Darwin Roundtable Report

Danila Dilba Healing, Darwin

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Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

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**Executive Summary**

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) undertook a series of national community Roundtables. The aims of the Roundtables were to ensure input by Aboriginal and Torres Strait Islander communities to the overall Project, to gain specific information about contributing factors to suicide, and also to discuss effective strategies and community support for suicide prevention. The Roundtables were undertaken in a range of regional sites and around a number of emerging themes. The Roundtable in Darwin was one of six regional community consultations and was co-hosted by the Aboriginal Medical Services Alliance Northern Territory (AMSANT).

Self-harm and suicide are significantly higher among Aboriginal and Torres Strait Islander peoples when compared to the wider Australian population. The Northern Territory has the second highest rate of self-harm and suicide among Aboriginal and Torres Strait Islander populations in the nation after Western Australia. Outcomes from the Darwin Roundtable raised issues similar to those raised in other regional Roundtables, including concerns about the negative impacts of colonisation and contemporary forms of racism, the influence of social determinants on wellbeing, the impacts of Government policies, ongoing trauma (transgenerational and contemporary), substance misuse, the broad range of mental health issues and disproportionate incarceration rates.

The Darwin Roundtable participants reported that as long as the economic inequalities and social determinants remain unaddressed, then the various trauma and self-destructive behaviours that culminate in the high self-harm and suicides rates will continue and worsen. Participants felt that social determinants are significantly fundamental to wellbeing. Participants described the social determinants as multiple and interconnected and that negative impacts develop a set of complex problems that play out across the life of an individual. Social determinants, from conception to the end of life, influence the expression of positive or negative wellbeing.

Every Roundtable highlighted the importance of culture in terms of identity, but the Darwin Roundtable emphasized this as its central theme. According to the participants a strong cultural identity is profoundly fundamental to physical, emotional and spiritual wellbeing. The following specific themes emerged from discussions:

- Impacts of Social Determinants
- The Centrality of Culture and Identity
- The Need to Address Trauma
- Issues Around Incarceration
- Need for Local Solutions and Self-Determination

**ATSISPEP Background**

Aboriginal and Torres Strait Islander suicide occurs at double the rate of other Australians, and there is evidence to suggest that the rate may be higher (Australian Institute of Health and Welfare, 2014, 2015). Suicide is one of the most common causes of death among Aboriginal and Torres Strait Islander people. Aboriginal and Torres Strait Islander people between the ages of 15 to 34 are at highest risk, with suicide the leading cause of death, accounting for 1 in 3 deaths. Suicide is a complex behaviour with many causes. For Aboriginal and Torres Strait Islander peoples there are specific cultural, historical, and political considerations that contribute to the high prevalence and that require the rethinking of conventional models and assumptions.

In response to the urgent need to address the high rates of Aboriginal and Torres Strait Islander suicide across Australia, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), a comprehensive national project, was funded by the Australian Government through the Department of the Prime Minister and Cabinet to establish an evidence base about Aboriginal and Torres Strait Islander suicide and to formally evaluate the effectiveness of existing suicide prevention services nationally.
A final report was provided to the Minister for Indigenous Affairs in November 2016. Concurrently, a culturally appropriate Suicide Prevention Program Evaluation Framework was developed and trialled. The School of Indigenous Studies at UWA undertook the Project, in collaboration with the Telethon Kids Institute and the national Healing Foundation. An aim of the ATSISPEP was to establish a much-needed evidence base of effective suicide prevention for Aboriginal and Torres Strait Islanders.

In summary, ATSISPEP:

- Undertook a review of the literature;
- Built on seminal reports;
- Collated significant Aboriginal and Torres Strait Islander consultations and subsequent reports in recent times;
- Undertook a statistical spatial analysis of suicide trends over ten years;
- Produced a compilation of resources and suicide prevention programs; and
- Developed and trialed a culturally appropriate evaluation framework.

In preliminary findings, key themes of effective programs and services have been identified as those that offer a holistic understanding of health and wellbeing for individuals, families and communities. These successful programs and services also promote recovery and healing from trauma, stress and intergenerational loss; empower people by helping them regain a sense of control and mastery over their lives; and have local culturally competent staff who are skilled cultural advisors. There is community ownership of such programs and services, with significant community input into the design, delivery and decision-making processes and an emphasis on pathways to recovery through self-determination and community governance, reconnection to community life, and restoration of community resilience and culture. Using a strengths-based approach, these programs and services seek to support communities by addressing broader social determinants and promoting the centrality of family and kinship through hope and positive future orientation. There are many complexities and determinants associated with suicide and self-harm and the most successful responses have been those fostering the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families and communities. The most successful strategies among young people have involved peers, youth workers and less formal community relationships to help negotiate social contexts and to connect them with their cultural values, care systems and identity.

**ATSISPEP Roundtables**

As part of the Project, a series of Roundtables was conducted in a number of regional sites on a range of emerging themes. The Roundtables complemented the current review of literature in the area, and intended to utilise a community consultation methodology to affirm the results of the literature and program reviews and to seek further information. This methodology ensures that the Aboriginal and Torres Strait Islander community is informed about the Project and have input, and that information gathered is contextualised from the community through representation at the Roundtables, and is that information is relevant to rapidly changing social and political environments. Responsiveness is a key concern in the evaluation process hence the ATSISPEP series of Roundtables is a mechanism that incorporates ongoing reciprocal discussion between senior community members and the Project researchers.

The first community consultation was held in early 2015 in Mildura in regional Victoria, an area with reported high levels of suicide. A further regional consultation was held in Darwin, Northern Territory and Broome in the Kimberley. Subsequent to these regional Roundtables, additional community consultations were held in Cairns, Queensland, Adelaide, South Australia and in the Shoalhaven area of New South Wales. The three initial regions were chosen as the sites for the community consultations because of the high reported incidence of suicide in these regions or, alternatively, because of the substantial progress reported in reducing previously high rates of suicide in these areas.
As well as regional Roundtables, themed national Roundtables engaging Aboriginal and Torres Strait Islander youth, sexuality and gender diverse people identifying as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI) and those involved in the justice system also took place and provided valuable ‘front-line’ perspectives of the central issues involved for each of these groups. The feedback from Roundtables to date have reinforced the initial findings of the literature review and preliminary data analysis and demonstrated the complexities involved in identifying vulnerable groups in the community.

The purpose of the Roundtables was to recognise what communities need to assist them in the prevention of suicide and to hear community perspectives and first-hand experiences of suicide prevention services and programs to help confirm and refine existing research findings of what works and why.

The Project identified the following groups as vulnerable within the Aboriginal and Torres Strait Islander communities: youth; those identifying as sexuality and gender diverse, and those involved in the justice system, in particular, those re-entering communities following incarceration. Other workshops and Roundtables took place around topical issues. For instance, a meeting about determining the need for and development of a critical response service for suicide and trauma was held in Perth with Commonwealth and West Australian state governments, stakeholders, academics, community groups and relevant services. Other topical issues such as the role of clinical factors in suicide and measuring suicide and self-harm also took place as part of the Project.

These consultations will enable the Project to:

- Gain further feedback and input on the Project work to date;
- Listen to the different experiences with suicide prevention programs and services across Australia to further identify what works and why;
- Identify programs that have previously been assessed as effective and seek community perspectives to determine the relevancy of such programs within the communities and what would be needed to support effective implementation; and
- Determine what changes could be made to further improve existing programs.

Section One: Roundtable Report Background

The aims of this Roundtable report are to identify the major issues of concern to community members, professionals and workers in the Aboriginal and Torres Strait Islander youth demographic. Their comments are directly organised around contributing factors to suicide and self-harm, the impact of suicide on individuals, families and communities, and the capacity for addressing suicide. This Roundtable worked in partnership with youth participants to ensure that they were informed about the objectives of the Project and to ensure their input from a youth Aboriginal and Torres Strait Islander perspective. The Roundtable process involved facilitators and participants identifying issues and in many instances grouping these. The value of this process ensures that Aboriginal and Torres Strait Islander youth themselves are recognised as the experts in this area, and ensures the voices of that group within the Aboriginal and Torres Strait broader community is heard. The process is valuable for a number of purposes:

1. To ensure that the voices of Aboriginal and Torres Strait Islanders in Darwin and its surrounding areas are valued and present;
2. To ensure ownership of the issues;
3. To ensure that new insights involving Aboriginal and Torres Strait Islander populations in Darwin are recognised;
4. To connect the voices of Aboriginal and Torres Strait Islanders in Darwin directly to evolving policy wherever possible and appropriate; and
5. To guide further development of ideas found in current reports and literature to supplement participants’ concerns that emerged in the Roundtable.
Roundtable Context

The principles used for direction in identifying the concerns and context of the Roundtable commentary come primarily from the six action strategies listed in the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (Department of Health and Ageing, 2013) and the nine guiding principles listed in the introduction to the national Social and Emotional Wellbeing Framework (Social Health Reference Group, 2004). In addition, there are a number of other research publications and major reports informing the approaches taken by ATSISPEP and the Roundtables that can be found in the overall report.

The principles from the Social and Emotional Wellbeing Framework (2004), (hereon called the Framework), are based on a platform of human rights and recognise the effects of colonisation, racism, stigma, environmental adversity, and cultural and individual trauma. They also acknowledge the diversity of Aboriginal and Torres Strait Islander identity and cultural experience and the centrality of family, kinship and community. The Framework recognises that Aboriginal and Torres Strait Islander culture has been deeply affected by loss and trauma, but that it is a resilient culture. It also recognises that Aboriginal and Torres Strait Islander Australians generally are resilient and creative people, who respond positively to a holistic approach to mental and physical health, drawing on cultural, spiritual and emotional wellbeing and seeking self-determination and cultural relevance in the provision of health services for themselves and their communities.

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy (2013), (hereon called the Strategy) is a specific response to the suicide statistics. It has yet to be released by the Department of Health. In seeking to ensure that Aboriginal and Torres Strait Islander communities are supported locally and nationally to reduce the incidence of suicide and suicidal behaviour, and related self-harm, the Strategy aims to reduce risk factors across the lifespan of these groups, to build workforce participation of Aboriginal and Torres Strait Islander people in fields related to suicide prevention, and to effectively evaluate programs.

A brief list of goals for increasing early intervention and building strong communities nominated by the Strategy includes building strengths and capacities in Aboriginal and Torres Strait Islander communities, and encouraging leadership and community responsibility for the implementation and improvement of services for suicide prevention. A strong emphasis is placed on the strength and resilience of individuals and families working through child and family services, schools and health services to protect against risk and adversity.

On this basis, the Strategy contends that it is necessary to act in four main areas. Firstly, it is essential to have culturally appropriate, targeted suicide prevention strategies that identify individuals, families and communities at higher risk through levels and expressions of disadvantage such as poverty, substance misuse and histories of abuse or neglect. Secondly, it is necessary to co-ordinate approaches to prevent suicides including health, education, justice, child and family services, child protection and housing. Thirdly, it is necessary to build the evidence base on suicide prevention activities and ensure dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records. Finally, there needs to be a safeguarding of standards of practice and high quality service in the area of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities and an assurance that preventative activity will be embedded in primary health care.

Both the Strategy and the Framework are based on extensive consultation with representatives from Aboriginal and Torres Strait Islander communities. The essential shared values and the themes considered necessary for effective programs and services include:

- Acknowledgement of trauma as a significant element of ongoing mental health issues for some individuals, families and communities;
- The need for cultural relevance in the development and implementation of programs;
- Self-determination in the development and delivery of suicide prevention and related mental health programs;
- The need to centralise research and build a strong, coherent knowledge base on Aboriginal and Torres Strait Islander suicide prevention, intervention and postvention; and
- The necessity of understanding the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander suicide prevention within the communities.
While establishing foundational principles, the community consultation and research undertaken by the Strategy and ATSISPEP also highlight gaps in information that require further research and analysis to clarify information and develop questions around methodological approaches.

1. Gathering statistics presents very specific challenges due to problems with Torres Strait Islander identification, and variations in data sources, such as the National Coronial Information System, the Queensland Suicide Register, and other administrative systems. Shared protocols that ensure adequate and consistent reporting nationally are required.

2. The priorities and needs of Aboriginal and Torres Strait Islander communities should be central. Questions could be asked about what services and programs, if any, are in place and are they adequate? Do these services and programs work together to reflect the broad, inter related and holistic nature of the realities of communities?

The preceding brief summary provides an overview of significant emerging principles that are concerned with respecting a holistic model of culture and health for all Aboriginal and Torres Strait Islander people. The building of individual, family and community resilience, and improving safety factors throughout the lifecycle is facilitated by addressing violence, abuse, alcohol and drug problems, and supporting the increased participation of Aboriginal and Torres Strait Islander community members and professionals in any initiative that concerns them, particularly in suicide prevention. These values were fundamental in a shared framework that underpinned the Roundtable dialogues and the Roundtables also enabled Aboriginal and Torres Strait Islander community members and professionals and non-Indigenous experts, to come together and provide a focused discussion within the complexity of Indigenous experience.

Darwin Background

Cultural History

The Northern Territory (N.T.) is an area of some 1,349,129 square kilometres, which is roughly 17.5% of the landmass of Australia. The traditional custodians of the Northern Territory are the Larrakia, Kunwinjku, Arrernte, Gun-djeihmi and Jawoyn peoples. This area is recognized to be one of the world’s most linguistically rich areas with over one hundred different languages spoken by inhabitants (N.T. Government, 2016). The traditional custodians of the Darwin region are the Larrakia Nation (saltwater people) who have strong ties to the sea and long historical relationships with the Tiwi, Wagait and Wulna people, with whom they share song-lines and ceremonies. The most important ancestral being for the Larrakia peoples is the Nungalinya, the protector who dwells on Casuarina beach (Larrakia Nation, 2016).

Northern Territory

The N.T. has the highest percentage of Aboriginal and Torres Strait Islander people in Australia: 29% of the population of the N.T. is Indigenous. The majority of Aboriginal and Torres Strait Islander people in the N.T. (some 81%) live in remote areas (ABS, 2014). The N.T. has the youngest population of any state in Australia with 37% under 25, compared to the national average, which is 32% under 25 (N.T. Mental Health Service Strategic Plan 2015–2021, p. 8). The N.T. has the highest level of Indigenous socioeconomic disadvantage: the index of socioeconomic disadvantage for Aboriginal and Torres Strait Islander people in the N.T. is 36.8 higher than the national average (AIHW, 2011). There is also a significantly higher life expectancy gap for Aboriginal and Torres Strait Islander people in the N.T.: 15 years for men and 21 years for women, compared to the national average of 12 years for men and 10 years for women (Zhao, et al. 2013). Further, the N.T. Indigenous age-standardised death rate is 1,460.5 and for non-Indigenous 625.3, which mean that the N.T. has the highest death rates for Indigenous people.

Between 2014–2015 it was found that the N.T. had the highest rate of emergency department presentations for Indigenous people in Australia (44.8%) (N.T. Strategic Plan). Mental health service data for 2012 and 2013 indicates that 43% of mental health service clients are Indigenous, 52% of mental health inpatients are Indigenous, and Indigenous death from suicide is almost three times higher than the rate for non-Indigenous Australians (Department of Health, 2015).

Indigenous youth in the Northern Territory are also over-represented in the criminal justice system. The N.T. had the highest level of young Indigenous people between 10–17 under supervision on an average day between 2014 and 2015.
Darwin

The 2015 Estimated Resident Population according to the City of Darwin is 82,912. According to the 2011 census data the Greater Darwin population is 120,621. In relation to the 2011 Socio-Economic Indexes for Areas (SEIFA), the highest areas of disadvantage in Darwin are Coconut Grove, Karama, Ludmilla, Malak-Marra, and Wagaman-Wanguri (ABS 2011/SEIFA 2011). Karama also has the highest recorded number of Aboriginal and Torres Strait Islander residents in Darwin (ABS, 2011).

Section Two: Roundtable Voices

Aboriginal Medical Services Association Northern Territory (AMSANT) co-hosted the Roundtable with a total of 20 participants attending. The majority of people were of Aboriginal and Torres Strait Islander descent. The participants of the Roundtable all brought extensive experience to the forum. The gender representation was 8 males and 12 females. The age of participants was between 30–70 years with the majority in the 45–60 years of age bracket. Participants were selected due to their personal experience and expertise in the health/mental health sector. Participants came from a range of positions including community leaders, psychiatrists, psychologists, mental health workers, suicide prevention coordinators, and family service project leaders.

The Roundtable process was to discuss subjects in plenary, and also to break into smaller groups to produce lists of concerns. This report recombines the discussion and the prioritizing of issues of concern for the groups.

Participants were identified by members of the ATSISPEP team and AMSANT, who based their selection knowledge of those appropriate individuals and stakeholders involved in Aboriginal and Torres Strait Islander health and social and emotional wellbeing. As participants were contacted, they would also suggest other relevant people to attend. Through the use of such networks, a range of appropriate people were contacted to participate. Two members of the ATSISPEP team and a group representative facilitated the Roundtable and all information was recorded. The program consisted of a presentation of the statistics of suicide, identified social determinants of suicide and self-harm, identifying problem areas and outlining the ATSISPEP approach.

During the Roundtable Participants were asked a number of questions. From the discussions, a number of themes and sub-themes were derived. The questions were:

- What are the contributing factors (including protective factors) for the high rates of suicides in Aboriginal and Torres Strait Islander communities?
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• What works in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
• What hasn’t worked in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
• What strategies to support communities to address Aboriginal and Torres Strait Islander suicide prevention would be appropriate?

The transcripts from the Roundtable discussion were analysed by three researchers working on the ATSISPEP Project. The researchers independently looked at the data and then deliberated to reach agreement on the thematic codes. The codes and related quotations were organised and analysed thematically. The emerging major themes included:

• Impact of Social Determinants;
• Centrality of Culture and Identity;
• The Need to Address Trauma;
• Issues Around Incarceration;
• The Need for Local Solutions and Self-determination; and

These themes are discussed in detail below.

The Impact of Social Determinants

Participants stated that they would like to see governments respond to the economic inequalities between Aboriginal and non-Aboriginal people, and these should be adequately addressed as a priority. Entrenched poverty was identified by the majority of participants as a predominant underlying factor that leads to self-destructive behaviour, intentional self-harm and to the high rate of suicide in the Northern Territory. Homelessness and crowded housing were described as significant issues by participants. According to NT Shelter, the Australian Bureau of Statistics reported that more than seven percent of the Northern Territory population continues to experience homelessness – 731 homeless per 10,000 population (NT Shelter, 2012). The majority of the Northern Territory’s homeless people are Aboriginal and Torres Strait Islander peoples and therefore it is estimated that about 12% of the Northern Territory’s Aboriginal and Torres Strait Islander population is in some form of homelessness.

Participants were concerned about the high unemployment rate among Aboriginal peoples in remote communities and towns, describing a lack of opportunities as a contributing factor. They were concerned that in remote communities and towns with high Aboriginal populations that most of the local workforce did not include local Aboriginal residents.

Studies have shown that the social disadvantage and health issues confronting Indigenous people internationally tend to be complex, historical and include many interacting social determinants, including exclusion, discrimination and marginalisation (Marmot, 2005). The social determinants of health are defined by the World Health Organisation (WHO) as:

‘The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries’. (WHO, 2012)

Social determinants have been recognized as a fundamental issue when addressing Indigenous health inequality by many groups, particularly the Australian Human Rights Commission. There have been discussions about the connections between low socioeconomic status and poverty, and health outcomes. The poor health of Indigenous people is not only about disadvantage, but also the lack of recognition and enjoyment of their human rights and the denial of their distinct cultural characteristics. Dick (2007) stated, ‘Indigenous peoples are not merely ‘disadvantaged citizens’. The poverty and inequality that they experience is a contemporary reflection of their historical treatment as peoples. The inequality in health status that they continue to experience can be linked to systemic discrimination’. The influence of the social determinants of health and wellbeing on poor
health and mental health was identified by participants in most Roundtables, and again this was a major issue at the Darwin Roundtable.

Entrenched poverty was identified by the majority of participants as an underlying factor that leads to self-destructive behaviour, intentional self-harm and to the high rate of suicide in the region. Remote Aboriginal communities in the Northern Territory have a range of additional stressors or risk factors compared to the larger regional towns and urban populations. These factors are found in the social determinants, such as entrenched poverty, crowded housing and high levels of preventable morbidity and mortality, which also need to be accommodated in suicide prevention strategies.

*The main issues for our people are the social determinants – housing, education, languages, culture, connection to Country.* (Darwin Roundtable Participant)

### The Centrality of Culture and Identity

The Darwin Roundtable participants highlighted the importance of culture and Identity, placing a high-level focus on the need for this to be recognised. Culture has significant psychological importance to the ways forward in improving mental health. Participants felt that culture, both in terms of historical and contemporary expressions goes to the heart of identity in terms of self-worth and self-esteem. Reclaiming culture is an important element in empowering individuals, families and their connectedness to community. There was strong agreement that without culture at the forefront, mental health services and program will have limited success.

Participants described the value of cultural practices, including Aboriginal knowledge systems and how these remain a part of Aboriginal and Torres Strait Islander life, particularly in remote communities of the Northern Territory. There was consensus that Aboriginal and Torres Strait Islander people should be able to navigate their own cultural settings, and that of mainstream Australia, equally. These rich cultural practices are a source of great pride, strength and resilience. Participants felt strongly that strong cultural identity is fundamental to Aboriginal and Torres Strait Islander health and wellbeing.

Perceptions about the centrality of culture have an evidence base in research. Research from international sources has shown that culture is an important issue in suicide prevention. For instance, research among Canadian Indigenous communities by Chandler and Lalonde (1998, 2008) shows that poor cultural continuity can result in communities where young people are at a much higher risk of suicide. This suggests that Aboriginal and Torres Strait Islander peoples' mental health and social and emotional wellbeing is based on cultural maintenance and reclamation. Self-determination and cultural maintenance are directly correlated with low suicide rates. The research identified a range of ‘cultural continuity’ indicators that included: self-government; land claims; community-controlled services, (including police and fire services, health services, child protection and education services); knowledge of Indigenous languages; women in positions of leadership; and facilities dedicated to cultural purposes. The number of indicators present correlated to decreased suicide rates in communities. Chandler and Lalonde’s (2008) work supports approaches that have been explored in Aboriginal and Torres Strait Islander communities in the past two decades and that have common threads of cultural reclamation and community empowerment as key issues.

This is particularly important for youth. A positive cultural identity has been reported to assist Aboriginal children and young people to navigate being an oppressed minority group in their own country (Department of Education and Early Childhood Development, 2009) and provide meaning in adversity (Centre for Rural and Remote Mental Health, 2009). For example, the Western Australian Aboriginal Child Health Survey (2004) reported clinically significant emotional or behavioural difficulties were lowest in areas of extreme isolation, where adherence to traditional culture and ways of life was strongest.

Participants expressed concern that where culture is weakened, it impacts negatively on the mental health of Aboriginal and Torres Strait Islander people and leads to a broad range of mental health issues and self-destructive behaviours. Participants felt strongly that culture is fundamentally vital and should be a part of all healing approaches as it is central to identity. Aboriginal and Torres Strait Islander psychologists who participated at the Roundtable stated that social, emotional and cognitive development is promoted by opportunities to engage in stimulating activities that connect Indigenous youth to their families, communities and identity. Providing these opportunities is significant in the development benefits for the child.

*We have to do it our way because we are the ones who understand our culture. We have much to deal with and now with drugs. It’s so sad that drugs are in some of our communities.* (Darwin Roundtable Participant)
I worry intensely about policies that are coming from outside our people. We are proudly First Nations persons and as a tribal person can trace our journey in the thousands of years... (Darwin Roundtable Participant)

I came to share our pain and the need for the wellbeing of our people which today for many is hard to find because subtle assimilation policies are being pushed. (Darwin Roundtable Participant)

I am working with community-controlled medical services. We provide therapeutic support and cultural support. We put a lot of effort in early youth support ... I have worked with regional councils, with one I looked after 13 remote communities. (Darwin Roundtable Participant)

The policy makers just do not realise how important culture is to our people (Darwin Roundtable Participant).

Western protocols should not consume how we deal with our people. They should not usurp with their training our ways. Western protocols need to understand our culture and take this into their learning. We are not something to be tacked on to western society. We need Indigenous psychology. (Darwin 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)

Programs that connect people to Country and culture or cultural activities – group work activities to include yarning circles and workshops. (Darwin Roundtable Participant)

The Need to Address Trauma

A strong emerging theme from the discussions were concerns that trauma, historical and contemporary, was becoming ‘normalised’ and accepted as a reality among Aboriginal and Torres Strait Islander peoples. It was perceived that governments have in effect accepted this and are not adequately responding to various trauma. Participants discussed various concepts and expressions of trauma. Transgenerational trauma in terms of the impacts to future generations was discussed, but there was also a focus on contemporary traumas – situational, multiple, composite – including substance misuse, violence and domestic violence, which have also become normalised. Transgenerational, or historical trauma, has been defined as:

‘(i) Colonial injury to Indigenous peoples by European settlers who “perpetrated” conquest, subjugation and dispossession; (ii) Collective experience of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) Cumulative effects from these injuries as the consequences of subjection, oppression, and marginalization have “snowballed” throughout ever-shifting historical consequences of adverse policies and practices by dominant settler societies; and (iv) Cross-generational impacts of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unremitting fashion until “healing” interrupts these deleterious processes’ (Krimayer, et al., 2014).

Participants described familial dysfunction and explored links to unresolved childhood trauma, violence, inappropriate sexual behaviour, substance misuse and the high incarceration rates among youth and adults. Participants felt strongly that in order to overcome challenges with trauma that a strong and resilient identity needed to be understood in terms of its cultural underpinning; that the interconnectedness between culture and positive or negative identity is fused together and healing cannot occur without Aboriginal and Torres Strait Islander perspectives and terms of reference.

We cannot underestimate the impact of government policies, the impact of all the politics. They have impacted on us and worse still policies are always changing every year and people continue to walk around forever with trauma and find life difficult. (Darwin Roundtable Participant)

Sexual and psychological abuse in families is a factor. Dysfunction is an issue. We have to find balances for all this. My first exposure to suicide was when I was young, growing up as a kid... My own attempted suicide came after familial abuse, sexual abuse in my family. (Darwin Roundtable Participant)

If there is no support for people following a crisis then they are stranded. (Darwin Roundtable Participant)
I’ve met bureaucrats who have false assumptions about something like the Stolen Generations where they think they have little impact on our people, that there is negligible trauma and that they haven’t contributed to the spike in suicides. (Darwin Roundtable Participant)

Issues around Incarceration

The high rates of juvenile detention and incarceration in the Northern Territory needs to be addressed. This should include innovative approaches led by Aboriginal and Torres Strait Islanders. Participants stated that governments needed to invest in Aboriginal-led initiatives and to support wherever possible Aboriginal and Torres Strait Islander communities to keep children out of juvenile detention. They felt that without government support, the crisis of Aboriginal and Torres Strait Islander youth incarceration would continue. Participants expressed the concern that punitive approaches to low-level and poverty-related offending was a precursor to further self-destructive behaviours.

Participants understood the impacts of the Stolen Generations and the forcible removal of Aboriginal and Torres Strait Islander children from their families. One consequence of this was high juvenile detention and incarceration rates of Aboriginal and Torres Strait Islander children and youth. The displacement of young people into prisons for self-destructive behaviours should be replaced with support to service providers, particularly those that were Aboriginal-led services and to community programs to provide mentoring and positive activities to children and youth.

There was a recognition that governments cannot make communities ‘safe’ by increasing the number of law and order officers, but instead should be supporting local leadership programs and activities. Further, adequate levels of resources to communities were needed to ensure the success of such programs and activities. Participants stated that it is far cheaper for governments to invest in communities than it is to detain and incarcerate children and youth.

We understand the neglect, the abuse, the impaired parenting, the family violence, the substance abuse, the effects of incarceration on the family, and why suicidal behaviour becomes communal. (Darwin Roundtable Participant)

The Need for Local Solutions and Self-Determination

The Darwin Roundtable reinforced a theme from all the Roundtables – the fundamental need for local Aboriginal-led leadership and solutions. They described the need for an Aboriginal workforce composed of local community members. They described the need for community leaders to be encouraged and empowered to support and lead their communities. Leaders should be resourced and supported so as to enable community empowerment, to build stronger social networks and to inspire and sustain community participation.

Participants were of the view that empowered individuals and families would better understand the context of their community and the structures that influence their lives and therefore would be best placed to identify and enact what is required for positive community development. Participants stated that healing takes time and needs to be blended with cultural approaches and activities that lead to various opportunities, and that this can only be sustained and delivered by empowered communities.

I manage youth services in [remote community]. Years ago, I helped my old man to start it up after a spate of suicides. We lobbied the federal government and got the funds and things went well for our people with the suicides stopping. But then we left [the community] for three years and there were 8 suicides in that period. When we had left the youth services broke down. Four years ago we came back to rebuild the services and did this. In this time there has not been a successful suicide, so we’ve stopped them. People need support and they need healing. (Darwin 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, anti-social behaviour, alcohol and drug abuse, why many are unemployed, the low engagement by youth. (Darwin Roundtable Participant)
We understand the low social and cultural capital, its impacts and how it came about. (Darwin Roundtable Participant)

We need to own this. (Darwin Roundtable Participant)

It is an opportunity to encourage more of our people to do the research and to own the solutions. (Darwin Roundtable Participant)

We need to ensure there are enough people to help with follow through and secondly and most importantly we need to bring others up, to have a succession plan, to support those who we have been relying on for too long. (Darwin Roundtable Participant)

Education about suicide and awareness raising – programs that are delivered by trusted Aboriginal and Torres Strait Islander people including local people. (Darwin Roundtable Participant)

Conclusion

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Darwin Roundtable was the fourth Roundtable in a series of nine national community Roundtables to ensure Aboriginal and Torres Strait Islander input to the overall Project.

As identified by Roundtable participants, the impacts from the interruption of culture is fundamental as a cause to Aboriginal and Torres Strait Islander disadvantage, to the subsequent impacts of this disadvantage and to the diminishing of sense of self-worth in terms of historical and contemporary identity, to the trauma of this predicament. The interruption of culture cannot be overstated. Various reports such as The Bringing Them Home (1997), Hear Our Voices (2012) and the Royal Commission into Aboriginal Deaths in Custody (1991) highlighted the impacts of interrupted culture and the impacts from colonisation. In turn these reports, among many others, highlighted the value of culture in healing this damage and reclaiming and rebuilding identity.

The Darwin Suicide Prevention Roundtable highlighted culture as the fundamental underlying principle to any strategy to promote strength, resilience and positivity. The participants strongly stated that culture must the guiding light in all policies and programs which seek to engage and improve outcomes for Aboriginal and Torres Strait Islander peoples.

References


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