Suicides in Aborigines; an analysis of the suicide prevention policies of Australia and New Zealand

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Abstract

The mounting suicide rates among the youths, specifically targeting the Aborigines have been a major health concern all over the world. Despite of having their suicide prevention policies in place, Australia and New Zealand face the same alarming problem of increasing suicide rates among indigenous people. This paper serves the primary purpose of comparing the suicide prevention policies for the Aborigines in New Zealand and Australia. Additionally, it also explains the reason behind this disproportionality/inclination of the suicidal deaths towards the indigenous people in these two countries which is less established in the existing research literature.

Walt and Gibson’s Health Policy Triangle was applied to The New Zealand Suicide Prevention Action Plan 2013-16 and the Fifth National Mental Health and Suicide Prevention Plan of Australia. On demonstrating a paralleled picture of the two policies, it was found that Aborigines faced a common problem of cultural barrier in both the countries which was well displayed in their health sector as well. The inequities among the non-indigenous and the indigenous people led to the increasing scores of suicides among the latter. More importantly to overcome this problem, a more holistic approach which amalgamates different external sectors like finances, media and few others along with the health policy initiatives are required to bring a positive change in the health status of the Aborigines in both the countries.

Key words: Analysis of suicide prevention policies, health policy triangle, indigenous people, Thomas and Grindle’s framework

Introduction

In recent years, the increasing rate of suicidal deaths amongst 15-29 years of age has raised global subject. Suicide, the act of deliberately killing oneself cannot be categorized under specific causes, as most of the suicides occur hastily with the interface of social, cultural and psychological factors. Approximately 8,04,000 suicide deaths occurred worldwide in 2012, demonstrating an annual global age-standardized suicide rate of 11.4 per 1,00,000 population, 15.0 for males and 8.0 for females1. Suicide is also witnessed reaching escalating proportions in the aboriginal populations worldwide 2. Out of 195 countries, presently 28 countries have their national suicide prevention policies in place to tackle this crisis. [1] Australia and New Zealand (NZ) are the two countries, which have identified suicide prevention as one of their major health goals among them. In Australia, it is an important public issue, where it was also observed that suicide rates for the Aboriginal Torres Strait Islander people are twice as high as for the non-indigenous Australians 3. Similarly, NZ also reveals some striking facts about suicides which displays that every-week on an average, 10 people die in NZ by suicide and the suicide rates of Maori are 50% more than the non-Maori 4. The current Prime Minister of NZ also highlighted the plan of rebuilding the mental health services in the country5. Now, the question arises why the suicide rates among the indigenous and non-indigenous