related to alcohol and drug use; loss of kinship connections; contact with the criminal justice system; relationship challenges, including breakdown such as family or interpersonal conflict; bereavement, ongoing grieving and sorry business; unemployment rates; lack of access to education and employment opportunities; mental health difficulties/depression; barriers to access to mental health, health and related services according to need; and suicide clusters (Dudgeon et al., 2018a). The ATSISPEP conducted a literature review of effective interventions at the population, community and individual level and found 5 systematic reviews which indicated that recognised risk factors include exposure to trauma, suicide clustering, being a young male, absence of cultural continuity, and alcohol misuse (ATSISPEP, 2017). A number of complex and interrelated risk factors have been identified such as:

> trauma, grief and loss associated with the ongoing impacts of colonisation and dislocation. Such impacts include the effects of forced removal of children, mistreatment and pervasive racism and discrimination at the individual, institutional and system levels, and the cumulative impacts of ongoing exposure to socio-economic disadvantage and various other stress… Loss of language, culture, and land struggles have been attributed to elevated suicide rates. (Dudgeon et al., 2019, p. 9)

In summary, reviewing these studies from within an Indigenous frame it is evident that the traumatic process of colonisation has resulted in Indigenous Australians being at increased risk from a range of health and mental health challenges.

Colonisation

Colonisation, which is continual, has been identified across the literature as a dominant social, historical and political determinant of Indigenous health (George, Mackean, Baum & Fisher, 2019). The 2007 International Symposium on the Social Determinants of Indigenous Health concluded that there is “one critical social determinant of health, the effect of colonisation” (International Symposium on the Social Determinants of Indigenous Health, 2007, p. 30). As *A Theory of Change for Healing* (Healing Foundation, 2019) states:

> the process of colonisation—including the forced removal of children from their families, the suppression of language and culture, dispossession from Country, disruption of kin networks, massacres and destruction of an independent economic base for living—has had profoundly negative health and wellbeing effects on Aboriginal and Torres Strait Islander people. (p. 4)

As the report on the accessibility and quality of mental health services in rural and remote Australia by the Senates Community Affairs References Committee found, Indigenous suicide is related to “despair caused by the history of dispossession combined with the social and economic conditions in which Aboriginal and Torres Strait Islander peoples live” (Commonwealth of Australia, 2018,

p. 128). The colonial legacy of despair (the loss of control over both life and land) and the catastrophic human rights abuses involved in genocide has resulted in high levels of Indigenous youth suicide across the world (Lawson-Te Aho & Liu, 2010). In *The Dance of Life* matrix, an Indigenous multi-dimensional model of wellbeing, Milroy (2006) names the impact of colonisation on Indigenous Australians as a form of "physical genocide", "psychological genocide", "social genocide", "spiritual genocide" and "cultural genocide" [see Appendix]. Colonisation enforces a radical exclusion of Indigenous peoples, an exclusion from health, humanity, society, existence, custom and consciousness (Milroy, 2006).

Significantly, Gynther and colleagues have shown evidence that elevated levels of serious forms of mental illness in Indigenous men such as schizophrenia are connected to "places that were once mission and government reserves and which were subject to draconian social controls that continued to the 1980s and in which the dire consequences of that history continue to unfold" (Gynther et al., 2019, p.69). The high prevalence of psychological distress in the Aboriginal and Torres Strait Islander population is due to the significant disruptions caused by colonisation (Laverty, McDermott & Calma, 2017) and has "a strong context of social and emotional deprivation" which requires "a strong emphasis on cultural safety, along with the recognition of family, culture and community in any healing process" (Parker & Milroy, 2014, p. 121).

The Impact of Racism

As the *Fifth National Mental Health and Suicide Prevention Plan* (Commonwealth of Australia, 2017) acknowledges:

> barriers faced by Aboriginal and Torres Strait Islander peoples in accessing mental health care include the cost of health services, the cultural competence of the service, remoteness and availability of transport, and the attitudes of staff. Many Aboriginal and Torres Strait Islander peoples continue to experience high levels of exclusion, victimisation, discrimination and racism at personal, societal and institutional levels. Racism continues to have a significant impact on Aboriginal and Torres Strait Islander people's decisions about when and why they seek health services and their acceptance of and adherence to treatment. (p. 32)

Racism is a social, political and historical determinant of mental health (Elias & Paradies, 2016; Paradies et al., 2015; Paradies, 2016). Growing evidence that racism has "pathogenic consequences" (Williams & Williams-Morris, 2000, p. 262) has illuminated how racism impairs physical and mental health and shortens life (Williams, Lawrence & Davis, 2019). Experiences of persistent forms of racism can result in cumulative trauma (Atkinson, Nelson, Brooks, Atkinson & Ryan, 2014; Comas-Díaz, Hall & Neville, 2019; Kanter et al., 2017). Experiencing racist discrimination has been linked to increased vulnerability to suicide for Indigenous Australian young adults, adolescents, and children, especially those who live in the Northern Territory (Dickson,et al., 2019; Macedo et al., 2019).

Protective Factors: Cultural Determinants

The cultural determinants of health approach to Indigenous wellbeing is strengths-based and centres Indigenous ways of knowing, doing and being. As Professor Ngiare Brown, former executive manager of research of the National Aboriginal Community Controlled Health Organisation (NAC-CHO) states:

> The cultural determinants of health originate from and promote a strength-based perspective, acknowledging that stronger connections to culture and Country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability and community safety. Exploring and articulating the cultural determinants of health acknowledges the extensive and well-established knowledge networks that exist within communities, the ACCHS movement, human rights, and social justice sectors. (Brown, 2013)

NACCHO identifies the following cultural determinants of Indigenous wellbeing:

- Self-determination
- Freedom from discrimination
- Individual and collective rights
- Freedom from assimilation and the destruction of culture
- Protection from removal/relocation
- Connection to, custodianship, and utilisation of Country and traditional lands
- Reclamation, revitalisation, preservation and promotion of language and cultural practices
- Protection and promotion of Traditional Knowledge and Indigenous Intellectual Property
- Understanding of lore, law and traditional roles and responsibilities. (Brown, 2013)

Furthermore, the *My Life My Lead: Opportunities for Strengthening Approaches to the Social Determinants and Cultural Determinants of Indigenous Health: Report on the National Consultations* (2017) recognises culture as the number one priority for positive change and located at the "centre of change" (Australian Department of Health, 2017, p. 8):

> Practising culture can involve a living relationship with ancestors, the spiritual dimension of existence, and connection to Country and language. Individual and community control over their physical environment, dignity and self-esteem, respect for Aboriginal and Torres Strait Islander peoples' rights and a perception of just and fair treatment are also important to social and emotional wellbeing. (p. 9)

Increasingly, culture is recognised as central to the wellbeing of Indigenous people. Extensive research on the cultural determinants of Indigenous suicide have found that strengthening cultural identity, a sense of positive individual and community continuity, secure access to culturally responsive and safe services, employment, education, housing and nutritious food, in short fundamental human rights, act as buffers against psychological stress, the transmission of historical trauma between generations (intergenerational trauma), self-harm and suicide (Chandler & Dunlop, 2018; Chandler & Lalonde, 2008, 1998). Indigenous self-determination in the form of communities which support "conditions which enable people to take control of their lives" has been identified as fundamental to ending health disparities (Marmot, 2011, pp. 512-13).

Moreover, there is now robust quantitative and qualitative evidence about the protective role of culture and cultural identity (Colquhoun & Dockery, 2012; Currie, Copeland & Metz, 2019; Galliher, Jones & Dahl, 2011; Jones & Galliher, 2007; LaFromboise, Hoyt, Oliver & Whitbeck, 2006; Tiessen, Taylor & Kirmayer, 2009; Whitesell, Mitchell, Kaufman & Spicer, 2006; Whitesell, Mitchell, & Spicer, 2009). Such protective factors will vary in expression according to gender, age, sexuality and geographic location (i.e., from urban, rural and remote).

Several qualitative and longitudinal studies of self determining Indigenous communities with high levels of agency provide clear evidence that restoring community control over the conditions of everyday life results in few or no youth suicides (Barker, Goodman & DeBeck, 2017; Chandler & Dunlop, 2018; Chandler & Lalonde, 1998; Prince, 2018). Barker and colleagues (2017) explore the emerging evidence base for 'culture as treatment' to prevent suicide, emphasising the "significance of interconnectedness in healing, and revitalisation of traditional values to reclaim community wellness" (Barker et al., 2017). Moreover, in Canada cultural healing practices have been found to support trauma recovery (Sasakamoose, Bellegarde, Sutherland, Pete & McKay-McNabb, 2017; Sasakamoose, Scerbe, Wenaus & Scandrett, 2016; Yellow Bird, 2013).

A comprehensive review of recent international literature (Bourke et al., 2018) on the protective role of Indigenous culture for health and wellbeing found evidence of positive connections in both quantitative and qualitative studies of the relationship between land and caring for land, Indigenous language use, self-determination, family and kinship, cultural knowledge, beliefs and expression and the strengthening of health and wellbeing. Within Australia Indigenous suicide prevention practice and research has also highlighted a holistic strengths-based SEWB approach which addresses the cultural determinants of health (Gee et al., 2014; Zubrick et al., 2014). Strengths-based culturally safe comprehensive primary health care which is founded on holistic Indigenous understandings of health has now emerged as an evidence-based approach to the empowerment and healing of Indigenous individuals and their families and communities (Bourke et al., 2018; McCoy, 2007; Radford et al., 1990; Rowley et al., 2008).

A positive cultural identity assists children and young people to navigate the challenges in Australia, such as discrimination, including racism and oppressive policies (Manning, Ambrey & Fleming 2015; Yap & Yu, 2016; Prince, 2018). Elders and older people often hold special relationships with younger generations, particularly children. These relationships support the passing of cultural knowledge and connections, like kinship networks, language, culture and cultural identity (AHRC, 2009; Marmion, Obata & Troy, 2014; Rose, et. al., 2003; Yap & Yu, 2016). Strong connections to culture serve as key protective factors that predict resilience in children (Prince, 2018; Smith, O'Grady, Cubillio & Cavanagh, 2017). Evidence suggests that a positive cultural identity based on active membership within an ethnic/racial community protects against the pathogenic impacts of racist discrimination (Currie et al., 2019; Stein, Kiang, Supple & Gonzalez, 2014).

Cultural continuity is an important element of many SEWB community development programs. Cultural continuity is also understood by Indigenous peoples as an expression of self-determination, and community self-sufficiency which is founded on Indigenous knowledge systems, including health systems, language, and law (Oster, Grier, Lightning, Mayan & Toth, 2014). While the implications of cultural continuity are yet to be fully explored, including in a diversity of Aboriginal and Torres Strait Islander settings, support for cultural continuity is a highly productive line of policy development in relation to suicide prevention (and more broadly, Aboriginal and Torres Strait Islander peoples' mental health and SEWB) based on cultural maintenance and where necessary, reclamation.

A vital outcome from ATSISPEP was a report conducted by the Healing Foundation, *Stories from Community: How Suicide Rates Fell in Two Indigenous Communities* (Prince, 2018). This report discusses two case studies detailing the success of the Tiwi Islands (Northern Territory) and Yarrabah (Queensland) communities which have reduced high levels of suicide by practicing self-determination or cultural-continuity. Creating a strengths-based positive narrative was also described as making "good memories" about the community and for the community so that young people have a sense of collective positive self-continuity (Prince, 2018, p.14).

Internationally, strengthening the cultural identity of Indigenous people through connections to families and kinship networks, and self-determining communities, has been found to support well-being and protect against the numerous detrimental physical and psychological impacts of racist discrimination which is part of the ongoing colonisation of Indigenous peoples (LaFromboise et al., 2006). "A sense of engagement in community and competence in traditional practices can also facilitate general self-efficacy and offer a buffering effect" (Galliher et al., 2011, p. 510). Indigenous youth with a strong cultural identity have sustained levels of higher self-esteem: Navajo (Jones & Galliher, 2007), Lakota/Dakota, and Sioux (Pittinger, 1998), and Northern Plains, Southwest, and Pueblo American Indian (Whitesell et al., 2006; Whitesell et al., 2009) youth all benefit from cultural belonging.

Key Messages

There is an emerging international evidence base which suggests that the formation of a strong cultural identity is vital to restoring the wellbeing of Indigenous individuals, families and communities, and provides a buffer against the deleterious effects of colonial racism and prevents self-harm and suicide (Chandler & Dunlop, 2018; Colquhoun & Dockery, 2012; Currie et al., 2019; Usborne & Taylor, 2010). A strong cultural identity is recognised to be vital for empowering the SEWB of Australian Indigenous children and youth (Marmion et al., 2014; SNAICC, 2012). Qualitative evidence gathered from regional roundtables across Australia by ATSISPEP found that "participants were firm in the beliefs that a strong cultural identity was fundamental to Aboriginal and Torres Strait Islander health and wellbeing" (Milroy et al., 2017, p.27). Holistic cultural identity development has emerged as a way of strengthening SEWB and reducing the risk of suicide. The protective force of strong cultural identity is recognised across the literature: strong cultural identity is linked to a sense of meaning in life, to "minimising the risk of clinically significant emotional or behavioural difficulties", and builds resilience in the face of racism (Milroy et al., 2017, p.28).

Trauma and Healing

The disproportionately high rates of suicide among Indigenous populations across the world has been identified as a symptom of complex and compounding forms of trauma created by the ongoing process of colonisation (Duran & Duran, 1995; Gone, 2007; Kirmayer, Simpson, & Cargo, 2003). There are closely related terms for this trauma – historical trauma, intergenerational trauma, and cross-generational trauma – and a growing body of research on the impact of trauma on Indigenous peoples across the world. An understanding of the causes of Indigenous trauma is essential to any best practice in the field of suicide prevention.

Historical Trauma

'Historical trauma' is now accepted among the scientific community as the dominant diagnostic paradigm for understanding the impact of colonisation on the wellbeing of Indigenous individuals, families and communities across and between generations (Hartman, Wendt, Burrage, Pomerville & Gone, 2019). The concept of historical trauma was adapted by a Lokata woman, Maria Yellow Horse Brave Heart, from psychoanalytic literature on the intergenerational impact of the Holocaust on Jewish people (Brave Heart, 1998; Heart & DeBruyn, 1998). During the mid-90s historical trauma was also identified as a 'soul wound' by cross-cultural psychologists (Duran & Duran, 1995; Duran, 2006) and is understood to be more complex in terms of duration, social collectivity and events than standard psychiatric definitions of post-traumatic stress disorder (Dudgeon et al., 2019a) and combines colonial injury, collective experience, cumulative effects and cross-generational impacts (Hartman & Gone, 2014; Gone, 2013). The importance of healing historical trauma is broadly recognised within the field of Indigenous psychology (Atkinson, 2002; Atkinson et al., 2014; Lawson-Te Aho, 2014; Milroy et al., 2014a; Pihama et al., 2014; Waitoki, Nikora, Harris & Levy, 2014).

Intergenerational Trauma

Historical trauma is transmitted between and within generations. Over the past decade emerging evidence has revealed how unaddressed intergenerational trauma drives many of the most serious social and emotional wellbeing issues faced by Aboriginal and Torres Strait Islander communities today. A significant report by the Healing Foundation, *Looking Where The Light Is* (Milroy, Lawrie & Tester, 2018), confirms the transmission of trauma across generations can occur in the following ways:

- A loss of attachment relationships with caregivers;
- The impact on parenting and family functioning;
- Resulting parental physical and mental illness; and,
- Disconnection and alienation from extended family, culture and society.

The transmission of trauma continues today through imposition of government policies, lack of autonomy for Aboriginal and Torres Strait Islander communities, lack of acknowledgement of cultural governance and knowledge, lack of funding for community controlled organisations, lateral violence and racism. This trauma can only be resolved through a focus on self-determination and sovereignty. (p.8)

Self-determination in the form of a community-controlled healing process is also identified as a solution to the transmission of intergenerational trauma. Indigenous perceptions and experience of trauma affirm that it is a collective wounding, impacting the whole community, resulting in community breakdown. As it is noted in *A Theory of Change for Healing,* "a failure to tailor healing efforts at the community level will see families continue to live in vulnerability without the strength of a healthy community to assist them" (Healing Foundation, 2019, p. 5).

The Healing Foundation report on the national youth healing forum recognises the significance of addressing intergenerational trauma in their first recommendation:

> Develop a National Intergenerational Trauma Strategy to underpin all existing and future plans and strategies affecting Aboriginal and Torres Strait Islander people and communities. A national strategy will provide an understanding of the role Intergenerational Trauma plays in prolonging social, health, wellbeing and economic problems for Aboriginal and Torres Strait Islander people and will give Governments the evidence they need to invest in a more solution focused way. (Healing Foundation, 2017, p. 28)

Such a national strategy should clearly involve the *development and accessible provision of e-mental health suicide prevention health services* for all Indigenous people.

Key Messages

In summary, there is a consensus across the field that forms of untreated trauma continue to escalate the suffering of Indigenous peoples and healing should be a collective or community controlled process and not only an individual journey. This requires an in-depth understanding of both the relationship between colonial oppression and trauma and the culturally unique forms of holistic, relational, multi-dimensional healing. In this context an understanding of the risk and protective factors for SEWB are vital.

Social and Emotional Wellbeing: Risk and Protective Factors

Swan and Raphael (1995) define SEWB as:

> holistic, encompassing mental health and physical, cultural and spiritual health. Land is central to well-being. This holistic concept does not merely refer to the "whole body" but in fact is steeped in the harmonised inter-relations which constitute cultural wellbeing. These inter-relating factors can be categorised as largely spiritual, environmental, ideological, political, social, economic, mental and physical. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal ill health will persist. (p. 19)

This guiding definition of cultural wellbeing underpins the work of ATSISPEP and has become central to Indigenous suicide prevention practice, policy and research. A culturally responsive suicide prevention practice requires a comprehensive understanding of the unique risk and protective factors associated with each of the seven domains of social and emotional wellbeing articulate by Gee and colleagues (2014).

Risk and Protective Factors

The protective and risk factors for the seven Aboriginal and Torres Strait Islander domains of SEWB are identified by the *SEWB Framework 2017-2023* as follows:

Domain	Description	Examples of risk factors	Examples of protective factors
Connection to Body	Physical health – feeling strong and healthy and able to physically participate as fully as possible in life.	• Chronic and communicable diseases • Poor diet • Smoking	• Access to good healthy food • Exercise • Access to culturally safe, culturally competent and effective health services and professionals
Connection to Mind and Emotions	Mental health – ability to manage thoughts and feelings.	• Developmental/cognitive impairments and disabilities • Racism • Mental illness • Unemployment • Trauma including childhood trauma	• Education • Agency: assertiveness, confidence and control over life • Strong identity
Connection to Family and Kinship	Connections to family and kinship systems are central to the functioning of Aboriginal and Torres Strait Islander societies.	• Absence of family members • Family violence • Child neglect and abuse • Children in out-of-home care	• Loving, stable, accepting and supportive family • Adequate income • Culturally appropriate family-focused programs and services
Connection to Community	Community can take many forms. A connection to community provides opportunities for individuals and families to connect with each other, support each other and work together.	• Family feuding • Lateral violence • Lack of local services • Isolation • Disengagement from community • Lack of opportunities for employment in community settings	• Support networks • Community controlled services • Self-governance
Connection to Culture	A connection to a culture provides a sense of continuity with the past and helps underpin a strong identity.	• Elders passing on without full opportunities to transmit culture • Services that are not culturally safe • Languages under threat	• Contemporary expression of culture • Attending national and local cultural events • Cultural institutions • Cultural education • Cultural involvement and participation
Connection to Country	Connection to Country helps underpin identity and a sense of belonging.	• Restrictions on access to Country	• Time spent on Country
Connection to Spirituality and Ancestors	Spirituality provides a sense of purpose and meaning.	• No connection to the spiritual dimension of life	• Opportunities to attend cultural events and ceremonies • Contemporary expressions of spirituality

Table 2. The Domains of Social and Emotional Wellbeing with Risk and Protective Factors (AHMAC, 2017, p.8)

SEWB reflects each of the important and interrelated aspects of cultural determinants. Positive SEWB works to reduce psychological distress because it acts as a source of resilience that provides a 'buffer' against the worst impacts of stressful life events. This is important because Aboriginal and Torres Strait Islander peoples experience stressful life events at higher rates than other Australians (ABS, 2013). Without SEWB resilience, exposure to such events can leave individuals, families and communities vulnerable to psychological distress and trauma.

When these domains and the connections between them are impaired – for example by the loss of Country due to the political and historical determinants of colonisation – wellbeing suffers and this suffering "may be manifested in a physical, social, emotional, mental or spiritual manner" (Haswell-Elkins et al., 2009, p. 3). The forced removal of small children from families and communities, for example, disrupted the domain of family, kinship and community creating forms of historical and intergenerational trauma: the 2004 Social Health Reference Group recognised this as a significant SEWB disruption. Moreover, there is robust evidence that links connection to Country to improved SEWB (Berry et al., 2010; Biddle, 2011; Biddle & Swee, 2012; Burgess et al., 2009; Burgess, Berry, Gunthorpe & Bailie, 2008). Spirituality is recognised across the literature to be an important source of wellbeing (Grieves, 2009; McEwan et al., 2009; Yap & Yu, 2016; Ypinazar, Margolis, Stephen, Haswell-Elkins & Tsey, 2007).

Key Messages

There are inextricable connections between healing, Country and sharing intergenerational cultural knowledge. Ganesharajah (2009), commenting on the connection between healthy Country and health initiatives points to the need for "recognition of the central importance of land to Indigenous peoples' identity, spirituality, community and culture" (Ganesharajah, 2009, p. 26). SEWB is a widely recognised Indigenous health discourse which is fundamental to understanding the risk and protective factors involved in suicide. Such understandings should inform a culturally responsive e-mental health suicide prevention service.

SECTION THREE: CULTURALLY RESPONSIVE SUICIDE PREVENTION: CULTURAL HEALING

> If we had prevention increasing in community, where healing and recovery were happening in a meaningful way, we'd have a system driven by culture and giving back culture. For Aboriginal and Torres Strait Islander people culture is central to the healing process. Reinstating and reconnecting communities to their core cultural values and systems is fundamental to healing. It unlocks the knowledge systems and tools to heal and thereby create and restore safety (Milroy, Lawrie & Testro, 2018, p.17)

Due to the nature of colonisation in Australia, some areas and communities were impacted later than others and with different levels of violence and disruption, enabling traditional culture and healing to be maintained more effectively. Part of the critical healing process now requires recovery from historical and ongoing colonisation, and traditional cultural healing alongside more contemporary approaches are central to this healing process. Incorporating Indigenous knowledges of healing and wellbeing into health services "has the potential to strengthen culturally safe practices and opportunities for self-determination, enhance health communication, and to foster relationships that are built on trust and mutual respect" (Boot & Lowell, 2019, p. 3). Indeed, two recommendations from the West Australian Coroner's Inquest into the *Deaths of Thirteen Children and Young Persons in the Kimberley Region, Western Australia* (Fogliani, 2019) specifically support the development of such healing as an important strategy in suicide prevention: Recommendation 24 supports increased access to traditional cultural healing and Recommendation 25 supports the development of cultural healing projects.

It is vital that recovery, empowerment and self-determination remain at the centre of all healing initiatives in Indigenous communities. Culturally responsive suicide prevention faces the challenge of integrating an evidence-based mental health service with cultural practices and knowledges in a respectful manner.

Indigenous scholars across the world have found that cultural healing "is widely believed to be the most efficacious way to assist distressed First Nations individuals due to the inherent potency of these traditions achieved through long pre-contact histories of therapeutic refinement" (Gone, 2013, p. 697). Indigenous psychological theory and practice, both nationally and internationally, is developing strengths-based culturally specific epistemologies or ways of knowing (Garroutte, 2003). Across the cultures of Indigenous people numerous holistic, relational systems of wellbeing are now being reclaimed as culturally responsive models for restoring health (Daigle, 2016; Salmon, 2000; Wilson & Inkster, 2018).

In the Healing Foundation report, *A Theory of Change for Healing* (Healing Foundation, 2019), acknowledgement of the importance of cultural healing is stressed as essential:

> Healing activities can include yarning circles, gatherings, healing camps, counselling, art, dance, song, weaving, cultural ceremony and culturally safe referral pathways. Family and community healing are recognised as 'integral to Aboriginal and Torres Strait Islander peoples' wellbeing.
>
> As well as strengthening a sense of identity and connectedness, neuroscience demonstrates that cultural practices such as dance, art, song and storytelling stimulate the part of the brain that manages emotion and memory. Cultural practices that involve repetition and rhythm, such as weaving, playing didgeridoo, drumming and dance, are calming, trauma-informed processes that were central to Aboriginal and Torres Strait Islander life. Healing restores pride in cultural identity and connection to Country. (p.5)

In this context, healing is a complex and varied cultural community practice and ceremony which brings people together to strengthen identity and relationships. There are also, across the country, culturally specific healing knowledges. However, the majority of the literature in this area is dominated by non-Indigenous scholars (Berndt, 1982, 1964, 1947-8, 1946-7; Brown et al., 2012; Cawte, 1996, 1976, 1974; Clarke, 2008; De Donatis, 2011; Elkin, 1977; McCoy, 2008, 2007, 2004; Oliver, 2013; Peiris et al., 2012; Reid, 1983; Suggit, 2008). In keeping with the de-colonising methodology of this report, literature by Indigenous scholars is privileged here.

Yawaru and Karajarri: Ngarlu Traditional Healing

The traditional healing system from north Western Australia, Yawaru and Karajarri Country, is known as the Spirit (Ngarlu) Model which was developed by the late Joseph 'Nipper' Roe of the Yawuru and Karajarri peoples. This healing is also called the Strong Spirit Strong Mind model (Casey & Keen, 2005). In this model the Inner Spirit is located at the centre of the stomach and is where one's emotions and wellbeing originate.

> When a group makes a decision, there is a sense of group Ngarlu; their feeling and thinking is the same. This is known as Waraja Ngarlu, which is to agree to be of one stomach and to be of one mind. Roe's work advocates how our Inner Spirit is linked to our mind and the way this influences one's thinking, feelings, behaviour and decision making. The concept of Strong Spirit Strong Mind is one that recognises the importance of a sense of connectedness to the Inner Spirit to Aboriginal peoples' health. The Inner Spirit is the centre of Aboriginal peoples' being and emotions and when it is strong, the mind feels strong. When Aboriginal peoples' spirit is strong their mind feels strong and they make good decisions. Strong Inner Spirit is what keeps people healthy and connects them together. Strong Inner Spirit keeps the community strong and our Country alive. Strengthening the Inner Spirit is a step towards a healed future. (Casey, 2014, p. 449-450)

This model is guided by the principle of cultural security, and respects the cultural rights, values and beliefs of Aboriginal people. Further, this model has been created by and for Indigenous people through community consultations and partnerships with communities.

Mabu Liyan, Mabu Ngarrungu, Mabu Buru: Strong Spirit, Strong Community, Strong Country

Complex holistic healing knowledges belonging to the Yawuru peoples in the Kimberley are being reclaimed. Senator Patrick Dodson (2016) explains the Yawuru healing systems as follows:

> Liyan embodies the interconnectedness between a person's sense of self, the wider community and the natural landscape. Yawuru people's connection to Country and joy of celebrating our culture and society is fundamental to having mabu liyan (good liyan). When we respect Country and look after it we have a good feeling about ourselves as people and our place in the world, and this is reflected in the nature of our relationships and encounters with other human beings. Prior to Western colonisation, mabu liyan was at the centre of Yawuru cultural and social existence, informing our obligations to family, community and Country. The impact of colonisation on our people has been traumatic and we are now seeking to heal and work toward building "mabu ngarrungu", meaning strong community and "Mabu buru", meaning strong Country. (p.10)

Harmonious and healthy connections between community and Country are understood to create positive wellbeing or mabu liyan. Central to this healing system is a recognition that the land or Country is a cultural place, and that a relationship of respectful guardianship towards Country keeps the community strong and in turn this relationship between community and Country creates positive SEWB, or mabu liyan. The balance between self, community and Country is important for the well-being of all. Caring for Country is therefore about strengthening the collective and individual spirit (Yap & Yu, 2016).

Key Messages

There is a growing national and international research base which is developing culturally unique therapeutic epistemologies and these Indigenous knowledges of healing stress connection to land, holistic relationality and principles of responsibility and cultural lore as central to the strengthening of wellbeing and recovery from historical and intergenerational trauma. Culturally responsive approaches to suicide prevention can be anchored in local Indigenous knowledges about mental illness and wellbeing. Within Australia a number of complex but under-researched therapeutic knowledge systems exist. The abiding principles of healing governing the traditional healing systems involve culturally specific understandings of care, connection, responsibility, and respect.

The Role of Cultural Healers in Communities and the Primary Health Care System

Globally, traditional Indigenous healers are creating transformative partnerships with Western practitioners (Incayawar, Wintrob, Bouchard & Bartocci, 2009; Marsh, Cote-Meek, Young, Najavits & Toulouse, 2016; Roy, Noormohamed, Henderson & Wilfred, 2015). In Australia traditional healers are known by several language names (Clarke, 2008): for example, the western desert name is Ngangkari (Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women's Council Aboriginal Corporation, 2003).

Defined in a 1979 Australian Commonwealth government inquiry into Aboriginal health as "an amalgam of the roles of doctor, spiritual adviser and psychiatrist in Western society" (Parliament of the Commonwealth of Australia, 1979, n.p.), the role of traditional healers is becoming increasingly important. Principle 7 of the 2014 West Australian Mental Health Act states that mental health services must provide Aboriginal and Torres Strait Islander people with access to Elders and traditional healers during assessment, treatment, and care (Mental Health Commission, 2015). Traditional healers, men and women skilled in culturally specific healing practices, are increasingly included in mainstream primary health care systems.

Importantly, "building access to cultural healers and cultural healing" is identified as the first of the key elements for implementing the *Gayaa Dhuwi (Proud Spirit) Declaration"* (Dudgeon, Calma, Brideson, & Holland, 2016, p.7). The *Gayaa Dhuwi (Proud Spirit) Declaration* is respected and supported by world leaders in Indigenous mental health, by the National Aboriginal and Torres Strait Islander Leadership in Mental Health, and began with the development of the ground-breaking *Wharerata Declaration* in 2010 (Dudgeon, Calma, Brideson & Holland, 2016b; Sones et al., 2010).

In the *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health: A National Approach to Building a Culturally Respectful Health System* it is stated that "effective communication with Aboriginal and Torres Strait Islander consumers is the foundation for the delivery of accessible, culturally responsive and safe health care" (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016, p.2). The Framework advocates for workforce development, training and remuneration of cultural healers "to assist in understanding the health beliefs and practices of Indigenous peoples" (Australian Health Ministers' Advisory Council's National Aboriginal and Torres Strait Islander Health Standing Committee, 2016, p.14). A widely recognised term for traditional healers is Ngangkari, cultural healers from central Australia.

Ngangkari Healers

> We are everywhere. Ngangkari are everywhere, we are men, we are women, and we are children. We did not invent anything of this yesterday, either. All this Tjukurpa comes from ancient days. Because it is so old, it will never die. Ngangkari power will be around forever (Andy Tjilari, NPYWC, 2003, p.35).

Traditional women healers *(minyma ngangkari)* in the central desert of Australia, specifically the Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council, have led the revival of Ngangkari healing in Australia. The Ngangkari program first began in 1998 and then in 2000 over fifty Ngangkari healers met at the sacred rock of Uluru and resolved to strengthen their work by forming alliances with the mainstream health system. The NPY Women's Council published their stories in *Ngangkari Work Anangu Way* (NPY, 2003). In 2013 they released Traditional Healers of Central Australia: Ngangkari (NPY, 2013).

Ngangkari healers have been recognised internationally as offering best practice culturally responsive approaches to strengthening mental health. Ngangkari healers Andy Tjilari and Rupert Langkatjukur Peters were awarded the Royal Australian and New Zealand College of Psychiatrists Mark Sheldon Prize for Indigenous mental health in 2009 and the World Council for Psychotherapy Sigmund Freud Award in 2011. As the following explains:

> Ngangkari traditional healers have been practising for thousands of years and are respected by Aboriginal communities throughout Australia as traditional doctors. Ngangkaris play a vital role in shaping the lives of Aboriginal people and influencing and managing a person's spiritual and physical wellbeing. This skill has been passed down to them through their ancestors and by practising traditional health healing. (South Australia Health, 2010, p. 20)

In summary, the Ngangkari healers and other cultural healers have been instrumental in developing cross-cultural healing practices across Australia and their work has attracted national and international recognition and awards. Access to traditional healers such as the Ngangkari is supported by the *Gayaa Dhuwi (Proud Spirit) Declaration,* the *Cultural Respect Framework 2016-2026 for Aboriginal and Torres Strait Islander Health: A National Approach to Building a Culturally Respectful Health System,* the 2014 West Australian Mental Health Act, and is recognised as an Indigenous human right by the United Nations. As Article 24 (1) in the United Nations Declaration of the Rights of Indigenous Peoples (UNDRIP) states: "Indigenous people have the right to their traditional medicine and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals" (UNDRIP, 2007).

Gendered Healing

Indigenous women's healing practices have always been an integral part of community life and part of cultural lores (Dudgeon & Bray, 2018c; Dudgeon & Bray, 2019c; Wall, 2017). However, as Watson writes, since colonisation "women's law risks erasure":

> In the old days, the law stories of women lived in the land and held a place in the lives of the peoples they belonged to, but now the law-full woman is diminished… Our stories of women are often sacred and secret, and there is a reason for this, for we can see the danger of women's stories becoming subverted and becoming something else when they are retold within patriarchal frameworks. (Watson, 2014, p. 52)

As discussed in the section on traditional knowledge above, cultural lores and protocols protect women's traditional healing knowledges. The Ngangkari women healers from the NPY Women's Council are one example of the culturally safe continuation of women's healing practices.

Contemporary Healing Programs: Clinical, Community and Cultural Interventions

Cultural healing and healers exist alongside, and often with the support of, healing programs which have been designed and led by Indigenous mental health experts (Milroy, 2006). It is important to recognise that these healing programs reflect the diversity of Indigenous cultures and life-experiences within Australia, and to avoid romanticising traditional healing at the expense of clinical and evidence-based suicide prevention healing programs which are currently at the forefront of dynamic cross-cultural and culturally responsive interventions. Although there are numerous healing programs across Australia, and many of these have been described in *The Elder's Report* (2014), few have been evaluated. Although there are currently 918 organisations across Australia which offer forms of healing, either directly or indirectly, only 6% (59) of these are solely focused on providing healing (Healing Foundation, 2018). Dominant barriers to service provision in the Indigenous healing sector include: inconsistent funding, inadequate staffing, and a lack of understanding of intergenerational trauma and the need for Indigenous healing among government and mainstream health workers (Healing Foundation, 2018). The following healing programs were included in *Working Together* (Dudgeon et al., 2014a) and discussed in the 2014 literature review of healing programs conducted by the Healing Foundation (McKendrick et al., 2014).

Red Dust Healing

Red Dust Healing was designed in 2007 and is now a successful Indigenous led program for men, women and families which is used to address a range of issues such as suicide prevention (Caritas Australia, 2018). One therapeutic focus is on "the nature of rejection, the causes of rejection, the results of rejection and most importantly the remedies for rejection" (Powell, Ross, Kickett & Donnelly, 2014, p.459). The program identifies four core values — *identity, responsibilities, relationships and spirituality* — which while foundational for SEWB have been undermined by colonisation.

Not only does this healing program restore these areas of people's lives, the program also offers guidance and support with the social and cultural determinants of SEWB, such as, for example, law and justice, employment and education, and disability, as well as a broader focus on substance misuse, family violence issues, trauma, grief and

loss, and cross-cultural issues. Red Dust Healing has won a 2017 United Nations of Australia Award for human rights and a 2018 Mental Health Matters Award in the area of Aboriginal Social and Emotional Wellbeing by the Mental Health Association of New South Wales. The program has also been evaluated as a best practice for suicide prevention (Caritas Australia, 2018). The program "provides an example of how a holistic, culturally relevant and strengths-based approach can achieve immediate and lasting change in the lives of the participants to the benefit of their families, colleagues, clients and communities" (Caritas Australia, 2018. p. 10).

The Marumali Journey of Healing

The Marumali Journey of Healing is an Indigenous designed and led program which seeks to restore the SEWB of all those who have been impacted by the forced removal of children, the Stolen Generations, and has the support of Link-Up which is dedicated to restoring lost family and kinship connections. The word 'marumali' is Kamilaroi for 'put back together'. The central focus of the risk-managed, culturally safe, externally validated, healing program is reconnection to culture, community, Country, spirituality, family and rebuilding identity through the strengthening of these connections is understood to support holistic health. Indigenous spirituality is central: "reconnecting with spirit and spirituality is seen to be a core healing tool to overcome the grief and loss experienced by those who were forcibly removed" (Peeter, Hamann & Kelly, 2014 p. 498). Marumali has been widely recognised as a best practice healing program. The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004–2009* identified the Marumali Journey of Healing as an initiative that achieved the key result area of "recognising and promoting Aboriginal and Torres Strait Islander philosophies on holistic health and healing" (Peeter et al., 2014, p. 499).

The Marumali Journey of Healing recognises that a profound disconnection from culture engineered by the forced removal from parents, family and kinship, and community, has had a lethally destructive impact on mental health. "Disconnection is the disease: reconnection is the cure" (Peeter et al., 2014, p. 502). The following tips for practitioners in the field are offered to ensure a culturally responsive service. First, recognise that members of the Stolen Generations have endured human rights violations and require support and healing which recognises this. Second, it is important to connect with local Link-Up services before accepting Indigenous clients. Third, connections with cultural mentors are needed to guide practice and refer clients to. Fourth, if an Indigenous client is experiencing a crisis it is important to understand that this crisis might be a result of intergenerational trauma caused by the violation of their human rights. When a client is in crisis it is also important to reflect on possible limitations of care and support and to seek guidance. Refer to a Link-Up service for support. Non-indigenous practitioners need to reflect on their limitations and ensure that support is guided by cultural mentors and Link-Up counsellors and case workers (Peeter et al., 2014, p. 505).

Mens' Healing: Ngukurr, Wurrumiyanga and Maningrida Communities

The Healing Foundation has produced an important report — *Our Men, Our Healing* (2015) — on successful cultural healing for men in three remote communities in the Northern Territory — Ngu-kurr, Wurrumiyanga and Maningrida — which was instigated by the community by a collective commitment to end violence against women. The community recognised that such violence is a symptom of intergenerational trauma and disrupted SEWB results in suicide and self-harm among other symptoms. Over two years 450 men have taken ownership of the healing process resulting in "strong evidence" of "significant and sustained change at the community, family and individual levels at each site" (Weston, 2015). The groups used Indigenous healing practices which involved reconnecting to Country and culture. Being able to share in a respectful and caring environment along with the support of traditional healing has strengthened the men's SEWB and their families and communities.

Key Messages

Cultural healing and healers can be utilised alongside, and often with the support of, healing programs which have been designed and led by Indigenous wellbeing experts. It is important to recognise that these healing programs reflect the diversity of Indigenous cultures and life-experiences within Australia. Cultural healing can complement clinical and evidence-based suicide prevention healing programs which are currently at the forefront of dynamic cross-cultural and culturally responsive interventions and initiatives.

Cultural Responsiveness

Indigenous health professionals from Australia, New Zealand, Canada and the United States agreed in 2019 that "culture should be at the center of any work relating to elimination of health disparities" and that strategies for implementing this include "cultural awareness training, cultural competency training and cultural respect and safety training" (Mashford-Pringle, Ring, Al-Yaman, Waldo & Chino, 2019, p. 141). Moreover, an analysis of health literacy-related policy and practice documents from Australia, Canada and New Zealand concluded that "effective identification and removal of the formal and informal barriers to incorporating Indigenous health-related knowledges and practices would support decolonisation efforts and contribute towards establishing culturally safe environments" (Boot & Lowell, 2019, p. 20). How might this be achieved in the domain of Indigenous suicide prevention? Culturally responsive approaches to suicide prevention are a central focus of Indigenous suicide prevention and the following section outlines strategies identified in Australia.

The *National Review of Mental Health Programmes and Services* (2014) advocated for culturally responsive primary health care services for at risk individuals, families and communities (Australian Government, 2014). For isolated communities in rural and remote areas the importance of locally informed, culturally responsive approaches was emphasised as critical to suicide prevention (Australian Government, 2014). The Australian Health Ministers' Advisory Councils' (AHMAC) *Cultural Respect Framework for Aboriginal Torres Strait Islander Health 2016–2026* (AHMAC, 2016), the *Queensland Health Aboriginal and Torres Strait Islander Cultural Capability Framework 2010-2033* (Queensland Government, 2010), and Indigenous Allied Health Australia's (IAHAs) Cultural Responsiveness in Action ((IAHA, 2015) all provide principles and practices which can guide the development of culturally responsive suicide prevention services.

The IAHA (2015) position is that:

> transformation of the Australian health system requires a strong and resilient workforce characterised by increased numbers of Aboriginal and Torres Strait Islander professionals and support workers, and a culturally responsive workforce acting in partnership with individuals, families and communities that provides culturally safe and responsive care to increase access to available, affordable, acceptable and appropriate health care to Aboriginal and Torres Strait Islander peoples. (p.6)

As an Aboriginal and Torres Strait Islander national body, the following principles are the foundation for IAHA decision-making and strategic priorities:

Figure 5. IAHA Cultural Responsiveness in Action p.4

In particular, the IAHA Cultural Responsiveness in Action capability framework has six key capabilities: "respect for centrality of culture", "self-awareness", "proactivity", "inclusive engagement", "leadership", "responsibility and accountability" (Cranny, 2015, p. 13). These six key capabilities are set out as follows:

- **Respect for the centrality of cultures**

Identifies and values cultures, both group and individual, as central to Aboriginal and Torres Strait Islander health, wellbeing and prosperity (Cranny, 2015, p. 14).

- **Self-awareness**

Self-awareness in this context refers to continuous development of self-knowledge, including understanding personal beliefs, assumptions, values, perceptions, attitudes and expectations, and how they impact relationships with Aboriginal and Torres Strait Islanders peoples (Cranny, 2015, p. 15).

- **Proactivity**

The ability to anticipate issues and initiate change that creates the best possible outcomes. It involves acting in advance of a possible situation, rather than reacting or adjusting (Cranny, 2015, p. 16).

- **Inclusive engagement**

Provides Aboriginal and Torres Strait Islander people with opportunities to participate by reducing barriers, and engaging in meaningful and supportive ways (Cranny, 2015, p. 17).

- **Leadership**

Inspires others and influences change in contributing to the transformation of the health and wellbeing of Aboriginal and Torres Strait Islander individuals, families and communities (Cranny, 2015, p.18).

- **Responsibility and accountability**

The process of owning our role and monitoring progress in addressing inequities between Aboriginal and Torres Strait Islander peoples and other Australians (Cranny, 2015, p.19).

Moreover, the IAHA Cultural Responsiveness in Action framework identifies that services must adopt a holistic and person-centred therapeutic relationship with Aboriginal and Torres Strait Islander peoples and be culturally responsive. Such an approach requires that services adhere to the following core principles and practices:

- holds culture as central to Aboriginal and Torres Strait Islander health and wellbeing
- involves ongoing reflective practice and life-long learning
- is relationship focused
- is person and community centred
- appreciates diversity between groups, families and communities
- requires access to knowledge about Aboriginal and Torres Strait Islander histories, peoples and cultures. (Cranney, 2015, p.7)

Consonant with these ideas, Aboriginal psychologist, Westerman, has identified a range of issues affecting the engagement of Indigenous people in mental health services which can be discussed within two key constructs: "(a) the cultural appropriateness of the processes used by practitioners when engaging Indigenous people and (b) qualities intrinsic to the practitioner-client relationship" (Westerman, 2004 p. 2).

The concerns identified by Westerman are still relevant, reinforcing the urgent need to transform the health care services by contributing to the development and maintenance of a culturally responsive workforce supporting the wellbeing of Aboriginal and Torres Strait Islander Australians. It requires building both Indigenous leadership capabilities and cultural responsiveness capabilities among the wider workforce as well as adopting e-mental health services which can address barriers to engagement with mental health services.

Self-determination and Indigenous Governance

Indigenous self-determination is recognised as a fundamental human right across many national and international primary health care platforms and policies. The importance of involving the Indigenous primary health care sector, Indigenous health workers and Indigenous experts is recognised as a best practice approach across the sector. The ATSISPEP Report stressed self-determination as a key factor for success across the Indigenous suicide prevention sector, specifically "partnerships with community organisations and ACCHS, employment of community members/peer workforce" (Dudgeon, et al. 2016a, p.16).

Partnership with ACCHS is recognised as vital to preventing suicide due to the culturally responsive and knowledgeable approaches to whole-of-community prevention these services have, along with their connections to appropriate ways of increasing the SEWB capacity of local communities through strengths-based approaches which affirm cultural knowledge and resilience.

Drawing on Panaretto, Wenitong, Button and Ring (2014) the CBPATSISP *Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks* (Dudgeon et al., 2018) states:

> studies have found that for Aboriginal and Torres Strait Islander people, 'access to service is critical and, where ACCHSs exist, the community prefers to and does use them.' The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group (ATSIMHSPAG) who advise the Commonwealth Ministers for Health, Minister for Indigenous Health and Minister for Indigenous Affairs including in relation to PHN mental health and suicide prevention related activity with Aboriginal and Torres Strait Islander communities promote ACCHSs as the preferred providers of mental health and related services, including suicide prevention services, to Aboriginal and Torres Strait Islander communities. (p.22)

This approach is also supported by the 2017 Healing Foundation's, *National Youth Healing Forum Report* which affirms the importance of co-designing healing programs and policies which are geared towards youth with young people so that these approaches are able to correctly target issues of importance for young people, builds skills and future leaders in mental health. Moreover, the report stresses the importance of local ownership: "the best programs for young people are those that are locally developed and implemented. Local people know local issues and a high level of community ownership results in programs being successful in terms of uptake, responsiveness and sustainability" (Healing Foundation, 2017).

Indigenous self-determination or governance is culturally specific and can be identified as sharing the following characteristics:

- Respecting law/lore and the authority of Elders
- A high value placed on family connections and support; kin relationships, mutual responsibility and sharing of resources.
- Attachment to 'Country' and ensuring the role of traditional owners in decision-making about their lands.
- Decision-making by consensus where possible.
- Some areas of governance split into men's and women's 'business'.
- Women in leadership roles.
- The wellbeing of the collective prioritised over personal ambition.
- Development seen as an interrelated social, economic and cultural goal, rather than a thing of value in itself, or to be driven solely by a profit motive.

Accountability being downwards to the community or membership and that focuses on collective goals. (Dudgeon et al., 2018, p. 11)

Respecting Local Knowledges of Healing

Engaging with local knowledge of healing, including traditional healers, traditional healing systems and lores belonging to the cultural groups and traditional custodians of the land, along with Aboriginal community controlled health services and other Indigenous led and delivered healing programs and services, strengthens the SEWB culture of a community. The intimate and culturally sensitive aspects of suicidality are best addressed by people who have established connections within communities. Indigenous comprehensive primary health care is successful in preventing suicide when local healing experts are engaged in sustainable ways which means in effect just forms of renumeration, culturally safe working conditions, and ongoing holistic support for healers.

Key Messages

Culturally responsive suicide prevention programs and services for individuals, families and communities may prevent suicide. Culturally responsive suicide prevention involves the Indigenous governance of sustainable, long-term culturally responsive suicide prevention services combined with ongoing partnerships with local and national Indigenous organisations. A strengths-based approach which affirms cultural knowledges and resilience is important for building the healing capacities of communities. Respecting local knowledge's of healing, including the role of traditional cultural healers and local cultural laws is also an integral part of a culturally responsive suicide prevention service.

SECTION FOUR: DISCUSSION AND CONCLUSION: CULTURAL RESPONSIVENESS AND INDIGENOUS GOVERNANCE

Barriers to help seeking are clear impediments to an effective suicide prevention practice. There is substantial evidence that most people experiencing suicidality do not seek help from health professionals for a range of reasons, including 'high self-reliance, lack of perceived need for treatment', fear of being stigmatised for having suicide ideation, mental health issues (Han, Batterham, Calear & Randall, 2018, p.175). Moreover, "it has been estimated that 80% of Indigenous people living in rural areas in Australia do not have mental health services located within 25 km of their dwelling and only 35% have access to a permanent doctor" (Commonwealth of Australia, 2018; Sawyer et al., 2000; Sveticic, Milner & De Leo, 2012, p. 8). Research has found that Indigenous Australians who take their own lives are *less likely* to seek help for mental health concerns than non-Indigenous people who take their own lives (Isaacs, et al. 2016, 2013, 2010). While evidence suggests that Indigenous males and females seek help for mental health challenges *less often* than non-Indigenous people, Indigenous females seek help for mental health problems "almost seven times" less often than non-Indigenous females do (Sveticic, et al., 2012 p. 6). Help seeking barriers have been identified as a perception that mainstream health services impose individualistic, racist Western deficit-based understandings of Indigenous mental illness (and thereby potentially increase stigma and trauma), concerns about invasive and punitive government interference, shame, lack of gender matching, worries about a lack of confidentiality and resulting impacts on relationships with family and community, along with everyday practical barriers such as lack of transport, language barriers, lack of money and time to attend services, and lack of access to services (Sveticic et al., 2012; Warwick, Atkinson, Kitaura, LeLievre & Marley, 2019). Given this context, it is clear that easily accessible culturally responsive services which empower help seeking behaviour "represents a crucial stepping stone towards timely identification and provision of adequate treatment for Indigenous persons at risk for suicide" (Sveticic et al., 2012, p.10).

Culturally responsive e-mental health services have the potential to overcome barriers to help seeking and make a substantial contribution to suicide prevention. A network of such services have been designed and delivered in Canada for Indigenous people but Australia has yet to invest the necessary resources and funding to design similar services for Aboriginal and Torres Strait Islanders. This discussion highlights the importance of a culturally responsive suicide prevention e-mental health service and emphasises the core elements of culturally responsive approaches. A culturally responsive suicide prevention process is, as the findings of ATSISPEP found, a primary necessity in suicide prevention. "Culturally responsive care can be defined as an extension of patient centred care that includes paying particular attention to social and cultural factors in managing therapeutic encounters with patients from different cultural and social backgrounds" (Cranney, 2015, p.8). In addition, culturally responsive services which refer to local Indigenous healing systems and local healers have been beneficial and related to positive outcomes for clients seeking help.

Nationally, and internationally, Indigenous cultures are re-claiming and strengthening their holistic, relational systems of wellbeing as culturally responsive models for restoring health (Daigle 2016; Dudgeon & Bray, 2018c; Salmon, 2000; Wilson & Inkster, 2018). A connection to land, or Country, is an integral part of healing and the strengthening of healthy identities is a recognised protective factor, integral to traditional healing systems (Berry et al., 2010; Biddle, 2011; Biddle & Swee, 2012; Burgess et al., 2009). It is also worth noting that the Healing Foundations 2019 *A Theory of Change for Healing* identifies three key areas which support positive healing outcomes:

- Quality healing programs and initiatives led by communities and developed to address the local impacts of trauma.
- Healing networks, champions and organisations to promote healing at a national and community level, including trauma awareness and the importance of truth telling.
- A supportive policy environment where policy makers and influencers understand and advocate the benefits of Aboriginal and Torres Strait Islander healing and its long-term nature. (p.6)

A culturally responsive e-mental health service for Indigenous Australians has the opportunity to be driven by culture and give back to culture, to reconnect at risk individuals, families and communities to their core cultural values and healing systems.

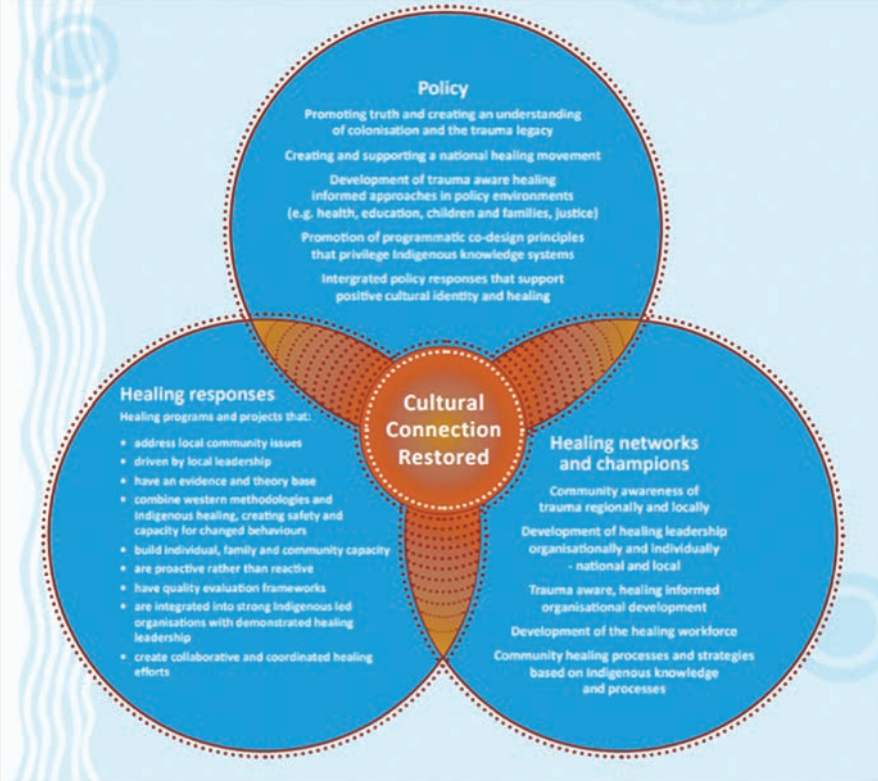


Figure 6. Cultural Connection Restored Diagram (Copyright Healing Foundation 2019, p.7)

Culturally Responsive Referral Pathways

Providing Indigenous clients with culturally responsive referral pathways is a clear duty of care for any crisis service in Australia. Some of the people contacting Lifeline are Indigenous and possibly living with mental health challenges. There are a number of key frameworks, models and strategies which can guide the refinement of the cultural responsiveness of Lifeline's services. Most importantly, the Fifth National Mental Health and Suicide Prevention Plan (Commonwealth of Australia, 2017) aligns with the SEWB Framework 2017-2023 (AHMAC, 2017), The Fifth National Mental Health and Suicide Prevention Plan (Commonwealth of Australia, 2017) commits to:

- engaging Aboriginal and Torres Strait Islander communities in the co-design of all aspects of regional planning and service delivery,
- collaborating with service providers regionally to improve referral pathways between GPs, ACCHSs, social and emotional wellbeing services, alcohol and other drug services and mental health services, including improving opportunities for screening of mental and physical wellbeing at all points; connect culturally informed suicide prevention and postvention services locally and identify programs and services that support survivors of the Stolen Generation,
- developing mechanisms and agreements that enable shared patient information, with informed consent, as a key enabler of care coordination and service integration,
- clarifying roles and responsibilities across the health and community support service sectors, and
- ensuring that there is strong presence of Aboriginal and Torres Strait Islander leadership on local mental health service and related area service governance structures. (p. 33)

The SEWB Framework 2017-2023 (AHMAC, 2017) is relevant to the development of a culturally responsive e-mental health service capable of implementing referral pathways which are respectful of local healing knowledges. Specifically, Action Area 3: Build capacity and resilience in people and groups at risk is of relevance here, in particular Outcome 3.1 which supports "Access to traditional and contemporary healing practices".

The key strategies outlined in Outcome 3.1 are listed below.

Key strategies

1. Develop culturally appropriate treatment pathways within a social and emotional wellbeing framework.
2. Support access to traditional and contemporary healing practices and healers.
3. Support traditional and contemporary healing practices like that of the Ngangkari, cultural healers and Elders alongside other mental health and related services.
4. Support programs for members of the Stolen Generations and their families.

(AHMAC, 2017, p.24)

For Aboriginal and Torres Strait Islander people experiencing issues which adversely impact their SEWB, care is effective when multi-dimensional solutions are provided, which build on existing individual, family and community strengths and capacity and may include counselling and social support that includes culturally informed practice.

It is also important that Lifeline Australia service delivery to Aboriginal and Torres Strait Islander callers be closely aligned with the framework provided by the nine guiding principles that underpin the *SEWB Framework 2017-2023* (AHMAC, 2017) and the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013* and *Centre for Best Practice Summary and Recommendations from the 2nd National Suicide Prevention and the 2nd World Indigenous Suicide Prevention Conference 2019* (CBPATSISP, 2019).

The *SEWB Framework 2017-2023* (AHMAC, 2017) also informs the mental health system as it works in partnership with Aboriginal and Torres Strait Islander people to provide a comprehensive, culturally appropriate stepped care approach incorporating the delivery of both Aboriginal and Torres Strait Islander–specific and mainstream services designed to complement the *Fifth National Mental Health and Suicide Prevention Plan* (Commonwealth of Australia, 2017) and contribute to the vision of the *National Aboriginal and Torres Strait Islander Health Plan 2012-2023.* It therefore forms an essential component of the national response to Aboriginal and Torres Strait Islander health (this information is provided in the preamble to the SEWB Framework).

Culturally defined and responsive healthcare are the core elements to enable processes to inform the development and delivery of effective Aboriginal health and mental health policies and practices. Core cultural values and systems include cultural lores which govern and maintain respectful relationships between members of families and communities, lores which were disrupted by colonisation but which have survived and which underpin the Indigenous healing knowledges across the country. Such a process should be governed by Indigenous experts. As Indigenous scholar and health practitioner Gracelyn Smallwood (2017) explains:

> what is vital for people to understand here is that those who provide services must have credibility and authority with those who are accessing or are expected to access the service.… We need to acknowledge that credibility and authority with Indigenous Australians must be rooted in a respect for Indigenous culture and protocols. (p. 40)

There is now a national and international evidence base demonstrating that Indigenous governance or self-determination is a primary protective factor in suicide prevention and that access to culturally safe and responsive healing systems is vital. The CBPATSISP report *Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks* (Dudgeon et al., 2018d) calls for the integration of cultural healers into suicide prevention responses, such that traditional and cultural approaches are provided along with clinical practices. This position supports the *Gayaa Dhuwi (Proud Spirit) Declaration* (Theme 1, Article 2) which advocates access to cultural healers. Principles of the 2014 Western Australian Mental Health Act also supports access to cultural healers. In relation to how this translates into the connection between Indigenous governance and PHNs, the CBPATSISP advises that the primary health networks support Indigenous governance in the area of traditional and cultural approaches to healing (Dudgeon et al., 2018d).

Culturally Responsive Services

Lifeline Australia is responsible for delivering culturally responsive services to Aboriginal and Torres Strait Islander people who ring Lifeline when they are in crisis. The first of Lifeline's strategic priorities in *Lifeline's Suicide Prevention Strategy* is to enhance the capacity to be an essential suicide intervention service by "targeting high risk groups and individuals within a broad strategy of promoting service access for the whole community" (Lifeline Australia, 2012, p. 6). The role and responsibility of Lifeline Australia (as a non-government organisation) is to develop culturally responsive strategies informed by Action Area 3 identified by the first *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (NATSISPS) – the development of targeted suicide prevention services. In order for such services to be effective, Lifeline needs to have comprehensive knowledge about local culturally responsive suicide prevention and wellbeing services so that callers are referred appropriately, or "followed up by culturally competent community based preventive services" (Australian Government, 2013, p. 32). This focus is also central to the *Fifth National Mental Health and Suicide Prevention Plan,* specifically priority area 4 on improving Aboriginal and Torres Strait Islander mental health and suicide prevention broadly, and in particular "increasing knowledge of social and emotional wellbeing concepts, improving the cultural competence and capability of mainstream providers and promoting the use of culturally appropriate assessment and care planning tools and guidelines" (Commonwealth of Australia, 2017, p. 34).

E-mental health services are known to reach isolated communities and, when culturally responsive, over-come barriers to help seeking (Langarizadeh et al., 2017; Tighe et al., 2017). The ATSISPEP has recommended that culturally responsive and Indigenous designed and delivered e-mental health services, crisis call lines and chat services are integral to an effective suicide prevention strategy for Indigenous Australians (Dudgeon et al., 2016a). A systematic review of e-mental health services for Indigenous Australians found that such services were usefully accessed by remote communities and improved social and emotional wellbeing, clinical outcomes and access to health services (Caffery, Bradford, Smith & Langbecker, 2018). Further, the use of digital technology amongst Indigenous young people in Australia, coupled with reports that help seeking via mobile phones, particularly SMS, is "quicker, more accessible, more personal, more anonymous and less complicated to use" may provide evidence for text services to be promoted to this group, particularly where SMS was perceived to be less of a commitment and less expensive than a phone call (Price & Dalgleish, 2013, p.15). However, despite these benefits, there are limited e-mental health services for Indigenous Australians (Alexander & Lattanzio, 2009; Buckley & Weisser, 2012; Caffrey, Bradford, Smith & Langbecker, 2018) and further efforts to provide culturally responsive Aboriginal and Torres Strait Islander e-mental health suicide prevention services are much needed.

In contrast to Australia, Canada now has a relatively comprehensive culturally responsive network of (telemental) help lines for Indigenous people, including help lines specifically for girls and women at risk (Culture For Life, 2019). As previously discussed, a culturally responsive suicide prevention help line should have a cultural framework, partner with community organisations and Aboriginal Community Controlled Health Services, and employ Indigenous counsellors and community members. Such a service would train frontline workers skilled in Aboriginal and Torres Strait Islander SEWB and mental health; be freely available 24/7; offer culturally responsive referrals to high quality and culturally appropriate treatments; and engage in culturally appropriate forms of evaluation and data collection.

A culturally responsive Aboriginal and Torres Strait Islander e-mental health suicide prevention service should be guided by Indigenous governance and implement the following across all Lifeline services:

Action Area 1

Sensitive processes for identifying Aboriginal and Torres Strait Islander callers to be implemented.

Action Area 2

Development of a national Aboriginal and Torres Strait Islander Lifeline telephone crisis line, Online Chat and/or Crisis Text service designed by and delivered by a skilled Indigenous workforce.

Action Area 3

An indepth clinical understanding of the culturally unique risk and protective factors for Aboriginal and Torres Strait Islander social and emotional wellbeing to inform Lifeline crisis support.

Action Area 4

The building of partnerships between Lifeline and local community organisations and Aboriginal Community Controlled Health Services.

Action Area 5

Recruitment, training and secure and long-term employment of an Aboriginal and Torres Strait Islander Lifeline workforce.

Action Area 6

The development of culturally responsive and safe referral pathways which reflect local community healing knowledges and resources.

Action Area 7

The nine guiding principles which are in the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023* be more prominently referenced as a guide to developing culturally responsive e-mental health services.

Action Area 8

The development of an Aboriginal and Torres Strait Islander children and youth Lifeline to be co-designed with relevant Aboriginal and Torres Strait Islander partners and promoted in schools and communities across Australia.

As the historic ***Uluru Statement from the Heart*** asserts:

> Our Aboriginal and Torres Strait Islander tribes were the first sovereign Nations of the Australian continent and its adjacent islands, and possessed it under our own laws and customs. This our ancestors did, according to the reckoning of our culture, from the Creation, according to the common law from 'time immemorial', and according to science more than 60,000 years ago. This sovereignty is ***a spiritual notion: the ancestral tie between the land, or 'mother nature', and the Aboriginal and Torres Strait Islander peoples who were born there-from, remain attached thereto, and must one day return thither to be united with our ancestors. This link is the basis of the ownership of the soil, or better, of sovereignty.*** It has never been ceded or extinguished, and coexists with the sovereignty of the Crown.
>
> *(Uluru Statement from the Heart, 2017)*

The collective dignity of Aboriginal and Torres Strait Islander peoples has likewise never been extinguished despite an ongoing process of colonisation which has been rightfully recognised as genocidal. Now, as the Uluru Statement asserts, "we seek to be heard" *(Uluru Statement from the Heart, 2017).* As many of the healing knowledges discussed in this review emphasise, being able to tell your story to people who are respectful of who you are and recognise your cultural dignity is vital to the healing process. The above recommendations for a culturally responsive e-mental health suicide prevention service are also a call for Aboriginal and Torres Strait Islander peoples experiencing trauma and despair to be heard with respect and dignity.

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LIST OF FIGURES AND TABLES

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Professor Pat Dudgeon is from the Bardi people of Western Australia. She is the Director of the UWA Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) and lead CI on a NHMRC Million Minds Mission Grant investigating Indigenous mental health. She has many publications in Indigenous mental health. She has led and served on many boards and committees and has been instrumental in ensuring that Indigenous issues are part of the agenda in empowered ways. She is considered one of the 'founding' people in Indigenous people and psychology. She is a board member of Indigenous Australian Psychologists Association and Fellow in the Australian Psychological Society. Pat Dudgeon is actively involved with the Aboriginal community and has a commitment to social justice. Pat has participated in numerous community service activities and projects of significance.

Dr Abigail Bray has a background in women and girls mental health, has published widely in the area, lectured for many years at various universities, and is an inductee in the West Australian Women's Hall of Fame. Her work has been presented at The Hauge, the House of Lords (UK), and in Australia at the Supreme Court, and Parliament House. She has worked with Pat Dudgeon and colleagues on the National Empowerment Project, conducting focus groups and creating SEWB educational videos, and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, specifically the Critical Response Project pilot, an 'on-the-ground' postvention holistic support service to suicide effected Indigenous families, as well as Australia's first National Aboriginal and Torres Strait Islander Suicide Prevention Conference, specifically the filmed interviews with conference participants. She is currently a consultant and researcher.

Professor Gracelyn Smallwood is a Birrigubba, Kalkadoon and South-Sea Islander woman. Gracelyn has been advocating against racism and violation of human rights for the past 45 years. In 2011 Gracelyn completed her PhD Thesis Human Rights and First Australians Wellbeing, that was published by Routledge. Gracelyn is currently a Professor of Nursing and Midwifery/ Community Engagement at CQ University Townsville. Over the years Gracelyn has received a number of prestigious awards which have included the 2014 National NAIDOC Person of the Year, Lifetime Achievement Award for the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), and a Member of the Harvard FXB Health and Human Rights Consortium. Always focused on justice, Gracelyn was at the 2017 First Nations National Constitutional Convention where the Uluru Statement from the Heart was adopted. She is an advocate for the rights of Aboriginal and Torres Strait Islander people.

A/Prof Roz Walker is Principal Research Fellow at the Centre for Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, UWA. She has been involved in Indigenous research, evaluation and education for over thirty five years. Her research includes developing transformative and decolonising strategies to enhance maternal, child and adolescent health and wellbeing outcomes and individual and organisational cultural competence. She has extensive experience in Community -based Participatory Action Research, translating research into policy and practice to promote system level change. Roz co-edited Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing (Dudgeon, Milroy & Walker, 2014) widely distributed in Australia and internationally. Roz serves on a several national Indigenous research committees and was awarded a Public Health of Australia Award Lifetime Achievement Award in 2016 for her research to address inequities with Indigenous communities in WA.

Tania Dalton is a Gunditjmara/Wathaurong women who is a registered psychologist in Victoria with a Masters in Health Science and Behavioural Science. Tania is the Chair of Board of Directors and a founding member of the Australian Indigenous Psychologists Association (AIPA). She led the development and implementation of the AIPA national Cultural Competence training. Tania has strong networks both in Victoria and nationally as an advocate, advisor, experienced practitioner, clinical and cultural supervisor, consultant, project manager and facilitator. Currently Tania is a board member of National Aboriginal Torres Strait Islander Leaders in Mental Health, a member of the AHPRA Aboriginal and Torres Strait Islander Health Strategy Group and member of National Health Leadership Forum.

APPENDIX ONE

Milroy, H. (2006). The Dance of Life. The Royal Australian and New Zealand College of Psychiatrists. Retrieved from: https://www.ranzcp.org/files/resources/the-dance-of-life-helen-milroy.aspx

UNDERSTANDING THE DANCE OF LIFE

Overview: As outlined in the Dance of Life description, there are a number of dimensions each with a number of layers that require consideration when developing a comprehensive approach to understanding Aboriginal and Torres Strait Islander mental health as well as providing assessment and treatment. The following framework lists a number of factors operating at the individual, family, community or broader societal level that could be impacting on mental health and wellbeing. Although many factors lie outside the responsibility of the mental health sector, mental health professionals play a vital role in advocacy and in working collaboratively across sectors to improve outcomes for Aboriginal and Torres Strait Islander families.

Mental health professionals also have a sphere of influence and respect in broader society that can facilitate the process of reconciliation and social justice. Risk and protective factors as well as the concept of resilience needs to be understood within a broader context and through an Aboriginal and Torres Strait Islander lens. This allows for the appropriate development of mental health promotion, prevention and early intervention programmes. Given the magnitude of the historical legacy combined with the contemporary complexities of working within a cross-cultural context in mental health, it is essential to be able to understand what influences behaviour, symptom formation and response to treatment.

Clinicians need to be able to tease out the impact of disadvantage and discrimination, be able to recognise illness in the midst of cultural and spiritual complexity and ambiguity, and attempt to address the many factors impacting on wellbeing. Incorporating historical and cultural perspectives as well as flexibility in approach will enhance the clinician's skills and knowledge and provide a platform for meaningful and respectful cross-cultural exchange.

UNDERSTANDING THE DANCE OF LIFE

DIMENSIONS	TRADITIONAL	HISTORICAL	CONTEMPORARY	GAPS IN KNOWLEDGE	SOLUTIONS
PHYSICAL 	Earth as 'Mother', Nature as family Connection to country, source of renewal Traditional medicine Traditional diet and activity, "healthy specimens"	Physical genocide Dispossession, "uprooted" Environmental degradation Rapid change in diet Incarceration, Institutionalisation Forced labour Ill-health, exposure to disease	Population changes Present morbidity, burden of chronic illness Burden of care on children Land-rights and treaty Holistic view Urban, rural and remote differences Exclusion from health	Stress, immunity and chronic disease Grief and mortality Transgenerational trauma and physical health Chronic illness and mental health Complimentary healing practices	Sovereignty and Native Title Equity and access Accountability Traditional diet, medicines and healers Connection to country Holistic medicine Best Start to Life Basic requirements
PSYCHOLOGICAL 	Different concepts, beliefs and meaning Sense of self; External attributions; Site of distress Shared learning, cognitive development Identity and role Autonomy and relatedness Life continuum, belonging Birth & bereavement	Psychological Genocide Profound trauma Abuse Loss and grief Extreme powerlessness Misdiagnosis, Mislabelling, Re-traumatisation	Place in society Present trauma, loss, grief Future uncertainty Psychological morbidity, illness Identity issues Psychological strengths Apology International perspective Exclusion from humanity	Appropriate Diagnostic systems Treatment options Culturally valid tools, Appropriate Outcomes Accountability measures Impact of racism and discrimination Cultural and spiritual phenomenology Culture bound syndromes	Truth in history National 'Sorry Day' Human rights, Safe development, future assurance Inclusiveness Pride, positive images Professional development Indigenous therapies, grief and trauma Addressing 'stress' Identifying and tackling racism
SOCIAL	Community centred Kinship system Attachment and Child rearing	Social genocide Stolen Generations Racism and apartheid Slave labour	Changing role of family especially men Role models Family disruption, isolation	Family therapies Children's needs Vs Family Community outcomes	Social Justice Social determinants Generational view, Long term commitment
	Early autonomy Country as home, kin Collective Vs Individual Obligation and reciprocity Two-way sharing		Loss of buffering Removal of children, adults Paternity Present disadvantage, impoverishment Reconciliation Exclusion from society	Systemic barriers	Whole of life concept Tracing family, Restoring Kinship Recording Oral histories Narrative therapies Empowerment Representative body
SPIRITUAL 	Origins of life Dreaming Belonging, connectivity Philosophical views Beliefs, Experiences, Healing	Spiritual genocide Impact of mission life Imposition of Christianity	Value of wisdom Intolerance, Understanding difference Exclusion from existence	Spirituality and Health Existential Despair	Central to health of Australia Healing Understanding, tolerance, respect Purpose and future hope
CULTURAL 	Lore/Law Language Ceremony Healing Beliefs, Expression, Experiences	Cultural genocide Misinterpretation Tokenism Sacrilege	Cultural clash, two worlds Cultural mix Cultural practices, age, gender Endurance and resilience, strengths Cultural knowledge Cultural grief Exclusion from custom and consciousness	Continuum of cultural identity Diversity of practice and experience Models of care	Acceptance National Identity Compensation Cultural renaissance Self determination (Indigenous rights) Indigenous governance Cultural security Cultural Respect Framework Education, training Shared learning, Collaboration

If you, or someone you care for needs support or is thinking about suicide, please phone Lifeline on **13 11 14** (24 hours / 7 days), or chat to a crisis supporter on-line at lifeline.org.au (7pm - midnight / 7 days). **We're here for you.**

Lifeline

www.lifeline.org.au