Public Health Association of Australia:
Policy-at-a-glance – First Nations Wellbeing Statement

Key message: PHAA will:
1. Support and advocate for the 10 actions outlined in this First Nations Wellbeing Statement.
2. Support and advocate for the implementation of the 17 recommendations in Solutions That Work: What The Evidence And Our People Tell Us, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.
3. Work with the partnering bodies of the 15th World Congress on Public Health to facilitate each organisation’s adoption, promotion, and integration into policy of the actions outlined in the First Nations Wellbeing Statement.
4. Work towards addressing the concerns raised in The Tūramarama Declaration

Summary: Worldwide, suicide is prevalent amongst the most marginalised and discriminated against groups within society, including First Nations peoples. In Australia, if Aboriginal and Torres Strait Islander suicides were ranked alongside the world’s sovereign states they would rank at the 12th highest suicide rate with suicide occurring five to six times more in Aboriginal youth than non-Aboriginal youth. Suicide is preventable, however the taboo and stigma surrounding it are detrimental to prevention strategies. For Aboriginal and Torres Strait Islander people the lack of culturally responsive and accountable services can often prevent people from seeking help. All solutions need to focus on life promoting strength based approaches to wellbeing rather than deficits or symptoms. Addressing the global public health issue of First Nations suicide requires equal partnership with Aboriginal and Torres Strait Islander people, and recognition of their leadership in the dialogue for change.

Audience: Federal, State and Territory Governments, policy makers and program managers.

Drafted by: PHAA’s Aboriginal and Torres Strait Islander Health Special Interest Group (SIG)

Policy approved: July 2017

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First Nations Wellbeing Statement

A World Leaders Dialogue on Suicide Prevention in First Nations people was held at the World Congress on Public Health (WCPH) held in Melbourne on 4th April, 2017. The Black Dog Institute and Australian Health Promotion Association sponsored this event.

It was facilitated by Richard Weston, the Chief Executive of Australian’s Healing Foundation, with presentations from leading global scholars and practitioners in suicide prevention. These included most notably Carolyn Hopkins, Executive Director of the Thunderbird Partnership Foundation, Michael Naera, Kia Piki te Ora Project Leader for Te Runanga o Ngāti Pikiao Trust, and Pat Dudgeon, Professor at University of Western Australia.

This paper is an outcome of that Dialogue and is being presented to the hosts and partnering bodies of the WCPH with the expectation that the actions are adopted into policy and promoted by each organisation.

These organisations include:
- Public Health Association of Australia;
- World Federation of Public Health Associations;
- Public Health Association of New Zealand;
- Australasian Faculty of Public Health Medicine;
- Australasian Epidemiology Association;
- Australian Health Promotion Association; and
- Australian Women’s Health Network.

The Public Health Association of Australia notes that:

1. Globally, over 800,000 people die each year from suicide and many more attempt it. Worldwide, suicide is prevalent amongst the most marginalised and discriminated against groups within society, including First Nations peoples. For example, if Australian Aboriginal and Torres Strait Islander suicides were ranked alongside the world’s sovereign states they would rank at the 12th highest suicide rate with suicide occurring five to six times more in Aboriginal youth than non-Aboriginal youth. Inuit in Canada have a suicide rate at six to 11 times the national Canadian average. In Nunavut, 27% of all deaths since 1999 have been by suicide, making it on average one of the highest rates in the world. Meanwhile Māori suicide rates also remain significantly higher than for other ethnic groups in New Zealand. In 2014, the rate of suicide among Māori was higher than among non-Māori for both males and females. Among Māori males the suicide rate was 21.7 per 100,000; 1.4 times that of non-Māori. For Māori females, the suicide rate was 1.5 times that of non-Māori females. While often there are different reasons why First Nations people suicide, there are some similarities.
2. Suicide is preventable, however the taboo and stigma surrounding it are detrimental to prevention strategies. For First Nations people the lack of culturally responsive and accountable services can often prevent people from seeking help. Additionally, when First Nations people do seek help, they are often faced with many challenges within health systems, particularly racism, and some encounter homophobia as well.

3. To address the global public health issue of First Nations suicide requires equal partnership with First Nations people. First Nations people need to be part of the dialogue for change and to also be adequately resourced to implement the change. Suicide and self-harm are symptoms of poor wellbeing. All solutions need to focus on life promoting strength based approaches to wellbeing rather than deficits or symptoms. To improve the health and wellbeing of First Nations peoples, it is strongly recommended that the following actions are undertaken by governments and organisations.

4. In 2016, Te Rūnanga o Ngāti Pikiao Trust hosted the Tūramarama ki te Ora (light and hope) World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in Rotorua, New Zealand. The conference theme - ‘transforming indigenous communities’ – looked to reframe the way in which indigenous suicide and associated behaviours are addressed globally. Although the three day event covered a wide range of topics, of particular interest was the launch of ‘The Tūramarama Declaration’ (Appendix) which was endorsed by 550 participants from across Australia, Canada, Guatemala, USA, Pacific Nations, USA and New Zealand. The Declaration demonstrates a desire and a need to build strong leadership, capability and capacity whilst offering guided suggestions for dealing with the appalling suicide rates affecting indigenous peoples globally. That being to: enhance wellness; out the risks; reconnect with culture; address historical trauma, build tribal resiliency; heal past hurts; and finally, challenge Government, global authorities and service providers to be more responsive to Indigenous peoples.
The Public Health Association of Australia believes that the following actions should be supported:

5. The following actions support the principles espoused by the United Nations Declaration on the Rights of Indigenous Peoples. Governments and organisations working with First Nations people should:

1. Ensure First Nations Peoples, culture and knowledges are central to any and all solutions;
2. Include a First Nations social and cultural determinants of health approach;
3. Ensure approaches are strength based i.e. they avoid deficit and dysfunctional narratives;
4. Recognise the impacts of colonialism on First Nations and where appropriate, use decolonisation methodologies in the development of responses;
5. Build in ongoing cultural competence processes, specifically including staff training;
6. Ensure cultural competence forms part of accreditation and is a reportable deliverable of funding agreements;
7. Implement accountability measures for First Nations funding allocated to mainstream services;
8. Prioritise First Nations funding to First Nations services;
9. Prioritise the development of First Nations knowledge evidence base; and
10. Ensure all programs have the capacity to be adapted to meet local needs.

The Public Health Association of Australia resolves to undertake the following actions:

1. Support and advocate for the 10 actions outlined in this First Nations Wellbeing Statement.
2. Support and advocate for the implementation of the 17 recommendations in Solutions That Work: What the evidence and our people tell us, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.
3. Work with the partnering bodies of the 15th World Congress on Public Health to facilitate each organisation’s adoption, promotion, and integration into policy of the actions outlined in the First Nations Wellbeing Statement.
4. Work towards addressing the concerns raised in The Tūramarama Declaration

CREATED & ENDORSED 2017

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Appendix A - Tūramarama Declaration

We, participants in Tūramarama ki te Ora World Indigenous Suicide Prevention Conference, held in Rotorua, Aotearoa New Zealand on 1 - 3 June 2016, are deeply concerned about the high rates of suicide among indigenous peoples.

1. We keep for the increasing number of our people whose lives have been cut short by suicide;
2. We respect the courage and fortitude of families and friends who have endured unexpected and often inexplicable losses of dear ones;
3. We commit ourselves to healing our own wounds and the wounds of our lineage, and in so doing to exemplify the ways in which light can be brought into the world inhabited by our elders, our peers and our young people;
4. We declare that all our people should be able to live well, into old age;
5. We believe that the will to ‘live well’ is strong when the human mauri is strong; ‘living well’ means being able to live as Māori, as indigenous peoples, and as citizens of the world;
6. We will strive to build safe and nurturing communities that generate confidence, integrity, inclusion, equity, & goodwill;
7. We recognise the key roles that whānau and families play in strengthening the mauri by transferring knowledge, culture, language, values, and love to their children and grandchildren;
8. We endorse the benefits of tikanga, kawa, healing, and other cultural protocols to lift the spirit and strengthen our people in schools, health centres, sporting clubs, social media, the workplace, and the streets;
9. We expect health, education, and all social service providers to offer services that are accessible, timely and effective for indigenous peoples;
10. We urge our own indigenous leaders, tribal authorities, and community champions to create opportunities for our children, youth, women, men, and our older people so they can be part of te ao Māori and the indigenous world, and can be active participants in the communities where they live and work;
11. We challenge national and local authorities and city councils to adopt and enforce regulations to reduce the availability of alcohol and other harmful substances, to ensure that homes are warm, comfortable, and affordable, to insist that streets, workplaces, schools, and the internet are all safe places for our peoples, and to combat practices that diminish self-worth and hope;
12. We call on our elected leaders in Parliament, especially those who have responsibilities for education, social services, health, housing, employment, indigenous development, and the environment, to work together in order to create a society where equity of access, equitable outcomes, and extended opportunities can prevail;
13. We recommend that our people in the United Nations Permanent Forum on Indigenous Issues make all nation states aware of the extent of Indigenous suicide and ensure that suicide prevention is highlighted in the UN Millennium Goals;
14. We pledge ourselves to work collectively so that our combined energies can create a world where the mauri can flourish and all our peoples can live well, into old age.

Note: The architect behind the above Declaration, Emeritus Professor Sir Mason Durie, wrote the document from a Māori standpoint, but in doing so, he made sure to acknowledge the origins of the document and that it was inclusive and relevant to all indigenous peoples worldwide. Each of the 14 clauses are written in non-clinical language and proposes to support indigenous peoples from a state of mauri noho (languishing) to a state of mauri ora (flourishing). Some areas of the Declaration may not be relevant to some situations but it is guaranteed at least one will be.
Appendix B – Indigenous Wellness Framework

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References


4 Khan, S, 2008 Aboriginal Mental Health: The statistical reality, Visions BC’s Mental Health and Addictions Journal vol. 5. No. 1

