**Executive Summary: Mental Health and Suicide Prevention Submission**

This summary outlines strategic recommendations derived from a comprehensive submission to the Mental Health and Suicide Prevention Agreement Review. The focus is on culturally responsive, community-led, and evidence-informed actions to reduce suicide rates across vulnerable populations.

Key Recommendations and Strategic Actions:

1. \*\*Aboriginal-Led Services\*\*: Support culturally safe services led by Aboriginal communities with adequate staffing and autonomy.

2. \*\*Youth Engagement\*\*: Promote youth camps, language revitalization, and cultural education to reduce youth suicides.

3. \*\*Elder Inclusion\*\*: Expand programs like Traditional Healing and Elders Olympics to foster intergenerational connection.

4. \*\*Education and Employment\*\*: Invest in education pathways and employment initiatives such as Tribal Warrior to reduce despair.

5. \*\*Systemic Reform\*\*: Advocate for truth, treaty, and equity as outlined in the Uluru Statement to address root causes of suicide.

6. \*\*Care System Oversight\*\*: Strengthen public care models and independent reviews to protect vulnerable children and older adults.

7. \*\*Combat Loneliness\*\*: Scale up social connection programs like 'Social Connections' and 'Groups for Health' to address isolation.

8. \*\*Community Programs\*\*: Expand free initiatives like boot camps, Park Run, book clubs, and Men’s Sheds to foster belonging.

9. \*\*Link Workers\*\*: Introduce link workers to connect older adults with community resources, modeled on successful UK programs.

10. \*\*Targeted Support\*\*: Develop communal programs for single fathers and support networks for single mothers to reduce risk factors.

11. \*\*Collaborative Governance\*\*: Empower Suicide Collaboratives with resources and best practices to lead coordinated prevention efforts

Submission to Mental Health and Suicide Prevention Agreement Review

Dear Reviewers

I have worked in suicide prevention for the last ten years. Please find below my recommendations.

* The general view of those present at the NSW Aboriginal Suicide Prevention Forum 2025 is that Aboriginal people need services run by Aboriginal people that have a critical number of Aboriginal staff and allow them to work in culturally safe and responsive ways.
* Round tables of elders have said that to reduce youth suicides we must connect young people to country. We could have regular youth camps run by elders. Fishing can make people feel safe. Research demonstrates that **teaching Aboriginal languages dramatically reduces youth suicides.** There are positive uplifting ways of reducing suicide – education, music, art, storytelling, cultivating bush tucker, revelling in ancient and local knowledge, having cultural centres are all important suicide prevention measures.
* Traditional healing and Elders Olympics have proved to be extremely popular measures. These measures could be expanded.
* Programs to help Aboriginal people undertake further study are important – education is a protective factor and can lead to fulfilling employment.
* Truth and treaty are important – equality and justice reduce despair and suicide. Economic and social equality must be our goals as per the Uluru Statement from the Heart.
* **Employment reduces suicides – Tribal Warrior works to employ people because they have always understood this – before the science backed it. Supporting and expanding this approach could reduce suicides.**
* **Children and older people need to be safe** – private care companies have put both at great risk and injured them. **Child sexual assault is a risk factor for suicide.** Independent review of care systems must be strong, and public care should be the dominant and encouraged model.
* Young adults and older adults are the most alienated – loneliness must be addressed by building as many ways to connect as possible. Health services need to focus on running groups. We are neglecting that there are huge social forces that are affecting people’s mental health. LGBTQI people and Aboriginal and Torres Strait Islander people are not innately suicidal – it is societal factors and inequality that create their higher rates of suicide.

**One of the best ways to address loneliness is by bringing people together deliberately in groups. Professor Catherine Haslam and her associates have “groups for health” – “Social Connections” groups for older people based on this model have succeeded in bringing people into regular social contact in the Inner West of Sydney.**

* **Suicide Collaboratives are a practical way to get a whole of government response and to get lived experience to lead the way. The issue is that they need support and ideas about what they can usefully do together to prevent suicides. To get ideas from international best practice. They could champion local campaigns that have state and federal funding – for example campaigns about Truth and Treaty. The collaboratives would work best by being part of “Australians for Mental Health” and amplifying their actions and their campaigns.**
* Many older people are languishing lonely in aged care facilities or at home alone – they could be listening to children read, telling children stories, running letter writing campaigns for justice, baking goods together, running choirs or dancing or teaching their skills to others.
* Many retired physiotherapists would love to run boot camps if they were covered by government insurance. I am in a free community boot camp started by a physiotherapist. The group has become friends who meet socially, as well as for exercise. New people join and this fosters social integration – members are different nationalities and backgrounds. This style of group could be expanded and adopted as a national program. The Park Run program is another wonderful program that also could be expanded. Free community groups need to be supported and promoted – book clubs, men’s sheds and the Older Women’s Network.
* We need link workers – as they have in the UK. The UK has been one of the only countries in the world to bring down older people’s suicides – in the UK older people have more social and economic equity.
* We know who is at risk most – the most alienated and lonely. Single fathers and men, we need to expand the Men’s Table – but with a cost-of-living crisis we need innovative cheap ways to get men to not be alone – communal dinners and kitchens where fathers can cook for their children together and play together. We also need help for single Mums who do not have high rates of suicide but have high rates of poverty and the precursors to suicide for themselves and their children.

Yours sincerely

Jane Massa