Upstream suicide prevention interventions have the potential to prevent the onset or reduce the severity of a range of suicide and self-harm risk factors. They seek to prevent risk factors from developing, and enhance protective factors to safeguard against the effect of risk in people’s lives. Such approaches typically target the physical, mental, behavioural and emotional health of people, especially children and young people, to mitigate or avoid the development of issues that can lead onto suicidal risk.

Suicide, suicide ideation and self-harm are critically important and preventable public health issues for Aboriginal and Torres Strait Islander (herein Indigenous) communities. The evidence shows that the high suicide rates experienced by Indigenous people are due to multiple, complex and interrelated factors. Many of these are underpinned by the consequences of colonisation, and policies of exclusion, child removal and dispossession from country that have led to trans-generational trauma, grief and loss, disempowerment and dislocation.

These factors are set against a backdrop of high rates of poverty, homelessness, low socioeconomic status and reduced employment prospects, limited access to culturally appropriate services, poor overall health and wellbeing, high rates of incarceration, domestic violence or abuse, and harmful alcohol and other drug use. The nature of these issues can lead to a devastating cycle of psychological distress and toxic stress, despair, depression and hopelessness for many Indigenous peoples.

The need for a strengths based approach

Research conducted to date by the ATSISPEP team confirms that despite the extensive consultation processes with Indigenous people about ‘what works’ and what is required, there are still considerable knowledge gaps in the design and delivery of programs and services and where best to direct funding for sustainable change. Indigenous people and communities argue that understanding and enhancing what makes them strong is far more important in approaching suicide than a focus on risk factors, psychopathology and other deficit approaches.

Participants at the community consultations for the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy consistently called for community-focused, holistic and integrated approaches to suicide prevention with an emphasis on investment in upstream prevention efforts that foster preventative and protective processes through strengthening community, family and individual resilience and social and emotional wellbeing.

The design and delivery of many of these types of programs reflect the factors that Indigenous people identify as crucial to their mental health, social and emotional wellbeing and positive outlook on life. This includes connecting people to their cultural identity and values to develop a strong sense of self and support optimal developmental pathways.

Evidence suggests that programs enhancing self-esteem, coping and problem solving skills and sense of belonging can protect people who have been
marginalised or experienced social exclusion and are exposed to adverse environments. The ATSISPEP research demonstrates that some programs that are locally based and culturally embedded are improving these skills and encouraging a sense of hope, especially among young people. The flow on effects include an enhanced engagement and uptake of other targeted support, training, education and workforce programs and services.

The importance of starting young

Another significant finding is the importance of programs targeted at a very young age. The ATSISPEP research confirms that prevention programs showing the most promising results for suicide prevention and wellbeing are those that work with the many complexities and determinants associated with suicide and self-harm. Such programs foster, support and enhance the unique strengths and resilience within Indigenous people, family and communities. They are generally Indigenous-led and specific to local contexts.

They are also embedded in culture and have been delivered over the longer term with sustained positive impact in their communities.

It is also these upstream programs that generate some of the greatest cost benefits and offer the potential for real and sustainable change in the lives of Indigenous people.

Promising programs

ATSISPEP research suggests the following programs are examples of best practice in upstream approaches:

- The Yirriman Project (Kimberley, WA)
- Red Dust Healing (across Australia)
- Let’s Start (NT)
- GREATS Youth Services (Mamingrida, NT)
- Gurriny Yealamucka Family Wellbeing Program (Yarrabah QLD)
- Keeping Place and Media Project (Mowanjum, WA)
- Drumbeat (across Australia)
- Deadly Thinking (3 states)
- National Empowerment Project (11 sites across Australia)

More information about the above programs and additional factsheets is available on the ATSISPEP website.

In summary, there is an urgent need for a greater understanding of the importance and worth of constructive and preventive ‘upstream’ approaches and sustained investment in programs and services that contribute to children and young peoples’ wellbeing, promote resilience and ultimately build the foundations for reducing susceptibility to the myriad of risk factors for suicide and self-harm.

Effective long term strategies for addressing suicide risk factors include the provision of a range of culturally appropriate and locally responsive healing, empowerment and leadership programs and strategies that build and strengthen social and emotional wellbeing and resilience.

Importantly, the content, design and delivery of such programs need to have legitimate community support, and be culturally appropriate, locally based and relevant to people’s needs. This requires engagement and partnerships with the leadership of Indigenous communities from the outset.