



**Indigenous
Australian**
Lived Experience
Centre

Priorities for Suicide Prevention:

*A First Nations Lived Experience
Collective Statement (2026)*

Emerging from the National Indigenous Lived Experience Group (NILEG)
Waiben, Torres Strait | October 2025

Contents

Introduction	3
Priority 1: Invest in Culture and First Nations Structures of Care	4
Priority 2: Promote Healthy Relationships, Love and Safety	5
Priority 3: Support People to Address our Individual and Collective Pasts	6
Priority 4: Use and Honour Existing First Nations Knowledge and Evidence	7
Priority 5: Deliver Intersectional, Culturally Responsive Services	8
Priority 6: Hold Services Accountable for Genuine Care and Community Trust	9
Priority 7: Build and Sustain a Supported Peer Workforce	10
Priority 8: Remove Red Tape and Build Systems that Move with Our People	11
Priority 9: Treat Social Justice as Suicide Prevention	12
Priority 10: Restore Hope by Returning Ownership of Stories	13
Cross-cutting principle: Localised Responses and Community Readiness	14
Conclusion	15



Introduction

Across the continent, Aboriginal and Torres Strait Islander Peoples continue to experience profound levels of distress, loss and grief due to suicide. Yet within every community, there is also extraordinary strength, courage and knowledge. The voices of lived experience – those who have journeyed through distress, survived an attempt, supported a loved one, grieved a loss, or carried community healing responsibilities – remain our most powerful guides for change.

In October 2025, members of the National Indigenous Lived Experience Group (NILEG) came together on Waiben (Thursday Island) for the IALEC Annual Gathering.

This paper presents 10 Priority Areas identified collectively by the NILEG. These priorities are for government, for services, and for every system that has a responsibility to our people and our collective wellbeing.

“

“Our knowledges can help more than just our community. [Listening to First Nations Lived Experience will] produce better outcomes for services for all clients.”

”

“

“We continue to lose our loved ones – your way isn’t working. Its time to try a different approach... that’s lived experience.”

”

“

“If you don’t have local lived experience voices involved, you’ll miss the truth. You’ll fund these complicated interventions, sometimes what works is the simple stuff that only the community knows.”

”



Priority 1:

Invest in Culture and First Nations Structures of Care

What we heard

Culture was consistently described as the deepest protective factor for our people, despite feeling it is perceived as a wellbeing “add-on” by Western power-holders. Connection to Country, Community, cultural authority, and our ways of healing remain central to wellbeing – yet are rarely understood and too often excluded from policy and service design. Governments and service providers must move beyond eliminating discrimination, and commit to sustained resourcing for cultural structures of care that are shouldering much unseen suicide prevention work.

“When you have your identity and connection to Country – you do have good mental health because you’re home.”

“We’re brought up to serve our people and I love my people.”

“Lore is coming back. We have to stand up and talk lore.”

Key messages:

- Invest directly in community-led cultural renewal, healing on Country programs, and cultural governance as core suicide prevention infrastructure.
- Develop national data and evaluation systems that capture the impact of cultural practices, kinship care, and informal community support in suicide prevention outcomes.
- Create funded roles for Elders and cultural leaders as recognised providers of care, guidance and governance, including beyond the Aboriginal Community Controlled sector.
- Resource communities to teach, practice and govern through their own systems of Lore, including cultural education for young people, men’s and women’s business, and intergenerational knowledge transfer.
- Mandate SEWB as the organising framework for all government-funded mental health initiatives.
- Support and resource local community leaders to speak about mental health and suicide prevention in culturally grounded ways within their own communities.



“

“Our people have survived for thousands of years because of our cultural structures. How do we invest in that? How do we put our energy into that?”

”

Priority 2:

Promote Healthy Relationships, Love and Safety

What we heard

Relationship distress, particularly romantic relationship breakdowns, coercive control, and unhealthy patterns, were repeatedly identified as a major driver of crisis. While we are inherently deeply relational and respectful people, the impacts of trauma and colonisation are showing up in harmful relationship cycles and limited models of healthy love. For many of our people, especially young mob, intense conflict and emotional overwhelm in intimate relationships can rapidly escalate toward suicidal states.

“Our trauma is reflected in our romantic relationship choices... We accept the love we think we deserve.”

“When we don't have good supports we can end up with people who aren't good for us and don't help us be strong.”

“I had to walk and sit down with brothers and talk... I cannot let that thing beat me.”

“Our mob have big blow ups with their [romantic partner/s], feel this rush of extreme emotions, act fast and then lose their life. We need to help them know how to hold on when they're in that state, and stop them from getting there in the first place”

Key messages:

- Commission culturally grounded relationship education at scale across schools, youth services and community settings as a routine part of suicide prevention.
- Fund a national, Aboriginal and Torres Strait Islander-led public campaign on healthy relationships and distress, including reducing shame around seeking help in times of relationship conflict.
- Require that domestic and family violence strategies, child sexual abuse prevention and responses, and suicide prevention plans are jointly designed and funded as interconnected systems.
- Fund specialised supports for separating parents, new parents, young couples, LGBTQI+SB mob, and people healing from trauma and unhealthy relationship patterns.
- Include indicators of relationship safety, belonging and connection in national mental health and suicide prevention reporting frameworks.
- Provide ongoing resourcing for men's groups, women's groups, youth circles and family healing programs as recognised frontline suicide prevention initiatives.

Priority 3:

Support People to Address our Individual and Collective Pasts

What we heard

Negative childhood experiences and intergenerational trauma shape lifelong wellbeing. Healing was described as requiring truth-telling, understanding self, and learning emotional skills in ways that align with our worldviews.

“Our mob don’t know how to emotionally regulate, because we don’t understand ourselves”

“To find yourself sometimes you’ve gotta go back – look through your past... I needed to open up my wounds, in order to grow.”

“It’s generational – my father was a fighter, my grandmother was a fighter. I think, where did this anger come from? But it’s because we have been fighting.”

“It’s about owning our truth: We have been harmed and we have also caused harm.”

“

“There is power in understanding your own journey.”

”

Key messages:

- Invest in culturally grounded early intervention, including peer-led programs that help people safely revisit, understand and reframe their own stories in ways aligned with First Nations worldviews.
- Support individual-focused therapeutic options for First Nations people that are delivered by culturally safe practitioners who acknowledge systemic drivers of harm.
- Invest in specialist supports for child sexual abuse, family violence, addiction, removals, incarceration-related trauma and complex grief.
- Provide automatic SEWB packages for young people exiting out-of-home care until at least age 30.
- Reduce pathologising distress as a default approach – labels can be helpful for some and disempowering for others. Shift investment to strengths-based alternatives grounded in skill building, owning our stories, culture and practical supports.
- Mandate truth-telling in service and system design. Require funded services to address racism, trauma from the ongoing affects of colonisation, and grief as part of core practice standards.



Priority 4:

Use and Honour Existing First Nations Knowledge and Evidence

What we heard

There is already a vast body of Aboriginal and Torres Strait Islander research, frameworks and policy work created through decades of generosity and leadership. Too often it sits unread, ignored or unimplemented, while communities are repeatedly asked to consult again and reinvent what already exists.

At the same time, much of this important work is inaccessible to everyday community members in ways they can understand and use. There is also an ongoing information gap about what lived experience is and how it can be used by First Nations Peoples to create change.

“I’m sick of hearing that [practitioners] haven’t heard or don’t know enough about SEWB. There seems to be no respect or recognition for the generosity of First Nations people in translating our complex cultural values and approaches into biomedical-friendly formats.”

“We need translation of major policy to our communities... [there’s] amazing policy work happening, but our communities aren’t along for the ride and can’t utilise that hard work to affect change.”

“[There’s] still [an] information gap: what is lived experience and how it can be used to empower. I want our people to know”

“There is a wealth of research, frameworks and statements... yet non-Indigenous people are still unaware and our communities can’t always use it to push for change.”

Key messages:

- Redirect funding from production of new frameworks to implementation of existing SEWB and lived experience frameworks, and capturing local or innovative examples of success.
- Fund community translation of policy, research and service information using plain language, local language/s, and local themes.
- Mandate evidence of prior learning, requiring agencies to show how they have used existing First Nations knowledge before commissioning new work.
- Invest in community-led evaluation and sharing of local success.
- Fund community education on lived experience leadership, delivering programs that help communities to understand the value and pathways of using lived experience to drive change.



Priority 5:

Deliver Intersectional, Culturally Responsive Services

What we heard

People need services where they can bring their whole self, without being sent elsewhere or facing discrimination for different aspects of identity (cultural identity, gender diversity, LGBTQI+SB, disability, neurodivergence, AOD history, trauma, etc.). Accessing different services based on different parts of your identity is burdensome and compounds distress. Designing services and systems with the most marginalised service-users front of mind will result in better outcomes for everyone.

“Being able to bring your whole self to one service – knowing that we won’t be discriminated against for any of our identities.”

“Services shouldn’t be working in silos, intersectionality must be honoured.”

“[Elevate] the role models who practice acceptance and unconditional love.”

“Services that are accessible to everyone – everyone should be able to go anywhere.”

“People with intersecting identities must lead what ‘safe’ looks like.”

“It’s exhausting when you’ve gotta hide one half of yourself just to get support. It just means we won’t bother... We’re losing our young rainbow mob at heartbreaking rates.”

Key messages:

- Embed intersectionality in funding requirements by mandating co-design with people who hold intersecting identities as a condition of all mental health and suicide prevention grants and contracts.
- Make cultural safety a measurable performance standard by requiring all funded services to report annually on cultural responsiveness, including mainstream services and services focused on intersectional identities.
- Fund dedicated Aboriginal and Torres Strait Islander navigation roles to support people with complex, intersecting needs and reduce the need to retell trauma across multiple services.
- Make all services accountable for meeting the needs of our people, not only Aboriginal Community Controlled Organisations.
- Require intersectional representation in governance and advisory structures, including mandated participation of Aboriginal and Torres Strait Islander LGBTQI+SB (rainbow mob) voices in all projects and reference groups.
- Invest in workforce capability through contract deliverables, requiring funded services to implement training in intersectionality, anti-racism, disability inclusion and LGBTQI+SB safety, led by lived experience experts.
- Commission integrated, SEWB-grounded models of care that address cultural connection, identity, disability, AOD and mental health needs together, rather than funding siloed single-issue programs.

Priority 6:

Hold Services Accountable for Genuine Care and Community Trust

What we heard

People can feel the underlying motivations of services. Services are more likely to feel safe for our people when real genuine care is the underlying motivation, rather than when systems prioritise liability, outcomes or optics. Communities also raised concerns about extractive approaches such as collecting data, stories or “engagement” without giving anything back. Crisis attention without follow-through was described as harmful.

“Services are more interested in the result not the person. They want to make sure [they’re] not liable rather than make sure you’re well.”

“They descend on us when a crisis happens, like vultures, then disappear when the real ongoing work has to happen.”

“Service delivery needs to earn respect - and they can do that by SHOWING respect.”

“Thursday Island collects data on the whole [Torres Strait Island] region [for benefit], but doesn’t service us.”

“My lived experience gives me knowledge and the ability to empathise where I know colleagues just lose sight of the human-ness of it all and Community can tell.”

Key messages:

- Create national indicators that measure the gap between services and community reality. Data systems must identify when people in crisis are not engaging with services at all, or avoid them because they are seen as unsafe or irrelevant.
- Tie funding to demonstrated community trust and cultural accountability as a core performance measure.
- Fund long-term relationship-based service contracts, ending short-term pilots with stable, place-based investment.
- Create reciprocity requirements so that data extraction without demonstrated and communicated community benefit is ineligible for funding.
- Resource local review mechanisms led by lived experience voices, where community can assess whether services are living their values.



“[Services and practitioners] are competing over numbers and doing the bare minimum to avoid risk, and we’re dying out here.”

Priority 7:

Build and Sustain a Supported Peer Workforce

What we heard

The peer workforce was identified as a key path forward for achieving culturally responsive and effective interventions. However, it was identified that lived experience-led work is sadly occurring without adequate organisational support including an appropriate foundation of respect for lived experience expertise, especially for First Nations workers.

“Use a peer; there are unspoken, unwritten lines of respect and trust that can be utilised.”

“There needs to be proper recognition for the impacts of supporting family (especially cultural ways) through loss, while also experiencing trauma oneself.”

“[Peer Workers] need to be supported in the infrastructure, like dedicated consultation rooms for peer workers or whatever they need in practice to do their job.”

“Unsupportive workplaces can put our mob in danger.”

“Our leaders are overburdened.”

Key messages:

Embed the guidance captured in the Aboriginal and Torres Strait Islander Lived-Experienced Led Peer Workforce Guide (ILEC/IALEC), nationally. In particular;

- Shift responsibility from the peer to the system: Peer roles succeed when organisations design for them properly. Services must resource, supervise and culturally support peer workers, and be accountable when systems fail them.
- Recognise lived experience as professional expertise, not as an informal or supplementary skill. Peer roles must be clearly defined and properly resourced.
- Mandate that organisations provide appropriate supervision (and/or cultural mentoring), and protections from burnout, vicarious trauma, bullying and lateral violence.
- Account for cultural load in workforce design, including in contracts and workload planning.
- Ensure lived experience leadership is embedded in governance and commissioning, not only service delivery.



“

“I have western degrees... but I know what makes me really good at my job, is my lived experience. [Management] tolerate [my use of lived experience informed approaches], but don’t value that.”

”

Priority 8:

Remove Red Tape and Build Systems that Move with Our People

What we heard

Systems were repeatedly described as fragmented, inflexible and poorly designed for the realities of First Nations lives. Our people are mobile, connected across families and Country, and often move between regions and states. Yet records, services and supports do not move with us. Each move requires relearning new systems, retelling stories, and re-establishing eligibility, creating barriers to care and continuity that compound distress.

“Our people have itchy feet – we’re going to move around.”

“Documents and records don’t get transferred, we have to re-hash everything.”

“We have to learn new systems in new states, while already struggling and needing help.”

Key messages:

- Review the administrative and jurisdictional barriers that prevent continuity of care across regions and states.
- Create a national SEWB portability system that allows supports and records to follow people across jurisdictions (with informed consent).
- Enable information sharing across services and jurisdictions in ways that are culturally safe, consent-based and person-led.
- Review and reduce the burden of reassessment, paperwork and eligibility checks that delay or block support.
- Establish a federal coordination authority leading a national approach to First Nations continuity of care.

“

“There should be one system across the whole country for our mob. State lines are red tape costing lives.”

”



Priority 9:

Treat Social Justice as Suicide Prevention

What we heard

Suicide cannot be separated from the conditions people live in. Housing stress, poverty, racism, alcohol saturation, domestic violence, workplace toxicity, child abuse, border bureaucracy, climate anxiety and the justice system all contribute to distress. These are not background issues or contextual factors. They are suicide risk or prevention.

"They call us a developed country. Enough is enough. [The Torres Strait Islands are] not even on the map."

"The trauma is held in our Country. Instances of murder and extreme tragedy have so recently occurred on these lands... Even the most beautiful places have ugly sides."

"I don't want to go out when referendum is on, or voting is on, I stay in my house for 4 or 5 days. It's too heavy."

"I can get stuck thinking about what might happen to my 20 nephews vs 20 non-Indigenous kids. It weighs on you."

Key messages:

- Invest in community-controlled infrastructure including safe houses, women's/men's spaces, youth hubs and cultural healing centres.
- Expand access to psychosocial programs as essential prevention infrastructure.
- Prioritise urgent investment to address unreliable internet, water security, service centralisation, inequitable crisis access and climate-related stressors that compound daily distress in remote and Torres Strait communities.
- Require housing, justice and social services to measure and publicly report on their impact on Social and Emotional Wellbeing.
- Review and uplift the capacity of housing, justice and social services workforces to safely identify and respond to people in suicidal distress or escalating wellbeing concerns.
- Act on racism against First Nations people as a National public health priority.



"People don't need fancy interventions – they need basic help to sort real-life problems. Services need to stop passing us on to the next one"



Priority 10:

Restore Hope by Returning Ownership of Stories

What we heard

A central theme was the power of owning our own stories. When First Nations people are supported to revisit, tell, and shape their own narratives, it can be protective and life-saving. When stories are interpreted or rewritten by systems that do not understand our worldviews or lived realities, the impact can be deeply disempowering and harmful.

Community described how interactions with health, mental health, child protection, education and justice systems result in documentation trails, diagnoses and deficit-based interpretations of behaviour created by professionals who do not know them, their families or their communities. These records often follow people from system to system, shaping future interactions, expectations and treatment. For those who enter systems at a young age, these narratives can accumulate over time, shaping expectations, limiting opportunity and eroding hope.

Young people spoke about internalising clinical language, racism, homophobia and system judgements about them without even fully understanding them. This was compounded by frustration and exhaustion with constant paperwork, assessments and repeated mental health care plans that must be renewed and reviewed.

In contrast, culturally safe spaces to share story were described as releasing, healing and empowering.

“The poor kids that are being tossed from system to system have these mile-long records. I’ve seen my colleagues read one page and decide they know exactly who this young person is. They never get a starting chance.”

“[IALEC] is a good space because I can share my story and let it out, and it can go on the breeze and make its way across the seas and go where it needs to go, and it’s not in me anymore.”

“Indigenous people, the one thing we are good at is kariyan, but we are also good at loving people. On the islands we call that good paisan.”

Key messages:

- Recognise ownership of story as a protective factor and fund culturally-grounded safe storytelling initiatives.
- Reform record-keeping practices to reduce the harm caused by deficit-based documentation, diagnoses and system narratives that follow people across systems and shape future care.
- Build workforce capability on the power of language. Train all human services professionals on the impact of record-keeping on identity, trust and outcomes, and to actively review and correct historical records where they are harmful or inaccurate.
- Review and streamline paperwork and repeated reassessments where they do not demonstrably improve wellbeing.
- Invest in initiatives that celebrate Black excellence, resilience, and collective care as central to healing.



“[Service providers] had a version of me on paper that followed me like a storm cloud. Everything got better the day I decided they don’t know me, and I can write my own story”



Cross-cutting principle: Localised Responses and Community Readiness

Communities are at different stages of readiness, and suicide prevention responses must match local reality. In some places, the priority is simply access to services and stigma reduction, not further program refinement.

Only local lived experience voices can determine what will work on their Country. Generic, fly-in models continue to undermine trust and uptake. Effective approaches provide the bones of an evidence-informed model while trusting communities to shape delivery to local culture, language, strengths and pressures – particularly for young people navigating multiple worlds.

“Here is the bones of something, you take this and work out how this can work on your Country.”

“Specialised, not narrow, approaches.”

“The timeframes that are set by the sector are white ways. There’s no timeframe for some of the healing we’ve got to do.”

Key messages:

- Fund flexible, place-based models that communities adapt locally.
- Match investment to community readiness.
- Require all initiatives to be shaped and led by local lived experience voices.

“

“This ‘legacy’ stuff is so harmful, using outdated methods they’re not willing to change, even if it doesn’t work, they just say “its the way we’ve always done it.”

”



Conclusion

This priorities paper reflects the collective wisdom and cultural strength of First Nations people with lived experience across Australia.

The NILEG calls on governments, services, researchers, and sector partners to walk alongside First Nations lived experience leaders and invest in these priorities with urgency, respect and accountability. Please honour the courage of mob who continue to advocate for change despite relentless loss.

The message is clear:

Culture saves lives. Community saves lives. Lived experience leadership must shape the future.





**Indigenous
Australian**
Lived Experience
Centre