Adelaide Roundtable Report

Adelaide, South Australia

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Aboriginal and Torres Strait Islander readers are advised that this publication may contain images or information of deceased persons.
Executive Summary

The Adelaide Roundtable was the eleventh of twelve Roundtables conducted by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). Six regional suicide prevention roundtables were completed in Mildura, Darwin, Broome, Cairns, Adelaide and Shoalhaven. Three topical Roundtables about Youth, Lesbian, Gay, Bisexual, Transgender, Queer or Intersex (LGBQTI) and Justice issues were undertaken and held in Canberra. The ATSISPEP also identified the need to call on various experts to assist in identifying and discussing other important and relevant issues and held expert meetings with various individuals and stakeholders to discuss critical responses, data and statistics, and clinical factors contributing to suicide.

The Adelaide Roundtable did not secure the cross-section of representation from the suicide prevention and mental health providers like other ATSISPEP Roundtables. The Adelaide Roundtable only secured nine attendees. However, the participants who did attend represented suicide prevention networks and the community that are consumers of various services. Like the participants from the other Roundtables, the Adelaide participants identified socioeconomic disadvantage as the leading cause of the negative social determinants impacting the lives of many Aboriginal and Torres Strait Islander people.

Poverty, unemployment, lack of education, absence of appropriate services and a lack of recognition of cultural difference, and racism were identified by the Adelaide participants as the key social determinants of high rates of incarceration, self-harm, and suicide.

There was a strong general theme about incarceration and justice issues. The Adelaide Roundtable participants were the most vocal group of all the ATSISPEP Roundtables in critiquing the quality of service providers and the disconnection between service providers and communities and families. Similar themes were expressed from participants in the Kimberley, Darwin and Cairns Roundtables regarding incarceration rates that continue to increase. The social determinants that lead to increasing incarceration rates remain unaddressed. There were also concerns that alternative and preventative responses that can reduce causal factors were not addressed. South Australia incarcerates Aboriginal and Torres Strait Islander people at the nation’s third highest rate, behind Western Australia and the Northern Territory.

According to the Australian Bureau of Statistics (2015) the national imprisonment rate for 2015 was 196 prisoners per 100,000 adult population, while the adult imprisonment rate for South Australia was 2,014 per 100,000 adult population. The Aboriginal and Torres Strait Islander imprisonment rate for South Australia was 2,243 prisoners per 100,000 Aboriginal and Torres Strait Islander adult population, which is 13 times the non-Indigenous imprisonment rate of 180 per 100,000.

Transgenerational trauma emerged as a significant concern which participants felt was compounded by racism. Participants reported that non-Indigenous South Australians often held uneducated and prejudiced views of Aboriginal and Torres Strait Islander people.

School curricula was criticised for failing to include a comprehensive history of Aboriginal and Torres Strait Islander people pertaining to the colonial invasion, dispossession, segregation, and subsequent transgenerational poverty. The Adelaide participants argued that the state education system is well placed and can address this lack of historical and cultural awareness about Aboriginal and Torres Strait Islander people by appropriate changes to the curriculum.

There was a perception that increasing numbers of Aboriginal and Torres Strait Islanders are subject to continued and unaddressed traumas. There was a sense of a betrayal of expectations regarding progress and improvement for the wellbeing of Aboriginal and Torres Strait Islanders over the last couple of decades in Australia. Instead, more youth are now suffering from untreated trauma and chronic levels of socioeconomic disadvantage. The subsequent high level of psychological distress is resulting in increased levels of dysfunctional behavior such as self-harming and suicide.
The emerging major themes of the Adelaide Roundtable included:

- Incarceration and Justice Issues;
- Trauma;
- Racism;
- Quality of Services;
- The Need for Self-determination; and
- Education

**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. Indigenous 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 people 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 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 what works in Aboriginal and Torres Strait Islander suicide prevention.

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 trial 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 transgenerational loss; empower people by helping them regain a sense of control and mastery over their lives; and have local 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 utilised 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 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 Mildura Roundtable in regional Victoria was the first community consultation held in March 2015. Further regional consultations were held in Darwin, NT (July 2015); Broome, WA (August 2015); Cairns, QLD (October 2015), Adelaide, SA (April 2016) and in the Shoalhaven area of NSW (April 2016). The three initial regions were chosen as 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 topical national Roundtables engaging Aboriginal and Torres Strait Islander youth, people identifying as 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 the Roundtables to date has 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 vulnerable groups within the Aboriginal and Torres Strait Islander community, which include Aboriginal and Torres Strait Islander youth; those identifying as LGBTQI; and those involved in the penal 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 WA state governments, stakeholders, academics, community groups and relevant services. A meeting of experts and stakeholders was also held to look at issues relating to the collection and use of suicide and attempted suicide data and statistics, and other issues such as the role of clinical factors in suicide and suicide prevention.

These consultations will enable the Project to:

- Gain further feedback and input on the Project work to date;
- Listen to the different experiences of Aboriginal and Torres Strait Islander 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 were to identify the major issues of concern to professionals and workers in Aboriginal and Torres Strait Islander communities from a community perspective. Their comments are directly organised around contributing factors to suicide and self-harm, the impact of suicide on families, individuals and communities, and the capacity for resilience and strengthening in individuals, families and communities. This Roundtable worked directly with participants to ensure that they were informed about the intentions of this Project and to gather information directly from them. 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 people themselves are recognised as the experts in this area. Ensuring that the voices of the community are present is valuable for a number of purposes:

1. To ensure that the voices of the community are valued;

2. To ensure ownership of the issues, analysis and conclusions;

3. To ensure that new insights are recognised;

4. To connect the voices of the community directly to evolving policy wherever possible and appropriate; and

5. To guide further development of ideas found in current reports and literature to supplement the special topics that emerge in the Roundtables.

Roundtable Context

The principles used to identify 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. 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, alcohol and drug abuse and histories of abuse or neglect. Secondly, it is necessary to co-ordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing. Thirdly, it is necessary to build an 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 Indigenous 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 Aboriginal and Torres Strait Islander experience.
Adelaide Roundtable Background

Cultural History

The traditional custodians of the Adelaide area are the Kaurna people and the area is known as Tarntanya (red kangaroo place). Before colonisation ‘[l]earning about culture and environment began in childhood and continued into adulthood – and this gaining of knowledge was recognised as the basis of an individual’s authority. Teaching young people was a central part of Kaurna life, and understanding the environment was important for more than just food, shelter, tools and medicine. Kaurna spirituality recognizes the connectedness of people and culture with the world of plants, the animals and stars. The land is alive with traces of Dreaming ancestors such as Tjilbruke’ (O’Brien & Paul, 2013).

South Australia

South Australia is home to 39,800 Aboriginal and Torres Strait Islander people, which is 2.4% of the total population for that state and 5.6% of the total Indigenous population of Australia. The median age is 22 years old according to 2011 data (ABS, 2011).

There is a significant gap between the median age of death for Indigenous and non-Indigenous people in South Australia. The median age at death for Indigenous males is 48.8 years compared to non-Indigenous males, which is 80.00 years. For Indigenous females living in South Australia the median age of death was found to be 55.3 years compared to 85.5 years for non-Indigenous females (ABS, 2014).

The National Aboriginal and Torres Strait Islander Health Survey for 2012–2013 found that levels of stress experienced by women in South Australia are significantly higher than they are for men (ABS, 2015). In a study recording public hospital admissions in South Australia between 2006/07 and 2007/08 it was found that Aboriginal and Torres Strait Islander people were admitted for mental health problems at almost five times the rate that non-Indigenous people were (Glover & Freeman, 2011). During 2014–2015 in South Australia there were 315,856 separations for Indigenous people in private and public hospitals (AIHW, 2016).

Data from accident and emergency departments, although recognised to be incomplete, suggests that Indigenous people leave without being treated more frequently than non-Indigenous people do (Glover & Freeman, 2011). Significantly, the state coroner has recommended that Ceduna Hospital build culturally appropriate environments for Aboriginal and Torres Strait Islander people so that they feel welcomed and feel less inclined to leave prematurely (Johns, 2012).

Data collected in June 2015 found that in South Australia 23% of the adult population in prison are Aboriginal and Torres Strait Islander people. Moreover, the Indigenous age standardised imprisonment rate was 13 times the non-Indigenous standardised imprisonment rate, or 2,243 prisoners per 100,000 Aboriginal and Torres Strait Islander adult population compared to 180 prisoners per 100,000 adult non-Indigenous population (South Australia Police, 2016). The Reconciliation South Australia 2014–15 Annual Report found that 77.6% of Aboriginal and Torres Strait Islander people consulted identified ‘justice reinvestment’ as a priority (Reconciliation South Australia, 2015).

Adelaide

According to data from 2011 there were 15,597 Aboriginal and Torres Strait Islander peoples living in the greater Adelaide area, which was 51.3% of the total population of Indigenous people in the state. The highest 2015 Estimated Resident Population for Aboriginal and Torres Strait Islanders in Adelaide is the central western part of the suburb of Adelaide with a 19.8% density. Of significance is that in 2011 CAD West scored 902.7 on the SEIFA (social and economic index for areas) of disadvantage, making the area the most disadvantaged area in the city of Adelaide (Adelaide City Council, 2015). In relation to mental health, high and very high levels of
psychological distress were recorded for Aboriginal and Torres Strait Islander women in the Indigenous Regions of Adelaide according to the National Aboriginal and Torres Strait Islander Health Survey 2012–2013 – 41.4% compared to 23.2% for men (ABS 2015).

Section Two: Roundtable Voices

Of the nine people who attended the Adelaide Roundtable, seven were Aboriginal and Torres Strait Islanders and two were non-Indigenous. Seven participants were female and two were male. Experts from youth correction services, the National Empowerment Project and from justice services, social work, prison networks, and coalface responders attended. The age range was from the early twenties to the late sixties, with eight participants over forty years old.

The methodology of the Roundtable was to discuss subjects in plenary, but also to break into smaller groups to produce lists of concerns. This report recombines the discussion and the prioritizing of the groups.
Participants were identified by members of the ATSISPEP team as 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.

Participants were asked a number of questions and from the discussion, 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?
- 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:

- Incarceration and Justice issues;
- Trauma;
- Racism;
- Quality of Services;
- The Need for Self-determination; and
- Education

**Incarceration and Justice Issues**

There were concerns regarding high incarceration rates that continue to increase. The social determinants that lead to increasing incarceration rates remain unaddressed. There were also concerns that alternative and preventative responses that can reduce causal factors were not addressed. The social determinants influencing high incarceration rates were identified by participants as poverty, racism, educational inequality, and culturally inappropriate service providers. The negative impact of such inequalities accumulates across the life-span.

The inter-related nature of these determinants was highlighted in the 2012 National Mental Health Commission Report Card. The relationships were broadly mapped as follows (National Mental Health Commission, 2012, p. 23):
Participants were concerned about the psychological and emotional wellbeing of prisoners and the subsequent impacts on their families. Alongside Western Australia and the Northern Territory, South Australia has the highest Aboriginal and Torres Strait Islander imprisonment rates. Participants expressed the view, similar to Kimberley and Darwin Roundtable participants, that there were relatively low levels of support and transformational opportunities for pre-release inmates and that in general post-release inmates were returned to society in a worse state than when sentenced.

The experience of prison is compounded by negative factors including institutional racism and harsh punitive attitudes by the criminal justice system including corrective services. Prison was seen as a traumatic experience in itself and led inmates to become more dysfunctional. Participants expressed the view that transformative opportunities and psychosocial supports should be a significant part of rehabilitation.

_We had two suicides recently in the prisons. One of them was an Aboriginal suicide in [regional] prison… Government does not face up to the fact that we have a crisis, a suicide crisis… we need a shakeup of our governments and we need to shakeup our communities._ (Adelaide Roundtable Participant)

_I work in Aboriginal Prison Support Services and prisoners are one of the vulnerable groups when they come out 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 whatsoever, let alone male role models._ (Adelaide Roundtable Participant)

_I have serious concerns about the inequalities and of the very racist attitudes inside the system. […] I have concerns about the welfare of those inside, of their thinking to suicide even though they are pretty strong guys in prison. I am educating parents about supporting their kids while they’re inside which means they should visit them regularly, at least once or twice a month._ (Adelaide Roundtable Participant)

_We need to be visiting, helping, listening [to prisoners] … In trying to help our own we go from door to door trying to solve issues and problems but the services, the majority of them, remain idle, they see us out and don’t help._ (Adelaide Roundtable Participant)

_Instead of helping our people, services come in and start a journey that ultimately finishes our people [with our people going] into prison. Working with many of the services is a negative journey. Youth services should be helping young kids, say nine year olds but they don’t and_
ultimately the kids finish up in juvenile detention, with police in their lives, prison, it’s a pattern. (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)

When someone gets locked up there is financial strain on the family. (Adelaide Roundtable Participant)

I have a nephew who has spent the last 9 months in juvenile detention and recently turned 16 in there. …My brother has spent the most part of his 60 years in jail and I said to my nephew don’t finish up like that but instead be like your grandfather. (Adelaide Roundtable Participant)

Trauma

Participants expressed concern that high levels of trauma remained unaddressed, which is a key theme from all the Roundtables. Trauma in all different forms, historical and contemporary, was seen as ‘normalised’ and there was a perception that governments accepted that trauma recovery approaches would never be adequately supported and funded. Participants understood racism as another specific trauma.

Lack of government action and unmet needs as the result of institutional and structural racism continues this situation. Participants were relatively sympathetic towards those who had criminal histories and were imprisoned. Most viewed them as victims of transgenerational oppression and contemporary influences of racism, inequality, socioeconomic disadvantage and subsequently, as victims to a sense of hopelessness. Participants did not appear to judge the incarcerated, former inmates and those afflicted with substance misuse, nor domestic violence perpetrators as villains, but with some sympathy, and understood them as victims, as ‘broken lives and ruined people’.

There was a strong perception that everyone was entitled to rehabilitation and every support to heal and to turn their lives around.

We need healing camps. Our mob, we go from trauma to trauma and are getting sadder and sadder. (Adelaide Roundtable Participant)

We need healing centres and a huge focus on this is needed. (Adelaide Roundtable Participant)

We need to set up our own networks where people can phone in and have role models at the other end that they can connect with. (Adelaide Roundtable Participant)

A few years ago, I wrote about eight funerals of young people I attended in the first 13 days of the year. (Adelaide Roundtable Participant)

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

I am suffering from depression a lot of the time because of what’s happened and where I’ve been and I have thought of suicide and what keeps me from doing it is I don’t want to leave this legacy to my children and grandchildren. Often, I spend weekends in my room and make it pitch dark and not see anyone. I don’t want to leave pain to my children and grandchildren. (Adelaide Roundtable Participant)
Racism

Racism was seen as a major issue in people’s lives. Participants were concerned that the impact of racism disconnected people, particularly youth, from their potential positive self, from one another, and from their natural rights within the Australian community. The negative impacts and disconnection caused by the impacts of racism diminished the importance of culture and identity and resulted in individuals, particularly youth, enacting self-destructive behaviors. Participants were concerned that youth were increasingly disengaging with family and communities while at the same youth were victims of continual racism and disadvantage. This in turn generates self-destructive behaviors. Overall, this situation becomes an overwhelming burden for families who are called upon to provide carer roles and to advocate for their troubled family members.

There was agreement that education providers could ensure in their curricula an accurate and comprehensive history of Australia’s Aboriginal and Torres Strait Islander people, including pre-colonial, colonial and post-colonial elements. It was seen that these would reduce the levels of racist attitudes by non-Indigenous Australians to Aboriginal and Torres Strait Islander people. Such a culturally sensitive curriculum would address false and negative stereotypes, prejudices and other forms of racism. Participants felt that in addressing racism, culture, both historical and contemporary, would revitalise youth and empower their sense of identity and strengthen their self-worth and self-esteem. Participants expressed the view that there should always be an onus on understanding and healing the impacts of racism, including institutional and structural racism, which leads to negative behaviors.

*When I think of everything that happened to Aboriginal people since dispossession I realise everything that is happening to us today has to do with dispossession. There have been all these acts against us and there continue to be these acts against us.* (Adelaide Roundtable Participant)

*The white kids learn the racist stuff in the school curriculum so what hope is there?* (Adelaide 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 more of our history that gets in the curriculum and of who we are, then this makes a difference.* (Adelaide Roundtable Participant)

*There is a level of racism that sits under mainstream organisations and governments and all they offer is that they are culturally competent but in the end it doesn’t work because the underlying racism is too much for the cultural competency attempts.* (Adelaide Roundtable Participant)

Quality of Services

The Adelaide Roundtable participants were critical of service providers – both those controlled by Aboriginal and Torres Strait Islanders and non-Indigenous or mainstream services. Participants felt that some services did not connect with communities and that they were ‘doing less today with more resources than decades ago when we had less and did more, worked overtime for our people then.’ Other Roundtable participants described low levels of engagement and disengagement with clients as the result of being “overtretched and underfunded.”

Participants criticised non-Indigenous service providers as culturally incompetent and dismissed them in general as ineffective. They expressed the view that non-Indigenous service providers were implicitly culturally unsafe and practiced institutional racism at all levels. They were seen as incapable of understanding the cultural, community and familial values of Aboriginal and Torres Strait Islander people. However, there was a perception that some Aboriginal and Torres Strait Islander service providers were increasingly absorbing White Terms of Reference as opposed to Aboriginal Terms of Reference.
Hear our people please. It’s true that other black people in the services are not listening, not helping, making the journey worse. (Adelaide Roundtable Participant)

I worked in community for government agencies and I used to go to communities and I’d come back and rouse up the workers who should be helping them; ‘where are you for them?’ (Adelaide Roundtable Participant)

I think we know and have long known what is the picture, what works and what we have needed is to evidence, validate what we have long known works. (Adelaide Roundtable Participant)

We need a resource directory for our people of Aboriginal services. (Adelaide Roundtable Participant)

People assume that the responding will be done in the hospital when in fact it isn’t. They get discharged and because no responding happens anywhere we all finish up more scared and anxious and lost. (Adelaide Roundtable Participant)

We must work more with our youth because a lot of our youth services are just not working for them. (Adelaide Roundtable Participant)

There’s a huge disconnect between services and communities. We need Aboriginal control to mean connection between services and communities and not just that we have Aboriginal services but which operate like white services. (Adelaide Roundtable Participant)

This meeting is a great example of their ongoing absence from the problems that we as a people face… Some of us have laboured for decades in the face of decreasing support from our services as they have gradually become no better and as lazy and assimilationist as the white fella services. (Adelaide Roundtable Participant)

The Need for Self-determination

The strongest message from all the Roundtables was that self-determination was needed as a solution. Also, Aboriginal and Torres Strait Islander people need to be included in the work force, and delivery of services is essential for successful outcomes. Participants redefined cultural competency to include self-determination and not just limited to cultural understandings and sensitivities.

There was a need for locally based leadership that identified the intrinsic community needs and solutions. Participants expressed the view that despite commonalities, communities have unique needs that only local leadership can provide through local knowledge. Communities should be resourced and supported to ensure the inclusion and empowerment of local people, to build strong community social networks in order to sustain high levels of community engagement and participation. Participants felt that self-determining values coupled with a local workforce would ensure that ‘our voices are heard.’ This would build capacity within communities and increase responsibilities toward each other so that the community is interconnected and no-one is invisible.

The system is very confronting… My siblings and I are survivors of attempted suicide. I feel that doing social work may help bring information into our lives, information that is needed and even though we have beautiful grannies and communities supporting us we needed additional information to support us, to guide us, and this is why I went into social work. I want to contribute to social planning, be part of policy making so we as Aboriginal people are truly included. (Adelaide Roundtable Participant)

We should be healing our people ourselves and we should not have to turn to others to do this. (Adelaide Roundtable Participant)
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)

Often it takes a non-Aboriginal scholar from overseas saying what we’ve been saying for years and that’s just wrong. (Adelaide Roundtable Participant)

Education

There was a view that primary, secondary and tertiary education systems were failing Aboriginal and Torres Strait Islander people. Low retention rates were connected to a lack of culturally appropriate services for students and their families.

Participants expressed the view that educational providers were not prepared to assist families who were poor, disadvantaged and often caught in cycles of exclusion. There was a perception that educational providers were risk averse and did not adequately engage as mentors and role models with at-risk students.

The invisibility of a comprehensive history of Aboriginal and Torres Strait Islander people was seen as a cause for racism and a failure to provide positive messages about being Indigenous to Aboriginal and Torres Strait Islander students.

Teachers at school don’t know how to deal with self-harming and depression. One math teacher said to me, ‘I didn’t go to university to finish up watching students stab pens into their leg.’ We send kids home because they’re seen as a risk to other students. So instead of critical care we get rid of them because of duty of care. (Adelaide Roundtable Participant)

We need to do more to encourage good levels of school attendance and the support of students to attain good grades. (Adelaide Roundtable Participant)

It’s always been a one-way education by non-Aboriginal people. (Adelaide Roundtable Participant)

Conclusion

The overarching themes of the Adelaide Roundtable were socio-economic issues and unaddressed trauma. Participants reported that ongoing trauma is leading to increased levels of hopelessness in individuals, families, and communities. Participants perceived that families were increasingly at a loss about how to sustain the capacity to provide adequate support for youth. Participants also reported substantial concerns about youth. They perceived that impaired social and emotional wellbeing in childhood culminated in self-destructive behavior.

Participants recognised that solutions required localised leadership, that is, self-determination in communities but also that self-determination required resources and funding. Participants recognised that tailor-made solutions need to be designed by community leaders with local knowledge to be effective.

The high levels of resilience among the elderly caring for their troubled youth and the children of their troubled youth was recognised. However, there were fears that with the older community members passing away, that the increasing numbers of troubled youth may not, in turn, mature into the resilient carers for those dependents left behind. A participant said:

We get worn out but hang on. We lived traumas and racism but many of us held ourselves together despite depression and suicidal thoughts because we understood we had to, we had some sense of identity and therefore of duty. But today far more of our young are in bigger trouble and all of us older people who are caring for the young and those messed up, whatever their age, I can’t see our young becoming the carers we have been. After this Roundtable I have to go to a meeting to fight for [a number of] children to not be taken from their family. Who will fight after we have gone for our families to be kept together, supported? There is more trauma than ever before on the way for the future generations. (Adelaide Roundtable Participant)
References


