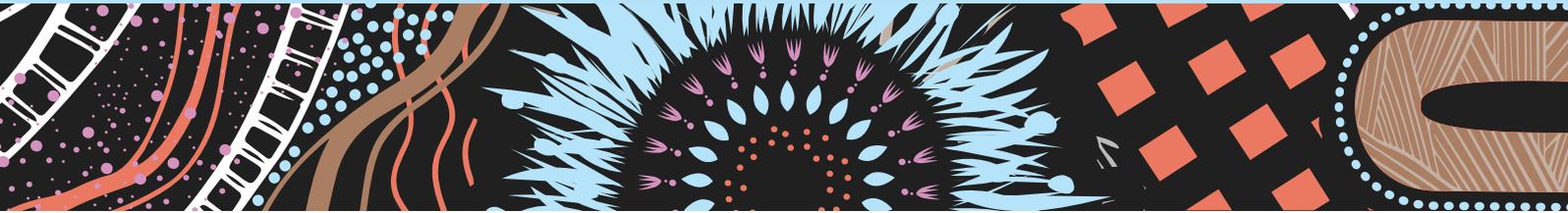




# Beyond evidence-deficit narratives in Indigenous suicide prevention

## Summary paper



This paper is a summary of [Beyond evidence-deficit narratives in Indigenous suicide prevention](#) by Pat Dudgeon, Abigail Bray, Ian Ring and Rob McPhee. This publication was commissioned by and published on the Australian Institute of Health and Welfare Indigenous Mental Health and Suicide Prevention Clearinghouse. It can be accessed online at [www.indigenoumhspsc.gov.au](http://www.indigenoumhspsc.gov.au).

**Some people may find the content of this report confronting or distressing.** If you are affected in this way, please contact **13YARN (13 92 76)**, **Lifeline (13 11 14)** or **Beyond Blue (1300 22 4636)**.

## Key issues

There are many examples of successful suicide prevention interventions for indigenous people, but many are excluded from evaluation and research literature because of the restrictive way 'evidence' is defined. An 'evidence ceiling' is in place defining quality interventions and evaluations.

- In scientific literature, evidence is usually gained from clinical trials. An evidence hierarchy exists, which prioritises systematic reviews and randomised control trials (RCTs). However, in the 'real world' – and in the case of suicide interventions for Aboriginal and Torres Strait Islander people – social and cultural settings are complex and unpredictable. Measuring the effects of such interventions accurately is not possible.
- 'Evidence-based practice' is the traditional approach to prevention and treatment supported by scientific evidence. An alternative approach – 'practice-based evidence' – is proposed, supported by realist reviews to continually evaluate programs.
- Conducting an RCT in Indigenous communities is fraught with methodological and ethical issues. The 'evidence ceiling' serves as a barrier to progressing interventions (such as Indigenous suicide prevention strategies) because of their complexity. This causes assessments of these interventions as lacking evidence – bolstering an evidence-deficit narrative about Indigenous programs and interventions.
- 'Practice-based evidence' is based on continuous refinement in response to outcomes, whereby researchers learn from each iteration of an intervention, program or policy.

- Realist reviews seek to understand why programs work, with the purpose of developing evidence-based policy. Such reviews may take the form of a 'narrative synthesis', which brings together similar elements from different studies to tell a story about the findings. It aims to understand the context that enables successful interventions.
- When considering what counts as evidence, evaluation strategies must reflect Indigenous knowledge systems, and consider Indigenous definitions of what counts as useful evidence for Indigenous communities. In the case of Indigenous suicide prevention initiatives, where community size may limit the collection of robust statistics, evaluations should consider changes in at-risk behaviours (such as reductions in self-harm, alcohol and drug use) and measurable improvements to the social and emotional wellbeing of the community (relevant factors include cultural activity, physical health, employment, community safety and school attendance).
- Understanding what healing means for Indigenous people allows self-determination through interventions. Evidence of healing needs to be culturally specific and underpinned by the values of reciprocity, respect, equity, cultural continuity, spirit and integrity, and responsibility. Many Indigenous knowledge systems about healing are relational – healing is understood as collective and expressed through harmonious relationships between the social and emotional wellbeing domains of the body; mind and emotions; family and kin; community; culture; Country; and spirituality

## Policy context and best practice approaches

Several important policies and frameworks protect Indigenous self-determination over research and evaluation, including Indigenous knowledge systems. They emphasise the importance of building relevant evidence, for example:

- The Fifth National Mental Health and Suicide Prevention Plan promises that governments will build the evidence base on 'what works' in relation to preventing suicide and will use available health services data to improve services for Aboriginal and Torres Strait Islander people (COAG 2017).
- The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013) proposes 'culturally appropriate community activities to engage youth, build cultural strengths, leadership, life skills and social competencies'. Strategies include the development of criteria for support of cultural programs; and reviewing evidence for the effectiveness of culture-based initiatives (DoHA 2013).
- The National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023 seeks a strong evidence base under Aboriginal and Torres Strait Islander leadership. Its strategies support practical, applied research to enhance service delivery; and participatory action research to progressively empower communities and restore and promote social and emotional wellbeing (PM&C 2017).

### **Box 1: Best practice case study – Closing the Gap Clearinghouse**

The Australian Institute of Health and Welfare's Closing the Gap Clearinghouse used a 'realist synthesis' approach to establish best practice in Indigenous programs. It recognised that the evaluation hierarchy was not appropriate to Indigenous interventions. It identified best practice intervention features and approaches that don't work. The Clearinghouse found that successful programs include community involvement; respect for Indigenous languages and cultures; and a recognition that issues are often complex and contextual (Kalisch and Al-Yaman 2013).

Programs that failed to collaborate or incorporate Indigenous community control did not work. Nor did a 'one size fits all' approach. Instead planned, comprehensive interventions with adequate resourcing were key features of success, as was developing Indigenous capacity to provide services.

- The Indigenous Evaluation Strategy recognises the need to draw on the perspectives, priorities and knowledges of Aboriginal and Torres Strait Islander people if outcomes are to be improved (PC 2020).
- Best practice programs and services should be concerned with self-determination and community governance, reconnection and community life, and restoration and community resilience (see Box 1 and Box 2).

### **Box 2: Best practice case study – Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Framework**

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project developed tools to assist Indigenous suicide prevention activity, including the Aboriginal and Torres Strait Islander suicide prevention evaluation framework to guide evaluation of Indigenous community-based suicide prevention activities.

The work recognises that suicide prevention involves engagement with complex systems, of families, communities, and of the social and cultural determinants of those systems. The Framework reflects the right of Indigenous peoples to be self-governing, including via the ownership of their knowledge systems.

The framework outlines the features of effective practice in suicide prevention and social and emotional wellbeing programs and services. It is intended as process guide and a 'cultural audit' for applying Indigenous evaluation principles and indicators. Central to any successful program is the principle and right of self-determination. Best-practice programs and services should also be concerned with community governance, reconnection and community life, and restoration and community resilience.

## Conclusions

- Evaluation strategies need to reflect Indigenous knowledge systems and an Indigenous definition of what counts as useful evidence for Indigenous communities. 'Practice-based evidence' offers a promising path for suicide prevention interventions. It involves rigorous gathering and continual testing of evidence occurs to continually refine the evidence base for a complex intervention. Similar to 'participatory action research', it involves stakeholders in each step of the research process.
- An Indigenous hierarchy of evidence for suicide prevention programs needs to be developed. A community-validated Indigenous evidence hierarchy should outline what counts as culturally important evidence of best practice, using Indigenous knowledge systems and methodologies, measurements and evaluation tools.
- Through the Indigenous evaluation strategy, the Productivity Commission (2020) has emphasised the central importance of embedding evaluation into the policy planning cycle to ensure the findings are used to improve outcomes for Indigenous Australians. Even so, the cost of evaluation is a clear barrier to effective evaluation.
- The use of realist reviews and narrative syntheses are recommended for complex interventions like Indigenous suicide prevention initiatives. These approaches consider the context for interventions. Such approaches have great promise in producing evidence-based statistics when based on Indigenous suicide prevention knowledge about the theoretical mechanisms of prevention.
- Reforming the system would entail addressing the importance of funding sustainable ongoing evaluation based on Indigenous ways. And recognising the principle of the right to self-determination across suicide prevention.

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