NACCHO Community LIFE Report

January 2004

Presented to the Curtin University of Technology

Photo on front: Community Life Team with Staff at the Kimberley Aboriginal Law & Culture Centre, Fitzroy Crossing. WA

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1. Purpose

The purpose of this document is to provide a final report to Curtin University on NACCHO's participation and involvement in the Community LIFE Project.

2. Overview of report

This report provides an overview of NACCHO's involvement in the Aboriginal and Torres Strait Islander Community LIFE project. NACCHO have been advocating for a concerted effort in this area for many years. Given the budget, this project was viewed as a positive way to provide much needed resources in an albeit small way.

NACCHO had project funding for six months and this report provides a broad overview of some of the existing activities and frustrations aiming to meet the high level of community need to respond to the many grief, loss and trauma issues within Aboriginal and Torres Strait Islander communities.

The report details the difficulties NACCHO encountered with the project and offers some solutions for future programs looking to address suicide issues within a holistic framework.

3. Background

NACCHO has long called for a coordinated, holistic response by governments to assist communities in addressing a vast range of mental health and social and emotional well being issues. NACCHO endorsed the 1995 *Ways Forward Report* by Pat Swan and Beverley Raphael which provided, for the first time a national pathway to address SEWB issues informed by the community. Since that time, a number of Federal and State/Territory government policies and strategies have been developed, most of which NACCHO or NACCHO State and Territory Affiliates have been key stakeholders. NACCHO has always been a very active advocate in this area of high priority for the Aboriginal community through the NACCHO membership.

NACCHO's constituency works with social and emotional well being issues on a day to day basis. While there will be various primary health care models, ACCHSs will always be required for religious, cultural, spiritual and social reasons, it is not just about seeing a medical doctor. These aspects of providing primary health care in a culturally appropriate manner can not be accessed through mainstream services. An ACCHS provides the space to get a lot of other things done; all services are under the one roof which provides a sense of belonging for many people. This includes:

- community ownership – as community have developed and shaped the service; everyone is a consumer, it is consumer driven
- a constant memorial of community members past and present who have worked tirelessly to develop service/s
- a meeting place; teaching place; learning place; our place
- a place to go when your crook
- a place to go there when you need food, to make a phone call
- a built in complaints system

- emotional support; safe place to cry,
- assistance when family and friends pass away; with funerals an AMS helps out, it provides culturally respectful support and assistance in what ever is required including the return of bodies back for burial in country.

The staff within ACCHSs work to meet the social and emotional needs of their communities. More often than not, the demand for this unique model of health care, outweighs the resource capacity to deliver well supported properly resourced programs in particular the social, emotional, spiritual and cultural health needs.

Approximately 45% of ACCHS's have counsellors and/or a range of other positions working to provide mental health and social, emotional, spiritual and cultural well being support to Aboriginal and Torres Strait Islander communities. Programs vary from service to service, dependent on their level of resource and access to other specialist services. E.g. there are ACCHSs that work in a range of ways to provide consistent quality care to those at risk of suicide of self harm, and promoting healthy lives is embedded in the day to day- whilst at the same time other activities are present, dependent on the needs of the person or family such as:

- Provision of additional counselling for those re-connecting with families through LINK UP and community programs and community
- Coordination of other social supports such as housing, Centrelink, schools
- Access to medical programs
- Access to traditional healers and elders
- Support in court and prison outreach counselling
- Community activities such as camps and gatherings to promote positive parenting, healthy lifestyles, to take a breath in life an consider
- Enhancement of living skills and coping mechanisms
- Networking with mental health services and hospitals, psychiatrists and psychologists etc.

Background to NACCHO's involvement with Community LIFE

Living is for Everyone (LIFE) is the policy framework for prevention of suicide and self harm in Australia through until 2004 and is administered through the Mental Health and Special Programs Branch of the Department of Health and Ageing.

The National Advisory Council on Suicide Prevention supported the provision of $1.6 million over 2001-2004 to Aboriginal and Torres Strait Islander life promotion activities. The funding was approved in October 2001.

During 2001-2002 the NACCHO Secretariat meet with Departmental staff to plan the implementation of the allocation of $1.6m in accordance with the objectives of the LIFE

framework. During this time NACCHO submitted two submissions and were eventually advised that NACCHO would have to form part of a wider consortium which included mainstream community LIFE initiatives. While concerned of the process, NACCHO proceeded because of the high suicide rates within Aboriginal and Torres Strait Islander communities and the urgent need for resources by members viewed critical. It was felt that it was either form part of a consortium and try and make the project work well, access and draw support and resources from those organizations, or decline and not be forced into a project set up to fail, and hope that some resources reach member organizations for community driven projects. These issues were discussed by the NACCHO Board for direction mid 2002.

NACCHO formed a strong and respectful alliance with the Suicide Prevention Association and together with other community organizations (ALGA, NRHA, SANE) developed and forwarded a submission to the Department, as agreed to by the NACCHO Board. Concurrently, two separate University based tenders prepared by Curtin and Flinders University and were also submitted.

The Department then decided to make all separate tender partners work together and directed each agency on what roles and responsibilities they would have and requested all agencies to work together to come up with a revised submission. The Department stated that no one tender could deliver on all aspects of the LIFE Framework, but collectively all groups could deliver on the objectives through a consortium arrangement where Curtin University was the lead agency.

Despite having an acute awareness that forced partnership arrangements are less than ideal and could jeopardize the integrity of NACCHO's planning, NACCHO, continued to be part of the process on the basis that:

- NACCHO would be lead agency on Aboriginal and Torres Strait Islander Community LIFE initiatives;
- The original intent of the project would not be jeopardized (see appendix one);
- NACCHO employ a national coordinator in it's secretariat; and
- NACCHO State and Territory Affiliates would be resourced with a position to implement the project's activities.

4. Engagement with Curtin University of Technology

Curtin University of Technology (CUT) was the lead agency and funds holder for the community LIFE project. A contract was signed with the Department of Health and Ageing 13 June 2002. Members of the consortium included:

- Centre for Developmental Health (CDH – based in Perth)
- Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Ausinet, based in Adelaide)
- Suicide Prevention Australia (SPA, based in Sydney).

NACCHO participated in management meetings as there was agreement that NACCHO would be a full member of the consortium pending signing of the contract. However, this did not take affect.

In good faith NACCHO employed a Coordinator within the Secretariat in January 2003 on a twelve month basis, despite not having signed a contract with CUT. From January to July 2003 the Coordinator aimed to follow the work plan (see appendix two) as much as possible, however due to a range of difficulties much of the work did not get completed. Some of the difficulties that impeded the project to proceed at full capacity included:

- Departmental interference – the Mental Health Branch micro-managed the project. Despite NACCHO having liaised with all NACCHO State and Territory Affiliates who agreed to the state/territory positions, we were informed that the State OATSIH offices advised Mental Health Branch that two Affiliates should not have these positions. This resulted in no State and Territory Project Officer Positions being filled. This alone left the NACCHO Board in an uncompromising situation.
- Significant concern was held by the NACCHO Board that positions needed to be longer than 12 months due to the magnitude of issues needing work – thus there was much discussion to try and increase the funding to at least 18 months to two years.
- Concerns with the Management/Indigenous Reference Group
    - the level of autonomy for the group to implement the project was insufficient. The lack of trust and respect resulted in too many people providing advice/direction to the Coordinator which stifled the progression of the project. This was, unfortunately, mainly due to the funding provider not letting NACCHO get on with the task at hand, despite ongoing attempts by both CUT and NACCHO to get things moving.
    - NACCHO sought the lead coordination role, in line with principles of self determination, community development, NACCHO's Manifesto on mental health and well being and indeed *Community LIFE (see appendix 2)*. This was an unresolved issue which severely restricted the project's development.
- The ongoing delays to get a contract finalised and signed (due to the above problems).
- NACCHO's safety concerns with AusEinet persistence to try and house an Aboriginal and Torres Strait Islander health promotion position in Adelaide. NACCHO advised CUT of the safety concerns which included:
    - AusEinet previous track record.
    - Quality assurance - AusEinet lack of community networks, trust, cultural knowledge, or understanding of cultural sensitivities around suicide issues in Aboriginal communities. *Do*

no harm, a very necessary component of the project was of primary concern - this was not culturally safe. AusEinet may well be the most appropriate agency to develop the communication strategy for a mainstream setting, but they are not the appropriate agency to deal with such a sensitive issue in Aboriginal and Torres Strait Islander communities. NACCHO would have assured quality assurance through the expertise within our networks. NACCHO was willing to work in partnership with other agencies on the communications strategy for better value and effectiveness.

5. Project Outcomes

As stated above, the Coordinator started in January 2003 and spent three weeks at CUT as part of an induction to the project, working along side the CUT Project Liaison Officer in March-April. This resulted in the refinement of the workplan and initial consultations.

While waiting for formal issues to be agreed upon relating to the project, the NACCHO Coordinator, in conjunction with CUT, undertook a series of visits to both promote the project and seek feedback on how the Aboriginal and Torres Strait Islander component of the Community LIFE Project should evolve. An overview of these meetings is at appendix three.

All NACCHO consultations, whether it be directly related to this project, SEWB projects and other Aboriginal health initiatives reveal that suicide, self harm, and a range of social and emotional well being issues are of grave concern to Aboriginal communities. No matter what forum, SEWB (of which suicide is one) issues are raised as major concerns within the community. Anecdotal evidence suggests that all Aboriginal communities are affected by a high proportion of suicides. For NACCHO, this only reasserted the need to make every effort to take a leading role in this project to ensure quality control, and encourage the development and or promotion of *do no harm* activities despite the ongoing obstacles.

Through both the meetings conducted through this project and the SEWB workshops undertaken by NACCHO during 2003, it is alarmingly clear that the SEWB area is well under resourced and community organisations are desperate to get resources and training to assist their communities to cope with the devastation and the depression that suicide leaves. While suicide is an issue that affects the whole community, feedback strongly recommends that resources need to be focused on youth, this is supported by the high numbers of youth suicide and high unemployment.

Thus it was no surprise that the Community LIFE visits generated positive anticipation and expectancy that this project would be a step to provide the much needed resources and support to build those communities capacity to effectively work in the area of suicide prevention. There was genuine support for the Project with many agencies providing a willingness to be involved in the implementation once the NACCHO State and Territory Affiliate positions were filled.

Given the fact that the lack of action to curb Aboriginal suicides rates has been a matter of national disgrace for so long, makes the failure of this project even more shocking and frustrating.

Overview of discussions/feedback

There are a range of many positive programs that are under resourced, and many more that don't get off the ground. For example, the value of sport and recreation, adventure based therapies, art, camps, language programs, home work centre's, the promotion of positive role models can not be under estimated. These type of interactive programs with communities working in conjunction with education, training and employment and/or primary health care services can save lives, rebuild self esteem and give meaning to people's lives.

Improvements to the health and wellbeing of Aboriginal people can be made through following a social justice, rights based approach, the contemporary situation facing Aboriginal people and Torres Strait Islanders, and its historical roots, cannot be addressed through an approach based on medical models and piecemeal programs which barely address the symptoms let alone the foundations of Aboriginal disadvantage. Health and wellbeing is a result of one's overall situation in relation to spirit, family, communities, land and resources.

While the NACCHO Community LIFE Coordinator was undertaking site visits during the first part of 2003, concurrently NACCHO held Social and Emotional Well Being Workshops in every State and the ACT, the consultation process culminated in a national workshop. The following provides an overview of feedback received to improve SEWB outcomes for Aboriginal peoples and Torres Strait Islanders. Thus, it was revealed that:

- If counselling was more accessible it would ease the burden, post suicide on families
- Training and community development activities were welcomed/supported
- Isolation and access to culturally appropriate support/programs/interventions have a huge impact
- Training/programs must match community need
- An increase in youth activities is glaringly needed to reduce boredom etc, due to the lack of services, particularly in rural and remote locations (eg sport – skating park)
- Participants were interested in finding out more/access to bereavement package
- The Gate Keeper training requires additional work in consultation with ACCHSs in order to be an effective resource within the Aboriginal community.
- Ongoing Grief and loss issues continue to go unsupported due to lack of available and/or accessible services
- Depression, self harm and boredom are widespread with young people
- There are a range of scant resources and programs delivered on a shoe-string that don't go anywhere near meeting the needs of the community - Existing activities need an increase in resources
- Additional counselling, SEWB and community development programs are urgently needed throughout the country - particularly for youth
- Any programs or resources in this area need to be developed, implemented and monitored by the Local Aboriginal community. In most instances, the most appropriate place for health related activities is through the local ACCHS, where community members can receive assistance for other health and well being issues and culturally appropriate environment.

There is much frustration when working with mainstream services with all workshops reaffirming the need to work within a holistic health care model. There was strong support for a commitment for mainstream mental health services to work more effectively with ACCHSs. A starting point for working together could include the development of appropriate ways of working, protocols, risk assessment forms, agreements, grievance procedures etc (if not already in place). Agencies discussed included health, housing, Corrections, Centrelink, family services etc.

Consistently feedback stressed the importance of developing culturally appropriate programs tailored to need, delivered and maintained across the life continuum – childhood, youth, adults and elders reflecting gender issues. While much of this work is currently occurring throughout Australia, it is not adequately resourced, supported or recognised.

There remains to be an unmet need for people with mental health and social and emotional well being issues in the judicial /corrective services system. ACCHSs are very limited in terms of being able to provide support to people in corrective services due to lack of resources and the nature of the corrective services system. Many of the RCIADIC recommendations still not addressed. This is of great concern particularly as the number of Aboriginal people in prisons is 16 times higher than the overall Australian population and deaths in custody are rising.

There was a call for maternal health programs to be viewed in the context of the family and life continuum, and that existing mainstream programs have limited impact. Most workshops identified the unmet needs of infants, children and youth are high and on the increase, and that services are limited in terms of being able to adequately respond to these needs because ACCHSs don't have the personnel or resources. Further, most mainstream services are either set up for adults or have narrow assessment guidelines leaving many clients falling between the gaps.

There is untapped potential to implement effective promotion, prevention and early intervention programs but commonly, there is not enough time or resources to work in these areas because of the day to day crisis and support work. Further, the impact of continual loss and grief in communities was a common theme, and that ACCHSs are involved in caring for families, assisting with funeral arrangements, supporting people through their grief which takes its toll on everyone.

There was an overwhelming call for all ACCHSs to be resourced with fully functioning Social Health Teams. This includes the proper resourcing of positions, with on costs for travel, equipment, administration etc. There were many discussions regarding ACCHSs providing outreach services to areas that are not serviced by mainstream providers, which puts added strain on the already limited resources. It was also identified that after hours services are required; along with additional resources for transport, detoxification and rehabilitation programs. If these programs were adequately resourced, it was strongly argued that through the ability to provide a range of SEWB supports to the community – throughout the life continuum, that a reduction in suicide rates would follow.

A range of workforce and training issues were discussed including the need for Aboriginal Health Staff to be supported more effectively through flexible policies through to professional development opportunities; all health professionals undertake studies on Aboriginal health and mental health and social, emotional and spiritual well being; and that mainstream services make a commitment to cultural awareness for all staff.

6. Where to from here

While it can be said that there are a range of existing programs currently operating, it must be stressed that they are generally under resourced and the ongoing effectiveness is due to the dedication and commitment of both staff and community members. It is obviously vital to build on existing effective programs that have been developed by the community in response to community needs. It is imperative that policy and program managers understand that there is *no one size fits all*. A range of interventions have emerged that have assisted in keeping people alive and or from self harm include:

- access to culturally specific programs in the juvenile justice system, schools and communities
- an increase in early childhood programs
- a fresh approach to health and mental health promotion messages as defined by the local community. For example promoting local culture and resilience of language, kinship and peer supports.
- filling the gaps in service provision to include support and assistance for those at risk including those with mental health problems; dual diagnosis; brain injury; suffering from trauma, grief and loss, and families who have lost a child to SIDS.
- Increasing resources to existing resilience models within ACCHSs, Aboriginal Child Care Agencies; Aboriginal Family Support Programs and Link Up Programs and to sport, heritage, art and recreational programs.
- Targeted Men's health and well being programs. Programs such as these cannot be run centrally from outside the community. These programs vary from social settings such as fishing, cultural activities, camps to seminars, workshops and conferences – all as vehicles to provide a safe place for men to express themselves in a comfortable setting as many men don't often present to doctors unless very ill. These type of activities are opening the door for men to seek advice on health issues, channel behaviours in responsible ways and feel good in themselves.

This requires a concerted, coordinated approach across governments, service providers and community. A needs based approach is fundamental in conjunction with principles outlined in key reports such as the Ways Forward Report (Swan/Raphael 1995); the National SEWB Strategic Framework (2004); and the National Mental Health Strategy (2003).

While the Community LIFE principles aimed to encompass key concepts outlined in such leading documents, it would appear now that they were not strong enough to lead working practice reflecting self determination and community control. This is the only way forward to building communities resilience and capacity to effectively manage the impact of self harm and suicide on a day to day level, when projects like this fail to provide the overwhelmingly needed resources.

7. Summary and Recommendations

NACCHO has long called for a coordinated, well resourced campaign to address Aboriginal and Torres Strait Islander mental health and social and emotional well being issues from a holistic, community development perspective. This has begun through the expansion of social health programs as a result of the 1995 Ways Forward Report (Swan/Raphael) primarily funded through the (OATSIH) National Aboriginal and Torres Strait Islander SEWB Action Plan (1997-2000). Further, most State and Territory Governments now have Aboriginal and Torres Strait Islander mental health and SEWB policies which have provided some much needed funding support.

However, in contrast many social support programs have been dislocated and cut, such as the axing of ATSIC's Community Youth Support Program, reduction in funding to Legal and Child Care Services, youth, cultural and heritage programs and the tightening up of welfare payments. There has been an increase in numbers of Aboriginal people in custody and deaths in custody despite the recommendations set out by the Royal Commission into Aboriginal Deaths in Custody (1991).

Clearly the Community LIFE project was not going to fix the vast changes required at all levels. It was however an opportunity to promote the innovative work being undertaken throughout the country in order to share and provide resources nationally.

The NACCHO Board did not take the decision lightly to pull out of the project. They recognised the strengths of the management group, in particular CUT and SPA. The enthusiasm and goodwill was evident with many organisations eager to be involved with the project. Unfortunately the difficulties that continued to emerge put a strangle hold on NACCHO's ability to implement the project effectively so much so that the risks started to outweigh the potential gains of the project.

The following are recommendations based on NACCHO's experience with the project:

1. A whole of government and whole of community approach is supported on SEWB issues as long it has State and Commonwealth commitment to needs based funding.
2. Forced partnerships should not be encouraged – they do not work.
3. Working in partnership with a range of agencies is supported as long as these partnerships respect existing Aboriginal health protocols and are actively working cooperatively.
4. Principles of community control and self determination must be honoured and respected for projects like Community LIFE to be effective.
5. The development of roles, responsibilities and protocols need to be drawn up in advance of contract's being signed. Mainstream agencies must be willing to be guided by Aboriginal organisations and provide technical/other support as required.
6. Commitment to addressing such serious and sensitive issues like suicide must recognise the need to be viewed holistically (eg that such complex issues correlate to physical, emotional, social, cultural, economic, mental and spiritual health and well being) and therefore must be backed up with a long term coordinated and adequately funded strategy.
7. Effective solutions need to be developed by Aboriginal people. It is essential that mainstream programs work within established frameworks and agreements through which NACCHO and NACCHO State and Territory Affiliates are the key stakeholder within the community sector.

Appendix One: Overview of original submission

Program Concept

The concept comprises three elements as guided by the LIFE Framework:

- a mechanism for making available information about life promotion (suicide prevention) interventions for communities;
- providing opportunities for communities to talk about suicide issues eg coordinated approach to facilitating discussion in a safe environment; and
- provide time for networking and information on how to access to funding to implement community development approaches to life promotion activities.

Draft Project Outline

Outcomes

- Practical resources for life promotion are made widely available
- Assistance is made available for communities to develop and/or access these resources.
- Strategies and activities are linked into relevant planning, funding and service networks.

Objectives

- Identify a range of models, or different ways of working in life promotion
- Respond and work with communities to identify and/or enhance life promotion activities/resources that meet the needs of their environment, including on-the-ground support for training and implementation
- Develop and maintain open communication and relevant planning processes through the framework agreement structure and related forums
- Ensure the resources are of good quality and are widely distributed utilizing existing NACCHO, NACCHO affiliates, Torres Strait Islander Health, DHAC, State and Territory Health, and ATSIC networks.

Activities

- State and National links, networking and coordination through Aboriginal Community Controlled Health Services and other Aboriginal organizations
- Project worker in each State and Territory NACCHO Affiliate and relevant Torres Strait Islander community organization to research and develop resources identifying and facilitating:
  - A Clearing house for:
    - contacts
    - funding possibilities
    - models of practice/different ways of working
    - promotional information and other resources
    - communications - website and newsletters etc
  - quality control (do no harm)
  - community development activities, such as community days, camps etc as defined locally

- work with local community organizations to develop resources
- links with counsellors to ensure backup support/counselling if required
- identify and make links with contacts who can assist communities in utilizing resources, training, links with planning/funding bodies, including current DHAC suicide prevention advisory structures through workshops, speakers etc

NACCHO's Role

- NACCHO to coordinate the development of national resource booklet (drawing from the work of the S/T PO's)
- Coordinate the sharing of information between states and territories
- Coordinate and liaise with other Aboriginal organizations including SNAICC etc
- quality control (do no harm)

DHAC - Mental Health Branch - State and Territory Projects

A small allocation of funding has been allocated to Aboriginal organizations in each State and Territory, guided by the advice of the State and Territory suicide prevention working groups. These activities have focused on locally driven resource development, communication and education activities.

This project has the scope to either work in with or enhance recently identified activities for funding through the State and Territory rounds of funding in early 2001.

Appendix two: Work Plan under Community LIFE with CUT

(Submitted to CUT 18 February 2003)

	Task as specified in the head contract for service	Who - where one agency is listed, this is the lead agency who would gain input from partners.	Work plan - January 2003 to June 2003	By when
1.	Facilitate development of a structure for national planning, development and coordination of the CommunityLIFE Indigenous specific component.	NACCHO CDH Management Group	1. Develop a detailed work plan for implementation of the Indigenous specific component. 2. Consult widely with Aboriginal and Torres Strait Islander communities in development of the implementation plan. 3. Liaise with NACCHO affiliates and other relevant agencies to determine location of State and Territory Aboriginal and Torres Strait Islander Project Officers. 4. Draw up subcontracts with State and Territory agencies who will house the State and Territory based Project Officers. (CDH) 5. Draw up JDFs for the Aboriginal and Torres Strait Islander Project Officers. 6. Advertise and selection processes for Aboriginal and Torres Strait Islander Project Officers. 7. Ongoing meetings of the Management Group. 8. Ongoing meetings of the Indigenous Reference Group.	1. March 2003. 2. March / April 2003 & ongoing. 3. March/ April 2003. 4. March/April 2003. 5. February/March 2003. 6. March/April 2003. 7. Ongoing. 8. Ongoing.
2.	Collect and collate information and resources on life promotion; identify good practice principles and models in life promotion; and explore dissemination for Indigenous communities.	NACCHO	1. Consult widely with Aboriginal and Torres Strait Islander communities about resources. 2. Collect and collate information from published and informal sources.	1.March / April/May 2003 & ongoing. 2. Ongoing.
3.	Develop and implement culturally appropriate communication and consultation strategies.	NACCHO Auseinet	1. Consult widely with Aboriginal and Torres Strait Islander communities about communication and consultation strategies. 2. Develop communication and consultation strategies. 3. Implement communication and consultation strategies.	1. March / April 2003 & ongoing. 2. April / May 20(3. June 2003.
4.	Where gaps exist, develop good	NACCHO	1. Consult widely with Aboriginal and Torres Strait Islander communities about gaps in	1 March/April/M

	practice resources, including models and principles that will be culturally appropriate and acceptable for Indigenous communities.		resources. 2. Draft resource materials for consultation. 3. Consult on draft materials. 4. Assess and modify/refine resource materials as required. 5. Submit materials for approval to DoHA and the Indigenous Reference Group.	2003 & ongoing. 2. April 2003. 3. May 2003. 4. June 2003. 5. June 2003.
5.	Develop quality assurance measures that can be put in place across the CommunityLIFE Indigenous-specific component.	NACCHO	1. Draft concept paper on quality assurance measures in consultation with key stakeholders. 2. Finalise and provide concept paper on quality assurance measures.	1. May 2003. 2. June 2003.
6.	Develop an Indigenous component for the national program development advisory service for suicide prevention (life promotion).	NACCHO MG	1. Consult widely with Aboriginal and Torres Strait Islander communities about the National Program development Advisory Service. 2. Provide input to the development of the concept paper for the National Program Development Advisory Service developed by SPA by developing an Indigenous component for the national program development advisory service.	1. April2003 2. May 2003.

Appendix three: Guiding Principles

A. NACCHO Manifesto on Aboriginal well-being

Preamble

At the heart of Aboriginal well being is our right to self determination. The United Nations Charter and International Covenants on Human Rights define self determination to include a peoples right to their own cultural, economic, social and political institutions and ownership and control over land. Territorial security, including control over natural resources is therefore intrinsic to the right of self determination. Self determination and land are properly viewed as inseparable.

Self determination is a corollary of our (unceded) sovereignty and provides a dignified and meaningful place for every member of our communities thereby ensuring our health can be at its optimum best and that mental ill-health is a rarity. Further, the right to self determination provides the basis of the National Aboriginal Community Controlled Health Organisation (NACCHO) definition of health, which is:

> Health does not just men the physical well being of the individual, but refers to the social, emotional and cultural well being of the whole community. This is a whole of life view and includes the cyclical concept of life-death-life. Health services should strive to achieve the state where every individual can achieve their full potential as human beings and thus bring about the total well being of their communities.
>
> This is an evolving definition.

Manifesto

Prior to colonisation Aborigines were sovereign, independent and healthy. Under colonisation Aborigines have been made a marginalised group whose lives are characterised by subjugation, poverty and ill health (including excessive mortality rates).

Aborigines have a right to a state of well being at least equal to that which existed prior to colonisation and is referred to in the NACCHO definition of Health.

In order that Aboriginal peoples may achieve the state of well being we enjoyed prior to colonisation and are rightfully entitled to, the following must occur:

- The NACCHO Definition of health must underpin all deliration on Aboriginal well being issues. This requires that the well being of Aboriginal peoples must be approached in a context which comprehends the political, cultural, spiritual, emotional, environmental, structural, economic, and biological factors which impinge on Aboriginal well being.

- Laws, policies, programs and services which impact on the well being of Aborigines must be directed at achieving the state of well being referred to in the NACCHO definition of health

- Health services for Aborigines must be culturally valid. This requires that Aborigines be self determining and that their health services be controlled by local Aboriginal communities to ensure they are provided in forms, structures, settings and languages which the local Aboriginal community identifies with.

- Non Aboriginal health care providers must develop a comprehension of Aboriginal health as defined by NACCHO.

- Aboriginal communities must be properly funded to operate their health services. This requires recognition of historical impairment, existing inequalities, cultural and geographical isolation and cultural imperatives such as men's and women's business.

- The (colonial) Australian state must come to terms with the reality of our unceded sovereignty and the right to self determination. This can be achieved through the (colonial) Australian Government and its immigrant settler population adopting the NACCHO Pay the Rent Policy.

As it is the territory, land and resources rightfully belonging to Aboriginal peoples which provide the basis of the (colonial) Australian economy.

And

As it is the colonisation process which is directly responsible for our current state of ill-health.

- The Australian government must in recognition of these factors ensure that Aboriginal Community Controlled Health Services are funded at a level required to achieve that state of health referred to in the NACCHO definition of health. Funding levels will be subject to continuing negotiation with the NACCHO and dictated by achieving the outcome referred to in the NACCHO Definition of Health.

NACCHO Position Paper on Aboriginal Mental Health

AIM:

To achieve the state of emotional well being at least equal to that which existed prior to colonisation and equip Aboriginal people with the prerequisites for that state of emotional well being.

INTRODUCTION

Denial of Aboriginal community self determination has manifested itself in many forms including social mental health problems and psychiatric disorders which were not part of the Aboriginal experience prior to colonisation.

'Mental Health' is the medical term which defines the areas of dysfunctional behaviour and psychiatric disorder and is based solely on Caucasian principles and philosophies. Consequently,

mainstream mental health services are designed and provided within the narrow and inappropriate confines decided by non-Aboriginal people.

For Aborigines, mental health must be considered in the wider (Aboriginal concept of well being) context of health and well being. This requires that this health issue be approached in the social emotional context and that both social emotional health and psychiatric disorders encompass oppression, racism, environmental circumstances, economical factors, stress, trauma, grief, cultural genocide, psychological processes and ill-health.

Essential to the provision of effective mental health services to Aborigines is the adoption of an approach which both recognises and comprehends Aboriginal perceptions of health and well being and is cognisant of the reality of the impact of colonisation which includes alienation, poverty, powerlessness, racism, paternalism, attempted physical and cultural genocide (extermination and assimilation), violation of human rights and dispossession.

GOAL 1:

To empower Aboriginal communities through their community controlled health to achieve the state of emotional well being they are entitled to:

1. To create within non-Aboriginal society an awareness, recognition and appreciation of the impact of colonisation on the psyche and well being of Aboriginal people
2. That NACCHO be adequately resourced to define the parameters of social mental health and psychiatric disorders as it applies to Aborigines
3. ensure that ACCHSs be adequately resourced to continually review social mental health needs and psychiatric disorders and to develop and provide effective programs
4. that commonwealth, State and Territory governments adhere to the parameters defined by the NACCHO in the development of mental health policies and ensure that their agencies operate within that framework
5. incorporate NACCHO defined social mental health parameters and principles in curricula and staff development programs for health care professionals and mental health workers

Goal 2:

Enable the reunion and cultural revitalisation of Aboriginal persons, families and communities

1. Develop and provide programs through ACCHSs which will effectively link up and support Aboriginal families who have suffered breakdowns because of mental health matters.

B. Underlying principles of Community LIFE

The underlying principles for Community LIFE build on the principles in the LIFE Framework.

- Suicide prevention is a shared community responsibility involving families, communities, government and non-government agencies.
- Strong communities enhance individual and family well-being.
- Promotion and affirmation of culture builds strength and resilience.
- Effective suicide prevention must be evidence-based and outcome-focused.
- Early intervention and prevention services are best delivered to the whole community, across the lifespan, to ensure greatest effectiveness. Intervention for at risk groups also required.
- Community initiatives are more effective when all key groups in a community are involved in planning and implementing initiatives.
- Effective community initiatives reflect the perspective of that community on health and well-being and are holistic and comprehensive.
- Community determined solutions and priorities require the ongoing involvement and active support of government and peak organisations so that community initiatives are practically supported and the various sectors stay connected.

Appendix four: Overview of Meetings held

Date	Agency	Participants	Outcomes
12/2	Victorian Aboriginal Community Controlled Health Organisation VACCHO	Jill Gallagher, CEO Kenny Latham, Suicide Prevention PO, Elaine Lomas, Glenda Humes	Advised VACCHO of Project, and discussed the possibility of a State Project Officer to be located within VACCHO. VACCHO advised of the Suicide Prevention Project they are running and we discussed how the two projects could link in together. Established relationship with Ken Latham will now maintain contact on projects.
12/2	Victorian Aboriginal Health Service (VAHS)	Tony McCartney, Elaine Lomas, Glenda Humes	The meeting was a courtesy call to visit VAHS and to update the CEO, who is also a NACCHO Board member on how the project was proceeding.
13-14/2	Community Life Management Consortium – Adelaide (CUT, SPA, AusEinet, DAHA)	Sven Silburn, Jenny Cugley, Debra Clements, Adele Cox, Michael Dudley, Tony Ellit ,Jenny Parham, Liz Bok, Abbie Patterson, Sue Hunt, Christine King, Elaine Lomas, Glenda Humes.	This meeting was the first opportunity for the Coordinator to meet with the Consortium Management, which was of great value to establish relationships with them and the Community Life team; further refine the project and build on the commitment within the management consortium. The Department of Health & Ageing advised that they would begin the process of identifying where the Aboriginal and Torres Strait Islander Project Officers would be located (with advice from the Departments Indigenous Reference Group). It was decided that the budget for the project be revisited and further costed.
19/2	AHMRC of NSW, Sydney	Sandra Bailey, Pat Delaney, Elaine Lomas	Met with CEO & D/CEO to discuss the Community Life Project, there was a great level of interest in this project, the NSW AH&MRC are keen to get started and are able to administer State based position within AHMRC's structure.
19/2	Suicide Prevention Australia, Sydney	Michael Dudley, Tony Ellit, Elaine Lomas	Discussed the concept of a national Aboriginal postvention position for SPA, to be based in the SPA office in Sydney.
20/2	Wentworth Area Health Service, Penrith, NSW	Pearl Wymarra Suicide Prevention PO, E. Lomas	Exchange of information, and discussion on how WAHS and NACCHO could work together on project.
24/2	Melb. Uni NACCHO office, Canberra	Gai Wilson, Penny Mitchell, Elaine Lomas, Glenda Humes	Discussed evaluation options ion around the Community Life Program Logic for evaluation for Aboriginal & Torres Strait Islander communities. It was agreed that this would be an ongoing issue and will be discussed as the program logic evolves and how it will be developed for implementation.

28/2 5/3	Rural Health Alliance Conference, NACCHO Symposium, Hobart	Symposium & Conference Delegates, Elaine Lomas	Presented a paper and distributed information on Community Life Project. Networked with Aboriginal delegates who participated in the Rural Health Conference, especially those who came from Broome who presented a paper on the suicide prevention project and the success that they are having in reducing the suicide rates among youth.

Date	Agency	Participants	Outcomes
11/3	AusEinet/DHA, NACCHO Office, Canberra	Jenny Parham, Liz Bok, Christine King, Colin Nelson, Elaine Lomas	Jenny Parham outlined the Aboriginal position that AusEinet had and the concerns and the difficulties of employing Aboriginal staff. They sought NACCHO's advice and supporting resolving this issue. NACCHO suggested that if the position had a national focus it would be better relocated to NACCHO to coordinate activity and tap into networks. AusEinet agreed to discuss further with the AusEinet Management group.
	AusEinet Mgt mtg, Adelaide	Jenny Parham, Graham Martin, Liz Bok + cttee, E. Lomas, D Clements	Provided an update on the Indigenous component of Community Life, along with Debra Clements who gave an overview of the Project
17/3 to ¼	Perth Region.	E Lomas	The Coordinator was based out of the Centre for Developmental Health, Telethon Institute for Child Health Research. During this time Adel Cox organised several meetings with various agencies as part of the WA project visits.
	Telethon Institute for Child Health Research	Professor Fiona Stanley, E Lomas, Adele Cox	Exchanged information. Prof. Stanley offered her time and assistance to help promote the Community Life project and was keen to see the project implemented in WA.
	WA Health	Dr Helen Milroy, Aboriginal Child Psychiatrist, Elaine Lomas, Adele Cox	Exchanged information. Helen agreed that there was a need for this kind of project. We spoke about the WA Bereavement Package and agreed for the need for more work to be done on this package and in the bereavement area generally. At length discussion on the need to unpack grief and how communities are so enshrouded in grief that there isn't much opportunity to deal with it before another death occurs. Dr Milroy agreed that there is much work to do before this happens. It is hoped that the Community Life project will help this process to occur.

Date	Agency	Participants	Outcomes
	Aboriginal and Torres Strait Islander Strategic Policy Unit, Dept for Com. Development.	Danny Ford, Elaine Lomas, Adele Cox	Outlined the aims and importance of the Community Life Project. Agreed on the need for Government agencies such as DOCs to work in with and support Aboriginal organisations such as WAACCHO to deliver this project. Danny was leaving the Department, however he still gave his support for the Project as he was aware of the high incidences of suicide amongst the youth.
	WA Aboriginal Community Controlled Health Organisation (WAACCHO), Perth	Daryl Kickett, Olive, Elaine Lomas, Adele Cox	WAACCHO expressed great support for the project and agreed to take up the State based Community Life Project Officer position. Further they were agreeable to be the first State to get things going. Daryl and Olive stated they were developing a plan for the Community Life Project to work with communities experiencing completed and attempted suicides. Many of these communities were in remote places with few resources – the Community Life Project offered a way forward in developing the capacity to deal and cope with suicides as a community. A workshop was arranged for further planning for the project, however this did not eventuate due to hold up's with the project.
	Derbarl Yerrigan, Perth.	Marion Kickett, CEO, Elaine Lomas, Adele Cox	Explained the Community Life project, there were staff at Derbal Yerrigan that were dealing with communities that had completed and attempted suicides, Derbal Yerrigan staff were very enthusiastic about the Community Life and was looking forward to the Project and CLPO commencing.
	Office of Aboriginal Health, Department of Health WA	Terry Murphy, Sandra Collard, Adele Cox, Elaine Lomas	Outlined the aims of the Project. Terry was keen to support WAACCHO in being the auspicing body for the WA component of the project. The WA government fund WAACHO for various projects and will continue to provide that much needed support for what he sees and thinks is a worthwhile project. Terry advised that WA Health fund & support Dr Tracy Westerman's (an Aboriginal Psychologist) company Indigenous Psychological Services (IPS). The IPS provides training and consulting services for Aboriginal communities, Tracy has conducted a number of suicide prevention training in the Kimberley region where there has been a number of completed and attempted suicides. IPS has provided suicide prevention training to a number of Aboriginal Health and Government workers similar to the Gate Keeper training module.

Date	Agency	Participants	Outcomes
	ATSIC WA State Policy Office.	Glen Pearson, SM Elaine Lomas Adel Cox	Outlined the Aims & Objectives of the project, he was very interested and outlined his concerns that some communities are facing with respect to the youth suicides both completed and attempted. Glenn gave an overview of the Gordon Inquiry and what was needed to implement the recommendations, he saw youth suicide and child abuse as a major issue and felt strongly that these should be brought forward and addressed at the State Joint Planning Forum that were held regularly in WA. Glenn could see the importance of the project and how it would provide some much needed training and support for families and communities in suicide prevention. ATSIC has a Communique in place with the WA Government and see this as an important forum to raise the issue of suicide. ATSIC is looking forward to and supports the notion of the Community Life Project rolling out in WA and will continue to bring it to the fore front at Joint Planning Forums.
26-30/5	West Kimberley	Elaine Lomas, Christine King, Adel Cox, Gay Wilson & Penny Mitchell Evaluators CL	This group consulted a number of organisations in Broome, Derby and Fitzroy Crossing. All organisations supported the Community LIFE project and what the project had to offer. Almost all groups contacted showed interest in the draft 'Best Practice Guidelines' for Community LIFE and The WA Bereavement Package and agreed to be part of the national consultation process.
26/5	North West Mental Health Services (NWMHS), Broome	Phil Moke, David Cutts, Charlotte Browne	Exchange of information. NWMHS covers a huge region (the Pilbara and Kimberley, based Port Hedland, Derby, Karratha, Tom Price/Newman, Kununurra and Broome) with limited resources and personnel. Discussion that followed included: • Youth suicide was big issue especially in Fitzroy Crossing (dealing with monthly suicides) • In recent months there were 3 youth suicides in Broome; Alcohol and marijuana problems/correlated to suicides in some instances; 2 suicides in Balgo recently - great need for counseling and support. Very little could be done during these times as the whole community closed down for *sorry business* for weeks at a time and it was difficult to provide counseling/support at this time; Postvention counselling seems to be useful. • Big need to deal with the issue of grief and loss to allow the community to move forward. • The NWMT looked to Project as a tool to provide the much needed community support in suicide prevention. Their view was that if the necessary training and resources were available then communities would be better able to deal with the issues themselves even during *sorry business*. • They agreed to review and provide comment on the 'Best Practice Guidelines' for Community LIFE and the WA Bereavement package

Date	Agency	Participants	Outcomes
27/5	Fitzroy Crossing		Fitzroy Crossing was historically a quiet town in relation to suicides. During the first half of 2002 there were 3 suicides in the Fitzroy Valley region. The whole community was affected, and in a bid to add support and resources for the town, Nindilingarri Cultural Health approached Western Metals for funding to develop a local suicide prevention plan/strategy. Meetings have occurred between local agencies in the valley to progress. Derby & Broome Aboriginal Health Workers provide support when ever a suicide occurs in the town especially during *Sorry Camp.* The community are supported by the NWMHS team, and some Health Workers have completed the Gate Keeper Suicide Prevention Training.
28/5	Nindilingarri Cultural Health Service Fitzroy Crossing	Maureen Carter, Emily Carter, Sobering Up Shelter	Nindilingarri Cultural Health Service is the Aboriginal Community Controlled Service for the Fitzroy Valley Region. They have a formal partnership arrangement with the Fitzroy Valley Health Services. Nindilingarri deliver a range of programs along the Fitzroy River for four language groups in the region including: • Training in Environmental Health, Health Promotion and provide services for babies and the Elderly. • The service provides an outreach PHC service - doctors and health workers visit communities and refer patients on to the hospital for medical care. • Strongly believe that people are responsible for their own health and learning. • The Music program provides an opportunity for Elders take young ones who suffer depression or influenced by drugs & alcohol out into the bush and encourage them to write down how they feel, and develop the words into song and record it onto a CD, cassette or make a video clip. This has been so successful it has curbed drinking & drug abuse and raised self esteem and confidence. There is a diverse mix of other services such as a recording studio whereby local community people can access the recording equipment and studios and actually write their own material and then record the songs. These songs are usually put together on an album with other local artists and sold locally to town folk and visitors. The anecdotal evidence has shown that those who have been involved with the music projects have been inspired and 'lifted in spirit', the whole experience has been very rewarding, this includes being able to listen back to their own music and also to have family and friends comment quite positively about their song and music. Nindilingarri have also worked on several projects with the young people and produced their own videos as part of their health promotion unit. They also agreed to provide feedback on the CL Guidelines and the WA Bereavement package.

Date	Agency	Participants	Outcomes
27/5	**Kimberley Aboriginal Law and Culture Centre** *(KALACC established in 1984 by the cultural leaders of the Kimberley).*	Peter Francis, Neil Carter and Robyn Wilson	The Centre plays a vital role in linking Aboriginal people in particularly cultural leaders, across the region and across language and family groups. The Centre brings people together to discuss cultural matters and develop plans and means to maintain and control culture. The Centre runs an innovative program targeting youth at risk. It has produced a range of language and history resources and has also been involved with co-production of various festival events and activities for the local Kimberley artists. Every two years KALACC hosts a major 5 day regional festival attracting up to 3000 people dedicated to promoting traditional Aboriginal culture. Discussion focused on youth and topics raised included: • Loss of culture and loss of language and that these were things that needed to be brought back into the young peoples lives and taught back in schools. • Lack of self respect & Identity - Like fighting a loosing battle • Petrol Sniffing, Drugs & Alcohol problems are getting worse • They emphasised the work they were doing in relation to language, law and culture and the impact that this work has on suicide prevention particularly for the young people. • The whole community should be involved in resolving the problem of suicide • KALACC showed interest in the development of the Project. There is so much that could be done with a resource such as this especially in the way that the community can be skilled up to full capacity to deal with and prevent suicide themselves in the absence of other health professionals.. • The draft guidelines were seen as a useful resource and could use when running youth programs. • It was made clear that the guidelines and all project materials needs to present information in a culturally appropriate manner - respecting the diversity in culture, language and ways of working.
28/5	**Shire of Derby/West Kimberley**	Ross Humphries, Suzanne Rigney, Karrima Drummond	The Community Development Department's main role is to ensure that the community is being catered for through things like sport and recreation. They have a strong focus on youth and have established a local Youth Advisory Committee who provide advice to the Shire Council on specific youth issues. Aboriginal youth suicide rates are very high (approx 5-6 over the past 12 months). While there is not a specific 'suicide prevention' project as such, it was clear that the number of programs/projects they were running had positive impacts on the risk factors contributing to suicide. For example schools in Derby were running the Gate Keeper training course and RAPA. They stressed the need for regional needs based training programs and were interested in getting more information on programs to do with suicide prevention and agreed to review the guidelines and provide feedback/comment.

Date	Agency	Participants	Outcomes
28/5	**Derby Aboriginal Sporting Association** (DASA)	Loretta Councillor	DASA provide a support service to young people by advocating/mediating between youth and service providers, and run school holiday programs. In July 2002 DASA conducted suicide prevention forums for young people, their families, the community and service providers. This was followed up with another gathering in April 2003. The forums highlighted the need for more support for youth, including counselling and the development of programs and resources to reduce boredom and to increase the availability of services. A number of recommendations were developed, one of which was the employment of a youth counsellor based at DASA. Loretta stressed the need for counselling services in Derby as there was only one D&A counsellor for the region. IPS ran some workshops, feedback stated that some young people thought it was too complex. At the time one on one counselling was available which worked successfully. Feedback suggests that the people in Derby didn't relate to the Gate Keeper Training as it was not delivered from an Aboriginal perspective and was aimed at service providers not community people. The steps and processes in which Derby took to organise these forums was seen as a practical way to work with this project. Eg the forums could be promoted as part of the 'good stories' from around the country. DASA was keen to provide a summary of a case study to include within the guidelines. DASA showed a lot interest in the project and had started to think of ways to get the community involved once the project got started in WA. The Bereavement package was discussed and it was felt that there is not enough resources in Derby or the region to help overcome the enormous problem of grief and loss.
28/5	Jalaris Aboriginal Corporation (Est. in 1994 providing low cost food and clothing out of its own resources)	James Pillsbury	Jalaris is frequently used as a last resort source for emergency food supplies. Jalaris undertake a range of community programs including referral, mediation, acting as a host organisation for people having to do community service hours, programs under the national 'Building Strong and Healthy Families'. The Project and bereavement package were outlined, James stated he was looking forward to see it implemented in Derby, he was also sent a copy of the draft guidelines for comment and feedback.
29/5	Burdekin Youth In Action	Christine Smart	Burdekin's primary role is to provide counselling and support to young people and their families within the Broome Shire (includes Bidyadanga community to the south and the Dampier Peninsular to the north). The Community LIFE Project and bereavement package were outlined and Christine could see how useful this project could be and was keen to review and provide feedback on the draft guidelines.

Date	Agency	Participants	Outcomes
29/5	Broome Regional Aboriginal Medical Services (BRAMS)	Kevin Cox, David Lodge,	An overview of the project and bereavement packaged was provided which led to discussion on a range of SEWB issues including: • Mental Health is an area that is new to the clinic and is becoming increasingly accessed by clients. Having to address Mental Health needs as well as the primary care needs has been progressing but needs a lot more effort and resources. Mental Health won't work in the Kimberley unless you understand the culture of the community you are working with. • Gate keeper training needs to be re -written and delivered from an Aboriginal perspective • BRAMS through the links with the KAMSC has had some knowledge about the work and various research projects that KAMSC have undertaken, but it is an area that they themselves are still lacking. They saw the benefits that this project could have and would be keen to see some of the outcomes of the project, particularly in relation to how they could better provide a service in mental health. They also agreed to review the draft guidelines and provide comments and feedback.
30/5	CDHA RO, Broome	Jan Lewis	Information exchange.
30/5	Catholic Education	Sandra Brogden, Amanda Shaw	(Coordinator did not attend this meeting was on a teleconference with Debra Clements)
30/5	Aboriginal Legal Service	Margaret Bugle	An impromptu meeting was held to exchange information. Margaret commented that the ALS often does not get information on programs or projects that are running in the area, she advised that they *feel left* out of the loop. She advised that the youngest person to suicide in the district was 9 years old, until this time the only contact the ALS has had with people is when they are arrested and begins to self harm. Along with providing legal services, the ALS introduced a visitors scheme where Aboriginal people visit the jails, if police or the Prison Officers know that an inmate is sick they contact Margaret who then refers to others services. This system is working well - there haven't been any deaths in custody recently. Margaret has attended suicide prevention workshops in Perth and would liked to be informed of any training or workshops in Broome. Margaret stated the project could enhance those already stretched services in the Kimberly and see the project as a positive outcome for the youth in the area.
	ATSIC, Broome RO	Chris Cotter, Eunice Yu	An overview of the project and guidelines was provided. The Gordon Inquiry was raised in relation to the recommendation for the provision of a Multifunctional facility to deal with issues such as abuse, suicide and boredom. Eunice commented that what they really would like to do is to improve sustainability, women's programs, establish support for women and young girls to alleviate drugs and sexual abuse. They need a whole of region approach to this, Concern raised over the high numbers of child abuse. While there has however been a significant reduction in suicide, we have to give kids a purpose for living.

Date	Agency	Participants	Outcomes
	Northern Territory	E Lomas, C King, Lorna Fejo Aboriginal Elder.	This team went to the following places in the NT
	Aninyingy Congress Tennant Creek	Patrick AhKit	• Information Exchange. • Patrick provided an overview of Tennant Creek – Congress provides services to the 10 town camps. • Patrick undertook the Assist Training program which has helped him in dealing with people who have attempted suicide and families of those who had completed suicide, Patrick is hoping to attend the train the trainer course. • Tennant Creek have established a response group with the Uniting Church • Suicide not really talked about, need to increase awareness and provide more services in this area.
	Nthn Aboriginal Land Council, Tennant Creek	Kerry Jan	• Information exchange • Interested to become involved in the project once established in NT
	CDEP, Elliot	12 CDEP participants	• Provided information on the project • The group stressed the need to do more work in the grief and loss area – they stated that there is a strong connection between unresolved grief and loss, self harm and suicide • Discussed the concept of a buddy system of peer support
	Aboriginal Hostels Ltd, Katherine		• Information exchange • AHL would like to be kept informed of project developments, projects that can assist staff dealing with youth on these issues would be useful. • They provide housing for a number of high school students. Students suffer from depression caused by homesickness/isolation. This has led some to run away and engage in self harming behaviours
	Life Promotion Program, Top end Mental Health Team, (TEMHT) Darwin	Lenore Haansen	• Information exchange • Focused on the Bereavement package, as Lenore is assisting Sandy Clarke in the developing of the WA bereavement package. • The Team have developed a small card entitled "Hey if Life sucks… try talking to someone" it lists emergency numbers (similar to Kimberly Region card). • Looks forward to working in with the NT project when implemented

Date	Agency	Participants	Outcomes
12-15/6	Suicide Prevention Australia 10th Annual Conference, Brisbane	Elaine Lomas	Attended conference, networked and participated in range of workshops including: • *The Indigenous Workshop* presented by Judy Atkinson aimed at providing information for non-Aboriginal people working with Aboriginal people, • *Enhancing Spiritual Resilience* by Mercy Baird who focused on working on spirituality, self determination, acceptance, resilience, change. • *Red Chocolate Elephants* – Dianna Sands A bereavement session for children of parents or families who have had completed suicide. • *One Step at a Time* with Eric & Deidre Trezise an introduction to a training manual for an 8 week recovery workshop on individual client counseling for the bereaved by suicide. • *Sharing the Caring* – Plenary address by NACCHO Board member Cheryl Mundy
16/6	Aboriginal and Torres Strait Islander Policy Unit & MHU, Qld Health, Brisbane	Stanley Nangala, Kimina Andersen, Trudy Sebasio,	Exchange of information. Qld Health advised of the *Cultural Respect Framework* that was signed off by AHMAC, http://www.health.gov.au/oatsih/pubs/pdf/wrkstrgy1.pdf. The Standing Committee on Aboriginal and Torres Strait Islander Health (SCATSIH) have encouraged the implementation and incorporation of the framework in various forms. Kimina has been involved in interagency meetings to do with suicide prevention and they plan to look at the area of bereavement support. Stanley was supportive of Community LIFE and stated that he would advocate for the continuation of the project
	Gurriny Yealamucka Health Service Yarrabah Nth Qld	Lesley and Mercy Baird	Exchange of information. Gurriny Yealamucka provides a range of Social Health Service, programs and include men and women's Health, Nutrition, Socio-emotional and Spiritual Health, Child and Family Health, Alcohol, Tobacco and Other Substance Misuse, Environmental Health and Aged Care. Gurriny Yealamucka Health Service and the Yarrabah Community Council developed a Life Promotion Plan. The plan drew upon existing resources and services such as the Ambulance, Police, Schools, Health Service, etc. and developed up a community profile outlining what was available and then assessed where the gaps were. Initially there were 2 life promotion positions, now there are 4 positions. In the period 1990-1996 there was been approximately 17 total suicides for this very small community of a population of 2,800 people. Since 1997 there have been no completed suicides in Yarrabah. Self-harm is still a major concern, although now there are people who live in the community who have the necessary skills to be able to intervene when a person tries to commit suicide.
	WuChopperen Health Service Cairns	Leo Lingwoodock, Shirley Law	• Exchange of information. Concern raised about drug and alcohol issues, domestic violence and suicides. In a six month period there were six suicides in one area of Cairns, (all were Indigenous). • Issues leading up to suicides included a lack of a sense of belonging, high numbers of people moving away from their homelands - Aboriginal and Islander culture and traditions still very strong