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## Introduction

*Te Mauri Pimatisiwin Journal of Indigenous Wellbeing* has dedicated this Special Sponsored Volume 2, Issue 2 2017 to Indigenous Suicide Prevention. The experiences of Aboriginal and Torres Strait Islander, Australia; and Māori and Pacific Islanders, Aotearoa (New Zealand) are shared to motivate those who are committed to make a real difference for these populations.

This issue follows on from an earlier issue Volume 6, Issue 2, 2008 which highlighted Indigenous Resiliency in Canada<sup>1</sup>. Expressed in the editorial was:

The well recognized advantage of resilience research is its ability to look at the positive side of things. A focus not on what is wrong with Aboriginal people, but on their strengths and offers some practical benefits. Almost everyone is interested to learn about their own strengths. Few are motivated by being told yet again about their problems, though this is what they (Indigenous people) will be dealing with as they develop their strengths.

## The Aboriginal and Torres Strait Islander Experience

Suicide has emerged as a significant challenge for Aboriginal and Torres Strait people in Australia. It is one of the most common causes of death with an average of over 100 Indigenous Australians ending their lives through suicide each year. Suicide therefore accounts for 1 in 20 Indigenous deaths in Australia. People between the ages of 15 to 34 are at greatest risk and suicide is the leading cause of death, accounting for 1 in 3 deaths. These figures under represent the real numbers and work is being undertaken to look at real time data. Importantly, suicides are recognised as 'the tip of the iceberg', indicating a range of underlying complex and inter related issues confronting Aboriginal and Torres Strait Islander peoples. *The context and causes of the suicide of Indigenous people in Australia* by Dudgeon, Calma, and Holland in this edition explores the differences in rates of suicide, and the age groups most at risk of suicide between Indigenous and non-Indigenous people in Australia. Here the different historical, cultural, political, social and economic situations of Indigenous peoples and communities is proposed as a significant contributor to mental health and suicide.

Like many other Indigenous peoples across the globe, Aboriginal and Torres Strait Islander peoples experience of disadvantage, mental ill health and suicide is the result of an ongoing process of colonisation, where the invasion of Australia was brutal and far reaching. The processes of colonisation brought about rapid and destructive change. A series of political acts,

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<sup>1</sup> See Volume 6, Issue 2 here  
<https://journalindigenouswellbeing.com/volume-6-2-summer-2008/>

including overtly racist and genocidal legislation, resulted in an extensive period of absolute state control over the lives of Indigenous Australians. Full citizenship rights for many Indigenous Australians were only formally granted in 1967. Very few people, if any, escaped the direct and indirect effects of legislation that attempted to control and govern their lives through policies intended to displace, 'protect', and assimilate people. As well as the enduring social and cultural impacts of colonisation, the psychological impacts and denial of this continuing history by dominant non-Indigenous society (Dudgeon & Walker, 2015) have directly resulted in Indigenous exclusion and disempowerment.

Part of the decolonising process that we as Indigenous peoples need to undertake to address our healing is reclaiming and celebrating our cultures and making those practices and values explicit. Tanja Hirvonen an Aboriginal psychologist, reads *Us Women, Our Ways, Our World* (Dudgeon, Herbert, Milroy & Oxenham, 2017) from this perspective. This book is about Aboriginal and Torres Strait Islander women and their stories of resilience, resistance and survival. It is fitting that a book by Indigenous women, is reviewed by an Indigenous woman.

"The Solutions That Work: What the Evidence and Our People Tell Us" (Dudgeon, Milroy, Calma, Luxford, Ring, Walker, Cox, Georgatos, & Holland, 2016) project and the work with communities across the country shows that there are two critical elements for any suicide prevention program in Indigenous communities to be effective. Firstly, programs need to be culturally appropriate and secondly, need to have community genuine engagement and ownership from the outset. Programs with the following characteristics were most successful: small scale, able to respond to local contexts and issues, a holistic understanding of health and wellbeing, encompassed the links between the individual, family and kinships networks and community and importantly, understood the central importance of culture and country to a strong sense of self, identity and sense of belonging.

Outcomes detailed in the article by Milroy et al., *What the people said: Findings from the Regional Roundtables of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* demonstrate

that the voice of the community is an important part of any development. Also included is the need for self-determination and local leadership, the need to consider the social determinants of health, the need to address trauma, the role and impact of incarceration and justice issues and the need for culture and identity to be strengthened.

Other ways to address suicide are community owned and culturally appropriate programs based in communities. Mia et al., describe in this issue, evaluating such a program in *An Evaluation of National Empowerment Project Cultural Social Emotional Wellbeing Program*. This cultural social and emotional wellbeing program in Queensland was evaluated using the reported outcomes from participants immediately after completing the program and the recent outcomes of comprehensive interviews.

Individual people make up our communities and a unique paper considers the impact of suicide from a lived experience perspective in *The aftermath of Aboriginal suicide: Lived experience as the missing foundation for suicide prevention and postvention* by McAllister et al. Insights from a mother who lost her daughter and from a daughter who lost her mother are the focus points of this particular paper.

## The Māori Experience

Like our Indigenous families and communities in Australia, the Māori historical and current social, economic experience is similar. Suicide mortality rates in Aotearoa is an area of concern for the Government (Ministry of Health, 2016; Ministry of Justice, 2017). The coronial statistics from the Ministry of Justice are published as provisional and are a count of possible self-inflicted deaths released before coroners have investigated the full circumstances surrounding death (Ministry of Justice, 2017). The Ministry of Health (2016) publishes the number of suicides that have been confirmed by the coroner and also those provisionally coded as suicide, where there is enough information to suggest the coroner will find the cause of death to be suicide. So, differences do occur in the count between the two ministries.

In 2015, the Office of the Auditor General (OAG) undertook an audit of the ways in which

information about suicide is collected, analysed and used. “Suicide Facts” (Ministry of Health, 2016) publications were reviewed among the range of information used to inform the audit. In general, the OAG provided positive commentary, but offered some suggestions to improve the way data is presented and about how information can be released in a more timely and accessible format. Consequently, seminal discussions are underway between the Ministry of Health and Coronial Services, Ministry of Justice, to consider how suicide data can be reported more consistently. Some minor changes have occurred, however further consideration will be given to suggestions from the audit for future publications in the Suicide Facts series.

So why is coordinated suicide data reporting important? It is valuable as it essentially provides an identifiable roadmap forward to ensure equity and appropriateness of suicide prevention programs that are provided particularly for Māori with the highest suicide mortality rate in Aotearoa (Ministry of Health, 2016; Ministry of Justice, 2016).

*The Tūramarama Declaration* article in this edition authored by Durie articulates *high Māori suicide mortality rates have been known for decades*, so yes known by government officials who collect, analyse and disseminate the data to policy makers. What appears not to have occurred or being supported by government policy and implementation in those corresponding years is a genuine commitment to an approach that will work for Māori as identified by Māori. Durie advises in his article on a direct whole system approach committed to by all those identified such as, yes Indigenous leadership, yes policy makers at every level and yes a concerted coordinated implementation plan that resonates with Māori and indeed all Indigenous people. This requires courage from all of us as change makers because enhancing the status quo which has not worked is futile, the statistics speak for themselves, the statistics speak for themselves!

A controversial statement appeared in the recently released Youth Suicide Prevention Discussion document (Gluckman, 2017). Released by a Ministerial team acknowledged as cross sector “experts” in the Aotearoa context. The statement read *youth suicide prevention is a*

*contentious area with much advocacy for unproven interventions*. So honestly, what has been consistent for Māori over the last decades in terms of so called proven and or satisfactory interventions? Here it is, served up as Western scientific research “informed proven evidenced based programs” dominant, to the front and continuing to receive huge financial backing, praise and applause sometimes even global awards! But sadly, these have proven of little benefit for Māori and if anything, continue to add to our poor outcomes.

Also of concern was that the Discussion document provided little detail on how to address equity for Māori given their high presence in the statistics and also the lack of specific inclusion of Māori programs to support Māori youth who have continued to suffer the highest reported suicide mortality rate in Aotearoa! Somehow in their brief and response that truth was ignored and the discourse is same old same old. This Discussion document (Gluckman, 2017) discounts the statistics and unashamedly advocates for their evidenced based approaches, so called proven instead of Indigenous solutions because the Western scientific lens, shame on them, views Indigenous solutions by Indigenous communities as *unproven*.

Thankfully there is hope offered through this Special Indigenous Suicide Prevention journal issue. *The Tūramarama Declaration* urges all Indigenous people to merge our commitment to the beliefs expressed by our Indigenous Canadian families and communities nearly a decade ago in Volume 6 of our parent journal... *A focus not on what is wrong with Aboriginal people, but on strengths and offer some practical benefits. Almost everyone is interested to learn about their own strength....*

Five further journal contributions from Aotearoa make such a stand and all under the 2014 – 2017 Waka Hourua National Māori and Pasifika Suicide Prevention Program offered by Te Rau Matatini, a Māori Non-Government Organisation and their Pacific partner organisation Le Va, funded by the Ministry of Health, yes absolute praise for that insight and commitment. McClintock and McClintock present *Hoea te waka: Indigenous Suicide Prevention Outcomes Framework and Evaluation processes - Part 1* processes utilised with 47 Māori Community Funded Initiatives, McClintock et al., in *Eke*

*Tangaroa, Eke Panuku: Evaluation of Waka Hourua Māori Community Suicide Prevention Initiatives - Part 2* present details of the 47 initiatives of the Māori Community Fund.

Achievements for these initiatives, are located under the three goals of the Waka Hourua Outcomes Framework of Goal 1 Informed, cohesive and resilient communities, Goal 2 Strong, secure and nurturing whānau (families) and Goal 3 safe, confident and engaged rangatahi (youth). The immediate results are recognised in the active participation of the many Māori communities, whānau and rangatahi through the differing programs, activities and events. In addition, connectedness, collaboration, new learning and the application of the same are profiled.

Cameron et al., in *He Waipuna Koropupu: Taranaki Māori wellbeing and suicide prevention*, a Taranaki perspective addresses the silence that existed in relation to suicide in their tribal area of Taranaki. Core cultural values and attitudes towards suicide, metaphoric thoughts and directions contained within Taranaki pūrakau (stories) and whakatauki (proverbs) promoting and sustaining life—that drew together Taranaki mātauranga (knowledge) are recorded. This has assisted the development of a kaupapa Māori healing framework relevant for other tribal areas and Indigenous populations who share similar histories.

Love et al., in *Towards mauri ora: Examining the potential relationship between indigenous-centric entrepreneurship education and Māori suicide prevention in Aotearoa, New Zealand* detail the contribution of an Indigenous entrepreneurship program based on Māori values to increase wellbeing and suicide prevention. Outcomes included how entrepreneurship education based on the principles and values of whānaungatanga, manaakitanga and ‘te ngira tuitui’ have the potential to support labelled by government agencies as ‘hard to reach’ rangatahi and their whānau to positively transform their lives. Pathways and models for sustainable development are published to provide guidance for such transformation.

Tiatia-Seath et al., in *Supporting the bereavement needs of Pacific communities in Aotearoa New Zealand*

*following a suicide* articulated that the most important, appropriate and effective components to include in the development of Pasifika postvention guidelines is those informed by Pasifika communities. This will provide the best possible support for Pasifika individuals, families, and communities bereaved by suicide.

In essence, this Special Indigenous Suicide Prevention issue implores Western scientific domination to relinquish the space it has claimed for decades because the statistics report that they have made little improvement and therefore little accountability to the Indigenous people they have worked with. Focusing on strengths and developing a future based on Indigenous strengths, practical benefits that make a positive difference for Indigenous people and therefore can come to the fore. The Indigenous lens, Indigenous solutions are within the pages of *Te Mauri Pimatisiwin Journal of Indigenous Wellbeing* Volume 2, Issue 2, 2017 Indigenous Suicide Prevention and must now take priority.

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