

EXPLORATION & DESIGN

Aboriginal and Torres Strait Islander suicide
crisis support and aftercare workshop

28-29 August 2017,
Port Augusta, South Australia

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WHY HOLD THIS WORKSHOP?

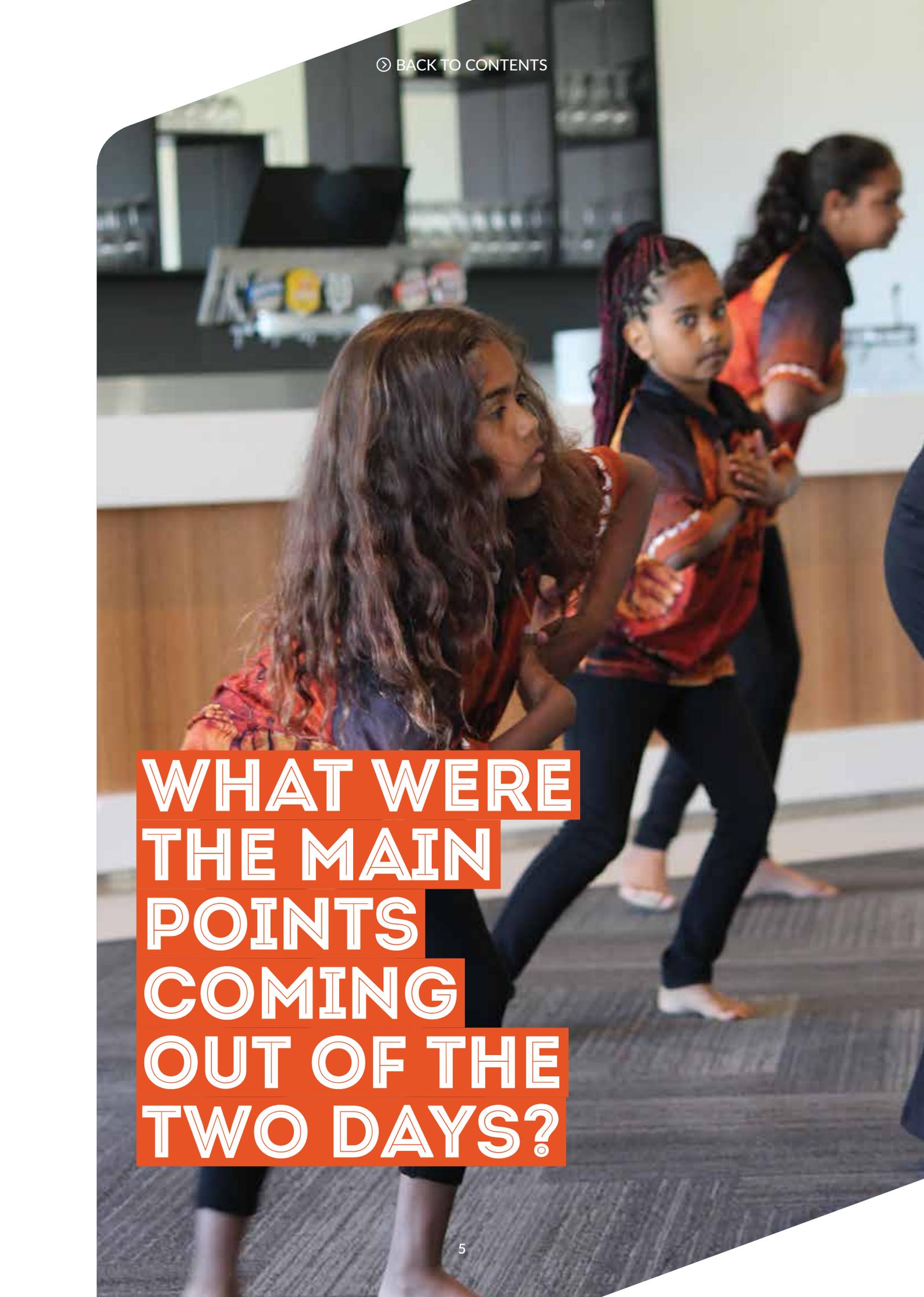
- Approximately 75 people travelled to Port Augusta to participate in a two-day forum and workshop.
- The purpose was to explore what works for Aboriginal and Torres Strait Islanders in suicide crisis and follow up care.
- Importantly, there were many people who attended from communities across Australia that brought with them an extraordinary amount of knowledge and experiences.
- The workshop was held on country of the Nukunu people.
- It was coordinated by the Black Dog Institute (LifeSpan), Poche Centre for Indigenous Health at the University of Western Australia and Country South Australia Primary Health Network (PHN).
- The location was chosen with respect for remote and non-urban communities.
- Funding was provided by the Commonwealth Department of Health through a grant to the Black Dog Institute to provide implementation support to the 12 National Suicide Prevention Trials.
- Most of the participants were Aboriginal or Torres Strait Islander people.
- Many of the participants represented both their community and service providers.





WHAT HAPPENED?

- A Welcome to Country was provided by local Nukunu Elder, Lindsay Thomas and the Dusty Feet Mob dance crew performed a creative contemporary piece that incorporated traditional dance and represented their lived experiences.
- Day 1 followed the prepared Agenda with many presentations and some group and table discussion.
- On Day 2 the Agenda was more organic, responding to the needs of participants for freer flowing discussion.
- The microphone was passed around to anyone that had something to say, and many people found this to be the most useful part of the forum.
- There was a brief presentation about the LifeSpan suicide prevention framework, and a short video was played to explain the concept of a Systems Approach to Suicide Prevention.
- Participants provided feedback to the organisers and the agenda was restructured from a presentation on Implementation Science to move to a yarning circle reflecting the value of cultural ways of knowing and doing.



**WHAT WERE
THE MAIN
POINTS
COMING
OUT OF THE
TWO DAYS?**



THE IMPORTANCE OF COMMUNITY

- We need to engage local communities to identify local issues and lead with local solutions.
- The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) tools are a good way to guide funding for community-led and community-driven programs and services.
- Some thought local communities should be leading suicide prevention without government. They mentioned that suicide has only become an issue since colonisation.
- The ATSISPEP Report, introduced by Leilani Darwin and later discussed by Pat Dudgeon, followed from a very wide consultation across the country about what works and what needs to happen to respond to suicide in Aboriginal and Torres Strait Islander communities.
- Others thought that the Primary Health Networks (PHN) were different from previous funding bodies, and could make good partners.

“Services should not be overly concerned about mainstream qualifications and experience, instead consideration should be given to employ workers for their cultural expertise and knowledge.”

HOW CAN WE RESPOND?

- More effort needs to be made to employ, develop and support local Aboriginal and Torres Strait Islander people who are already doing the work informally, without support or adequate resources.
- This is best done by supporting Aboriginal and Torres Strait Islander led services, and supporting communities to further expand on successful suicide prevention initiatives.
- Other services should not be overly concerned about mainstream qualifications and experience, instead consideration should be given to employ workers for their cultural expertise and knowledge.
- Services can support the growth of their Aboriginal and Torres Strait Islander workforce by recognising cultural obligations of their workforce and the need to be held accountable to community and the service providers (for example understanding Sorry Business and other cultural practices and obligations).

SERVICE FUNDING, DELIVERY & RESOURCING



- Many attendees said there are not enough appropriate services for Aboriginal and Torres Strait Islander people.
- Specifically, there are not enough Aboriginal and Torres Strait Islander led services in many areas.
- Both historically and currently, the larger non-Indigenous organisations and church groups get most of the money because of barriers in the funding system.
- However, this often reinforces paternalistic Government control and re-traumatises people, resulting in those services not being suitable for many communities.
- Some said that because agencies compete for funding, they don't trust each other and don't collaborate (but they should).
- Some said that funding organisations need to put more emphasis on cultural expertise, rather than Western priorities, when deciding how to commission work.
- Data and service mapping are two Western concepts that some said confuses the demand for services, because every state and community is different.
- 'One size does not fit all' so we need to ask each local community to design their services for their needs.
- Everyone agreed that we need to introduce culturally relevant evaluation criteria, so we can see what works and more easily fund quality Aboriginal-led programming.
- It was mentioned that most good reports are never put in practice, but the PHNs seem to be supportive of the recommendations contained in the ATSIPEP report.
- Prof. Pat Dudgeon mentioned that PHNs will need to keep trying until the community is engaged and holding the funds.
- Service exclusion criteria make it difficult (and sometimes impossible) for children and communities outside of those restrictions to receive any service at all.
- Many people understood the need to put limitations on what a service can provide, but felt that where the exclusion criteria were too strict the community ends up taking on too much, and taking on the most complicated support roles.
- Several people said that many Aboriginal and Torres Strait Islander people will not present (to services) because they know there aren't any services that operate in a culturally appropriate manner.
- Most people cannot access a worker after business hours, or cannot access a culturally-appropriate worker when they need one.
- As part of the critical response project they are going to be identifying services that are not delivering services, yet are reporting differently to funders (Adele Cox).

HOW CAN WE RESPOND?

- PHNs are encouraged to assist smaller Aboriginal-led organisations (including Aboriginal Community Controlled Health Organisations, Aboriginal Medical Services and Non-Government Organisations) to receive funding with the ATSIPEP tools, and to support an open discussion about what is needed.
- Tender processes should require organisations to demonstrate their cultural knowledge and understanding, ideally in the form of Aboriginal and/or Torres Strait Islander governance with an adequately skilled workforce representing the local community and need.
- Where there is no suitable local Aboriginal or Torres Strait Islander organisation, the funded organisation should show clearly what they have done to engage community prior to any service delivery or program commencement with a clear plan for future partnerships.
- Funding agreements need to include cultural accountability measures and qualitative measures of success.

“One size does not fit all”

IMPLEMENTATION & EVALUATION

- Many people agreed that services need to measure Aboriginal and Torres Strait Islander satisfaction with services and programming that currently exist, as well as any future needs assessment.
- Leaders in the sector spoke about the importance of capturing the views of community for better planning and delivery of sustainable, effective service delivery.
- Bianca Albers said that when developing services, it is best to do the hard work at the beginning - 'pay now, or pay later' - this includes listening to community.
- Research findings and reports are not always reflective of the perspectives and experiences of the local community and need to be lead through cultural governance from conception to completion.
- There was a discussion about the need to involve community in policy and decision-making, and community views on what is an effective intervention need to be valued and respected.
- All suicide prevention initiatives need to be community-led and community-driven and support self-determination of the local area.
- Some participants felt that implementation science was 'patronising', and rooted too deeply in non-Aboriginal theory. They felt that cultural expertise was better aligned with the outcomes they want to achieve.

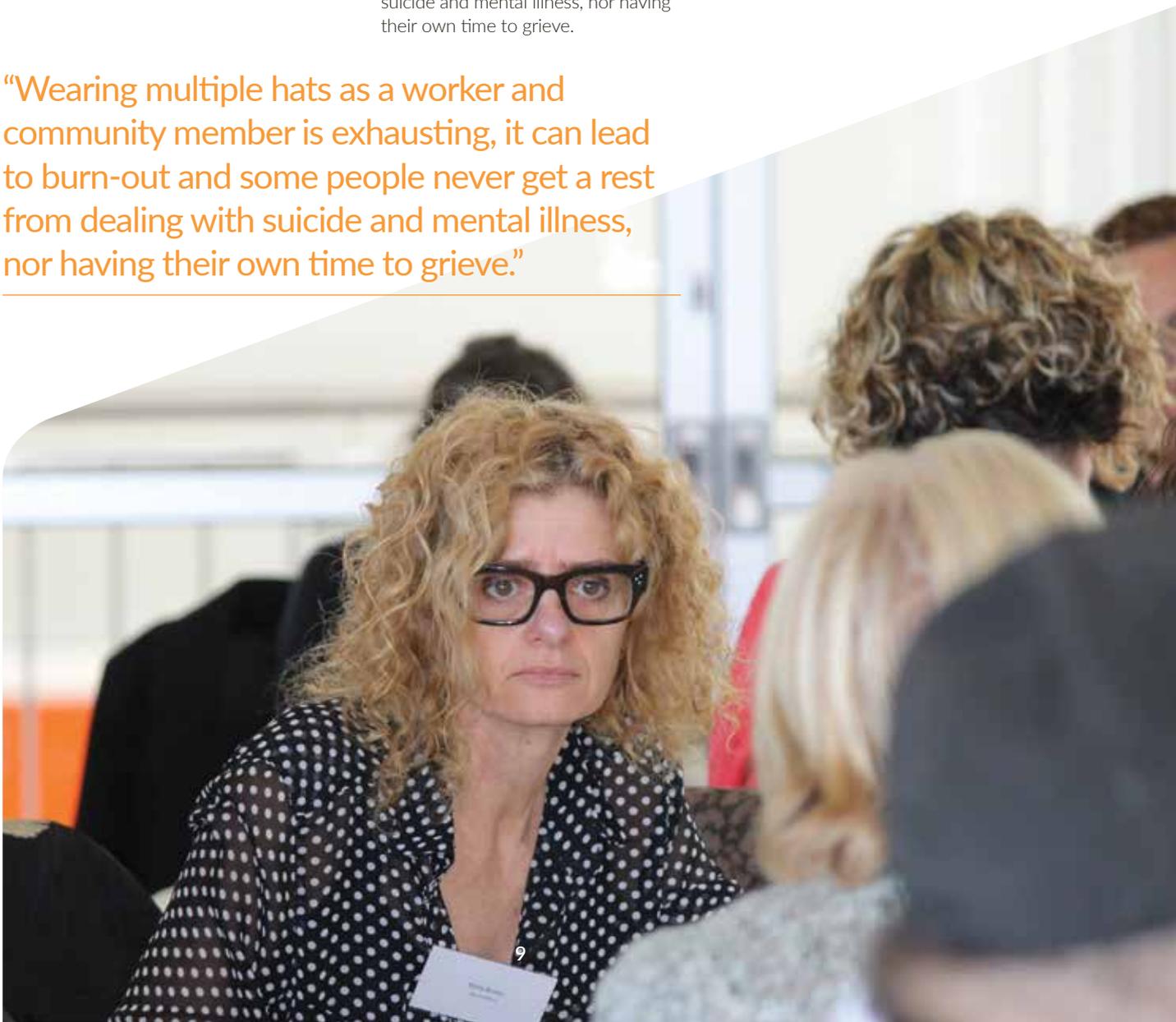
TRAUMA AND LIVED EXPERIENCE

- The workshop provided a culturally safe and supportive environment for many participants to share their lived experience.
- Lived experience is inclusive of the many and various ways that people can be impacted by suicide, mental illness and loss.
- One participant noted that for many young people suicide-related trauma begins early in life, and children become aware of suicide when they lose family members., whilst acknowledging that this is not the case for everyone.
- Unfortunately, what is seen in many communities is a normalisation of trauma.
- Other stresses (like drugs and alcohol) are also factored into lived experience.
- Many people mentioned 'rolling grief' caused by constantly experiencing suicide, and never fully recovering before grieving again, this is compounded from a very young age.
- Wearing multiple hats as a worker and community member is exhausting, it can lead to burn-out and some people never get a rest from dealing with suicide and mental illness, nor having their own time to grieve.

HOW CAN WE RESPOND?

- Eligibility criteria should be broad enough to cover everyone who needs help and not be restricted by age or gender or other health complications.
- Staff working in suicide prevention should get respite, and workplaces should respect sorry business to allow for proper grieving.

“Wearing multiple hats as a worker and community member is exhausting, it can lead to burn-out and some people never get a rest from dealing with suicide and mental illness, nor having their own time to grieve.”





HEALING, SOCIAL & EMOTIONAL WELLBEING & RESILIENCE

- Healing, social and emotional wellbeing (SEWB) and resilience are positive protective factors.
- Janet Kelly of Flinders University was not able to present, but her slides show that culture and connection to Country are protective factors.
- This includes language, listening to Elders, identity and connection to tradition and the past.
- Adriel Burley referred to Queensland Mental Health Commission findings that life events relating to suicide aren't always accurately collected. Transience, lack of connection to Country and other socio-economic problems can undermine those protective elements
- The ATSIPEP Report says getting back to cultural roots ('primordial prevention') is a strong success factor in suicide prevention.
- Taking a holistic view of wellbeing, 'upstream' factors such as quality housing, and the absence of alcohol and drug problems are critical for suicide prevention.
- Aaron Stuart spoke about healing camps and a reflection garden as ways of increasing connection to tradition and lost loved ones.
- He said it was important to go bush and teach the younger ones, in a space where there is no policy or regulations.

HOW CAN WE RESPOND?

- Community members should be paid for their lived experience and their healing activities in community. The National Mental Health Commission's Paid Participation Policy is a great way to understand how to set this up.
- PHNs should look at ATSIPEP and work out how they can fund services and programs that support healing, social and emotional wellbeing and resilience.



RECOGNISING CULTURAL EXPERTISE, MENTORING & LEADERSHIP

- It is important to include Elders, and respect that community members know best what will work for their people.
- Anthony Ah-Kit and Eric Fejo said culture is evolving, and Aboriginal and Torres Strait Islanders should drive that and not be passengers. Community can do that by reconnecting with language, stories and traditional law as pathways to build strong culture in modern times.
- Another participant stated that investment in Aboriginal and Torres Strait Islander business was a key step towards self-determination.
- Several presenters and participants mentioned mentoring of younger people and developing leadership skills to build up our future leaders.
- One participant said that sometimes communities need to admit that they don't have all the answers and there is always a need to reflect.



THE 'MULTIPLE HATS' OF SERVICE PROVISION & COMMUNITY OBLIGATIONS

- Aboriginal and Torres Strait Islander workers in suicide prevention are stretched and exhausted.
- They often find it hard to 'switch off' at the end of a work day.
- Cultural obligation is strong, and the relentlessness of supporting community can lead to burn out and risk to workers.
- Many non-Indigenous workplaces do not understand this 'double' stress and grief.
- One participant spoke about the isolation of being a lone Aboriginal worker in a mainstream organisation.

HOW CAN WE RESPOND?

- Workplaces need to respect sorry business and understand cultural duty.
- Respite breaks and respect for Aboriginal workers might make it easier to fill those positions.

"Workplaces need to respect sorry business and understand cultural duty."

“We need to learn more about people who do not present to Emergency Departments, and who deal with their suicidality in community.”



URBAN & NON-URBAN/ 'TRADITIONAL & NON-TRADITIONAL'

HOW CAN WE RESPOND?

- Adriel Burley, Anthony-Ah-Kit and Eric Fejo said that 'traditional people' (or those living in non-urbanised environments) think differently about suicide to non-traditional people so, there should be different approaches in traditional (non-urban) and non-traditional (urban) settings.
- Adriel Burley said the pressures in urban areas include health, employment, housing, financial and low connection, whereas the

pressures in suburban areas are mostly the lack of services, lack of self-determination, wide diversity in language groups and transport.

- In the more remote areas transport is also a problem, as well as limited input into decision-making and increased risk of 'contagion' in tight-knit communities.

- We need to learn more about people who do not present to Emergency Departments, and who deal with their suicidality in community.
- People living in urban areas need to be able to reach out to more traditional lifestyles and cultural heritage to access the protective factors that connection brings.
- Traditional People from remote or semi-urban areas who are living or working in big cities or away from their Country need support to adjust to a different lifestyle.

NEXT STEPS

The findings and recommended action items were circulated to all invited participants, and anyone who wrote their contact details on the attendance sheet for feedback which was collated into this report.

The Black Dog Institute will continue to work with the PHNs that attended the event, and those who have identified Aboriginal and Torres Strait Islander communities as a priority in their suicide prevention trials. The key themes of the workshop will inform the planning and delivery of localised community engagement and strategy design.

Country South Australia PHN will also build upon the discussions and the goodwill generated at this event to undertake focused trial planning.

Please note that separate correspondence will be sent to participants with options for how we can keep this yarn going and ensure that we share our learnings and knowledge with local areas.



