Aboriginal and Torres Strait Islander Voices Have the Solutions to Suicide Prevention:

Who's listening and who's taking action?

Uptake and influence of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

The Centre of Best Practice in
Aboriginal & Torres Strait Islander
Suicide Prevention

THE UNIVERSITY OF WESTERN AUSTRALIA

A review by Jessica Knight, Kim Mulholland, Ee Pin Chang and Roz Walker

May 2024

Shifting Sands, by Roma Winmar (Noongar), acrylic on canvas, 297mm x 297mm, © Roma Winmar 2018

This artwork represents our people doing business on Country that is recovering from colonisation, our lands taken over, our cultures decimated, and our families separated causing hardship, despair, and loss of hope.

The many years of oppression of our cultures that our families and our Elders have had to endure, has meant that we have needed to adapt and learn to engage and address a wide range of issues impacting on our families, in both traditional and contemporary ways. We are concerned with strengthening and reconnecting to our Countries, cultures and families, to nurturing cultural identity and pride whilst still trying to carry our immediate and collective business as First Peoples of Country, but, on Shifting Sands.

The strong representation of our connected communities in the foreground of the painting symbolises the strength of our people as a group, displaying a new sense of cultural identity and pride, and a place of belonging while acknowledging the trauma affecting our families in the present.

We are rising once again, taking control of our own destinies, linking up strongly to each other across an uncertain terrain that will once again become solid as we become reconnected at all levels within a spirit of hope.

About the Artist

Aunty Roma Winmar, Noongar artist, was born in Gnowangerup, a small town in the southwest of Western Australia, in 1944. Her artwork has been presented nationally and internationally with numerous exhibitions. Aunty Roma is a Noongar Language teacher at the Moorditj Noongar Community College in Middle Swan, Western Australia.

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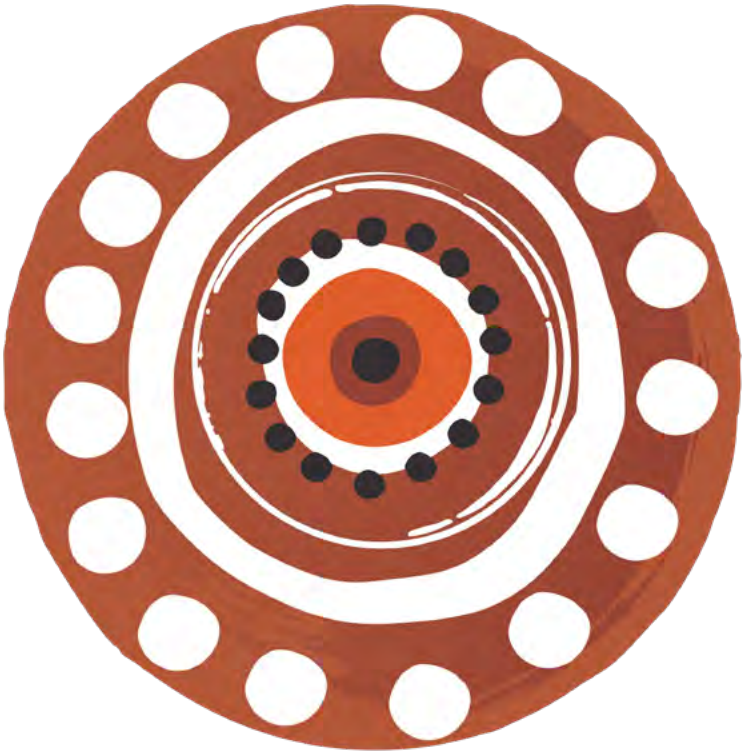
Importantly, we acknowledge and pay respect to all the Aboriginal and Torres Strait Islander families and communities who have lost someone to suicide.

We are especially grateful for the cultural guidance and mentorship provided by Professor Pat Dudgeon to ensure that Aboriginal and Torres Strait Islander cultural protocols were adhered to throughout the research project. In addition, Professor Dudgeon ensured that Aboriginal governance processes were established at the commencement of the project to provide leadership and oversight.

Finally, we would like to pay a special tribute in response to the recent passing of Dr Lowitja O'Donoghue AC CBE DSG and acknowledge her unwavering commitment to improving the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples throughout Australia. We feel deeply honoured and privileged to be publishing this scoping review through her namesake—Lowitja Institute.



Acronyms/Glossary

AAD	Alliance Against Depression
ACCHS	Aboriginal Community Controlled Health Service
AIHW	Australian Institute of Health and Welfare
AMS	Aboriginal Medical Service
APO	Analysis & Policy Observatory
ATAPS	Access to Allied Psychological Services
ATSISPEP	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)
CBPATSISP	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
CTG	Closing the Gap
GDPSA	Gayaa Dhuwi (Proud Spirit) Australia
GP	General Practitioner
KPI	Key Performance Indicator
LGBTQIA Sister Girl and Brother Boy +	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Sister Girl, Brother Boy, +
LHNs	Local Hospital Networks
MHFA	Mental Health First Aid
NACCHO	National Aboriginal Community Controlled Organisation
NATSIMHIL	National Aboriginal and Torres Strait Islander Mental Health Indigenous Leadership
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NEP	National Empowerment Project
NSPT	National Suicide Prevention Trial
NSW	New South Wales
NT	Northern Territory
PHN	Primary Health Network
QAT	Aboriginal and Torres Strait Islander Quality Appraisal Tool (Harfield et al. 2020)
QLD	Queensland
RACGP	Royal Australian College of General Practitioners
Rec	Recommendation
SEWB	Social and emotional wellbeing
WA	Western Australia
UWA	University of Western Australia

Executive Summary

Aboriginal and Torres Strait Islander peoples are a diverse people of great strengths, power and endurance with a profound understanding of human beings and the environment. In 2021, 5 per cent of Aboriginal and Torres Strait Islander deaths were attributed to suicide compared to 2 per cent of non-Indigenous deaths. Suicide was the leading cause of death for Aboriginal and Torres Strait Islander people aged 15–44 years.

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) is a milestone, government-funded, Aboriginal-led evidence-based initiative to reduce suicide rates. A key aim of the ATSISPEP was to provide an evidence base for culturally responsive programs and services to support suicide prevention in Aboriginal and Torres Strait Islander communities, and to inform state and national government policies and commissioning frameworks.

The ATSISPEP report was the first comprehensive report to summarise the Aboriginal and Torres Strait Islander knowledge and evidence base for 'what works in Aboriginal and Torres Strait Islander community-led suicide prevention'. The 2016 ATSISPEP report, *Solutions that Work: What the evidence and our people tell us,* described findings and made recommendations based upon rigorous Aboriginal-led research and extensive knowledge derived from an extensive number of Aboriginal and Torres Strait Islander voices and credible sources.

Consistent with the principles of Aboriginal and Torres Strait Islander self-determination and governance, the ATSISPEP report urges key services and stakeholders involved in addressing suicide prevention, including Primary Health Networks (PHNs), to act upon the findings and recommendations. For example, soon after the ATSISPEP was published in 2016, the 31 PHNs collectively received an estimated $734 million in 2019–20 'to deliver regional and local programs in mental health and suicide prevention', of which approximately 8 per cent ($58 million) was allocated specifically to Aboriginal and Torres Strait Islander programs. The ATSISPEP intended to enhance the co-design process between the PHNs and Indigenous community.

This current review evaluates the extent to which the ATSISPEP report findings, recommendations and resources have been taken up and/or influenced Aboriginal and Torres Strait Islander suicide prevention activity across Australia, particularly among PHNs.

Quantitative and qualitative information was obtained through a survey and interviews with PHNs involved in Aboriginal and Torres Strait Islander suicide prevention. These findings confirmed PHN commissioning practices, including commitment to partnering with Aboriginal community controlled health service partnerships and supporting social and emotional wellbeing, were influenced by the ATSISPEP report.

The objective of this scoping review is to formally evaluate the uptake and influence of ATSISPEP findings, recommendations, and resources to inform PHN commissioning and other Aboriginal and Torres Strait Islander suicide prevention activities across Australia. This review identifies where implementation has been successful and provides solutions to overcome barriers to implementation by directing PHNs and peak Aboriginal bodies to areas where uptake can be increased. It also offers strategies for Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) to support and facilitate PHNs' implementation and activities related to suicide prevention outlined in ATSISPEP and proposes recommendations to be presented to the Australian Government responsible for ATSISPEP's funding.

We conducted a scoping literature review, an online survey with PHNs, and interviews with PHNs to achieve our project aims. The rate of PHNs participation in the survey was 45 per cent.

Of the PHNs surveyed, 80 per cent were aware of the ATSISPEP report prior to receiving the survey and 85 per cent stated that the ATSISPEP recommendations or principles had influenced their commissioning practices. Of the ATSISPEP recommendations, PHNs have been least successful in requiring commissioned services to evaluate their suicide prevention activities and disseminate findings. PHNs have been most successful in incorporating cultural elements, establishing and maintaining partnerships with Aboriginal community controlled organisations and ACCHS, and ensuring staff meet cultural competence or mandatory training requirements.

In summary, the findings from the current review demonstrate the widespread uptake and influence of ATSISPEP report findings and recommendations across PHNs and Aboriginal and Torres Strait Islander suicide prevention policy and practice at local, state and national levels.

Finally, this review identifies strategies and makes further recommendations to increase the uptake, particularly by PHNs, to fulfill the ATSISPEP recommendations.

Summary of ATSISPEP recommendations

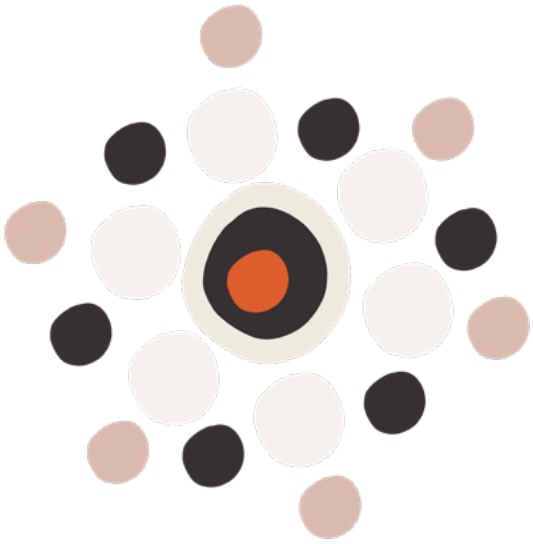
The following table lists the ATSISPEP recommendations that are relevant to Primary Health Networks

Rec number	ATSISPEP recommendation (Rec)	Abridged Rec
1.a.	PHNs require commissioned suicide prevention programs and services to utilise the ATSISPEP success factors with Aboriginal and Torres Strait Islander people and communities.	'ATSISPEP success factors'
1.b.	PHNs require commissioned programs and services to evaluate their suicide prevention activities for Aboriginal and Torres Strait Islander people and communities and disseminate findings to further strengthen the evidence base.	'Program and service evaluation and dissemination'
2	PHNs require commissioned suicide prevention programs and services for Aboriginal and Torres Strait Islander people and communities to include a focus on SEWB (as distinct from clinical support alone).	'SEWB focus'
5	PHNs require commissioned suicide prevention service providers to achieve Key Performance Indicators (KPIs) for the cultural competence of mental health staff working with Aboriginal and Torres Strait Islander people and communities at risk of suicide.	'Culturally competent staff'
9	The Australian Government requires PHNs to report on KPIs which demonstrate cultural capabilities and standards and representation of Aboriginal and Torres Strait Islander communities on boards, community advisory committees and clinical councils.	'Cultural governance'
10	PHNs commission ACCHSs as the preferred provider of suicide prevention activities in Aboriginal and Torres Strait Islander communities, including programs and services funded to implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy through PHNs.	'Preferred service provision through ACCHSs'

In addition, key ATSISPEP 'success factors' state that PHNs:

- address community challenges and social determinants of health
- focus on strengths such as cultural elements, building identity, community ownership and employment, involvement of Elders and partnerships with community organisations
- commission appropriate clinical services including 24/7 clinical help, crisis response teams/postvention, culturally appropriate treatments and training of frontline staff to detect suicide risk.

The following are recommendations to PHNs, strategies for CBPATSISP to facilitate PHNs, and CBPATSISP's recommendations to the Federal Government, to facilitate the uptake of the ATSISPEP recommendations by PHNs.



Recommendations to PHNs

PHN Recommendation 1: All PHNs must utilise ATSISPEP as a key resource in work involving Aboriginal and Torres Strait Islander mental health and suicide prevention.

PHN Recommendation 2: PHNs must access CBPATSISP's *Manual of Resources* which was created as a user-friendly applicable format of ATSISPEP findings and other relevant resources.

PHN Recommendation 3: PHNs' commissioned programs and services must prioritise the evaluation of suicide prevention activities with Aboriginal and Torres Strait Islander people and communities, and disseminate findings to further strengthen the evidence (ATSISPEP Rec 1.b.).

PHN Recommendation 4: PHNs must focus on improving commissioning of clinical services according to ATSISPEP success factors, which may be in partnership with Local Hospital Network funding.

PHN Recommendation 5: PHNs must embed ATSISPEP principles in their organisation and commissioning framework to overcome high staff turnover.

PHN Recommendation 6: PHNs with a population of <25 per cent Aboriginal and Torres Strait Islander people within their jurisdiction must enhance uptake of ATSISPEP findings and resources.

Strategies to be implemented by CBPATSISP

CBPATSISP Strategy 1: Develop and disseminate an annual newsletter.

CBPATSISP Strategy 2: Hold an annual meeting between PHN staff and the ATSISPEP team.

CBPATSISP Strategy 3: Adapt ATSISPEP's commissioning evaluation frameworks to produce a self-audit tool.

CBPATSISP Strategy 4: Establish a community of practice for PHN staff and relevant stakeholders.

CBPATSISP recommendations to Federal Government

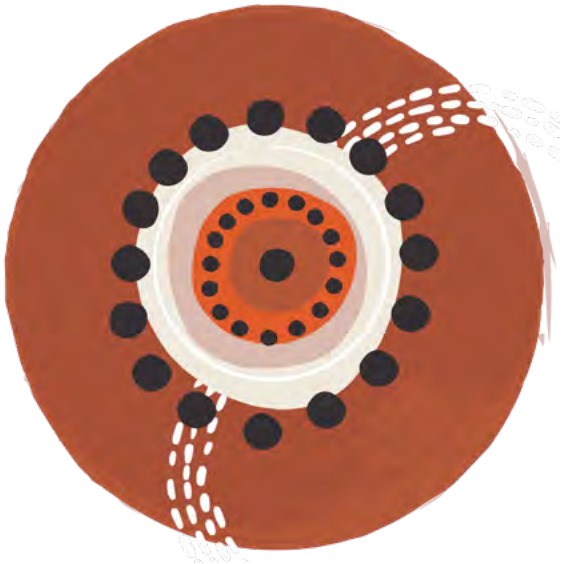
Government Recommendation 1: Increase funding to the ACCHS sector to enable complete and Aboriginal and Torres Strait Islander-led implementation of the ATSISPEP framework, particularly to enable service evaluation.

Government Recommendation 2: Fund an organisation for the specific translation of the ATSISPEP findings and *Manual of Resources* to PHNs, to meet the requests of PHNs to achieve long-term sustainability and transferability.

Government Recommendation 3: Require that PHN commissioning is culturally responsive to align with the ATSISPEP recommendations.

Government Recommendation 4: Extend PHN funding cycles to a minimum of two years, in accord with the time required for effective service design and commissioning that aligns with the ATSISPEP recommendations.

Government Recommendation 5: Release allocated funding for ACCHSs and PHNs to ensure continuity of services that are already in operation and have been validated against the ATSISPEP recommendations.



Introduction

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) is a milestone, government-funded, Aboriginal-led, evidence-based initiative to prevent suicide. ATSISPEP published its final report titled *Solutions that Work: What the evidence and our people tell us* in 2016 (Dudgeon et al. 2016a). This report is the first to comprehensively document the voices of Aboriginal and Torres Strait Islander people on what constitutes success factors for suicide prevention in a range of community and clinical settings. The report urges key services and stakeholders involved in addressing suicide prevention, including Primary Health Networks (PHNs), to act upon the findings and recommendations.

This review evaluates the extent to which the ATSISPEP report findings, recommendations and resources have been taken up and/or influenced Aboriginal and Torres Strait Islander suicide prevention activity across Australia, particularly among PHNs. It includes a scoping literature review to identify ATSISPEP's influence across policy and practice at local community, regional, state and national levels, and surveys and interviews to determine the extent to which PHNs implemented ATSISPEP recommendations. A total of 67 publications demonstrating ATSISPEP's extensive government and non-government influence were identified through the literature review.

Quantitative and qualitative information was obtained through a survey and interviews with participants from 11 of 13 PHNs involved in Aboriginal and Torres Strait Islander suicide prevention. These findings confirmed PHN commissioning practices including commitment to partnering with Aboriginal community controlled health service (ACCHS) partnerships and supporting social and emotional wellbeing (SEWB) were influenced by ATSISPEP. Of note however, very few PHNs adhered to the ATSISPEP recommendation to evaluate services and programs as part of their funding requirements. Seven PHN staff identified the need for ongoing engagement, increased funding and establishing a community of practice to enhance the implementation of ATSISPEP findings and recommendations.

The review findings demonstrate the widespread uptake and influence of ATSISPEP report findings and recommendations across PHNs and Aboriginal and Torres Strait Islander suicide prevention policy and practice at local, state and national levels. This review also identifies strategies and makes further recommendations to increase uptake, particularly by PHNs, to fulfil ATSISPEP report recommendations. The 2020 *National Closing the Gap Partnership Agreement* with its focus on funding the ACCHSs and strengthening their role in suicide prevention should provide greater opportunities to strengthen further implementation of ATSISPEP's principles and evidence-based success factors.

Background

Aboriginal and Torres Strait Islander Health, Wellbeing and Suicide Prevention

Aboriginal and Torres Strait Islander peoples are a diverse people of great strengths, power and endurance with a profound understanding of human beings and the environment (Commonwealth of Australia 2017). Land, family, kinship, spiritual, cultural, mental and physical health harmonise to produce holistic health and social and emotional wellbeing. Ill-health may occur when this harmony is disrupted. The extent of transgenerational trauma, and enduring, unresolved grief and loss as a consequence of colonisation is well documented (Dudgeon et al. 2016a).

In 2021, more than five per cent (5.3%) of Aboriginal and Torres Strait Islander deaths were attributed to suicide compared to under two per cent (1.8%) of non-Indigenous deaths (ABS 2022). Alarmingly, suicide was the leading cause of death for Aboriginal and Torres Strait Islander people aged 15–44 years (ABS 2022).

In 2019, the United Nations acknowledged the devastating impact of colonisation, eradication of Indigenous languages and cultures, separation of families, intergenerational trauma and continued denial of self-determination and empowerment in Indigenous communities on suicide and suicidal behaviour (United Nations 2019). Aboriginal peak bodies including Gayaa Dhuwi (Proud Spirit) Australia (GDPSA) and the National Aboriginal Community Controlled Organisation (NACCHO) have made repeated calls that Government and stakeholders need to listen to and act on self-determined Aboriginal and Torres Strait Islander leadership, and holistically address this complex context of social and cultural determinants to prevent Aboriginal and Torres Strait Islander suicide.

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

ATSISPEP is a milestone, Aboriginal-led, government-funded initiative in Australia to reduce suicide rates, situated within a broader context of suicide prevention work across the country. Importantly, it was developed through a decolonising lens as a response to a need to reduce suicide rates as determined by Aboriginal community members and Aboriginal and Torres Strait Islander leaders in mental health.

In its 2016 report, *Solutions that Work: What the evidence and our people tell us* (Dudgeon et al. 2016a), the ATSISPEP described findings and made recommendations based upon rigorous Aboriginal-led research as well as extensive knowledge derived from an extensive number of Aboriginal and Torres Strait Islander voices and credible sources. Specifically, ATSISPEP was informed by:

- a comprehensive national and international literature review on what works in community-led Indigenous suicide prevention
- sixty-nine community consultations on suicide prevention involving 1,823 participants that took place between 2009-2015 across Australia
- findings derived from 12 Aboriginal and/or Torres Strait Islander community, risk group and subject-matter-specific suicide prevention roundtable consultations across Australia
- the Access to Allied Psychological Services (ATAPS) Operational Guidelines for Indigenous Suicide Prevention Services
- state and territory general population suicide prevention strategies

- key themes and recommendations from the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference held in Alice Springs on 5–6 May 2016 and workshops held on 4 May
- contributions of the Aboriginal and Torres Strait Islander expert leadership group and the National Aboriginal and Torres Strait Islander Mental Health Indigenous Leadership (NATSIMHIL).

The ATSISPEP final report (Dudgeon et al. 2016a) was the first comprehensive report to summarise the Aboriginal and Torres Strait Islander knowledge and evidence base for 'what works in Aboriginal and Torres Strait Islander community-led suicide prevention, including responses to the social determinants of health that are "upstream" risk factors for suicide'. Seventeen key recommendations were made (Appendix IX) and 33 success factors identified (Appendix X) with the aim of ensuring a strong foundation for community-led Aboriginal and Torres Strait Islander suicide prevention activities.

Recommendations and success factors emphasise the critical importance of programs, services and initiatives to:

- facilitate individual and community healing, empowerment and self-determination through Indigenous leadership
- strengthen holistic social and emotional wellbeing (SEWB)
- address the social determinants of health
- promote cultural competence and trauma-informed care.

Within these themes, success factors are organised into three levels of activity or intervention (universal, selected and indicated) and then further categorised to indicate responses for particular risk groups. These organising categories provide the basis for developing a systems-based approach to suicide prevention.

In addition, the ATSISPEP report outlines a range of tools for planning, assessment and evaluation, including implementation frameworks, an evaluation framework and information for practitioners to support suicide prevention activities. Critically, the ATSISPEP report reinforces the importance of both the rights of Aboriginal and Torres Strait Islander peoples, and the recognition of people with lived experience, to govern service design and delivery as leaders and consumers, and the importance of supporting community ownership and investment to achieve long-term sustainable outcomes.

A key aim of ATSISPEP was to provide an evidence base to support the implementation of the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS), which the Australian Government had specifically allocated $17.8 million to implement. The NATSISPS outlined the Australian Government's approach to 'addressing the cause, prevalence and impact of suicide on Indigenous people, families and communities' (Department of Health and Ageing 2013). ATSISPEP was funded to provide an evidence base for culturally responsive programs and services to support suicide prevention in Aboriginal and Torres Strait Islander communities, and to inform state and national government policies and commissioning frameworks.

Indigenous leaders in mental health and suicide prevention, and the Australian Government mutually agreed that NATSISPS's implementation and the funds pledged towards it 'should be impactful and should reduce suicide in Indigenous communities' and that 'more formal approaches should be adopted' according to the guidelines set out by ATSISPEP, to provide 'a sufficiently robust evidence base on which NATSISPS implementation could proceed' (Dudgeon et al. 2016a).

Despite the fact that $17.8 million had been allocated to Aboriginal and Torres Strait Islander suicide prevention, the NATSISPS implementation stalled. By 2020 the Coalition of Peaks (GDPSA 2020), Gayaa Dhuwi (Proud Spirit) Australia (GDPSA 2020) and the NATSIMHIL all highlighted the need for a renewed NATSISPS that applies the ATSISPEP findings and success factors as a key systematic framework that aligns with the Government's new 'integrated approach' to suicide prevention. Government is currently developing the renewed NATSISPS informed by ATSISPEP as recommended, serving as a significant testament to ATSISPEP's ongoing usefulness (GDPSA 2022a).

Consistent with the principles of Aboriginal and Torres Strait Islander self-determination and governance, the ATSISPEP report states that findings, recommendations and tools must be applied by all government agencies and non-government program/service providers and health practitioners involved in suicide prevention, specifically including (but not limited to) all Primary Health Networks (PHNs). PHNs are funded to work with primary and secondary health care providers and ACCHSs to promote efficiency, effectiveness and coordination of health care across their jurisdictions (Currier et al. 2020).

PHNs are responsible for primary mental health care service commissioning and are required to support suicide prevention activity through 'promoting a systems-based regional approach' (DOH 2019). Specifically, they are 'required to plan and commission services to address the needs of people at risk of suicide, including Aboriginal and Torres Strait Islander people' and to 'give priority to ensuring follow-up care and support is available to people in the period following a suicide attempt' (DOH 2019). PHNs are required to develop 'a joint regional mental health and suicide prevention plan' in collaboration with other service providers including the Local Hospital Networks (DOH 2019).

The 31 PHNs collectively received an estimated $734 million in 2019–20 'to deliver regional and local programs in mental health and suicide prevention', of which approximately 8 per cent ($58 million) was allocated specifically to Aboriginal and Torres Strait Islander programs (Productivity Commission 2021). In 2019–20, PHNs received $29.1 million specifically to administer the Aboriginal and Torres Strait Islander Mental Health program which 'aims to improve access to culturally appropriate mental health services for Aboriginal and Torres Strait Islander people' (Commonwealth of Australia 2021). Of this amount, $20.7 million was provided to the ACCHSs (Commonwealth of Australia 2021). Eleven PHNs were also funded $48 million collectively from 2016–2021 to run the National Suicide Prevention Trials (NSPTs) across 12 sites to 'develop and implement a systems-based approach to suicide prevention at a local level for at-risk populations' aiming to 'improve the current evidence of effective suicide prevention strategy' (Currier et al. 2020). They were specifically advised to implement ATSISPEP findings as 'the best available evidence of what works in Aboriginal and Torres Strait Islander suicide prevention' (Currier et al. 2020).

Trial sites were selected based on the infrastructure and services available, the percentage of suicide deaths in the jurisdiction and the Government's election commitments to suicide prevention and mental health within the region (LifeinMind 2023). Seven of the 12 NSPT sites provided services focused on addressing Aboriginal and Torres Strait Islander populations and two of these sites, Kimberley in Western Australia and Darwin in Northern Territory, focused exclusively on Aboriginal and Torres Strait Islander communities and young people, respectively.

Several ATSISPEP recommendations and 'success factors' specifically relevant to PHNs, are outlined in full in Table I and Table II respectively, including a corresponding abridged phrase for each which will be used throughout this review.

Table I. ATSISPEP recommendations relevant to PHNs

Rec number	ATSISPEP recommendation (Rec)	Abridged Rec
1.a.	PHNs require commissioned suicide prevention programs and services to utilise the ATSISPEP success factors with Aboriginal and Torres Strait Islander people and communities.	ATSISPEP success factors
1.b.	PHNs require commissioned programs and services to evaluate their suicide prevention activities for Aboriginal and Torres Strait Islander people and communities and disseminate findings to further strengthen the evidence base.	Program and service evaluation and dissemination
2	PHNs require commissioned suicide prevention programs and services for Aboriginal and Torres Strait Islander people and communities to include a focus on SEWB (as distinct from clinical support alone).	SEWB focus
5	PHNs require commissioned suicide prevention service providers to achieve Key Performance Indicators (KPIs) for the cultural competence of mental health staff working with Aboriginal and Torres Strait Islander people and communities at risk of suicide.	Culturally competent staff
9	The Australian Government requires PHNs to report on KPIs which demonstrate cultural capabilities and standards and representation of Aboriginal and Torres Strait Islander communities on boards, community advisory committees and clinical councils.	Cultural governance
10	PHNs commission ACCHSs as the preferred provider of suicide prevention activities in Aboriginal and Torres Strait Islander communities, including programs and services funded to implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy through PHNs.	Preferred service provision through ACCHSs

In addition, key ATSISPEP 'success factors' state that PHNs:

- address community challenges and social determinants of health
- focus on strengths such as cultural elements, building identity, community ownership and employment, involvement of Elders and partnerships with community organisations
- commission appropriate clinical services including 24/7 clinical help, crisis response teams/postvention, culturally appropriate treatments and training of frontline staff to detect suicide risk.

Table II. ATSISPEP success factors relevant to PHNs

ATSISPEP success factor
Addressing community challenges, poverty, social determinants of health
Cultural elements – building identity, SEWB, healing
Community empowerment, development, ownership and employment of community members/ peer workforce
Involvement of Elders
Partnerships with community organisations and ACCHS
Training of frontline staff/GPs in detecting depression and suicide risk
Access to counsellors/mental health support
24/7 availability of clinical help for self-harm/suicide risk or attempt
Crisis response teams after a suicide/postvention
High-quality and culturally appropriate treatments
Cultural competence of staff/mandatory training requirements

To summarise, ATSISPEP recommendations state that PHNs should:

- require commissioned services to evaluate their suicide prevention activity
- include a focus on SEWB
- ensure staff cultural competence
- include cultural governance on PHN boards, committees and councils
- commission ACCHSs as the preferred provider of suicide prevention activities with Aboriginal and Torres Strait Islander communities.

In conjunction with its final report, the ATSISPEP team developed a range of resources to support the effective implementation of the success factors by Aboriginal and Torres Strait Islander communities, government and non-government organisations, PHNs and other funding agencies. These resources include:

- an Evaluation Tool to evaluate proposals for suicide prevention activity
- a Community Tool to support the development of suicide prevention activity
- an Evaluation Framework for suicide prevention activities for use by communities, government and PHNs
- interactive maps showing Indigenous suicide numbers and rates by postcode
- fact sheets
- discussion papers
- interactive maps detailing trends in suicide across Australia.

Importantly, recommendation 14 formed the rationale to establish the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) in 2017 to 'influence Indigenous suicide prevention policy, practice and research by promoting access to evidence and resources, and through advocacy' (CBPATSISP 2022a). In line with this purpose, CBPATSISP's Clearing House (CBPATSISP 2022b) shares programs, services, tools and resources that have been identified as best practice according to the principles outlined in ATSISPEP and refined over time. The Clearing House is centered on the 'critical importance of community-led cultural responses to address suicide alongside clinical approaches through Aboriginal community controlled and mainstream services' and the 'rights of Aboriginal and Torres Strait Islander people and communities to self-determination'.

Implementing the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Since ATSISPEP commenced, Aboriginal and Torres Strait Islander leaders have voiced concerns regarding whether key organisations responsible for suicide prevention service delivery would implement ATSISPEP recommendations. Leaders also voiced concerns regarding the Australian Government's failure to follow through with the $17.8 million funding pledged to implement the NATSISPS.

In December 2015, Professor Dudgeon commended 'the $85 million of new funding promised to Indigenous mental health and the broad recognition of our wellbeing and mental health needs as a priority' (NACCHO 2015). However, Adele Cox, Bunuba and Gija woman and senior research consultant for ATSISPEP, stated that 'there is no indication as to whether the $17.8 million pledged to the [NATSISPS] continues to be quarantined, or whether it has been counted in the $85 million of new funding' requesting ...clarification in both areas' (NACCHO 2015). In 2017, an article in *The Lancet*, 'Suicide in Indigenous Australians: A "Catastrophic Crisis"', reported that Aboriginal and Torres Strait Islander experts critical of the ongoing implementation failures had called for government commitment to Aboriginal and Torres Strait Islander-led solutions to overcome the assimilating approach of government bureaucracy (Cousins 2017).

In 2018, two years after ATSISPEP's final report publication, the University of Western Australia (UWA) reviewed the implementation and impact of two UWA publications: ATSISPEP (Dudgeon et al. 2016a) and the National Empowerment Project (NEP) (Dudgeon et al. 2014a; Mia et al. 2017) in its report *Engagement and Impact Report on Aboriginal and Torres Strait Islander communities: Health, wellbeing and suicide* (UWA 2018).

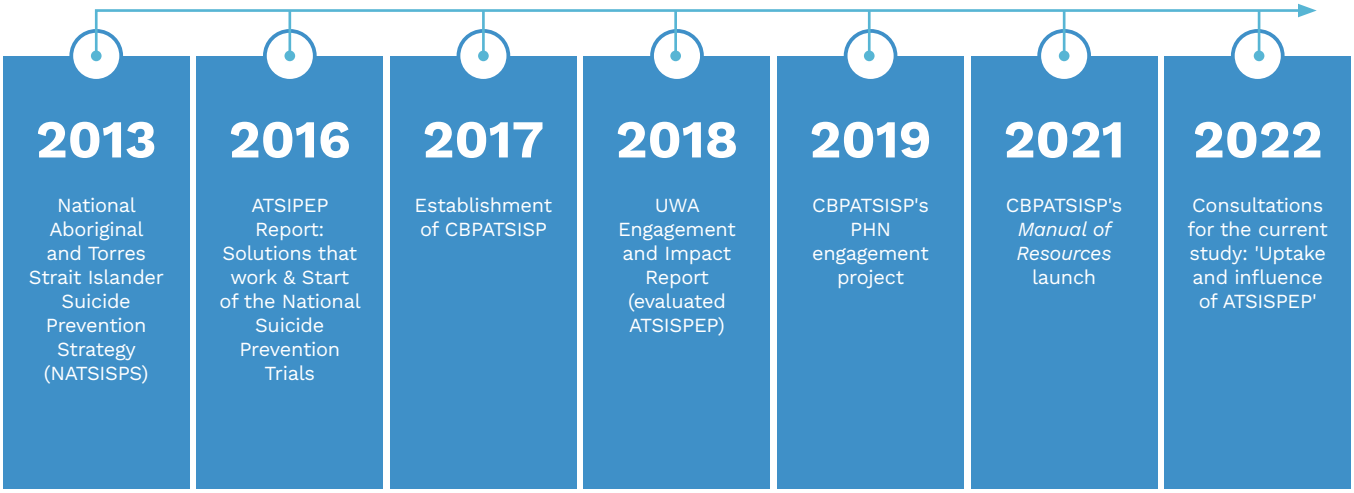
The impact report found that both national projects 'have contributed significantly to the knowledge base on how to address this health challenge [i.e., Aboriginal and Torres Strait Islander suicide] and have influenced government policy' (UWA 2018). In particular, the authors noted that both UWA projects 'have increased awareness in community based and Indigenous led solutions' and 'informed policy decisions made by the Federal Government in relation to Indigenous health strategies and suicide prevention programs'. They also noted 'the Government's intention to use ATSISPEP research to inform decisions' – quoting Nigel Scullion, Senator for the Northern Territory and Minister for Indigenous Affairs: 'this is not a report that is going to be on a shelf gaining dust, I assure you.'

In 2019, CBPATSISP engaged with PHNs across Australia to investigate their progress in implementing the ATSISPEP recommendations throughout their suicide prevention activity commissioning (CBPATSISP 2019). A senior consultant

asked PHNs about the resources they needed to support commissioning and implementation of ATSISPEP. PHNs expressed a need for an accessible version of the ATSISPEP recommendations that could be directly implemented. In response, CBPATSISP developed the *Manual of Resources for Aboriginal and Torres Strait Islander Suicide Prevention* (CBPATSISP 2021a). Designed specifically to guide PHNs working with Aboriginal and Torres Strait Islander communities, the manual contains ATSISPEP's *Indigenous Suicide Prevention Activity Assessment Tool* (ATSISPEP 2021a) and *Indigenous Suicide Prevention Activity Evaluation Framework* (ATSISPEP 2021b) to assess suicide prevention programs or proposals against the ATSISPEP recommendations.

The timeline in Figure I below demonstrates these two analyses of ATSISPEP's uptake and influence in relation to ATSISPEP's publication in 2016 and other key milestones. The timeline tracks the various initiatives that have been established in the past six years to ensure the implementation of ATSISPEP's findings and recommendations.

Figure I. Timeline of key milestones related to ATSISPEP



There has been no further review or formal evaluation of ATSISPEP's implementation or the extent of uptake and influence of ATSISPEP report findings, recommendations and tools by key stakeholders including the PHNs. In 2020, the Legislative Council in Western Australia was asked how the government has 'monitored the performance of the ATSISPEP regarding Aboriginal suicide prevention' and was requested to 'table the review(s) and evaluation(s) of the ATSISPEP' but the Minister for Health's representative was unable to answer due to the absence of a formal evaluation (Parliament of Western Australia 2020). Evaluation is crucial to ensure that the research findings are effectively disseminated and implemented to generate real impacts. This report attempts to address the significant gap highlighted in report to Parliament.

Suicide remains a major problem among Aboriginal and Torres Strait Islander communities. Social determinants including poor housing, racism and transgenerational trauma, continue to adversely impact health and SEWB, despite extensive evidence and ATSISPEP recommendations that governments must address social determinants of health and upstream issues (Dudgeon et al. 2016a). Since the publication of ATSISPEP in 2016, the rate of Aboriginal and Torres Strait Islander suicide has continued to increase from 23.5 to 27.9/100,000 people in 2020 (age-standardised rates), compared to marginal increases in the non-Indigenous population from 11.6 to 11.8/100,000 people (AIHW 2022).

Thus, there remains a compelling need, determined by Aboriginal and Torres Strait Islander leadership, to ensure that the key organisations responsible for suicide prevention service delivery are implementing the Aboriginal-led, evidence-based, ATSISPEP recommendations as 'solutions that work'.

The Scoping Review

Objective

The objective of this scoping review is to formally evaluate the uptake and influence of ATSISPEP findings, recommendations, and resources to inform PHN commissioning and other Aboriginal and Torres Strait Islander suicide prevention activities across Australia. The review includes enablers and barriers to implementation and recommendations to enhance future implementation.

This review is fundamental to increase the dissemination and application of the ATSISPEP findings and recommendations, to ensure that key stakeholders are listening to and enacting the Aboriginal voices with the solutions that prevent suicide. This review identifies where implementation has been successful and provides solutions to overcome barriers to implementation by directing PHNs and peak Aboriginal bodies to areas where uptake can be increased. It also offers strategies for CBPATSISP to support and facilitate PHNs' implementation and activities related to suicide prevention outlined in ATSISPEP and proposes recommendations to be presented to the Australian Government responsible for ATSISPEP's funding. The review advocates for increased integration of the ATSISPEP findings into suicide prevention work throughout Aboriginal and Torres Strait Islander communities. Importantly, the review outlines strategies to enhance and optimise implementation of the ATSISPEP findings within the forthcoming renewal of the NATSISPS (GDPSA 2020) and will provide evidence to government regarding ATSISPEP's performance as previously requested in the Legislative Council in 2020 (Parliament of Western Australia 2020).

Methods

We conducted a scoping literature review (*Part 1*), an online survey with PHNs (*Part 2*), and interviews with PHNs (*Part 3*) to achieve our project aims.

Decolonising approach to research

We conducted this project using a decolonising approach, in accord with the Indigenous Research Excellence criteria (NHMRC 2022) and Aboriginal and Torres Strait Islander Quality Appraisal Tool (QAT); Harfield et al. 2020). Professor Dudgeon provided research oversight and governance to determine the research paradigm and methods for data collection, analysis and interpretation.

To ensure representation of community perspectives, we drew on community consultations conducted across Australia (Currier et al. 2020) and extensive Aboriginal-authored literature. We complemented the literature findings with the PHN consultations using a yarning approach and open-ended questions which facilitated two-way learning.

We have included all data in the final report to ensure data sovereignty and ownership by CBPATSISP. Findings are translated into concrete strategies for dissemination to PHNs, stakeholders, community members and Government. As part of this process, findings have already been presented across Australia at the National Suicide Prevention Trial Review on Larrakia Country/Darwin, NT, the Indigenous Suicide Prevention Forum in Meeanjin/Brisbane, the Rural Doctors Network Conference on Gadigal Country/Sydney, and the National Suicide Prevention Conference on Ngunnawal Country/Canberra.

The recommended strategies are designed to improve uptake and sustainability of the ATSISPEP findings and recommendations to enhance suicide prevention activity, increase capacity building and ensure broader wellbeing benefits for Aboriginal and Torres Strait Islander communities.

The study addresses the evidence-deficit narrative that exists around Indigenous suicide prevention (Dudgeon et al. 2021). The sample size to evaluate measurable reductions in suicide, attempted suicide and suicide ideation is often too small to evaluate outcomes or achieve statistical significance, considering the relatively small number of Aboriginal and Torres Strait Islander suicide deaths within a relatively small total population across Australia or particularly within a single community (Dudgeon et al. 2021). With this in mind, Dudgeon calls for a greater focus on broader outcomes assessment. This includes 'measurable reductions in risk factors for suicide such as changes in 'at-risk' behaviours (that is, reductions in self-harm, alcohol and drug use)' as well as 'measurable improvements to the SEWB of the community with a focus on self-governance, cultural activity, physical health, employment, community safety and school attendance'. This study is designed to assess the uptake of ATSISPEP recommendations largely focused on the community outcomes above, rather than reductions in suicide or suicidal behaviour.

Part 1: Scoping literature review

The scoping review provided a targeted and inclusive assessment in line with the overall study objective. While the scoping review captures references to ATSISPEP in the published and grey literature, it does not provide an exhaustive discussion of all published references to ATSISPEP. By selecting key policy documents, government reports, policies, programs, strategies and services that refer to or use ATSISPEP, it provides a comprehensive picture of the breadth and nature of the uptake and influence of the ATSISPEP findings and recommendations.

The scoping review also captures the usage/application of ATSISPEP's tools and resources by communities and stakeholders across Australia.

Search strategy

This review was conducted according to JBI scoping review methodology (Peters et al. 2020). We searched CINAHL Complete, PubMed, Medline, Web of Science, PsycInfo, ProQuest, Analysis and Policy Observatory (APO), Australian Institute of Health and Welfare (AIHW), Australian Indigenous HealthInfoNet and Google Scholar for papers published in English between November 2016 and September 2022 that refer to ATSISPEP findings. The search terms were ('ATSISPEP' OR 'Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project'). Duplicates were removed.

Selection criteria

This review considered literature regarding Aboriginal and Torres Strait Islander suicide prevention by any Australian government or non-government community-based organisation, program, service or independent author. All sources, including peer-reviewed primary research, policy documents, government reports, guidelines, media articles and websites, and all research methodologies were considered. Literature regarding suicide prevention outside Australia were excluded.

Suicide prevention is defined as any work or activity to prevent suicide or suicidal behaviour. We included interventions for all communities (universal interventions), identified high-risk groups (selective interventions), or identified high-risk individuals (indicated interventions).

We included interventions that prevent suicide risk factors (primordial prevention), suicide death (primary prevention) or successive suicides (postvention). We also included publications on suicide prevention that contribute to the knowledge base.

Reviewer assessment

All titles and abstracts were assessed by the first author for exclusion criteria before reviewing remaining full texts for exclusion and inclusion criteria. Qualitative data was extracted on the objective of each publication and any references to ATSISPEP including references to specific recommendations, success factors, resources or tools. The evidence selection and extraction was reviewed by the senior author to minimise errors.

Critical appraisal

Critical appraisal was performed through a decolonising lens using the Aboriginal and Torres Strait Islander QAT (Harfield et al. 2020) and reviewed by the Cultural Lead and senior author. The QAT was complemented by the JBI checklist for (i) qualitative research, (ii) text and opinion papers, or (iii) systematic reviews and research syntheses (JBI 2022) for each publication. Papers were given a rating of 1 (<50% criteria achieved), 2 (>50% criteria achieved) or 3 (all or almost all criteria achieved); papers rated 1 were excluded.

Critical appraisal was not performed for papers published by ATSISPEP authors (*Results Section 4*) to minimise bias, or government documents as the research critical appraisal checklists were not applicable.

Data analysis

Literature included in the review was qualitatively grouped into sub-categories based on resource type and the extent the resource referenced ATSISPEP then synthesised into narrative summary.

Parts 2 and 3: Survey and interviews

Survey design

An online survey (Appendix XI) was created using surveymonkey.com. Questions were developed by the first author, reviewed and modified by the senior author and the senior consultant for CBPATSISP who developed the *Manual of Resources* (CBPATSISP 2019). The survey was designed to assess the PHNs' alignment with six of the 17 ATSISPEP recommendations (Table I) and 11 of the 33 ATSISPEP success factors (Table II) deemed as most relevant to PHNs.

Interview design

PHN staff at NSPT sites were offered an opportunity to expand on survey answers to further explore their perspectives and experiences in engaging with Aboriginal and Torres Strait Islander suicide prevention. Interview participants were asked:

(i) *What, from your perspective, were the most important learnings from ATSISPEP that informed your work and do you have an example of how you utilised the ATSISPEP findings?*

(ii) *Expanding on what you told us in the survey, we would like to hear about any highlights and/or challenges that you experienced in implementing the ATSISPEP findings.*

All interviews were conducted by the first author with senior staff of each PHN considered to have sufficient understanding of the organisation's operations in relation to suicide prevention activities. Interviews were conducted over Zoom Video Communications, Inc.® and recorded for subsequent transcription (Appendices XII–XVI).

Invitation and follow-up

Survey and interview invitations were emailed via the PHN Cooperative to all 31 PHN Chief Executive Officers across Australia. All PHNs were invited to participate in the survey and PHNs in NSPT's sites were invited to participate in an interview. PHNs that did not respond were followed up twice via email from the PHN Cooperative and once via phone call through UWA.

Data analysis

The project team adopted a decolonising lens throughout data collection and analysis to ensure data sovereignty, relevance to Indigenous worldviews and usefulness for Aboriginal and Torres Strait Islander communities. This approach acknowledges the critiques to postcolonial statistical systems which derive meaning from dominant social norms and values, require large samples to determine 'power' and exclude Indigenous epistemologies. Postcolonial statistical systems also often retain data as confidential rather than ensuring freely accessible data to support Indigenous peoples' needs, priorities, capacity building, empowerment and self-determination (Kukutai 2016).

All survey and interview data collected is included in the report to enable data sovereignty through openly available data. While statistical significance was calculated as per the methods outlined below, we acknowledge that this represents only one approach and have hence included raw data as well. We have also included results deemed both significant and non-significant through these methods in our discussion and recommendations rather than excluding data deemed non-significant through colonial data analysis approaches.

Surveys were quantitatively analysed using Microsoft® Excel®. We used simple percentage calculations and graphs to analyse the extent of uptake of ATSISPEP recommendations, success factors and resources. To compare uptake between NSPT and non-NSPT PHNs according to the percentage of the population that Aboriginal and Torres Strait Islander people comprise, statistical significance was calculated using a two-tailed p-value on a two-sample t-test assuming unequal variances. The extent of correlation between the number of ATSISPEP recommendations and success factors implemented and the Aboriginal and Torres Strait Islander population percentage was assessed on scatter plot, with an option to calculate a correlation coefficient using Excel's data analysis correlation tool if scatter plot demonstrated valid correlation. An ANOVA single factor test was calculated to determine the statistical significance of the variation in the uptake of CBPATSISP's *Manual of Resources* by sites where Aboriginal and Torres Strait Islanders comprise <5, 5–25, 25–50 and >50 per cent of the PHN jurisdiction's population. Comments were aggregated by pooling key themes.

Interviews were qualitatively analysed by narrative analysis and thematic grouping into key themes that emerged from the interview transcripts, with relevant quotes included for each theme. For PHNs with two participants, open-question responses were pooled from both participants while closed-questions were based on the most senior staff's response where both answered and were not in agreement.

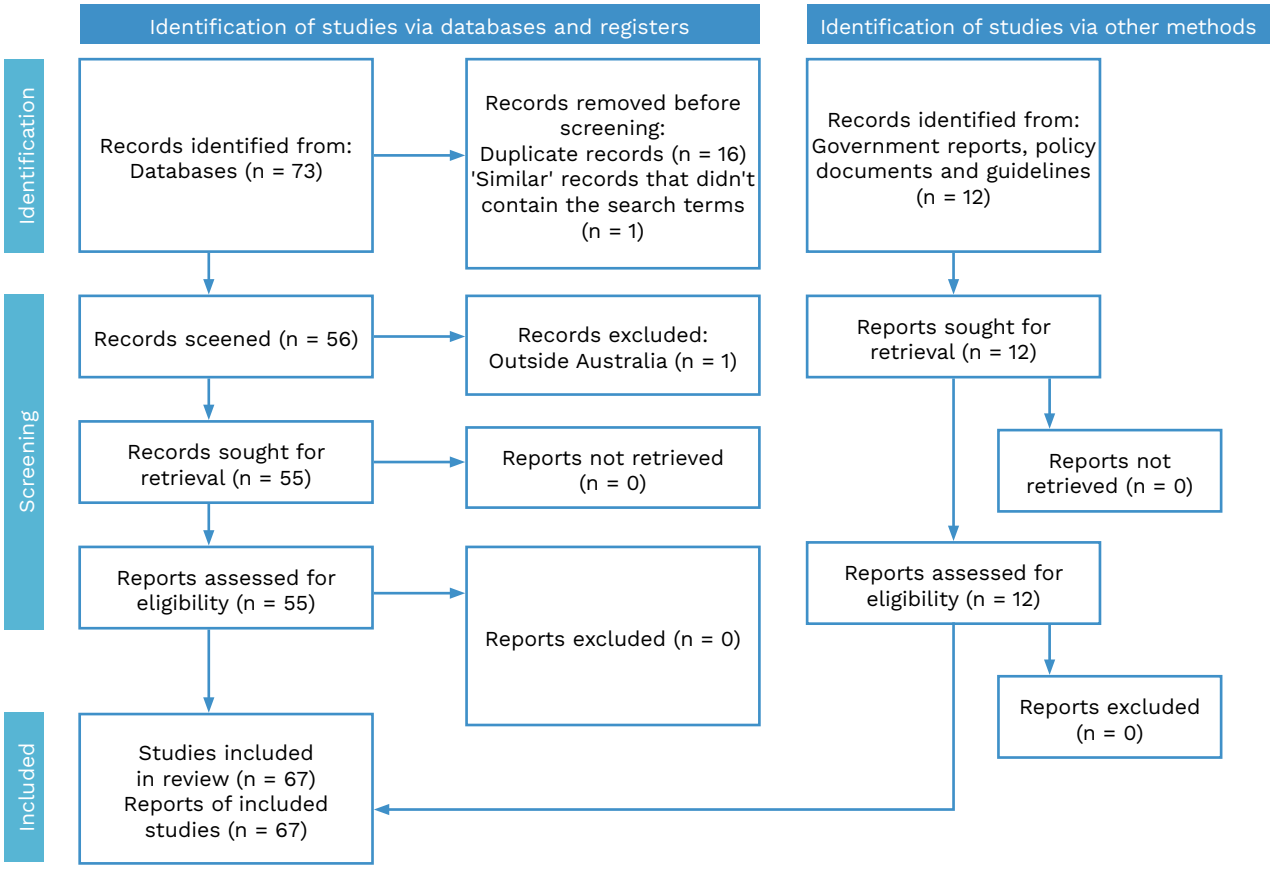
Survey and interview data, including interview quotes, have been kept anonymous; where PHNs have shared information or discussed a program which is already published elsewhere, the relevant sources are cited.

Results

Part 1: Scoping literature review

A total of 73 papers were identified through database searching. Expert advice from the Primary Research Supervisor regarding important government reports, policy documents and guidelines related to the search terms 'Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project' OR 'ATSISPEP' added a further 12 resources. Sixteen duplicate records were removed. PubMed retrieved limited results (*n*=3) which automatically included one publication deemed "similar" by the PubMed search formula but did not contain the search terms and was excluded. One paper was excluded on title and abstract examination as our review was limited to work within Australia. Full-text review and critical appraisal of the remaining papers resulted in no further exclusions leaving 67 publications in the final dataset (Figure II).

Figure II. Flow diagram for scoping review according to PRISMA template for systematic reviews



From: Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D. et al. 2021, The PRISMA 2020 Statement: An updated guideline for reporting systematic review, *BMJ*, vol.372:n71. DOI 10.1136/bmj.n71

Section 1: National Suicide Prevention Trials (NSPT) and ongoing legacy

ATSISPEP provides a key systematic framework for suicide prevention activity planning within the Australian Government-funded NSPTs, confirmed in the National Suicide Prevention Trial Final Evaluation Report (Currier et al. 2020) and Black Dog Institute's National Suicide Prevention Symposium (Black Dog Institute 2019). While most of the 12 sites followed Black Dog Institute's LifeSpan approach (Black Dog Institute 2020) or the Alliance Against Depression (AAD) (Hegerl, Wittmann & Arensman 2008) as Western suicide prevention frameworks, all seven sites that focused on Aboriginal and Torres Strait Islander populations elected to implement ATSISPEP as 'the best available evidence of what works in Aboriginal and Torres Strait Islander suicide prevention' (Currier et al. 2020).

Each of the seven NSPTs adapted ATSISPEP to suit their local communities. For example, as Currier and colleagues confirm Darwin used ATSISPEP as an overarching framework (n=1), a resource to draw on in developing their own framework—Strengthening our Spirits (PHN Northern Territory 2019) (n=1)—or as a 'guide' or 'reference document' (n=5). One NSPT used the ATSISPEP report to develop the program logic for community action plans. ATSISPEP guided the NSPTs' emphasis on the 'importance of establishing genuine Aboriginal and Torres Strait Islander governance, including leadership and self-determination, as distinct from the structural governance established for the trial'.

The National Suicide Prevention Trial Final Evaluation Report (Currier et al. 2020) outlines recommendations for future government national suicide prevention policy making. Included is a central recommendation drawing on ATSISPEP—that 'suicide prevention strategies must originate from Aboriginal and Torres Strait Islander-specific evidence and knowledge and genuine Aboriginal and Torres Strait Islander governance is fundamental'.

The effectiveness of employing the ATSISPEP framework and success factors within the NSPTs that focused on Aboriginal and Torres Strait Islander Suicide Prevention, is evident in the National Suicide Prevention Trial Final Evaluation Report. The authors concluded that 'Operationalising the ATSISPEP framework to guide planning a multi-component, multi-level suicide prevention approach was an effective strategy for developing a coordinated and coherent suite of interventions' (Currier et al. 2020, p.94).

In September 2021, following ATSISPEP's success within the NSPTs, the Black Dog Institute partnered with CBPATSISP, NACCHO and a range of key stakeholders to determine an Indigenous research methodology to develop 'an integrated systems approach to suicide prevention in Aboriginal and Torres Strait Islander communities' (Black Dog Institute 2021) drawing on the success factors outlined in the ATSISPEP report. This work to develop an integrated systems framework and process builds on discussions at the Systems Approach to Suicide Prevention Workshop hosted by ATSISPEP at UWA in December 2016 (ATSISPEP 2016).

Section 2: Government policies and documents

The review revealed 16 key state or Federal government policies and documents (Table III) where ATSISPEP has had a significant influence. For instance, ATSISPEP provided a 'critical policy foundation' for the *Fifth National Mental Health and Suicide Prevention Plan* (DoH 2017) and informed formal recommendations in several national government strategies including:

- the *National Suicide Prevention Adviser – Final Advice* (National Suicide Prevention Adviser and Taskforce 2021)
- the *Commonwealth Closing the Gap Implementation Plan* (Commonwealth of Australia 2021)
- the *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (DoH 2021)
- the discussion paper on *Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (GDPSA 2020).

Similarly, ATSISPEP informed central recommendations in state and territory suicide prevention plans across the Northern Territory (NT) (DoH 2018b), Queensland (QLD) (Queensland Mental Health Commission 2019) and Western Australia (WA) (Mental Health Commission 2020) (Table III), as well as the *Kimberley Aboriginal Suicide Prevention Regional Plan* (KAMS 2021) which informed the aforementioned *WA Suicide Prevention Framework* (Mental Health Commission 2020).

ATSISPEP also informed recommendations in critical government inquests and inquiries within Western Australian parliamentary reports, including among others:

- the report of the *Inquiry into Aboriginal youth suicide in remote areas* (Parliament of Western Australia 2016)
- the Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region, Western Australia (Fogliani 2019)
- the subsequent Learnings from the message stick (Parliament of Western Australia 2016).

Most of the aforementioned reports encompass strategies which broadly align with ATSISPEP's recommendations and success factors (Appendix I), of which approximately half reference ATSISPEP as their key influence.

Several government or government-funded documents (Ridani 2016; DoH 2018a) recommended ATSISPEP as a key useful resource and as a 'community tool for the evaluation and development of Aboriginal and Torres Strait Islander suicide prevention programs and services'.

Section 3: Non-government policies and programs

This section details reference to ATSISPEP by non-government peak body policies and documents, and literature reviews, programs and guidelines at both the national and state level.

3.1 Non-government peak body policies and documents

A large number of non-government peak bodies referred to ATSISPEP in policies, documents and online portals. For instance, the NT Mental Health Coalition features the ATSISPEP report on its website (GDPSA 2022) as a key mental health report state-wide and nation-wide. Suicide Prevention Australia in its submission to the Western Australia Legislative Assembly for the Inquiry into Aboriginal Youth Suicide referred to the ATSISPEP report, 'strongly urging' the Legislative Assembly to 'heed the advice of key Aboriginal and Torres Strait Islander stakeholders with regards to what works to prevent suicide' (Murray 2016). The WA Government refers to the ATSISPEP report recommendations and success factors extensively throughout the inquiry (see Table III and Results Part 1: Scoping literature review; Section 2).

The Centre for Rural and Remote Mental Health's (New South Wales) *Rural Suicide and its Prevention: A CRRMH position paper* (Hazell et al. 2017) emphasised the need to ensure Indigenous leadership and community-led programs, and to focus on SEWB, cultural renewal, social determinants of health and trauma-informed care as informed by the ATSISPEP report.

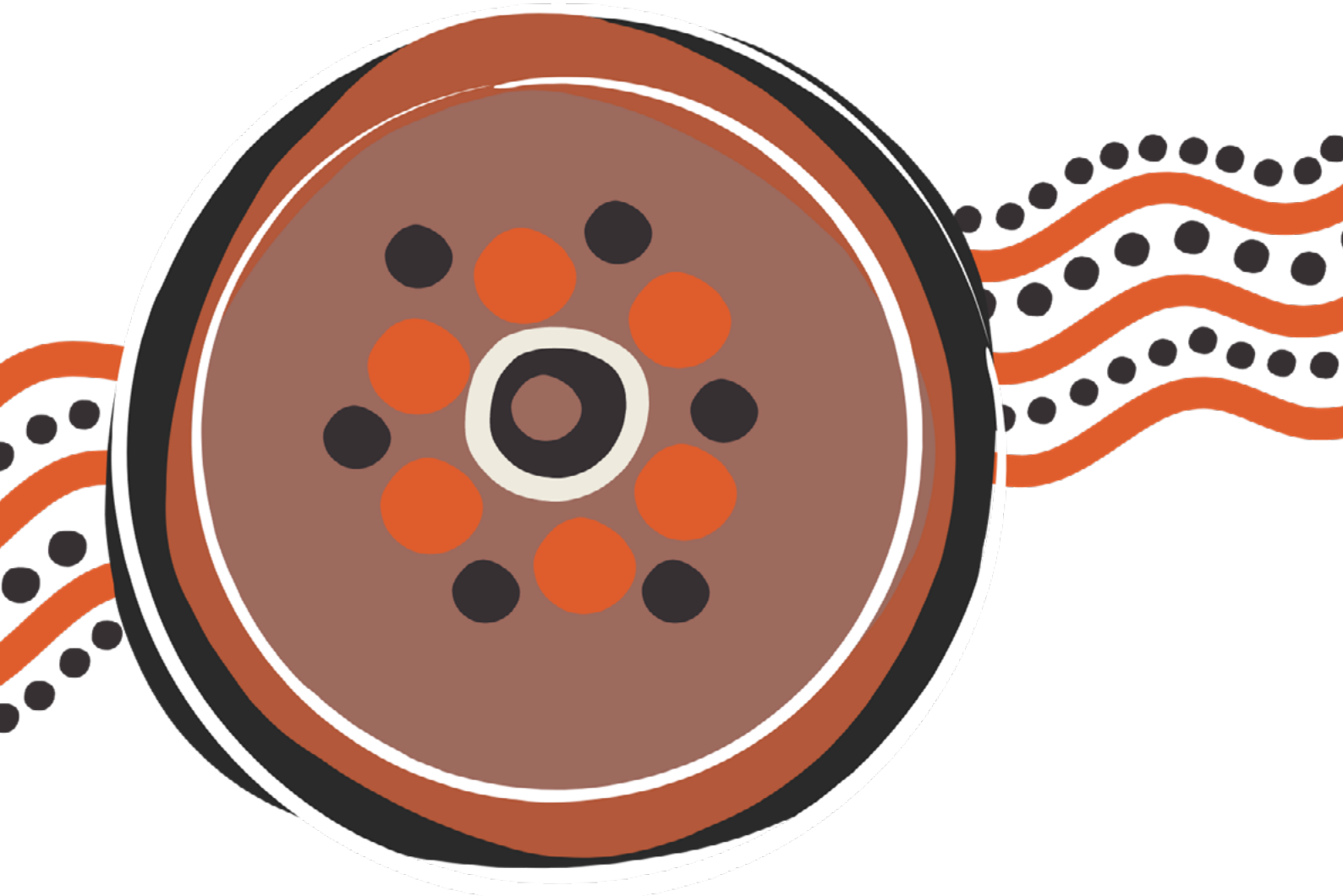


Table III. Key state and Federal government documents influenced by ATSISPEP

Author, date	Title	ATSISPEP's contribution
National-level documents		
(Parliament of Western Australia 2016)	*Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas*	ATSISPEP recommendations 1.b, 2, 4, 5 and 10 (see Table I); success factor regarding 24/7 service availability and *Critical Response Model* are drawn on considerably in examining Aboriginal and Torres Strait Islander suicide prevention. ATSISPEP informed 14 of the inquiry's 44 recommendations (Appendix II). Recommendation 10 directly advocates the use of ATSISPEP assessment tools and evaluation framework to evaluate program and service effectiveness and Recommendation 37 advocates for implementation of ATSISPEP postvention strategies and the *Critical Response Project*. The inquiry summarises that 'many previous inquiries and their multitude of recommendations, not least the recent ATSISPEP final report, highlight that significant work has already been done to identify what the issues are and how they can be addressed; what is needed now is to effectively action these recommendations'.
(DoH 2017)	*Fifth National Mental Health and Suicide Prevention Plan*	ATSISPEP '[provided] a critical policy foundation' that 'informs approaches adopted in the Fifth Plan' to address SEWB, mental illness and suicide among Aboriginal and Torres Strait Islander peoples as a priority.
(Parter et al. 2018)	*The Closing the Gap (CTG) Refresh: Should Aboriginal and Torres Strait Islander culture be incorporated in the CTG framework? How?*	ATSISPEP's emphasis on the importance of incorporating culture to ensure holistic and culturally responsive programs influenced this proposition from the Poche Centre for Indigenous Health for Aboriginal and Torres Strait Islander culture to be incorporated in the national Close the Gap framework.
(RACGP 2020)	*Submission on Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*	In its submission to GDPSA, The Royal Australian College of General Practitioners (RACGP) emphasise its 'support for the recommendations outlined in the ATSISPEP report'. Informed by ATSISPEP, it supports inclusion of local Elders, a cultural framework and community-led service delivery in the renewed NATSISPS, as well as the inclusion of leading Aboriginal and Torres Strait Islander organisations in the national mechanism for renewal.
(GDPSA 2020)	*Discussion Paper on Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*	GDPSA, appointed by the Australian Government to renew the 2013 NATSISPS, acclaimed CBPATSISP as a key organisation within the National Suicide Prevention Leadership and Support Program continuing the work of ATSISPEP as part of the national mechanism for the implementation of the renewed NATSISPS, citing it as a 'noteworthy example' of NATSISPS' call for 'a strong evidence base, including [SEWB] and mental health research agenda, under Indigenous leadership'. ATSISPEP was cited 24 times and informed a multitude of updates proposed by GDPSA (Appendix II). In particular, ATSISPEP Recommendation 9, regarding Aboriginal and Torres Strait Islander cultural governance of PHNs, is directly endorsed.
(Currier et al. 2020)	*National Suicide Prevention Trial Final Evaluation Report*	ATSISPEP was a key systematic framework for planning suicide prevention activities within the government-funded NSPTs, as outlined in *Section 1: National Suicide Prevention Trials and ongoing legacy*.
(National Suicide Prevention Adviser and Taskforce 2021)	*National Suicide Prevention Adviser – Final Advice*	ATSISPEP informed the new national recommendations which have been compiled as part of the Australian Government's commitment to working 'towards zero suicides'. ATSISPEP's success factors and the ongoing work of CBPATSISP are 'strongly supported' to include in 'community choices for integrated suicide prevention activity'. In particular, the National Suicide Taskforce supports ATSISPEP's recommendations regarding youth cultural programs and peer-to-peer mentoring, supported gatekeeper programs and 'the involvement of people with lived experience in co-designing responses and culturally appropriate referral pathways'.
(DoH 2021)	*National Aboriginal and Torres Strait Islander Health Plan 2021–2031*	ATSISPEP is recognised as a systems-based framework in the planned national approach to achieve holistic Aboriginal and Torres Strait Islander mental health and integrated suicide prevention 'as underlined as best practice in the *Fifth National Mental Health and Suicide Prevention Plan*' (Department of Health 2017). In particular, the plan will draw on ATSISPEP's success factors and 'actions for at-risk groups'. The plan also makes reference to CBPATSISP as a 'resource for Aboriginal and Torres Strait Islander communities, mental health and health services, PHNs, policy makers, researchers and advocates' that 'helps them navigate the large number of Aboriginal and Torres Strait Islander-specific and mainstream policy documents related to suicide prevention, mental health and social and emotional wellbeing'.

(Commonwealth of Australia 2021)	*Commonwealth Closing the Gap Implementation Plan*	ATSISPEP informed one recommendation in the reforms to the 'Closing the Gap' partnership between 'all Australian governments, the Coalition of Peaks and the Australian Local Government Association'. Under 'Target 14: Significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero', the Government commit to partnerships and engagement with Aboriginal and Torres Strait Islander people as informed by ATSISPEP.
State-level documents		
(DoH 2018b)	*Northern Territory Suicide Prevention Strategic Framework 2018-2023*	The NT's strategic framework refers to ATSISPEP's emphasis on understanding the traumatic impacts of colonisation on wellbeing and have incorporated these factors related to SEWB.
(Queensland Mental Health Commission 2019)	*Every Life; The Queensland Suicide Prevention Plan 2019-2029*	ATSISPEP features in one recommendation in QLD's new suicide prevention plan: to 'build on the findings of [ATSISPEP] to establish and evaluate community-led mental health and youth suicide-prevention initiatives in higher-need urban and remote communities across [QLD]'. The recommendation comes under the acknowledgement that suicide prevention is more effective when designed and delivered by community and hence that there is a need to '[strengthen] Aboriginal and Torres Strait Islander leadership' in mental health and suicide prevention'.
(Fogliani 2019)	*Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region, Western Australia*	ATISPEP is referenced in 13/1749 findings and two of 42 recommendations (Appendix II) in the State Coroner's inquest into the deaths of 13 Aboriginal children and young persons. The report evaluated program effectiveness against the ATSISPEP success factors and references the importance of ATSISPEP's model of universal, selective and indicated interventions, SEWB approach and recommendation for co-designed cultural competency training.
(Department of the Premier and Cabinet 2019)	*Statement of Intent on Aboriginal Youth Suicide in Western Australia*	ATSISPEP features in four recommendations in the WA Government's response to Aboriginal youth suicide. The *Statement of Intent* confirms that WA Government agencies use the ATSISPEP assessment tools and evaluation framework and considers the ATSISPEP and *Critical Response Project* in postvention activities and to ensure community representation and consultation.
(Mental Health Commission 2020)	*Western Australian Suicide Prevention Framework 2021-2025*	The *WA Suicide Prevention Framework* 'aims to build on the work of previous strategies and considers strategic documents' including ATSISPEP which is cited as 'contemporary research that supports... a systems-based approach'.
(KAMS 2021)	*Kimberley Aboriginal Suicide Prevention Regional Plan*	ATSISPEP and the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (Commonwealth of Australia 2017) were integrated with work done by Aboriginal people and communities throughout the Kimberley to create a range of systematic, practical, place-based approaches to prevent and reduce self-harm and suicidal behaviour. This plan was prepared 'as an input to the WA government development of the regional Aboriginal Suicide Prevention Plan for the Kimberley' and 'to be included in the state-wide Suicide Prevention Strategy'.

3.2 National and State-level reviews, programs and guidelines

Five scoping, literature or systematic reviews featured ATSISPEP as one of the key suicide prevention reports in Australia (Table IV). One of the reviews highlighted ATSISPEP as 'one of the few published reports' detailing effective suicide prevention strategies within Aboriginal and Torres Strait Islander LGBTQIA Sister Girl and Brother Boy + communities (Soldatic et al. 2021).

The review identified a further 10 programs and guidelines that have been designed according to ATSISPEP principles, all included Aboriginal and/or Torres Strait Islander authorship, leadership and governance, and most satisfied 'all or almost all' of the Aboriginal and Torres Strait Islander QAT critical appraisal tool (Harfield et al. 2020). The programs and guidelines listed in (Table IV) covered a broad range of services and disciplines including:

- the Greater Darwin Region NSPT's culturally-informed systems approach to suicide prevention *Strengthening our Spirits* (PHN Northern Territory 2019)
- the Aboriginal and Torres Strait Islander Mental Health First Aid (MHFA) guidelines (Armstrong 2018)
- the Lifeline telephone crisis line and crisis text (Dudgeon, Bray, Smallwood et al. 2020a)
- a suicide prevention App (Tighe et al. 2020)
- best practice guidelines for hospital-based assessment of presentations of self-harm or suicidal thoughts (Leckning et al. 2019)
- perinatal care (Chamberlain et al. 2019)
- youth mentoring (Fredericks, Daniels & Kinnear 2017; Millerick et al. 2020)
- community suicide intervention training (Nasir et al. 2017)
- vocational education (Stephens & Monro 2019).

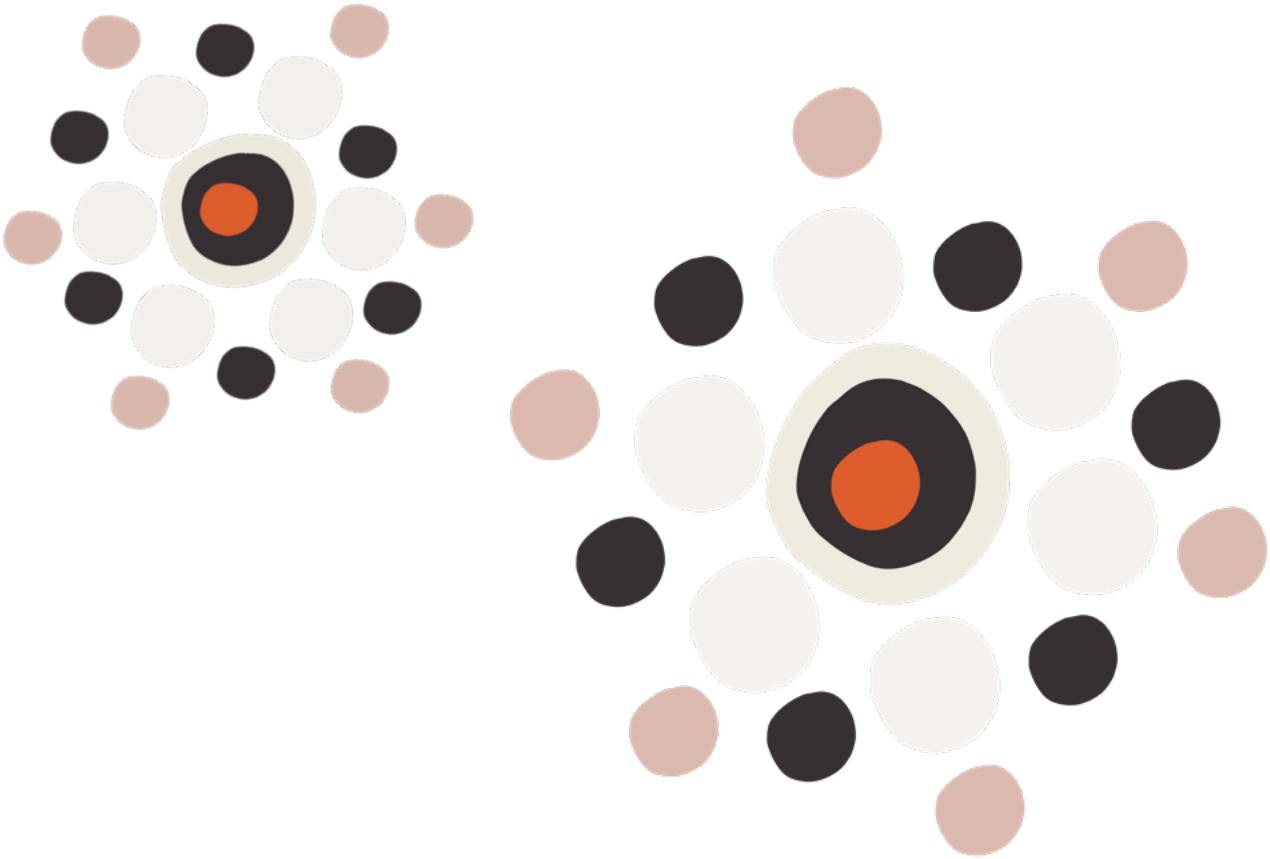


Table IV. Reviews, projects, guidelines and programs influenced by ATSISPEP

Author, date	Title	ATSISPEP's contribution	Critical appraisal ratings*	
			QAT	JBI
Reviews of suicide prevention work (including scoping reviews, literature reviews and systematic reviews)				
(Hameed & Coade 2018)	*Psychology without culture is almost dead: A case of Aboriginal and Torres Strait Islander children in Australian out-of-home care*	This analysis of the literature surrounding out-of-home care for Aboriginal and Torres Strait Islander children highlights the Western-dominated approach to psychological services in Australia and refers to ATSISPEP as 'one of the few successful examples of a community led youth suicide prevention strategy' that prioritises a culturally relevant framework.	3	3
(Maple et al. 2018)	*Programs and services for suicide prevention*	ATSISPEP was included as a 'promising program' in this review of suicide prevention programs and services for Beyond Blue, highlighting its emphasis on cultural acceptability and community co-design.	3	3
(Thirrili 2018)	*Defining and addressing Aboriginal and Torres Strait Islander trauma, grief and postvention*	The National Indigenous Critical Response Service provides a culturally competent critical response for individuals, families and communities affected by suicide-related trauma that 'builds upon the... practice wisdom and the range of effective suicide prevention activities identified in ATSISPEP' and ATSISPEP's Critical Response Project.	3	3
(Finlayson-Short et al. 2020)	*Community Based Support for People at Risk for Suicide and Those Who Care for them – Areas for Improvement*	This systematic review of community-based supports for people affected by suicide recognised the need for tailored supports for priority groups, specifying ATSISPEP as an effective tailored resource for Aboriginal and Torres Strait Islander people.	3	3
(Gupta et al. 2020)	*A scoping review about social and emotional wellbeing programs and services targeting Aboriginal and Torres Strait Islander young people in Australia: understanding the principles guiding promising practice*	ATSISPEP was one of 27 key practices identified to align with the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023* (Commonwealth of Australia 2017). ATSISPEP was one of few programs to address family violence as a reflection of historical and intergenerational trauma.	2	2
(Calma, Dudgeon & Bray 2020)	*Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health*	ATSISPEP is referenced as a 'promising initiative at a national policy level' in this overview of approaches to close the Aboriginal and Torres Strait Islander mental health gap.	3	3
(Uink et al. 2020)	*The time for inclusive care for Aboriginal and Torres Strait Islander LGBTQ+ young people is now*	ATSISPEP is referred to extensively in this discussion of inclusive care for LGBTQIA+ Aboriginal and Torres Strait Islander young people. ATSISPEP guided the recommendation for trauma-informed care.	3	3
(Soldatic et al. 2021)	*Social Inclusion and Exclusion for First Nations LGBTIQ+ People in Australia*	ATSISPEP is featured as 'one of the few published reports' in this literature review regarding social inclusion of First Nations LGBTQIA+ communities in Australia to guide a possible future research agenda.	3	3
(Page et al. 2022)	*Modelling mental health service needs of Aboriginal and Torres Strait Islander peoples: a review of existing evidence and expert consensus*	ATSISPEP is one of the key Aboriginal and Torres Strait Islander mental health policies that guided this paper's proposed modifications to the *National Mental Health Service Planning Framework* which was established as a commitment under the Government's *Fourth National Mental Health Plan* (Commonwealth of Australia 2009).	2	2
Programs and guidelines informed by ATSISPEP in their design				
(Fredericks, Daniels & Kinnear 2017)	*Woorabinda Youth Yarning Up*	ATSISPEP recommendations were combined with consultation findings with Woorabinda youth to build a locally relevant youth suicide prevention program. Specifically, the project built on seven ATSISPEP principles: connection to cultural practices and identity, future vision, healing activities, digital technology, peer-led programs, promotion of family and community communication and 24-hour service access.	3	3

(Nasir et al. 2017)	*An Australian Indigenous community-led suicide intervention skills training program: community consultation findings*	ATSISPEP's recommendation for a community-led participatory study design was implemented in this study to determine the effectiveness of existing suicide prevention programs in providing appropriate management for Aboriginal and Torres Strait Islander people at risk of suicide.	3	3
(Armstrong 2018)	*Re-development of mental health first aid guidelines for supporting Aboriginal and Torres Strait islanders who are experiencing suicidal thoughts and behaviour*	Delphi expert consensus guidelines on suicide-related MHFA provision for Aboriginal and Torres Strait Islander persons were updated to include the 'most current' guidelines, including ATSISPEP, and to inform an Aboriginal MHFA short course on non-suicidal self injury (available at https://mhfa.com.au).	3	3
(PHN Northern Territory 2019)	*Strengthening Our Spirits – National Suicide Prevention Trial for Aboriginal People in the Greater Darwin Region*	The Aboriginal and Torres Strait Islander advisory group of the Greater Darwin/NT NSPT developed *Strengthening our Sprits* – a culturally-informed systems approach for suicide prevention activities which is 'highly aligned to the principles of [ATSISPEP]'.	3	NA
(Leckning et al. 2019)	*Guidelines for best practice psychosocial assessment of Aboriginal and Torres Strait Islander people presenting to hospital with self-harm and suicidal thoughts*	ATSISPEP Recommendation 5 (that all relevant mental health staff achieve KPIs in cultural competence and delivery of trauma-informed care) was the foundation for these guidelines to inform practitioners on responsible engagement with Aboriginal people during an assessment of self-harm or suicidal thoughts.	3	3
(Chamberlain et al. 2019)	*Healing the Past by Nurturing the Future—Co-designing perinatal strategies for Aboriginal and Torres Strait Islander parents experiencing complex trauma*	ATSISPEP was one of several trauma-informed frameworks drawn on to co-design perinatal management strategies for Aboriginal parents experiencing complex trauma.	3	3
(Stephens & Monro 2019)	*Training for Life and Healing: The Systemic Empowerment of Aboriginal and Torres Strait Islander Men and Women Through Vocational Education and Training*	ATSISPEP supported and validated the findings of this evaluation of the effectiveness of human health workforce training delivery and outcomes run by an Aboriginal-controlled Registered Training Organisation.	2	2
(Dudgeon et al. 2020a)	*Wellbeing and healing through connection and culture*	ATSISPEP was a 'useful guide' and 'evidence base' in Lifeline's review to enhance their suicide prevention services for Aboriginal and Torres Strait Islander peoples. In particular, Lifeline plans to adopt staff training programs and 24/7 e-mental health services including a telephone crisis line, Online Chat and Crisis Text in accordance with the ATSISPEP success factors.	3	2
(Millerick et al. 2020)	*Factors that sustain Indigenous youth mentoring programs: a qualitative systematic review protocol*	ATSISPEP's success factor regarding youth mentoring validated the need for this systematic review on 'barriers and enablers to delivering and sustaining Indigenous youth mentoring programs for improving mental health and reducing suicide rates'.	3	3
(Rutherford et al. 2020)	*A STEP-UP Resilience Intervention for Supporting Indigenous Students Attending Boarding Schools: Its Development and Implementation*	ATSISPEP's emphasis on the importance of community-led self-determined solutions, as well as the three-levelled concept of universal (whole community), selective (high-risk groups) and indicated (individuals identified as high risk) interventions was applied to develop a school-based framework to support the SEWB and resilience of Indigenous boarding school students.	3	3
(Tighe et al. 2020)	*Usage and Acceptability of the iBobbly App: Pilot Trial for Suicide Prevention in Aboriginal and Torres Strait Islander Youth*	ATSISPEP's recommendations for co-design, effective partnerships, culturally appropriate interventions and SEWB services were utilised in the design of an app for suicide prevention in Aboriginal and Torres Strait Islander youth.	2	3

*Critical appraisal ratings:
1. < 50% of criteria achieved
2. > 50% of criteria achieved
3. All or almost all criteria achieved

Section 4: ATSISPEP report and related publications

Since ATSISPEP commenced in 2015, the ATSISPEP and CBPATSISP teams have published a broad body of work to support the ATSISPEP research findings and recommendations (see Table V next page). Most notable are:

- the *Critical Response Project* (Dudgeon et al. 2017a) on postvention strategies
- the guides to support the PHNs in implementing ATSISPEP report recommendations such as:
    - *Implementing integrated suicide prevention in Aboriginal and Torres Strait Islander communities*
    - *A guide for Primary Health Networks* (Dudgeon et al. 2018a)
    - *Indigenous governance for suicide prevention in Aboriginal and Torres Strait Islander communities*
    - A guide for Primary Health Networks (Dudgeon et al. 2018b)
    - The online *Manual of Resources for Aboriginal and Torres Strait Islander Suicide Prevention* (CBPATSISP 2021a).

The team has also published several papers and reports to disseminate the ATSISPEP findings (Prince et al. 2018; Dudgeon et al. 2024) or calls for action informed by ATSISPEP's recommendations, for example improved Aboriginal suicide data reporting (Dudgeon & Luxford 2017b).

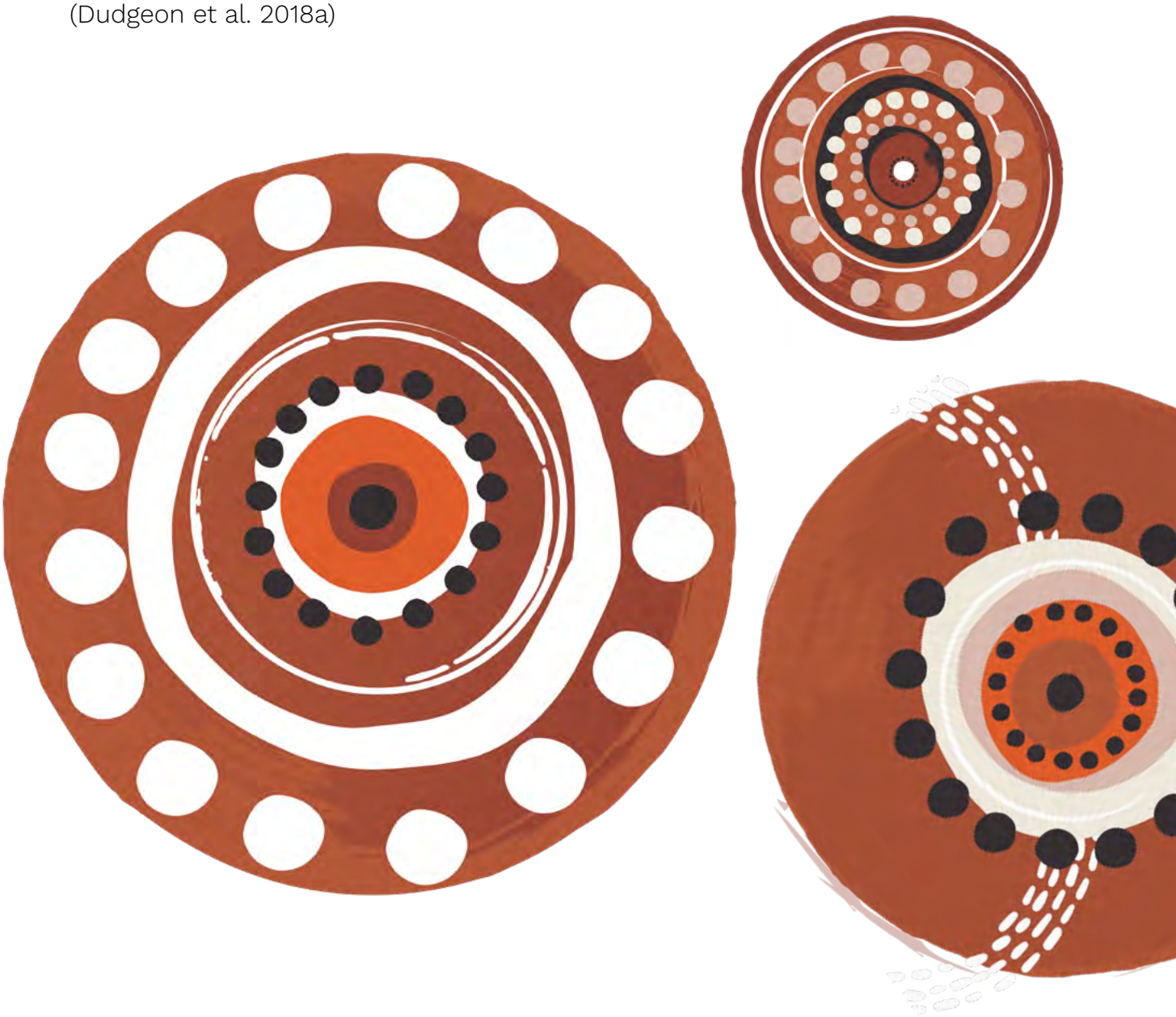


Table V. Publications and projects lead by the ATSISPEP and CBPATSISP emerging from ATSISPEP

Author, date	Title	ATSISPEP's contribution
(ATSISPEP 2015)	ATSISPEP Fact Sheets	Findings from the ATSISPEP literature review and roundtable consultations were used to prepare a series of fact sheets addressing issues related to suicide prevention, including social determinants, young people and racism.
(Dudgeon 2017)	*Australian Indigenous Psychology*	ATSISPEP is used to provide a key example of how non-Western cultures, specifically Indigenous practices, can solve local problems – in particular, ATSISPEP's emphasis on the importance of on-country healing and passing cultural knowledge from Elders to young people.
(Dudgeon et al. 2017a)	*ATSISPEP Critical Response Project - Findings published in the Report of the Critical Response Project*	The ATSISPEP framework was implemented to design a state-wide critical response postvention service and a community development trial to improve suicide prevention activity.
(Dudgeon & Luxford 2017b)	*Real time Suicide Data: A discussion paper*	The ATSISPEP findings incited this call for multisectorial action on data collection and reporting regarding the growing number of Aboriginal and Torres Strait Islander suicides.
(Milroy et al. 2017)	*What the People Said: Findings from the regional Roundtables of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*	To build the ATSISPEP evidence base, several Roundtables were undertaken for community members to discuss and build upon the ATSISPEP recommendations and tools.
(Dudgeon et al. 2018a)	*Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander communities: A guide for Primary Health Networks*	ATSISPEP informed this guide to support PHNs in Aboriginal and Torres Strait Islander suicide prevention.
(Dudgeon et al. 2018b)	*Indigenous Governance for Suicide Prevention in Aboriginal and Torres Strait Islander communities: A guide for Primary Health Networks*	ATSISPEP informed this guide to support PHNs in Aboriginal and Torres Strait Islander suicide prevention, particularly regarding co-design, co-implementation and self-determination.
(Dudgeon & Holland 2018)	*Recent Developments in Suicide Prevention among the Indigenous Peoples of Australia*	This paper was published to disseminate the findings and recommendations of the ATSISPEP report.
(Prince et al. 2018)	*Stories from Community: How suicide rates fell in two Indigenous communities*	ATSISPEP funded the Healing Foundation enable two communities to share their success stories of having dramatically reduced suicide rates through community-led action. The project utilised ATSISPEP success factors to evaluate best practice suicide prevention and aligns with ATISPEP's recommendation for community empowerment.
(Dudgeon, Bray, Smallwood et al. 2020a)	*Wellbeing and Healing through Connection and Culture*	
(Dudgeon, Boe & Walker 2020b)	*Addressing Inequities in Indigenous Mental Health and Wellbeing through Transformative and Decolonising Research and Practice*	This paper 'builds on the substantial work' of ATSISPEP as well as key findings from CBPATSISP and the Transforming Indigenous Mental Health and Wellbeing research project (UWA 2023). It reviews key mental health and social and wellbeing policy documents and frameworks, and examines relevant literature documenting current decolonising strategies to improve programs, services and practice.
(Dudgeon, Bray & Walker 2020c)	*Self-determination and Strengths-based Aboriginal and Torres Strait Islander Suicide Prevention: an emerging evidence-based approach*	ATSISPEP is a principal reference in this discussion of the 'emerging international evidence base within Indigenous suicide research'.
(CBPATSISP 2021a)	*Manual of Resources for Aboriginal and Torres Strait Islander Suicide Prevention*	The ATSISPEP guidelines were drawn on considerably throughout CBPATSISP's online *Manual of Resources* designed to 'help PHNs support the wellbeing of Indigenous people through culturally safe and sustainable commissioning'. The manual includes useable tools to evaluate suicide prevention activity against ATSISPEP recommendations.

(Dudgeon et al. 2021)	*Beyond Evidence-deficit Narratives in Indigenous Suicide Prevention*	This paper elaborates upon ATSISPEP's call to broaden the measures included as 'evidence' for effective Aboriginal and Torres Strait Islander suicide prevention. Wider evidence is necessary due to the complexity of suicide within this population and hence the inherent 'evidence ceiling' as the typical best practice evidence hierarchy cannot be fulfilled. The evidence ceiling creates an inherent 'evidence-deficit narrative' which limits success and funding for suicide prevention work.
(Dudgeon et al. 2022)	*Connection to Community*	This paper was published to further disseminate the ATSISPEP findings 5 years after its release – in particular, the recommendation for cultural continuity and connection to community.
(Freebairn, Song & Occhipinti 2022)	*Applying Systems Approaches Stakeholder Community Engagement Knowledge Mobilisation Youth Mental Health System Modelling*	Co-author Dudgeon's experience implementing ATSISPEP informed the protocol for the 'Right care, first time, where you live' program which describes best practice community engagement and knowledge mobilization processes. In particular, it draws on ATSISPEP's 'principles for working in a culturally responsive way' including 'processes that support self-determination and cultural inclusion'.
(Telethon Kids Institute 2022)	*Indigenous Suicide Prevention Consultations Map*	ATSISPEP consultations are included in these maps of all consultations that communities have participated in across Australia regarding Aboriginal and Torres Strait Islander suicide.

The body of work that has emerged from ATSISPEP is published across 30 databases, websites and portals (Table VI). Three papers were retrievable on government portals: *Connection to Community* (Dudgeon et al. 2022), *Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A guide for Primary Health Networks* (Dudgeon et al. 2018a) and *Stories from Community: How suicide rates fell in two Indigenous communities* (Prince et al. 2018). The ATSISPEP report, *Solutions that Work: What the evidence and our people tell us* was published across 11 sites, including two government portals (* in Table VI).

Table VI. Sites where ATSISPEP report and related work are published

Databases and journals	Government portals	Websites
• *APO • *Australian Indigenous HealthInfoNet • *Google Scholar • PubMed • CINAHL • Medline • PsycInfo • ProQuest • *UWA Research Repository • *Semantic Scholar • *ResearchGate • *Journal of Indigenous Wellbeing* • *Australian Indigenous Psychology* Education Project • Academia • Science Direct • SAGE Journals	• *AIHW Mental Health & Suicide Prevention Clearinghouse • *Australian Government National Indigenous Australians Agency • Australian Government Department of Health • Queensland Government Family and Child Commission	• *CBPATSISP • *Life in Mind Australia • UWA ATSISPEP resources webpage (https://www.atsispep.sis.uwa.edu.au/resources) • Black Dog Institute • Gayaa Dhuwi (Proud Spirit) Australia • *Telethon Kids Institute • Mental Health NT • NACCHO Communique • Ninti One Limited • Healing Foundation

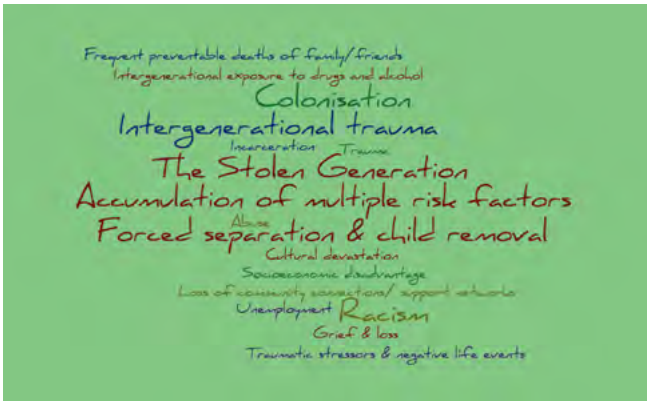
*Sites where the ATSISPEP report is published

Section 5: Discussion and findings

5.1 Aboriginal and Torres Strait Islander suicide prevention

Fifteen publications referenced the ATSISPEP report (Dudgeon et al. 2016a) when discussing the broad context of Aboriginal and Torres Strait Islander mental health, self-harm, suicide and suicide prevention in Australia (see references in Appendix III). The publications covered young Aboriginal people in higher education, young people experiencing risk factors such as substance use, involvement with the justice system and residential treatment. The impacts of colonisation, intergenerational trauma, forced separation and child removal and racism were identified as an accumulation of multiple risk factors associated with mental health, self-harm and suicidal behaviours and suicide completion. The word cloud in Figure III below highlights the social determinants and suicide risk factors outlined in ATSISPEP referenced throughout the literature.

Figure III. Word cloud of ATSISPEP social determinants and suicide risk factors

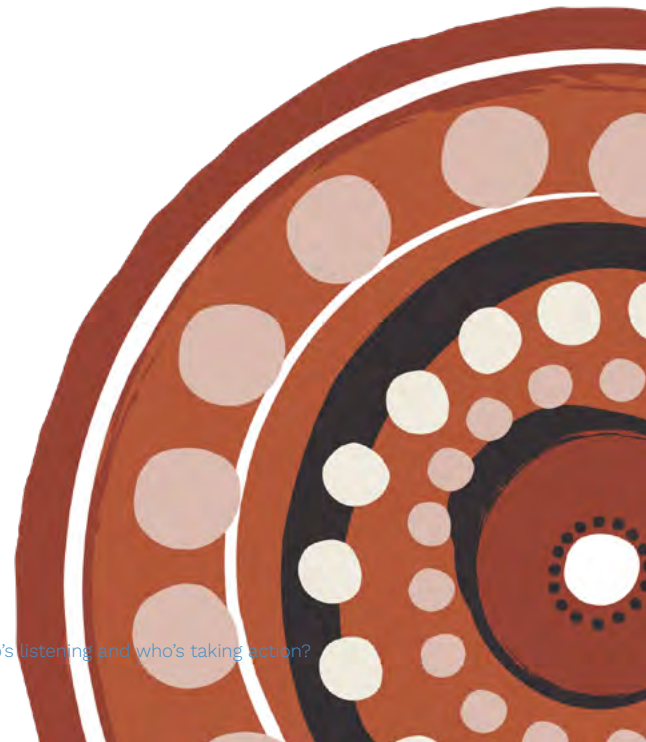


*The size of the words corresponds to the frequency that they are referenced (created with: worditout.com/word-cloud)

The ATSISPEP report provided knowledge for a wide range of discussions regarding the complex social determinants and risk factors (Figure III) underlying Aboriginal and Torres Strait Islander suicide and was cited extensively when discussing protective factors and solutions that work (Figure IV). The word cloud of the suicide prevention solutions outlined in the ATSISPEP report referenced throughout the literature emphasised the critical importance of programs, services and strategies being Indigenous-specific, community-led, multifaceted, evidenced-based and focused on supporting protective factors.

Figure IV. Word cloud of suicide prevention solutions outlined in ATSISPEP

*The size of the words corresponds to the frequency that they are referenced (created with: worditout.com/word-cloud/)



Section 6: ATSISPEP in the media

The ATSISPEP findings and recommendations have been featured extensively in the media; 13 literature review articles were media publications. Five articles state that the Australian Government committed to adopt the ATSISPEP recommendations at its launch. An additional four articles state that, despite gaps in implementation, the Government continues to refer to its funding for ATSISPEP to claim that they are working on 'the Aboriginal and Torres Strait Islander suicide crisis' (references in Appendix IV). For example, in defence of the Government's response to a suicide cluster in January 2019, the then Federal Aboriginal Affairs Minister, the Hon. Nigel Scullion stated that 'the Government commissioned the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project... to develop community-led solutions' (Taylor 2019). Under the leadership of Professor Dudgeon, a key focus of the ATSISPEP team since the *Solutions that Work* report was published in 2016 has been to secure further funding to establish the Centre of Best Practice in Aboriginal and Torres Srait Islander Suicide Prevention to provide a Clearinghouse, and develop and promote resources to support service providers, clinicians and community-driven responses to suicide prevention.

Part 2: Primary Health Network survey responses

An important part of the evaluation involved assessing the influence and uptake of the ATSISPEP findings and recommendation by PHNs.

Participants

Invitations for our online survey were sent to all 31 PHNs across all eight Australian states and territories. A total of 15 PHNs responded (48.4%). Of the 12 NSPT sites, each associated with a PHN site, 11 responded (91.7%). Of the 19 PHNs not associated with a NSPT site, four participated (21.1%).

Of note, two representatives from two PHNs responded to the survey and one participant represented three PHNs and three NSPT sites: WA Primary Health Alliance (WAPHA) represented Perth North, Perth South and Country WA PHNs, and the Perth South, Country WA Midwest and Country WA Kimberley NSPT sites. In addition, three participants remained anonymous regarding the PHN that they represented, although these were all NSPT sites.

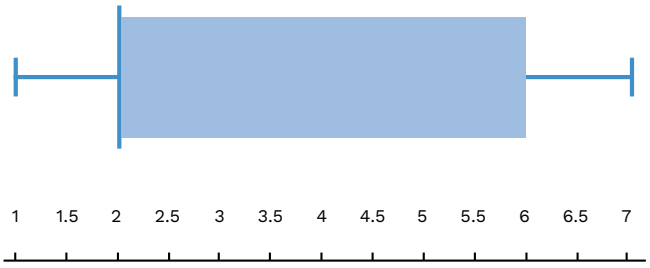
The rate of participation by PHNs in our survey was almost equal to the participation rate in CBPATSISP's PHN engagement project in 2019 (14/31 PHNs; 45.2%), which is discussed above (Introduction; Part 3) (CBPATSISP 2019). Interestingly, excluding the PHNs that participated anonymously in our survey, the total participation rate when combining our survey and the 2019 PHN engagement project was 20/31 PHNs (64.5%) across six Australian states and territories. As such, the results of both projects combined are representative of almost two-thirds of PHNs in Australia.

All participants in our survey were non-Indigenous PHN managers or project officers (Table VII) who had worked an average of 3.6 years at their workplace (Figure V).

Table VII. Survey respondents' roles within their PHNs

- Child Youth and Suicide Prevention Manager
- Senior Contract Manager
- Mental Health/Alcohol and other Drugs Strategy Manager
- Health Stream Lead (manager)
- Capacity Building Coordinator (manager)
- Design and Relationship Management Program Coordinator (project officer)
- Program Coordinator (project officer)

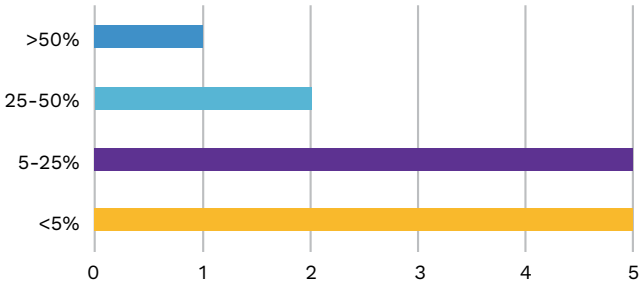
Figure V. Box & whisker plot depicting the number of years that survey participants had worked at their workplace (created with meta-chart.com)



Aboriginal and Torres Strait Islander peoples comprised between <5 per cent to >50 per cent of PHN commissioning regions (Figure VI). Excluding the three anonymous participants, five of seven (71.4%) NSPT sites work specifically with Aboriginal and/or Torres Strait Islander peoples participated in the survey, compared to three of the other five NSPT sites (60%) that were general population. Only one of the three NSPT sites operated by WAPHA works specifically with Aboriginal and/or Torres Strait Islander peoples.

For the purposes of the statistical analyses from this point, WAPHA's responses are representative of one PHN and one NSPT site. As such, we have analysed the responses of 13 participating PHNs out of 29 in total, and 10 participating NSPTs out of 11 in total.

Figure VI. Percentage of Aboriginal and Torres Strait Islander peoples within each PHN jurisdiction



Suicide prevention programs and services

All PHNs receive Australian Government funding for suicide prevention or postvention programs or services. Three PHNs only fund universal programs while the remaining 10 fund programs adapted or designed specifically for Aboriginal and/or Torres Strait Islander populations as outlined in Table VIII following.

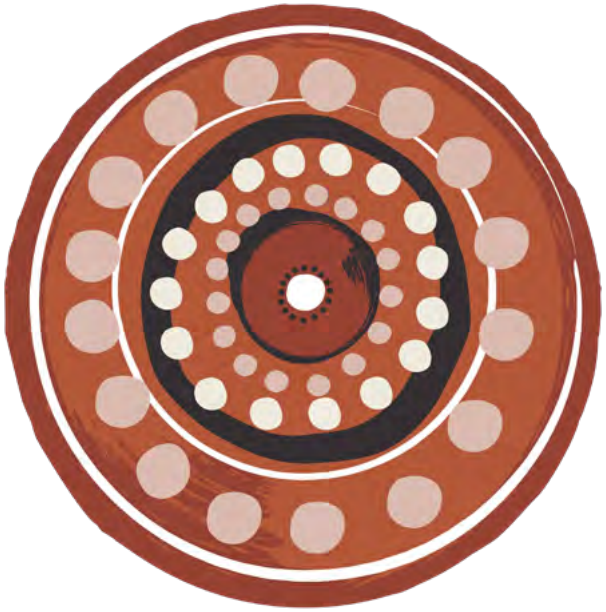


Table VIII. Suicide prevention programs and services funded by PHNs

Programs and services adapted or designed specifically for Aboriginal and/or Torres Strait Islander populations
• Suicide Story workshop (https://www.amsant.org.au/suicide-story/)
• Wesley LifeForce Suicide Prevention Training for Indigenous Community Workers; including a Train the Trainer program (https://cbpatsisp.com.au/clearing-house/best-practice-programs-and-services/training/)
• Deadly Thinking suicide prevention workshop (https://www.rrmh.com.au/programs/deadly-thinking/)
• Aboriginal and Torres Strait Islander Mental Health First Aid course (https://mhfa.com.au/courses/public/types/aboriginal)
• Rites of Passage camps (https://www.ourphn.org.au/wp-content/uploads/20201130_PHN_1920_Annual-Report.pdf)
• Kalwun Social Health Program for suicide support (https://www.kalwun.com.au/health-services/targeted-health-programs/social-health-program)
• Krurungal Community Pathway Connector Program to connect people with complex mental health and SEWB needs with non-clinical services (https://cbpatsisp.com.au/2021/04/07/krurungal-community-pathway-connector-program-with-gold-coast-phn/)
• Victoria Place-Based Trials piloting a co-designed approach to suicide prevention (https://vtphna.org.au/our-work/best-practice-prevention-management-and-support/place-based-suicide-prevention/)
• Aboriginal and Torres Strait Islander mental health services through ACCHSs/Aboriginal Medical Services (AMSs)
• Aftercare services through ACCHSs/AMSs
• SEWB services through ACCHSs/AMSs
• Yarning circles with young people in school
• Community campaigns
• Community suicide prevention programs
Universal suicide prevention programs and services
• The Way Back support service for after a suicide attempt (https://www.beyondblue.org.au/the-facts/suicide-prevention/after-a-suicide-attempt/the-way-back-support-service)
• Psychological services program with a suicide prevention stream
• Suicide prevention and postvention programs
• Postvention protocols
• Media training
• Grassroots community development resilience programs

ATSISPEP report influence and implementation

Twelve of 15 survey respondents (80%) were aware of the ATSISPEP report prior to receiving the survey and 11/13 PHNs (84.6%) stated that the ATSISPEP recommendations or principles had influenced their commissioning practices.

Two of 13 PHNs (15.4%) described direct implementation of the ATSISPEP guidelines:

1. The Northern Territory PHN's local Aboriginal governance group developed the *Strengthening our Spirits* model based on the ATSISPEP framework.

2. One PHN's Aboriginal leadership group developed a program logic template based on the ATSISPEP report's *Evaluation Framework for Indigenous suicide prevention activity for use by communities, governments and PHNs* (Dudgeon et al. 2016b) to evaluate NSPT activities.

Participants expanded on the information described here in their interviews (see *Part 3: Interviews with National Suicide Prevention Trial Primary Health Networks*).

ATSISPEP recommendations

Twelve PHNs completed the questions regarding the extent to which they are aligned with the ATSISPEP recommendations and success factors. All PHNs aligned with at least four recommendations, 11/12 PHNs (91.7%) aligned with at least five, and 3/12 (25%) aligned with all six. All PHNs use ACCHSs as the preferred provider (Rec 10), require commissioned services to focus on SEWB (Rec 2), and align with the ATSISPEP success factors (Rec 1.a) (Figure VII).

Importantly, the Commonwealth Department of Health requires PHNs to report on KPIs regarding Aboriginal and Torres Strait Islander mental health services, including cultural competence of mental health staff working with Aboriginal and Torres Strait Islander communities or individuals at risk of suicide (Rec 5).

Of the ATSISPEP recommendations, PHNs **have been least successful in requiring commissioned services to evaluate their suicide prevention activities and disseminate findings**. Just four of 12 PHNs (33.3%) enacted (Rec 1.b). Valuable examples from PHNs regarding how they align with each ATSISPEP recommendation are outlined in Table IX.

Figure VII. Uptake of ATSISPEP recommendations by PHNs

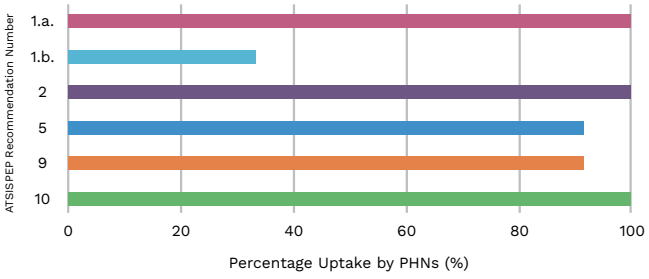


Table IX. Examples provided by PHNs that demonstrate their alignment with the ATSISPEP recommendations

Recommendation 1.a: PHNs require commissioned suicide prevention programs and services to utilise the ATSISPEP success factors with Aboriginal and Torres Strait Islander people and communities.

- Aboriginal-led Decision-Making Group ensured that NSPT commissioning aligned with the ATSISPEP principles

Recommendation 1.b: PHNs require commissioned programs and services to evaluate their suicide prevention activities for Aboriginal and Torres Strait Islander people and communities and disseminate findings to further strengthen the evidence base.

- PHN created a program logic template based on ATSISPEP's *Evaluation Framework for Indigenous Suicide Prevention Activity for Use by Communities, Governments and PHNs* (Dudgeon et al. 2016b) to ensure that the services continuing post-NSPT aligned with the ATSISPEP principles

Recommendation 2: PHNs require commissioned suicide prevention programs and services for Aboriginal and Torres Strait Islander people and communities to include a focus on SEWB (as distinct from clinical support alone).

- PHN commissioned programs that build a connection to culture for people facing suicide risk
- PHN commissioned a range of Aboriginal-controlled community service providers that contribute to social and emotional wellbeing
- PHN facilitated Rites of Passage camps held by a local Elder, including a smoking ceremony, activities throughout the camp and a Welcome Back to Community
- PHN commissioned Yiriman women's project which is a large cultural organisation focused on traditional healing methods
- PHN commissioned Waringarri Arts corporation, through which Elders run on Country cultural activities for young people, including art, story-telling and self-respect
- PHN uses Strengthening Our Spirits model which provides a framework to address all social determinants of health including social and emotional wellbeing

Recommendation 5: PHNs require commissioned suicide prevention service providers to achieve KPIs about the cultural competence of mental health staff working with Aboriginal and Torres Strait Islander communities or individuals at risk of suicide.

- PHN provides culturally appropriate suicide prevention training for its staff
- PHN commissions culturally appropriate suicide prevention training for primary health care providers
- Commonwealth Department of Health requires that PHNs evidence the following mental health and suicide prevention KPIs in 12-month reports:
    - Proportion of PHN-commissioned mental health services delivered to the regional Aboriginal and Torres Strait Islander population that are culturally appropriate
    - Number of Aboriginal or Torres Strait Islander people that received mental health services
    - Flexibility of Aboriginal and Torres Strait Islander mental health services and their ability to be operationalised

Recommendation 9: The Australian Government requires PHNs to report on KPIs which demonstrate cultural capabilities and standards and representation of Aboriginal and Torres Strait Islander communities on boards, community advisory committees and clinical councils.

- Steering committee and working group, both comprised of majority local Aboriginal and Torres Strait Islander ACCHS staff and practitioners, lead NSPT activities and decision-making
- Aboriginal Decision-Making Group leads NSPT
- Aboriginal Community Advisory Committee works with PHN
- Aboriginal and Torres Strait Islander organisations represent up to 40 per cent of one PHN's networks
- PHN works according to a cultural governance model as per LifeSpan model (Black Dog Institute 2020)
- PHN's contract states that representatives of community groups or populations in the PHN region are suitable for the PHN Board
- Annual reports from one PHN to the DoH report on KPIs regarding cultural capabilities and standards

Recommendation 10: PHNs commission ACCHSs as preferred provider of suicide prevention activities in Aboriginal and Torres Strait Islander communities.

- Local ACCHSs provide all activities for one NSPT site
- Most local ACCHSs are involved in one PHN's Aboriginal and Torres Strait Islander suicide prevention and postvention working group
- ACCHS partnered with the local PHN to provide suicide prevention training for Aboriginal and Torres Strait Islander people
- NSPT contracted six ACCHSs and one mainstream provider to deliver early intervention/prevention activities through SEWB programs

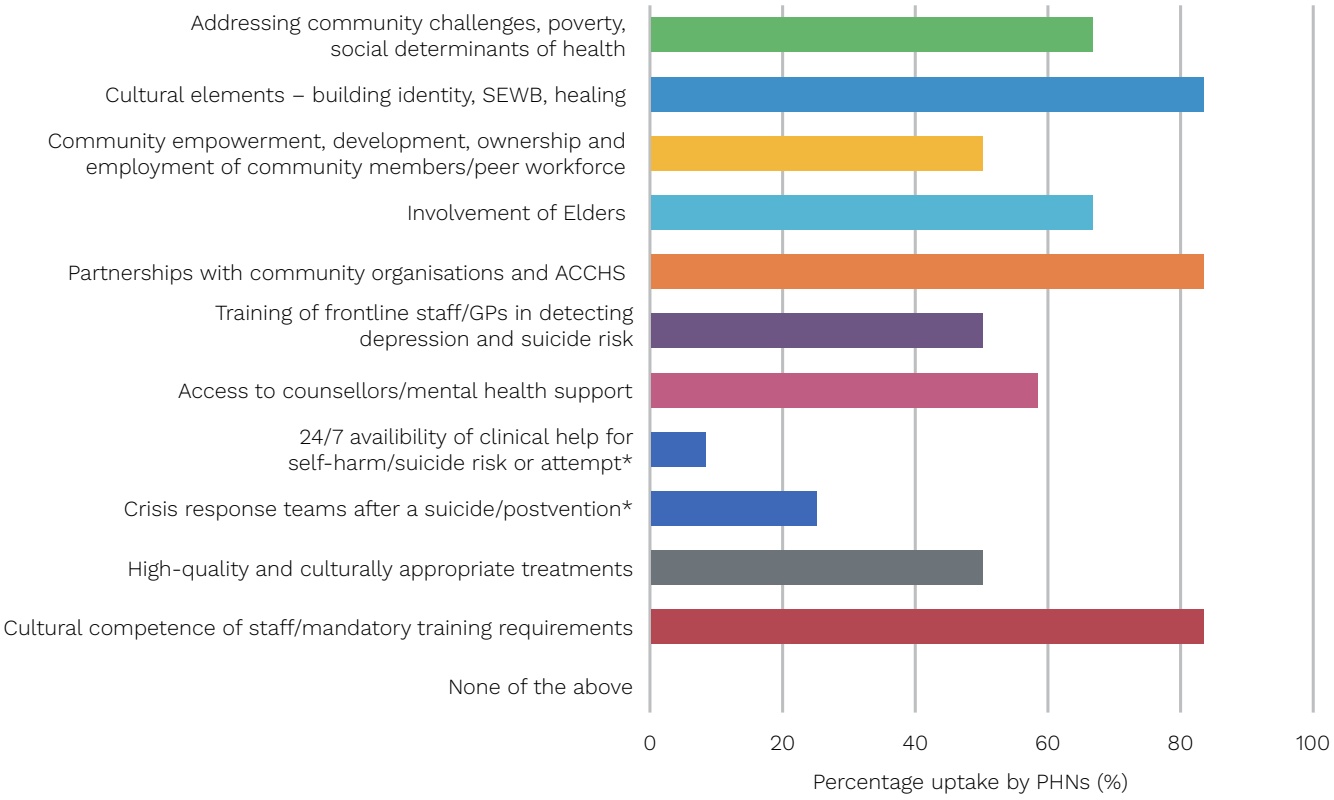
ATSISPEP success factors

PHNs implemented an average of 8.25/11 (75%) ATSISPEP success factors. PHNs have been **most successful in incorporating cultural elements (that is, building identity, SEWB and healing)**, establishing and maintaining partnerships with Aboriginal community controlled organisations and ACCHSs, and ensuring staff meet cultural competence or mandatory training requirements (Figure VIII). Two PHNs specified that their commissioned work already aligned with the success factors without having deliberately implemented the ATSISPEP framework.

Despite the above successes, PHNs neglected to address significant gaps in their alignment with the ATSISPEP success factors. A maximum of 6/12 PHNs (50%) achieved each of ATSISPEP's success factors related to clinical services: 24/7 availability of clinical help, crisis response teams after a suicide/postvention, training of frontline staff/GPs in detecting depression and suicide risk, and high-quality and culturally appropriate treatments.

As a group, PHNs also failed to ensure community empowerment, development, ownership and employment of community members/peer workforce which was also only achieved by 6/12 PHNs (50%).

Figure VIII. Uptake of ATSISPEP success factors by PHNs



*One PHN that reported 24/7 availability of clinical help and crisis response teams stated that these services are provided by the crisis support unit at the local hospital and health service.

Stratification of results by NSPT vs non-NSPT and by percentage of Aboriginal and Torres Strait Islander peoples

The results were stratified to identify differences in alignment with the ATSISPEP recommendations and success factors between sub-categories of PHNs. We divided PHNs into those associated, and those not associated with an NSPT (referred to as 'non-NSPT' PHNs.) PHNs were also stratified by the percentage of Aboriginal and Torres Strait Islander peoples within each jurisdiction (see Table X).

Table X. Alignment with ATSISPEP recommendations and success factors by NSPT and non-NSPT PHNs, stratified by the percentage of Aboriginal and Torres Strait Islander peoples within each PHN jurisdiction

	NSPT PHNs								Non-NSPT PHNs			
Percentage of Aboriginal and/or Torres Strait Islander peoples in PHN jurisdiction (%)	**<5**		**5-25**			**25-50**		**>50**	**<5**			**5-25**
ATSISPEP recommendations												
1.a. Success factors	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
1.b. Service evaluation	✓	✓						✓				✓
2. SEWB focus	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5. Culturally competent staff	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
9. Cultural governance	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓
10. Preferred service provision through ACCHSs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
ATSISPEP success factors												
Addressing community challenges, poverty, social determinants of health	✓	✓			✓			✓	✓	✓	✓	✓
Cultural elements (building identity, SEWB, healing)	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓
Community empowerment, development, ownership and employment of community members/peer workforce	✓	✓	✓					✓		✓		✓
Involvement of Elders	✓	✓	✓			✓	✓	✓		✓		✓
Partnerships with community organisations and ACCHSs	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓
Training of frontline staff/general practitioners (GPs) in detecting depression and suicide risk	✓	✓			✓					✓	✓	✓
Access to counsellors/mental health support	✓	✓		✓	✓				✓		✓	✓
24/7 availability of clinical help for self-harm/suicide risk or attempt												✓
Crisis response teams after a suicide/ postvention					✓					✓		✓
High-quality and culturally appropriate treatments	✓	✓					✓		✓		✓	✓
Cultural competence of staff/mandatory training requirements	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓

As shown in Table X, NSPTs were more successful in incorporating ATSISPEP elements than non-NSPT sites in some aspects. NSPT sites were more likely to engage in service evaluation (Rec 1.b), focus on cultural elements (building identity, SEWB, healing), partner with community organisations and ACCHSs, and involve Elders ($p>0.05$).

Importantly, only half of the NSPT sites addressed community challenges, poverty, and other social determinants of health. Two NSPT sites with greater than five per cent Aboriginal and Torres Strait Islanders population within their jurisdiction did not include Elders in their commissioning or consultation, despite this being recognised as particularly important. Additionally, there was no significant difference in the number of recommendations and success factors that NSPT sites aligned with compared to non-NSPT sites (mean: 9.5/17, 55.9% vs 12.8/17, 75%; $p>0.05$).

Upon stratifying PHNs according to the percentage of Aboriginal and Torres Strait Islander peoples within each jurisdiction, there was no correlation with the number of ATSISPEP recommendations and success factors with which they aligned (scatter plot in Appendix V). Accordingly, PHN jurisdictions where Aboriginal and Torres Strait Islander people represent >5 or >25 per cent of the population were no more likely to align with more recommendations and success factors in total (mean: 8.1/17, 47.9% vs 12.8/17, 75.3%; $p<0.05$; and 12/17, 70.6% vs 9.7/17, 56.9%; $p>0.05$).

In contrast, PHN jurisdictions where Aboriginal and Torres Strait Islander people represent a greater proportion of the population were more aligned with some individual ATSISPEP recommendations and success factors. PHNs where Aboriginal and Torres Strait Islander people represented a greater than 25 per cent of the population were more likely to involve Elders (3/3, 100% vs 5/9, 55.6%; $p<0.05$). They were also more likely to ensure cultural governance on PHN leadership bodies (Rec 9), although only one PHN, with 5-25 per cent population representation, did not align with this recommendation (4/4, 100% vs 7/8, 87.5%; $p>0.05$). PHNs providing services for a population of greater than five per cent of Aboriginal and Torres Strait Islander people were more likely to focus on cultural elements (building identity, SEWB and healing), partner with community organisations and ACCHSs, involve Elders and have crisis response teams or postvention services.

Given the small sample, none of these differences reached statistical significance ($p>0.05$), however, all results, both significant and non-significant are included. Using a decolonising lens, we are working towards overcoming the evidence-deficit narrative within the Aboriginal and Torres Strait Islander suicide prevention space (see Methods; Decolonising approach to research) due to inherently small sample sizes.

CBPATSISP's Manual of Resources and other related resources

The establishment of the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) was an important strategy to provide resources for communities, clinicians, service providers and PHNs in accord with ATSISPEP recommendation 14 *that an Indigenous-led national clearinghouse for best practice in Indigenous suicide prevention activity should be established... tasked to maintain the currency of ATSISPEP tools and resources over time.* (Dudgeon et al 2016b)

The *Manual of Resources* produced by CBPATSISP to achieve Rec 14 includes a collection of practical resources and tools developed for use by PHNs to promote positive mental health and social and emotional wellbeing, and prevent suicide in Aboriginal communities. Ten of 15 (66.7%) PHN survey respondents stated

they were aware of CBPATSISP as an organisation. Seven of 12 PHNs (58.3%) had utilised CBPATSISP's *Manual of Resources* (CBPATSISP 2021a), which was featured on one PHN's website as an Aboriginal health resource for primary health care providers. PHNs with an Aboriginal and Torres Strait Islander population of greater than 25 per cent were more likely to have utilised the *Manual of Resources* than those with a population of less than 25 per cent (3/3, 100% vs 4/9, 44.4%; $p<0.05$). However, there was no difference when comparing the <5 to >5 percentage population or when conducting ANOVA analysis of variation between all pre-determined percentage population groups (Table XI): that is, the uptake of ATSISPEP findings and recommendations was not greater among NSPT sites compared to non-NSPT sites (4/8, 50% vs 3/4, 75%; $p>0.05$).

Table XI. Uptake of CBPATSISP resources by NSPT and non-NSPT PHNs, according to percentage of Aboriginal and Torres Strait Islander peoples within the PHN jurisdiction

	NSPT PHNs								Non-NSPT PHNs			
Percentage of Aboriginal and Torres Strait Islander peoples in PHN jurisdiction (%)	**<5**		**5-25**		**25-50**		**>50**		**<5**		**5-25**	
Resources that emerged from ATSISPEP												
Primary Health Network Commissioning Principles (CBPATSISP 2021b)		✓		✓				✓				✓
Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for PHNs (Dudgeon et al. 2018a)		✓		✓		✓	✓	✓		✓	✓	✓
Manual of Resources (CBPATSISP 2021a)		✓				✓	✓	✓		✓	✓	✓

PHNs demonstrated a moderate uptake of other CBPATSISP best practice resources that emerged as a result of ATSISPEP recommendations (Table X). For instance, only three NSPT sites utilised the *Primary Health Network Commissioning Principles* (CBPATSISP 2021b) with one PHN ensuring that all commissioning processes fulfil all principles within the guide. *Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A guide for PHNs* (Dudgeon et al. 2018a) was consistently referenced by the Aboriginal Consultancy firm partnered with one PHN when establishing their NSPT; this guide was also utilised by other PHNs; one used the guide for PHNs to develop a Suicide Prevention Community Action Plan and another to co-design services, including for a day rehabilitation service.

Evaluation of the effectiveness of ATSISPEP implementation

At the time of writing this report one non-NSPT PHN was pending evaluation findings that demonstrate the effectiveness of ATSISPEP implementation. Otherwise PHNs that participated in this study provided evidence evaluating the effectiveness of having implemented the ATSISPEP principles.

Enablers and barriers to ATSISPEP uptake

The survey identified enablers and barriers that PHNs faced when implementing the ATSISPEP findings (Table XII). Participants expanded on these enablers and barriers during interviews (see Part 3: Interviews with National Suicide Prevention Trial Primary Health Networks).

Table XII. Enablers and barriers to implementing ATSISPEP findings and recommendations in PHN commissioning of suicide prevention services

Enablers	Barriers
• Establishment of a specific First Nations Mental Health and Suicide Prevention portfolio within the PHN, which included a First Nations Health and Healing Team and Strategy • Range of resources available • Strong focus on SEWB • Based on advice provided by local ACCHSs • Evidence-based • Promotion of ATSISPEP at conferences	• Lack of funding for suicide prevention activities • Large geographic area covered by PHN • A need to factor suicide prevention activities into PHN's activity model • Lack of a strategic approach by PHN to implement the ATSISPEP principles • ATSISPEP was released shortly after the PHN's commissioning process occurred

Suggestions to support further uptake by PHNs

Drawing on their experiences, several PHN participants suggested strategies to more effectively embed ATSISPEP findings and commissioning resources across all PHNs (Table XIII), many of which they expanded on during interviews (see Part 3: Interviews with National Suicide Prevention Trial Primary Health Networks). One PHN participant emphasised that CBPATSISP's priority should be to provide greater support and information to PHNs to fully utilise the existing resources, including ATSISPEP resources, before creating additional resources.

Table XIII. PHN suggestions to support uptake and further embed ATSISPEP resources across all PHNs

Engagement	• Regular promotion and communication with PHNs, relevant health professional organisations and peak bodies; include examples of practical application (for example, e-newsletter) • Face-to-face meeting for PHN staff with the CBPATSISP network to unpack the commissioning framework and implement commissioning resources together • Training for new staff (for example, revisit, ATSISPEP documents) • Dissemination via PHN Cooperative (http://www.phncooperative.org.au/) • Promotion at conferences
Staff networks	• A community of practice for staff from PHNs and relevant organisations that have responsibility for Aboriginal and Torres Strait Islander service commissioning
Resources	• Resourcing to support PHN uptake of CBPATSISP commissioning resources • Templates for commissioning and regulation/outcomes process • Training module with videos • Development of an organisational self-assessment audit framework for PHNs to use on a regular basis for continuous quality improvement
Reporting/ evaluation	• Culturally appropriate use of outcome measures built into the Primary Mental Health Care Minimum Data Set for Commonwealth reporting • Report on follow-up indicators as decided by PHN/ACCHSs
Funding	• Federal Government must release allocated funding to ensure that services that are already in operation and have been validated against the ATSISPEP recommendations are able to continue • Support ACCHSs to advocate for suicide prevention community needs during funding transition from PHNs to ACCHSs

Importantly, several PHN participants stated that after completing the survey they were inspired to adopt or enhance their use of the ATSISPEP framework. Of the two PHNs that had not previously been influenced by ATSISPEP in their commissioning practices, one now plans to support mainstream services to embed the ATSISPEP principles. Of the PHNs that were already influenced by ATSISPEP, 8/11 PHNs expressed commitment to further utilise and embed ATSISPEP recommendations – these include as mandatory touch points in an existing commissioning framework (n=1), in the development of suicide prevention activity commissioning guidelines (n=1), and in the development of an outcomes framework (n=1). Several PHNs also expressed commitment to continue relationships with ACCHSs (n=1), to plan and deliver all programs with Aboriginal and Torres Strait Islander people (n=1), and to place additional focus on Aboriginal and Torres Strait Islander suicide prevention as part of an existing social health program (n=1).

Part 3: Interviews with National Suicide Prevention Trial Primary Health Networks

Five interviews were conducted with seven senior PHN staff, representing five of the 10 PHNs (50%) that are associated with NSPT sites. As in the survey responses in Part 2, one participant represented three PHNs and three NSPT sites: WA Primary Health Alliance (WAPHA) represents Perth North, Perth South and Country WA PHNs, and the Perth South, Country WA Midwest and Country WA Kimberley NSPT sites.

Three key themes were identified: success stories, barriers to implementation and suggestions from PHNs to enhance ATSISPEP uptake by PHNs. Sub-themes were also identified within each key theme. The findings are summarised below with further quotes in Appendices VI-VIII.

Key theme 1: Success stories

Two sub-themes emerged within *Key theme 1: Success stories*:

1.1 Direct implementation of ATSISPEP recommendations or tools, and
1.2 Alignment with the ATSISPEP recommendations.

Sub-theme 1.1: Direct implementation of ATSISPEP recommendations or tools

Two PHNs have directly implemented ATSISPEP recommendations or tools in their services. The participant interview responses discussed here expanded on their survey responses above and on information published in the *National Suicide Prevention Trial Final Evaluation Report* (Currier et al. 2020) and Black Dog Institute's *National Suicide Prevention Symposium* (Black Dog Institute 2019).

The Northern Territory PHN local Aboriginal governance group, 'The Telling Group' developed *Strengthening our Spirits* (PHN Northern Territory 2019) with extensive community consultation, as a systematic model for suicide prevention based on ATSISPEP findings and recommendations. The framework systematically applies ATSISPEP's recommendations in conjunction with concepts meaningful to the local Aboriginal and Torres Strait Islander community to meet the community's needs, in place of a mainstream model. The NT PHN used the model to develop NSPT commissioned activities and The Telling Group is now developing the framework into an outcomes framework for future commissioning.

Another PHN Aboriginal leadership group created a program logic template based on a shortened version of the ATSISPEP report's *Evaluation Framework for Indigenous Suicide Prevention Activity for Use by Communities, Governments and PHNs* (Dudgeon et al. 2016b). The template evaluated the extent to which commissioned NSPT services complied with ATSISPEP recommendations to determine which would be continued as transition services beyond the funded trial. The PHN and local AMS, which led most of their NSPT trial, also aimed to implement the ATSISPEP framework in full throughout their services. Of particular note, the ACCHS-led steering group nominated a working group to lead decision-making as long as decisions complied with ATSISPEP recommendations, with both groups comprised of majority Aboriginal and Torres Strait Islander personnel.

Another PHN did not systematically or specifically apply ATSISPEP recommendations or resources but broadly tried to '*work in a way that was consistent with the guidelines*' during NSPT procurement activities.

Sub-theme 1.2: Alignment with ATSISPEP recommendations

The participants interviewed agree that all PHNs already aligned with many ATSISPEP recommendations and success factors when commissioning suicide prevention services and programs for Aboriginal and Torres Strait Islander peoples without having deliberately implemented the guideline.

> *We follow those same principles but it wasn't necessarily because the report said that we should; so it was good to see.* (PHN A)

All PHNs use ACCHSs as the preferred provider for suicide prevention activity (Rec 10).

> *The beauty for us was that all the services were operated by Aboriginal corporations so culturally we felt very strong and secure.* (PHN B)

One PHN advocated that other Aboriginal community controlled service providers should be included in PHN commissioning for suicide prevention activities in local communities as well as the ACCHSs.

> *Whilst I agree that they are one platform, they're not the only platform.* (PHN A)

All PHNs agreed on the importance of including a strong focus on cultural elements and SEWB in funding effective suicide prevention activities (Rec 2).

> *I think there are things in [the ATSISPEP report] that... benefitted the way that we commissioned... like connecting to culture and building that connection to culture for people facing a suicide crisis.* (PHN A)

All PHNs also highlighted the need to include cultural governance for commissioning and activities, for example cultural governance groups, working groups and successful programs run by Elders or Aboriginal organisations (Rec 9). Programs include Kimberley Aboriginal Law and Culture Centre's Yiriman Project (McCrohan & Hall 2017), the Waringarri Arts Corporation (Waringarri Aboriginal Arts 2019), the *Strengthening Our Spirits* NSPT model (PHN Northern Territory 2019) and rites of passage camps.

Importantly, participants pointed out that most of the groups have genuine leadership and governance bodies rather than the advisory or consultation roles that organisations often offer to ACCHOs and/or Aboriginal and Torres Strait Islander peoples in a tokenistic manner or to fulfil KPIs without handing over true decision-making power.

> *Ensuring community engagement... was integral. We had a steering group and a working group... The community leadership was high, we had a range of people who are well-respected, all Indigenous.* (PHN B)
>
> *I think the important learning [from ATSISPEP] was really around cultural governance and cultural engagement.* (PHN D)

Two PHNs participants stated that they fund training and employment of Aboriginal and Torres Strait Islander community members: community liaison officers, a suicide prevention clinician, cultural engagement and gatekeeper training (Rec 4). One PHN also reported that they fund staff cultural competence training (Rec 5).

> *The community liaison officers are doing a lot of things—providing ongoing support for people who want to prevent suicide within their community... It's employment and it's someone to go to and... their whole family starts becoming a lot more strengthened and... that will seep out amongst the community.* (PHN B)
>
> *We're funding a cultural engagement role with the local HeadSpace centre, and... a full-time suicide prevention clinician role.* (PHN D)
>
> *We've had... Aboriginal culturally appropriate trainings.* (PHN D)

All PHNs perform some form of service evaluation (Rec 1.b). Three PHN participants described specific or systematic approaches to evaluation: a formal consultant-led evaluation, an outcomes framework and an evaluation framework template based on ATSISPEP resources as described above (Sub-theme 1, Key theme 1.1, above). Some PHN participants also measured service attendance or program engagement by Aboriginal and Torres Strait Islander clients, improvement in protective factors such as school attendance or social activity engagement and feedback from stakeholders and community members.

> *I guess for us it was the use of evaluation throughout the services and ensuring community engagement which was integral.* (PHN B)
>
> *We're looking at how we can measure [whether it has] improved people's protective factors, or engagement with school or engagement with other social activities.* (PHN D)

Key theme 2: Barriers to implementation

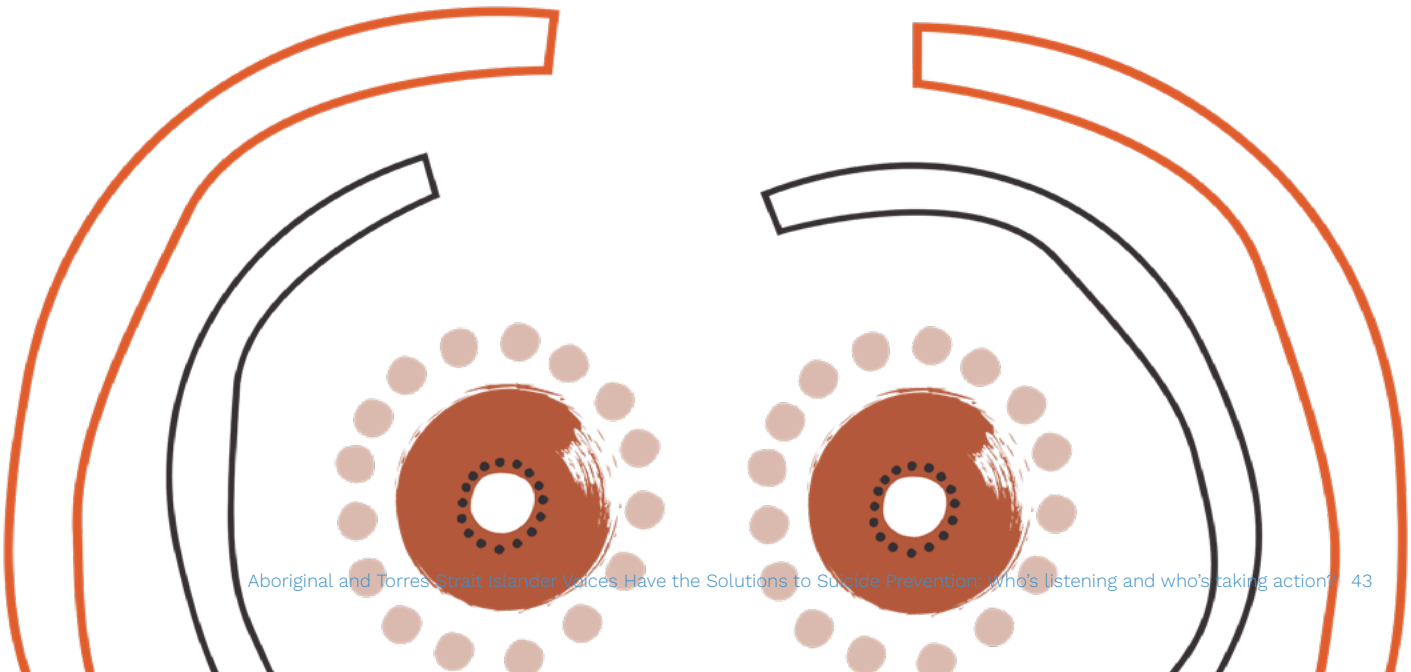
Four sub-themes emerged within *Key theme 2: Barriers to implementation*:

2.1 Poor visibility

2.2 Short funding cycles

2.3 Barriers to service evaluation

2.4 Lack of a systematic approach.



Sub-theme 2.1: Poor visibility

A strong theme in the barriers to implementation for PHNs was poor visibility of the ATSISEP guidelines with no ongoing engagement from the ATSISPEP team (there was limited understanding that the ATSISPEP findings and recommendations are now supported through CBPATSISP). As the survey confirmed, only 50 per cent of PHNs are aware of the CBPATSISP *Manual of Resources in Aboriginal and Torres Strait Islander Suicide Prevention* and the Clearinghouse website as a means to provide ongoing support. Several PHNs reported that they are overloaded with guides, frameworks and compulsory Commonwealth requirements, and work in a time-poor environment with high staff turnover.

> *PHNs have so much information/requests/guides/frameworks/tools coming in that sending something out once then never talking to us again for years just won't work... The key to staying engaged is - I think there needs to be some kind of ongoing communication...* (PHN A)

> *We've also got relatively high turnover of staff and so most of the people who saw the tool when it first came out probably aren't here anymore.* (PHN A)

Sub-theme 2.2: Short funding cycles

Four participants echoed that short Commonwealth funding cycles for the NSPTs do not provide PHNs and ACCHSs time to systematically implement ATSISPEP findings, train and maintain a workforce or build sustainability.

> *That challenge of time-limited funding makes it difficult for these types of programs to gain traction and build that sustainability going forwards... The time that it takes to do that approach properly, the planning, co-design and co-production – I think for most trial sites it took at least a year if not more.* (PHN A)

> *These rolling contracts of 6-12 months [aren't] good enough, they actually work against people having the skills and experience and wisdom to be able to work in a really good way.... People get recruited and trained and then they get picked up by a mining company because there's no job security here. ... You don't know month-to-month whether your job is going to be existing in a few months' time.* (PHN B)

Sub-theme 2.3: Barriers to service evaluation

All PHN participants reported challenges in engaging in service evaluation, which restricts their ability to ensure local relevance and efficacy. PHNs particularly highlighted that the Federal Government's limited budget significantly restricts their capacity for service evaluation.

> *The models that we support and commission are evidence-based models.... But to actually evaluate their effectiveness within the community would be very challenging and expensive within our budget, so within our resources we just put that straight into actually delivering services.* (PHN D)

One PHN is building an evaluation tool with the local ACCHS but is early in the process, currently building trust and relationships between the PHN and ACCHS as the first step.

> *One of the key learnings is how do we build a shared sense of value and working on that evaluation piece.* (PHN E)

Sub-theme 2.4: Lack of a systematic approach

Lastly, one PHN participant raised that its lack of a systematic approach has been a barrier to implementing ATSISPEP's recommendations and tools.

> *I think it's more that we haven't taken that systematic approach here from the PHN.* (PHN C)

Key theme 3: Suggestions from PHNs to enhance suicide prevention and ATSISPEP uptake

Seven sub-themes emerged within *Key theme 3: Suggestions from PHNs to enhance ATSISPEP uptake*:

3.1 Directly fund the Aboriginal community controlled sector

3.2 Lengthen Commonwealth funding cycles

3.3 Ongoing engagement

3.4 Improve ease of uptake

3.5 Embed ATSISPEP recommendations in PHN commissioning systems

3.6 Communicate with stakeholders

3.7 Recommendations that have already been addressed by ATSISPEP.

Sub-theme 3.1: Directly fund the Aboriginal community controlled sector

Most importantly, PHNs identified that the Australian Government must directly fund the ACCHSs, rather than providing funding through the PHNs which then commission the ACCHSs. Additionally, the Federal Government must increase overall resourcing and commissioning to the Aboriginal community controlled sector in line with the *National Closing the Gap Partnership Agreement*. In this way, Government will be directly funding self-determined services and programs. Interviewees acknowledged that once this change ensues, PHNs will still need to implement the strategies outlined below to improve ATSISPEP uptake so that Aboriginal and Torres Strait Islander people that continue to access mainstream services are also catered for.

> *In the Closing the Gap Statement there's a commitment to directly fund Aboriginal and Islander communities as much as possible which PHNs agree with. … Even if PHNs aren't commissioning Indigenous-specific activity… we will always be responsible for making sure that mainstream services are inclusive.* (PHN A)

> *How the ACCHSs are resourced is a really big priority… if you're looking at really good evidence-based frameworks and recommendations and learnings and good ways of doing business, if we really want to implement them well then the ACCHSs need to be resourced to really drive that work.* (PHN E)

Sub-theme 3.2: Lengthen Commonwealth funding cycles

Four PHN participants echoed that the Federal Government must provide longer-term funding to enable complete implementation of ATSISPEP recommendations and continued operation of successful programs. According to PHNs, three-year contracts are required; at minimum, they require one to two-year contracts rather than the current short-term funding cycles.

> *It would be nice to see just a three-year contract or agreement so that, you know we've had all these trial sites, we've whittled them down to what really works – now let's give them a long-term contract and let them do their magic.* (PHN B)

> *If we did have an opportunity for longer term planning, we could bring together our community networks and… do some more planning around [the ATSISPEP] recommendations… two years would be good. Even… for 12 months we could probably work on something a bit better too.* (PHN D)

Sub-theme 3.3: Ongoing engagement

PHN participants also agreed that they need ongoing engagement from the CBPATSISP teams responsible for ensuring the implementation and dissemination of the ATSISPEP report findings. They regarded this as essential to embed the ATSISPEP guidelines within their organisations' working memories, especially where staff turnover is high.

Two PHN participants suggested that it would be valuable for the CBPATSISP to conduct an ATSISPEP-focused workshop to ask questions and create or discuss individualised implementation plans, with the potential to incorporate guest speakers and training. One PHN participant suggested that this workshop could be conducted for individual PHNs, while the other participant suggested establishing a community of practice for staff working in mental health roles across PHNs and relevant stakeholders, to share approaches, resources and solutions to challenges and to participate in workshops together. When this concept was explored further, participants suggested that the community of practice could be grouped into the pre-existing PHN state/territory networks (Table XIV). Participants from both PHNs advised that staff in mental health and suicide prevention across Aboriginal community health organisations, state government mental health commissioning bodies and other relevant services should be included.

> *A community [of] practice... people that have responsibility for commissioning mental health suicide prevention activity can come together and share their approaches, perhaps there's guest speakers and training that can happen, sharing resources... doing it at a state and territory level might be easier to manage and have those added benefits of bringing different commissioners together.* (PHN A)
>
> *Nothing beats setting up a bit of a workshop and an introductory [session] for a guest speaker and then review details through.* (PHN D)

Table XIV. Existing PHN networks

	PHNs
Group 1	NSW, ACT
Group 2	QLD, NT
Group 3	VIC, TAS
Group 4	WA
Group 5	SA

One PHN participant suggested that CBPATSISP provide an annual newsletter highlighting best practice examples of ATSISPEP implementation, suicide prevention programs and services, updates, links to tools/resources and an opportunity to provide feedback to ATSISPEP.

Sub-theme 3.4: Improve ease of uptake

Participants from four PHNs requested that ATSISPEP resources are designed to facilitate more effective uptake. One PHN participant proposed a self-audit tool with a series of questions for PHNs to be able to assess their commissioning against the ATSISPEP recommendations. The self-audit would be completed during service development and implementation, annually or on reflection at the end of a contract, to encourage and assist PHNs to enhance alignment with the ATSISPEP framework in future work. The self-audit should include a self-scoring system, an opportunity for individualised comments and a version for stakeholders to evaluate PHNs, which would simultaneously benefit by further enhancing community engagement. The self-audit should also produce an action plan upon completion so that it can be directly translated into action and outcomes.

> *Reproduce the tool as a bit of a self-audit. ... a series of questions that prompts the PHN to reflect on its practice and identify where it's doing things well, kind of in the middle or not so well. Then on the online version it collates the areas that haven't been done so well and presents that as a bit of an action plan that PHNs can then take away to work on.* (PHN A)

> *You'd want it to be useful and usable rather than just another piece of paper to fill out or tick.* (PHN B)

Sub-theme 3.5: Embed ATSISPEP recommendations in PHN commissioning systems

One participant emphasised that ATSISPEP recommendations need to be systematically embedded in PHNs to overcome the loss of organisational memory that results from high staff turnover.

> *Ideally, it would become a tool that we have in our organisation systems...* (PHN A)

Sub-theme 3.6: Communicate with stakeholders

Two PHN participants advocated for ATSISPEP resources to be disseminated to stakeholders such as ACCHSs and community members as well as PHNs. They stated that broader, more inclusive dissemination would increase receptivity, ensure a shared understanding, and facilitate equal partnerships.

> *Many of the stakeholders and Aboriginal and Islander organisations were so used to experiencing white colonial type approaches... because it's a two-way relationship there needs to be resources for the organisations and stakeholders.* (PHN A)

Sub-theme 3.7: Recommendations that have already been addressed by ATSISPEP

PHNs participants also made several suggestions that are already addressed in the ATSISPEP report. One PHN requested a centralised online location for all Aboriginal and Torres Strait Islander suicide prevention resources produced by related organisations.

> *It may be there and I've just never found it, but it would be great to have somewhere where all these different types of resources sit. ... it's just how some of that is all brought together so it's almost like a clearing house of all these different resources.* (PHN E)

These participant comments highlight that they were unaware that the CBPATSISP's *Manual of Resources* (CBPATSISP 2021a) and the Clearinghouse already meet this need. Reinforcing the need for greater focus by CBPATSISP on promoting these resources through the PHNs and other key Aboriginal community controlled services.

One PHN participant requested recommendations for each stage of the commissioning cycle which is also already available in the *Manual of Resources* (CBPATSISP 2021a). PHNs requested recommendations that are tailored for mainstream services and specific subgroup services, such as LGBTQIA Sister Girl and Brother Boy + services.

Again, these requests confirmed that lack of widespread awareness within PHNs of the existing evidence base. The ATSISPEP report already states that the existing recommendations should be implemented by all services, including mainstream services, and that they were co-designed by several subgroups including the LGBTQIA Sister Girl and Brother Boy + community through the ATSISPEP *LGBTQI Roundtable* (Dudgeon et al. 2016a).

> *Making sure... those needs are included as part of a broader population approach... and that things that are put in place are going to be of value for Aboriginal people as well.* (PHN E)

Discussion

It is evident from the analysis of literature, survey and interviews that ATSISPEP's findings, frameworks and resources have achieved widespread uptake and influence among PHNs and more broadly across Aboriginal and Torres Strait Islander suicide prevention activity in Australia as well as informed state, territory and national policy and practice. Notably, ATSISPEP played a key role in the National Suicide Prevention Trials (Currier et al. 2020) and across government policies at the national (Department of Health 2017; GDPSA 2020; Parliament of Western Australia 2016) and state/territory levels (Mental Health Commission 2020; PHN Northern Territory 2019) (Table III).

At the same time, discussions with senior staff in PHNs across the NSPT sites indicate that greater targeted communication and dissemination of the ATSISPEP findings to PHNs, relevant government departments and peak bodies, is required to optimise implementation. Several strategies were identified to increase uptake, particularly within PHN commissioning around suicide prevention activities.

Points to celebrate

ATSISPEP is acknowledged throughout the literature and by key government and non-government bodies as a milestone, Aboriginal-led, informed by Aboriginal and Torres Strait Islander people, evidence-based resource that has significantly contributed to best practice in suicide prevention, as well as systems integration and transformation.

ATSISPEP has provided the first Aboriginal-led comprehensive framework to guide policy makers, practitioners, government and non-government organisations, and community groups and researchers. Stakeholders frequently employ information in the ATSISPEP report to design or validate programs, services and strategies. The ATSISPEP report and its associated publications (roundtable reports, fact sheets, and maps) have achieved widespread dissemination across government and non-government portals, in accordance with ATSISPEP Recommendation 13 that 'findings, tools and resources should be broadly disseminated and included in Australian Government portals'. Consistent references to ATSISPEP since its publication in 2016 through to 2023 confirm its ongoing relevance and usefulness.

Since its inception, ATSISPEP has become the blueprint that informs and validates national and state and territory government and non-government suicide prevention strategies and recommendations (Tables III, IV, VI). Of relevance, as per the original objectives of ATSISPEP, its key findings provided a fundamental evidence base for the *National Suicide Prevention Trial Final Evaluation Report* (Currier et al. 2020) and for the proposed renewals to the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021–2031 put forward by GDPSA, the national peak leadership body and inclusive voice for Aboriginal and Torres Strait Islander suicide prevention, mental health and social and emotional wellbeing, and a member of the Coalition of Peaks Closing the Gap (GDPSA 2020; RACGP 2020). ATSISPEP has informed several other national government strategies including the *Commonwealth Closing the Gap Implementation Plan* (Commonwealth of Australia 2021) and the National Suicide Prevention Taskforce's new recommendations (National Suicide Prevention Adviser and Taskforce 2020).

Further, ATSISPEP has informed state government suicide prevention frameworks across the NT (Department of Health 2018b), QLD (Queensland Mental Health Commission 2019) and WA (Mental Health Commission 2020) (Table III).

ATSISPEP has been utilised by several community-based interventions and clinical guidelines such as the Aboriginal and Torres Strait Islander MHFA guidelines (Armstrong 2018), Lifeline telephone crisis line (Dudgeon, Bray & Walker 2020c), best practice hospital assessment guidelines (Leckning et al. 2019) and youth mentoring programs (Millerick et al. 2020). The influence of ATSISPEP on Lifeline led to the development of 13YARN (13YARN 2022), an Indigenous 24/7 crisis helpline. Furthermore, ATSISPEP has become a go-to evidence base for what works to prevent suicide among Aboriginal and Torres Strait Islander LGBTQIA Sister Girl and Brother Boy + communities, frequently recognised as one of the few resources available.

It is notable that the key themes highlighted by the 13 PHNs participating in our consultations correspond closely to ATSISPEP's recommendations. PHNs commission a wide variety of successful suicide prevention programs and services with Aboriginal and Torres Strait Islander peoples. While 11/13 PHNs (84.6%) were influenced by ATSISPEP, it is reassuring that many are aligned with several ATSISPEP recommendations and success factors independent of any influence by ATSISPEP, perhaps reflecting the permeation of Aboriginal and Torres Strait Islander knowledges and perspectives of suicide prevention strategies across the sector. As survey and interview responses show, Aboriginal and Torres Strait Islander peoples are central to leadership and Aboriginal governance bodies of most PHNs and have often initiated and ensured alignment of commissioning with the ATSISPEP principles.

Reassuringly, our findings confirm that all PHNs that participated in the study use ACCHSs as the preferred provider of suicide prevention activities and include a focus on SEWB. Participant comments show that the clear majority (10/12 PHNs; 83.3%) are very committed to ensuring genuine community partnerships, include a focus on cultural elements and require staff to participate in cultural competence training.

Aboriginal and Torres Strait Islander leadership groups have directly implemented ATSISPEP's key findings and resources in PHN commissioning systems. The NT PHN cultural governance group developed their *Strengthening our Spirits* commissioning model (PHN Northern Territory 2019) in accordance with ATSISPEP principles and practices, and another PHN adapted ATSISPEP's *Evaluation Framework for Indigenous Suicide Prevention Activity for Use by Communities, Governments and PHNs* (Dudgeon et al. 2016b) as a commissioning program logic template and evaluation tool. It is particularly notable that these two salient exemplars were spearheaded and developed by cultural governance groups and are both associated with NSPT sites.

More broadly, ATSISPEP has contributed to the widespread understanding of suicide and suicide prevention among Aboriginal and Torres Strait Islander peoples. It has disseminated awareness of the holistic nature of Aboriginal and Torres Strait Islander health and wellbeing and the complex system of interrelated risk factors due to ongoing systemic colonisation that contribute towards suicide, as compared to suicide risk factors among the broader population.

The widespread dissemination of ATSISPEP has promoted awareness that there is a need for culturally responsive, trauma-informed and community-led suicide prevention that is inclusive of intersections of specific groups such as the LGBTQIA Sister Girl and Brother Boy + community (Figures III-IV; references in Appendix III).

In summary, our findings demonstrate significant uptake of and alignment with ATSISPEP findings throughout suicide prevention activities, most often attributable to Aboriginal leadership and action including, for example, the national peak leadership body Gayaa Dhuwi (Proud Spirit) Australia. These findings are useful and reassuring for ATSISPEP's continued currency and provide support that the government-funded recommendations should be further disseminated to enhance widespread implementation. Key personnel in PHNs were motivated to further engage with ATSISPEP after participating in our study which has created momentum to implement the recommendations below.

Further recommendations

As stated in *Learnings from the Message Stick, The report of the inquiry into Aboriginal youth suicide in remote areas* (Parliament of Western Australia 2016), significant work to identify suicide prevention strategies specifically among Aboriginal and Torres Strait Islander people has already been done so '**what is needed now is to effectively action these recommendations**'. We have formulated recommendations to PHNs and CBPATSISP as well as recommendations to advocate to the Australian Government to increase uptake of the ATSISPEP findings to optimise suicide prevention efforts through the proposed renewals to the NATSISPS 2021–2031 proposed through GDPSA (GDPSA 2022).

Section 1: Recommendations to PHNs

Despite acknowledging the success stories above, we revealed several important gaps in PHN implementation. These gaps reinforce the need for *all* PHNs to work to implement *all* ATSISPEP findings and resources, as stated in the government-endorsed ATSISPEP recommendations. PHNs should direct efforts towards engaging with findings and resources including those that are least frequently implemented, and which are available on the CBPATSISP website.

PHN Recommendation 1: All PHNs must utilise ATSISPEP as a key resource in work involving Aboriginal and Torres Strait Islander mental health and suicide prevention.

Despite the ATSISPEP report (Dudgeon et al 2016b) having recommended that all PHNs must implement all relevant recommendations, 9/12 PHNs (75%) that answered the survey questions had not implemented all six recommendations deemed to be relevant to them. Further, it is likely that the poor engagement by the 16/31 PHNs (51.6%) that did not participate in the study, and the 11/31 PHNs (35.5%) that neither participated in the study nor in the CBPATSISP's PHN engagement project in 2019 (CBPATSISP 2019) may be associated with poor uptake of ATSISPEP's recommendations.

While the Eastern Melbourne PHN *Integrated Mental Health and AOD Service Atlas* (Bell et al. 2018) and the Western Sydney PHN *Needs Assessment 2019–2022* (PHN Western Sydney 2018) both identified Aboriginal and Torres Strait Islander peoples as a priority population, related to mental health and/or AOD issues in the former and suicide prevention in the latter, neither report references ATSISPEP and neither PHN engaged in this study. Yet it is evident that PHNs should reference and utilise ATSISPEP's recommendations and success factors as a go-to framework wherever Aboriginal and Torres Strait Islander suicide prevention is discussed.

In addition, PHNs that have expressed intention to utilise ATSISPEP should follow through on these intentions and feedback by ensuring their progress is publicly available. For example, the Western NSW PHN *National Suicide Prevention Trial Work Plan for 2018–19* (Western NSW PHN 2018) expressed intentions to 'support commissioned services in using the ATSISPEP planning tools'; however, they have not publicly reported on their progress and did not participate in our consultations, unless anonymously, hence realization of their intentions cannot be evaluated.

PHN Recommendation 2: PHNs must access CBPATSISP's *Manual of Resources* which was created as a user-friendly applicable format of ATSISPEP findings and other relevant resources.

Many PHNs expressed a need for applicable easy-to-use resources and templates in a centralised go-to online location, including guidance around each stage of the funding cycle. CBPATSISP's *Manual of Resources* (CBPATSISP 2021a), based extensively on the findings of ATSISPEP, was specifically developed for PHNs to meet these needs and was disseminated to all PHNs; however, only 7/12 PHNs (58.3%) that participated in this project accessed the manual.

While the PHNs' suggestions align with the manual contents, confirming its continued usefulness, we encourage greater engagement with the manual by all PHNs.

All PHNs should utilise CBPATSISP's *Manual of Resources* as well as the CBPATSISP Clearinghouse (CBPATSISP 2022b) which 'shares promising and best practice programs, services, guidelines, resources and research' to '[support] others to further develop their own Indigenous suicide prevention initiatives'.

Uptake should specifically increase among PHNs that commission regions where <25 per cent of the population are Aboriginal and/or Torres Strait Islander (4/9, 44.4% uptake vs 3/3, 100% among regions with a population of >25%).

In particular, PHNs should utilise the *Indigenous Suicide Prevention Activity Assessment Tool* (ATSISPEP 2021a) and *Indigenous Suicide Prevention Activity Evaluation Framework* (ATSISPEP 2021b) which are accessible tools for PHNs to design or evaluate suicide prevention activities. CBPATSISP will invest efforts to further disseminate the manual and other resources as per the strategies to be implemented by CBPATSISP outlined below (see Further recommendations; Section 2, below).

In addition, the word clouds in Figures III-IV (Results Part 2: Surveys with Primary Health Network) confirm the need to address a range of social and cultural determinants as outlined in several fact sheets produced by the ATSISPEP team which complemented the ATSISPEP report and which have subsequently been updated by the CBPATSISP team (CBPATSISP 2021a). These publications highlight the ongoing advocacy reach of ATSISPEP, as well as the commitment of the team, led by Professor Dudgeon, to provide resources to build the capacity of PHNs.

PHN Recommendation 3: PHNs' commissioned programs and services must prioritise the evaluation of their suicide prevention activities with Aboriginal and Torres Strait Islander people and communities, and disseminate findings to further strengthen the evidence (ATSISPEP Rec 1.b).

Many PHNs prioritised direct investment of their limited resources into suicide prevention activities over service evaluation. As evidenced in consultations in this project and consultations with Aboriginal and Torres Strait Islander people in NSPTs focused on Aboriginal and Torres Strait Islander suicide prevention (Currier et al. 2020), PHNs successfully implemented the ATSISPEP principles but did not achieve service evaluation. Only 4/12 PHNs (33.3%) evaluated their services, three of which were NSPT sites.

While acknowledging the ethical challenges associated with research around suicide prevention activities, Aboriginal and Torres Strait Islander communities are entitled to robust evidence-based services. ATSISPEP recognised that 'there is surprisingly little evidence about what works in general population suicide prevention, let alone in Indigenous-specific suicide prevention' and that there is a need for 'continued strengthening of the evidence base of effective suicide prevention activities' so that communities can 'inform other communities about what may work' (Dudgeon et al. 2016a). Ongoing self-determined evaluation methods which ensure data sovereignty are required to optimise suicide prevention (Dudgeon, Bray & Walker 2020c).

PHNs should contribute towards building the evidence base for suicide prevention by prioritising ongoing Aboriginal and Torres Strait Islander-led systematic program and service evaluation and dissemination of findings, despite limited resourcing. PHNs should use the evaluation tools in CBPATSISP's *Manual of Resources* as per 'PHN Recommendation 1' above and should ensure Aboriginal and Torres Strait Islander leadership for evaluation.

PHN Recommendation 4: PHNs must focus on improving commissioning of clinical services according to ATSISPEP success factors, which may be in partnership with Local Hospital Network funding.

This study's findings have highlighted significant gaps in clinical services for Aboriginal and Torres Strait Islander people across a number of PHN regions. ATSISPEP success factors related to clinical service commissioning had the poorest uptake. Only 1/12 PHNs (8.3%) commissioned 24-hour clinical help for self-harm, suicide risk or a suicide attempt. This gap has been partially filled by Lifeline and GDPSA's new national crisis telephone service, Yarn Free (13YARN 2022), which provides Aboriginal and Torres Strait Islander-specific 24/7 telephone support ensuring culturally safe and appropriate health services where and when needed. The National Indigenous Critical Response Service (Ridoutt et al. 2020) also provides a 24/7 postvention telephone service to provide support for people experiencing loss after a suicide. Despite these exceptional and useful services, phone services are inherently unable to replace the need for culturally safe 24/7 in-person clinical support for all communities, including remote communities.

To fill the remaining gaps in clinical service provision and by complementing approaches with Yarn Free (13YARN 2022) and the National Indigenous Critical Response Service's (Ridoutt et al. 2020) existing telephone services, PHNs should direct commissioning towards the following:

- postvention crisis response teams
- training of frontline staff and GPs in recognising depression
- high-quality and culturally appropriate treatments.

It is possible that several PHN regions are in fact supported by the above clinical services in a way that was not assessed by the survey and interviews, if the services are funded by the Local Hospital Networks (LHNs) instead of the PHNs. Regardless, PHNs and LHNs were advised to develop a 'joint regional mental health and suicide prevention plan' (DoH 2018a) including:

- 'Crisis intervention—ensure that communities have the capacity to respond to crises with appropriate interventions'
- 'Postvention—improve response to and caring for those affected by suicide and suicide attempts' (DoH 2019).

As such PHNs should, as a minimum, be aware of the services funded through LHNs. It is from this perspective that we recommend that the improvements in commissioning of clinical services in line with the ATSISPEP success factors may be achieved in partnership with LHN funding.

PHN Recommendation 5: PHNs must embed ATSISPEP principles in their organisation and commissioning framework to overcome high staff turnover.

A strong theme in 3/5 (60%) PHN interviews was the high rate of staff turnover (survey participants had worked for an average of only 3.6 years at their workplace), and shifting policies, resulting in a lack of organisational memory of the ATSISPEP findings and resources. In addition, PHNs voiced their lack of a systematic approach to ATSISPEP implementation as a barrier to uptake.

PHNs should systematically embed all ATSISPEP principles in their organisational structure and commissioning framework to facilitate easy and complete uptake and to avoid loss of knowledge due to staff turnover.

PHN Recommendation 6: PHNs with a population of <25 per cent Aboriginal and Torres Strait Islander people within their jurisdiction must enhance uptake of ATSISPEP findings and resources.

The study found that PHNs that are not involved with a NSPT and/or that commission regions with a smaller percentage of Aboriginal and Torres Strait Islander people engaged at a lower rate and were less aligned with ATSISPEP recommendations and success factors. The ATSISPEP report had specifically noted that services 'should not assume general population suicide prevention activity is enough to meet the needs of Indigenous communities' (Dudgeon et al. 2016a) and should ensure cultural security regardless of the proportion of the population comprised by Aboriginal and Torres Strait Islander people. In addition, a population of <25 per cent Aboriginal and Torres Strait Islander peoples may still be far greater than the 3.3 per cent population percentage across Australia (AIHW 2022), and may represent a large number of individuals with needs unmet by local service provision where the total population is large.

All PHNs should ensure cultural security by implementing the ATSISPEP recommendations, which were designed for all service providers to implement and are relevant without modification for mainstream services. This is inclusive of organisations that service population subgroups, for example LGBTQIA Sister Girl and Brother Boy + services, which should also ensure inclusivity of Aboriginal and Torres Strait Islander people within these intersections by implementing the ATSISPEP findings.

Our study findings suggest that there is a particular need for non-NSPT PHNs to establish service evaluation methods (achieved by 1/4; 25%). In addition to Recommendations 1–4 outlined above for all PHNs, non-NSPT PHNs and those with a smaller percentage of Aboriginal and Torres Strait Islander people should focus on the following:

- cultural governance on PHN leadership bodies
- inclusion of cultural elements (self-determination, building identity, SEWB, healing)
- genuine partnerships with community organisations and ACCHSs
- involvement of Elders
- training of frontline staff/GPs in recognising depression and suicide risk
- greater community empowerment, development, ownership and employment of community members/peer workforce
- crisis response teams or postvention services
- use of CBPATSISP's *Manual of Resources* (CBPATSISP 2021).

While many of these individual findings did not reach statistical significance, we have included them in our recommendations due to the small sample size as well as the importance of considering all data through a decolonised lens. It has been important in our analysis to focus on understanding the organisational context and policy environment in which the ATSISPEP findings and recommendations have been implemented over the past five years.

Section 2: Strategies to be implemented by CBPATSISP

To further support all PHNs to uptake commissioning resources, participants echoed that increased engagement and ways to embed the ATSISPEP principles, recommendations and resources in PHN organisations are required to retain ATSISPEP's visibility and influence. Findings also reinforced the need to include stakeholders in engagement and to ensure ease-of-use of ATSISPEP recommendations and frameworks for PHNs. We recommend four key communication and dissemination strategies from survey and interview findings, for CBPATSISP to enhance the uptake and influence of ATSISPEP.

CBPATSISP Strategy 1: Develop and disseminate an annual newsletter.

That CBPATSISP regularly engages PHNs and stakeholders through an annual newsletter highlighting best practice examples of ATSISPEP uptake, links to ATSISPEP resources and relevant updates.

CBPATSISP Strategy 2: Hold an annual meeting between PHN staff and the ATSISPEP team.

That CBPATSISP holds an annual meeting between key members of the ATSISPEP team and each PHN as well as relevant stakeholders to provide an opportunity to engage, and review the ATSISPEP recommendations and commissioning framework, discuss implementation ideas and ensure awareness among new staff where staff turnover is high.

CBPATSISP Strategy 3: Adapt ATSISPEP's commissioning evaluation frameworks to produce a self-audit tool.

That CBPATSISP produces a directly implementable self-audit tool based upon the ATSISPEP report's *Evaluation Framework for Indigenous Suicide Prevention Activity for Use by Communities, Governments and PHNs* (Dudgeon et al. 2016b) and the *Indigenous Suicide Prevention Activity Evaluation Framework* (ATSISPEP 2021b), guided by one PHN's success with their own self-audit tool developed from the framework.

The self-audit tool will be sent to PHNs annually as an opportunity and prompt to evaluate program and service performance according to ATSISPEP principles, using a scoring system and comment section. There will also be an option for stakeholders to evaluate their local PHN's performance. CBPATSISP will seek inspiration from self-audit tools that PHNs have engaged with and found useful, for example: The National Eating Disorders Collaboration's *Eating Disorders Quality Improvement Tool for PHNs* (NEDC 2021) and EMBRACE's *Framework for Mental Health in Multicultural Australia* (EMBRACE 2022).

In addition, the *Indigenous Suicide Prevention Activity Evaluation Framework* (ATSISPEP 2021b) in CBPATSISP's *Manual of Resources* is a useful, usable tool for service evaluation which is already available and should be used by all PHNs.

CBPATSISP Strategy 4: Establish a community of practice for PHN staff and relevant stakeholders.

That CBPATSISP establishes a community of practice of staff working in the suicide prevention space across PHNs and relevant stakeholders within existing state/territory networks (Table XIV) — this was a suggestion echoed in previous PHN consultations during the Primary Health Network Engagement Project (CBPATSISP 2019).

We envision annual meetings within each community of practice to share strategies and resources and to engage in training and guest speaker presentations related to the ATSISPEP guidelines and recommendations.

Section 3: CBPATSISP recommendations to Federal Government

The *Commonwealth Closing the Gap Implementation Plan* (Commonwealth of Australia 2021) commits to 'significant and sustained reduction in suicide of Aboriginal and Torres Strait Islander people towards zero' and the new *National Aboriginal and Torres Strait Islander Health Plan 2021–2031* (DoH 2021) calls for zero suicide in 10 years. Government consistently recognises the importance of working with ACCHSs and Aboriginal Medical Services (Ernst & Young 2018). In addition, the Australian Government consistently references ATSISPEP to claim government action on the 'Aboriginal and Torres Strait Islander suicide crisis' (Taylor 2019; ABC Regional News 2016), despite the gaps we have revealed in its implementation.

Despite this, government action has not enabled adequate implementation as four PHNs emphasised that funding is insufficient to achieve best practice and long-term implementation of the ATSISPEP findings. In line with our findings, the Australian Government Department of Health's Evaluation of the Primary Health Networks Program found that while 'some progress appears to have been made in engaging with Indigenous health sector stakeholders, this was considered an area of ongoing development for all key stakeholders' and that there is 'still progress to be made in terms of building trust and developing meaningful relationships and mechanisms of engagement' (Ernst & Young 2018).

Importantly, interviewees discussed that ACCHS sector stakeholders have already strongly advocated to directly receive government funding, warning that the Government's current system of funding PHNs to commission ACCHSs is problematic. The system gives power to PHNs rather than the Aboriginal community controlled health sector. ACCHSs have highlighted concerns as to 'the degree to which PHNs engage with Aboriginal and Torres Strait Islander key stakeholders and their ability to commission culturally appropriate services' and 'the ability of PHNs to understand where targeted investment has already been made in Aboriginal and Torres Strait Islander health services and their ability to effectively commission services that complement and/or improve current services' (Ernst & Young 2018). They have also warned Government of 'the impact on Aboriginal Community Controlled Health Services and Aboriginal Medical Services if PHNs do not involve these services early in the commissioning process' (Ernst & Young 2018).

Our findings add to these concerns by revealing that PHNs' implementation of ATSISPEP has been inadequate, further questioning the effectiveness of funding Aboriginal and Torres Strait Islander suicide prevention activity through PHNs. While $29.1 million of funding was provided to PHNs to administer the Aboriginal and Torres Strait Islander Mental Health program in 2019-20, and the *Commonwealth Closing the Gap Implementation Plan* specified the plan to 'continue to strengthen the Aboriginal Community Controlled Health Sector' as a main outcome, only $20.7 million of this sum was channeled through to ACCHS (Commonwealth of Australia 2021).

As such, and in alignment with findings from many other evaluations (Mental Health Commission 2020; GDPSA 2020; DoH 2021; Commonwealth of Australia 2021), CBPATSISP is well placed to advocate for the following changes to the Federal Government:

Government Recommendation 1: Increase funding to the ACCHS sector to enable Aboriginal and Torres Strait Islander-led implementation of the ATSISPEP framework, particularly to enable service evaluation.

Government Recommendation 2: Fund an organisation for the specific translation of the ATSISPEP findings and *Manual of Resources* to PHNs, to meet the requests of PHNs to achieve long-term sustainability and transferability.

Funding for translational work is required to ensure that the government-funded ATSISPEP framework is implemented to achieve real impacts. It is important for an organisation to receive specific and continued funding to conduct this translational work through the strategies outlined here (for example CBPATSISP Strategies 1-4).

Government Recommendation 3: Require that PHN commissioning is culturally responsive to align with the ATSISPEP recommendations.

Government Recommendation 4: Extend PHN funding cycles to a minimum of two years, in accord with the time required for effective service design and commissioning that aligns with the ATSISPEP recommendations.

Government Recommendation 5: Release allocated funding for ACCHSs and PHNs to ensure continuity of services that are already in operation and have been validated against the ATSISPEP recommendations.

In addition, in light of recent reports and policy changes, it is important that the Australian Government refresh the following policies and documents to include the ATSISPEP findings.

Primary Health Networks (PHNs) and Aboriginal Community Controlled Health Organisations (ACCHOs) —Guiding Principles (Department of Health 2016) should be refreshed to include the following key resources under 'Useful resources to inform planning' as they are central for PHN and ACCHO guidance:

- ATSISPEP report: *Solutions that Work: What the evidence and our people tell us* (Dudgeon et al. 2016a)
- CBPATSISP's *Manual of Resources* (CBPATSISP 2021)
- *Working Together: Aboriginal and Torres Strait Islander mental health and wellbeing principles and practice* (Dudgeon 2014).

The principles of partnership outlined in these resources are in accord with principles of data sovereignty, the recent *National Partnership Agreement* (Coalition of Peaks & Australian Commonwealth and State Governments 2020) and Uluru Statement from the Heart (First Nations National Constitutional Convention 2017).

The Department of Health's *PHN Program Needs Assessment Policy Guide* (Primary Health Networks Program 2021) should be updated. The policy guide states that 'PHNs should ensure they use a systematic approach to consultation... including engaging with the views of vulnerable or difficult to reach population groups (for example, First Nations Australians). PHNs should also recognise cultural diversity within their region and design appropriate consultative approaches'. Here, PHNs should be directed to implement the ATSISPEP framework as a systematic approach that addresses the needs of Aboriginal and Torres Strait Islander peoples.

While the *Closing the Gap Implementation Plan* (Commonwealth of Australia 2021) does refer once to ATSISPEP in recommending 'Partnerships with Aboriginal and Torres Strait Islander people' to achieve Outcome 14 that 'Aboriginal and Torres Strait Islander people enjoy high levels of social and emotion wellbeing', the plan should be refreshed to feature ATSISPEP as a critical framework to use throughout many recommendations. Most saliently, the plan should refer to ATSISPEP's *LGBTQI Roundtable* findings (Dudgeon et al. 2016a) under 'Gender and sexuality' (Milroy et al. 2017).

Looking forward, state, territories, and Australian governments must ensure that funding is channeled through the approach outlined in CBPATSISP's and the Black Dog Institute's new 'Integrated systems approach to Aboriginal and Torres Strait Islander suicide prevention' (Black Dog Institute 2021), which is underpinned by ATSISPEP's evidence base and designed by an expert panel to support the Federal Government's National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2021–2031.

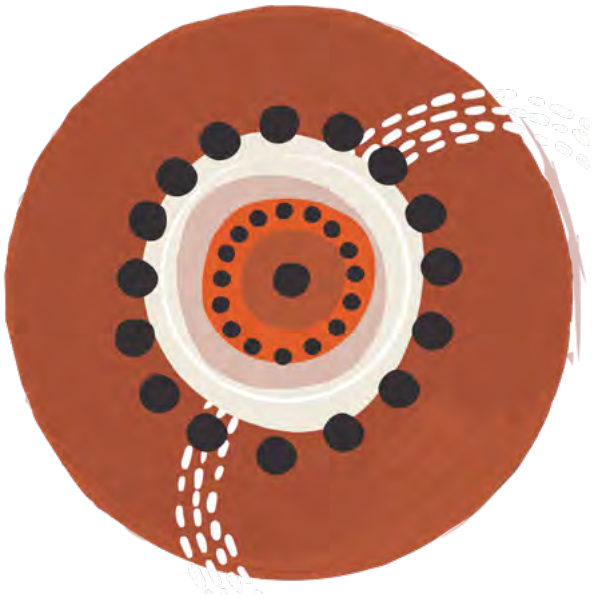
Limitations of this study

It is unclear whether PHNs that did not engage with our study (16/31; 51.6%) are less aligned with ATSISPEP principles and hence our findings may overestimate the uptake and influence of ATSISPEP across PHN commissioning bodies. Our recommendation to ensure further uptake is thus two-fold.

In contrast, our findings may underestimate the uptake and influence as staff turnover is high and many participants acknowledged their limited organisational knowledge as a result. Participants also acknowledged that there are other PHN managers involved in suicide prevention and mental health work that did not participate in the study so our findings should not be considered an exhaustive representation of PHNs' work.

All survey and interview participants were non-Indigenous which represents a limitation in PHN employment diversity as well as in the findings of this study. While our objective to consult PHN staff was achieved, we ensured representation of community perspectives by drawing on community consultations that have been conducted across Australia (Currier et al. 2020) and extensive literature by Aboriginal and Torres Strait Islander authors including Professor Jill Milroy (Milroy et al. 2017), Professor Tom Calma (Calma, Dudgeon & Bray 2020) and Dr Bep Uink (Uink et al. 2020) among many others. Discussions in future evaluations of the extent of ATSISPEP uptake must be broadened to include Aboriginal and Torres Strait Islander stakeholders, for example, the Aboriginal leadership groups that spearheaded much of the direct implementation of ATSISPEP recommendations and resources.

Lastly, as outlined in our methods, we performed a scoping review rather than a systematic review to provide a more targeted assessment so findings should not be considered to reflect the entirety of ATSISPEP's influence and uptake across suicide prevention policy and practice in Australia.



Conclusion

In conclusion, the Aboriginal-led ATSISPEP report *Solutions that Work: What the evidence and our people tell us* has achieved widespread uptake and influence within PHN commissioning and across Aboriginal and Torres Strait Islander suicide prevention activity in Australia, including the use of its frameworks and resources. The principles, findings and recommendations outlined in the report have also informed Australian and state government policy planning and implementation frameworks and have been used as a basis for national and state parliamentary inquiries and Coronial inquiries.

However, as the results from the PHN survey and interviews attest, much more can be done to enhance the ongoing implementation of principles and the enactment of key community and government-endorsed recommendations and principles that underpin the ATSISPEP report. We have identified several strategies to optimise broader dissemination and application of the ATSISPEP findings, particularly within PHN commissioning and across the ACCHO sectors. In doing so, we aim to ensure that the many hundreds of Aboriginal voices with the solutions encapsulated in the ATSISPEP report are being listened to and translated into tangible action and impact to help prevent Aboriginal and Torres Strait Islander suicide across Australia.

Summary of recommendations and strategies

Section 1: Recommendations to PHNs

PHN Recommendation 1: All PHNs must utilise ATSISPEP as a key resource in work involving Aboriginal and Torres Strait Islander mental health and suicide prevention.

PHN Recommendation 2: PHNs must access CBPATSISP's *Manual of Resources* which was created as a user-friendly applicable format of ATSISPEP findings and other relevant resources.

PHN Recommendation 3: PHNs' commissioned programs and services must prioritise the evaluation of suicide prevention activities with Aboriginal and Torres Strait Islander people and communities, and disseminate findings to further strengthen the evidence (ATSISPEP Rec 1.b).

PHN Recommendation 4: PHNs must focus on improving commissioning of clinical services according to ATSISPEP success factors, which may be in partnership with Local Hospital Network funding.

PHN Recommendation 5: PHNs must embed ATSISPEP principles in their organisation and commissioning framework to overcome high staff turnover.

PHN Recommendation 6: PHNs with a population of <25 per cent Aboriginal and Torres Strait Islander people within their jurisdiction must enhance uptake of ATSISPEP findings and resources.

Section 2: Strategies to be implemented by CBPATSISP

CBPATSISP Strategy 1: Develop and disseminate an annual newsletter.

CBPATSISP Strategy 2: Hold an annual meeting between PHN staff and the ATSISPEP team.

CBPATSISP Strategy 3: Adapt ATSISPEP's commissioning evaluation frameworks to produce a self-audit tool.

CBPATSISP Strategy 4: Establish a community of practice for PHN staff and relevant stakeholders.

Section 3: CBPATSISP recommendations to Federal Government

Government Recommendation 1: Increase funding to the ACCHS sector to enable complete and Aboriginal and Torres Strait Islander-led implementation of the ATSISPEP framework, particularly to enable service evaluation.

Government Recommendation 2: Fund an organisation for the specific translation of the ATSISPEP findings and *Manual of Resources* to PHNs, to meet the requests of PHNs to achieve long-term sustainability and transferability.

Government Recommendation 3: Require that PHN commissioning is culturally responsive to align with the ATSISPEP recommendations.

Government Recommendation 4: Extend PHN funding cycles to a minimum of two years, in accord with the time required for effective service design and commissioning that aligns with the ATSISPEP recommendations.

Government Recommendation 5: Release allocated funding for ACCHSs and PHNs to ensure continuity of services that are already in operation and have been validated against the ATSISPEP recommendations.

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Appendices

Appendix I. ATSISPEP recommendations, success factors and resources in Australian Government reports and inquiries

Key:

✓ = Government document aligned and ATSISPEP was referenced as an influence

✓ = Government document aligned but there was no corresponding reference to ATSISPEP

	Government report or inquiry							
	National Suicide Prevention Trial Final Evaluation Report (Currier et al. 2020)	*Fifth National Mental Health and Suicide Prevention Plan* (Department of Health 2017)	*Discussion Paper on Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (GDPSA 2020)	*Submission on Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (RACGP 2020)	*Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region, Western Australia* (Fogliani 2019)	*Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas* (Parliament of Western Australia 2016)	*Statement of Intent on Aboriginal Youth Suicide in Western Australia* (Department of the Premier and Cabinet 2019)	*Western Australian Suicide Prevention Framework* (Mental Health Commission 2020)
Systematically applied ATSISPEP findings	✓							
Generally informed by ATSISPEP findings		✓	✓	✓	✓	✓	✓	✓
Includes formal recommendations informed by ATSISPEP (See *Appendix II*)			✓		✓	✓	✓	
Endorses ATSISPEP tools and evaluation framework						✓	✓	
Section 1: ATSISPEP recommendations	✓ Systematic application of all recomme-ndations							
1.b. Service evaluation						✓		✓
2. SEWB focus			✓		✓	✓	✓	✓

5. Culturally competent staff			✓	✓	✓	✓	✓	
9. Cultural governance			✓	✓	✓	✓		
10. Preferred service provision through ACCHSs			✓	✓		✓		
Section 2: ATSISPEP success factors	✓ Systematic application of all success factors							
Addressing community challenges, poverty, social determinants of health			✓	✓	✓	✓	✓	✓
Cultural elements - building identity, SEWB, healing			✓	✓	✓	✓	✓	✓
Community empowerment, development, ownership and employment of community members/peer workforce			✓	✓	✓	✓	✓	✓
Involvement of Elders			✓	✓	✓	✓	✓	✓
Partnerships with community organisations and ACCHSs			✓	✓		✓	✓	✓
Training of frontline staff/GPs in detecting depression and suicide risk				✓		✓	✓	✓
Access to counsellors/mental health support			✓		✓	✓	✓	✓
24/7 availability of clinical help for self-harm/ suicide risk or attempt			✓			✓	✓	
Crisis response teams after a suicide/ postvention			✓	✓		✓	✓	✓
High-quality and culturally appropriate treatments			✓		✓	✓	✓	✓
Cultural competence of staff/mandatory training requirements				✓	✓	✓	✓	

Section 3: Resources that emerged from ATSISPEP								
Primary Health Network Commissioning Principles (CBPATSISP 2021b)								
Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for PHNs (Dudgeon et al. 2018a)			✓					✓
Manual of Resources (CBPATSISP 2021a)			✓					✓

Appendix II. Government recommendations and proposed outcomes informed by or related to ATSISPEP recommendations, success factors or tools

Rec number	Recommendation/outcome
Proposed Updates and New Outcomes in *Discussion Paper on Renewing the 2013 National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (GDPSA 2020)	
4.1	Ensure national oversight and coordination of Indigenous suicide prevention by Indigenous governance.
1.4	Establish 'real time' national suicide and self-harm surveillance system to support timely responses.
2.4	Establish an Indigenous-specific phone helpline available 24/7 with access to counsellors and mental health support.
6.3	(i) Continue to expand the Indigenous mental health workforce. (ii) Address child sexual abuse as an upstream suicide prevention activity through ongoing access to services and early intervention.
4.2 & 4.3	Establish Indigenous governance at the regional level, ensure Indigenous representation on key PHN governance and advisory fora and formally require effective engagement and partnership with Indigenous communities at key junctures such as needs assessments, service/program commissioning and service/program evaluation.
2.1	(i) Promote cultural strengths such as connecting to country/ culture/ Elders in all suicide prevention activity. (ii) Include upstream approaches in suicide prevention activity such as community responses to problem alcohol and drug use as appropriate and as determined by communities. (iii) Establish peer-to-peer support relevant to suicide prevention in Indigenous communities.
1.3	Establish Indigenous-specific gatekeeper training.
New outcome	Establish specific suicide prevention activity for Indigenous people who self-harm.

New outcome	Establish specific suicide prevention activity for Indigenous Lesbian, Gay, Bisexual, Transgender, Queer-identifying and Intersex people + and Sistergirls and Brotherboys (LGBTQI+SB).
Recommendations in *Every Life; The Queensland Suicide Prevention Plan 2019-2029* (Queensland Mental Health Commission 2019)	
16	Build on the findings of [ATSISPEP] to establish and evaluate community-led mental health and youth suicide-prevention initiatives in higher-need urban and remote communities across [QLD].
Recommendations in the *Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region, Western Australia* (Fogliani 2019)	
16	To expand the Yiriman Project (*endorsed as effective by assessing alignment with the ATSISPEP Success Factors*).
19	That cultural competency training co-designed with Aboriginal persons and delivered in a culturally relevant manner be required for all service providers who interact with Aboriginal persons, and that it be funded.
Recommendations in *Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas* (Parliament of Western Australia 2016)	
10	That Western Australian Government agencies use the assessment tools and evaluation framework created by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.
6	That the Mental Health Commission broadens its scope of suicide prevention for Aboriginal people to encompass all identified risk factors.
9	That non-Aboriginal employees of government agencies who are involved in developing strategies for, or delivering programs and services to, Aboriginal people should attend a locally-relevant cultural competency course run by suitably qualified providers.
12	That the Western Australian Government places increased emphasis on empowering Aboriginal communities in developing and actioning all strategies, programs and services which are relevant to Aboriginal people.
15	That the Mental Health Commission involves Aboriginal people in the ongoing evaluation of the effectiveness of the Suicide Prevention 2020: Together we can save lives strategy.
16	That the Mental Health Commission provide and fund programs and strategies which emphasise developing the capacity of community members to help youth at risk of suicide.
17	That the Western Australian Government support the development of future Aboriginal leaders, by providing support and funding to existing leadership development organisations, funding scholarships and connecting future leaders with secondments opportunities to gain specific skills, and assisting with the early identification of leaders through school-based programs.
18-21	Recommendations regarding increased Aboriginal recruitment by government-run services spread across all positions at all levels in all agencies, not limited to Aboriginal liaison or cultural advisory positions.
34	That the Western Australian Government should collaborate with Commonwealth agencies and non-government organisations to strengthen the evidence base to determine the effective ways to prevent Aboriginal youth suicide.

37	That the Mental Health Commission implement the postvention recommendations in the *Solutions that Work: What the Evidence and Our People Tell Us* ATSISPEP report and the forthcoming University of Western Australia *Critical Response Project* report into its dedicated suicide prevention strategy Aboriginal Implementation Plan.
38	That the Western Australian Government collaborates with the Commonwealth Government to provide accessible 24-hour mental health and suicide prevention services in remote areas.
Recommendations accepted in the *Statement of Intent on Aboriginal Youth Suicide in Western Australia* (Department of the Premier and Cabinet 2019)	
17 (Ch.6)	**Accepted from the *Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region, Western Australia:*** That the government and its service providers continue to ensure that the strategies for addressing Aboriginal suicide be implemented in consultation with appropriate representatives from the Aboriginal community, that the representatives which are appropriate to consult are identified on an ongoing basis, and that such representatives be provided with an opportunity for involvement in the co-design of such strategies. Comment: *'Aboriginal people will be consulted during the planning process for any future suicide prevention strategies, and consideration will be given to relevant frameworks such as... ATSISPEP.'*
10 (Ch.7)	**Accepted from *Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas:*** That Western Australian Government agencies use the assessment tools and evaluation framework created by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. Comment*: 'Relevant Government agencies are aware of the ATSISPEP assessment tools and incorporate them into their assessment and evaluation processes. The Mental Health Audit Tool is now complete and in use.'*
26 (Ch.7)	**Accepted from *Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas:*** That the Mental Health Commission, as a matter of priority, works with the WA Primary Health Alliance and other stakeholders to establish clear roles and responsibilities for approaching Aboriginal suicide prevention in Western Australia. Comment: '*The Kimberley trial, which focuses on the Aboriginal community, has been planned according to evidence-based practice, including evidence arising from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project report.'*
37 (Ch.7)	**Accepted from *Learnings from the message stick; The report of the Inquiry into Aboriginal youth suicide in remote areas:*** That the Mental Health Commission implement the postvention recommendations in the *Solutions that Work: What the Evidence and Our People Tell Us* ATSISPEP report and the forthcoming University of Western Australia *Critical Response Project* report into its dedicated suicide prevention strategy Aboriginal Implementation Plan. Comment: '*The Mental Health Commission is considering implementing these postvention recommendations in the context of the outcome of the Commonwealth-funded suicide-prevention trials in the Kimberley, Midwest and Perth South.'*

Appendix III. Publications that referenced the ATSISPEP Report (Dudgeon et al. 2016a)

Author, date	Title
(Armstrong et al. 2020)	*Talking about suicide: An uncontrolled trial of the effects of an Aboriginal and Torres Strait Islander mental health first aid program on knowledge, attitudes and intended and actual assisting actions*
(Krasnostein 2022)	*Not Waving, Drowning: Mental Illness and Vulnerability in Australia Quarterly Essay 85: On Mental Health and Vulnerability*
(Wooltorton et al. 2022)	*Aboriginal Nation: A strong Kimberley tertiary education narrative*
(Heard, McGill & Skehan 2022)	*The ripple effect, silence and powerlessness: hidden barriers to discussing suicide in Australian Aboriginal communities*
(Bradley 2019)	*Aboriginal women's experience of an acute inpatient mental health unit*
(Farrell 2021)	*Feeling seen: Aboriginal and Torres Strait Islander LGBTIQ+ peoples, (in)visibility, and social-media assemblages*
(Walsh 2021)	*Falling on deaf ears? Listening to Indigenous voices regarding ear disease ('otitis media') and hearing loss*
(Hay 2021)	*Griffith Review 72: States of Mind*
(Pandeya et al. 2021)	*Factors Associated with Thoughts of Self-Harm or Suicide among Aboriginal and Torres Strait Islander People Presenting to Urban Primary Care: An Analysis of De-Identified Clinical Data*
(Nathan et al. 2020)	*Koori voices: self-harm, suicide attempts, arrests and substance use among Aboriginal and Torres Strait Islander adolescents following residential treatment*
(Sullivan 2019)	*Queer(y)ing Indigenous Australian higher education student spaces*
(Gibson et al. 2021)	*Suicide rates for young Aboriginal and Torres Strait Islander people: the influence of community level cultural connectedness*
(Lee 2017)	*Political determinants and Aboriginal and Torres Strait Islander women: don't leave your integrity at the political gate*
(Shepherd et al. 2018)	*Identifying the prevalence and predictors of suicidal behaviours for indigenous males in custody*
(Dickson et al. 2019)	*A Systematic Review of the Antecedents and Prevalence of Suicide, Self-Harm and Suicide Ideation in Australian Aboriginal and Torres Strait Islander Youth*

Appendix IV. Media publications that reference ATSISPEP

Reporter*, date *Name of newspaper where reporter is not named	**Title**
Articles that reference ATSISPEP to evidence government action on 'the Aboriginal and Torres Strait Islander suicide crisis'	
(Conifer et al. 2016)	*Emotional Pat Dodson calls for action to stop devastating rate of Indigenous suicide: Aboriginal senator Pat Dodson fights back tears while calling for action on Indigenous suicide, at the launch of a report following a year-long investigation*
(ABC Regional News 2016)	*Family from remote WA town travel to Canberra for launch of Indigenous suicide report: Almost a year ago, Norma Ashwin's teenage son took his own life. Today she wants action, as a new report on Aboriginal suicide prevention is released*
(Vanovac 2017)	*Indigenous suicide: Struggling communities get $10 million funding boost: The isolated Aboriginal community of Groote Eylandt left reeling after a recent spate of suicides, will benefit from a $10 million boost to funding for a support service*
(Taylor 2019)	*Aboriginal suicide crisis as four more girls take their lives*
Articles that publicise the Federal Government's promises to 'commit to' adopting the ATSISPEP recommendations at its launch	
(Wordsworth 2016)	Panel: Professor Pat Dudgeon and Gerry Georgatos: The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) recently looked at the effectiveness of services and programs across the country. Its report was presented to the Federal Minister of Indigenous Affairs earlier this month. Co-authors Professor Pat Dudgeon and Gerry Georgatos, Lateline from Perth
(Dillon 2016)	*Plan to reduce Indigenous suicides finally acknowledges lack of evidence and need for hope*
(AAP General News Wire 2016)	*FED: Dodson sheds tears on indigenous suicide - ProQuest*
(MENA Report 2016)	*Australia: Community-led solutions for Indigenous suicide prevention*
(MENA Report 2019)	*Australia: Cultural Strength as Kimberley Communities Tackle Suicide*
Other media articles that reference ATSISPEP in their discussion	
(Cousins 2017)	*Suicide in Indigenous Australians: a "catastrophic crisis"*
(MENA Report 2017)	*Australia: Communique: Darwin Roundtable Suicide Prevention*
(Stacey 2019)	*UWA Scores Highly in National Research Engagement and Impact*
(University of Western Australia 2021)	*University of Western Australia: Blueprint for Saving Aboriginal and Torres Strait Islander Lives*

Appendix V. Scatter plot to demonstrate the number of ATSISPEP recommendations and success factors with which PHNs aligned stratified by the percentage of Aboriginal and/or Torres Strait Islander people within each PHN jurisdiction

Key:
Large circle = 2 PHNs
Small circle = 1 PHN

Appendix VI. Interview quotes relevant to key theme 1: Success stories

Sub-theme	Quotes
Direct implementation of ATSISPEP recommendations or tools	**PHN B:** '*We developed a bit of a program logic template based on the evaluation assessment guidelines on the ATSISPEP summary... but a bit of a cut-down model, to evaluate the trial services. We developed the template to make a decision of which ones we would continue with past the trial which is what we're into now – we call it the transition services. So we used the meta-evaluation assessment to make a decision on whether they complied with the whole ATSISPEP protocol and process. So that was useful; I guess in some ways it gave us something to hang our questions and evaluations on... We looked at the project planning... target population, process... direct impact... outcome over a longer term, overarching results. For evaluation we looked at the process of evaluation, the process of how this would be measured, impact evaluation, outcome evaluation, milestone timeframes – which was all from the evaluation guidelines. Again – so it was cut down but you know that's what we used.*' **NT:** *'Our large governance group... developed a systems based approach to suicide prevention... our Strengthening Our Spirits Model. It was, I'm going to use the word guided, by ATSISPEP because it looks at all the... domains and social determinants of health... We've used this as a framework, as a model, but we definitely believe that it's guided by ATSISPEP principles."*
Alignment with ATSISPEP recommendations	Quotes as per sub-theme divisions below
Alignment with ATSISPEP recommendations without deliberate implementation	**PHN A:** '*We follow those same principles but it wasn't necessarily because the report said that we should; so it was good to see.*' **PHN E:** *'I think that certainly a number of principles that we've used have applied, but it doesn't feel like I can give you an example where I can say we took the framework and put it into practice in this way.' 'Some of the principles and approach that's outlined in the framework has some similar principles to good community development approach and good person-centred approach... that's the way we're trying to practice as an organisation anyway.'*
Rec 10: Preferred service provision through ACCHSs	**PHN C:** '*We do actually work with all the ACCHSs, or most of them, most of the health forces here, and it's definitely our preferred approach in terms of suicide prevention activities where possible and where there's capacity; and looking at how we support and build capacity of the ACCHSs.*' **PHN B**: '*The beauty for us was that all the services were operated by Aboriginal corporations so culturally we felt very strong and secure with regards to what we were doing... they were coordinated by the local AMS.*' **PHN A:** *'The report talked a lot around the Aboriginal Community Controlled Health Services being a universal platform for suicide prevention services. Whilst I agree that they are one platform, they're not the only platform... There are a range of different Aboriginal-controlled community service providers that contribute to social and emotional wellbeing and suicide prevention in the delivery of our activities.'*

Rec 2: SEWB focus and Success factor: cultural elements	**PHN A:** *'I think there are things in [the report] that... benefitted the way that we commissioned... like connecting to culture and building that connection to culture for people facing a suicide crisis.'* **PHN A:** *'There are a range of different Aboriginal-controlled community service providers that contribute to social and emotional wellbeing and suicide prevention in the delivery of our activities.'* **PHN D:** *'An Elder... held his own Rites of Passage camps ... they had the boys separated, the smoking ceremony, activities throughout the camp and the Welcome Back to Community.'* **PHN E:** *'We certainly do work in social and emotional wellbeing in terms of commissioning services.'* **WAPHA:** *'So the Yiriman women's project who are operated by KALACC are a really really interesting service. So they're looking at traditional healing methods. ...They are a big cultural organisation across the Kimberley and Northern Australia.'* **WAPHA:** *'We've also got a creative art project... by Waringarri Arts corporation in Kununurra area. They're doing a really good thing where they've got Elders who do art and on Country stuff. They're getting young people to come out with them and hear the stories and learn the art and get back into their culture, so I see that as a really good project of art and self-respect.'* **NT:** *'Our* Strengthening Our Spirits *model... was, I'm going to use the word guided, by ATSISPEP because it looks at all...the domains and social determinants of health. Aboriginal and Torres Strait Islanders' unique experiences and connections to Country...'*
Rec 9: Cultural governance	**PHN C**: *'We had in place various governance groups that the members consisted of Aboriginal and Torres Strait Islander people - local ... people. ... making new decisions about what [the] PHN would fund within this suicide prevention trial or... how we involve the community in and seeking their input about various stages of the trial.'* **PHN B:** *'Ensuring community engagement... was integral. We had a steering group and a working group... The community leadership was high, we had a range of people who are well-respected, all Indigenous.'* **PHN D:** *'I think the important learning was really around cultural governance and cultural engagement.'* **PHN D:** *'After having an Elder coming along to the network, he held his own Rites of Passage camps... that [were] based on a model from NSW with the Rites of Passage Institute... that worked alongside [the Elder] to make it more culturally appropriate. ...We ended up having about... 40 per cent attendance from different local Aboriginal organisations and people from the community.'* **PHN D:** *'We also set up a postvention group .... with Aboriginal deaths [the local] Aboriginal health service will often take the lead, [and we provide] whatever supports requested from them.'* **PHN D:** *'Within our network, when it first started we just had the LifeSpan model to go by with Black Dog, and in there we had a cultural governance component.'*

Rec 4: Training and employment of Indigenous community members	**PHN B:** '*The community liaison officers are doing a lot of things – providing ongoing support for people who want to prevent suicide within their community... but also they work a lot in... peer support... arming people with dealing with their own and also their family's suicidal ideation and negative self-image. ...It's employment and it's someone to go to and... their whole family starts becoming a lot more strengthened and... that will seep out amongst the community.*' **PHN D:** '*We're funding a cultural engagement role with the local HeadSpace centre. And... we funded, separate to normal funding, a full-time suicide prevention clinician role. The candidate for that role – she was Aboriginal.*' **PHN D:** '*Our CEO and some of our senior managers have attended presentations with Pat Dudgeon late last year and she spoke about the importance of suicide prevention and training for gatekeepers and anyone that comes across people that may be at risk, so I think that was a good recommendation and something we've already been doing. ... some of those trainings Aboriginal people could only attend.*'
Rec 5: Culturally competence staff	**PHN D:** '*We've had... a few... Aboriginal culturally appropriate trainings.*'
Rec 1.b: Service evaluation	**PHN B**: *I guess for us it was the use of evaluation throughout the services and ensuring community engagement which was integral... I think it's the meta-evaluation assessment we used, but a bit of a cut-down model, to evaluate the trial services... we looked at the process of evaluation, the process of how this would be measured, impact evaluation, outcome evaluation, milestone timeframes – which was all from the [ATSISPEP] evaluation guidelines.*' **PHN C:** '*So we've got some evidence within our report... we're also investing in the development of an outcomes framework for this framework as well. So we really want to see the model applied in the activities that we commission.*' **PHN D:** '*We're looking at how we can measure has it improved people's protective factors, or engagement with school or engagement with other social activities.*' **PHN D:** '*What we evaluate is engagement and feedback.*' **PHN D:** '*Within our quarterly review meetings, we actually review the intake of Aboriginal and Torres Strait Islander participants [at mainstream services], and then if that's lower than the general community we work with them to look at how they can promote further into the community.*' **NT:** '*Just recently we've had an evaluation of our suicide prevention trial... We looked at some of our activities but as well we got a consultant to review this* Strengthening our Spirits *model.*'

Appendix VII. Interview quotes relevant to key theme 2: Barriers to implementation

Sub-theme	Quotes
Poor visibility	Quotes as per sub-theme divisions below
Poor visibility due to lack of ongoing engagement	**PHN A:** *'PHNs have so much information/ requests/ guides/ frameworks/ tools coming in that sending something out once then never talking to us again for years just won't work... The key to staying engaged is - I think there needs to be some kind of ongoing communication... continuing to remind people that the tool exists because you might read it and... then in a year or two you are doing something relevant but it's not front of mind that the tool was there.'* **PHN D:** *'We have probably about a 100-200-page report thrown at us almost every week, across all the different subspecialties... it would be great to have some time to implement it... I guess more engagement.'* **PHN E:** *'I think part of the challenge for us in this space is that there are a lot of frameworks and plans and tools around working in Indigenous health... sometimes it's the sheer amount of those, but in other ways it's the lack of visibility of them... I'm not sure it's as visible in our organisation in terms of this specific framework as it could be. ... it's just that promotion and awareness of when resources like this are out there.'*
Poor visibility due to high staff turnover	**PHN A:** *'We've also got relatively high turnover of staff and so most of the people who saw the tool when it first came out probably aren't here anymore.'* **PHN B:** *'...the corporate knowledge of the commissioning process is gone as there's quite a bit of turn over... The people involved with the commissioning services are just no longer with us.'*
Short funding cycles	**PHN A:** *'That challenge of time-limited funding makes it difficult for these types of programs to gain traction and build that sustainability going forwards... The time that it takes to do that approach properly, the planning, co-design and co-production – I think for most trial sites it took at least a year if not more to really do that. So making sure that that time is built in.'* **PHN D:** *'If we did have an opportunity for longer term planning we could bring together our community networks and just review the ATSISPEP recommendations and do some more planning around those recommendations... Probably two years' would be good. Even if you have three months' lead-in, for 12 months we could probably work on something a bit better too.'* **PHN B:** *'It's been really difficult to hold those people in a job for a long time stunted by the funding issues and the lack of ongoing support from the Commonwealth... These rolling contracts of six to 12 months isn't good enough, they actually work against people having the skills and experience and wisdom to be able to work in a really good way.... especially when every three months we get another variation. ... People get recruited and trained and then they get picked up by a mining company because there's no job security here. ... You don't know month-to-month whether your job is going to be existing in a few months' time. It's really difficult and people rely on that money. ... It would be nice to see just a three year-contract or agreement so that, you know we've had all these trial sites, we've whittled them down to what really works – now let's give them a long-term contract and let them do their magic.'* **PHN E:** *'It's working out... how the resourcing for ACCHSs looks different so that they have more time and headspace to do some of this work and collaboration with organisations like PHNs. ... if we really want to implement them well then the ACCHSs need to be resourced to really drive that work.'*
Barriers to service evaluation	Quotes as per sub-theme divisions below

Funding limitations	**PHN D:** '*The models that we support and commission are evidence-based models.... But to actually evaluate the effectiveness within the community would be very challenging and expensive within our budget, so within our resources we just put that straight into actually delivering services.*'
Cultural safety	**PHN D:** *'Sometimes using tools to measure outcomes can go against relationships – people come in stressed and you don't want to then go through and say, especially to an Aboriginal community, 'tick some boxes as to whether you're a little bit stressed or really stressed'! We'd rather they focus on engagement.'* **PHN E:** *'Evaluation is tricky in this space, particularly in the prevention and the social and emotional wellbeing space, and there's also a level of caution I think from Aboriginal communities and organisations about being evaluated by mainstream. So I think one of the key learnings is how do we build a shared sense of value and working on that evaluation piece –that it's not coming from the perspective of mainstream organisations judging Aboriginal organisations – it needs to be about showcasing the way of working from an Aboriginal community and organisation perspective and the outcomes that delivers.'*
Lack of systematic approach	**PHN C:** *'The Centre of Best Practice has provided fantastic guidance and resources and access to support for all PHNs, so I don't think it's because there's a lack of resourcing. I think it's more that we haven't taken that systematic approach here from the PHN.'*

Appendix VIII. Interview quotes relevant to key theme 3: Suggestions from PHNs to enhance ATSISPEP uptake

Sub-theme	Quotes
Directly fund the Aboriginal community controlled sector	**PHN A:** '*In the Closing the Gap Statement there's a commitment to directly funding Aboriginal and Islander communities as much as possible which PHNs agree with. ... Even if PHNs aren't commissioning Indigenous-specific activity... we will always be responsible for making sure that mainstream services are inclusive.*' **PHN E:** *'How the ACCHSs are resourced is a really big priority... how the resourcing for ACCHSs looks different so that they have more time and headspace to do some of this work and collaboration with organisations like PHNs... if you're looking at really good evidence-based frameworks and recommendations and learnings and good ways of doing business, if we really want to implement them well then the ACCHSs need to be resourced to really drive that work.*
Ongoing engagement	**PHN A:** *'The key to staying engaged is - I think there needs to be some kind of ongoing communication... continuing to remind people that the tool exists.'* **PHN D:** *'I guess more engagement.'*

Workshop/ Community of practice of mental health staff	**PHN A:** *'A community of practice… people that have responsibility for commissioning mental health suicide prevention activity can come together and share their approaches, perhaps there's guest speakers and training that can happen, sharing resources… a couple of times a year or more frequently. … there are other bodies that procure or commission Aboriginal and Islander services, or mental health services, and all of them could be in a community of practice. …doing it at a state and territory level might be easier to manage and have those added benefits of bringing different commissioners together and getting people to work together.'* **PHN D:** *'Nothing beats setting up a bit of a workshop and an introductory for a guest speaker and then review details through. We could even set up some pre-recordings from Pat Dudgeon's presentations, but it would be great to have some time to implement it and maybe invite yourself or someone else from ATSISPEP along for a consultation, where the team can engage and ask questions… I'd prefer just with our PHN and maybe we could invite one Aboriginal health organisation along in a small group and go through some questions about the [ATSISPEP] report and recommendations and some ideas.'*
Annual newsletter	**PHN A:** *'An email newsletter that comes out every year or something that highlights some examples of where ATSISPEP is being used, some updates…, or reminds people to use associated tools and points people towards them.'*
Improve ease of uptake	Quotes as per sub-theme divisions below
Self-audit tool for program development or evaluation	**PHN A:** *'Another thing that the other national peaks or influences have done… is to reproduce the tool as a bit of a self-audit. … a series of questions that prompts the PHN to reflect on its practice and identify where it's doing things well, kind of in the middle or not so well. Then on the online version it collates the areas that haven't been done so well and presents that as a bit of an action plan that PHNs can then take away to work on… Potentially one could give that audit to stakeholders in the community – so we could go out and ask Aboriginal and Islander organisations that we work with and we could say 'Hey could you fill out this self-audit about the PHN – how do you think we're going? What's your experience of us working in this way?"* **PHN B:** *'Some kind of template that could be provided to help that evaluation and assessment process… you can have it at the beginning when you're doing your assessments of the program logic upon which you then develop your service, and then at the end of the contract or at the end of every year… you can do some kind of evaluation of how that's gone according to the ATSISPEP. … You'd want it to be useful and usable rather than just another piece of paper to fill out or tick… or report to write up. … You've got meta-evaluation, summary of analytical framework and scoring system, you've got that already… you probably just need to turn that into some kind of tool or template to score yourself against, and then ask for some kind of comment so that you can individualise it for each service… that's kind of what we did.'*
Centralised online location for related resources	**PHN E:** *'It would be great to have somewhere where all these different types of resources sit. The Department of Health only do some, you've got different ones sitting under different committees or with different organisations, Lowitja do some… but it's just how some of that is all bought together so it's almost like a clearing house of all these different resources.'*
Embed ATSISPEP recommendations in PHN commissioning systems	**PHN A:** *'Most of the people who saw the tool when it first came out probably aren't here anymore. Ideally, it would become a tool that we have in our organisation systems…'*

Lengthen Commonwealth funding cycles	**PHN A:** '*That challenge of time-limited funding makes it difficult for these types of programs to gain traction and build that sustainability going forwards... The time that it takes to do that approach properly, the planning, co-design and co-production – I think for most trial sites it took at least a year if not more to really do that. So making sure that that time is built in.*' **PHN D:** '*If we did have an opportunity for longer term planning we could bring together our community networks and just review the ATSISPEP recommendations and do some more planning around those recommendations... two years' would be good. Even if you have three months' lead-in, for 12 months we could probably work on something a bit better too.*' **PHN B:** *'It's been really difficult to hold those people in a job for a long time stunted by the funding issues and the lack of ongoing support from the Commonwealth... These rolling contracts of six to 12 months isn't good enough, they actually work against people having the skills and experience and wisdom to be able to work in a really good way.... especially when every three months we get another variation. ... People get recruited and trained and then they get picked up by a mining company because there's no job security here. ... You don't know month-to-month whether your job is going to be existing in a few months' time. It's really difficult and people rely on that money. ... It would be nice to see just a three year-contract or agreement so that, you know we've had all these trial sites, we've whittled them down to what really works – now let's give them a long-term contract and let them do their magic.*'
Communicate with stakeholders	**PHN A:** '*My assessment which could be wrong, was that many of the stakeholders and Aboriginal and Islander organisations were so used to experiencing white colonial type approaches that when we tried to do something different they... didn't know what was going on... but then when they looked back they kind of went 'actually you're doing what we asked you to do but no one's ever done it that way before and so we didn't really understand that you were doing it the way we'd asked you to do it'. So, because it's a two-way relationship there need to be resources for the organisations and stakeholders.*' **PHN E:** '*There's also a level of caution I think from Aboriginal communities and organisations about being evaluated by mainstream. So I think one of the key learnings is how do we build a shared sense of value and working on that evaluation piece –that it's not coming from the perspective of mainstream organisations judging Aboriginal organisations – it needs to be about showcasing the way of working from an Aboriginal community and organisation perspective and the outcomes that delivers.*' *'We need to be really clear on... what's the incentive for the ACCHSs and the Aboriginal communities to actually be involved and to participate... using some of those practical examples that really shine a light on why it was worthwhile for the ACCHSs to... drive it.*'
Recommendations already addressed by ATSISPEP	**PHN A:** *'Some specific guidance around... what do the varying steps in the commissioning cycle look like from the perspective of what ATSISPEP is promoting? - and particularly that one about ongoing contract management, review of success, evaluation and service improvement.*' **PHN A:** *'Particular guidance that focuses on that mainstream inclusiveness... when you're commissioning mainstream services that need to be inclusive and safe.*' **PHN E:** *'Understand how as part of a broader whole-of-population piece - one of our communities for example was specifically focused on older men – so... how they then build in a focus on Aboriginal men as part of that. ... making sure... those needs are included as part of a broader population approach... and that things that are put in place are going to be of value for Aboriginal people as well.*'

Appendix IX: Complete list of ATSISPEP recommendations (Dudgeon et al. 2016a)

General recommendations for future Indigenous suicide prevention activity	1.	All future Indigenous suicide prevention activity should: • utilise and/or build upon the range of success factors identified by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project • include a commitment to, and a provision for, the evaluation of the activity and the dissemination of findings to further strengthen the evidence-base.
	2.	All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening SEWB, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma-informed care.
	3.	Justice reinvestment principles should be used to secure additional funding for a range of upstream diversionary activity for Indigenous young people away from the criminal justice system. This could include programs to support young people and families, sport or other activities, or by enhancing access to quality education and employment. Justice reinvestment principles should also be used to fund improvements to Indigenous mental health and alcohol and other drug services and programs.
	4.	Governments should support the training, employment and retention of Indigenous community members/people as mental health workers, peer workers and so on in suicide prevention activity. In particular, Indigenous young people should be supported and trained to work in suicide prevention activity among their peer group.
	5.	All mental health service provider staff working with Indigenous people at risk of suicide and within Indigenous communities should be required to achieve Key Performance Indicators (KPIs) in cultural competence and the delivery of trauma-informed care. These services should also be required to provide a culturally safe environment.
	6.	Preparatory work should immediately commence to develop suicide prevention activities specific to the needs of those who have suffered child sexual abuse, in preparation for the release of the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse.
	7.	Indigenous people identifying as LGBTQI should be represented on all Australian Government and other Indigenous mental health and suicide prevention advisory forums.

Recommendations on the implementation of the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*	8.	A National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Implementation Plan should be developed and funded, utilising the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.
	9.	Service agreements between the Australian Government and the Primary Health Networks should contain Key Performance Indicators that require demonstration of cultural capabilities and standards, and representation of Indigenous communities on boards, community advisory committees and clinical councils. This is in part to facilitate effective engagement and partnership with Indigenous communities at key junctures of the NATSISPS implementation process including the development of suicide prevention needs assessments, commissioning services and programs, and evaluation of existing programs.
	10.	Aboriginal Community Controlled Health Services remain the preferred facilitators to their communities of suicide prevention activity to their communities, including the provision of primary mental health care services. This includes delivery of programs and services funded to implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy though the Primary Health Networks.
	11.	The ATSISPEP Assessment Tool for assessing Indigenous suicide prevention activity should be used to support the evaluation of applications for National Aboriginal and Torres Strait Islander Suicide Prevention Strategy funding to ensure conformity with the findings of the ATSISPEP.
	12.	The Success Factors identified by ATSISPEP should be included in the systems approach to suicide prevention when it is applied in Indigenous community settings. This should occur in consultation with Indigenous mental health and suicide prevention leaders, and in partnership with the communities concerned.
Recommendations on disseminating and building on the findings of ATSISPEP	13.	The ATSISPEP findings, tools and resources should be broadly disseminated, and included in Australian Government portals.
	14.	An Indigenous-led national clearing house for best practice in Indigenous suicide prevention activity should be established. This should be tasked to maintain the currency of ATSISPEP tools and resources over time.
	15.	Participatory action research is the preferred methodology for future suicide prevention research in Indigenous communities.
	16.	A National Aboriginal and Torres Strait Islander Suicide Prevention Conference should be funded and held every two years.
	17.	Resources should be made available to enable local Aboriginal and Torres Strait Islander communities to undertake critical response activities for their local communities with relevant stakeholders. Outcomes of the UWA *Critical Response Project* can inform these approaches.

Appendix X: Complete list of ATSISPEP success factors from the ATSISPEP final report (Dudgeon et al. 2016a)

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 of frontline staff/GPs in detecting depression and suicide risk • E-health services/internet/crisis call 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

Appendix XI: PHN survey which was shared to PHNs on surveymonkey.com

Uptake and impact of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project: PHN Survey

Date completed: _____

This survey aims to evaluate the extent to which Primary Health Networks (PHNs) and National Suicide Prevention Trial sites are aware of and have used the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) to support the commissioning of services for Aboriginal and Torres Strait Islander people and communities.

QUESTION	☐ Please complete your answer in this column:
Q1 Which PHN do you work for? (optional)	
Q2 Was your PHN involved in a National Suicide Prevention Trial?	☐ Yes ☐ No
Q3 Please indicate your position within your workplace.	☐ Board member ☐ Clinical council ☐ Community advisory committees ☐ CEO ☐ Manager ☐ Project officer ☐ Other/ further specification: _____
Q4 Do you identify as Aboriginal and/or Torres Strait Islander?	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ None of the above
Q5 How long have you worked at your PHN?	☐ 1 year ☐ 2 years ☐ 3 years ☐ 4 years ☐ 5 years ☐ 6 years ☐ 7 years
Q6 Approximately what percentage of people living in your PHN region are Aboriginal and/or Torres Strait Islander?	☐ <5% ☐ 5-25% ☐ 25-50% ☐ >50%
Q7 Does your PHN fund suicide prevention/postvention programs or services within your jurisdiction? If yes, please indicate which of the following apply.	☐ Yes - Universal programs (inclusive of all population demographics) ☐ Yes - Programs designed specifically for Aboriginal and/or Torres Strait Islander people ☐ Yes - Programs adapted specifically for Aboriginal and/or Torres Strait Islander people ☐ No
→ If applicable, please briefly detail the number and location of programs or services funded. If no, why not?	
Q8 Which of the following were you aware of prior to receiving this survey?	☐ Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report - *Solutions that Work: What the Evidence and Our People Tell Us* (2016) ☐ Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP)
Q9 Has your PHN been influenced by any of the ATSISPEP recommendations or principles within its commissioning practices?	☐ Yes ☐ No

ATSISPEP recommendations

The following questions are designed to assist you in reporting whether your work is consistent with the ATSISPEP Recommendations, which are endorsed by the Commonwealth Government and support the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISP0 which is in the process of being revised.

Further information and a full list of the Recommendations is available on pages 56–62 of ATSISPEP's *Solutions that Work: What the Evidence and Our People Tell Us (2016) report*

Q10 Does the Australian Government require your PHN to report on KPIs which demonstrate cultural capabilities and standards, and representation of Indigenous communities on boards, community advisory committees and clinical councils? (Recommendation 9)	☐ Yes ☐ No
→ Would you like to tell us anything else about the barriers and enablers to doing so?	
Q11 If you answered yes to question 10, prior to continuing with the survey please send us a return email (to21984182@student.uwa.edu.au) with a copy of your standard contract template pointing out the sections that illustrate your answer, or any other evidence you may like to share with us.	☐ Completed ☐ I will not be emailing a copy of our standard contract template
Q12 Does your PHN require commissioned suicide prevention service providers to achieve KPIs about the cultural competence of mental health staff working within Aboriginal and/or Torres Strait Islander communities or with Aboriginal and/or Torres Strait Islander people at risk of suicide? (Recommendation 5)	☐ Yes ☐ No
Q13 Does your PHN commission ACCHOs as the preferred provider of suicide prevention activities in Aboriginal and Torres Strait Islander communities? (Recommendation 10)	☐ Yes ☐ No
→ If you have any success stories that you would like to showcase please add them here.	
Q14 Does your PHN require commissioned programs and services to evaluate their suicide prevention activities for Aboriginal and/or Torres Strait Islander people and communities, and disseminate findings to further strengthen the evidence base? (Recommendation 1.b.)	☐ Yes ☐ No
Q15 Does your PHN require commissioned suicide prevention programs and services for Aboriginal and/or Torres Strait Islander people and communities to include a focus on social and emotional wellbeing (as distinct from clinical support alone)? (Recommendation 2)	☐ Yes ☐ No

Q16 Does your PHN require commissioned suicide prevention programs and services to utilise the ATSISPEP Success Factors with Aboriginal and/or Torres Strait Islander people and communities? (Recommendation 1.a.) Further information and examples of each Success Factor are available on pages 16-25 of ATSISPEP's *Solutions that Work: What the Evidence and Our People Tell Us* (2016) report.	☐ Tick which of the following apply. ☐ Addressing community challenges, poverty, social determinants of health ☐ Cultural elements – building identity, SEWB, healing ☐ Community empowerment, development, ownership and employment of community members/peer workforce ☐ Involvement of Elders ☐ Partnerships with community organisations and ACCHS ☐ Training of frontline staff/GPs in detecting depression and suicide risk ☐ Access to counsellors/mental health support ☐ 24/7 availability of clinical help for self-harm/ suicide risk or attempt ☐ Crisis response teams after a suicide/ postvention ☐ High quality and culturally appropriate treatments ☐ Cultural competence of staff/mandatory training requirements ☐ None of the above ☐ Other (please specify) _____
ATSISPEP resources	
Q17 Has your PHN utilised the 'Primary Health Network Commissioning Principles' available on the CBPATSISP website, intended to be taken into account when commissioning suicide prevention programs and services? A list of the principles is available at: https://cbpatsisp.com.au/clearing-house/best-practice-programs-and-services/indigenous-governance-commissioning-partnering/	☐ Yes ☐ No ☐ ☐ → If yes, how have these commissioning principles influenced your work?
Q18 Has your PHN utilised the guide Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks (2018) designed by CBPATSISP and the Black Dog Institute to support PHNs when commissioning the implementation of integrated approaches to suicide prevention in Aboriginal and/or Torres Strait Islander communities? The guide is available at: https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/implementation-framework-11th-september-laid-out-pdf-1.pdf	☐ Yes ☐ No ☐ ☐ → If yes, how has this implementation guide influenced your work?
Q19 Has your PHN utilised the CBPATSISP *Manual of Resources* for Aboriginal Suicide Prevention, intended to help PHNs support the wellbeing of Aboriginal and Torres Strait Islander people through culturally safe and sustainable commissioning of suicide prevention programs and services? The manual is available at: https://manualofresources.com.au/primary-health-networks-and-funding-organisations/	☐ Yes ☐ No
Evidence of effectiveness	
Q20 If suicide prevention programs and services that your PHN commission have provided any evidence, either qualitative or quantitative, as part of their reporting that demonstrates the effectiveness of using the ATSISPEP report findings, recommendations or tools, please describe.	

Enablers and barriers to uptake	
Q21 Has your PHN experienced any barriers or enablers with regards to utilising ATSISPEP principles or recommendations when commissioning suicide prevention services for Aboriginal and/or Torres Strait Islander people or communities?	
Conclusions	
Q22 If you were unaware of *ATSISPEP's Solutions that Work: What the Evidence and Our People Tell Us* (2016) report prior to this survey (as per question 8), do you believe that your PHN was still aligned with the principles of practice when working with Aboriginal and/or Torres Strait Islander communities outlined in the report? For example, Aboriginal governance, community-controlled organisational engagement and community capacity building.	☐ Yes ☐ → If yes, please describe: _____ ☐ No ☐ Not applicable as I was aware of the ATSISPEP report as per question 8
Q23 Are there areas in relation to commissioning suicide prevention programs and services for Aboriginal and/or Torres Strait Islander people that you feel your PHN may be able to optimise in the future?	
Q24 To enhance our future work in Aboriginal and Torres Strait Islander suicide prevention, are there any further resources or information that you would need to support your PHN's commissioned services and programs?	
Q25 How do you think we could more effectively embed the CBPATSISP commissioning resources across all PHNs to ensure culturally responsive program and service delivery when working in suicide prevention with Aboriginal and/or Torres Strait Islander people or communities?	
Q26 Is there anything else that you would like to tell us?	

Thank you again for your time in completing this survey. Please do not hesitate to contact us if you have any queries regarding the survey form or evaluation project.

Appendices XII-XVI: PHN interview transcripts

Due to file size constraints, the transcripts are available upon request from the first author (JK).

Illustrations and tables

List of illustrations

List of tables

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