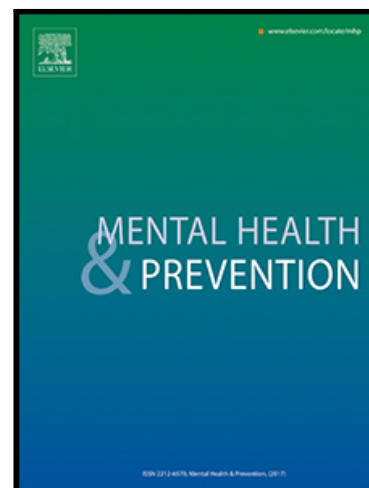# Journal Pre-proof

Components of Risk Communication in Mental Health and Suicide in Indigenous Peoples: A Scoping Review

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A Scoping Review

[Suicide Communication in Indigenous Peoples]

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Abstract

Objective: To determine the main components for mental health risk communication and suicide prevention in Indigenous peoples. **Methods:** A scoping review was conducted, searching databases such as Cochrane, PubMed, and Google Scholar, as well as gray literature, from 1990 to 2024. Studies were included if they reported components for mental health risk communication and suicide prevention in Indigenous populations. Data were extracted and analyzed using a content analysis approach. **Results:** Key components identified include mental health education, social communication built with the community, specific actions for each territory and culture, a community approach to suicidal behavior, articulation of sectors and disciplines, and strategies that strengthen care and intergenerational dialogue. These components were associated with outcomes such as stigma reduction, symptom reduction, sensitive media coverage, spaces for discussing mental health, increased community agency, and greater involvement of various sectors in mental health. **Conclusion:** Effective communication strategies are crucial for preventing suicidal behavior and other mental health risks in Indigenous populations. These strategies should be culturally tailored and involve Indigenous communities as key partners in the communication process.

Keywords: Social Communication; Mental Health; Suicide; Indigenous; Social emotional wellbeing.

1. *Introduction*

    1.1. *Suicide: A Persistent Global Health Crisis*

As reported by the World Health Organization (WHO) in 2019, suicide was the fourth leading cause of death among individuals between the ages of 15 and 29 (WHO, 2021). Furthermore, over 77% of suicides occurred in low- and middle-income countries (WHO, 2021). Suicide is defined as a fatal self-injurious act with evidence of intent to die (Turecki & Brent, 2016). In the context of suicidal ideation, active suicidal thoughts entail the formulation of a plan to end one's life, which may include identifying a method, developing a plan, and/or manifesting the intention to act (Turecki & Brent, 2016).

Those at greater risk of suicidal behaviour include vulnerable population groups that have suffered violence and discrimination, such as people of diverse sexual orientation, refugees, migrants and Indigenous people (Pollock et al., 2018; WHO, 2021). With regard to epidemiological data on suicidal behaviour in Indigenous communities, a variation in the incidence of up to 187.5 suicides per 100,000 inhabitants has been reported (Pollock et al., 2018). Similarly, notable discrepancies are evident in suicide rates between Indigenous and non-Indigenous populations in certain regions, with rates reaching up to 20 times the rate observed in non-Indigenous communities (Pollock et al., 2018).

Likewise, the global variation in suicide rates could be related to the impact of colonization processes in these regions, in addition to negative experiences due to social and economic marginalization, among other barriers that limit access to health services and discrimination towards these population groups (Agudelo-Hernández et al., 2023; Pollock et al., 2018). The importance of a greater global effort to prevent suicide and achieve equity in mental health care is evident, considering the design of specific strategies with the cultural values and knowledge of Indigenous peoples (Agudelo-Hernández et al., 2023; Malone et al., 2017; Pollock et al., 2018).

1.2.The Role of Effective Mental Health Risk Communication

To address suicidal behaviour, the WHO proposes four main elements in public policies: strengthening socio-emotional competencies, reducing the availability of mechanisms with which people commit suicide, comprehensively treating mental disorders, and improving the risk communication (Pan American Health Organization-PAHO-, (2018). These elements are outlined in the WHO's (2021) report on mental health risk. The term 'risk communication' is defined as the immediate exchange of recommendations, information and opinions between experts or officials and individuals facing a threat or risk to their survival, health, economic or social well-being (Center for Disease and Prevention - CDC-, 2020).

In the existing literature, certain elements of mental health communication have been identified as being particularly pertinent to interpersonal communication, with a specific focus on mental health literacy (Caban et al., 2023; Wexler et al., 2019). This entails the acquisition, interpretation, comprehension, and conveyance of essential mental health data (Nutbeam & Lloyd, 2021). However, it has been demonstrated that when this information is not contextualised, it can be fragmented and even act as a barrier to mental health (Mackert et al., 2015). For this reason, they have been identified through the analysis of the contexts and conditions where mental health risks occur (Kim & Willis, 2007; Major, 2018; Theodore et al., 2006).

Other authors have highlighted the necessity of considering the communicative elements in mental health risks, as outlined by Ranahan et al. (2017). These elements include the technique, which encompasses the design of actions and the methodology to achieve proposed objectives and results; the strategy, which unites the technique with the

context, with concrete social reality as the primary reference point; and the evaluative aspects, which include the values and principles that should guide the intervention.

In this context, the parameters of appropriate action are delineated, as are the criteria for goal definition, target community identification, and legitimacy determination (Ranahan et al., 2017). These parameters comprise the social conditions that engender a sense of shared responsibility and facilitate collective action (Kim & Willis, 2007; Vyncke & van Gorp, 2018). It is understood that a single event, such as suicide, provides insight into the social circumstances and policies of a community (Major, 2018).

1.3. The distinctive context of Indigenous communities

The cultural values, knowledge systems and social structures that Indigenous peoples possess shape their experiences of mental health and suicide. In order to adequately address the distinctive requirements of these communities, it is of paramount importance to develop culturally appropriate communication strategies that are resonant with their particular contexts. A significant number of Indigenous communities have endured historical trauma, colonialism, and systemic discrimination, which can contribute to heightened vulnerability to mental health issues and suicidal behaviours.

A number of studies have documented the involvement of Indigenous communities in the development and implementation of suicide prevention initiatives. For instance, Brubacher et al. (2020) reported on the case of Inuit youth in Nunavut, Canada, who played a pivotal role in the creation of a suicide prevention project tailored to their community. It is also noteworthy to mention the cases of Ríohacha and Amazonas in Colombia, where several Indigenous peoples spearheaded the development of a public policy that prioritised

community communication and an ethnic focus as a pivotal component of any strategy for the recovery and maintenance of well-being (Agudelo-Hernández et al., 2024; Patiño-Londoño et al., 2016). From this, it was concluded that the communities' own language is of great importance, as is the intergenerational role of communication and the sending of appropriate messages in line with the context and culture (Agudelo-Hernández et al., 2024).

In many Indigenous communities, traditional knowledge practices, intergenerational knowledge transfer and the reinforcement of their own processes are included in the accepted interventions to prevent imbalance or disease (Brockie et al., 2023; Lu & Zhang, 2021; Montoya Velez et al., 2020). The above is frequently overlooked in the formulation of recommendations for well-being. Indigenous communities require social communication processes that are tailored to their customs and culture in order to comprehend and mitigate the risks to their well-being (Agudelo-Hernández et al., 2024; Gone, 2022; Wexler et al., 2022), therefore, it is important to specify the components of risk communication in mental health and suicide in Indigenous towns.

1.4. Research Objective

The investigation of these elements of risk communication in the context of mental health has been identified as a global research priority (Major, 2018; Zhang, 2021). The objective of this research is to identify key components for mental health risk communication and suicide prevention strategies tailored to Indigenous communities, given the increasing rates of suicide among Indigenous populations and the critical role of effective communication. By better understanding these components, it is possible to develop more culturally sensitive and impactful interventions to reduce suicidal behavior and promote mental well-being in Indigenous populations. The findings from this research

will contribute to the development of evidence-based and culturally appropriate interventions that can help address the unique needs of Indigenous communities and reduce the impact of suicide.

2. Materials and methods

This Scoping review is based on the methodological framework presented by Arksey & O'Malley (Tricco et al., 2018), as well as the methodology manual published by the Joanna Briggs Institute for Scoping Reviews (Peters et al., 2015). The search was carried out during the first quarter of 2024.

2.1 Inclusion, exclusion and sample criteria

To conduct the scoping review, the Cochrane, PubMed, Emerald, Scopus, SciELO, Redalyc and Google Scholar databases were utilised, and grey literature searches were also conducted. The Boolean code was selected from Mesh descriptors and definitions that are widely accepted in the literature, specifically for the main components of risk communication in mental health and suicide prevention in Indigenous peoples. The research was conducted using the following keywords (Mesh and Desc): ((Suicide Prevention OR Mental Health OR Social Emotional Wellbeing) AND (Indigenous OR Aboriginal OR First Nations OR Torres Strait Islander) AND Communication AND Community)), in the mentioned databases. Furthermore, manual searches of the reference lists of relevant articles were conducted to identify any additional sources not generated in the database search.

The search was conducted in English, Spanish and Portuguese between the years 1990 and 2024, as this period encompasses the publication of the Caracas Declaration (Pan

American Health Organization, 2022), which highlights the necessity for community strengthening in mental health strategies. The selected studies were required to meet the following inclusion criteria: they must have been original studies, reviews or meta-analyses that reported on components for risk communication in mental health and suicide prevention in Indigenous peoples. Studies that merely described communication components in the general population were excluded from the results. However, they were included as part of the background context.

2.2 Study Protocol

The methodology employed in this study was informed by the recommendations of the Joanna Briggs Institute (Peters et al., 2015), in addition to those proposed by Arksey & O'Malley (Tricco et al., 2018). The PCC [Population, Concept and Context] strategy was utilised to formulate the review question. In this case, the population (P) is defined as people who received or participated in a mental health risk communication strategy. The concept (C) encompasses the components and implementation variables of the strategies, while the context (C) refers to the broader field of mental health risk communication strategies. The following questions were posed for review: The principal objective was to identify the key components of risk communication in mental health and suicide prevention among Indigenous populations. Additionally, the aim was to ascertain the outcomes of these strategies in relation to the implementation of these components.

Following the completion of the search, bibliographic citations were identified in the EndNote X9/2018 programme, and any duplicate studies were excluded. To ensure the reliability of the eligibility criteria, a random sample of 25 articles was selected for review. The inter-observer agreement was evaluated using the Cohen's K coefficient, which yielded

a value of 0.91 (95% CI: 0.66-1.00), indicating an adequate level of concordance between the observers.

The selection of studies was conducted by the panel of reviewers through a consensus process, in accordance with the established critical appraisal tools. Only those studies that demonstrated an acceptable level of quality were included in the review. The studies were deemed to be of an acceptable quality if the four evaluators reached a consensus that at least 70% of the elements assessed using the evaluation instruments were positive.

2.2.1 Study selection

Two reviewers, a psychiatrist with a doctorate in social sciences and a social communicator with a master's degree in health communication and a master's degree in anthropology, evaluated titles and abstracts according to the inclusion and exclusion criteria. The study selection process was subjected to two layers of screening: (1) title and abstract and (2) full-text review. Eligibility criteria were pilot tested on a random sample of 150 (14%) titles and abstracts until substantial interrater agreement was reached between the two reviewers (FAH, KMA); $\kappa \geq 0.70$ (Fleiss et al., 2003). When consensus was not achieved, the two reviewers consulted with another author, an anthropologist and clinical psychologist (PR) to resolve disagreements.

All eligible articles were entered into a Microsoft Excel spreadsheet, where the following information was extracted: authors, study location, strategy components, situation they face, and results or recommendations. The data were organised and analysed using a content analysis approach, with the research questions serving as a guide (Levac et

al., 2010). Duplicate components or features were removed. In the event that search results fell into multiple categories, the researchers sought to reach a consensus.

3. *Results*

The results of the present scoping review are presented in Figure 1, which shows that seventeen articles met the inclusion criteria. The majority of the articles included in this review pertain to studies conducted in low-and middle-income countries, with the exception of studies carried out in the Torres Strait.

[Insert Figure 1]

The measurement of implementation variables was found to be low. All of the studies approached the topic of suicidal behaviour from a social determinant's perspective, examining the role of social determinants in suicidal behaviour and mental health. It is evident that a pedagogical approach is required, whereby the community plays a pivotal role in identifying the key elements that constitute effective risk communication strategies for Indigenous peoples (Table 1).

[Insert Table 1]

It was highlighted that a community-based approach that emphasizes intergenerational and intercultural dialogue and the use of culturally appropriate strategies is essential for mental health risk communication in Indigenous communities. The need to strengthen community support and social resources for mental health, the importance of training for caregivers and health professionals, self-determination and cultural understanding for the well-being of Indigenous communities was also highlighted. In the Latin American region, training in coping strategies and community participation in

scenarios of armed conflict, poverty and forced displacement was highlighted. The need to strengthen culture in communication processes as a protective factor for mental health in Indigenous communities was emphasized. The studies agreed on the importance of strategies to reduce stigma and the participation of Indigenous communities in decision-making and the integration of spiritual beliefs in mental health systems to ensure that the voices and needs of Indigenous communities are heard and respected.

Conversely, an examination of the relationship between the identified components and the findings of the studies reveals that certain components are more closely associated with specific results. The community with the greatest agency was the most frequent result and was associated with the components of mental health education, social communication built with the community, specific actions for each territory and culture, a community approach to suicidal behaviour, and intergenerational dialogue. In contrast, the community approach to suicidal behaviour component was associated with more effective communication strategies, including the use of sensitive media, the provision of spaces for open dialogue about mental health, an empowered community, and greater involvement of sectors in mental health promotion (Table 2).

[Insert Table 2]

4. Discussion

This scoping review has identified the key components for effective mental health risk communication and suicide prevention in Indigenous populations. The findings emphasise the significance of culturally appropriate, community-centred approaches that address the distinctive needs and experiences of Indigenous communities. The

identification of spiritual ties, symbolic goods, cultural practices and areas of intergenerational communication are acknowledged as components that facilitate the strengthening of the sense of relevance, identity and roots.

Conversely, they cite initiatives designed to foster the growth of familial bonds, wherein a profound introspection can be undertaken concerning the prevailing circumstances of the community and families, as well as the optimal methodologies for collectively addressing challenges. Best practice programs and services that promote self-determination and community governance should prioritize reconnection and resilience within Indigenous communities (Dudgeon et al., 2022).

Studies that recommended more effective strategies identified that popular psychological narratives around gender roles and suicidal behaviours can have a negative impact on the population (Aldana, 2018; Morfin, 2016). Furthermore, the proposal includes the implementation of listening workshops, training for guardians on suicide prevention with culturally adapted strategies, recognition of emotions and associated actions, and the strengthening of the family and community environment. Furthermore, communication strategies, such as the use of radio and youth groups, are employed to facilitate discussions about suicide.

Community support is identified as a key tool in the field of psychology, with the community positioned at the core of the analytical, evaluative and intervention processes. Similarly, the studies that reported effectiveness indicated that these strategies should be conceptualised as instruments for individuals to gain greater control over their environment (Ahmed & Mao, 2023).

It is important to emphasize that the implementation of social media strategies can be a valuable tool for Indigenous communities in their quest to improve health and well-

being. These strategies offer an innovative approach that complements traditional public

health practices, allowing for more effective communication and information sharing. This

strengthens diverse health-seeking practices that respond to the specific and contextual

needs of these communities (Carlson et al. 2016).

Another study examined resources to promote electronic mental health approaches

for Indigenous communities, noting the importance of effective collaboration between

practitioners, developers, health services and government agencies (Puszka et al. 2016). In

addition, a web resource has been developed to facilitate the sharing of information,

knowledge and experience. The platform provides comprehensive resources tailored to

professionals and students working in the field of Indigenous wellbeing, fostering an

environment conducive to mutual support and collaborative learning (Krom & Thompson,

2008).

4.1.Key Components for Effective Communication:

In accordance with the findings of the present study, similar reviews have observed

that a minority of community-level communication interventions are based exclusively on

pre-existing models (Caban et al., 2023). It is therefore recommended that the approach be

based on the theory of interpersonal communication, whereby both theoretical and

empirical elements are considered in each context. This will facilitate the possibility of

disclosure, social support and self-efficacy (Caban et al., 2023). This communication

approach engages with other efficacious practices proposed for addressing mental health

issues, as it considers an intersectional approach (Nutbeam & Lloyd, 2021). This approach

allows for the more precise management of stressors at the community level, the paths to

seeking mental health help, and the use of coping strategies, guided by cultural practices and social determination (Ahmed & Mao, 2023; Zhang, 2021).

In these studies, it was determined that the most prevalent element within the findings was the community approach to suicidal behavior, followed by intergenerational dialogue. Meaningful dialogue is essential to strengthen the voices of Indigenous communities and ensure that their perspectives are respected. Such dialogue promotes mutual understanding and cooperation and recognizes the unique knowledge and cultural heritage of Indigenous communities (Farah Nasir et al., 2021).

Mental health education, which aims to reduce stigma and foster community empowerment, as well as social communication initiatives developed in collaboration with the community and strategies that reinforce care, which are designed to alleviate symptoms, were also significant elements. The actions specific to each territory and culture included the involvement of a greater number of sectors in the field of mental health. The incorporation of the recommendations facilitates the enhancement of health promotion and suicide prevention strategies, thereby enabling the observation of medium- and long-term outcomes (Agudelo-Hernández et al., 2024; Brubacher et al., 2020; Malone et al., 2017).

Community work entails an ethical commitment, a comprehension of the processes involved, the formulation of creative proposals, and the engagement of a heterogeneous group of social actors. This is done with the objective of implementing strategies that will reinforce the environments and conditions necessary for a healthy life that is sustainable over time (Watson, 2022).

It is imperative that social communication strategies are employed to mitigate the adverse psychological impact of the situation on the general population, whilst simultaneously enhancing the quality of information disseminated and the relationship

14

between communities and the health system (Lu & Zhang, 2021; PAHO, 2018). It is

therefore imperative that communication strategies are developed in collaboration with

Indigenous peoples, and that leaders and authorities at the governmental and societal levels

act to reduce fear and uncertainty, through the provision of security, the restoration of

bodily integrity, and the recovery of their territories (Agudelo-Hernández et al., 2023;

Wexler et al., 2016).

This scoping review identifies mechanisms and core components for carrying out

risk communication and community participation strategies in mental health in Indigenous

Peoples. It also identifies recommendations for designing these strategies. These include

the need to involve Indigenous communities in all stages of research and intervention

development, build trust and relationships with community members, respect knowledge

systems and cultural practices, and empower community members to take ownership of

their mental health. Likewise, intergenerational dialogue is emphasized to preserve

traditional knowledge and healing practices, with the creation of safe spaces for

intergenerational exchange and learning.

Other recommendations relate to the dissemination of mental health knowledge,

with culturally appropriate mental health educational materials and culturally sensitive

messages, adapted to the cultural values, beliefs, and specific language of the target

audience. Access to traditional healing practices was also noted as relevant. It is important

to note that, while these components are essential, their effectiveness may vary in different

Indigenous contexts. It would be beneficial for future research to investigate how these

components can be adapted to align with the specific cultural and social contexts at hand.

Additionally, it is essential to address the power dynamics and historical trauma that may

impede effective communication and mental health interventions within Indigenous communities.

4.2. Suicide and Community Networks

From a psychosocial perspective, suicide should prompt consideration of social dynamics, interpersonal interactions, link networks, and associated structural aspects (Ahmed & Mao, 2023; OPS, 2021; WHO, 2021; Zhang, 2021). It is therefore imperative that community strategies are devised to address this issue (Pollock et al., 2018). It is imperative that work be done on prevention, particularly with adolescents, through the strengthening of life skills, the consolidation of emotion management strategies and problem-solving abilities, as well as the deconstruction of myths and taboos. This should be done in a way that makes the topic open for discussion and enables the identification of individuals at risk of suicide without underestimating the reported situation (Agudelo-Hernández et al., 2024). In the literature review, a participatory approach study was used by Thorn et al. (2020) to co-design a social media campaign focused on promoting safe discussions about suicide among young people in both Indigenous and non-Indigenous communities. The use of co-design workshops not only demonstrated the safety and acceptability of this suicide prevention initiative, but also served to empower participants. By improving their communication skills around suicide and increasing their ability to identify peers at risk, the workshops contributed significantly to the overall effectiveness of the campaign (Thorn et al. 2020).

Efforts to prevent suicide should prioritize the quality of relationships (Caban et al., 2023). This entails promoting inclusive dynamics, reinforcing bonding networks,

subjecting certain inevitable and necessary bonding tensions to critical examination and intervention, and facilitating each individual's participation in matters that are of primary concern to them (Brockie et al., 2023). The linking network encompasses not only personal and familial contacts, such as peer groups, close family, and colleagues, but also encompasses community and social dynamics in general. In terms of public policy, this entails the creation of an environment conducive to mental health promotion, one that fosters opportunities for dialogue and collective action (Malone et al., 2017).

Promoting local approaches that build on community strengths is essential in the development of public health programs to support Indigenous people struggling with suicidal thoughts, and recognizing and incorporating the unique cultural, social and historical contexts of Indigenous communities can enhance the effectiveness and relevance of these programs (Armstrong et al. 2020; Iannelli et al. 2024). It is imperative to develop locally focused research that enables a comprehensive understanding of the local dynamics associated with suicide, the resources available for intervention, and the strategies previously employed. Additionally, it is crucial to raise awareness about this issue at the local level (Watson, 2022). Similarly, it is essential to identify the specific risk, and protective factors present within each community. This can be achieved by examining the social networks that can provide support to individuals and the community dynamics associated with moral and value systems (Maroto, 2017).

It is incumbent upon municipalities to facilitate the coordination of local actors and the implementation of strategies designed to enhance health and fortify identity and community bonds (PAHO, 2022). Furthermore, primary care personnel are typically

17

familiar with the local population and play a pivotal role in coordinating with other healthcare providers (Nutbeam & Lloyd, 2021).

Furthermore, non-governmental organizations (NGOs) are significant contributors to this field, as they often possess trained personnel and experience in developing diverse strategies. However, they seldom have a presence at the local level due to economic constraints (Malone et al., 2017). It can be argued that religious organizations, both in terms of their religious leaders and in terms of their organized groups, have the potential to provide a valuable contribution as a support network for people at risk and families in times of crisis (Ranahan et al., 2017; Vyncke & van Gorp, 2018).

Furthermore, any organized community group, irrespective of the underlying rationale for its formation, has the potential to serve as a support network for an individual at risk of suicide (PAHO, 2022). Such groups may be related to cultural and artistic activities, sports, environmental activities, women's empowerment and work with young people and adolescents (PAHO, 2022). The general population is also a key stakeholder, and it is essential to implement strategies that encourage the participation of interested and committed individuals. Consequently, the potential for identifying and referring individuals at risk of suicide is enhanced in a prompt and efficient manner (PAHO, 2022).

4.3. Methodological Considerations and Limitations

This scoping review elucidates the challenges inherent to conducting research in Indigenous communities, including language barriers, restricted access to research participants, and ethical considerations. The limitations of this study include the use of language, searches in bibliographic databases, and the inability to delve into experiences

published by other media, particularly oral transmissions of strategies, which are a significant aspect of many Indigenous communities.

Future studies could overcome this limitation by investigating alternative methods of knowledge transmission, particularly at the oral level, as many Indigenous peoples disseminate their knowledge in this manner. Further research is required to investigate the long-term impact of these interventions, as well as the challenges and opportunities associated with implementing them in diverse Indigenous contexts.

5. *Conclusion*

This scoping review highlights the vital importance of culturally appropriate, community-centred approaches to mental health risk communication and suicide prevention in Indigenous populations. The incorporation of the aforementioned components, including community engagement, intergenerational dialogue, mental health literacy, culturally sensitive messaging, and community-based interventions, will facilitate the development of more effective and sustainable strategies to address the unique needs of Indigenous communities. However, it is essential to acknowledge that the intricate interweaving of cultural, social, and historical elements shaping Indigenous mental health necessitates sustained investigation and the development of novel methodologies.

By prioritising the voices and perspectives of Indigenous peoples, we can work towards reducing the burden of suicide and promoting mental well-being within these communities. Additionally, researchers and policymakers must acknowledge and address the systemic

factors, such as colonialism, discrimination, and poverty, that contribute to mental health disparities among Indigenous populations.

References

Agudelo-Hernández, F., Amaya, N. V., & Cardona, M. (2023). Suicide in a Colombian Indigenous community: Beyond mental illness. *The International journal of social psychiatry*, *69*(8), 1986–1995. https://doi.org/10.1177/00207640231183922

Agudelo-Hernández, F., Chamorro, J.M., Pastas, N.M. (2024). Spiritual Disharmonies Among the Embera Dobidá: Territorial, Bodily, and Linguistic Suffering. *Journal of Applied Youth Studies*. https://doi.org/10.1007/s43151-023-00111-0

Agudelo-Hernández, F., de la Rosa Cabrera, E., De Catachunga, O., Barbosa, A., Negedeka, H., Vélez-Botero, H. & Mendoza Lasso, C. (2024). Detection and addressing of psychosocial issues in schools: an intersectoral approach for the Colombian Amazon. *Diaspora, Indigenous, and Minority Education*, 1–14. https://doi.org/10.1080/15595692.2024.2339421.

Ahmed, R., & Mao, Y. (2023). An Intersectional Approach to Understanding Beliefs and Attitudes Toward Mental Health Issues Among Muslim Immigrant Women in Canada. *Health Communication*, 1–12. https://doi.org/10.1080/10410236.2023.2252644

20

Alfaro, J. C. A. (2018). Apoyo comunitario: aportaciones para una psicología en Guatemala. *Revista Psicólogos*, *8*(23).

Armstrong, G., Sutherland, G., Pross, E., Mackinnon, A., Reavley, N., Jorm, A. (2020). Talking about suicide: An uncontrolled trial of the effects of an Aboriginal and Torres Strait Islander mental health first aid program on knowledge, attitudes and intended and actual assisting actions. PLoS ONE 15(12): e0244091.

Brockie, T., Decker, E., Barlow, A., Cwik, M., Ricker, A., Aguilar, T., Wetsit, L., Wilson, D., & Haroz, E. E. (2023). Planning for implementation and sustainability of a community-based suicide surveillance system in a Native American community. *Implementation science communications*, *4*(1), 1. https://doi.org/10.1186/s43058-022-00376-1

Brubacher, L. J., Dewey, C. E., Cunsolo, A., Humphries, S., Healey Akearok, G. K., Gong, C., & Harper, S. L. (2020). Mapping the maternal health research landscape in Nunavut: A systematic search & critical review of methodology. *Social science & medicine (1982)*, *262*, 113206. https://doi.org/10.1016/j.socscimed.2020.113206

Caban, S., Makos, S., & Thompson, C. M. (2023). The Role of Interpersonal Communication in Mental Health Literacy Interventions for Young People: A Theoretical Review. *Health communication*, *38*(13), 2818–2832. https://doi.org/10.1080/10410236.2022.2121473

Castillo Echeverría, C., & Maroto Vargas, A. (2017). El suicidio desde un enfoque psicosocial y de salud comunitaria: los resultados del diagnóstico en Santa María de Dota, Costa Rica. *Anuario de Estudios Centroamericanos*, *43*, 447-472.

Castro Arroyave, D. M., Gómez Valencia, N., Rojas Arbeláez, C. A., Patiño Londoño, S. Y., & Mignone, J. (2016). Guías bilingües: una estrategia para disminuir las barreras culturales en el acceso y la atención en salud de las comunidades wayuu de Maicao, Colombia.

Carlson B., Frazer R., Farrelly T. (2021). "That makes all the difference": Aboriginal and Torres Strait Islander health-seeking on social media. Health Promot J Austral. 32, 523–531.

Center for Disease and Prevention. (2020). Available: https://www.cdc.gov/healthcommunication/risk_communication.html

Cox, A., Dudgeon, P., Holland, C., Kelly, K., Scrine, C., & Walker, R. (2014). Using participatory action research to prevent suicide in Aboriginal and Torres Strait Islander communities. Australian journal of primary health, 20(4), 345–349. https://doi.org/10.1071/PY14043

Dudgeon, P., Bray, A., Blustein, S., Calma, T., McPhee, R., Ring, I., Clarke, R. (2022). Connection to Community. AIHW Indigenous MHSPC. https://www.Indigenousmhspc.gov.au/publications/connection-to-community

Dudgeon, P., Walker, R., Scrine, C., Shepherd, C.C., Calma, T., & Ring, I.T. (2014). Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. Canberra: AIHW. https://api.research-repository.uwa.edu.au/ws/portalfiles/portal/21410414/Full_text.pdf

Farah Nasir, B., Brennan-Olsen, S., Gill, N. S., Beccaria, G., Kisely, S., Hides, L., Kondalsamy-Chennakesavan, S., Nicholson, G., & Toombs, M. (2021). A community-led

design for an Indigenous Model of Mental Health Care for Indigenous people with depressive disorders. *Australian and New Zealand journal of public health*, *45*(4), 330–337.

Fleiss, J.L., Levin, B. & Paik, M.C. (2003). Statistical methods for rates and proportions. 3rd ed. Hoboken: Wiley.

Gibson, M., Ward, R., Lewis, S., Kilves, K., Rallah, & Darwin, L. A safe place to talk: Participant experiences and community recommendations from an Aboriginal and Torres Strait Islander youth suicide prevention program. The Australian Community Psychologist. (2022). 31(2), 23-38. https://psychology.org.au/getmedia/7d84ed5c-27e3-43db-8563-009cc8bf2567/gibson-et-al-vol-31(2).pdf

Gone J. P. (2022). Re-imagining mental health services for American Indian communities: Centering Indigenous perspectives. *American journal of community psychology*, *69*(3-4), 257–268. https://doi.org/10.1002/ajcp.12591

Iannelli, O., Hirvonen, T., Robotham, J., Song, Y.J., Occhipinti, J., Lee, G.Y., Troy, J.F., Vacher, C., Bray, A., Chang, E.P., Hickie, I.B., & Dudgeon, P. (2024). Participatory systems modelling to inform improvements in the social and emotional wellbeing of young Aboriginal and Torres Strait Islander people in Australia. The Lancet Regional Health - Western Pacific.

Jorm, A. F. (2015). Why We Need the Concept of "Mental Health Literacy." *Health Communication*, 30(12), 1166–1168. https://doi.org/10.1080/10410236.2015.1037423

Kim, S. H., & Willis, L. A. (2007). Hablando de obesidad: Encuadre de noticias sobre quién es responsable de causar y solucionar el problema. *Journal of Health Communication*, 12, 359-376. doi:10.1080/10810730701326051

Krom, I., Thomson, N. (2008). Sharing info to improve Indigenous social and emotional wellbeing. In: The Chronicle – Publication of the Chronic Diseases Network. 11 (3), 1-3.

Levac, D., Colquhoun, H., & O'Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation science : IS*, *5*, 69. https://doi.org/10.1186/1748-5908-5-69

Lu, X., & Zhang, R. (2021). Association Between eHealth Literacy in Online Health Communities and Patient Adherence: Cross-sectional Questionnaire Study. *Journal of medical Internet research*, 23(9), e14908. https://doi.org/10.2196/14908

Mackert, M., Champlin, S., Su, Z., & Guadagno, M. (2015). The Many Health Literacies: Advancing Research or Fragmentation?. *Health communication*, *30*(12), 1161–1165. https://doi.org/10.1080/10410236.2015.1037422

Major, L. H. (2018). Mental Health News: How Frames Influence Support for Policy and Civic Engagement Intentions. *Journal of Health Communication*, 23(1), 52–60. https://doi.org/10.1080/10810730.2017.1411994.

Malone, K. M., McGuinness, S. G., Cleary, E., Jefferies, J., Owens, C., & Kelleher, C. C. (2017). *Lived Lives: A Pavee Perspective*. An arts-science community intervention around suicide in an Indigenous ethnic minority. *Wellcome open research*, *2*, 27. https://doi.org/10.12688/wellcomeopenres.11330.1

Maroto Vargas, A. (2017). El suicidio en el ámbito comunitario: lineamientos para su abordaje. *Revista Reflexiones,* 96(1), 27-39.

Montoya Vélez, E. M., López Ríos, J. M., Cristancho Marulanda, S., Hernández Holguín, D. M., Valencia Franco, M. C., & Montero de La Rosa, O. D. (2020). Aproximación a la concepción de la salud mental para los pueblos indígenas de Colombia.

Morfín-López, T. (2016). Prevención del suicidio, un imperativo social.

Nutbeam, D., & Lloyd, J. E. (2021). Understanding and Responding to Health Literacy as a Social Determinant of Health. *Annual review of public health*, *42*, 159–173. https://doi.org/10.1146/annurev-publhealth-090419-102529

Pan American Health Organization-PAHO-. (2018). Prevención del suicidio: un recurso para los profesionales de los medios de comunicación. Washington, D.C.

PAHO. (2022). Servicios de salud mental de apoyo entre pares: promover los enfoques centrado en las personas y basados en los derechos. Washington, DC: OPS. https://doi.org/10.37774/9789275325995.

Peters, M. D., Godfrey, C. M., Khalil, H., McInerney, P., Parker, D., & Soares, C. B. (2015). Guidance for conducting systematic scoping reviews. *International journal of evidence-based healthcare*, *13*(3), 141–146. https://doi.org/10.1097/XEB.0000000000000050

Pollock, N. J., Naicker, K., Loro, A., Mulay, S., & Colman, I. (2018). Global incidence of suicide among Indigenous peoples: a systematic review. *BMC medicine*, *16*(1), 145. https://doi.org/10.1186/s12916-018-1115-6

Puszka S., Dingwall K.M., Sweet M., Nagel T.. (2016) E-Mental Health Innovations for Aboriginal and Torres Strait Islander Australians: A Qualitative Study of Implementation Needs in Health Services. JMIR Ment Health 3(3):e43.

Ranahan, P., Yuen, F., & Linds, W. (2017). Suicide prevention education: Indigenous youths' perspectives on wellness. *Journal of Indigenous Wellbeing*, *2*(1), 15-28.

Robinson, G., Leckning, B., Midford, R., Harper, H., Silburn, S., Gannaway, J., ... & Hayes, C. (2016). Developing a school-based preventive life skills program for youth in a remote Indigenous community in North Australia. *Health Education*, *116*(5), 510-523.

Rodríguez, J., De La Torre, A., & Miranda, C. T. (2002). La salud mental en situaciones de conflicto armado. *Biomédica*, *22*(Su2), 337-346.

Snodgrass, W. J., Rayner, V., Rice, S. M., Purcell, R., & Bowers, J. (2020). Evaluation of a culturally sensitive social and emotional well-being program for Aboriginal and Torres Strait Islanders. The Australian journal of rural health, 28(4), 327–337. https://doi.org/10.1111/ajr.12656

Theodore M. Singelis, William J. Brown, Culture, Self, and Collectivist Communication: Linking Culture to Individual Behavior, *Human Communication Research*, 21(3), 354–389, https://doi.org/10.1111/j.1468-2958.1995.tb00351.x

Thorn P., Hill N., Lamblin M., Teh Z., Battersby-Coulter R., Rice S., Bendall S., Gibson K., Finlay S., Blandon R., de Souza L., West A., Cooksey A., Sciglitano J., Goodrich S., Robinson J. (2020). Developing a Suicide Prevention Social Media Campaign With Young People (The #Chatsafe Project): Co-Design Approach. JMIR Ment Health 7(5):e17520.

Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., Moher, D., Peters, M. D. J., Horsley, T., Weeks, L., Hempel, S., Akl, E. A., Chang, C., McGowan, J., Stewart, L., Hartling, L., Aldcroft, A., Wilson, M. G., Garritty, C., Lewin, S.,

… Straus, S. E. (2018). PRISMA Extension for Scoping Reviews (PRISMA-ScR):

Checklist and Explanation. *Annals of internal medicine*, *169*(7), 467–473.

https://doi.org/10.7326/M18-0850

Turecki, G., & Brent, D. A. (2016). Suicide and suicidal behaviour. *Lancet (London,
England)*, *387*(10024), 1227–1239. https://doi.org/10.1016/S0140-6736(15)00234-2

Unicef. (2012). Suicidio adolescente en pueblos indígenas. *Tres estudios de caso*.

Vyncke, B., & van Gorp, B. (2018). An Experimental Examination of the

Effectiveness of Framing Strategies to Reduce Mental Health Stigma. *Journal of Health

Communication*, 23(10–11), 899–908. https://doi.org/10.1080/10810730.2018.1538272

Ward, R.M. (2019). Suicide prevention: exploring Aboriginal understandings of

suicides from a social and emotional wellbeing framework. PhD Thesis Doctor of

Philosophy. University of Southern Queensland. https://doi.org/10.26192/fabw-ct74

Watson S. (2022). 'Don't cross the line, you're a researcher and not an educator':

Incorporating Indigenous researchers' moral perspectives to improve ethical protocols in

health research. *Social science & medicine (1982)*, *315*, 115503.

https://doi.org/10.1016/j.socscimed.2022.115503

Wexler, L., McEachern, D., DiFulvio, G., Smith, C., Graham, L. F., &

Dombrowski, K. (2016). Creating a Community of Practice to Prevent Suicide Through

Multiple Channels: Describing the Theoretical Foundations and Structured Learning of PC

CARES. *International quarterly of community health education*, *36*(2), 115–122.

https://doi.org/10.1177/0272684X16630886

Wexler, L., Rataj, S., Ivanich, J., Plavin, J., Mullany, A., Moto, R., ... & Dombrowski, K. (2019). Community mobilization for rural suicide prevention: Process, learning and behavioral outcomes from Promoting Community Conversations About Research to End Suicide (PC CARES) in Northwest Alaska. *Social Science & Medicine*, *232*, 398-407.

Wexler, L. M., & Gone, J. P. (2012). Culturally responsive suicide prevention in Indigenous communities: unexamined assumptions and new possibilities. *American journal of public health*, *102*(5), 800–806. https://doi.org/10.2105/AJPH.2011.300432

WHO. (2021). *LIVE LIFE: An implementation guide for suicide prevention in countries.* Washington, D.C. https://iris.who.int/bitstream/handle/10665/341726/9789240026629-eng.pdf?sequence=1.

Zhang, X. (2021). Perceived Media Bias and Intention to Engage in Discursive Activities for Mental Health: Testing Corrective Action Hypothesis in the Context of Mass Shooting News. *Health Communication*, 36(14), 1921–1930. https://doi.org/10.1080/10410236.2020.1808404

Figure 1. Flowchart Systematic Reviews and Meta-analyses extension for scoping review (PRISMA-ScR).
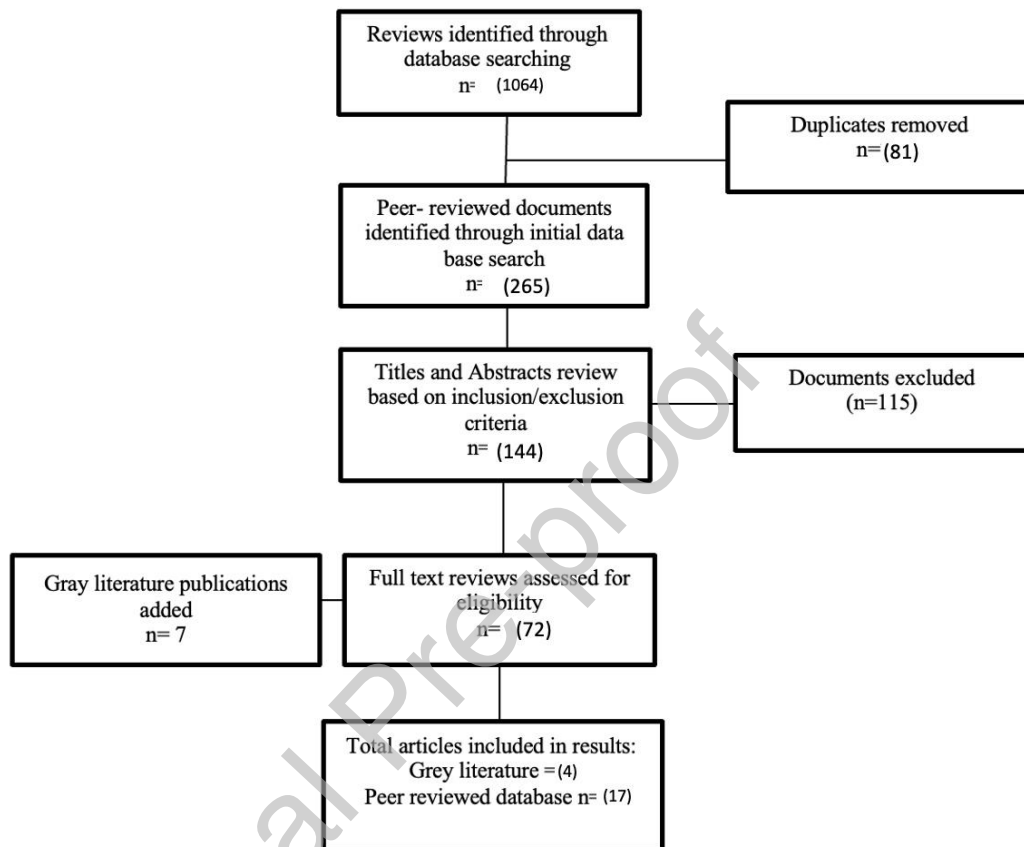
Table 1. Description of the selected studies.

Authors	Place	Study design/Methods	Components	Recommendations/Results
Rodríguez & de la Torre (2002)	People in Latin America affected by long-term conflicts and displacement.	A workshop in Colombia highlighted the severe impact of armed conflict on mental health in Latin America. Experts highlighted the significant impact of armed conflict on mental health in Latin America, including fear, violence and psychopathological disorders.	Knowing emotional reactions, differentiation between pathology, recognition of psychosocial problems, specific coping strategies. Community organization and social participation. Social communication: built with community resources. Specific actions according to local needs: flexibility and adaptation of plans to the conditions and needs of each territory.	Social communication strategies are essential to avoid or reduce fear and mental health effects in the population. Raise awareness in the media about mental health.
Castillo & Maroto, (2017)	Comunidad de los Santos, Costa Rica.	A qualitative study was conducted to understand suicide in the community and identify its risk and protective factors. The study utilized interviews, focus groups, and workshops as its methodology.	Local diagnosis to understand the multiple and diverse meanings around suicide. Psychosocial approach to suicide.	Expansion of spaces for participation. Create a support and information network on suicide. Mobilization to address structural determinants.
Maroto, (2017)	Dialogue with experts in Costa Rica	A qualitative methodology, including document analysis, interviews and focus group discussions, was used to explore power dynamics and inequalities related to suicide.	Articulation of interdisciplinary and multisectoral models based on the community. Importance of the bond in suicide prevention.	Strengthening listening spaces within communities. It also highlights the importance of community diagnosis and multi-sectoral participation in developing coping strategies.
Morfín, (2016)	Comunidad de Jalisco, México.	It focuses on analyzing the problem of suicide in society and emphasizes the importance of a multidisciplinary and community-based approach to suicide prevention.	Identify popular psychological narratives around gender roles. Promotion of listening workshops, training for guardians and interveners for suicide prevention with culturally adjusted strategies, recognition of emotions and associated actions, and strengthening of the family and community environment. Communication strategies (radio, youth groups) to talk about suicide.	Modify and question beliefs about suicide. To expand its dissemination to other medical service professionals and clinician in different health institutions and media professionals.
Aldana (2018)	Guatemala	The analysis was qualitative and theoretical in nature, with an emphasis on the incorporation of community support into psychological practice.	Social relationships based on esteem, reciprocity and horizontal communication are more significant.	Community support as a tool of psychology, places it at the center of the process (analysis, evaluation and intervention) to the community and must be an instrument for people to acquire greater control over their environment (community).
UNICEF, (2012)	Awajún Nation, Perú; Guaranies Indigenous, Brazil; young Embera, Colombia.	Surveys, workshops, meetings and individual interviews were conducted with various groups and leaders. Data on suicide rates and attempts in the Amazon region were collected including young people, women, teachers, leaders and key informants. The information was verified by experts and health workers.	Traditional communication methods within communities, particularly between generations and genders, are often insufficient in modern contexts. Intergenerational dialogue, facilitated by young people's digital literacy, can be a powerful tool. By sharing stories and experiences through media like video, photography,	Highlights the importance of identifying and leveraging cultural elements such as spiritual ties, symbolic goods, and intergenerational communication to strengthen community identity and belonging. The need for family-focused programs that promote reflection on community challenges and collaborative problem-solving. Improving

			and music, communities can strengthen their resilience and foster a deeper understanding of shared history and values.	communication between genders and generations is seen as a crucial step towards addressing the challenges arising from the decline of traditional communication mechanisms.
Robinson et al. (2016)	North Australian Indigenous groups (West Arnhem)	A preventive life skills curriculum was developed and piloted in a remote community in northern Australia to improve life skills and prevent suicide among Indigenous high school students. The curriculum was developed through community consultation and implemented in two secondary school classes.	Strengths in the community, character strengths, management of strong emotions, positive thinking, passive, aggressive and assertive communication; deal with loss, say no to alcohol, and work together with friends.	Curriculum to highlight community strengths, life skills from their own culture, risks of mental health problems, as well as appropriate ways to communicate these learnings.
Carlson et al. (2020)	New South Wales (Brewarrina, Dubbo, Illawarra), Queensland (Cairns) and Northern Territory (Darwin).	Interviews were conducted with Indigenous social media users in different locations. Participants ranged in age from 18 to 65 years, were gender balanced.	Five primary health-seeking strategies in social media: seeking health-related information, gaining emotional support, forming social health-seeking collectives, engaging with motivational and "eudaimonic" content, and connecting with formal health sources.	Social media plays a significant role in Indigenous communities' health-seeking practices. Participants rely on informal networks for health information and support, highlighting the potential of leveraging these networks to promote health. Improve the accessibility of formal health services through social media platforms and to adopt a more culturally appropriate approach to health service delivery.
Farah Nasir et al. (2021)	Remote, regional and rural areas in the Southwest of Queensland.	Community-based participatory research (CBPR) and interpretive phenomenology were used to explore mental health problems in Indigenous communities. Three focus group sessions and two semi-structured interviews were conducted over six months in regional and rural areas of Southwest Queensland.	Indigenous autonomy, wellbeing and identity. Cultural preservation and connection to country, cultural spiritual beliefs embedded in the mental health system, and autonomy over funding decisions.	Involve Indigenous communities in the design and implementation of systems and structures that affect them. To ensure their voices are heard and respected. A holistic approach that integrates cultural concepts of well-being with traditional medicine is necessary. Strengthening Indigenous identity among youth through intergenerational connections and cultural practices is vital for building community resilience and promoting positive outcomes.
Dudgeon et al. (2022)	Australia	Review of 18 programs targeting Indigenous communities in Australia that address the social determinants that contribute to suicide.	Strengthening healthy community connections was used as a pathway within the intervention or as an outcome of the intervention.	Programs aimed at promoting Indigenous self-determination and community governance should prioritize cultural continuity and resilience. By honoring elder knowledge and leadership through traditional practices and ceremonies, and by promoting cultural transmission through modern media.
Krom & Thompson (2008)	Australia	A website with resources and learning tools has been developed to promote information sharing and support for Indigenous social and emotional wellbeing.	Recognizing the significant psychological distress experienced by Indigenous people. Highlights the need for improved information sharing.	The Indigenous Social and Emotional Wellbeing web resource, complemented by a yarning space, has been established to promote the exchange of information, knowledge and experience.

Armstrong et al (2020)	Australian Aborigines and Torres Strait Islanders	An uncontrolled trial of the Talking About Suicide course included 110 Aboriginal and Torres Strait Islander participants and 82 non-Indigenous participants.	Identify risk factors, provide support, and connect individuals with professional help. Incorporate multimedia resources and interactive group activities, ensuring cultural relevance.	Recognizing the diversity of cultural practices, languages, beliefs and understandings within these communities. By promoting local approaches that build on community strengths, the program aims to improve support for Aboriginal and Torres Strait Islander people experiencing suicidal thoughts.
Iannelli et al. (2024)	Australia	A commentary on Systems Dynamic Modelling (SDM) suggests that it is a valuable method for addressing the social and emotional wellbeing (SEW) challenges faced by Aboriginal and Torres Strait Islander peoples.	Systems Dynamics Modeling (SDM) is a quantitative approach that utilizes diverse data sources to create interactive decision support tools. In mental health, SDM aids in analyzing the long-term effects of programs and social determinants on young people's mental health.	To expand the traditional understanding of mental health to encompass the broader concept of Social and Emotional Wellbeing (SEWB). This requires a strengths-based approach that focuses on the inherent strengths and capacities of Indigenous communities. Build resilience and empower Indigenous voices, aligning with the priorities and aspirations of the communities served.
Puszka et al. (2016)	Northern Territory of Australia	Qualitative stakeholder interviews were conducted to explore the use of electronic mental health approaches. Interviews were conducted with 32 professionals from a range of health services. Selection based on their familiarity with the sector and prior e-mental health training. Interviews were conducted in a manner that was comfortable for participants and were subsequently transcribed and verified for accuracy.	To assess participants' knowledge, attitudes, and perceptions regarding e-mental health resources. collaboration between practitioners, developers, health services, and government agencies is essential.	Practitioners should work with local communities to select culturally appropriate tools. Developers must ensure that tools are user-friendly and culturally sensitive. Health services should integrate e-mental health tools into existing systems, and governments should provide training and infrastructure support to increase accessibility and effectiveness.
Thorn et al. (2020)	Australian states (New South Wales, South Australia, Victoria, and Western Australia)	11 workshops were conducted, involving 134 young people aged 17-25. The workshops utilized common co-design strategies but were modified to ensure a safe and comfortable environment due to the sensitivity of the topic. At the end of each workshop, a survey was conducted to assess the youth's experiences during the process.	Defining needs, designing a campaign strategy, and conducting user testing to ensure the campaign's effectiveness and cultural relevance.	Empowering by improving communication skills and the ability to recognize peers at risk.
Ward (2019)	Australia	The research aimed to understand suicide from an Indigenous perspective by analyzing literature on suicide in the general population, conducting interviews and focus groups with Indigenous people of different ages, including men, women, young people, middle-aged people and elders, and identifying issues such as substance abuse, mental health and cultural perspectives.	Strong social support networks and open communication within communities. Provide a safe space for individuals to express themselves and seek support. The significance of strong family relationships, particularly between parents, guardians, and young people, in fostering mental well-being and addressing underlying issues and conflicts.	To recognize cultural differences within Indigenous communities to ensure that current funding, services and programs do not undermine their cultural rights and practices. To recognize the unique experiences of Indigenous peoples, such as grief, loss, trauma and dispossession, is critical to improving their social, emotional and cultural well-being. To recognize the intergenerational impact of colonization and

				dispossession on Indigenous communities.
Snodgrass et al. (2020)	Australia	413 participants completed pre- and post-evaluations of a Deadly. The workshop included videos, group discussions and measures of psychological distress, suicidal ideation, substance use, attitudes, help-seeking intentions and satisfaction.	Use of diverse presentation formats, gathering participant feedback, ensuring cultural relevance, involving community leaders in the delivery, and conducting ongoing evaluation to adapt the program to specific community needs.	Conducting rigorous evaluations to measure its long-term impact, increasing male participation, developing culturally appropriate measures, and sustaining community support. By implementing these strategies, the program.
Dudgeon et al. (2014)	Australia	A literature review of programs and initiatives addressing Indigenous mental health and social and emotional wellbeing. Grey literature on Indigenous health issues was accessed and other sources included studies identified in clearinghouse documents and related reviews. Consultation with Indigenous researchers also provided additional relevant articles.	The Framework emphasizes holistic health, self-determination, and cultural understanding as key principles for Indigenous social and emotional wellbeing. It recognizes the impact of historical trauma and systemic disadvantage and proposes strategies to address these issues.	Increasing awareness of mental health issues, promoting community support, and incorporating cultural relevance. The program's effectiveness can be further enhanced through rigorous evaluation, increased male participation, culturally appropriate measures, and sustained community support.
Gibson et.al (2022)	Australia	A community-based participatory research approach was used, in which research materials and protocols were co-designed with input from community members.	Connectedness involves social connections and cultural ties. Confidence encompasses self-esteem, help-seeking abilities, and social empowerment. Knowledge pertains to cultural understanding, awareness of help-seeking options, and positive relationship skills.	Prioritize cultural knowledge and identity to further enhance the program's effectiveness and measure its impact on cultural connectedness and identity.
Cox et al. (2014)	Australia	A participatory action research methodology was used to identify risk factors and develop strategies to enhance protective factors in communities. The data collected was then used to design a year-long program focused on promoting social and emotional wellbeing and building resilience.	Need for culturally specific strategies to enhance social and emotional well-being. Connections to culture, family, and community, focusing on youth, and addressing issues like family violence and substance abuse. A common framework, based on the concept of social and emotional wellbeing, guided each community in identifying protective factors and strategies to improve individual, family and community wellbeing.	Health issues, substance abuse, and employment across diverse communities. Culturally specific programs and strategies to improve individual, family, and community well-being. Developing culturally appropriate programs, supporting community empowerment, and addressing adverse social determinants to enhance overall well-being.
Skerrett et al (2018)	Australia	A community-based participatory research (CBPR) framework for suicide prevention. The study involved 75 participants aged 11 to 21 years. Data collection took place in three phases, with 49 participants being followed up two months after the end of the program. The evaluation used a mixed methods approach to assess the impact and cultural acceptability of the program.	Physical health, emotional health, and community engagement. Participants learned to identify support networks, practice effective problem-solving, and maintain cultural connections to enhance their overall well-being.	The program effectively increased participants' knowledge of social and emotional wellbeing, identified coping strategies, and improved their understanding of psychological health.

The authors.

33

Table 2. Heat map between components and results.

| | Resultados | | | | | |
Components	A	B	C	D	E	F
Mental health education						
Social communication built with the community						
Specific actions for each territory and culture						
Community approach to suicidal behavior						
Articulation of sectors and disciplines						
Strategies that strengthen care						
Intergenerational dialogue						

Note. A: Stigma reduction; B: Reduce symptoms; C: Sensitive media; D: Spaces to talk about mental health; E: community with greater agency; F: More sectors involved with mental health.

Present   Moderately present   Absent

Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐ The author is an Editorial Board Member/Editor-in-Chief/Associate Editor/Guest Editor for *[Journal name]* and was not involved in the editorial review or the decision to publish this article.

☐ The authors declare the following financial interests/personal relationships which may be considered as potential competing interests: