Introduction

Thirrili Ltd is a not for profit organisation, established to contribute to the broader social wellbeing of Aboriginal and Torres Strait Islander people and ultimately, to support Aboriginal and Torres Strait Islander people communities to stem suicide and trauma.

Thirrili Ltd has been funded by the Commonwealth Government of Australia to deliver the National Indigenous Critical Response Service (NICRS) across Australia to:

1. Provide culturally responsive support for Aboriginal and Torres Strait Islander families affected by suicide-related or other trauma
2. Strengthen community capacity and resilience in communities where there have been high levels of suicide to better respond to critical incidents and strengthen service system coordination, and
3. Facilitate and contribute to broader systems change by working with State and Territory governments to understand and better respond to the needs of Aboriginal and Torres Strait Islander people who have been impacted by suicide and other trauma.

Established In 2017, the NICRS initially operated in the Northern Territory, South Australia and Western Australia. In 2018 the project expanded into Victoria and Queensland, and in 2019 the service has further expanded into New South Wales, Australian Capital Territory and Tasmania. Our Model of Care is attached.

Given the overrepresentation of Aboriginal and Torres Strait Islander people in suicide statistics and our role in working with those who are bereaved by suicide, we welcome the attention of the Commission on the social and emotional wellbeing (SEWB) of Aboriginal and Torres Strait Islander people that this inquiry may bring, through its broad focus on mental health.

It is important to note also, that there is both anecdotal and empirical evidence that the numbers of deaths of Aboriginal and Torres Strait Islander people attributed to suicide are underreported. Silburn and others cite sources which attribute this underreporting to a number of factors: misclassification of Aboriginal status on death certificates and other data systems; differences between jurisdictions in their coronial processes; the procedures around reportable deaths (i.e. deaths which must be reported to a coroner); and the strictness with which the legal criteria are applied in arriving at the official determination of the death being suicide (2014). Unpublished analysis of National Coronial Information System (NCIS) suicide data from 2003-2018, compared to other available sources—including from the Australian Bureau of Statistics— also suggest considerable underreporting (Healthcare Management Associates 2018). Anecdotally we are hearing from families and communities across the country that this seems to be the case in their view as well.

In understanding that you will receive submissions canvassing a wide range of issues in relation to the Commission's Terms of Reference (TOR), we will concentrate on a small number of matters which otherwise may receive limited consideration. These are:

- understanding the centrality of social and emotional wellbeing in the lives of Aboriginal and Torres Strait Islander peoples,
- the need for services to adopt a trauma centred practice approach in working with communities and survivors of suicide,

- the importance of understanding the risk and protective factors which impact on the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and communities, and
- the need for appropriate services to operate where suicides (and attempts) among Aboriginal and Torres Strait islander people are occurring.

Understanding the connection between Mental Health and Social and Emotional wellbeing

Social and emotional wellbeing is the foundation for physical and mental health for Aboriginal and Torres Strait Islander peoples. A holistic concept, SEWB results from a network of relationships between individuals, family, kin and community. It also recognises the importance of connection to land, culture, spirituality and ancestry, and how these affect the individual (Gee et al. 2014). Similarly, Dudgeon and others (2016) suggest that:

> *For Indigenous peoples, health itself is not understood as the concept often assumed by non-Indigenous people, rather it is a culturally informed concept, conceived of as 'social and emotional wellbeing' – a term that is increasingly used in health policy but in this context carries a culturally distinct meaning: it connects the health of an Indigenous individual to the health of their family, kin, community, and their connection to country, culture, spirituality and ancestry. It is a deep-rooted, more collective and holistic concept of health than that used in Western medicine.*

The first National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009 (Social Health Reference Group 2004) detailed nine guiding principles that emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander People. In the 2017-23 edition of the framework these guiding principles have been retained. Reproduced below, these principles succinctly describe the relationship between social and emotional wellbeing and both mental and physical health for Aboriginal and Torres Strait islander peoples:

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 when 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 people's 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(s)[1] to have inter-generational effects.

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

---

[1] The 2009 edition used 'continue' while the 2017-23 edition uses 'continues'

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 people may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.

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

Each of these principles need to be considered in the development, delivery and evaluation of programs for Aboriginal and Torres Strait Islander peoples. The *Elder's Report into Preventing Indigenous Self-harm and Youth Suicide* strongly emphasised the need for self-determination and cultural connectedness and continuity for suicide prevention in Aboriginal and Torres Strait Islander communities (Culture is Life 2014). Similarly, the Healing Foundation brought together Aboriginal and Torres Strait Islander young people from diverse nations and language groups to discuss cultural identity, safety and wellbeing and how to address the impact of intergenerational trauma on their lives. The report developed by the forum suggested guiding principles for Aboriginal and Torres Strait Islander youth healing as follows:

1. Include young people in co-design of policy and programs
2. Establish local level ownership
3. Develop better ways of measuring success that look beyond short-term funding cycles
4. Build strong community governance that ensures appropriate oversight, administration and management (Healing Foundation 2017).

Trauma informed care

The Trauma Centre of Australia defines trauma as "a psychological wound that has occurred due to a person's perception of a stressful event" (2019). The stressful event involves an actual or perceived threat to the person's physical or emotional wellbeing (AIHW 2013), These events can include physical, emotional or sexual abuse (Commonwealth of Australia 2017). Further, responses to the stressful event may include intense fear, helplessness, horror or disordered behaviour (particularly in children) (AIHW 2013).

Trauma is usually described either as Type 1 and Type 2 trauma, with the Type 1 relating to acute trauma after a single stressful event (Bath 2008). Type 2 trauma is complex and results from multiple, chronic and prolonged stressful events that often begin early in life (Kolk 2005 cited in Bath 2008). In their 2018 literature review, Thirrili noted that Aboriginal and Torres Strait Islander children are at particular risk of experiencing trauma. They included a key finding that Aboriginal and Torres Strait Islander people are at an increased risk of experiencing prolonged, multiple exposures to traumatic events (complex trauma) and that exposure to trauma is significantly associated with suicide risk (Thirrili 2018). Along with greater risk of suicide, other negative outcomes from serious

psychological distress include anger and aggression; problem gambling; and smoking (Kelly et al. 2009).

Atkinson (2008; cited in Atkinson et al. 2014) suggests that trauma can be passed through generations (intergenerational trauma), whereby abuse incurred during childhood increases the likelihood of perpetuating abuse and destructive behaviours as an adult. Trauma-informed care and practice recognises the prevalence of trauma and its impact on the emotional, psychological and social wellbeing of people and communities (Gee et al. 2014).

Traumatic events that have occurred from colonisation, including dispossession of land, forcible removal practices and oppressive legislative policies "…continue to impact significantly on Aboriginal Australian peoples in the form of complex trauma" (Haythornthwaite and Hirovnen 2015).

The continued impact of past events is such that it is critical that services working with Aboriginal and Torres Strait Islander peoples recognise, understand and respond appropriately to trauma (Haythornthwaite and Hirovnen 2015). Trauma-informed practice directly deal with trauma and its effects and is underpinned by the following principles:

- understanding trauma and its impact on individuals, families and communal groups
- ensuring a safe environment for healing: individuals and families (especially children) who have experienced trauma require spaces in which they feel physically and emotionally safe
- ensuring cultural competence in service delivery
- supporting client's control and choice to actively participate in decisions that affect them
- sharing power and governance across all aspects of the organisation including opportunities for client participation in design and evaluation of programs and practices
- Integrating care: bringing together all the services and supports needed to assist individuals, families and communities to enhance their physical, emotional, social, spiritual and cultural wellbeing
- supporting relationship building: positive relationships assist in recovery, including peer to peer models
- enabling recovery: by empowering individuals, families and communities to take control of their own healing and recovery through the adoption of a strengths-based approach, which focuses on individuals own strengths and capacities (Atkinson 2015).

Risk and protective factors

Put simply, risk and protective factors are those aspects— including the environment or past personal experiences that make it more likely (*risk factors*) or less likely (*protective factors*) that people will experience a particular outcome. In terms of suicide, they are the things in a person's life that increase (risk factor) or decrease the likelihood (protective factor) of them acting on suicidal thoughts. In relation to children and young people, it is important to understand how they establish a sense of identity, how they view the world and develop coping strategies and life skills, and how they adapt across the life span. All of these issues can be affected by a number of risk and protective factors that are well known and include genetic predisposition, family history, life stress events and experiences, as well as personal attributes such as gender, perceived intelligence, appearance and temperament (Milroy 2014).

A Select Committee into Youth Suicide in the NT found that major risk factors for suicide included family breakdown, violence and domestic violence, mental health issues, substance abuse, social, economic and educational disadvantage and cultural and sexuality issues (Legislative Assembly of the Northern Territory 2012). It is also well recognised that people living in rural areas are at greater risk of suicide (including Hazell et al. 2017).

Risks factors for suicide experienced by Aboriginal and Torres Strait Islander people are complex, highly variable by community and distinct from non-Indigenous Australians' notions of suicide (ATSIPEP 2017). Further, many of the mainstream social risk factors for suicide cannot be broadly applied to Indigenous populations (ATSIPEP 2017 citing Hunter & Harvey, 2002). According to Walker and others (2014):

> It is now recognised that there are suicidal risk factors that are uniquely Aboriginal; these include the transgenerational grief and loss resulting from colonisation, disruption to cultural identity, forced removal, substance misuse, social isolation and racism (cited in Dudgeon et al. 2014).

The current national policy framework for suicide prevention has an emphasis on 'whole-of-population' and strengths-based approaches to prevent individuals from becoming at risk in the first place (Silburn et al. 2014). This is consistent with a focus on protective factors that build resilience. Dudgeon et al. suggest that:

> Identifying the protective factors that enhance the SEWB of Aboriginal communities, as well as those factors that contribute to community distress and suicide, is paramount. It requires an in-depth knowledge of the historic, social, cultural and economic risk factors at play in each community, which are best known and understood by community residents themselves (2014).

According to Zubrick et al. (2014), there exist a "… *unique set of protective factors contained within Indigenous cultures and communities that serve as sources of strength and resilience".* For Aboriginal and Torres Strait Islander people, protective factors include physical and mental wellbeing; connection to community; and connection to land, culture, spirituality and ancestry. (Commonwealth of Australia 2017; Culture is life 2014; Kelly et al. 2014). The importance of connection to culture was succinctly highlighted by one Elder in the Elders report: "if they lose language and connection to culture they become a nobody inside and that's enough to put them over the edge" (Culture is life 2014).

The ATSISPEP report, *Solutions that work: what the evidence and our people tell us*, identified a range of success factors for reducing suicide in Aboriginal and Torres Strait Islander communities. Factors. That report recommended that Indigenous suicide prevention activity should reflect, among other considerations, the following:

• community specific and community led upstream programs focused on healing and strengthening social and emotional wellbeing

• justice reinvestment towards upstream programs that divert Indigenous young people away from the criminal justice system

• training, hiring and retention of Aboriginal and Torres Strait Islander people as mental health workers, peer workers in suicide prevention

• initiatives that ensure that non- Indigenous workers in SEWB and suicide prevention are culturally competent

• ensuring representation of Indigenous people identifying as LGBTQI on all Australian Government and other Indigenous mental health and suicide prevention advisory forums (ATSIPEP 2017).

Providing appropriate services where they're needed most

Suicide death rates for Aboriginal and Torres Strait Islander people are almost double that of other Australians (AIHW 2015). Further, in the period 2011-15, the Indigenous suicide rate for those aged

15–24 years was almost 4 times that of their non-Indigenous peers (Australian Health Ministers' Advisory Council, 2017). Many of these suicides occur in remote areas of Australia. For example, in the period 2003 to 2018, a majority of Aboriginal and Torres Strait Islander suicides in the Northern Territory occurred in areas described as 'Very Remote Australia' (Healthcare Management Associates 2018). In Western Australia, more than a third of Aboriginal and Torres Strait Islander suicides occurred in 'Very Remote Australia' (Healthcare Management Associates 2018). More recently a spate of suicides in the Kimberley has highlighted the tragedy of children as young as ten taking their own lives (Coroner of Western Australia 2019).

We know that that there are fewer GPs, specialists and other health professionals in remote and rural areas, and while Aboriginal and Torres Strait Islander experience a greater prevalence of multiple stresses that will impact their SEWB , for those with mental illness, there may be a performance gap in terms of the provision of those services (Parker and Milroy 2014). Further, Aboriginal and Torres Strait Islander people may be reluctant to access mainstream services (Schultz et al. 2014, citing Reibel and Walker 2010).

Dudgeon and Ugle (2014) note the work of Mark Sheldon, an influential psychiatrist who worked in remote Aboriginal communities. Sheldon contended that a western model of psychiatric assessment and examination was not culturally appropriate to meet the needs of Aboriginal people with mental health issues living in remote communities and after working with the Ngangkaris (traditional healers), advocated that the best outcomes were often obtained when both traditional healing approaches and western clinical methods were used together (Dudgeon and Ugle 2014). The 2016 ATSIPEP report, *Solutions that work: what the evidence and our people tell us,* recommended that governments should explore mechanisms for encouraging partnerships between Indigenous communities and providers and mainstream providers to develop new, or adapt existing, suicide prevention programs for use in Indigenous communities. Further, promising programs with strong community engagement and/or leadership are not evenly geographically distributed, meaning large populations of Aboriginal and Torres Strait Islander people in New South Wales, Victoria, South Australia and Tasmania are less likely to be able to access them (Dudgeon et.al 2016). According to Dudgeon and Walker and others:

> …programs that show promising results for Indigenous social and emotional wellbeing are those that encourage self-determination and community governance, reconnection and community life, and restoration and community resilience (2014a).

The need for culturally competent and flexible services, particularly in rural and remote areas, has been highlighted by the Western Australian Coroner in his report into the deaths of 13 children and young people in the Kimberley region:

> The considerable services already being provided to the region are not enough. They are still being provided from the perspective of mainstream services, that are adapted in an endeavour to fit into a culturally relevant paradigm. It may be time to consider whether the services themselves need to be co-designed in a completely different way, that recognises at a foundational level, the need for a more collective and inclusive approach towards cultural healing for Aboriginal communities (Coroner of Western Australia 2019).

Silburn and others (2014) note the growing concern of high rates of bereavement suffered by Aboriginal families in some parts of Australia. They argue that families and communities can be in a constant state of mourning when suicides follow one another. The evaluation of StandBy's Support After Suicide program suggests that postvention support is effective in reducing the risk of suicide: "…those receiving support from StandBy had a significantly lower risk of suicidality, mental health

concerns and social isolation following the loss of a loved one" (2018). This finding is encouraging and is consistent with what Advocates within Thirrili's Critical Incident Response Service are reporting.

Conclusion and recommendations

As well-meaning as current service providers, funders and practitioners are, services are still failing Aboriginal and Torres Strait Islander people. To be effective, programs must be designed with communities, led by communities and focussed on culture. One elder put it simply: "*…to bring our kids back from a suicidal way of thinking, we need to be self-managing our healing and strengthening our culture for those kids*" (Culture is Life 2014).

Recommendation 1

Mental health services to Aboriginal and Torres Strait Islander peoples must be provided within a framework that recognises that many Aboriginal and Torres Strait Islander people have suffered trauma through their lives.

Recommendation 2

Delivery of Mental Health services to Aboriginal and Torres Strait Islander peoples must be delivered consistent with the nine guiding principles that emphasise the holistic and whole-of-life view of health held by Aboriginal and Torres Strait Islander People, as detailed in the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well 2017-23.

Recommendation 3

Community based programs must be developed in consultation with Elders to ensure cultural appropriateness.

Recommendation 4

Suicide prevention and postvention programs must look beyond the short term, be flexible and designed and delivered as a result of consultation, engagement and partnership with the community and the Aboriginal Community Controlled Health Service sector.

Am considering whether to put recommendations in relating to the Coroner's Offices and about the data and statistics issue??

References

Aboriginal and Torres Strait Islander Healing Foundation (2017) *Our Healing Our Way: Leading and Shaping our Future*. National Youth Healing Forum Report. Canberra ACT. Authors.
Available at: https://healingfoundation.org.au//app/uploads/2017/12/HF_National_Youth_Healing_Forum_Report_Nov2017_V7_WEB.pdf

Atkinson, C. (2008) *The Violence Continuum: Australian Aboriginal Male Violence and Generational Post-Traumatic Stress* [Unpublished PhD thesis]: Darwin: Charles Darwin University. Available at: https://espace.cdu.edu.au/eserv/cdu:44891/Thesis_CDU_44891_Atkinson_C.pdf

Atkinson, J. (2013) *Trauma-informed services and trauma-specific care for Indigenous Australian children.* Resource sheet no. 21. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies. Available at: https://www.aihw.gov.au/getmedia/e322914f-ac63-44f1-8c2f-4d84938fcd41/ctg-rs21.pdf.aspx?inline=true

Atkinson, J., Nelson, J., Brooks, C., Atkinson., & Ryan, K. (2014) Addressing individual and community transgenerational trauma. Chapter 17 in Dudgeon, P., Milroy, M., & Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, pp 289-305. Canberra: Commonwealth of Australia.

ATSIPEP (2017a) *Suicide Prevention in Aboriginal and Torres Strait Islander Communities: Learnings from a meta-evaluation of community-led Aboriginal and Torres Strait Islander suicide prevention program.* Perth: University of Western Australia.

ATSIPEP (2017b) *Suicide prevention in Indigenous communities.* Literature review. Perth: University of Western Australia.
Australian Health Ministers' Advisory Council (2017) *Aboriginal and Torres Strait Islander Health Performance Framework 2017 Report*, Canberra, AHMAC.

Australian Institute of Health and Welfare (2015) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*. Cat. no. IHW 147. Canberra: AIHW.
Bath, H (2008) The Three Pillars of trauma-informed care. *Reclaiming Children and Youth*, vol. 17, no. 3, pp. 1721. Available at: https://s3-us-west-2.amazonaws.com/cxl/backup/prod/cxl/gklugiewicz/media/507188fa-30b7-8fd4-aa5f-ca6bb629a442.pdf .

Commonwealth of Australia (2017) *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. Canberra: Department of the Prime Minister and Cabinet.

Coroner of Western Australia (2019) *Inquest into the deaths of: Thirteen Children and Young Persons in the Kimberley region of Western Australia.* Government of Western Australia: Perth. Available at: https://www.coronerscourt.wa.gov.au/_files/inquest-2019/13-Children-and-Young-Persons-in-the-Kimberley-Region-Finding.pdf

Culture is Life (2014) *Elder's Report into Preventing Indigenous Self-harm and Youth Suicide.* Melbourne: authors*. Available at: https://apo.org.au/sites/default/files/resource-files/2014/04/apo-nid40060-1209076.pdf*

Dudgeon, P., Ugle, K. (2014) Communicating and Engaging with Diverse Communities. Chapter 15 in Dudgeon, P., Milroy, M., and Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition pp 257-267.* Canberra: Commonwealth of Australia.

Dudgeon, P., Darwin, L., McPhee, R., Holland, C., Von Helle, S. & Halliday, L. (2018) *Implementing Integrated Suicide Prevention in Aboriginal and Torres Strait Islander Communities: A Guide for Primary Health Networks*. Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention, Poche Centre for Indigenous Health and Wellbeing, University of Western Australia & Black Dog Institute. Sydney: Black Dog Institute.

Dudgeon, P., Walker, R., Scrine, J., Carrington, S., Calma, T., and Ring, I. (2014a) *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people* Issues paper no. 12. Produced for the Closing the Gap Clearinghouse. Canberra: Australian Institute of Health and Welfare & Melbourne: Australian Institute of Family Studies.

Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G., & Holland, C. (2016). *Solutions That Work – What the Evidence and Our People Tell Us.* The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report. Perth: University of Western Australia.

Dudgeon, P., Wright, M., Paradies, Y., Garvey, D., & Walker, I. (2014). Aboriginal social, cultural and historical contexts. Chapter 1 in Dudgeon, P., Milroy, M., and Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition,* pp 3-24. Canberra: Commonwealth of Australia.

Dudgeon, P., Walker, R., Scrine, C., Cox, K., D'Anna, D., Dunkley, C., Kelly, K., Hams, K. (2014b). Enhancing Wellbeing, Empowerment, Healing and Leadership. Chapter 25 in Dudgeon, P., Milroy, M., and Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition,* pp 437-447. Canberra: Commonwealth of Australia.

Gee, G., Dudgeon, P., Schultz, C., Hart, A., and Kelly, K. (2014). Social and Emotional Wellbeing and Mental Health: An Aboriginal Perspective. Chapter 4, in Dudgeon P, Milroy M, and Walker R(eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition,* pp 55-67*. Canberra: Commonwealth of Australia.

Gehrmann, M., Dixon, S., Visser, V., & Griffin, M. (2018). *StandBy National Client Outcomes Project – Final Report*, The Science of Knowing, Buddina, QLD, Australia.
Hazell, T., Dalton, H., Caton, T., & Perkins, D. (2017). *Rural Suicide and its Prevention: a CRRMH position paper.* Centre for Rural and Remote Mental Health, University of Newcastle, Australia.

Haythornthwaite, S., & Hirovnen, T. (2015). *The relevance of trauma informed care to Aboriginal primary health care services.* Presentation to the 13th National Rural Health Conference, Darwin. Available

at: http://www.ruralhealth.org.au/13nrhc/images/paper_Haythornthwaite%2C%20Sara_Hirvonen%2C%20Tanja.pdf

Healthcare Management Associates (2018) *Suicide Data Analysis: unpublished data from Coronial Information Records*, State and Territories of Australia.

Kelly, K., Dudgeon, P., Gee, G. & Glaskin, B. (2009). *Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People.* Discussion Paper No. 10, Darwin. Cooperative Research Centre for Aboriginal Health.

Milroy, H. (2014). Understanding the Lives of Aboriginal Children and Families. Chapter 21 in Dudgeon, P., Milroy, M., & Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, pp 373-381. Canberra: Commonwealth of Australia.

Parker, R., & Milroy H. (2014). Aboriginal and Torres Strait Islander Mental Health: An Overview. Chapter 2 in Dudgeon, P., Milroy, H., & Walker, R. (Eds) *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.* Office of Aboriginal and Torres Strait Islander Health, Department of Ageing: Canberra.

Reibel, T., & Walker, R. (2010). Antenatal Services for Aboriginal Women: the relevance of cultural competence. *Quality in Primary Care*. 2010; 18(1):65-74.
Select Committee into Youth Suicide (2012). *Gone Too Soon: a report into youth suicide in the Northern Territory*. Committee Report. Darwin. Legislative Assembly of the Northern Territory

SHRG (Social Health Reference Group) (2004). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004–2009.* Canberra: National Aboriginal and Torres Strait Islander Health Council and National Mental Health.

Silburn, S., Robinson, G., Leckning, B., Henry, D., D., Cox, A., & Kickett, D. (2014). Preventing Suicide Among Aboriginal Australians. Chapter 9 in Dudgeon P, Milroy M, and Walker R(eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, pp 147-164. Canberra: Commonwealth of Australia.

Tatz, C. (2001) *Aboriginal Suicide is Different: A Portrait of Life and Self-destruction.* Canberra: Aboriginal Studies Press.

Thirrili Ltd (2018). *Defining and addressing Aboriginal and Torres Strait Islander trauma, grief and postvention. Literature review.* Melbourne. Thirrili Ltd.

Trauma Centre of Australia (2019). *What is Trauma* Webpage. Available at: www.traumacentre.com.au/what-is-trauma/

van der Kolk, B. (2005) *Developmental Trauma Disorder: Towards a rational diagnosis for children with complex trauma histories. Psychiatric Annals, 33(5),* pp401-408.

Wexler, L., White, J. & Trainor, B., (2015) Why an alternative to suicide prevention gatekeeper training is needed for rural Indigenous communities: presenting an empowering community storytelling approach. *Critical Public Health, 25(2)*, pp. 205–217.

World Health Organisation (2014). *Preventing suicide: A global imperative*. World Health Organisation. Geneva.

Zubrick, S., Carrington, C., Shepherd, C., Dudgeon., Gee, G., Paradies, Y., Scrine, C., & Walker, R. Social Determinants of Social and Emotional Wellbeing. Chapter 6 in Dudgeon, P., Milroy M, & Walker, R (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice – Revised Edition*, pp 93-112. Canberra: Commonwealth of Australia.