



15th WORLD CONGRESS ON PUBLIC HEALTH 2017 MELBOURNE AUSTRALIA

First Nations Wellbeing Statement 2017 World Congress on Public Health

Context

A [World Leaders Dialogue on Suicide Prevention for First Nations people](#) was held at the [World Congress on Public Health](#) (WCPH) held in Melbourne on the 4th of April 2017. The [Black Dog Institute](#) and [Australian Health Promotion Association](#) sponsored this event.

It was facilitated by Richard Weston the Chief Executive of Australian's Healing Foundation with presentations from leading global scholars and practitioners in suicide prevention most notably Carol Hopkins Executive Director of the Thunderbird Partnership Foundation, Michael Naera *Kia Piki te Ora Project Leader for Te Runanga o Ngāti Pikiao Trust* and, Pat Dudgeon Professor at University of Western Australia.

This paper is an outcome of that Dialogue and is being presented to the hosts and partnering bodies of the WCPH with the expectation that the actions are adopted into policy and promoted by each organisation. These organisations include;

- [Public Health Association of Australia](#)
- [World Federation of Public Health Associations](#)
- [Public Health Association of New Zealand](#)
- [Australasian Faculty of Public Health Medicine](#)
- [Australasian Epidemiology Association](#)
- [Australian Health Promotion Association](#)
- [Australian Women's Health Network](#)

Background

Globally, over 800 000 people die each year from suicide and many more attempt it. Worldwide, suicide is prevalent amongst the most marginalised and discriminated against groups within society, including First Nations peoples.¹ For example, if Australian Aboriginal and Torres Strait Islander suicides were ranked alongside the world's sovereign states they would rank at the 12th highest suicide rate² with suicide occurring five to six times more in Aboriginal youth than non-Aboriginal youth³. Inuit's in Canada have a suicide rate at six to 11 times the national Canadian average. In Nunavut, 27% of all deaths since 1999 have been by suicide, making it on average one of the highest in the world.⁴ Meanwhile, Māori suicide rates also remain significantly higher than for other ethnic groups in New Zealand. In 2014, the rate of suicide among Māori was greater than among non-Māori for people. Among Māori males, the suicide rate was 21.7 per 100,000; 1.4 times that of non-Māori. For Māori females, the suicide

¹ World Health Organisation, 2014, Preventing suicide a global imperative, http://www.who.int/mental_health/suicide-prevention/exe_summary_english.pdf?ua=1

² Hunter, F & Ting, I, 2016, Indigenous Suicide Rate 12th Highest in the World, <<http://www.smh.com.au/national/health/Indigenous-suicide-rate-12th-highest-in-the-world-20150710-gi9jyn.html>>.

³ Dudgeon, P, Milroy, J, Calma, Tom, Luxford, Y, Ring, I, Walker, R, Cox, A, Georgatos, G and Holland C, 2016, Solutions that work: what the evidence and our people tell us: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.

⁴ Khan, S, 2008 Aboriginal Mental Health: The statistical reality, Visions BC's Mental Health and Addictions Journal vol. 5. No. 1

rate was 1.5 times that of non-Māori females.⁵ While often there are different reasons why First Nations people suicide, there are some similarities.

Suicide is preventable however there is still a taboo and stigma around suicide. For First Nations people there is a lack of culturally responsive and accountable services which can often prevent people from seeking help. Additionally, when First Nations people do look for help, they are often faced many challenges within health systems including racism, and some encounter homophobia as well. To address the global public health issue of First Nations suicide requires equal partnership with First Nations people. First Nations people need to be part of the dialogue for change and also to be adequately resourced to implement the change. Suicide and self-harm are symptoms of poor wellbeing. All solutions need to focus on life promoting strength based approaches to wellbeing rather than deficits or symptoms. To improve the health and wellbeing of First Nations peoples, it is strongly recommended that the following actions be undertaken by governments and organisations.

This document uses First Nations to refer to the Indigenous Peoples and their Nations. Indigenous Peoples are defined by the United Nations as “Indigenous communities, peoples and nations are those which, having a historical continuity with pre-invasion and pre-colonial societies that developed on their territories, consider themselves distinct from other sectors of the societies now prevailing on those territories, or parts of them.”⁶

Actions

The following actions support the principles espoused by the [United Nations Declaration on the Rights of Indigenous Peoples](#). Governments and organisations working with First Nations people should:

- Ensure First Nations Peoples, culture and knowledges are central to any and all solutions
- Include a First Nations social and cultural determinants of health approach
- Ensure approaches are strength based i.e. they avoid deficit and dysfunctional narratives
- Recognise the impacts of colonialism on First Nations and where appropriate, use decolonisation methodologies in the development of responses
- Build in ongoing cultural competence processes, specifically which include staff training
- Ensure cultural competence forms part of accreditation and is attached to funding requirements
- Implement accountability measures for First Nations funding allocated to mainstream services
- Prioritise First Nations funding to First Nations services
- Prioritise the development of First Nations knowledge evidence base
- Ensure all programs have the capacity to be adapted to meet local needs
- Take a whole of community rather than an individual approach Further considerations

⁵ Ministry of Health (2016), *Suicide Facts: 2014 data*, Wellington, New Zealand.

⁶ United Nations, Indigenous Peoples at the UN, <https://www.un.org/development/desa/indigenouspeoples/about-us.html>

Considerations

Tūramarama Declaration

In 2016, Te Rūnanga o Ngāti Pikiao Trust hosted the Tūramarama ki te Ora (light and hope) World Indigenous Suicide Prevention Conference and Indigenous Youth Summit in Rotorua, New Zealand. The conference theme - 'transforming indigenous communities' - looked to reframe the way in which indigenous suicide and associated behaviours are addressed globally. Although the three-day event covered a range of topics, of particular interest, was the launch of 'The Tūramarama Declaration' which was endorsed by 550 participants from across Australia, Canada, Guatemala, USA, Pacific Nations, USA and New Zealand.

The architect behind the Declaration, Emeritus Professor Sir Mason Durie, wrote the document from a Māori standpoint, but in doing so, he made sure to acknowledge the origins of the document and that it was inclusive and relevant to all indigenous peoples worldwide. All of the 14 clauses are written in a nonclinical language and proposes to support indigenous peoples from a state of Mauri noho (languishing) to a state of Mauri Ora (flourishing). That being to enhance wellness; out the risks; reconnect with culture; address historical trauma, build tribal resiliency; heal past hurts; and finally, challenge Government, global authorities and help services to be more responsive to indigenous peoples. Notably, some areas of the Declaration may not be relevant to some situations, but at least one will be. The Declaration demonstrates a desire and a need to build strong leadership, capability and capacity while offering guided suggestions for dealing with the appalling suicide rates affecting indigenous peoples globally.

All organisations involved in the World Congress of Public Health should support The Tūramarama Declaration, presented by Michael Naera on behalf of the Global Indigenous Network Advisory Group (See appendix A).

Indigenous Wellness Framework

Use the Indigenous Wellness Framework, presented by Carol Hopkins to guide life promotion efforts toward Hope, Belonging, Meaning and Purpose. The 13 measurable indicators of the Indigenous Wellness Framework should guide investments and strategic direction in policy toward these four outcomes (See appendix B).

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Australian organisations should support the implementation of the recommendations in the [Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report](#).

Contacts

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Appendix

Appendix A: Tūramarama Declaration



The Tūramarama Declaration

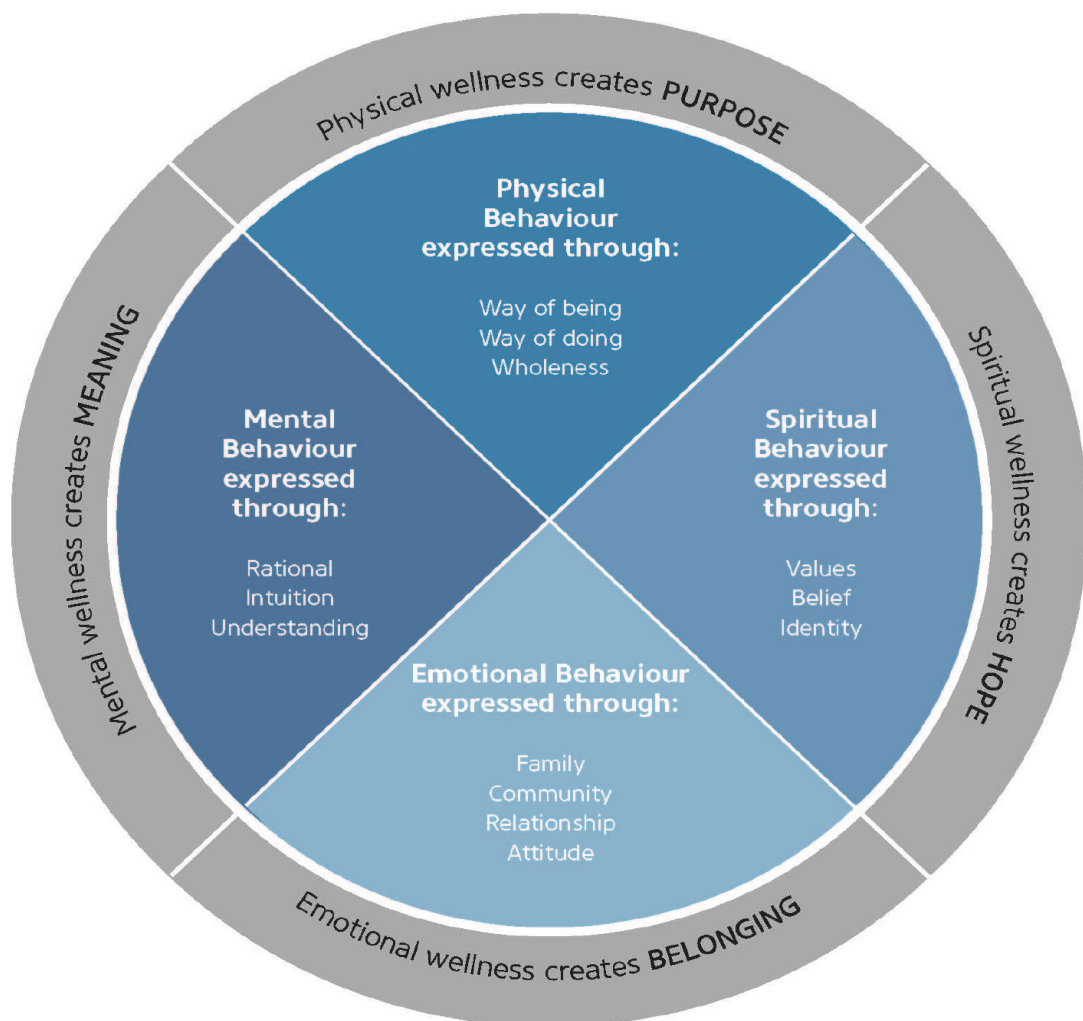


We, participants in Tūramarama ki te Ora World Indigenous Suicide Prevention Conference, held in Rotorua, Aotearoa New Zealand on 1 - 3 June 2016, are deeply concerned about the high rates of suicide among indigenous peoples.

- 1. We weep** for the increasing number of our people whose lives have been cut short by suicide;
- 2. We respect** the courage and fortitude of families and friends who have endured unexpected and often inexplicable losses of dear ones;
- 3. We commit** ourselves to healing our own wounds and the wounds of our lineage, and in so doing to exemplify the ways in which light can be brought into the world inhabited by our elders, our peers and our young people;
- 4. We declare** that all our people should be able to 'live well, into old age;
- 5. We believe** that the will to 'live well' is strong when the human mauri is strong; 'living well' means being able to live as Māori, as indigenous peoples, and as citizens of the world;
- 6. We will strive** to build safe and nurturing communities that generate confidence, integrity, inclusion, equity, & goodwill;
- 7. We recognise** the key roles that whānau and families play in strengthening the mauri by transferring knowledge, culture, language, values, and love to their children and grandchildren;
- 8. We endorse** the benefits of tikanga, kawa, healing, and other cultural protocols to lift the spirit and strengthen our people in schools, health centres, sporting clubs, social media, the workplace, and the streets;
- 9. We expect health,** education, and all social service providers to offer services that are accessible, timely and effective for indigenous peoples;
- 10. We urge** our own indigenous leaders, tribal authorities, and community champions to create opportunities for our children, youth, women, men, and our older people so they can be part of te ao Māori and the indigenous world, and can be active participants in the communities where they live and work;
- 11. We challenge** national and local authorities and city councils to adopt and enforce regulations to reduce the availability of alcohol and other harmful substances, to ensure that homes are warm, comfortable, and affordable, to insist that streets, workplaces, schools, and the internet are all safe places for our peoples, and to combat practices that diminish self-worth and hope;
- 12. We call** on our elected leaders in Parliament, especially those who have responsibilities for education, social services, health, housing, employment, indigenous development, and the environment, to work together in order to create a society where equity of access, equitable outcomes, and extended opportunities can prevail;
- 13. We recommend** that our people in the United Nations Permanent Forum on Indigenous Issues make all nation states aware of the extent of Indigenous suicide and ensure that suicide prevention is highlighted in the UN Millennium Goals;
- 14. We pledge** ourselves to work collectively so that our combined energies can create a world where the mauri can flourish and all our peoples can live well, into old age.

 **Te Rūnanga
o Ngāti Pikiao Trust** **Declared at Rotorua, Aotearoa New Zealand
2 - 3 June 2016**

Appendix B: Indigenous Wellness Framework



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