

A safe place to talk: Participant experiences and community recommendations from an Aboriginal and Torres Strait Islander youth suicide prevention program

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Aboriginal and Torres Strait Islander young people in Queensland die by suicide at more than four times the rate of their non-Indigenous peers. As the evidence of successful suicide prevention is limited, understanding effective mechanisms is crucial. The United Health Education and Learning Program (UHELP) pilot program evaluation found a significant decrease in Aboriginal and Torres Strait Islander youth suicidal ideation. A further qualitative analysis to explore participants' experiences and perspectives to identify intervention elements contributing to the positive outcomes was conducted and presented in this paper. In total 30 Aboriginal and Torres Strait Islander young people of 54 returned their surveys about the program. A qualitative thematic analysis of open-ended questions revealed three main themes: 1) connectedness; 2) confidence; and 3) knowledge. Within the community-based participatory research (CBPR) approach, the thematic analysis results were further discussed and reviewed within the broader community. From these findings the following recommendations were made at a community level for future UHELP deliveries: 1) facilitators should be accessible for young people to connect with after the sessions, rather than implementing the content in a stand-alone approach; 2) UHELP sessions should include staff from local mental health services that participants could access for treatment; and 3) evaluate impact of UHELP on cultural identity and connectedness.

Key words: suicide prevention, youth, Aboriginal and Torres Strait Islander peoples, participant experiences, community

The prolonged, systematic and institutionalised discrimination towards Aboriginal and Torres Strait Islander people continued from the period of original colonisation in Australia supports the current widespread inequalities (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005; De Maio et al., 2005; Dudgeon & Wright, 2010; Griffiths, Coleman, Lee, & Madden, 2016; Human Rights and Equal Opportunity Commission, 1997; Sherwood, 2013). Disparate outcomes are seen across employment, housing, income, education, life expectancy and mental health domains (Aboriginal and Torres Strait Islander Social Justice Commissioner, 2005; SCRGSP (Steering Committee for the Review of Government Service Provision), 2020). These experiences persist through cultural dislocation, grief and loss, transgenerational trauma, and social and economic disadvantage which further the disproportionate burden of mental illness borne by Aboriginal and Torres Strait Islander communities (De Maio et al., 2005; Hatcher, Crawford, & Coupe, 2017; SCRGSP, 2020; Zubrick et al., 2005). Additionally, as the

generations of dispossession, discrimination, racism and violence has led to fear and mistrust of government departments and avoidance of many services, Aboriginal and Torres Strait Islander access mental health treatment at a rate far lower than commensurate to need (De Maio et al., 2005; Eley et al., 2007; Westerman, 2010; Zubrick et al., 2005). Consequently, today Aboriginal and Torres Strait Islander people experience higher levels of self-injury, with young people acutely overrepresented in suicide fatalities (Dickson, Cruise, McCall, & Taylor, 2019).

Aboriginal and Torres Strait Islander youth in Queensland die by suicide at a rate over four times higher than their non-Indigenous counterparts and this disparity widens to almost eight times higher for those under 14 years (Gibson, Stuart, Leske, Ward, & Tanton, 2021a). Though suicide disparities have been well-documented (Queensland Family and Child Commission, 2017), the evidence of effective interventions to prevent Aboriginal and Torres Strait Islander youth suicides remains limited (Clifford, Doran, & Tsey, 2013; Harlow, Bohanna, & Clough, 2014; Ridani et al., 2015). A recent systematic literature review of suicide prevention interventions for global Indigenous Populations identified only three published studies in which interventions reported a significant decrease in suicidal thoughts or behaviours for Aboriginal and/or Torres Strait Islander young people (Leske et al., 2020). While these interventions show promise as culturally-specific, non-traditional intervention models (Nathan, Maru, Williams, Palmer, & Rawstorne, 2020; Skerrett et al., 2017; Tighe et al., 2017), there was little examination of examine causal components to understand why these interventions successfully reduced Indigenous suicidality. With limited evidence and persistently higher suicide rates, it is critical to understand intervention mechanisms which reduce Indigenous suicidality in order to develop effective suicide prevention strategies and disseminate knowledges, learnings, and programs into other Aboriginal and Torres Strait Islander communities (Dudgeon et al., 2016; Farrelly & Francis, 2009; Westerman, 2010).

The United Health Education and Learning Program (UHELP)

Following several suicides by young people within the Inala (QLD) community, the Inala Aboriginal and Torres Strait Islander Elders established monthly open community meetings for Elders, health workers, service providers and community members to discuss issues related to suicide and mental illness. The goal of these meetings was reducing stigma and developing proactive solutions. The group became known as the Inala Elders' Suicide Prevention and Mental Health Program (SPAMHP). From these community meetings, the SPAMHP team decided to partner with headspace Inala to address the complex and cyclical issues which have hindered suicide prevention attempts in the community. Collaboratively, a suicide prevention program from an explicitly Indigenous worldview, based on culturally valid models of promoting wellbeing and preventing mental ill-health, was designed and implemented. The program was driven by community participation and cultural governance, with the centrepiece being a weekly group session for young people. The content of group sessions was developed through iterative reflection with Elders, young people, and community members to ensure the topic areas were conceptualised from a cultural perspective appropriate to the local Aboriginal and Torres Strait Islander community. The program content areas included: Being Healthy (physical health, self-esteem, positive outlook), Being Loved and Safe (relationships, support networks, safe environment), Personal Growth (employment, stable housing, education/professional training) and Cultural and Spiritual Healing (incorporating Elders, transgenerational trauma) (Skerrett et al., 2017). To model holistic health, including cultural and physical wellbeing, each session also included physical activity (touch football, traditional Indigenous games), or cultural activities (dancing, painting, learning about totems) and the sharing of a healthy meal with accompanying nutritional advice. The program was given the

title United Health Education and Learning Program (UHELP) by the participants of the pilot project and confirmed by the community membership.

Pilot Project Evaluation

The evaluation of the pilot delivery yielded several promising results (Skerrett et al., 2017). Pre and post focus groups demonstrated that participants had more holistic understandings of health and wellbeing, increased acceptance of help-seeking, greater identification of coping strategies and increased attendance at health and support services. Quantitative results using pre and post evaluation questionnaires demonstrated reduced suicidal ideation after participation, making UHELP the first published intervention to report a significant decrease in Aboriginal and Torres Strait Islander young peoples' suicidal thoughts or behaviours (Skerrett et al., 2017). Considering the positive results of this evaluation, UHELP was listed as a 'promising intervention' in the *Solutions That Work: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report* (Dudgeon et al., 2016).

An identified limitation of the pilot evaluation study design was the absence of a mechanism to elicit participants' individual perceptions of the program; participants were asked in focus groups whether they felt UHELP was beneficial and how it could be improved. However, group dynamics may have biased or limited their responses (Erickson & Kaplan, 2000; Tashakkori & Teddlie, 1998). While the study examined impact of UHELP on suicidal ideation, self-esteem, awareness and acceptance of help-seeking and health services, another limitation was that the previous evaluation did not explore why these outcomes occurred, particularly from the perspectives of the young people participating themselves.

As part of the ongoing collaborative engagement, researchers and service providers continued to attend the open-community SPAMHP meetings. In these community SPAMHP meetings, it was raised as a concern by community members that this program, which was designed to nurture future leaders and Elders, did not adequately privilege and respect young peoples' insights in the evaluation (Ford, Rasmus, & Allen, 2012). Understanding from young people if and why they believed UHELP was appropriate and effective was prioritised as other services had requested to replicate UHELP in their communities.

The current analysis aimed to further explore Aboriginal and Torres Strait Islander young peoples' experiences of participating in a culturally informed suicide prevention program and identify factors that influence the effectiveness and acceptability of this initiative to inform future deliveries of UHELP. An additional aim of this study was to outline the application and translation of the study findings into community and organisational recommendations for future projects responding to youth suicidal behaviours in Aboriginal and Torres Strait Islander communities.

Methods

Research Approach

As with the original evaluation, this study was developed within a community-based participatory research (CBPR) framework grounded in reciprocal partnerships, shared decision making, and shared ownership of research outcomes and disseminated products between community and researchers. Key to this framework is the acknowledgement that community members possess expertise and knowledge of the issues, possible solutions, and their implementation (Viswanathan et al., 2004). This approach has been increasingly accepted as an effective modality for research partnerships with First Nations communities (Cox et al., 2014; Salimi et al., 2012). Research materials and protocols were collaboratively developed

with UHELP facilitators, evaluators and community leaders through ongoing and reflexive discussion about key goals of evaluation. This involved allowing space to examine potential differences between community, organisational and academic priorities. Both the evaluation and the program coordination team included Aboriginal and Torres Strait Islander team members to guide implementation of the research activities to ensure cultural safety. All procedures and measures were approved by the project-specific Steering Committee within Cultural Governance protocols prior to any actions occurring. Researchers continued to participate in SPAMHP community meetings to allow community-wide cultural governance of the project, which provided a mechanism for receiving community feedback to guide changes and continually disseminate findings.

Critical to this approach, the research project is not finished when findings have been disseminated in a one-directional manner within community. Discussion and reflection within the broader community is considered a key component of the research, and the resulting community-directed interpretation, guidance, and potential translation are key project outputs. This current paper will include this component in the discussion.

Ethical approval was granted by the Griffith University Human Research Ethics Committee (GU HREC): GU Ref No: 2017/621.

Participant Experience Survey

An Experiences Survey was developed for participants to complete individually and anonymously. As with the original evaluation protocol, the Experiences Survey was developed in collaboration with UHELP facilitators, evaluators and community leaders involved with young people in the local area. This process sought to identify the potential key mechanism which could explain program effects while allowing space to elicit young peoples' novel ideas and interpretations.

From these discussions the resulting survey included binary (yes/no) response items to assess if young people believed UHELP had helped them, if they learnt anything about culture, health, or help-seeking, and whether they would recommend it to other Aboriginal and Torres Strait Islander young people. Participants were invited to give open-ended free-text explanations of their responses and describe how they were helped, essential learnings, as well as any other comments about their experiences and recommendations for improvement. Experiences Survey can be viewed as Appendix 1.

Data Collection

This survey was conducted within the UHELP graduation ceremonies as a part of the programs delivered between May and September 2017. To allow honest and anonymous responses, data collection procedures were performed by the program manager while the UHELP facilitators were not present. De-identified surveys were provided to AISRAP Researchers for analysis.

UHELP Recruitment

Recruitment was performed by *headspace*-Inala staff, with programs delivered at local schools, community and cultural groups through the Inala community, similar to the pilot delivery (Skerrett et al., 2017).

Participants

A total of 30 completed surveys (response rate = 55.6%) were received from the 54 young people attending UHELP between May and September 2017.

Data Analysis

Thematic analysis of participant survey open-ended responses was conducted by the first two authors. RW is an Aboriginal senior lecturer and nurse with over 20 years' experience in Aboriginal community health promotion and service delivery, whose PhD research explored rural Aboriginal community conceptualisations of suicide prevention, and MG, a non-Indigenous researcher and psychologist who was involved with the pilot UHELP program and has over a decade of clinical and research experience in Aboriginal and Torres Strait Islander youth suicide prevention. Thematic analysis was conducted broadly following Braun and Clarke's (2006) procedural guidelines with additional community-level reviewing to enhance and substantiate the findings (Fredericks & Ward, 2014; Gwynn et al., 2015; Viswanathan et al., 2004). Initial coding, identification and defining of preliminary themes was conducted independently. Through collaborative review and analysis, themes and subthemes were further refined by the first two authors. To improve the reliability of the analysis, themes were further refined with facilitators, organisational staff and community members. Results were discussed and reflected with the organisational and community owners of the program to determine how to apply and incorporate the findings. Community recommendations for the ongoing delivery and replication of the program made from this analysis are presented following initial thematic analysis results.

Results

Program impact

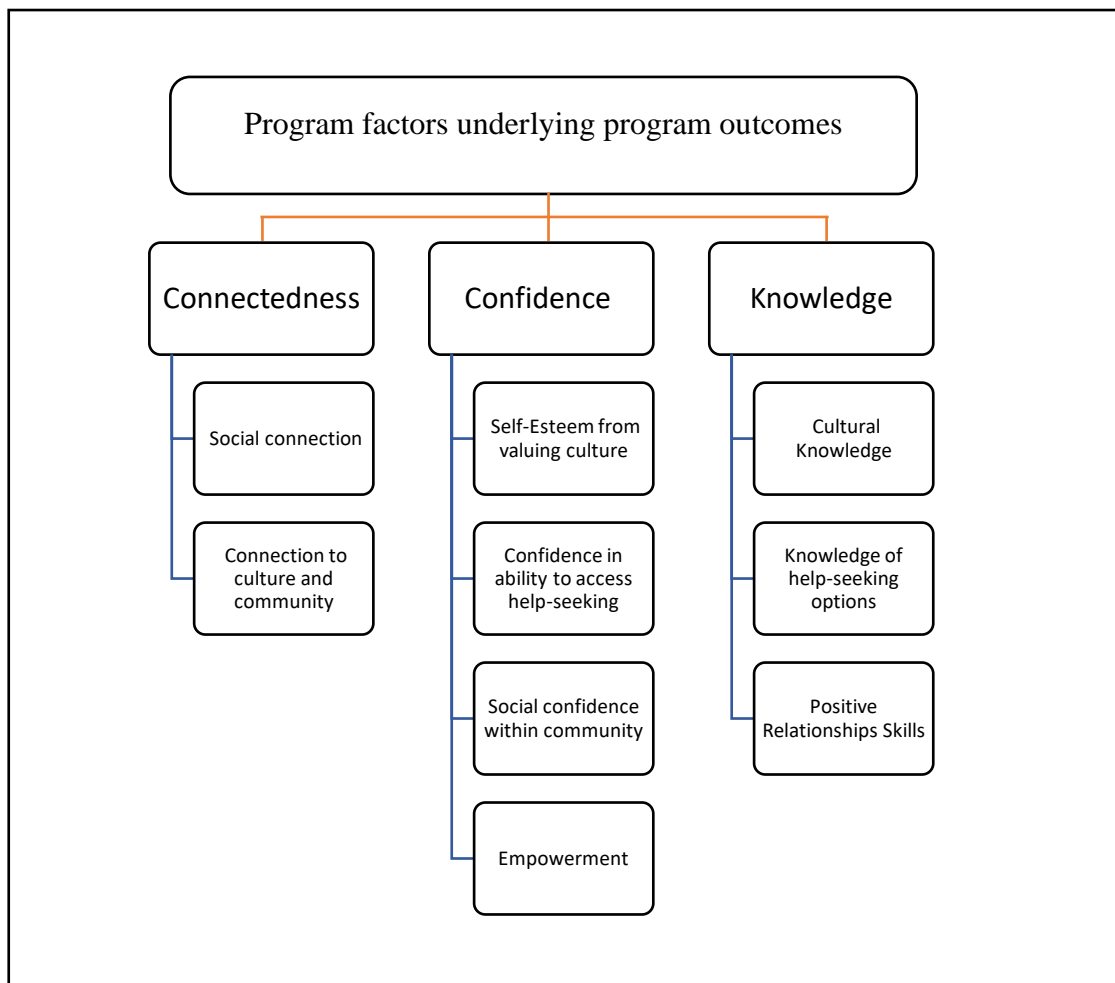
All participants reported that UHELP had helped them. Twenty-six participants (86.7%) reported that they had learned something from the program. All but one participant (96.7%) reported that they would recommend UHELP to other First Nations youth. The one participant who reported that they would not recommend this program provided the response "mainly because I don't know other Aboriginal students that would need it". Almost two-thirds of participants (63.3%) either provided no response to this item or reported that no changes were necessary. Requests for more time with UHELP facilitators through more and ongoing sessions was suggested for improving the program.

Program factors contributing to positive outcomes and thematic map

Three main themes emerged of program components or factors of UHELP which underlie the positive outcomes for young people: connectedness, confidence, and knowledge. Thematic map in Figure 1 presents main themes and their subthemes.

Figure 1

Thematic map of program factors underlying outcomes of UHELP from Aboriginal and Torres Strait Islander youth participants



Theme one: Connectedness

Social connection

Having a “safe place to talk” and to develop a sense of social connection with other Aboriginal and Torres Strait Islander young people and facilitators was the most frequent answer provided by participants as to why UHELP was beneficial to them, “I have gotten to connect with other people”.

A number expanded further that the benefit was due to the ongoing nature of the relationships formed as they would now be able to connect with the people from the program for future support, “it’s been helpful because now I got people to talk to”.

Connection to culture and community

Participants identified feeling more connected to culture and community as a primary reason UHELP helped them. Young people identified that culture had become more central to their lives and they now had greater appreciation for culture, “It has helped me learn more about my culture and where I came from”. Young people identified that they had greater appreciation

and respect for community and saw themselves as part of the community in a way they hadn't before; "I learnt that we are all connected".

Theme two: Confidence

Self-Esteem from 'cultural esteem'

Participants reported that valuing culture had helped them to better understand and value themselves, "find out about your own culture as it helps identify yourself". This was the second most frequent reason cited for UHELP's positive effects. One participant reported that they had learnt "to really appreciate who I am as an Aboriginal".

Confidence in ability to access help-seeking in the future

Participants reported increased confidence in their ability to find and access support should they need help in the future as key to UHELP's effect, "I've learnt that if I need help I've got many facilities that can help me". Some expanded this further to intention to continue help-seeking even if initial attempts proved unsuccessful "there will always be support, if not from family but from organisations and friends".

Social confidence within community

Young people reported that UHELP helped them by increasing their confidence within their community, particularly their abilities to interact with their Aboriginal and Torres Strait Islander peers. "I feel more confident when talking with the other Indigenous kids"

Empowerment

While some young people articulated UHELP's primary benefit as helping them to simply "feel more confident," a sense of empowerment for future achievements was seen more broadly throughout reasons given, such as increased confidence in "setting life goals", "It has supported me and made me think about doing well in the future".

One young person further extrapolated that UHELP helping young people to feel positive and empowered towards the future, reduces suicide risk, "Suicide is not alright, a lot of people know they have lots to live for".

Theme three: Knowledge

Cultural knowledge

Greater cultural knowledge and skills to perform cultural activities was identified as a primary positive component of UHELP, "It taught me important things about my culture". Some described specific knowledge or skills they had benefitted from learning, such as learning traditional painting or about their totems.

Knowledge of help-seeking options

Participants described learning which services or which people in the community they could access for help as an essential component of the program's effect, "I learnt when if I'm in trouble who I can go to for support", either for themselves or for other people in their community, "it provided information I could use to help anyone close to me". One young person explained that UHELP should continue to be delivered "because it shows people that there is help". Several expanded this further to identify specific services or people they could contact, like the UHELP facilitators, teachers or services involved in the program, "I can always go to headspace if I need to".

Positive relationships skills

Participants identified that learning how to maintain positive and healthy relationships was a key component of UHELP. This was reported across types of relationships including friendship, romantic partners, and community. “I learnt about healthy and unhealthy relationships whether intimate or friendships”. Some equated these skills with enabling them to “feel safe with [your] surroundings”. In addition to relational skills, participants reported learning about the importance of respectful relationships towards overall wellbeing.

Discussion and Community Recommendations

The reasons young people identified as underlying the positive effect of UHELP were increased connectedness (to peers, facilitators, culture and community), increased confidence (in their culture, their future goals and help-seeking ability) and gaining knowledge about service providers, relationships and culture.

Ongoing social connection with facilitators and peers was considered an important factor for the program’s benefit to UHELP participants. Even the four participants who reported that they had not learnt anything still reported that they had benefitted and would recommend UHELP to other young people. This suggests that the effects of UHELP are additional to the educative content provided. These findings are aligned with previous research which confirmed that treatment outcomes are more influenced by the relationships the interventions are delivered within (therapeutic alliance) than the specific intervention factors (Karver, Handelsman, Fields, & Bickman, 2006; Shirk & Karver, 2003; Shirk, Karver, & Brown, 2011). However, further exploration to examine the impacts of therapeutic alliance in group interventions as opposed to individual settings is required (Burlingame, McClendon, & Yang, 2018). While participants did describe the educational content as beneficial, it was noticeably less prevalent than ongoing social connectedness. Requests for more time with UHELP facilitators was, by far, the most frequent request from participants.

These qualitative results are consistent with community direction throughout the years that UHELP has been delivered, namely that the ongoing relationships are part of why UHELP was effective. Similarly, previous research has found that increased connectedness is protective against suicidality for young people (Whitlock, Wyman, & Moore, 2014), however, greater research is needed to examine the effects of increasing social connectedness as a primary treatment mechanism (Pickering et al., 2018).

Recommendation One

In Inala and other potential communities, the UHELP materials should not be delivered as a stand-alone program delivered without facilitators who are available for young people to maintain ongoing connection with during and after the sessions.

Having a safe place to share was observed through participants reasons for why UHELP was beneficial. These findings may reflect that Aboriginal and Torres Strait Islander youth were not comfortable to discuss their specific challenges at many youth mental health spaces as the stressors, risk and protective factors contributing to their suicidal trajectories are different than those experienced by their non-Indigenous peers (De Maio et al., 2005; Soole et al., 2014). For example, research continues to demonstrate the considerable impact of experiences of racism and discrimination on suicide risk for Aboriginal and Torres Strait Islander young people (Davison, Nagel, & Singh, 2017; Gibson et al., 2021a; Jamieson, Paradies, Gunthorpe, Cairney, & Sayers, 2011; Thomas, Cairney, Gunthorpe, Paradies, & Sayers, 2010). Previous research has found that Aboriginal and Torres Strait Islander young people often anticipate that

help-seeking services will not be welcoming or culturally-appropriate (Kendall & Barnett, 2015; Price & Dalgliesh, 2013). Unfortunately, racist and discriminatory experiences which confirm these expectations are frequently reported in health settings and reinforce reluctance to access support (Isaacs, Pyett, Oakley-Browne, Gruis, & Waples-Crowe, 2010; Kelaher, Ferdinand, & Paradies, 2014). This finding may also reflect that it can be an atypical experience for Aboriginal and Torres Strait Islander youth to feel safe or welcomed in mainstream help-seeking or service settings.

Participants reported greater confidence in their ability to access these services as an essential factor to UHELP's effect. As Indigenous young people are more likely to die by suicide without having accessed mental health services, strategies to increase service acceptability and accessibility are crucial to reducing suicide rates (Department of Health & Aging, 2013; Soole et al., 2014). While some participants reported general increased intentions to access support, "there is always help available", most reported intentions to access the specific services provided by UHELP which was perceived as safe and accessible rather than the many other services for which contact details and information was provided. Young people's accessibility was interpreted by community members as conditional upon the formation of strong connections with service individuals. This is consistent with previous research exploring barriers to help-seeking for Aboriginal and Torres Strait Islander young people which found that without existing relationships or connection, many would not feel comfortable to access help (Price & Dalgliesh, 2013).

The clinical and cultural governance protocols throughout this project acknowledge that it would not be safe to deliver this program content (which inevitably leads to discussions of violence, genocide, and suicide) without clear referral pathways for young people who may become distressed or require mental health treatment. In response to these thematic analysis findings, community and organisational partners discussed that young people in the community may need to build rapport with service provider personnel before they need to be referred. As the program was delivered in the context of service mistrust, it was reflected that in order to safely deliver the program content it wasn't enough for facilitators to only provide contact details or refer young people who were identified as at higher risk during the program. Several community members expressed that even young people who did not participate would feel more comfortable to access these services as result of cultural vouching through community.

Recommendation Two

For future deliveries of the program in Inala and other communities it was recommended that UHELP should be delivered in partnership (or at least partially attended by) people from organisations providing mental health treatment (such as *headspace*, CYMHS, ACCHOs etc.) where young people could be referred if they needed treatment in the future.

Increased cultural knowledge, connection to and value of culture were important themes to UHELP's positive effects. This is a promising result as cultural connectedness is essential to social and emotional wellbeing (Dudgeon, Bray, D'Costa, & Walker, 2017; Gee, Dudgeon, Schultz, Hart, & Kelly, 2014; Swan & Raphael, 1995) and associated with positive outcomes across domains including health, education and employment (Dockery, 2010). The number of participants providing this response was surprising to facilitators as they felt that limited time was dedicated to cultural activities or education, as compared to other topics. These components may have been more noteworthy to participants as other school-based programs also discuss psychological and physical health, but few provide cultural education.

When disseminating results at SPAMHP meetings, the most accepted interpretation by community members of this finding was that cultural knowledge has a uniquely protective effect as it strengthens and clarifies cultural identity and sense of self; As one participant aptly reported “I know I’m strong because culture is strong”. This led to discussions of not only the protective effects of increased cultural identity and connection but also the mechanisms by which cultural factors protect against suicidality. Recent analyses in Queensland found that communities with greater cultural connectedness had lower suicides rates for Aboriginal and Torres Strait Islander young people (Gibson et al., 2021b). In Canada, First Nations communities with cultural facilities, greater language use, land claims, community governance over education, health, police and child services were found to have lower youth suicide rates (Chandler & Lalonde, 1998; Hallett, Chandler, & Lalonde, 2007). The authors proposed that cultural continuity - connection to a past and future cultural lineage - reinforces connection and commitment to young peoples’ own personal futures which buffer against hopelessness and suicide risk (Chandler & Lalonde, 1998; Chandler & Proulx, 2006; Lalonde & Chandler, 2009). In an Australian context, Aboriginal men’s suicide risk was found to decrease after engaging in a traditional art program (Rasmussen, Donoghue, & Sheehan, 2018). However, no casual pathways have been explored. These findings generated the most discussion with facilitators, program authors, community members and Elders, from which it was acknowledged as a community priority for future UHELP evaluations to examine protective effects of cultural identity and connectedness. This recommendation mirrors other research exploring Elders’ advice on suicide prevention in which loss of cultural connectedness was identified as a contributor to self-harm and suicide risk (Gooda & Dudgeon, 2014).

Recommendation Three:

For future UHELP deliveries, it was recommended that the evaluation methodology include components to assess the impact of UHELP on cultural connectedness and identity to further explore the protective effects of cultural factors against suicidality for Aboriginal and Torres Strait Islander youth.

The reasons young people believed UHELP worked pertained primarily to the delivery framework (time with facilitators and peers), safety procedures (connecting with service providers), and activity components (cultural activities and learnings) rather than the educative content. These results are consistent with findings that therapeutic alliance, client expectations, and contextual life factors influence young peoples’ psychotherapy outcomes more than specific intervention features and mirrors calls from researchers to further examine the context within which programs are delivered and strengths brought by young people (Shirk & Karver, 2003; Sparks, Duncan, & Miller, 2007; Wampold, 2015). Further research is needed to understand the impact on treatment outcomes of the factors proposed by young people in this study, such as ongoing relationships, cultural connectedness or the community governance context (Mohatt, Fok, Burket, Henry, & Allen, 2011; Snijder, Shakeshaft, Wagemakers, Stephens, & Calabria, 2015).

Importantly, these findings propose theoretical explanatory mechanisms contributing to the reduced suicidal ideation scores found in the UHELP pilot evaluation: 1) developing connections with people in the community and service provider staff who could be accessed for future help-seeking, and 2) increasing connection and value of culture to increase self-esteem and hope for the future.

Some limitations should be noted. As only 55.6% of program participants chose to complete this survey, the results may be biased as participants who had negative experiences may not have participated in the survey. These findings are not generalizable to all young

people who have participated in UHELP. Further, these findings are drawn from the subjective assessment of people choosing to participate in UHELP which may further influence results in this direction.

Nevertheless, including this qualitative component in future UHELP evaluations (in addition to the self-esteem, suicidality, and mental health evaluation questionnaires) will allow greater understanding of young people's experiences and opinions into effective suicide prevention programs and facilitate continual youth-directed program improvements.

Conclusion

This qualitative study has provided novel insights into young peoples' experiences of a culturally-grounded Aboriginal and Torres Strait Islander youth suicide prevention program which has led to organisational and community endorsed recommendations for this program's continued implementation and future evaluations. This study, which privileges young peoples' voices, revealed components which Aboriginal and Torres Strait Islander youth value and prioritise in health promotion and treatment activities, namely building ongoing connections, increasing individual and collective confidence, and gaining cultural knowledge and life skills. These findings can be potentially applied in other health domains for which marked health inequalities persist (Azzopardi et al., 2018).

Traditional suicide prevention approaches have, thus far, largely failed to effectively respond to the unique suicide trajectories of Aboriginal and Torres Strait Islander young people within their broader physical, social, emotional, historical and cultural contexts (Elliott-Farrelly, 2004; Henry, Houston, & Mooney, 2004; Hunter & Milroy, 2006). The insight and experiences of young people who are best placed to both understand the needs of their community and peers and provide solutions to these issues are crucial to address these disparities (Dudgeon et al., 2016). This study also provides a 'real-world' example of translation and application of research findings which respects young peoples' views by presenting tangible recommendations informed by their advice and experiences.

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i In this paper, we refer to Aboriginal and/or Torres Strait Islander individuals as ‘First Nations’ or ‘Indigenous Peoples.’ However, it is acknowledged that significant cultural, historical and social differences exist between the many First Nations people groups in this land now called Australia.