Aboriginal & Torres Strait Islander Suicide Prevention Evaluation Project

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The National Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) was undertaken by the School of Indigenous Studies, UWA and led by Professor Pat Dudgeon.

The project formally evaluated a range of existing Aboriginal and Torres Strait Islander suicide prevention programs and services, many of which had not been previously evaluated. This will enable the development of a much-needed evidence base for understanding what is working in Aboriginal and Torres Strait Islander suicide prevention. This process will be further informed by community understandings of suicide and what is needed to prevent suicide in communities identified as high risk and to support communities where suicides or self harm have occurred. It will also be underpinned by research on national and international best practice.
Aims & Objectives

a. Develop an evidence base identifying what is proving effective in addressing the range of complex issues underpinning Aboriginal and Torres Strait Islander suicide;
b. Develop a culturally appropriate evaluation framework that can measure the effectiveness and appropriateness of programs, services and initiatives aimed at suicide prevention and be utilised by communities to support their own evaluation and monitoring;
c. Provide a comprehensive review of existing literature, systematic reviews, spatial and temporal mapping of suicide clusters and self-harm and national data collection and statistical analysis (ethics is being sought separately for this aspect);
d. Produce a set of key recommendations and directions for future program design and delivery and funding.

The outcomes of the Project seek to ensure the Australian Government, service providers and practitioners better understand what is required in the short, medium and long-term to prevent suicide among Aboriginal and Torres Strait Islander communities.
Community Roundtables & Consultations
Roundtable & Consultation Outcomes

Key Themes from Community Roundtables and Consultation Outcomes:

- Self determination and local leadership
- Social determinants of health
- Racism
- Trauma
- Incarceration and justice
- Culture and identity
We should be self-determining and have our own healing centres and do our own thing. I am tired of going cap in hand for money allocated but then there are lots of things stacked against us and we don’t get any money (Adelaide Roundtable Participant).

Local responses are imperative. Local responses fix local problems. When you remove the local responsibility and offset to expensive outside groups, you reduce effectiveness and outcomes (Mildura Roundtable Participant).

Governments have to support us and not support the ways that continue to fail us, that make it worse for us, that leave our people without involvement and instead the same old White people controlling us, not knowing when to let go, can’t let go because they do not want to let go (Cairns Roundtable Participant).

The answers are with us, not with others. We know our people, we know our communities and families. We understand the suicides, the suicide threats, antisocial behaviour, alcohol and drug abuse, why many are unemployed, the low engagement by youth (Darwin Roundtable Participant).
Social Determinants of Health

Suicide is the tip of the iceberg – we have to look at unemployment, lack of education, housing issues, overcrowding, homelessness, and justice issues. We have to talk about the high cost of living. It’s these things – housing, education – all these gaps and pressures that are making our people mentally distressed (Roundtable Participant).

Where there is poverty, there are problems, there is anger (Cairns Roundtable Participant).

There are also suicides that would not occur if sociocultural determinants were addressed – for instance – housing (Mildura Roundtable Participant).

Our people are not being employed in the numbers that they should be and especially in the services that are set up to respond to our people (Shoalhaven Roundtable Participant).

Some of our people have no schools to send their kids. Some of our people still in the shacks have nothing in their community. And in many communities, the quality of schooling is poor and is no real education for our kids and their future (Cairns Roundtable Participant).
There is anger among our people, resentment at the racism, and just hurt from the sense of rejection (Cairns Roundtable Participant).

Our campaigners are not strong enough on a school curriculum that teaches White and Black kids truths that in the end will make them proud of the First People of this country (Adelaide Roundtable Participant).

The recognition of self in terms of identity is a huge risk issue. We need to take pride in ourselves, we need cultural education and cultural continuity (Mildura Roundtable Participant).
It cannot be understated that generations of trauma are passed down and the only thing that we do is to respond to the worst of the traumas when they play out in society instead of early intervention and healing strategies (Shoalhaven Roundtable Participant).

There has to be a focus on the healing stuff and we need to build strategies and action plans to address the grief and trauma (Adelaide Roundtable Participant).

All people deal with change and some cope better than others, but for Aboriginal people, we deal and deal and deal with layers and layers and layers of grief and loss and death, and change after change after change, trauma after trauma (Shoalhaven Roundtable Participant).
In my role as a [worker] in the [justice system], I find someone attempts suicide, well this is daily the suicide attempts. The other day I had a guy who slashed up in the prison clinic and for it’s not how we should respond, but how to prevent. The focus needs to be on prevention. The rate of attempted suicides in prisons is very high (Shoalhaven Roundtable Participant).

I work in Aboriginal Prison Support Services and prisoners are one of the vulnerable groups when they come of prison. They fall through the gaps and they finish up harming themselves and I guess I want to sit down today and put my thoughts across of how to go forward. Working with youth suicide prevention programs, we have to understand more so the issues with young Aboriginal males despite the increasing number of girls harming themselves. The males are the major problem and many of them have no role models whomsoever let alone no male role models (Adelaide Roundtable Participant).

Our mob continues to be locked up and it’s hard. As a community we have had a number of conversations and we said we don’t have the level of resources and expertise needed but despite this, let us work with what we’ve got and start positive journeys (Adelaide Roundtable Participant).
We’re the cultural guardians with the knowledge and we know that our strategies can work and that we need the non-Indigenous organisations to walk alongside us, with us, instead of against us. We cannot continue in their expectation of us fitting into their models (Darwin Roundtable Participant).

Getting back to Country is important and helps big ways. Trying to get back to connecting with Country is what we do and where we from, well 80% of the people there were forcibly removed to there, so we are trying to get them connected to their identity, their Country (Cairns Roundtable Participant).
Inaugural Aboriginal & Torres Strait Islander Suicide Prevention Conference, Alice Springs, 5-6 May 2016

- Culture
  Aboriginal language, culture and history should be introduced and embedded into the Australian curriculum
  Traditional knowledge should be acknowledged through cultural maintenance programs and ‘learning on country’

- Self-determination
  Government services, especially health services, should be transferred to Aboriginal Community Control. It is noted that a proper process to ensure responsibility for inadequate services isn’t transferred to unprepared communities will be required.
  Aboriginal communities should not constantly be used as trial sites

- Services
  Primary Health Network guidelines should designate Aboriginal Community Controlled services as preferred providers.
  Mainstream NGOs should only be used as service providers if there is no suitable Aboriginal Community Controlled Service, and only at request of community
• That any comprehensive approach to Indigenous suicide prevention should include community-specific and community-led ‘upstream’ programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, such as the National Empowerment Project.

• Suicide Prevention Programs
  All programs should be culturally appropriate
  There is a critical need to have community engagement as a driving force for what people want to have happening in their communities
  There should be ongoing innovative approaches to suicide prevention programs embracing art/music, multi-media and cultural content
  National programs need to be adapted to local needs
  Programs should incorporate the role of Elders
  Traditional Healers should be recognised and acknowledged as part of the health system under Social and Emotional Healing
  Training is needed for non-Aboriginal providers to enhance cultural safety
  There is a need for male and female interpreters
Suicide Prevention Programs

People with lived experience should be consulted
There should be access to Aboriginal counselors in all communities
Training should be provided for people who want to start healing groups
A national ‘Healing Day’ should be established for families living with the consequences of suicide, chronic illness, accidents
A greater focus on grief and loss is required with education and training delivered on a community by community basis and targeted to different age groups. Regional healing centres should be established
There is a need for 24/7 programs
There is a need more programs back on country
Crisis response teams are required in all areas. Women’s and Men’s group programs should be run separately.
There is a need to develop rehabilitation and psychiatric programs, i.e. mental health services.
Clear mechanisms must be established to ensure accountability of PHNs in their distribution of mental health/suicide prevention funding. They should support the expansion of ACCHO mental health/SEWB.
Suicide Prevention Programs
Opportunities are needed to develop the Indigenous mental health workforce
Memoranda of Understanding should be developed, especially with the police
Information about successful suicide prevention programs should be nationally
disseminated, and resources such as the interactive maps which people can
access on the ATSISPEP website
Resources should be provided to update and modernise Australian Indigenous
Healthinfonet suicide prevention section
Long term funding is needed for suicide prevention programs
A National Peak Black suicide body should be established, with representation
from around the nation and it should be funded to research and make policies
and be engaged by government

Child abuse – awareness should be raised of the impact and trauma (including
historical trauma) of child sexual abuse as a potential contributor to suicide in our
communities
• People identifying as LGBTQI:
  are overrepresented in suicides
  should have representation on committees
  should be included in the census or similar survey
  need to be included in the Safer Schools Program
  need to have specific policy gaps identified such as lack of services
  should be included in all Suicide Prevention Plans
• Justice related programs should be praised, funded and rolled out nationally including:
  • #JustJustice
    Justice reinvestment
    Support programs inside prison
    Post release mentoring
    Restorative justice programs like Koori Court and Working on Sentencing in Adelaide
    More support needed to address drug use
Inaugural Aboriginal & Torres Strait Islander Suicide Prevention Conference, Alice Springs, 5-6 May 2016

• Youth
  State and National youth suicide prevention conferences should be supported
  Pathways to higher education should be created through improved capacity of youth services
  Secure safe houses for young children should be available in all locations
  Local youth detention centres should be established to accommodate youth while waiting to attend court
• Annual national Indigenous suicide prevention conferences should be held as a means of maintaining focus on the issue and disseminating knowledge
• Ensure a strong contingent from Indigenous communities around Australia are at the World Indigenous Suicide Prevention conference
• There is a need to develop a funded Implementation Plan for the National Aboriginal and Torres Strait Island Suicide Prevention Plan which clearly defines actions Aboriginal and Torres Strait Island people can, and will, undertake themselves, and role of government
• Gayaa Dhuwi (Proud Spirit) Declaration should be prominent in recommendations.
All future Indigenous suicide prevention activity should:

- utilise and/or build upon the range of success factors identified by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
- include a commitment to, and a provision for, the evaluation of the activity and the dissemination of findings to further strengthen the evidence-base.

All Indigenous suicide prevention activity should include community-specific and community-led upstream programs focused on healing and strengthening social and emotional wellbeing, cultural renewal, and improving the social determinants of health that can otherwise contribute to suicidal behaviours, with an emphasis on trauma informed care.

Justice reinvestment principles should be used to secure additional funding for a range of upstream diversionary activity for Indigenous young people away from the criminal justice system. This could include programs to support young people and families, sport or other activities, or by enhancing access to quality education and employment. Justice reinvestment principles should also be used to fund improvements to Indigenous mental health and alcohol and other drug services and programs.
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<th>ATSISPEP Recommendations</th>
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<td><strong>4</strong></td>
<td>Governments should support the training, employment and retention of Indigenous community members/people as mental health workers, peer workers and so on in suicide prevention activity. In particular, Indigenous young people should be supported and trained to work in suicide prevention activity among their peer group.</td>
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<td>All mental health service provider staff working with Indigenous people at risk of suicide and within Indigenous communities should be required to achieve Key Performance Indicators (KPIs) in cultural competence and the delivery of trauma informed care. These services should also be required to provide a culturally safe environment.</td>
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<td>Preparatory work should immediately commence to develop suicide prevention activities specific to the needs of those who have suffered child sexual abuse, in preparation for the release of the findings of the Royal Commission into Institutional Responses to Child Sexual Abuse.</td>
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<td>Indigenous people identifying as LGBTQI should be represented on all Australian Government and other Indigenous mental health and suicide prevention advisory forums.</td>
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A National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Implementation Plan should be developed and funded, utilising the findings of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

Service agreements between the Australian Government and the Primary Health Networks should contain Key Performance Indicators that require demonstration of cultural capabilities and standards, and representation of Indigenous communities on boards, community advisory committees and clinical councils. This is in part to facilitate effective engagement and partnership with Indigenous communities at key junctures of the NATSISPS implementation process including the development of suicide prevention needs assessments, commissioning services and programs, and evaluation of existing programs.

Aboriginal Community Controlled Health Services remain the preferred facilitators to their communities of suicide prevention activity to their communities, including the provision of primary mental health care services. This includes delivery of programs and services funded to implement the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy though the Primary Health Networks.
The ATSISPEP Assessment Tool for assessing Indigenous suicide prevention activity should be used to support the evaluation of applications for National Aboriginal and Torres Strait Islander Suicide Prevention Strategy funding to ensure conformity with the findings of the ATSISPEP.

The Success Factors identified by ATSISPEP should be included in the systems approach to suicide prevention when it is applied in Indigenous community settings. This should occur in consultation with Indigenous mental health and suicide prevention leaders, and in partnership with the communities concerned.
ATSISPEP Recommendations

Disseminating and building on the findings of ATSISPEP

13. The ATSISPEP findings, tools and resources should be broadly disseminated, and included in Australian Government portals.

14. An Indigenous-led national clearinghouse for best practice in Indigenous suicide prevention activity should be established. This should be tasked to maintain the currency of ATSISPEP tools and resources over time.

15. Participatory action research is the preferred methodology for future suicide prevention research in Indigenous communities.

16. A National Aboriginal and Torres Strait Islander Suicide Prevention Conference should be funded and held every two years.

17. Resources should be made available to enable local Aboriginal and Torres Strait Islander communities to undertake critical response activities for their local communities with relevant stakeholders. Outcomes of the UWA Critical Response Project can inform these approaches.
Forward Steps

http://www.atsispep.sis.uwa.edu.au/

- ATSISPEP Report Launched, November 2016
- Government formal response to the recommendations
- Continued work and support for ACCHS’s as we navigate our way through PHN web
- National Aboriginal and Torres Strait Islander Suicide Prevention Strategy
- Renewed Aboriginal and Torres Strait Islander MH and SP Framework