

# Submission to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs

Inquiry into racism, hate and violence directed at  
Aboriginal and Torres Strait Islander people

May 2026



## Acknowledgement of Country

The National Suicide Prevention Office (the NSPO) acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters on which we live, work and learn.

## Lived experience acknowledgement

The NSPO recognises the individual and collective contributions of those with lived and living experience of suicide. People who experience suicidal thoughts, have survived suicide attempts, cared for a person in suicidal crisis or have lost a loved one to suicide demonstrate tremendous generosity through providing their expertise and insights. Every person's journey is unique and a valued contribution to Australia's commitment to suicide prevention reform.

## Sources of support

Please be aware this document contains distressing material and may have significant emotional impacts. Please take care of yourself as you read it and ask for help if needed. Support is always available. You may find the below information useful.

**Lifeline:**

13 11 14  
[Lifeline.org.au](https://www.lifeline.org.au)

**13 YARN**

13 92 76  
<https://www.13yarn.org.au/>

**Brother to Brother:**

1800 435 799  
[Brother to Brother Crisis Line - Dardi](#)  
[Munwurro](#)

**ReachOut:**

[au.reachout.com](https://www.reachout.com.au)

**Yarning SafeNStrong**

1800 959 563  
[Yarning SafeNStrong | VAHS](#)

**headspace:**

1800 650 890  
[headspace.com.au](https://www.headspace.com.au)

**Suicide Call Back Service:**

1300 659 467  
[Suicidecallbackservice.org.au](https://www.suicidecallbackservice.org.au)

**LGBTIQ+ community:**

1800 184 527  
[Qlife.org.au](https://www.qlife.org.au)

**Beyond Blue:**

1300 224 636  
[Beyondblue.org.au](https://www.beyondblue.org.au)

**Kids Helpline:**

1800 551 800  
[Kidshelpline.com.au](https://www.kidshelpline.com.au)

## About the National Suicide Prevention Office

The National Suicide Prevention Office (NSPO) is a specialist office located alongside the National Mental Health Commission within the Department of Health, Disability and Ageing. The NSPO provides robust, evidence-based insights and advice to guide and support all levels of government to take coordinated action to reduce suicide and suicidality. The work of the NSPO is informed by people with lived and living experience of suicide and draws on the rich combined knowledge and expertise of individuals, communities, service providers, advocates, researchers and government agencies.

The NSPO developed the *National Suicide Prevention Strategy 2025-2035* (Strategy), which was formally endorsed by all relevant Commonwealth portfolios and all states and territories before being launched in February 2025. In November 2025, the NSPO also released the first component of the National Suicide Prevention Outcomes Framework (Outcomes Framework). Once complete, the Outcomes Framework will enable a more complete and more meaningful picture of progress against the objectives of the Strategy. The National Suicide Prevention Strategy was developed in alignment with the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035* and so seeks to address the structural inequities that have resulted in disproportionate rates of suicide among Aboriginal and Torres Strait Islander communities. Both strategies stress the importance of a preventative approach that recognises and addresses the social determinants of suicidal distress, pointing to racism and discrimination as determinants uniquely impact Aboriginal and Torres Strait Islander peoples.

## Submission

This submission draws on the *National Suicide Prevention Strategy 2025-2035* and aligns with the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2025-2035*. Racism in all its forms is a significant contributor to suicidal distress experienced by Aboriginal and Torres Strait Islander peoples.<sup>i</sup> Both national strategies recognise that reducing suicidal distress requires addressing the social determinants of suicidal distress, including racism and discrimination. A social determinants approach recognises that the unique and disproportionate structural and institutional inequities that Aboriginal and Torres Strait Islander peoples experience contribute to suicidal distress and suicidal behaviours. Approaches that are self-determined and community-led offer the greatest opportunity to provide culturally responsive and effective care<sup>ii</sup> and are most likely to address the drivers of distress before it escalates to *suicidal* distress. This submission, therefore, recognises the collective wisdom and knowledge already extant in First Nations programs and strategies alongside the agency of Aboriginal and Torres Strait Islander communities.

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Aboriginal and Torres Strait Islander people are more than twice as likely to die by suicide compared to non-Indigenous people. Research has also shown that people who experience racial discrimination are at an increased risk of dying by suicide.<sup>iii</sup> Racism against Aboriginal and Torres Strait Islander people is experienced concurrently across various dimensions, which cumulatively contributes to social disadvantage and exclusion. Interpersonal, institutional, and structural racism operate at different levels of society to produce the conditions that marginalise Aboriginal and Torres Strait Islander people.<sup>iv</sup> Tackling the disproportionate impacts of racism and discrimination on the rates of suicide requires directing efforts across all manifestations of racism.<sup>v</sup> Experiences of racism often result in psychological, and behavioural responses that make those impacted by racism more likely to avoid environments they feel may expose them to further racism. This results in disengagement from support services, and reduced trust and satisfaction in support interactions.<sup>vi</sup> The lack of culturally safe services can also compound structural exclusion that can limit social participation and economic security, all of which, increase the risk of suicidal distress.<sup>vii</sup> The persistently high suicide rates for Aboriginal and Torres Strait Islander Peoples reflect unaddressed, cumulative and systemic issues.

Institutional racism is evident when Aboriginal and Torres Strait Islander peoples face discrimination, exclusion, or are disproportionately negatively impacted due to the design, policies, or practices of institutions (even if individual members are not racist).<sup>viii</sup> Aboriginal and Torres Strait Islander peoples can experience institutional racism or discrimination across health, education, and justice systems through inequitable access, systemic bias, or exposure to harm or culturally insensitive support.<sup>ix</sup> Suicide is driven by socially determined factors such as income, employment, housing, and health.<sup>x</sup> When the impacts of racism against Aboriginal and Torres Strait Islander peoples intersect with the social determinants of suicide they compound and escalate the risk of suicide. Suicide prevention policies and programs thus need to recognise and act to address racism in all its forms as a driver of suicidal distress.

Experiences of interpersonal or institutional racism and discrimination can directly undermine social and emotional wellbeing and erode trust in support services.<sup>xix</sup> Priority reform 3 of the *National Closing the Gap Agreement* (Closing the Gap Agreement) calls for governments to, in partnership with Aboriginal and Torres Strait Islander people, commit to systemic and structural transformation to ensure government as well as government-funded institutions and agencies are free of institutionalised racism and promote cultural safety.<sup>xiii</sup> The Closing the

Gap Agreement calls for a transformation in government efforts to eliminate racism by holistically reshaping the relationship between Aboriginal and Torres Strait Islander communities and governments. However, the 2024 *Productivity Commission's Review of the National Agreement on Closing the Gap* found that very few government organisations had assessed their current organisational ways of working to identify and address institutional racism.<sup>xiv</sup> Furthermore, the review found that transformation is occurring in fragmented ways across and within governments with mixed results.

Genuine partnership should be reflected in governance arrangements that do not burden Aboriginal and Torres Strait Islander people with responsibility of programs without appropriate authority to enact changes or clear guidelines on the expectation of all parties involved. Increasing the responsibility of Aboriginal and Torres Strait Islander people to design, implement, or comment on programs and services without the commensurate authority to make changes can contribute to increased strain and cumulative stress. Research from the Jumbunna Institute of Indigenous Education and Research found that 39% of surveyed Aboriginal and/or Torres Strait Islander Australians experienced high cultural load, which comes in the form of extra work demands and the expectation to educate others.<sup>xv</sup> This itself is a reflection of institutional racism that puts the burden of work to advance Aboriginal and Torres Strait Islander outcomes onto Aboriginal and Torres Strait Islander people as opposed to the wider community. Embedding elements of genuine partnership is critical to reducing the distress experienced by Aboriginal and Torres Strait Islander people who are involved in developing and designing programs as well as those in the community who may benefit from the services they help create.

Reducing rates of suicide requires a multi-level, coordinated approach that involves government and non-government organisations recognising and addressing racism. Developing genuine relationships between program providers and local Aboriginal and Torres Strait Islander organisations and communities to deliver culturally sensitive services is critical to reducing the impact of racism and improving outcomes for service users.<sup>xvi</sup>

**Recommendation 1: Fully implement Priority Reform Three – Transforming Government Organisations of the National Closing the Gap Agreement by implementing the recommendations of the 2024 *Productivity Commission's Review of the National Agreement on Closing the Gap* to address racism in government and government-funded organisations, including:**

- **Action 3.1: Government departments develop and execute a transformation strategy for the portfolio**
- **Action 3.2: Review and update funding and contracting rules so that they explicitly incorporate accountability for funders to abide by the Priority Reforms in commissioning processes**
- **Action 3.3: Review and update Cabinet and Budget processes so that they explicitly promote, support and encourage the Priority Reforms**
- **Action 3.4: Designate a senior leadership group to drive public sector change in each jurisdiction**
- **Action 3.5: Embed responsibility for improving cultural capability and relationships with Aboriginal and Torres Strait Islander people into public sector employment requirements**

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Eliminating racism and providing culturally safe services cannot be left to Aboriginal Community Controlled Organisations alone. Mainstream services have prominent roles in enhancing service quality for all people, particularly Aboriginal and Torres Strait Islander peoples. Building the capacity of mainstream non-government services to provide culturally appropriate support that embeds trauma-informed approaches for Aboriginal and Torres Strait Islander people is therefore an important step in addressing the impacts of racism and intergenerational trauma. Improving suicide prevention outcomes requires the needs of priority populations to be embedded in mainstream services as opposed to being solely peripheral to them. This is often seen in service design approaches that create distinct streams of support for Aboriginal and Torres Strait Islander people. While important, these distinct streams of support should not come at the expense of strengthening the ability of mainstream support services to provide culturally appropriate care. It is important therefore that efforts at reform generally, and suicide prevention specifically, seek to shift the approach towards embedding Aboriginal and Torres Strait Islander needs into the core of policy and funding decisions, as well as service design and delivery.

**Recommendation 2: Develop the capacity of mainstream suicide prevention support services to provide culturally appropriate support for Aboriginal and Torres Strait Islander people**

- **Integrate the needs of Aboriginal and Torres Strait Islander people into mainstream suicide prevention policy and service design**
- **Require government funded organisations to demonstrate their efforts and achievements in reducing institutional racism in their services and link funding to performance on cultural safety**

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Addressing racism requires effort beyond just that of government and non-government organisations. Racism must be addressed at a societal level in order to see meaningful change. The Australian Human Rights Commission released their *National Anti-Racism Framework* in 2024, which articulates a whole-of-society approach to address racism against First Nations peoples as well as other racialised communities.<sup>xvii</sup> It specifically aims to recognise and mitigate the impacts of systemic racism against First Nations peoples by providing a coordinated approach to dismantling racism, promoting cultural safety, and ensuring that policies and practices are inclusive and equitable. Government is yet to respond to the National Anti-Racism Framework including a recommendation to develop a specific First Nations Action Plan to implement First Nations related recommendations. Reducing the prevalence of suicide requires concerted, transformative, and holistic change. Therefore, acting on these recommendations is important for beginning to eliminate racism in the community and to reduce the rates of suicide in Aboriginal and Torres Strait Islander communities.

**Recommendation 3: Develop a First Nations Action Plan to implement the relevant recommendations of the Australian Human Rights Commission's National Anti-Racism Framework to tackle racism at a whole-of-society level.**

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There are significant gaps in our understanding of how racism impacts suicide outcomes in Aboriginal and Torres Strait Islander communities. While we have national snapshots of racism towards Aboriginal and Torres Strait Islander communities, there is a lack of visibility of how this manifests in healthcare and service interactions, especially in terms of trends over time.<sup>xviii</sup> The lack of data delays action to ensure health and support services are safe and culturally appropriate for all people. A report by the Australian Human Rights Commission – *Health Inequities in Australia* recommended the development of longitudinal studies that analyse the impacts of systemic and institutional racism on healthcare outcomes for Aboriginal and Torres Strait Islander people.<sup>xix</sup> Beyond an analysis of impact, a monitoring system for Aboriginal and Torres Strait Islander people's experiences of racism across healthcare and support services can also establish an evidence base for what interventions reduce the impacts of racism over time. The Australian Institute of Health and Welfare (AIHW) note that existing national surveys by the Australian Bureau of Statistics (ABS) can be a data source for examining the impact or prevalence of racism. The Australian Bureau of Statistics' General Social Survey and the National Aboriginal and Torres Strait Islander Health Survey include items related to discrimination, support service use, and levels of psychological distress at a national level. These primary data collection processes can be improved by including data on experiences of institutional, systemic, and interpersonal racism within the community and from support services. However, these data either do not allow for timely monitoring (e.g. the future cadence of the National Aboriginal and Torres Strait Islander Health Survey is uncertain) or, in the case of the General Social Survey, the data cannot be used to disaggregate Aboriginal and Torres Strait Islander experiences of discrimination.<sup>xx</sup> The *Cultural safety in health care for Indigenous Australians monitoring framework* developed by the AIHW provides valuable insights, but suffers from significant data gaps due to a lack of consistent national data as well as a lack of specificity around the Indigeneity status of respondents. Additionally, integrating data between the ABS and the AIHW is critical for gathering timely information and monitoring the impact of interventions to reduce racism as well as the impacts of racism on accessing healthcare and support services for Aboriginal and Torres Strait Islander people. Both these initiatives will make visible the prevalence of racism across the community and how they impact Aboriginal and Torres Strait Islander people's experiences of engaging support for their wellbeing.

**Recommendation 4: Develop a robust, timely, and national data monitoring framework to track the impacts of racism on Aboriginal and Torres Strait Islander people's interactions with healthcare and support services by supporting:**

- **The Australian Bureau of Statistics to provide routine, timely data on experiences of racism for Aboriginal and Torres Strait Islander people through established data collection methods including the National Aboriginal and Torres Strait Islander Health Survey**
- **The Australian Institute of Health and Welfare and the Australian Bureau of Statistics to collaborate on further strengthening the underlying data for the Cultural safety in health care for Indigenous Australians: monitoring framework and ensure that stakeholders have an opportunity to provide input on high-priority data needs.**

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- <sup>i</sup> Gibson, M, Leske, S, Ward, R, Rachow, A, & Kolves, (2024). Racial discrimination and Aboriginal and Torres Strait Islander suicide mortality rates in Queensland. *Social Psychiatry and Psychiatric Epidemiology*
- <sup>ii</sup> Dudgeon, P, Milroy, J, Calma, T, Luxford, Y, Ring, I, Walker, R, Cox, A, Georgatos, G & Holland, C, (2016). SOLUTIONS THAT WORK: WHAT THE EVIDENCE AND OUR PEOPLE TELL US. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report.
- <sup>iii</sup> National Suicide Prevention Strategy 2025-2035, (2025). National Suicide Prevention Office
- <sup>iv</sup> Nazroo, J, Bhui, K, & Rhodes, J, (2020). Where next for understanding race/ethnic inequalities in severe mental illness? Structural, interpersonal and institutional racism. *Sociology of Health & Illness*.
- <sup>v</sup> The National Anti-Racism Framework: A roadmap to eliminating racism in Australia, (2024). Australian Human Rights Commission.
- <sup>vi</sup> Troung, M & Moore, E, (2023). Racism and Indigenous wellbeing, mental health and suicide. Australian Institute of Health and Welfare
- <sup>vii</sup> National Suicide Prevention Strategy 2025-2035, (2025). National Suicide Prevention Office
- <sup>viii</sup> Troung, M & Moore, E, (2023). Racism and Indigenous wellbeing, mental health and suicide. Australian Institute of Health and Welfare
- <sup>ix</sup> Dudgeon, P, & Walker, R, (2022). An urgent call to address interpersonal and structural racism and social inequities in Australia. *The Lancet*.
- <sup>x</sup> National Suicide Prevention Strategy 2025-2035, (2025). National Suicide Prevention Office
- <sup>xi</sup> Macedo, D, Smithers, L, Roberts, M, Paradies, Y, & Jamieson, M, (2019). Effects of racism on the socio-emotional wellbeing of Aboriginal Australian children. *International journal for equity in health*.
- <sup>xii</sup> Subramani, S, (2025). Cultivating trust: ethical imperatives to dismantle institutional racism in health care. *Medical Journal of Australia*.
- <sup>xiii</sup> Australia, Australian Capital Territory, Australian Local Government Association, New South Wales, Northern Territory, Queensland, South Australia, Tasmania, Victoria, Western Australia, & Coalition of Aboriginal and Torres Strait Islander Organisations. (2020). National Agreement on Closing the Gap. Department of the Prime Minister and Cabinet.
- <sup>xiv</sup> Review of the National Agreement on Closing the Gap: Study Report (Volume 1), (2024). Productivity Commission
- <sup>xv</sup> Gari Yala (Speak the Truth): Centreing the Work Experiences of Aboriginal and/or Torres Strait Islander Australians, (2020). Diversity Council Australia & Jumbunna Institute.
- <sup>xvi</sup> Socha, A, (2021). Addressing Institutional Racism Against Aboriginal and Torres Strait Islanders of Australia in Mainstream Health Services: Insights from Aboriginal Community Controlled Health Services. *International Journal of Indigenous Health*
- <sup>xvii</sup> The National Anti-Racism Framework: A roadmap to eliminating racism in Australia, (2024). Australian Human Rights Commission.
- <sup>xviii</sup> Australian Reconciliation Barometer, (2024). Reconciliation Australia
- <sup>xix</sup> Health inequities in Australia: A scoping review on the impact of racism on Indigenous and other negatively racialised communities' health outcomes and healthcare access, (2025). Australian Human Rights Commission.
- <sup>xx</sup> Cultural safety in health care for Indigenous Australians: monitoring framework, (2023). Australian Institute of Health and Welfare.

