Critical Response Meeting Report

University of Western Australia

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Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

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Pat Dudgeon, Adele Cox, Gerry Georgatos
and Lobna Rouhani
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School of Indigenous Studies
University of Western Australia
35 Stirling Highway, Crawley, Western Australia 6009

Phone: (08) 6488 3428

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Aboriginal and Torres Strait Islander readers are advised that this publication may contain images or information of deceased persons.
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 and is the leading cause of death for Aboriginal and Torres Strait Islander people 15 to 34 years of age, 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, which requires 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 prevention, and the effectiveness of suicide prevention programs and 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 (SIS) at the University of Western Australia (UWA) undertook the Project in collaboration with the Telethon Kids Institute (TKI) 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 relevant significant 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.

There are many complexities and determinants associated with suicide and self-harm. In preliminary findings, key themes of effective programs and services have been identified as those that foster the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families and communities, offer a holistic understanding of health and wellbeing for individuals, families and communities and are embedded in cultural values and practice and delivered over long durations.

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;
• Have community ownership of programs and services through significant community input into design, delivery and decision-making;
• Have local staff who are skilled cultural advisors; and
• Include 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.

With young people, the most successful strategies have involved peers, youth workers and less formal community relationships to provide ways to negotiate living contexts and to connect them with their cultural values, care systems and identity.

Critical Response Meeting Context

The principles used to identify the concerns and context of the meeting and 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 final 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 high rates of suicide. 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.

1. It is essential to have culturally appropriate, targeted suicide prevention strategies that identify individuals, and drug abuse, and histories of abuse or neglect.
2. It is necessary to coordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing.
3. It is necessary to build the evidence base on suicide prevention activities and dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records.
4. 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 communities.

As the ATSISPEP progressed, an idea for the need for a critical response model emerged. Whilst there is a range of existing services within most communities, they often tend to focus on long-term, community-based programs or short-term, individual and/or family counselling. It is acknowledged that there also needs to be an immediate and coordinated response for a community following a suicide or traumatic event.

With this in mind, a specific meeting was convened to explore the need for a critical response model and to explore the issues around establishing such a service.

**Critical Response Community Stakeholder Meeting**

A meeting was held with various community representatives and relevant stakeholders who currently work in the area of critical response for Aboriginal and Torres Strait Islander people and communities across Australia.

The meeting was hosted by the School of Indigenous Studies at the University of Western Australia (UWA) and held at the University Club UWA on Friday, 17 July 2015.

The meeting was recorded, and below is a summary of the meeting's proceedings and discussions. The Program with attendees’ biographies is attached as Appendix One.

**Welcome to Country:** Dr. Richard Walley performed a Welcome to Country to open the meeting.

**Welcome to UWA and Purpose of the Meeting:** Professor Jill Milroy, Dean of the School of Indigenous Studies, welcomed attendees to the meeting. A special welcome was extended to Senator the Hon. Nigel Scullion, Federal Minister for Indigenous Affairs, who attended with two of his advisors.

**Introductions**

All attendees briefly introduced themselves.

**Development of a Critical Response Model**

Senator the Hon. Nigel Scullion, Federal Minister for Indigenous Affairs, presented on the development of a critical response model.

Minister Scullion discussed the funds invested in social and emotional wellbeing (SEWB) and asked the question of whether anything is changing. He highlighted that it is about a conditionality that is above poverty, and is related to disconnection, invasion, and settlement.

Minister Scullion spoke about the need for change, but also how change itself is a challenging prospect: ‘*How do the organisations think that we’re going to have some discussions about change, how should that take place so we can have the most positive outcome?’*
He discussed connection to culture and country: ‘We need to be able to reconnect people and there are a number of reconnect programs, if you like, and whether you are reconnecting people with education, or reconnecting people with employment and the socialisation that goes with both of those matters. The reconnection with community and the reconnection with family are most important but we really have not made the investment in reconnections with spirituality and your culture which seems to be the element that seems to be missing often’.

He also touched on policy in the area: ‘In terms of policy development, we need to keep this space in mind, we need to ensure that people who are disconnected and in really difficult times [situations] aren’t pushed further along the negative end of that spectrum.’

Minister Scullion mentioned the nature of the epidemiology of self-harm and how suicide has an effect on others. He stated that even the strongest communities feel the impact of tragedy: ‘We know something about the nature of the epidemiology of self-harm and suicide. We know both anecdotally and through evidence that, a suicide often has an effect on others in the community, so much so that they may consider taking their own lives.’

Minister Scullion discussed the option of an immediate crisis response team or ‘a flying squad’ to act as a critical response team. He reinforced that intensive support around a community is essential: ‘So I think some sort of a flying squad which basically takes up existing resources that we have in place and ensures that there are triggers that [are heeded and then action is taken]; you can call it a critical or emergency response, we can move into a community and provide intense support when we know the evidence shows that we require it.’

Minister Scullion also spoke about the need to see a high return on investment in a tangible way: ‘We need as a community to know that…this investment has lowered the number of people who are self-harming. This investment has lowered the number of people with mental health presentations. This investment has reengaged people in the way that we need them reengaged.’

The Western Australian Context

Mr. Grant Akesson, Manager, Suicide Prevention at the Mental Health Commission presented on the Western Australian context of suicide prevention. He discussed the State’s current suicide prevention strategy and how to adapt it to best meet the needs of the community. Mr. Akesson asked the group whether a new service is needed or better coordination of existing services.

Mr Akesson advised that Adele Cox and Darryl Kickett had been working closely with the Commission to ensure that the voices of the community inform the development of the new statewide suicide prevention strategy and related activity.

The State Government’s Suicide Prevention 2020 strategy launch in May 2015 was presented. The strategy aims to halve the number of suicides by the year 2025. While the previous strategy focused on building community understanding and response, Mr. Akesson said that this strategy is taking a more balanced approach across the life span but also looking at reinvesting in support services for people at risk. The strategy has six key action areas and is formulating partnerships with community organisations such as Netball WA and the WA Football Commission in order to get out into the community and spread the message on suicide prevention. They are currently trying to gain an understanding of what services are available at the regional, state, and local levels.

The Commission is also exploring putting regional suicide prevention coordinators into place, and Mr. Akesson mentioned how important it is that they interact with local communities. An important point raised was that there is currently no standard response when there is an incidence of suicide. Mr. Akesson also mentioned discussions with Adele Cox and Darryl Kickett around what Aboriginal family counselling would look like. He also talked about school-based programs for children including a zero to five program to help identify and assist those who might potentially be at risk before they are older.
Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Overview

Professor Tom Calma and Professor Pat Dudgeon presented an overview of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) to date. Professor Calma briefly discussed the role of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group, the Aboriginal and Torres Strait Islander Health Plan, and how there is potential on a national level to work towards greater synergy between these in addition to the ATSISPEP. Professor Calma emphasised that it is a critical issue and that despite some commonalities it needs to be examined differently to the mainstream. Professor Calma stated that the ATSISPEP is not only examining suicide from an academic perspective but is also going into communities to understand their experiences and to include their input. Professor Calma also mentioned that ATSISPEP undertook the first-ever national Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in 2016.

Background

One in three deaths of Aboriginal and Torres Strait Islanders aged 15–34 years are reported as suicides. The impacts upon families and communities are both complex and far-reaching, inculcating situational, composite and multiple traumas. The Aboriginal and Torres Strait Islander suicide rate of Western Australia is the highest in the nation. Some areas have suicide rates exceeding 70 per 100,000 for the period 2001–2010 (Telethon Kids Institute, 2016). The highest suicide rate of any nation is that of Guyana – 44 suicides per 100,000 Guyanese population (World Health Organisation, 2014).

Current Services

The following services were identified as relevant to the discussions:

- **Standby Response Services:** A community-based postvention program that is run nationally by United Synergies. The service occurs at a local level and is linked to the community.

- **Headspace:** A government-established national mental health foundation. Headspace provides school support for staff and teachers including the provision of written resources. Headspace run a postvention school support program and their role is to support staff at the schools, by training them on how to help students through the trauma.

- **Wesley Mission:** Wesley Mission currently have 57 suicide prevention networks around Australia. They do not offer a critical response service, but develop networks within communities, to collaborate on prevention initiatives and events. They also deliver suicide prevention training.

- **ARBOR:** Provide postvention counselling services.

- **Anglicare:** Provides various state-based support services for those bereaved by suicide including ‘Living Beyond Suicide’ in South Australia and ‘ARBOR Suicide Bereavement Support’ in Western Australia.

- **Supportlink:** Provides a suicide postvention service in Canberra funded by the Department of Health and Ageing.
Discussion

Attendees expressed their concern that the suicide crisis is the ‘tip of the iceberg’ of various long-term psychological distress and psychiatric disorders. Suicide and other measurements of mental health are evidently increasing among Aboriginal and Torres Strait Islander Australians with high-risk regions and communities increasingly being identified. In particular, attendees described the impact of colonisation and the subsequent high levels of poverty and marginalisation among many Aboriginal and Torres Strait Islander communities as the underlying issue that considerably impedes the development of appropriate resilience and protective factors to assist individuals to deal with traumatic life events.

Intentional self-harm and the increasing rates of hospital admissions are evidence of the increasing distress levels. Attendees agreed that many communities were suffering from a range of adverse social determinants; far too many Aboriginal and Torres Strait Islander communities are among the poorest communities in the nation, with a significant proportion experiencing extreme poverty. Social determinants including poor community infrastructure, inadequate housing, lack of employment and education are not being addressed so that the residents of these communities can successfully compete with the expectations that are standard for the rest of the nation.

The following is a summary of the key elements from the meeting discussions based on the broad areas of need.

What Is Not Working?

- Lack of coordination at a commonwealth, state and regional level;
- Duplication of services funded through the state and commonwealth;
- Lack of coordination between services at a local level in developing a staged approach (for example, a community member reported that after critical incidents in a small town, there were too many services immediately following the event yet no services weeks after when the family needed help);
- Lack of resourcing during peak times, weekends and after normal working hours, including Christmas and New Year;
- Lack of access to services during wet season for some areas; and
- Service insecurity caused by a lack of ongoing funding.

Local Community-level Support and Capacity

The need for local, community-level support and coordination is paramount for any critical response model or framework to work. This has to acknowledge the ongoing need for building and strengthening the local community’s capacity (Aboriginal and non-Aboriginal).

Attendees shared what worked in their experience. One Aboriginal community member spoke about a small town in the south where there were high rates of suicide. Working with a group of family representatives, there were arrangements for an Aboriginal psychologist to go in to deal with suicide and go through the bereavement process, and guide family/community members into services. A 24-hour watch was also set up. In other towns there have been roster systems where people would be on watch for people at risk and also training people as wardens. In Darwin there is a postvention program where professionals make initial contact and link people to local services/counselling/mental health workers. In this they collaborate with Standby, ensuring community groups feel supported and also advocate for them.

While there was overall agreement that local community members should be involved, trained and employed to address suicide and trauma, caution needs to be shown to avoid burnout or adding specific trauma in the event that victims might be related to those offering help.
What Needs to Happen?

Structure and Coordination

- Development of postvention response protocols that all players agree to and adhere to – need to ensure a measured approach;
- Actions and processes need to be informed by local knowledge, especially in cases of reported self-harm incidents;
- Provide wrap-around services and ensure appropriate ongoing case management (case study: Kimberley police records of self-harm have been used to deploy a coordinated multilevel response);
- Identify more local-level issues, causes, and events by working with community knowledge and authority;
- Identify gaps in service delivery;
- Develop a multi-agency response with a common agenda to establish coordination and understand what each party provides, and support each other; ensure appropriate information sharing between services;
- Acknowledge the role of police as first responders and their knowledge of people at risk.

Staffing

- There could be regional coordinators – suicide critical workers based at organisations (OHS Officers);
- Dedicated and resourced pool of support workers to attend immediately following an incident at the hospital – trained, local, and trusted. This could provide an immediate response that can make a huge difference to the grieving process. Ensure that a coordinator is local and that there is a pool of available local people to coordinate responses as they are really informed and trusted. Mapping out who the ‘go to’ person is in the community and provide support to them. Gender and cultural balance needs to be taken into account – there should be, when possible, an equal distribution of men and women, and of Aboriginal and non-Aboriginal people. Appropriate training and capacity of community and workers;
- Attendees agreed that employing Aboriginal staff sometimes works well but there might be problems if there is a suicide in that family. Even so, the focus needs to build capacity in the local areas;
- Supporting frontline workers and volunteers. There is a need for mandatory funding put towards self-care of frontline workers and first responders; and
- Need for an effective assessment tool in response situations to identify need, prevalence, access, length of service provision – to calculate specific type of response required and length.

Resources and Community Support

- A directory of local and other relevant services needs to be provided in a booklet for the community;
- Workplaces to be more supportive of what happens when families have experiences of loss, grief and trauma;
- Attendees agreed that Aboriginal people are always volunteering in suicide prevention and these people in the community should be renumerated;
- Need to provide places where our people feel that they belong and feel loved; and
- Strengthen community, and ideally provide funds to buy in expertise.
The attendees stated that in order to plan ahead, locally driven wellbeing strategies were needed. It was agreed that community people are creative and have been surviving and finding ways around the system. Frameworks and systems should be developed that communities can use and these could be used also for accountability. However, the framework ultimately needs to be community led.

Attendees suggested that the language could be changed. For instance, change the term ‘capacity building’ to ‘capacity strengthening’ to reinforce the existing capacity in communities. Attendees stated that the ‘flying squad’ idea should not be discarded as this might be a much-needed resource to address certain situations.

Overall, responses need to be broken down to regional and local strategies and this will be a long-term process. It was agreed that appropriate critical response and postvention strategies, programs and services are essential for suicide prevention.

As part of building and strengthening the local community’s capacity, the following key components were drawn out from the meeting discussions:

- Ongoing community awareness and training;
- Provide additional skill(s) development for key leaders in the community;
- Additional resources, including a pool of funds for emergency relief and support for families and communities when an incident occurs;
- Local Aboriginal community members need to be involved and engaged in the planning, development and implementation of a local critical response plan;
- Development and establishment of local/regional ‘Healing Taskforce(s)’. The core role of the taskforce would be to develop local healing and wellbeing plans and strategies; and
- To focus on children – teaching young ones to be resilient and to handle all situations.

**Government and Service-level Responses and Support**

The group agreed that there is a strong need for support from governments at all levels – federal, state, territory and local working together.

Coordination of services and programs were seen to be central in supporting and identifying the specific community’s needs. Local planning and implementation will also be at the core of any coordination role that is identified.

It was suggested that an assessment tool and/or community crisis criteria be developed and piloted in several community settings as part of the critical response model/framework. This assessment tool would be used to assess and identify the need, access, and level of service support required and the length and duration of the response according to various levels and stages of need to be identified in collaboration with the local communities.

**Recommendations**

The general themes from the Critical Response Meeting showed that there needs to be a strong focus on prevention and postvention services and programs in the long term. The meeting attendees noted that there is a need to improve the coordination of existing services, to introduce improved information sharing and to facilitate coordinated responses to the incidence of suicide and other trauma.

Attendees expressed their desire for improved collaboration between all stakeholder services, whether government or non-government. The meeting attendees were concerned with the varying levels of these services from town to town and community to community, and the lack of services in other communities. The
meeting attendees concluded that some towns and communities have many adequate services, and may require only improved coordination of these services while other towns and communities have fewer services and therefore there is a need to identify additional services and resources that might be required.

It was suggested that communities unlikely to secure permanent local or consistent outreach services could benefit from a Critical Response Team presence and work together to capacity strengthen the community to ensure healing.

In general, there was agreement among the attendees that a Critical Response Team can assist in “sharpening” coordination of the existing services, identify personnel required to attend a community’s needs and assist in the various phases of engaging trauma counselling, response systems and long-term care plans.

It was agreed that any model should be developed in consultation with the community and needs to be flexible enough to take into account the requirement of the community, the immediate, short and long-term need of the individuals and families effected by trauma, and be a true partnership between all levels of government and community providers.

Following are the key recommendations from the meeting:

1. It is recommended that the development of a critical response model takes place with each of the relevant stakeholders, including commonwealth and state governments. This should address the various needs and suggestions identified in the Critical Response Meeting on 17 July 2015;

2. There should be ongoing discussions and planning between the ATSISPEP team and Minister Scullion’s office so that a more concise draft plan, which includes short-, medium- and long-term strategies are identified and put into place; and

3. The idea of establishing a Critical Response Model should be considered as an immediate short-term strategy. This work needs to be undertaken in partnership with the WA Mental Health Commission, and should work with existing plans such as the WA Suicide Prevention Strategy.

References


Attendee List

Ms. Ngaree Ah Kit: Suicide Prevention Policy Officer, N.T. Department of Health

Mr. Grant Akesson: Manager Suicide Prevention, W.A. Mental Health Commission

Mr. Dameyon Bonson: Founder, Black Rainbow Living Well Foundation

Dr. Abigail Bray: Senior Research Consultant, School of Indigenous Studies, UWA

Professor Tom Calma: ATSISPEP Project Expert Adviser; Co-chair, Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group

Ms. Adele Cox: ATSISPEP Senior Indigenous Research Community Consultant

Mr. Sandy Davies: Chairperson, Geraldton Regional Aboriginal Medical Service Board

Professor Pat Dudgeon: ATSISPEP Project Director; Senior Research Fellow, School of Indigenous Studies, UWA

Ms. Zoe Evans: Manager West Kimberley, StandBy Response Services

Ms. Jill Fisher: National Coordinator, StandBy Response Services

Mr. Gerry Georgatos: ATSISPEP Community Consultant and Media Relations Officer

Ms. Sandy Gillies: Member, NATSIMIHL; Project Manager, QLD Aboriginal Islander Health Council

Mr. Darryl Kickett: Consultant, Red Dust Healing

Ms. Carolyn Mascall: Project Coordinator, School of Indigenous Studies, UWA

Professor Jill Milroy: Dean, School of Indigenous Studies, UWA; Poche Executive Director

Mr. Michael Mitchell: Director, WA Statewide Indigenous Mental Health Services

Ms. Lobna Rouhani: Research Officer, School of Indigenous Studies, UWA

Senator the Hon. Nigel Scullion: Federal Minister for Indigenous Affairs

Dr. Clair Scrine: Senior Researcher, Telethon Kids Institute

Professor Gracelyn Smallwood: Chairperson, QLD Mental Health Commission Aboriginal and Torres Strait Islander Committee

Superintendent Mick Sutherland: Superintendent, Broome Police

Ms. Laurel Sellers: CEO, Yorgum Aboriginal Corporation

Associate Professor Roz Walker: Senior Researcher, Telethon Kids Institute

Mr. Richard Weston: CEO, Aboriginal and Torres Strait Islander Healing Foundation

Ms. Deborah Woods: CEO, Geraldton Regional Aboriginal Medical Service