ATSISPEP

Indigenous Suicide Prevention Activity Assessment Tool

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This Indigenous Suicide Prevention Assessment Tool is based on a mixture of academic research and listening to the voices of the people. It can be used to assess or evaluate any proposals for Indigenous suicide prevention activity.

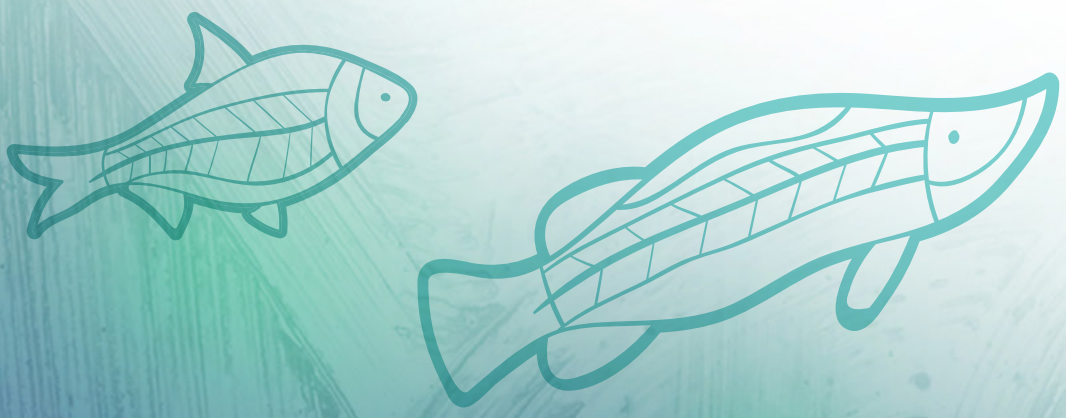
The Aboriginal and Torres Strait Islander Suicide Prevention Project (ATSISPEP) identified success factors for Indigenous suicide prevention, and developed a set of Quality Indicators for the different aspects of Indigenous suicide prevention activity. These, and other details of ATSISPEP's findings can be found in *Solutions that Work: What the evidence and our people tell us* which can be downloaded from WWW.ATSISPEP.SIS.UWA.EDU.AU

Different groups which will benefit from the use of this Tool include (but are not limited to):

- communities assessing proposals for local suicide prevention activity;
- Aboriginal Community Controlled Health Organisations;
- Primary Health Networks;
- state, territory and Commonwealth government departments;
- non-government organisations (NGOs); and
- philanthropic bodies.

The key component for any Indigenous suicide prevention activity is that it be led by, or in strong partnership with, the community.

The Tool incorporates this core success factor, and enables a clear and balanced assessment of any proposed activity.



1. A TOOL FOR ASSESSING INDIGENOUS SUICIDE PREVENTION ACTIVITY

1

HAS A STRONG/URGENT, UNMET NEED FOR SUICIDE PREVENTION ACTIVITY BEEN ESTABLISHED IN A COMMUNITY SETTING?

This is a primary evaluative measure and overriding consideration. If there is a high need for suicide prevention activity, the *high risk of not funding responses against the risk of funding a less than optimal response* based on a rigid application of the indicators in the other parts of the framework should be considered.

ASK THE FOLLOWING QUESTIONS:

1. IS THERE EVIDENCE OF NEED/ ONGOING NEED FOR SUICIDE PREVENTION ACTIVITY?

CONSIDER THE EVIDENCE FOR:

- suicide
- suicide clusters
- suicide attempts
- suicidal thinking
- self-harm
- risk factors for suicide (e.g. mental illness, depression, drug and alcohol use)
- concentrations of high-risk groups for suicide and corresponding risk factors for suicidal behaviours (i.e. young people, LGBTQI)

The evidence that is required should be approached flexibly – data, anecdotal reports, coronial inquests, community identification of need should all be considered.

2. IS THERE A COMMUNITY CONSENSUS THAT SUICIDE PREVENTION-ACTIVITY IS REQUIRED?

CONSIDER

- Is there a representative governance structure/ health service or other body that is in a position to provide a consensus opinion?

3. ARE THERE SERVICES AND PROGRAMS ALREADY RESPONDING APPROPRIATELY TO THE SITUATION?

CONSIDER

- What is the community's assessment of these services? Have you asked?
- Are you able to assess if a service is likely to be adequate or not? A major consideration should be whether it is culturally appropriate for the community. Otherwise refer to the quality indicators below.
- If the community does not believe the service to be adequate,could the service be improved in partnership with the community?

TAKING ALL THE ABOVE INTO ACCOUNT

IF A STRONG/URGENT, UNMET NEED FOR SUICIDE PREVENTION ACTIVITY HAS BEEN ESTABLISHED

PROCEED

IF THERE IS NO STRONG/URGENT, UNMET NEED FOR SUICIDE PREVENTION ACTIVITY THAT CAN BE ESTABLISHED

DO NOT PROCEED

2

ESTABLISH THAT THE COMMUNITY IS LEADING THE DEVELOPMENT OF RESPONSES WITH AN APPROPRIATE RANGE OF STAKEHOLDER INVOLVEMENT

Community' could be of the members of a high-risk group e.g. LGBTQI

ASK:
IS THE COMMUNITY INITIATING AND LEADING THE DEVELOPMENT PROCESS?

IF YES,

CONSIDER:

Who is claiming to represent the community?

Is there a representative governance structure/health service or other body that is in a position to confirm this, or otherwise represent the community?

IF NO, IS AN ORGANISATION WORKING IN PARTNERSHIP WITH THE COMMUNITY

CONSIDER:

How is that being demonstrated?

How is decision-making power being shared?

What does the community say about it?

IF THE COMMUNITY IS NOT LEADING THE PROCESS

DO NOT PROCEED

REQUIRE GENUINE COMMUNITY REPRESENTATION BEFORE PROCEEDING

IF THE COMMUNITY IS LEADING THE PROCESS

IF THE COMMUNITY IS A PARTNER IN THE PROCESS

PROCEED

IF THE COMMUNITY IS NOT A PARTNER IN THE PROCESS

DO NOT PROCEED

REQUIRE A PARTNERSHIP AGREEMENT TO BE MADE BEFORE PROCEEDING

ASK FURTHER: HAVE A RANGE OF APPROPRIATE STAKEHOLDERS BEEN INVOLVED IN THE ACTIVITY-DEVELOPMENT PROCESS?

Community stakeholders include, as appropriate, Elders, men's and women's groups, families, cultural and community leaders, survivors, bereaved families, etc. Other stakeholders include, as appropriate, mental health services, health services, schools, police, media, etc.

IF YES, PROCEED

IF NO,

DO NOT PROCEED

REQUIRE THAT A RANGE OF APPROPRIATE STAKEHOLDERS ARE INVOLVED IN THE ACTIVITY-DEVELOPMENT PROCESS AS A CONDITION OF FURTHER CONSIDERATION OF THE PROPOSAL

3

ESTABLISH THAT ADEQUATE PLANNING FOR THE ACTIVITY HAS TAKEN PLACE

ASK:

IS THE DEVELOPMENT OF THE ACTIVITY BASED ON A SITUATIONAL ANALYSIS?

This could include consideration of:

What levels of intervention are needed? Universal, selective, indicated? If selective, which group(s) in particular? If indicated, how will the community work to ensure its presence?

What are the immediate, medium-term and longer-term priorities? Is self-harm an issue?

What are the main causes of suicide/risk factors for suicide in the community? Do they vary for different vulnerable groups, or different age ranges?

What lethal means are being employed by those who attempt suicide or suicide?

What resources are already available to the community that could be used in suicide prevention activity? What is the appropriate balance of cultural and clinical approaches, and will this change over time?

What are the gaps? Of these, what are the priorities?

What are the barriers to the effective and efficient operation of the activity? How can these be addressed?

What are the main risks to the activity and what management strategies should be in place?

IF YES, PROCEED

IF NO,

DO NOT PROCEED

REQUIRE A SITUATIONAL ANALYSIS IS UNDERTAKEN AS A CONDITION OF FURTHER CONSIDERATION OF THE PROPOSAL

ASK

1. IS A COMMUNITY ACTION OR OTHER APPROPRIATE PLAN TO SUPPORT THE ACTIVITY IN PLACE?

This could include consideration of whether:

- success factors identified in Indigenous suicide prevention to date are included in the plan
- the program logic is clearly articulated
- a causal relationship between desired outcomes and activity is clearly articulated
- an evaluation component is built into the plan with evaluation questions identified
- articulated, agreed goals are set at appropriate milestones

2. DOES THE PLAN CONNECT WITH, AND IS INTEGRATED WITH, REGIONAL LEVEL PLANNING UNDERTAKEN BY THE PHN?

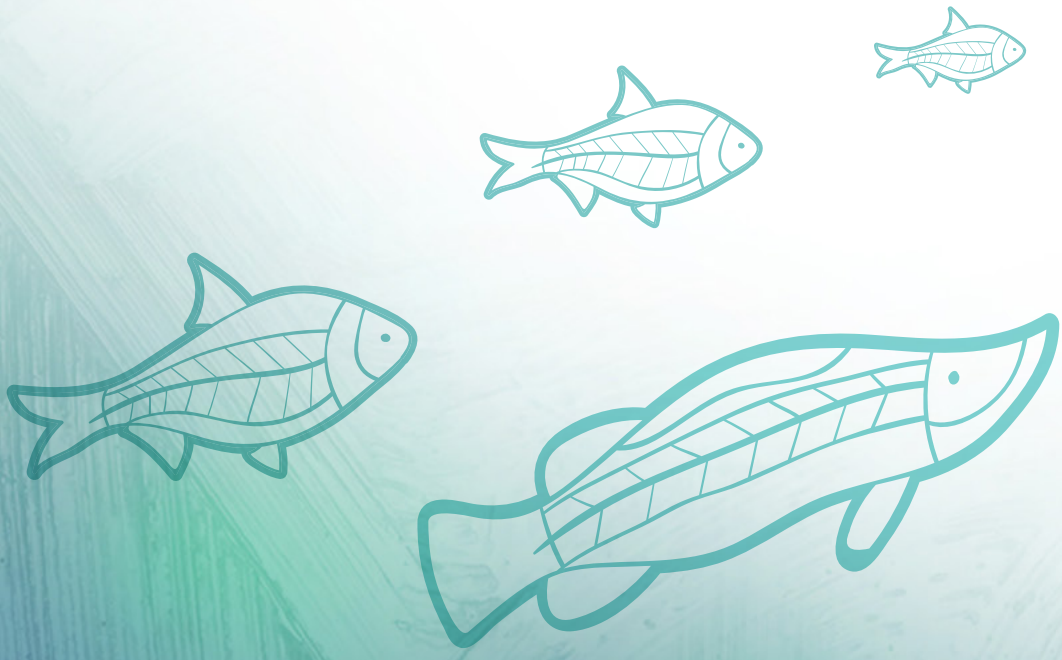
IN RELATION TO BOTH THE ABOVE:

IF YES, PROCEED

IF NO,

DO NOT PROCEED

REQUIRE AN INTEGRATED PLAN BE DEVELOPED AS A CONDITION OF FURTHER CONSIDERATION OF THE PROPOSAL



4 A CHECKLIST FOR ASSESSING THE ACTIVITY FOR QUALITY INDICATORS

1. **WILL THE PROGRAM PROACTIVELY ENGAGE WITH TARGET CLIENTS/ CLIENT GROUPS?**

2. **ARE CULTURALLY INFORMED/HEALING ELEMENTS PRESENT, AND DESIGNED AND DELIVERED BY THE COMMUNITY/CREDIBLE CULTURAL LEADERS?**

3. **DOES THE PROGRAM SUPPORT COMMUNITIES AND FAMILIES TO ADDRESS THE IMPACT OF NEGATIVE SOCIAL DETERMINANTS INCLUDING THOSE OF SUICIDE, FOR EXAMPLE BY CONNECTING THEM TO A RANGE OF SOCIAL SUPPORT AGENCIES?**

4. **DOES THE PROGRAM BUILD INDIVIDUAL, FAMILY AND COMMUNITY CAPABILITIES TO RESPOND TO SUICIDE AND ITS RISK FACTORS?**

   Consider whether the program:

   - includes gatekeeper/mental health literacy training/reduces stigma
   - promotes e-mental health and Indigenous suicide prevention apps (e.g. iBobbly)
   - works with or helps establish family, youth, at-risk groups, peer-support networks
   - supports community to access postvention support

5. **DOES THE PROGRAM WORK WITH THE COMMUNITY TO MONITOR AND PROACTIVELY RESPOND TO CHANGING PRIORITIES AND NEEDS OVER TIME?**

   Consider its capacity to respond to:

   - potential crisis situations
   - high-risk periods for suicide (e.g. Christmas, wet season)

6. **IS THE ACTIVITY INTEGRATED WITH OTHER RELEVANT COMMUNITY SERVICES AND ACTIVITIES?**

7. **IS THE ACTIVITY ABLE TO DEMONSTRATE WIDER COMMUNITY BENEFITS?**

8. **IS THE PROGRAM ABLE TO PRIORITISE, AND FLEXIBLY AND APPROPRIATELY RESPOND TO AND/ OR REFER THOSE SELF-HARMING AND OTHERWISE AT RISK OF SUICIDE, OR WITH MENTAL HEALTH OR ALCOHOL AND DRUG PROBLEMS TO THE APPROPRIATE CLINICAL SERVICES WITHIN APPROPRIATE TIMEFRAMES/ACCESS POSTVENTION SUPPORT SERVICES?**

IF YES TO ALL OF THE ABOVE, PROCEED

IF THE ANSWER WAS 'NO' TO ANY OF THE ABOVE

PROCEED, BUT WITH CAUTION

REQUIRE THE PROPOSAL TO ADDRESS THESE FACTORS. A PROPOSAL MAY PROCEED WITHOUT THESE FACTORS, BUT IF THEY ARE NOT INCLUDED A SOUND REASON SHOULD BE PROVIDED.

USE THE CHECKLIST TO ASSESS COMPETING PROPOSALS

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