

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

FACT SHEET 4

The social determinants of Aboriginal and Torres Strait Islander peoples suicide

Consideration of suicide among Aboriginal and Torres Strait Islander peoples (herein Indigenous) must be situated within a context that recognises the impact of racism, a history of colonisation, dispossession and policies of exclusion and child removal and the economic disadvantage many Indigenous people experience. Indigenous peoples continue to be severely socially and economically disadvantaged. Studies show the vast array of negative implications this has for Indigenous people. The House of Representatives Inquiry into the 'high level of involvement of Indigenous juveniles and young adults in the criminal justice system' concluded that their over-representation in the system was a symptom of chronic social and economic disadvantage.¹ Social and economic inequalities also largely explain the higher prevalence of psychological distress among Indigenous adults because socio-economic status (SES) is strongly associated with psychological distress.²

Psychological distress

Indigenous peoples have consistently been shown to have a higher prevalence of psychological distress than other Australians; ranging from 50% to three times higher. In the Australian Aboriginal and Torres Strait Islander Health Survey (2012-13), 30% of respondents over 18 years identified having high/very high psychological distress levels in the previous four weeks and nearly three times as likely as non-Indigenous people to have experienced high/very high levels of psychological distress.

This pattern was evident for both men and women across all age groups.³

Life Stressors

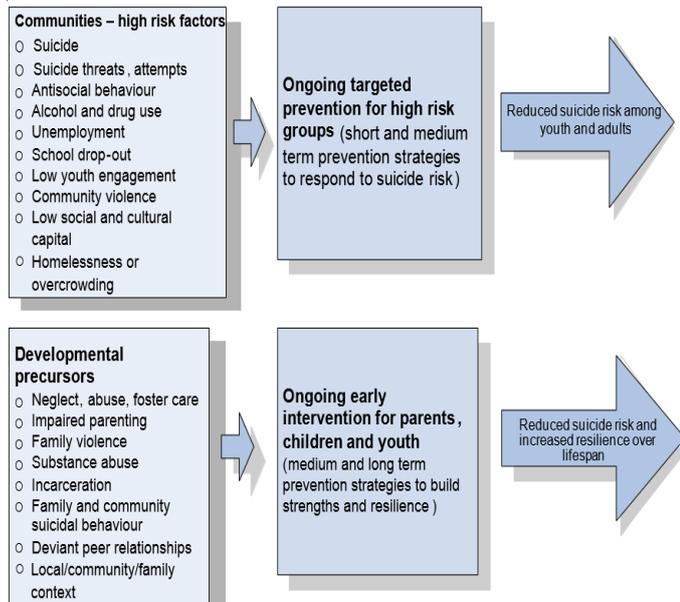
Life stressors have also been shown to be causally related to psychological distress.⁴ Indigenous peoples are also more likely to suffer major life stressors, such as the death of a family member, being a victim of crime and racism. Stress is highly prevalent across the spectrum of Indigenous society today, irrespective of socio-economic status. The stresses faced by Indigenous children commonly include serious events such as the death or incarceration of a close family member, observing violence, poverty and overcrowding.

The higher prevalence of psychological distress among Indigenous people and a greater frequency of life stressors, as well as racism and discrimination means many people face an adverse environment with few protective factors. Individuals and families in this situation are more likely to experience a diminished sense of cultural worth, self-identity, self-efficacy and control over the environment.

These factors impact on their physical and psychological health and ability to cope. For many Indigenous peoples **younger than 35 years** living in such an environment (without protective buffers), the high number of stresses experienced offer little hope for the future and few chances of a successful and supported transition from adolescence and throughout early adulthood. High rates of suicide among young people and poor health, mental health and social and emotional wellbeing often co-exists with other markers of poor community functioning and psychological distress such as alcohol and drug misuse, family violence and crime.

In 2012-13, 16,393 Indigenous people were hospitalised with a main diagnosis of 'mental and behavioural disorders' – where changes in their thinking, feelings, and/or behaviour was affecting their day-to-day life - highlighting the significant burden, [dis]ease and despair many people are experiencing.⁵

What's needed to address social determinants and suicide?



Long-term and short-term prevention and early intervention activities in high risk communities ⁶

The above diagram details the complex inequalities and conditions within which Indigenous suicide occurs and which illustrates that it cannot be addressed through a single intervention or approach.⁶ Rather, it requires programs and services that support a multi-level approach to address dispossession, racism and the broader determinants of health and the array of inequalities that impact on the physical and mental health and social and emotional wellbeing health of Indigenous people. It is crucial that any approach to suicide prevention for Indigenous individuals, families and communities recognises the impact of persistent and underlying inequalities.

A prerequisite is improving the social, economic and material fabric of communities in crisis with culturally appropriate policy and program responses to address housing, child protection, juvenile justice and legal services, and community governance as identified and negotiated with Indigenous people. This might include:

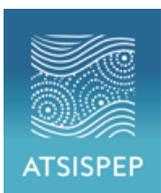
- ◆ improving the conditions of children brought to the attention of child protection services and encourage solutions that will safeguard their cultural identity and connection to kinship networks (eg. positive parenting programs and the provision of culturally secure infant and early child care)
- ◆ improving the housing situation for Indigenous families and enabling a more conducive environment for parents to safely raise their children
- ◆ ensuring that Indigenous young offenders are provided with opportunities to participate in culturally appropriate, evidenced based diversionary programs that have shown to be effective (and cost effective) in reducing re-offending, strengthening resilience (ie 'on country camps'; equine assisted therapies; ranger and sports programs)
- ◆ funding community patrols, places of safety and other neighbourhood support initiatives
- ◆ empowering local communities to address the issues they face through their participation and ownership in all stages of the design and delivery of programs, policy and services.

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

References:

1. House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs 2011. Doing time—time for doing: Indigenous youth in the criminal justice system. Canberra: Commonwealth of Australia.
2. Zubrick, S., Lawrence, D., Silburn, S., Blair, E., Milroy, H., Wilkes, T., Eades, S., D'Antoine, H., Read, A., Ishiguchi, P. & Doyle, S., *The Western Australian Aboriginal Child Health Survey: The Health of Aboriginal Children and Young People*, Telethon Institute for Child Health Research, Perth, 2004.
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4. Silburn SR, Zubrick SR, De Maio JA, Shepherd C, Griffin JA, Mitrou FG, Dalby RB, Hayward C, Pearson G. *The Western Australian Aboriginal Child Health Survey: Strengthening the Capacity of Aboriginal Children, Families and Communities*. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2006.
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