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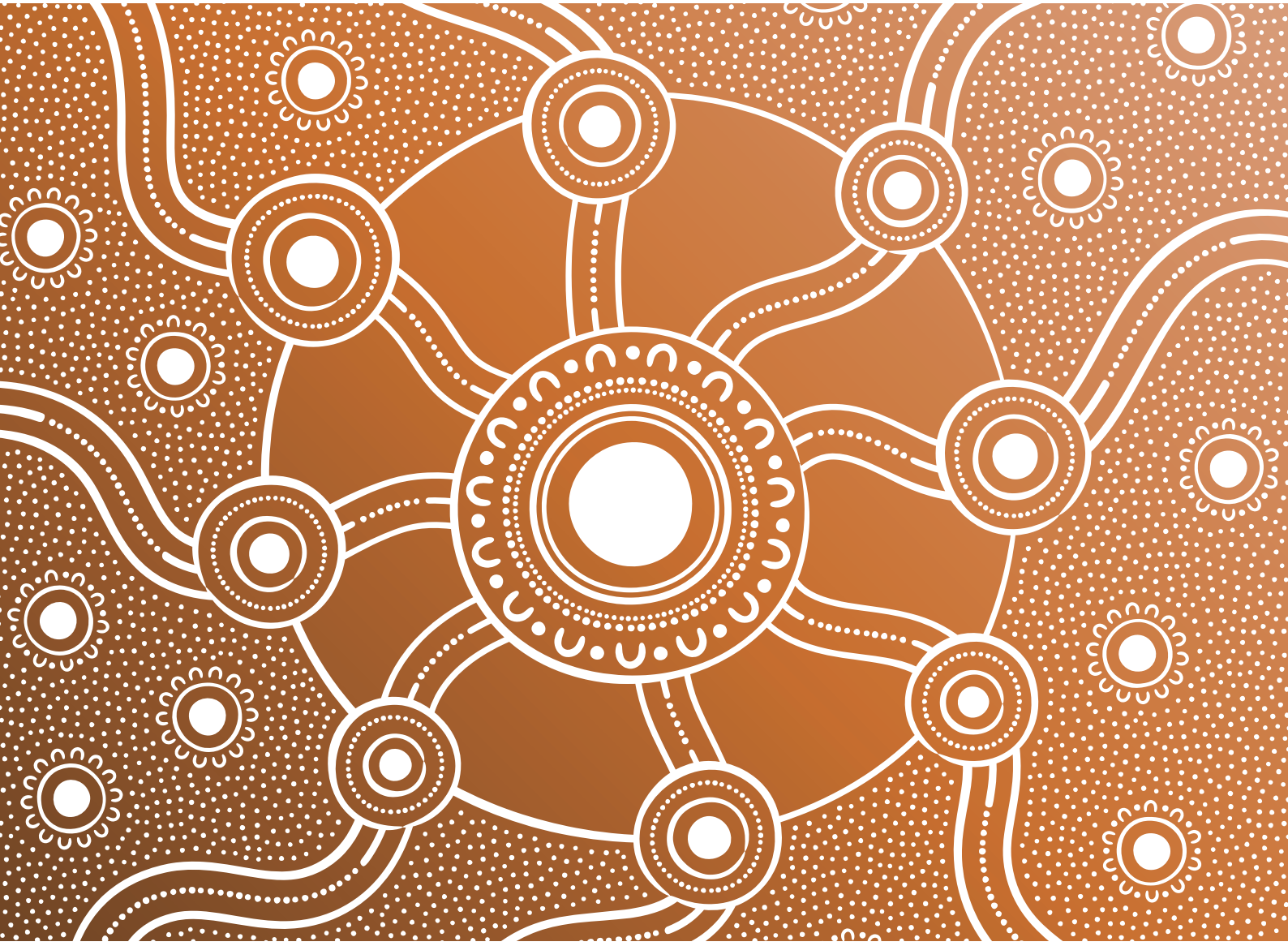
An Aboriginal and Torres Strait Islander Systems Approach to Suicide Prevention:

Framework and Implementation Guidelines



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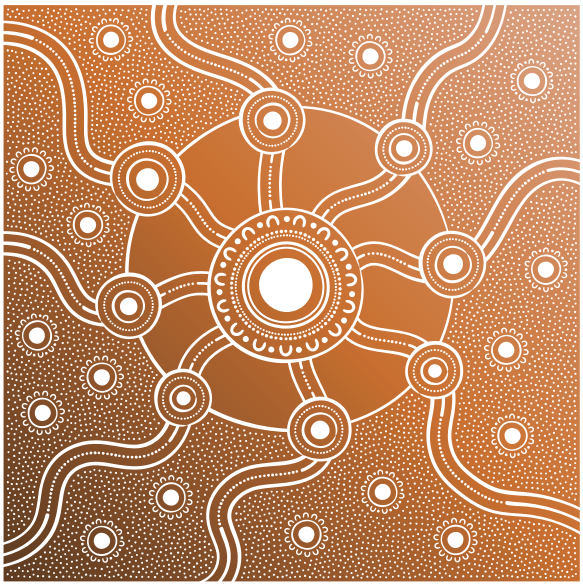

About the artwork

Cover artwork by Jordan Lovegrove, Karko Creations

The artwork by Ngarrindjeri artist Jordan Lovegrove represents the interconnected systems that contribute to the wellbeing of Aboriginal and Torres Strait Islander communities – such as the health, justice, and education systems – working together towards suicide prevention and holistic healing. At the heart of the artwork is a large central meeting place, symbolising culture as the core of healing. Radiating out from this central place are several interconnected pathways that lead to other meeting places. Each of these represents a different system or sector – health, education, justice, social services, and community. These pathways overlap and intertwine, reflecting collaboration, shared responsibility, and cultural alignment. Scattered throughout the design are smaller meeting places and U-shapes, symbolising individuals, families, Elders, and support networks – the community members whose strength and connection uphold collective wellbeing. Flowing lines and dots represent journeys of healing, knowledge sharing, and the passing down of culture. The pathways between systems and communities are vibrant and alive, symbolising the strength that comes from centring culture in all approaches to support and prevention. The overall visual language is one of strength, unity, and resilience – emphasising that when systems work together in culturally safe ways, they create stronger, healthier communities.

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July 2025

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Executive summary

Aboriginal and Torres Strait Islander peoples live in harmony with the land, waterways, and skies in a way that fosters collective wellbeing and survival. As a direct result of colonisation and its ongoing impacts, today Aboriginal and Torres Strait Islander peoples experience disproportionally high rates of suicide and other health inequities. Suicide is the fifth-leading cause of death among Aboriginal and Torres Strait Islander people, and has increased by approximately 30 per cent from 2018 to 2023 (ABS 2024).

Being a highly complex issue, Aboriginal and Torres Strait Islander suicide prevention requires an approach that incorporates Indigenous[1] knowledges with multiple evidence-based strategies, as opposed to a single strategy (Krysinska et al. 2016). Multi-component 'systems approaches' to suicide prevention involve the implementation of multiple evidence-based strategies within a specific region tailored to local needs. Indeed, systems approach models to suicide prevention have been developed and implemented across Australia (for example, the LifeSpan model: Baker et al. 2018; Shand et al. 2020a), with promising results (Currier et al. 2020). However, existing systems approaches to suicide prevention have been predominately driven by Western knowledge systems, and therefore have not accounted for the unique historical, political, and social factors driving Aboriginal and Torres Strait Islander suicide, nor do they consider cultural protective factors in suicide prevention.

In this report, we outline the requirements of an Aboriginal and Torres Strait Islander systems approach to suicide prevention (Section 1) and propose a framework (Section 2) and implementation guidelines (Section 3) for such an approach. This report brings together knowledges shared by an Expert Advisory Group of Aboriginal and Torres Strait Islander and non-Indigenous scholars, knowledge holders, practitioners, community controlled representatives, and lived-experience advocates. The knowledges shared by this Expert Advisory Group reaffirm the need for a decolonising and transformative Aboriginal and Torres Strait Islander systems approach to suicide prevention, which privileges Indigenous worldviews. The group agreed that it was not possible to 'adapt' existing mainstream approaches to address Aboriginal and Torres Strait Islander suicide prevention. Instead, an entirely new, decolonising systems approach grounded in culture is necessary.

In this report, we redefine a systems approach to suicide prevention as one which focuses on multi-component systems (for example, health, social services, education, and justice systems; as well as community controlled organisations, Primary Health Networks, and governments/policy-makers) that work together with specific strategies to prevent suicide. This conceptualisation takes a much broader consideration of 'systems' than existing Western systems approaches to suicide prevention, by 1) highlighting the interconnectedness and responsibility of different systems in addressing suicide (above and beyond specific strategies within the health/mental health systems), and 2) acknowledging the historical, political, social, and cultural determinants of health. Further, the primary aim of the systems approach model is to promote flourishing social and emotional wellbeing (SEWB) (Gee et al. 2014). Actions that promote strong SEWB are suicide-prevention activities.

The framework prioritises cultural knowledge by drawing on the strong evidence base of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) and final report: *Solutions that Work: What the Evidence and Our People Tell us* (Dudgeon et al. 2016), as well as other relevant literature including an evaluation of the National Suicide Prevention Trial Sites (Currier et al. 2020). The results from ATSISPEP were foundational in establishing an evidence-base for what works in Aboriginal and Torres Strait Islander suicide prevention, through privileging cultural knowledges and approaches to suicide prevention. The ATSISPEP report outlines suicide-prevention success factors, identified through extensive community consultations, research, and analysis of previous strategies.

We recommend operationalising these success factors through a suicide prevention systems approach framework. This report challenges the existing narrative surrounding Aboriginal and Torres Strait Islander suicide by identifying the lack of systems integration as a core issue needing resolution, rather than attributing the problem to Aboriginal and Torres Strait Islander peoples themselves.

[1] Note on terminology: We respectfully use the term 'Aboriginal and Torres Strait Islander' when referring to the first peoples of Australia. We use the term 'Indigenous' when referring to first peoples globally or when referring to concepts such as Indigenous knowledges or Indigenous data sovereignty.

Acronyms

Acronym	Definition
ABS	Australian Bureau of Statistics
ACCO	Aboriginal community controlled organisation
ACCHO	Aboriginal community controlled health organisation
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
APAR	Aboriginal Participatory Action Research
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
BDI	Black Dog Institute
CBPATSISP	Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention
CCSPNs	Community Controlled Suicide Prevention Networks
CPR	Critical Postvention Response
CTG	Closing the Gap
EAAD	European Alliance Against Depression
FASD	Fetal alcohol spectrum disorder
GDPSA	Gayaa Dhuwi (Proud Spirit) Australia
KALACC	Kimberley Aboriginal Law and Cultural Centre
KPIs	Key performance indicators
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer, intersex, asexual, sister girl, brother boys, and other sexual identities
NACCHO	National Aboriginal Community Controlled Health Organisation
NATSISPEP	National Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Program
NATSISPS	National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
NSPT	National Suicide Prevention Trial
PC CARES	Promoting Community Conversations About Research to End Suicide
PHN	Primary Health Network
SEWB	Social and emotional wellbeing
SNAICC	Secretariat of National Aboriginal and Islander Child Care

Acknowledgements

This framework was written on unceded lands across Australia. We acknowledge the Traditional Custodians of all the lands across Australia, and Elders past and present. We acknowledge Aboriginal and Torres Strait Islander peoples' ongoing strength, resilience, and right for self-determination. We acknowledge Indigenous knowledges, which have ensured health and wellbeing for thousands of generations, and which will continue to guide solutions to the issues that are faced today.

This resource has been produced through a genuine, collaborative, and relational process, which centres Aboriginal and Torres Strait Islander knowledges and ways of being. We express our deepest gratitude to members of the Expert Advisory Group, who shared their knowledges, diverse views, and stories of strengths and hardships. We especially acknowledge the contribution of those with lived and living experiences.

Authorship order was informed by the Aboriginal and Torres Strait Islander governance. All members of the Expert Advisory Group who participated in the Delphi were invited to be listed as authors on the report. To qualify for authorship, each individual either endorsed or contributed feedback to the written report.

We acknowledge and thank Esther Sole and Kate Glastonbury for reviewing and providing feedback on the Implementation Guide (Section 3 of this report).

An Aboriginal and Torres Strait Islander systems approach to suicide prevention: a framework

This report outlines the framework of an Aboriginal and Torres Strait Islander systems approach to suicide prevention (Section 2) grounded in Aboriginal and Torres Strait Islander knowledges. It provides comprehensive implementation guidelines for consideration (Section 3).

Development process

This resource was developed and formalised through a collaboration between the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) and Black Dog Institute (BDI). The development process utilised an Aboriginal Participatory Action Research (APAR) framework (Dudgeon et al. 2020) and adapted Indigenous consensus methodology (Schultz et al. under review; Dudgeon et al. under review) to formally operationalise the ATSISPEP success factors and recommendations (Dudgeon et al. 2016) through a transformative and decolonising systems approach framework.

As described above, ATSISPEP is an Aboriginal-led suicide-reduction initiative. A key tenet of the ATSISPEP process was the privileging of Aboriginal and Torres Strait Islander knowledges through extensive community consultations based in participatory methods. The ATSISPEP final report provides a comprehensive summary of effective approaches for suicide prevention, and recommendations that point towards evidence-based strategies to address mental health and suicide for Aboriginal and Torres Strait Islander peoples (Dudgeon et al. 2016).

This systems approach framework was led by and co-designed with Aboriginal and Torres Strait Islander peoples. We apply the definition of co-design as an 'equitably resourced partnership process that is Aboriginal and Torres Strait Islander-led and builds on authentic relationships, communicating through agreed mechanisms, two-way understanding, cumulative evaluation and reflection' (Aboriginal Regional Governance Group; KALACC 2022). In line with this definition, an Expert Advisory Group convened to co-design the framework (invited by the senior Aboriginal authors on this report). The group was comprised of both Aboriginal and Torres Strait Islander and non-Indigenous representatives from lived experience centres, academic institutes, national/state/territory Aboriginal community controlled health organisations, peak bodies (including Gayaa Dhuwi Proud Spirit Australia), and Primary Health Networks (PHNs). Lived experience was at the heart of this project and, therefore, the Expert Advisory Group included Aboriginal and Torres Strait Islander people with lived and living experiences of suicide (Dudgeon et al. 2018a; McAlister et al. 2017).

Six consensus meetings were held online over the course of one year, during which the Expert Advisory Group discussed the conceptual requirements of an Aboriginal and Torres Strait Islander systems approach to suicide prevention and how to develop this framework. Meetings incorporated a semi-structured yarning approach (Bessarab and Ng'Andu 2010) balanced with deep listening (for more information see Dudgeon et al. under review). During these meetings, it was decided that ATSISPEP should form the foundation of a transformative and decolonising systems approach.

During a final meeting, the group convened to develop the framework through an adapted yarning consensus and Delphi approach (see Schultz et al. under review). In total, the group considered ~150 recommendations (or action statements) for inclusion in the systems approach framework. These recommendations came from the ATSISPEP report and other related literature (for example, Currier et al. 2020). Each of these recommendations was endorsed through group consensus by the Expert Advisory Group as being essential for an Aboriginal and Torres Strait Islander systems approach to suicide prevention. These results reaffirm the endurance and relevance of the ATSISPEP findings (see Knight et al. 2024).

The Expert Advisory Group informed every step of the systems approach development and outputs. Similarly, the development of any future suicide-prevention strategies, or implementation of this systems approach, must ensure that Aboriginal and Torres Strait Islander peoples and communities are involved in all stages.

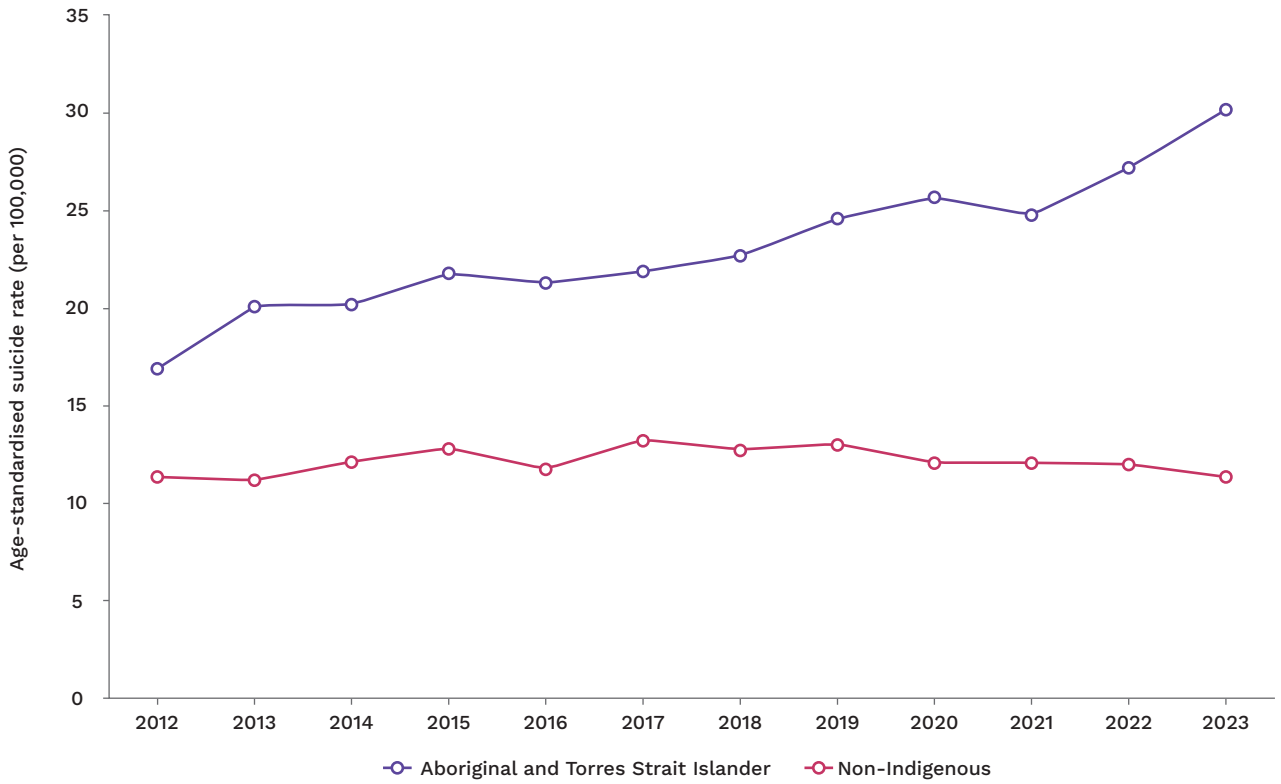
Section 1: Background

Aboriginal and Torres Strait Islander suicide

Prior to colonisation, suicide was unknown to many Aboriginal and Torres Strait Islander people (Tatz 2005). As a direct result of colonisation, Aboriginal and Torres Strait Islander suicide rates are unacceptably high. In 2022, 4.6 per cent of Aboriginal and Torres Strait Islander deaths were accounted for by suicide, in comparison to 1.6 per cent of non-Indigenous Australian deaths (AIHW 2023). The statistics are especially concerning for young people, with suicide being the leading cause of death for Aboriginal and Torres Strait Islander people aged 5-17 years (ABS 2024).

Suicide is in direct opposition to the Aboriginal and Torres Strait Islander experiences of holistic health and wellbeing, encompassed as social emotional wellbeing (SEWB; Gee et al. 2014; Schultz 2019). The SEWB model conceptualises health and wellbeing as well as encompassing connections to body, mind, culture, Country, family, community, and spirituality and ancestors. The constant exposure to experiences, such as structural racism, discrimination, inter-generational trauma, and marginalisation negatively impacts SEWB, thereby increasing psychological distress and ultimately suicidal behaviour. Suicide-prevention efforts which target Aboriginal and Torres Strait Islander peoples must therefore be framed using the SEWB model and seek to strengthen the domains.

Figure 1. Source: Everymind/CBPATSISP 2024, *Australian Bureau of Statistics, Causes of Death, 2023 data.* Deaths by suicide among First Nations people.



Aboriginal and Torres Strait Islander suicide is different to non-Indigenous suicide and therefore requires different approaches

Aboriginal and Torres Strait Islander suicide must be understood in the broader context of Australia's history of colonisation, and these continuing experiences include the compounding effects of intergenerational trauma. Aboriginal and Torres Strait Islander suicide arises from complex historical and social factors, and current disadvantage. As mentioned above, colonisation has had (and continues to have) negative impacts on Aboriginal and Torres Strait Islander SEWB (Dudgeon and Holland 2018; Kreisfeld and Harrison 2016; Sherwood 2013). Experiences of forced child removal, genocide, denial of culture, and racism have led to transgenerational trauma, grief, and loss being passed down through generations (Menzies 2019; Milroy, Dudgeon and Walker 2014). The social determinants of health, such as experiences of poverty, racism, and unemployment also negatively impact wellbeing. Aboriginal and Torres Strait Islander suicide prevention therefore requires an approach that brings culture forward for future generations, centres SEWB, is strengths-based, and acknowledges the historical, social, and cultural determinants of health and wellbeing (Dudgeon et al., under review).

Despite the evidence, mainstream suicide-prevention strategies and approaches do not fully consider the historical and social determinants of health and wellbeing: they have mostly taken a Western approach to suicide prevention, rather than an Indigenous worldview which incorporates SEWB. More recently, Western suicide prevention approaches are shifting to encompass Aboriginal and Torres Strait Islander approaches, such as through starting to acknowledge broader determinants of health (Shand et al. 2020b). This shift reflects a recognition that Western approaches have not always been overly effective for anyone, because 1) they haven't addressed broader social, economic, and cultural factors, and 2) they are positioned within a deficit model. In contrast, Aboriginal and Torres Strait Islander approaches are likely to benefit all peoples.

Figure 2. The SEWB model, adapted from Gee et al. (2014)

Operationalising ATSISPEP as a systems approach to suicide prevention

There are several mainstream systems approach models to suicide prevention being implemented in Australia, including the European Alliance Against Depression (EAAD: Hegerl et al. 2008), and LifeSpan (Ridani et al. 2016) models (see Baker et al. 2018 for a comparison), with estimates that such approaches may prevent up to 21 per cent of suicide deaths (Ridani et al. 2016). The LifeSpan model is an example of the use of a systems approach to suicide prevention that has demonstrated positive outcomes in non-Indigenous communities (Shand et al. 2020a;2025). However, LifeSpan has limitations with respect to suicide prevention among Aboriginal and Torres Strait Islander peoples (Currier et al. 2020; Dudgeon et al. 2018b; Fitzpatrick and Hooker 2017). Specifically, the model:

- does not call to action the social, political, and cultural determinants of suicide
- was not specifically co-designed with Aboriginal and Torres Strait Islander peoples
- does not reflect Aboriginal and Torres Strait Islander understandings of wellbeing (such as SEWB) or cultural knowledges
- Is based on evidence drawn from a largely non-Indigenous population.

Aboriginal and Torres Strait Islander suicide is different to non-Indigenous suicide. As outlined in the above section, Aboriginal and Torres Strait Islander people have a myriad of different historical, political, and social factors that contribute to suicide rates. Importantly, these factors are the result of colonisation and systemic racism. At the same time, there are cultural protective factors that can strengthen wellbeing. Given these complexities, it is essential to implement a suicide-prevention approach that is both culturally informed and specifically tailored to the unique needs of Aboriginal and Torres Strait Islander peoples.

The ATSISPEP report was a landmark, Australian Government-funded and Aboriginal-led initiative to reduce suicide rates through a decolonising approach. ATSISPEP is the first comprehensive summary of effective approaches for Aboriginal and Torres Strait Islander suicide prevention. The project was informed by extensive Aboriginal and Torres Strait Islander community consultations to ensure a solid cultural knowledge base was at the core of the project (Dudgeon et al. 2016).

A key recommendation from the ATSISPEP report was to include the 33 key success factors in a systems approach to suicide prevention when applied in Aboriginal and Torres Strait Islander community settings. It was recommended that this should occur in consultation with Aboriginal and Torres Strait Islander mental health and suicide prevention leaders, and in partnership with the communities involved. Building on this work, the current project aimed to operationalise the ATSISPEP findings through an Aboriginal and Torres Strait Islander systems approach to suicide prevention.

Further support for operationalising the ATSISPEP findings within a systems approach framework come from the National Suicide Prevention Trial (NSPT), occurring across 12 Australian regions. As part of the trial, the Australian Government funded PHNs to develop and implement a systems-based approach to suicide prevention. The ATSISPEP team strongly recommended that any application of a systems approach to Aboriginal and/or Torres Strait Islander communities must account for cultural and experiential differences.

Importantly, the two NSPT trial sites, which exclusively focused on Aboriginal and Torres Strait Islander peoples (Darwin in the Northern Territory and the Kimberley region in Western Australia), chose to draw upon the ATSISPEP success factors (Dudgeon et al. 2016), regarding these as the best-available evidence of what works in Aboriginal and Torres Strait Islander suicide prevention (Currier et al. 2020). For example, *the Strengthening Our Spirits model* was developed as a systems approach by the Aboriginal and Torres Strait Islander community as part of the NSPT trial site in Darwin. Community consultations that occurred as part of the preparation for this trial site further confirmed the recommendations highlighted in the ATSISPEP report (PHN 2019). Adapting the ATSISPEP framework was considered a key success to the implementation of the systems approach model in the two Aboriginal and Torres Strait Islander community trial sites (Currier et al. 2020).

Internationally, Indigenous peoples and communities are implementing local systems approaches to suicide prevention. For example, localised systems approach models have been implemented in Native American communities, including The Qungasvik (toolbox) Intervention (Rasmus, Charles and Mohatt 2014), Promoting Community Conversations About Research to End Suicide (PC CARES), (Wexler et al. 2016), and a tribally mandated system of reporting on suicide in the White Mountain Apache Tribe (Cwik et al. 2014). These locally based interventions have focused on how a community comes together to ask, 'What can *we* do to deal with our problems? And how can others (for example, health professionals, outside researchers) inform and support our processes and decision-making?' (Rasmus et al. 2014: 141). While these communities have developed and implemented systems approaches with promising results, they have taken a relatively localised approach by focusing on a few specific strategies. Here, this report takes a broader approach through developing a comprehensive systems approach conceptual framework to guide suicide-prevention activities. This report includes broad guidelines for operationalising the systems approach framework (Section 3), which are intended to act as a tool to help guide communities and organisations in the implementation of place-based systems approaches to suicide prevention.

Guiding principles underpinning the systems approach

Drawing from the *Ways Forward Report* (Swan and Raphael 1995), the development of this Aboriginal and Torres Strait Islander systems approach was informed by 11 guiding principles:

1. Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural, and spiritual health. Land is central to wellbeing. Crucially, it must be understood that while the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.

2. Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.

3. Culturally valid understandings must shape the provision of services and must guide assessment, care, and management of Aboriginal and Torres Strait Islander peoples' health problems generally and mental health problems, in particular.

4. It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continue to have intergenerational effects.

5. The human rights of Aboriginal and Torres Strait Islander peoples must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health (as against mental ill health). Human rights relevant to mental illness must be specifically addressed.

6. Racism, stigma, environmental adversity, and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.

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

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

9. It must be recognised that Aboriginal and Torres Strait Islander peoples have great strengths, creativity, and endurance, and a deep understanding of the relationships between human beings and their environment (Commonwealth of Australia 2017: 3)

10. There must be involvement of people with lived and living experience. Suicide-prevention strategies must be informed by and centre lived experience.*

11. Any suicide-prevention strategies must prioritise community empowerment and leadership throughout the entire process.*

*Note: these two additional principles were identified as important to add, by the Expert Advisory Group, during the development of the framework.

Linking the systems approach with other models and frameworks

It is important to demonstrate how the current systems approach framework maps onto other models and frameworks. To support this, a thematic analysis was performed on the success factors outlined below in the framework (Section 2). This thematic analysis revealed seven broad domains, outlined below. These were then mapped against domains from other national frameworks, including the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*; and the Culture Care Connect model by the National Aboriginal Community Controlled Health Organisation (NACCHO; see Supplementary Materials for more detail).

The ATSISPEP success factors were distilled into the following seven domains:

- Community empowerment and self-determination
- Work within a SEWB Model to promote early prevention
- Support diverse/at-risk groups
- Build the capacity of the workforce
- Provide culturally safe and appropriate services and crisis responses
- Promote shared access to data and information at a regional level
- Transform government organisations and cross-agency collaborations and partnerships (including with ACCHOs)

The current framework was also mapped against the LifeSpan model to examine overlap. As evident in the Supplementary Materials (Figure 1), the current framework extends beyond the domains identified within the Lifespan systems approach to suicide prevention.

Section 2: Framework and recommendations for the systems approach

As discussed in Section 1, this project draws on the findings within the ATSISPEP report (Dudgeon et al. 2016), and other related literature (including Currier et al. 2020). The ATSISPEP Success Factors have been operationalised through the inclusion of action-focused recommendations. These recommendations were developed as part of a Consensus Yarning methodology (Schultz et al. under review) and are outlined below. While these success factors are not presented in a hierarchical order, success factors which fall under the Community Empowerment and Self Determination category are foundational for wellbeing, and therefore, have been presented first. This also aligns with the SEWB model, which acknowledges the centrality of culture and self-determination as protective factors.

It is also important to centre and prioritise lived experience in suicide-prevention strategies. In this report, we adopt the definition of lived experience from the Aboriginal and Torres Strait Islander Lived Experience Centre:

'A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

'People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding social and emotional wellbeing.'

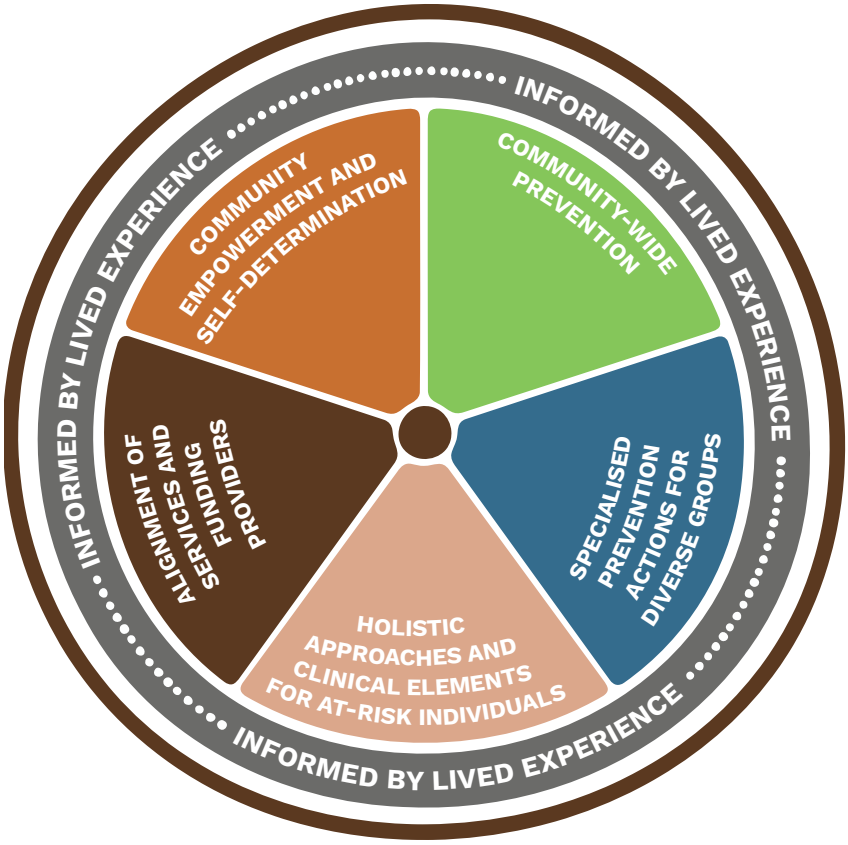
Suicide prevention success factors

The ATSISPEP report (as well as discussions pertaining to other relevant literature within the report) identified key success factors for suicide prevention, which are categorised into one of five types of responses/actions. These have been slightly adjusted for the purpose of this report, and are outlined below. This structure has informed the systems approach framework and content:

- **Community empowerment and self-determination** refers to the development and implementation of interventions through Aboriginal and Torres Strait Islander leadership and with community empowerment. Central to this is adherence to community leadership, self-determination, and cultural frameworks (that is, ensuring that suicide-prevention activities uphold cultural continuity and work within an Indigenous framework). The importance of centring culture in suicide-prevention activities was reaffirmed by the Expert Advisory Group.
- **Community-wide prevention** recognises that each Aboriginal and Torres Strait Islander community has unique priorities/needs. Prevention interventions include both primordial and primary prevention, aimed at the whole community, including those with strong SEWB. Primordial preventions are those that focus on preventing the development of risk factors (rather than treating them). Primary prevention aims to prevent a suicide death or suicide attempt occurring at the community-wide level (for example, through providing community education). Actions which promote strong SEWB are suicide-prevention activities.
- **Specialised prevention actions for diverse groups** are actions aimed at groups that are identified as being at higher risk of suicide and actions that acknowledge the unique needs of diverse groups. This approach acknowledges intersectionality.
- **Holistic approaches and clinical elements for at-risk individuals** refer to those people who have been identified as being at immediate risk of suicide or have attempted suicide. Interventions at this level are responsive to the holistic and clinical needs of people at the highest risk of suicide, for whom accessibility of services could be lifesaving.
- **Alignment of service and funding providers** refers to actions relevant to service and funding providers. Service providers must be responsive to a community's needs and priorities. Governments must understand that services/funding arrangements need to reflect local needs and be committed to a new way of working with Aboriginal and Torres Strait Islander peoples. Data and evaluation should be guided by Aboriginal ways of knowing, being, and doing, and uphold Indigenous Data Sovereignty principles. This includes ensuring shared access to data and information at a regional level and building the capacity of ACCOs and communities.

The Aboriginal and Torres Strait Islander systems approach to suicide-prevention has been informed by the above categorisation. The systems approach framework is visually represented over the next two pages, as a circular figure (Figure 3), as well as in a table format.

Figure 3. The framework for an Aboriginal and Torres Strait Islander systems approach to suicide prevention



Living and Thriving

Informed by Lived and Living Experience

Early support and prevention

Community empowerment and self-determination

- Community Empowerment, Development, and Ownership
- Involve Elders, Lore People and Youth
- Work within a Cultural Framework
- Aboriginal and Torres Strait Islander presence and leadership

Community-wide prevention

- Address community challenges, determinants of health, and ongoing impacts of colonisation
- Strengthen cultural elements, through building identity, SEWB and healing
- Alcohol and drug-use reduction
- Indigenous gatekeeper training
- Awareness-raising programs
- Training frontline staff and GPs in detecting depression and suicide risk
- E-health services/Internet/ Call lines
- Reduce access to lethal means of suicide
- Aware and responsive to critical risk periods
- Responsible reporting by the media

Specialised prevention actions for diverse groups

- School-age
- Young people
- LGBTQIA+ SG BB
- Women-specific
- Men-specific
- Incarcerated people
- Homelessness
- Stolen Generation

Response

Holistic approaches and clinical elements for at-risk individuals

- Culturally responsive staff and training
- Strengthen community peer-to-peer support networks
- Access to mental health support
- 24/7 availability
- Awareness and respond to critical periods
- Time protocol
- Strengthen crisis-response teams
- High-quality and culturally appropriate treatment and assessments
- Continuing care and assertive outreach following a suicide attempt

Providers

Alignment of services and funding providers

- Partnerships with ACCOs
- Cross-agency collaboration
- Employ community members/ peer workforce
- Culturally informed and appropriate indicators for evaluation
- Culturally informed and appropriate data-collection processes
- Dissemination of suicide Prevention learnings

The system approach framework

This section is structured under the five key categories outlined above. Under each category, we detail specific success factors for suicide prevention, as well as specific recommendations that provide guidance on how to action each of those success factors (and who is responsible). Section 3 provides further guidance on implementation.

Community empowerment and self-determination

The development and implementation of suicide-prevention interventions must occur under Aboriginal and Torres Strait Islander leadership and with community empowerment. Central to this is adherence to community leadership, self-determination, and cultural frameworks. That is, ensuring that suicide-prevention activities uphold cultural continuity (Chandler and Lalonde 2008) and work within an Aboriginal and Torres Strait Islander framework. The importance of centring culture in suicide-prevention activities was reaffirmed by the Expert Advisory Group. Note, this section maps onto the success factors under 'common cultural elements (community leadership/cultural framework)' in the ATSISPEP report.

Community empowerment, development, and ownership

Why is this important? Communities know best about their own challenges and what they need. Evidence shows that community-led, empowerment-based approaches are most effective in preventing suicide and strengthening wellbeing (for example, Calma et al. 2013; Dudgeon et al. 2016; Dudgeon et al. 2024). It is important that Indigenous knowledges are at the forefront of any suicide-prevention strategies and processes. This success factor upholds Aboriginal and Torres Strait Islander peoples' right to self-determination and recognises the protective powers of cultural continuity (Chandler and Lalonde 2008; Mazel 2016).

Recommendations	Who's responsible?
Draw on holistic, evidence-based models to support community empowerment, development, ownership, and self-determination. This evidence must privilege Aboriginal and Torres Strait Islander knowledges.	All
Utilise Aboriginal and Torres Strait Islander-led programs to develop community specific responses to suicide prevention and community empowerment. For example, the National Empowerment Project's Cultural, Social and Emotional Wellbeing Program (Dudgeon et al. 2022) or Family Wellbeing programs.	ACCHOs, community, PHNs, service providers
Involve Aboriginal and Torres Strait Islander peoples in service design, delivery, and governance, as mental health consumers.	ACCHOs, governments, PHNs, service providers
Involve people with lived and living experience in the design, delivery, and governance of services.	ACCHOs, governments, PHNs, service providers
Ensure the community initiates and/or drives suicide-prevention processes.	ACCHOs, governments, PHNs, service providers
Work with communities to design programs that are flexible and able to be tailored to meet community needs and priorities.	ACCHOs, ACCOs, funding bodies, governments, PHNs, service providers
Ensure all individuals, families, and communities benefit equally from suicide-prevention research activities and programs.	All
Address key areas in suicide-prevention strategies, programs and services, including: • facilitating self-determination and local leadership • addressing social and cultural determinants of health • providing trauma informed care • acknowledging the role of incarceration and justice issues • strengthening culture and identity.	All

Involvement of Elders, Lore People, and youth

Why is this important? Elders and Lore People are the holders and custodians of intergenerational knowledge and must be involved in any suicide-prevention activities (Busija et al 2020; Warburton and Chambers 2007). Likewise, working with young people is key in ensuring strategies are suitable and relevant.

Recommendations	Who's responsible?
Employ Elders, Lore People, community leaders, and/or cultural mentors in the development and delivery of suicide-prevention programs and services.	ACCHOs, community groups, funding bodies, land councils, PHNs, policy, and Traditional Owner groups
Employ Elders, Lore People, community leaders and/or cultural mentors as support persons, including for cultural supervision of Aboriginal and Torres Strait Islander staff.	ACCHOs, funding bodies, PHNs, policy-makers, service providers
Ensure Elders and Lore People are involved in governance.	ACCHOs, funding bodies, PHNs, policy-makers, service providers
Employ young people in the development of suicide-prevention programs and services for youth, and ensure involvement in governance.	ACCHOs, community groups, funding bodies, land councils, PHNs, policy, service providers, and Traditional Owner groups

Work within a cultural framework

Why is this important? Communities often already have frameworks in place that are tailored to their specific needs and include cultural knowledges and ways of being (Mazel 2016). These frameworks should be the starting point for any implementation of processes or strategies. Each community is different and therefore has unique needs, strengths, and cultural protocols. Aboriginal and Torres Strait Islander-specific frameworks and models should be utilised while tailoring this to each community through a place-based approach.

Recommendations	Who's responsible?
Work with communities to develop a cultural framework specific to their local needs and circumstance.	All
Establish or work within existing community-determined governance structures and processes.	All
Ensure ACCOs are sufficiently resourced and prioritised in the allocation of funding.	Governments, PHNs, policy-makers, funding bodies
Work within a SEWB model.	All

Ensure Aboriginal and Torres Strait Islander presence and leadership across all parts of the Australian mental health system

Why is this important? In line with the *Gayaa Dhuwi Proud Spirit Australia Declaration*, 'Aboriginal and Torres Strait Islander presence and leadership is required across all parts of the Australian mental health system for it to adapt to, and be accountable to, Aboriginal and Torres Strait Islander peoples for the achievement of the highest attainable standard of mental health and suicide-prevention outcomes.'

Recommendations	Who's responsible?
Implement the *Gayaa Dhuwi Proud Spirit Australia Declaration*, which includes: • Aboriginal and Torres Strait Islander peoples should be trained, employed, empowered, and valued to work at all levels and across all parts of the Australian mental health system and among the professions that work in that system. • Aboriginal and Torres Strait Islander peoples should be trained, employed, empowered, and valued to lead across all parts of the Australian mental health system that are dedicated to improving Aboriginal and Torres Strait Islander wellbeing and mental health and to reducing suicide, and in all parts of that system used by Aboriginal and Torres Strait Islander peoples. • Aboriginal and Torres Strait Islander peoples should be trained, employed, empowered, and valued to lead in all areas of government activity in Australia that affect the wellbeing and mental health of Aboriginal and Torres Strait Islander peoples.	All

Informed by and centre lived experience

Why is this important? There is now wide recognition and understanding of the necessity to ensure that lived experience is centred in all suicide-prevention activities. The lived experience of Aboriginal and Torres Strait Islander peoples is unique and provides crucial insights across the SEWB domains, and also brings current community and kinship knowledges that should be integrated in a systems approach. Suicide-prevention strategies must be informed and led by the voices and experiences of those with lived and living experience of suicide. Lived experience should sit across the entire systems approach model and inform all actions relevant to suicide prevention.

Recommendations	Who's responsible?
Support the establishment of lived experience centres at local levels.	Governments, funding bodies, PHNs
Ensure services, funding providers, and policy are all informed by people with lived experience.	All
Provide leadership opportunities for people with lived experience.	All

Community-wide prevention

Actions which promote strong SEWB are suicide-prevention activities. Aboriginal and Torres Strait Islander community-wide prevention activities target the whole community, and recognise that each community has unique priorities and needs. These actions include both early and primary preventions aimed at the whole community, including those with strong SEWB.

Addressing community challenges, poverty, social determinants of health, and other ongoing impacts of colonisation

Why is this important? The SEWB framework highlights the influence of the social determinants of health on wellbeing (Gee et al. 2014). Each community has their own priorities and challenges, so strategies should be tailored to local needs, as determined by the community. It's crucial to acknowledge the ongoing impacts of colonisation on SEWB.

Recommendations	Who's responsible?
Address community challenges as determined by the local community, using Aboriginal participatory action research to: a) identify risk and protective factors, and b) improve the social circumstances of families and communities by ensuring social determinants of health are addressed through relevant programs and services.	ACCHOs, community, governments, PHNs, researchers, social services (including housing, child protection, education), service providers
Tailor suicide-prevention approaches to acknowledge a community's particular history, cultures and challenges and build on that community's unique strengths.	ACCHOs, PHNs, service providers
Address poverty and other social determinants of health through local employment, social support strategies and increased community level funding.	Governments, policy-makers, funding bodies
Address racism through developing an implementation plan and measurement mechanism for the Cultural Respect Framework in all tiers of the Australian health care system (i.e., crisis, inpatient, out-patient, residential, home-based, health maintenance, community health liaison services). Consider specific needs in mental health contexts.	Governments, Closing the Gap peak bodies, researchers
Address and promote healing from childhood trauma stemming from the impacts of colonisation and intergenerational trauma.	Diversionary programs, education system, governments, Healing Foundation, justice system, service providers
Co-develop or utilise culturally informed early-years programs and services to support children and families.	Education system, governments, service providers, SNAICC
Improve conditions of children brought to the attention of child protection services and encourage solutions that will safeguard their cultural identity and connection to kinship networks (e.g., positive parenting programs).	ACCHOs, family-led decision-making, governments, justice system
Establish local area networks for those with lived experience in mental health and suicide prevention, through partnerships with relevant groups (e.g., the Aboriginal and Torres Strait Islander Lived Experience Centre at Black Dog Institute for local and national connection).	ACCHOs, all sectors, governments, the National Aboriginal and Torres Strait Islander Lived Experience Network

Cultural elements – building identity, SEWB, healing

Why is this important? Connection to culture is key to strong SEWB. Having a sense of culture and identity is central to wellbeing and systems should support initiatives that build these cultural elements (Dudgeon, Milroy and Walker 2014). There is now strong evidence that cultural continuity strengthens wellbeing and that cultural identity is a protective factor against suicide (Chandler and Lalonde 1998; Dudgeon et al. 2022). It is also important to support, learn, teach, and practice Lore.

Recommendations	Who's responsible?
Acknowledge and attend to the devastating and enduring impacts of transgenerational trauma by implementing trauma-informed care through culturally safe policies, practices, and services (links to workforce training).	All (including ACCHOs, service providers, PHNs, government, Healing Foundation)
Empower community self-determination and governance through funding locally driven, culturally strong healing initiatives.	Funding bodies, governments, healing foundation, policy-makers, PHNs
Build identity through strengthening connections to Country, family, community, and spiritual ancestors through enacting the SEWB paradigm in developing and implementing healing programs and services, cultural centres, etc.	ACCHOs, community, service providers, SEWB teams
Address the determinants of planetary health, including through acknowledging the negative impact of climate change and mining on SEWB.	All
Promote and fund intergenerational cultural teaching and learning (e.g., of storylines, language, songs, dance) for current and future generations.	Community, diversionary programs, education system, funding bodies, governments, service providers
Provide and fund initiatives to strengthen identity, culture, sense of hope, purpose, meaning, and belonging.	Funding bodies, governments, PHNs, service providers
Incorporate cultural practices and knowledge systems in suicide-prevention activities.	ACCHOs, health system, PHNs, service providers
Consider important system-wide approaches in preventing suicide in communities: • Alcohol supply reduction strategies, when identified and supported by community. • Gatekeeper training programs that are culturally relevant to Aboriginal and Torres Strait Islander populations. • Upstream community programs to address negative social determinants, to increase resilience and protective factors surrounding suicide, and improve SEWB.	Community, diversionary programs, education system, justice system, PHNs

Alcohol and drug-use reduction

Why is this important? The SEWB model recognises the negative impact that alcohol and drug (AOD) misuse can have on wellbeing (Silburn et al. 2014). Prevention and consumption reduction is the most effective way to manage alcohol and drug-related harms. It is important to consider the contributing factors to alcohol and drug use in a holistic way, as substance misuse and abuse rarely happens in a vacuum.

Recommendations	Who's responsible?
Facilitate changes to local community policies and attitudes related to community identified challenges, including alcohol and drugs.	ACCHOs, AOD Services, community, governments, local AOD management groups, PHNs
Reconnect young people with their Elders, culture, Country, and family.	ACCHOs, community, education system, service providers
Deliver culturally appropriate AOD education programs for different groups in a range of settings (i.e., school gate-keeper programs, youth centres, ACCOs, sporting groups).	ACCHOs, education system, service providers
Support women and families to have healthy and drug- and alcohol-free pregnancies through building community education and awareness and providing support for women.	ACCHOs, community, education system, foetal alcohol spectrum disorder (FASD) Networks, health system, media, governments
Fund and resource culturally safe AOD rehabilitation services, programs, and healing centres, that are place-based and inclusive of supported aftercare.	AOD rehabilitation services, health system, justice system
Develop locally driven prevention programs (these may include healing, education, sports, or young leader's camps).	Community, diversionary, justice system, program and service providers
Fund community patrols, safe spaces, and other neighbourhood/ community support initiatives, including after-hours support.	Community councils, funding bodies, PHNs

Indigenous-specific gatekeeper training

Why is this important? Upskilling and educating as many community and system members as possible creates a safer environment for Aboriginal and Torres Strait Islander people. Gatekeeper training is important as it teaches people to identify individuals who demonstrate signs of suicide risk and how to help these individuals get the help they need (Nasir et al. 2016). It is important that the training provided is culturally safe.

Recommendations	Who's responsible?
Utilise community-led, placed-based gatekeeper training drawing on an Aboriginal and Torres Strait Islander evidence base.	ACCHOs, community, education system

Awareness-raising programs about suicide risk

Why is this important? Getting everyone on board with suicide prevention enhances effectiveness of strategies and helps to reduce any stigma associated with talking about mental health challenges. This should be done in a way that is tailored to each community's needs and draws upon Indigenous knowledges and builds on community strengths.

Recommendations	Who's responsible?
Provide access to suicide-awareness training, using culturally appropriate mediums that cater to community-specific needs (e.g., resources in language, a range of mediums).	ACCHOs, education system, service providers
Utilise and sustainably fund pre-existing evidence-based Aboriginal-designed and Aboriginal-led training programs.	ACCHOs, community, funding bodies, service providers
Reduce stigma associated with mental health, suicide, and self-harm.	All, including the National Aboriginal and Torres Strait Islander Lived Experience Network

Training of frontline staff and general practitioners in detecting depression and suicide risk

Why is this important? Identification of risk earlier on may allow support to be given sooner before crises occur and reduce hospital presentations. Focusing on practitioner training also ensures people at risk receive the right care when needed.

Recommendations	Who's responsible?
Provide training for frontline staff (including police, GPs) to identify and support people at risk.	ACCHOs, justice system, health system, primary care

E-health services/internet/crisis call lines and chat services

Why is this important? Many barriers to seeking help exist and, for many, the first point of contact is online or via call services. Making these services culturally safe, considering barriers to use, and continuing to improve them is essential (Price and Dalgleish 2013).

Recommendations	Who's responsible?
Promote the use of culturally safe e-health services/internet/crisis call lines and chat services that are ideally Aboriginal and Torres Strait Islander-led (such as 13YARN). These services must be evaluated to ensure cultural safety and continual improvement.	ACCHOs, governments, funding bodies, PHNs, service providers
Ensure all Aboriginal and Torres Strait Islander communities in remote and regional regions have access to a free 24/7 community phone and internet.	Governments

Reduce access to lethal means of suicide

Why is this important? Restricting access to the means of suicide is considered one of the most-effective suicide-prevention strategies (Sarchiapone et al. 2011). Keeping someone at risk safe from themselves includes ensuring they are supervised and not able to access means to harm themselves.

Recommendations	Who's responsible?
Reduce access to lethal means of suicide where practical, particularly when someone is expressing suicide ideation, self-harm, or after a suicide loss in the family/community/friend. Support family and community to do this.	Community, Elders, families, governments, peers, police, service providers

Awareness of critical risk periods and responsiveness at those times

Why is this important? Community knowledge is key in understanding the context in which suicide occurs for that specific group. Engagement with the local community is important in understanding risk factors and ways to respond effectively (Hill and Robinson 2022).

Recommendations	Who's responsible?
Identify critical periods or situations when suicide risk is likely, drawing on community knowledge and understanding of a 'local calendar' for suicidal behaviours. Work with the community to identify how to respond to these critical periods, such as supporting the effective and proactive allocation of staff, resources, and preventative activity with families, peers, and external agencies such as the police.	Community, Elders, families, health system, justice system, peers, police, researchers

Responsible suicide reporting by the media

Why is this important? The media can be influential in sharing stories about suicide, and advocating for community needs. However, if not done in a culturally safe way, reporting on suicide can be harmful and dangerous. Communities should be able to speak for themselves, and be supported to do so. The media must be held accountable for their reporting on Aboriginal and Torres Strait Islander suicide and mental health (Schultz 2023; Dudgeon et al. 2025)..

Recommendations	Who's responsible?
Build the capacity of Aboriginal and Torres Strait Islander peoples and communities to talk to the media about mental health and suicide, through Aboriginal and Torres Strait Islander-led culturally responsive media training (Dudgeon et al. 2025). Empower community to nominate a media spokesperson when this is the preferred option.	ACCOs, education system, Everymind, governments
Develop guidelines and training for responsible media reporting of Aboriginal and Torres Strait Islander suicide and ensure appropriate standards are adhered to.	ACCOs, Everymind, governments, media

Specialised prevention actions for diverse groups

These are targeted actions aimed at groups who are identified as being at higher risk of suicide, and catering for the unique needs of diverse groups. This includes supporting the SEWB of people across the lifespan, especially children and young people (aged 0-24), for whom suicide accounts for 22 per cent of all deaths (AIHW 2022). It is also important to cater for the unique needs of LGBTQIASB+ individuals, women, men, incarcerated people, Stolen Generation Survivors, and people who are facing issues of homelessness.

School-age children

School-based peer support and mental health literacy programs

Why is this important? Skill-building and education for young people in schools is an effective prevention strategy. Skills provided at younger ages are likely to lead to increased peer support as young people develop and equip them with adequate coping tools and knowledge. This must be done in a culturally safe manner that is not assumed to be one-size-fits-all. Anyone working at a school with Aboriginal and Torres Strait Islander children needs to have adequate skills and knowledge to be able to do so effectively and safely.

Recommendations	Who's responsible?
Provide school-based peer support.	Education system, suicide-prevention programs, and services
Provide culturally relevant and safe school-based mental health and SEWB literacy programs.	Education system, suicide-prevention programs and services
Ensure access to culturally safe and appropriately trained counsellors at school.	Education system, suicide-prevention programs and services, governments, funding bodies

Culture being taught in schools

Why is this important? Teaching culture in schools helps ensure Aboriginal and Torres Strait Islander children feel visible and helps strengthen cultural identity. Knowledge and education about Indigenous knowledges and worldviews reduce the likelihood of racism, which then has implications for wellbeing. It is also important to engage in truth-telling about Australia's history.

Recommendations	Who's responsible?
Provide opportunities for Aboriginal and Torres Strait Islander cultures (e.g., language, art, worldviews, spirituality) to be taught in schools.	Education system, governments
Provide culturally responsive education (e.g., including language programs, arts, storytelling) that includes Indigenous knowledges and values.	Community Elders, education system, governments, SNAICC – National Voice for Our Children
Ensure school curricula includes a comprehensive history of Aboriginal and Torres Strait Islander peoples, including pre-colonisation, the colonial invasion, dispossession, segregation, postcolonial marginalisation and racism, and the intergenerational impacts of these experiences. This should be taught within a strengths-based framework and include relevant place-based information.	Education system, governments

Young people

Lived experience mentoring, education and leadership on suicide prevention

Why is this important? The knowledge of those with lived experience is valuable in truly understanding the factors that contribute to suicidality and therefore understanding what is most effective in preventing suicide. Lived experience should be held in the same regard as education and professional experience with suicidality. Young Aboriginal and Torres Strait Islander people are best positioned to share experiences about what young Aboriginal and Torres Strait Islander peoples need, and therefore should be included in decision-making relevant to suicide prevention.

Recommendations	Who's responsible?
Provide training in lived experience mentoring that leverages on cultural obligations and responsibilities of care and support.	Education system, local community
Provide mentoring programs to promote respect for historical and contemporary identity and improved communication skills to restore family and community relationships.	ACCOs, PHNs
Formalise/acknowledge the role of young people as a critical success factor in suicide prevention.	All
Involve young people in all decision-making forums associated with suicide-prevention activities.	All
Include, and partner with, Aboriginal and Torres Strait Islander youth leaders on regional and national forums when developing and implementing youth-specific strategies and priorities.	ACCHO, Government, PHNs
Provide culturally safe education on suicide prevention for young people.	Education system
Develop leadership programs, training and mentoring for young people, to better ensure involvement of young people in decision-making.	ACCOs, justice system, education system
Create and provide access to links with mental health support to address trauma in young people.	ACCOs, community, education system, health system, justice system
Ensure better access to, and support with, education.	ACCOs, community, governments, policy

Programs to engage and divert

Why is this important? Young people may engage in risky behaviours when bored and disengaged from community, increasing their risk of experiences that could deteriorate their mental health and therefore increase suicide risk. By providing diversionary activities to engage young people, they are provided with a source of connection that will strengthen SEWB.

Recommendations	Who's responsible?
Reduce the rates of juvenile incarceration through trauma-informed and healing-focused diversionary programs.	Governments, justice system
Develop or implement Aboriginal and Torres Strait Islander-led and developed programs to engage/divert young people (e.g., sport, leadership programs, dance, music).	ACCOs, community, education system, justice system
Implement youth development programs that include training, education, employment, and leadership outcomes.	ACCOs, community, education system, justice system
Address juvenile detention, inequalities in health and disability status, and high incidence of substance misuse.	Governments, health system, justice system, policy-makers

Connecting to culture/Country/Elders/Lore

Why is this important? The SEWB model highlights the importance of connecting with culture. Elders are the holders of cultural knowledge and help connect across generations. This connection enhances cultural knowledge, promotes cultural continuity, and can therefore improve overall wellbeing of young people.

Recommendations	Who's responsible?
Develop or implement cultural programs that connect young Aboriginal and Torres Strait Islander people with culture, Country, and Elders.	ACCOs, community, health system, service providers
Support Elders in maintaining and passing on their cultural knowledge to youth (e.g., through Elder-driven programs or employing Elder support persons).	ACCOs, community, employment system, service providers
Support Lore people to teach Lore and for young people to engage in Lore learnings and practices.	ACCOs, community, education system, employment system, service providers

Providing hope for the future, education, preparing for employment

Why is this important? Building sources of hope and future-focused goals is important in ensuring that those at risk are supported appropriately through engagement in pursuits that are meaningful to them.

Recommendations	Who's responsible?
Provide hope for the future through meaningful activities and links with culture.	ACCOs, education system, justice system
Provide employment that meets Aboriginal young peoples' needs and aspirations in a range of contexts.	Employment system

LGBTQIASB+

Provide support to LGBTQIASB+ peoples

Why is this important? Discrimination and stigma can have a significant impact on wellbeing. Providing safe and inclusive care can help ensure that every person receives the support they need.

Recommendations	Who's responsible?
Provide culturally responsive resources and safe services.	Health system, service providers
Support services to properly identify sexual orientation and gender identity, to identify the prevalence of suicide and provide dedicated resources based on a needs assessment for Aboriginal and Torres Strait Islander LGBTQIASB+ people.	Governments, researchers
Consider strategies and support systems to address compounding discrimination (homophobia, transphobia, and racism).	ACCHOs, governments, health system, service providers
Ensure Aboriginal and Torres Strait Islander LGBTQIASB+ peoples guide suicide-prevention activities and lead responses.	All
Ensure advocacy and public awareness to address issues for LGBTQIASB+ peoples (e.g., develop specific fact sheets).	CBPATSISP, governments, education system

Women-specific

Provide women-specific support

Why is this important? Aboriginal and Torres Strait Islander women are the backbone of many communities and families, and play important roles in supporting families. Women face their own unique challenges as the result of colonisation.

Recommendations	Who's responsible?
Use culturally validated screening tools for yarning with women about their wellbeing in the perinatal period.	Health system, service providers
Establish or enhance the capacity of existing women's groups.	ACCHOs, community

Men-specific

Provide men-specific support

Why is this important? Aboriginal and Torres Strait Islander men have important cultural obligations and are important figures in communities and families. Men face their own unique challenges as the result of colonisation.

Recommendations	Who's responsible?
Establish or enhance the capacity of existing men's sheds/services.	ACCHOs, community

Incarcerated people

Provide support to incarcerated people

Why is this important? Aboriginal and Torres Strait Islander people who come into contact with the justice system are at heightened risk of suicide and other inequities, and face unique challenges. A holistic approach to healing is required that diverts people away from the justice system and strengthens SEWB.

Recommendations	Who's responsible?
Provide or enhance access to trauma-informed and healing-focused diversionary programs.	ACCHOs, justice system, PHNs, service providers
Use healing approaches in programs and services that build on cultural strengths to reclaim and restore culture. This includes providing access to SEWB programs in the justice system.	Healing Foundation, justice system, service providers
Provide access to clinical and cultural support within the justice system.	Aboriginal peak bodies, child protection, health system, justice system
Provide access to well-funded and resourced quality legal services, to reduce ongoing contact with the criminal justice system and the associated suicide risk.	Governments, justice system, Aboriginal legal services
Provide culturally valid screening for neurological and cognitive impairments (such as FASD) and environmental traumas to avoid contact with the justice system.	Governments, justice system
Provide Aboriginal and Torres Strait Islander young offenders culturally appropriate, evidence-based diversionary programs that are effective (and cost-effective) in reducing reoffending and strengthening resilience.	Justice system
Empower and build capacity of communities and families as key to restoring the wellbeing of Aboriginal and Torres Strait Islander young people, to address issues such as loss of identify that contribute to engagement in the justice system.	All

Homelessness

Provide support to people who are facing issues of homelessness

Why is this important? Social determinants of health (such as homelessness) can have negative impacts on wellbeing and should be addressed.

Recommendations	Who's responsible?
Address issues of homelessness and inappropriate and insecure housing.	Governments, policy-makers

Stolen Generation

Provide support to Stolen Generation survivors and their families

Why is this important? Stolen Generation Survivors (and their families) face their own unique challenges due to colonisation. These impacts can transcend across generations (Atkinson et al. 2014; Menzies 2019; Milroy et al. 2014). Stolen Generation Survivors must be specifically considered in suicide-prevention strategies.

Recommendations	Who's responsible?
Ensure a national response to suicide prevention includes mental health, SEWB, and family reconnection services for removed Aboriginal and Torres Strait Islander people and their descendants, largely delivered through ACCOs.	ACCOs, governments, Healing Foundation, policy-makers

Holistic approaches and clinical elements to support at-risk individuals

Holistic approaches and clinical elements involve supporting and responding to individuals identified as being at immediate risk of suicide, such as those who have attempted suicide. Interventions at this level are responsive to the clinical needs of people at the highest risk of suicide, for whom accessibility of services could be lifesaving. Support should be available 24 hours a day, 7 days a week, to ensure a person receives therapeutic and holistic treatment as soon as they need it.

Culturally responsive staff and training

Why is this important? Often a barrier to accessing support is a lack of cultural safety when engaging with non-Indigenous staff and services (Walker, Schultz and Sonn 2014; Milroy et al. 2024). At a minimum, staff should be trained to alleviate the risk of causing harm to Aboriginal and Torres Strait Islander people engaging in each system. Staff should commit to a continuous learning journey towards cultural responsiveness.

Recommendations	Who's responsible?
Ensure cultural competence/responsiveness of staff across all systems through mandatory cultural and trauma-informed training requirements, and continual learning practices.	Governments, policy-makers, PHNs, service providers

Strengthen community peer-to-peer support networks

Why is this important? It is important to empower community capacity for peer-to-peer support, and also to provide leadership opportunity for these networks. A prime example of this is the Aboriginal and Torres Strait Islander Lived Experience Centre, which has established a national network of localised lived experienced centres. This structure supports local communities to organise their own Lived Experience Networks, recognising the value that lived experience holds in informing and improving SEWB. In the absence of clinical support, peer-to-peer support may be the main care received.

Recommendations	Who's responsible?
Support the establishment of peer-to-peer support and provide leadership opportunities in these networks.	Community, governments, policy-makers, PHNs, Lived Experience Centre

Access to mental health support

Why is this important? There are many barriers to people accessing mental health support and this is exacerbated for Aboriginal and Torres Strait Islander people (AIHW 2024). To ensure that Aboriginal and Torres Strait Islander people are supported, access barriers need to be addressed.

Recommendations	Who's responsible?
Ensure community access to culturally safe/competent counsellors, mental health support, and first responders, including after-hours support.	ACCHOs, health system, PHNs, service providers
Develop clear and flexible referral pathways, protocols, and integration for mental health support.	ACCHOs, health system, service providers
Provide access to culturally safe mental health primary waiting rooms.	Health system, service providers
Provide therapeutic support and interventions for community members impacted by psychological distress and substance misuse (Wilkes et al. 2014).	ACCHOs, health system, service providers

24/7 availability

Why is this important? Psychological distress and suicidality do not just occur within business hours, so neither should services designed to help those in distress. Having services available to the community ensures that people at risk can be supported properly whenever is needed.

Recommendations	Who's responsible?
Support Elders, SEWB workers, and peer workers to provide 24/7 services.	Funding bodies, governments, service providers, PHNs
Build the capacity of potential gatekeepers and natural helpers within community as valued members of the workforce.	ACCHOs, health system, education system
Ensure community and clinics are aware of 24/7 service availability.	ACCHOs, service providers
Ensure the provision of after-hours services when people are in crisis, especially those considered at high risk of attempting suicide.	Governments, service providers

Awareness of critical periods and responsiveness at those times

Why is this important? A critical period refers to moments that require a specific response or environment to reduce suicide risk (Olfsen, Marcus and Bridge 2014). Knowledge of these periods and how to respond is crucial among clinic staff, community, and hospitals to minimise risk.

Recommendations	Who's responsible?
Ensure that clinical staff and community members are aware of critical risk periods (e.g., recent suicide attempt, seasonal patterns, personal issues causing individual distress, family domestic violence) and provide responsive support at those times (consider gatekeeper or natural helpers training). Hospitals and clinics need to triage mental health crisis as a high priority.	ACCHOs, PHNs, service providers
Fund new and existing resources to enable local communities to undertake critical response activities with relevant stakeholders.	ACCOs, funding bodies, PHNs

Time protocol

Why is this important? A timely, systematic plan for monitoring and caring for someone who is at risk is an effective way to keep them safe and ensure that they are supported beyond the acute risk period (Hill and Robinson 2022).

Recommendations	Who's responsible?
Ensure a timely response to support a person identified as at-risk (i.e., contact made within 24 hours, first clinical counselling session with 48-72 hours). If not possible, support must be proactively provided within the community.	ACCHOs, Elders, service providers, natural helpers

Strengthen crisis response teams following a suicide/postvention

Why is this important? One of the main risk factors for suicide is previous suicide attempt (AIHW 2022; Bostwick et al. 2016). Therefore, adequate crisis response/postvention care and support are essential. To be sufficient and effective, anyone involved in postvention care following a crisis needs to engage appropriately and in a way that is culturally responsive. It is important to ensure adequately resourced and trained postvention support is available to communities.

Recommendations	Who's responsible?
Link with crisis response/postvention teams after a suicide, to provide wrap-around support.	All relevant systems (e.g., police, health, community, postvention service)
Ensure first responders (e.g., police, emergency department, ambulance) are trained to deal with crisis situations in a culturally responsive way.	Health system, justice system
Establish a Critical Postvention Response (CPR) model for and with communities.	ACCHOs, community council, postvention services (such as Thirrili)

High-quality and culturally appropriate treatments and assessments

Why is this important? The current evidence base surrounding mental health and suicide has privileged Western perspectives and knowledges to the exclusion of Indigenous knowledges (Dudgeon and Walker 2015). Therefore, many existing treatments and assessments are not valid for Aboriginal and Torres Strait Islander peoples, and are not considered culturally safe (Le Grande et al. 2017). If mental health challenges are not assessed appropriately, they cannot be treated appropriately (Parker and Milroy 2003).

Recommendations	Who's responsible?
Ensure the delivery of high-quality and culturally appropriate treatments through interdisciplinary teams, including cultural healers and SEWB workers.	ACCHOs, funding bodies, health system, service providers
Develop and use evidence-based treatment, including those from Indigenous knowledge systems.	Health system, NACCHO, health system, service providers

Recommendations	Who's responsible?
Adopt a 'no wrong door' approach through providing access to integrated services that meet all SEWB needs, rather than separate services.	ACCHOs, health system, service providers, SEWB teams
Utilise culturally validated screening tools and measures.	AIHW, CBPATSISP, health system, service providers
Ensure that clinicians are trained in providing trauma-informed, culturally responsive care.	ACCHOs, education system, health system, service providers
Ensure that all clinical decision-making about people who self-harm or have suicidal thoughts is informed by culturally responsive psychosocial assessment.	ACCHOs, health system, service providers
Ensure Aboriginal and Torres Strait Islander leadership in research that leads to the development of appropriate treatment and assessments.	Funding bodies, government, health system, service providers

Continuing care/assertive outreach following a suicide attempt

Why is this important? To prevent further suicide attempts, postvention care needs to continue beyond the hospital or health service presentation (Dudgeon and Holland 2018). Risk of a second attempt is high and appropriate care needs to be taken to mitigate this.

Recommendations	Who's responsible?
Provide regular monitoring and continuing after-care services for individuals and families for as long as necessary after a suicide attempt, and include carers, family, and kin in treatment as appropriate.	ACCHOs, aftercare services, family, governments, health system, NACCHO
Provide assertive and compassionate outreach post emergency department/clinic after a suicide attempt (i.e., follow-up phone calls, counselling, drug and alcohol referrals). This should include helping people access basic needs such as housing and food.	ACCHOs, ACCOs, aftercare services, health system, housing, social services

Alignment of service and funding providers

This section refers to actions relevant to service and funding providers. Service providers must be responsive to a community's needs and priorities. Governments must understand that services and funding arrangements need to reflect local needs and be committed to a new way of working with Aboriginal and Torres Strait Islander peoples. Data and evaluation should be guided by Aboriginal and Torres Strait Islander ways of knowing, being, and doing, and uphold Indigenous Data Sovereignty principles. This includes ensuring shared access to data and information at a regional level, and building the capacity of ACCOs and communities.

Partnerships with ACCOs and ACCHOs

Why is this important? Collaboration with existing ACCOs and ACCHOs is paramount in building on pre-existing services. Local ACCHOs are usually the most-trusted service providers within community and already have established connections and relationships with community members. Partnering with community organisations also strengthens community ownership and promotes self-determination for that community. Partnering with national peak bodies for Aboriginal and Torres Strait Islander peoples (such as Gayaa Dhuwi Proud Spirit Australia) will also ensure national strategic alignment.

Recommendations	Who's responsible?
Work in partnership with local ACCOs and ACCHOs, including through formalised partnership agreements.	Funding bodies, government, peak bodies, policy-makers, PHNs, service providers
Recognise and strengthen Gayaa Dhuwi (Proud Spirit) Australia's role in national policy leadership.	Governments
Ensure service providers have the skills and capacity to address the disconnection between service providers and communities/families.	Funding bodies, governments, PHNs, service providers
Designate ACCHOs as preferred commissioners and providers of health services and suicide-prevention services in communities, and fund them appropriately.	Funding bodies, governments, policy-makers (*Partnership Agreement on Closing the Gap)*
Ensure culturally safe mainstream services and stakeholders when working with Aboriginal and Torres Strait Islander peoples.	All

Cross-agency collaboration

Why is this important? People at risk of suicide engage with many different agencies and systems when seeking support, and require continuity of care. Collaboration between these agencies/systems will ensure the most effective care is provided, and that this be wrap-around support.

Recommendations	Who's responsible?
Establish cross-agency collaboration (e.g., from first responders to aftercare) to coordinate suicide prevention and postvention activities as measured against cultural capability key performance indicators (KPIs).	ACCOs, all systems (e.g., health, police), coroner's office, communities, service providers

Employ community members/peer workforce

Why is this important? Lived experience and cultural knowledges are essential in suicide prevention and mental healthcare. Empowering community members through employment also has positive impacts on the rest of the community and within families. Employment ensures appropriate recognition of these knowledges.

Recommendations	Who's responsible?
Employ and capacity build community members/peer workforce.	ACCOs, ACCHOs, service providers
Appropriately recognise and endorse the skills derived from lived and living experiences, and cultural knowledge.	ACCOs, ACCHOs, governments, policy-makers, PHNs, service providers
Prioritise and invest in Aboriginal procurement.	Policy-makers, funding bodies, PHNs, service providers

Culturally informed and appropriate indicators for evaluation

Why is this important? To assess the effectiveness of suicide-prevention activity, outcomes should be measurable against culturally informed indicators. This also provides a means of accountability and an understanding of what works and what needs modification. Aboriginal and Torres Strait Islander leadership should guide and inform the development of indicators.

Recommendations	Who's responsible?
Co-design indicators for evaluation that are meaningful for the community.	All governments, funding bodies, researchers, service providers
Implement the *Gayaa Dhuwi Declaration* when developing evaluation frameworks: this will ensure Aboriginal and Torres Strait Islander leadership to use SEWB and mental health outcome measures in combination with clinical measures.	Governments
Ensure all mental health service and SEWB staff are assessed against KPIs in cultural competence and trauma-informed care. These KPIs should include feedback from community and service users.	ACCHOs, funding bodies, governments, health services, policy
Renew and implement a *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, utilising findings and ATSISPEP recommendations 8-12.	Governments
Prioritise Indigenous knowledges and leadership in all stages of evaluation.	Funding bodies, governments, policy-makers, researchers
Utilise KPIs to evaluate organisations (potentially) involved in suicide-prevention activity. These indicators must be co-designed with community and encompass community capacity building.	Funding bodies, governments, policy-makers
Establish consequences (e.g., funding implications) for not meeting minimum standards of cultural competency KPIs, as determined by community.	ACCHOs, funding bodies, governments, policy-makers, PHNs, service providers
Service agreements between governments and PHNs should contain KPIs that require demonstration of cultural capabilities and representation of Aboriginal and Torres Strait Islander communities on boards, advisory committees, and clinical councils.	Funding bodies, governments, PHNs, policy-makers
Utilise the *Indigenous Suicide Prevention Activity Assessment Tool* and the *Community Tool* from ATSISPEP to support the development and assessment of Aboriginal and Torres Strait Islander suicide-prevention activity which include quality indicators.	ACCHOs, funding bodies, governments, policy-makers, PHNs, service providers
Utilise culturally responsive quality indicators to evaluate the formative development, process, impact, and outcomes of suicide-prevention activities.	Funding bodies, governments, policy-makers

Culturally informed and appropriate data-collection processes that uphold Indigenous data sovereignty principles

Why is this important? Considering the impact that unethical data collection has had on communities, it is crucial to ensure data is collected and used in a culturally safe manner and that Indigenous Data Sovereignty is upheld. Aboriginal and Torres Strait Islander methodologies should be at the forefront of data collection and included in every stage the process, and there should be Aboriginal and Torres Strait Islander leadership embedded across the research system to support this process.

Recommendations	Who's responsible?
Ensure Indigenous Data Sovereignty: community should have access to and the capability to use local disaggregated data, in line with Priority Reform 4 of the *National Agreement on Closing the Gap*.	ACCHOs, governments, funding bodies, policy-makers, PHNs, researchers
Establish appropriate data and information-sharing practices, including ensuring there are partnerships in place between Aboriginal and Torres Strait Islander representatives and government organisations to guide the process of data collection, and management of data.	ACCHOs, funding bodies, governments, policy-makers, PHNs, researchers
Governments collect data at sufficient levels of disaggregation and agree to provide communities access to that same data and information (subject to privacy requirements) for decision-making.	Funding bodies, governments, policy-makers
Use data that is meaningful to community, to support the evaluation of services/programs throughout the delivery of services/programs.	Funding bodies, governments, researchers
Align funding to community needs and capacity building, with funding agreements established in partnership with community.	Funding bodies, governments, researchers
Address key data collection challenges to: • ensure quality of Aboriginal and Torres Strait Islander identification in data records that results in the under-reporting of Aboriginal and Torres Strait Islander suicides and self-harm; consider linked data sets including births, marriages, and deaths • advocate for real-time data to support the identification of suicidal-behaviour trends as they emerge, and for rapid responses to these trends • advocate to ensure coronial systems report the death of a child as a suicide to enable appropriate responses.	Coronial inquests, community, governments, health system, linked data systems, national coronial information system, police, policy-makers, researchers
Support Aboriginal and Torres Strait Islander leadership in research design and implementation, including within research governing institutions.	Funding bodies, governments, policy, researchers
Prioritise funding to conduct Aboriginal and Torres Strait Islander-led research on the effectiveness of screening tools, online technology and crisis support, and indicated interventions, including postvention, for preventing suicide in Aboriginal and Torres Strait Islander populations.	Funding bodies, governments, policy makers, researchers
Incorporate evaluation activities and resources into program development and implementation.	Funding bodies, governments, service providers
Apply Aboriginal participatory action research methodologies to ensure communities are empowered to lead the research and implement their own responses through capacity-building.	Governments, researchers, PHNs

Dissemination of suicide-prevention learnings

Why is this important? Findings should be disseminated widely in a way that is suitable and accessible to the target audience, to ensure that the findings are far-reaching and easily understood.

Recommendations	Who's responsible?
Translate and disseminate suicide-prevention findings to inform national and state policy units.	All
Translate and disseminate suicide-prevention learnings through community feedback sheets, newsletters to inform and guide communities, funding bodies, and program/services providers.	CBPATSISP and other peak bodies (e.g., NACCHO), state affiliates
Regularly review and widely disseminate the ATSISPEP findings, tools, and resources, including on Australian Government portals.	Governments, CBPATSISP and other peak bodies (e.g., NACCHO)

Section 3: Guidelines for implementing the systems approach framework

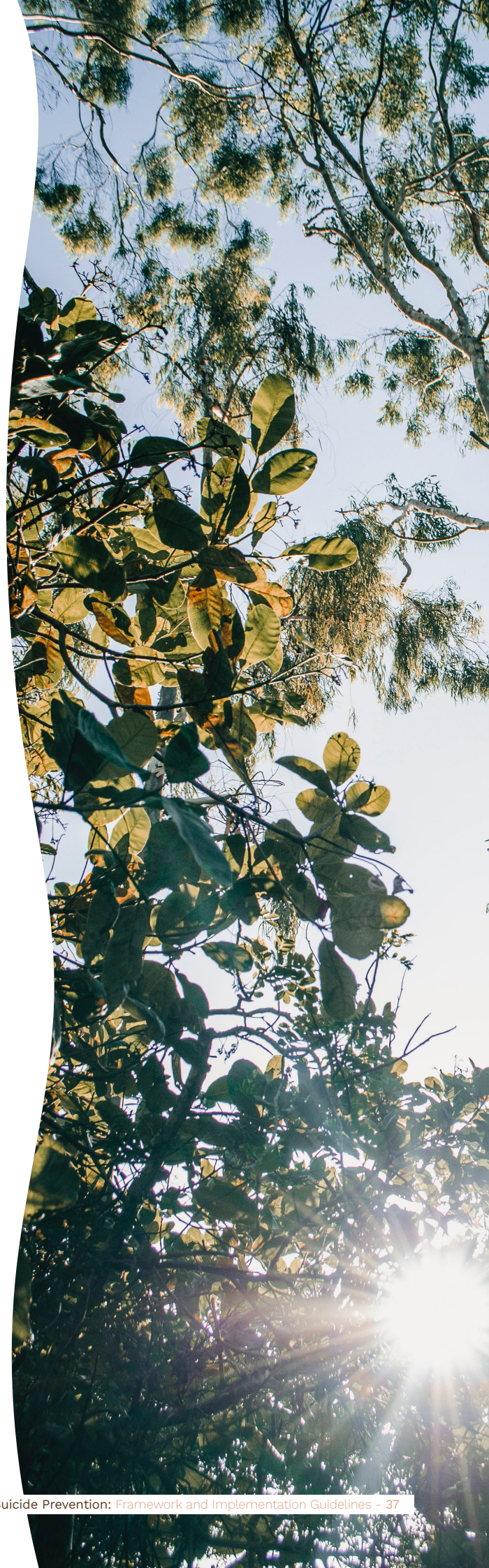
This section provides guidance for implementing the above systems approach framework. These guidelines can act as a tool to help guide communities and organisations in the implementation of a systems approach to suicide prevention at a local level.

The systems approach framework is not a recipe or a blueprint; rather, it is a framework for anticipating, identifying, and responding to key issues that may be contributing to suicide in a community. When using these guidelines, it is important to recognise that different communities will have different needs and priorities, and therefore, every community will have its own place-based systems approach plan.

What do we mean by 'place-based'?

Communities can be thought of as complex systems in themselves. There are many Aboriginal and Torres Strait Islander communities across Australia. Each of these communities is different, and therefore, there cannot be a one-size-fits-all approach to suicide prevention. A place-based systems approach acknowledges this diversity, and the relationship between people and the places they live. A place-based systems approach to suicide prevention means focusing on local needs, priorities, and strengths. This approach requires engaging the community as an active partner to understand the local context.

Meaningful and collaborative social change takes time. Working together with community to co-design a place-based suicide prevention systems approach involves deep listening and understanding, as well as developing relationships built on trust. These steps all take significant time and should not be fast-tracked.



Five phases of change – Around the campfire

These implementation guidelines draw on the Collaboration Change Cycle, developed by Platform C. We have adapted each section of this cycle to better align with Aboriginal and Torres Strait Islander ways of knowing, being, and doing. This report outlines five interlinked phases of change guided by the metaphor of a campfire.

Around a campfire has been a space to yarn, share old and new knowledges, and reflect, for thousands of years. It is a space that invites people to gather, sit, listen, learn, and connect. Around the campfire, you are part of a collective. It is the responsibility of the collective to maintain the fire, to ensure the group can continue to enjoy the warmth and light that it brings.

Just like when gathering around a campfire, implementing systems change requires gathering, listening, learning, and connecting. There is a shared and collective responsibility to bring about change, and every person plays a unique and important role. There are many different types of fire, each with its own strength: Fire sparks ignite the fire; small flames spread and maintain the fire, and coals burn slowly under the fire. This diversity represents the many different types of people and systems that are needed to keep the fires of change burning.

A fire is also a dynamic and ever-changing system: it needs to be carefully watched and attended to, to ensure it keeps burning. There may be times when the fire weakens and more firesticks are required, and times when the wind picks up and the fire needs to be contained. Just like a fire, the length and duration of change implementation will depend on a unique set of conditions, such as the level of complexity being introduced, the adaptability and readiness of local partners, and the local context in which the systems approach is to be embedded.

Every action will proceed at a different pace across the change cycle. There is no right or wrong. Sometimes plans may need to change, and you may be required to move back and forth between different phases. Some stages may require systemic transformation, letting go of past behaviours, and opening one's mind to a new vision.

This report outlines five interlinked phases of change, which are based on the space around a campfire. These phases include:

- Deep listening – readiness runway
- Gathering the firesticks – building the foundation
- Creating a spark – creating a shared vision for change
- Scaling up the fire – scaling up for systems change
- Keep the fire burning – achieving transformation

Phase 1: Deep listening

This first phase is about deep listening in order to cultivate urgency for change. It is about forming relationships, building trust, and starting yarns about what is (and what is not) working in the community. Importantly, this phase is about being guided by the local Aboriginal and/or Torres Strait Islander community.

During this phase, different groups are raising awareness about challenges in the community and are working to gain support for the collaboration and actions required to address that challenge. Leadership and coordination may still be informal and at the early stages of development. However, there should start to be the development of a 'backbone' entity or reference group to identify needs and service gaps. When working with Aboriginal and Torres Strait Islander communities, this entity must represent the local Aboriginal and/or Torres Strait Islander community. This involves working with existing Elders or Traditional Owners to identify the unique community needs and service gaps. This must be the very first step, as the need for a suicide-prevention plan must come from the local Aboriginal and/or Torres Strait Islander community. There should be conversations with the local community to start building a shared understanding of community strengths and aspirations.

Some important questions to ask are:

- Has the Aboriginal and/or Torres Strait Islander community identified a need and endorsement for a suicide-prevention strategy?
- Is there an existing Elders group or Traditional Owners reference group which can help identify needs and gaps, and that I should be talking to and that should be leading this process?
- Does my organisation/do I really understand the local context?

If your answer is 'no' to any of the above questions, you will need to reconsider your approach. If the community has not shared a need or desire for a suicide-prevention strategy, there should be no more steps taken.

Adopting a systems approach to suicide prevention is not about starting from scratch but rather enhancing the suicide-prevention strategies already underway, addressing identified gaps and priorities, and drawing on the strengths of the local community. Deep listening will allow for a detailed understanding of the local context, community needs, and current service gaps. Where possible, it is important to use data and stories for insight. Stories help us to understand more about what is happening and why.

Phase 2: Gathering the fire sticks

The second phase focuses on bringing together suicide-prevention partners as a collaborative entity, collating knowledge about current suicide-prevention needs within the community, and shaping a plan for action that fits the local setting. By this phase, there is an agreement that people will start to work together and engage in trial and error. You will start to build shared understanding of the system and challenges, and you might be mapping out what is already happening in the community to address local challenges. At this phase, it is important that there are ways to involve and learn from people with different perspective and experiences. This includes ensuring people with lived experience are valued and included, and that there are opportunities for building capacity.

The work is still being guided by the 'backbone' support of the local Aboriginal and/or Torres Strait Islander community group. Guided by this group, other relevant stakeholders may be invited to form a localised cross-agency network, including allies ('the Network': for example, police, mental health services, ACCHOs, lived experience advocates, government representatives, et cetera). This collaborative network may take on a variety of forms and structures that will be dependent on the local setting as well as existing networks and relationships. Here, the focus should be on engaging prospective members in co-designing the structure, purpose, and ways of working in a way that is fit for purpose and culturally informed. This can be a lengthy process and it is likely that the collaborative network will continue to grow in membership and evolve in function as it matures, and as trust and relationships grow. Importantly, The Network will start to open up a space for people to come together, form relationships, and imagine opportunities for change.

During this process, Aboriginal and Torres Strait Islander voices and perspectives should be prioritised. Ideally, the Network should contain a majority of Aboriginal and Torres Strait Islander people. If this cannot be achieved, the Network will need to consider strategies to ensure Aboriginal and Torres Strait Islander voices are privileged. Non-Indigenous peoples involved in the Network should be ready to engage in reflexive practices, and be committed to developing cultural responsivity.

The Network will start to schedule regular yarns. During these yarns, The Network can refer to the systems approach framework (Section 2 of this report) to identify areas of need. For instance, the community may decide there needs to be a focus on 'community-wide prevention' activities. Alternatively, the wellbeing of specific diverse groups (for example, Stolen Generation Survivors or people facing issues of homelessness) may be identified as a priority. The systems approach framework can be used to guide yarns about what is/isn't working in the community. A shared vision for change starts to emerge, as areas for focus are identified.

The systems approach framework also provides specific recommendations that may be relevant to the priorities determined by the community, and outlines who is responsible for each of those actions. Certain recommendations might be more relevant than others, based on the community's unique strengths and needs. There may be 'quick wins' or short trial-and-error projects that the team can learn from. For example, there might be a suicide-prevention strategy (such as a diversionary program for youth) that is having success in the community. Sitting down and talking with the provider and participants to understand why the program was successful can help highlight potential strengths to draw on.

This phase will involve the continued building on evidence by capturing and communicating the 'lessons learnt' from the community.

Phase 3: Creating a spark

Phase 3 is about creating a shared vision for change. This phase includes formalising the focus of the Network and confirming your common agenda and new ways of working. A roadmap will help to create the vision for change and also outline who is responsible for what. By this stage, there should be a commitment towards community ownership over the suicide-prevention activities, such as community decision-making structures that set the priorities for change and oversee the work.

The culmination of this stage is the development of a clear, concise, and collaboratively shaped roadmap for change. The roadmap should provide shared understanding of the initiatives being planned, allow for resource planning, coordination, and ongoing progress tracking. The roadmap should seek to include the following elements:

- An understanding of who makes up the Network and the aims of the group.
- Clear identification of the Network's priority actions (with reference to the systems approach framework).
- Visibility of the full range of initiatives being undertaken by the Network and the members who are taking on primary ownership of those initiatives (with reference to the systems approach framework).
- Who is responsible for what actions, with a short-term and longer-term timeline.
- Measures of success (how will you measure whether your initiatives are achieving the desired outcomes?), including learning throughout the change agenda.

Thinking about what data to collect and how to monitor progress is important during this phase. This phase involves thinking about the different types of success that can be measured, such as:

- clinical outcomes (for example, reported SEWB, levels of distress, suicide rates, quality of life, functioning)
- service outcomes (for example, cultural safety experiences, efficiency, timeliness, equity)
- implementation outcomes (for example, acceptability, adoption, cross-agency collaboration, cost, sustainability, and barriers).

When planning and building data-collection mechanisms, consideration must be given to Indigenous Data Sovereignty. This is the right of Indigenous peoples to control and govern the collection, ownership, and application of data that is 'about' Indigenous peoples. In line with this approach, Aboriginal and Torres Strait Islander peoples must lead and govern data-collection processes, including decisions about what data should be collected and how it should be interpreted. This will help to ensure a place-based approach to mechanisms of data collection, with community ownership over such processes. There could also be ways to share the story of what is happening, what has worked, and what is being learned. In this way, information collected will not just be numerical; instead, it is important for communities to share their stories and lived experiences, as these will provide a much deeper and nuanced understanding of context and impact.

Phase 4: Scaling up the fire

Phase 4 is about scaling up the suicide-prevention change initiatives by building on things that have worked and letting go of things that have not. During this phase, an emphasis is on building capacity and learning from success stories to maintain momentum. It can involve scaling up trial initiatives from the previous phase and continuing to build processes infrastructure to support systems change. This might include stronger community governance structures, with increased authority and empowerment. This phase might also involve progressing from quick wins to tackling more-complex systems issues and barriers.

In line with the Collaboration Change Cycle (by Platform C), the scaling-up phase can also involve:

- scaling out (to reach more people)
- scaling up (to shift systems)
- scaling deep (to influence culture).

Data and lived-experience stories should be used to drive decision-making and ensure improvements are made along the way. Regular meetings with the network should be established to ensure consistent communication regarding progress and adaptability to context.

Phase 5: Keep the fire burning – achieving transformation

Phase 5 is all about achieving transformation through embedding new ways of thinking and working for long-term change. The idea in this phase is to shift the underlying system that contributed to the problem in the first place. This may involve actions that continue to decolonise Western structures and systems, and interrogating underlying biases and assumptions.

During this phase, there may be a new way of working established and embedded across the system. However, systems change is a complex journey, that will take significant time. There will be transformations that are required across multiple levels, including:

- the individual level (for example, enhanced cultural responsiveness and changes to practitioner skills)
- organisation level (for example, changes in policies, and enhanced cultural leadership)
- systems level (for example, changes to regulations, improved inter-organisational collaborations).

It is important to note that there may never be a 'perfect' time to get started. There are many complex conditions to consider, and these may not completely align to create a context that is just right for the transformation required. So start with what you have, where you are at, and what you know. Trust in the process of being guided by the local Aboriginal and Torres Strait Islander community and learning along the way.

Indicators for quality implementation

The below table (adapted from Harfield et al. 2019) can be used to help determine the quality of any implementation approach. When working with Aboriginal and Torres Strait Islander peoples and communities, the *process* of implementation is especially important to consider. This involves examining whether the implementation plan supported Aboriginal and Torres Strait Islander self-determination. The below indicators can be used as indicators for quality when working with Aboriginal and Torres Strait Islander communities.

Indicators for quality implementation
Did the implementation plan respond to the needs/priorities determinged by the community?
Was community consultation and engegement appropriately inclusive, and did the community drive and have ownership over the processes?
Did the implementation plan have Aboriginal and Torres Strait Islander leadership?
Did the implementation plan have Aboriginal and Torres Strait Islander governance?
Were local community protocols respected and followed?
Did Aboriginal and Torres Strait Islander peoples and communities have control over the implementation, including data management and process improvements?
Did the implementation plan take a strengths-based approach, moving beyond practices that have harmed Aboriginal and Torres Strait Islander peoples in the past?
Did the implementation benefit the Aboriginal and Torres Strait Islander community?
Did the implementation provide capacity strengthening for Aboriginal and Torres Strait Islander individuals?
Were roles and responsibilities adhered to and monitored?

Adapted from Harfield et al., 2019

Supplementary materials

It is important to demonstrate how the current systems approach framework maps on to other models and frameworks.

A thematic analysis was performed on each of the domains within the framework (Section 2). This thematic analysis revealed seven broad domains, outlined below. These were then mapped against domains from other national frameworks, including the forthcoming National Aboriginal and Torres Strait Islander Suicide Prevention Strategy and the Culture Care Connect model by NACCHO.

The seven thematic domains and categories underneath them:

1. Community Empowerment and self-determination

- Community empowerment, development, and ownership
- Involve Elders, Lore People, and youth
- Work within a cultural framework
- Community awareness-raising programs
- Strengthen community peer-to-peer support networks

2. Work within a SEWB model to promote early prevention

- Strengthen the cultural elements through building identity, SEWB, and healing
- Connecting to culture/Country/Elders
- Culture being taught in schools
- Address community challenges and social determinants of health
- Alcohol and drug-use reduction
- Programs to divert/engage (for example, sport)
- School-based peer support and mental health literacy programs
- Providing hope for the future, education/employment (youth)

3. Support diverse/at-risk groups

- School age
- Young people
- Women-specific
- Men-specific
- Incarcerated people
- Homelessness
- LGBTQIA+ Sister Girls and Brother Boys
- Stolen Generation Survivors

4. Build the capacity of the workforce

- Culturally responsive staff and training
- Employ community members/peer workforce
- Indigenous gatekeeper training
- Training frontline staff and GPs
- Strengthen crisis response teams
- Peer-peer mentoring

5. Provide culturally safe and appropriate services and crisis responses

- Culturally safe online support services
- High-quality and culturally appropriate treatment and assessments
- Timely responses
- 24/7 availability
- Awareness and respond to critical periods
- Access to culturally safe mental health support
- Continuous care and assertive outreach following a suicide attempt
- Reduce access to lethal means of suicide
- Aware and responsive to critical risk periods

6. Promote shared access to data and information at a regional level

- Culturally informed and appropriate data-collection processes
- Dissemination of learnings
- Culturally informed and appropriate indicators for evaluation

7. Transform government organisations and cross-agency collaborations and partnerships (including with ACCHOs)

- Partnerships with ACCOs
- Cross-agency collaboration
- Responsible reporting by the media

Alignment of the systems approach framework with the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (NATSISPS) 2025-2035 and the Gayaa Dhuwi Declaration

The framework demonstrates strong alignment with the NATSISPS through its emphasis on Aboriginal and Torres Strait Islander leadership and knowledge systems. Both this document and the NATSISPS draw on the strong evidence base of ATSISPEP. The document's theoretical foundations reflect core elements of both the NATSISPS and the *Gayaa Dhuwi (Proud Spirit) Declaration*, particularly in its approach to cultural safety and community control.

The integration of the Social and Emotional Wellbeing model aligns directly with Theme 1 of the *Gayaa Dhuwi Declaration*, which emphasises Aboriginal and Torres Strait Islander concepts of health and wellbeing as central to service delivery.

The framework's theoretical foundations reflect Theme 2 of the *Gayaa Dhuwi Declaration* through its recognition of Aboriginal and Torres Strait Islander cultural knowledge holders and healing practitioners. This alignment is particularly evident in the framework's approach to cultural safety and community control, which also corresponds with Outcome 14 of the *National Agreement on Closing the Gap* regarding Aboriginal and Torres Strait Islander people enjoying high levels of SEWB.

The framework demonstrates how cultural knowledge and clinical approaches can work together effectively in mental healthcare delivery, aligning with the *Gayaa Dhuwi Declaration*. The integration of cultural and clinical approaches makes strong parallels to Theme 2 of the *Gayaa Dhuwi Declaration* and its vision for Aboriginal and Torres Strait Islander leadership across all parts of the Australian mental health system. The framework's implementation approach uses the metaphor of a campfire – a traditional space for yarning, knowledge sharing, and collective decision-making – to explain how systems change can occur in culturally meaningful ways. This translation of complex implementation concepts into culturally grounded approaches reflects the declaration's emphasis on Aboriginal and Torres Strait Islander leadership in service design and delivery.

NACCHO's Culture Care Connect program as a systems approach to suicide prevention

Culture Care Connect (CCC) is a national integrated, community-led approach to suicide prevention. The program leverages the existing infrastructure and community trust of the ACCHO sector to lead community driven, place-based, culturally informed, holistic, and client-centred suicide-prevention service planning and response activities. The program was created out of the foundational work of the ATSISPEP and is a living example of the key success factors in practice.

The program is the first of its kind and integrates service planning, direct service delivery, and training to respond to the devastating impacts of suicide for our communities, at a national level.

CCC sets up Community Controlled Suicide Prevention Networks (CCSPNs) which are led by ACCHOs to bring together key streams of suicide-prevention activity across the region, including raising awareness, early intervention, crisis management, and aftercare services. CCSPNs also involve local services (for example, GP representatives, police, family support services, social services, education systems, sporting clubs, and government agencies) to ensure connectedness between systems and supports, and decrease duplication, while ensuring they are Aboriginal and Torres Strait Islander-led.

This arrangement allows for a strong and clear pathway between community controlled services and mainstream, acute care settings for clients at risk of or recovering from a suicide attempt, their families, and communities.

CCSPNs also develop a suicide-prevention plan for and with their communities. The plans guide the services, which increases community ownership and involvement in the service and ensures it is fit for purpose, targeting key groups and stages of risk as the community deem needed.

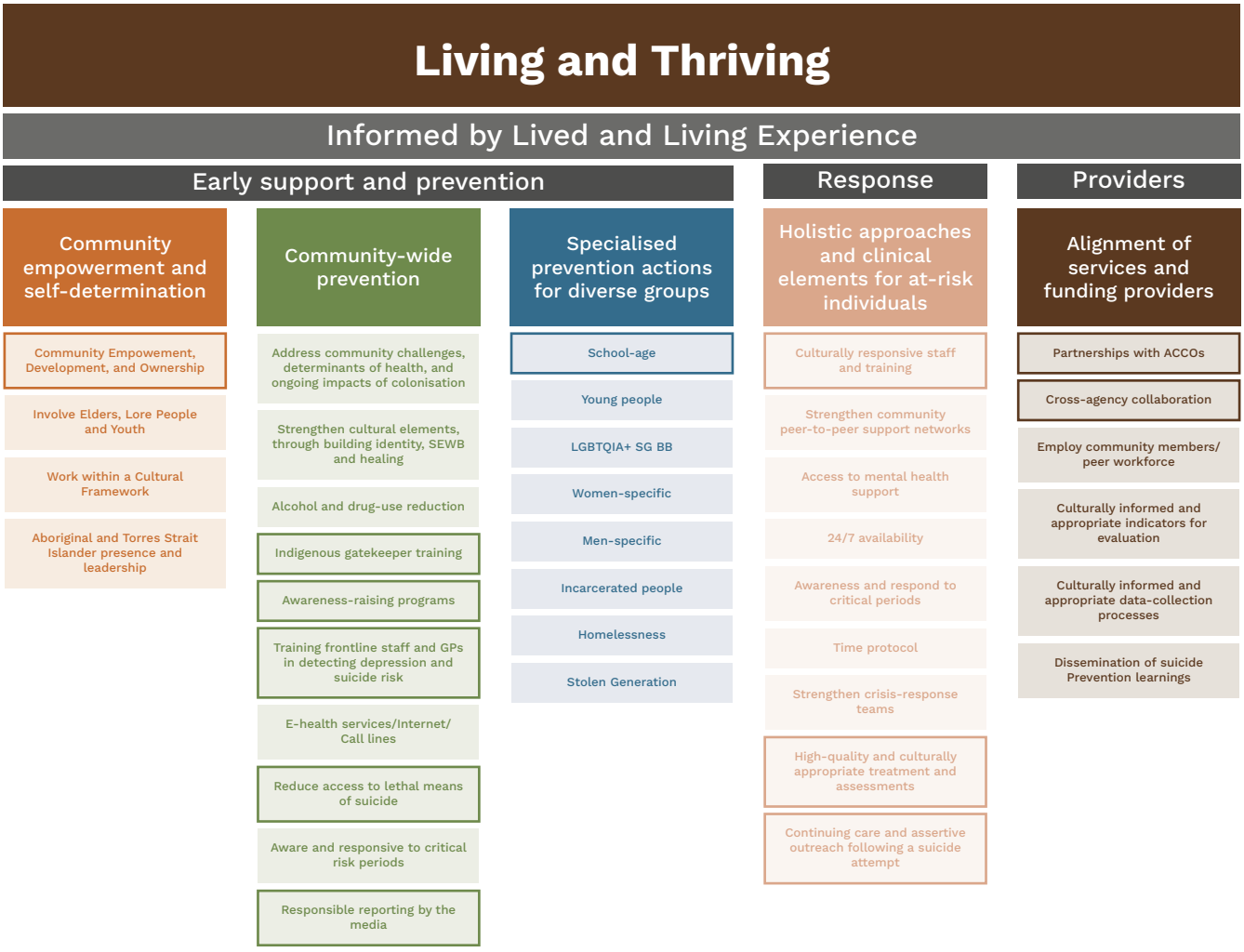
In addition to being community led, the CCC model of care is centred around the client journey, with wrap-around social and emotional wellbeing support and an inherent understanding that culture is healing. Aftercare services look different across each CCSPN because the communities they service look different. Many services in the CCC program also use traditional healing and focus on connecting clients with culture as part of their healing journey.

Integration of Aboriginal and Torres Strait Islander Mental Health First Aid Training (ATSIMHFAT) in CCC further improves the holistic nature of the program by incorporating workforce and training using a train the trainer model. Trainers in the program delivered the ATSIMHFAT course to staff in the ACCHOs, as well as other health settings such as medical practices, mental health services, PHNs, and GP clinics. This built Aboriginal and Torres Strait community controlled workforce capacity and contributed to improved awareness among the mainstream health sector about culturally safe responses to clients requiring support.

Community empowerment and self-determination is central to the success of the CCC program, as is the inbuilt flexibility of program design and implementation. CCC exemplifies the seven broad domains identified from the Key Success Factors of the ATSISPEP.

The CCC is a promising example of a decolonising and empowering systems approach to suicide prevention. As the CCC program continues to be implemented, it is important to prioritise program evaluation. This will help to build the evidence base of best practice models for suicide prevention.

Supplementary Figure 1. The systems approach framework mapped with the LifeSpan Systems Approach model. Bold border signals overlap with LifeSpan Systems Approach model.



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