Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Youth Roundtable Report

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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 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. This Roundtable focused on the specific theme of Aboriginal and Torres Strait Islander youth.

The Youth Roundtable was the first of a set three topical Roundtables – Youth, LGBTQI, and Justice – held in Canberra in the same week in March. These Roundtables were amid six regional Roundtables in Mildura, Darwin, Kimberley, Cairns, Shoalhaven and Adelaide. The Youth Roundtable was co-hosted by the Healing Foundation, and held at the Healing Foundation in Canberra on March 16, 2015. It was attended by 13 participants, aged between 18–25 years, who came from diverse professional and community backgrounds. The Aboriginal and Torres Strait Islander population has a younger median age at 22 than the general Australian population, which is 37 years of age. Half the Aboriginal and Torres Strait Islander population is aged 21 years and less. The majority of participants were of Aboriginal and Torres Strait Islander descent. The Youth Roundtable was convened with the understanding of “don’t speak about us without us”.

The self-harm and suicide numbers among Aboriginal and Torres Strait Islander people have been increasing and are at alarming rates. Self-harm and suicide numbers and rates are highest among Aboriginal and Torres Strait Islander youth. Aboriginal and Torres Strait Islander people aged 14 years and less are eight times more likely to suicide than non-Aboriginal children. Suicide is the leading cause of death for this age group among Aboriginal and Torres Strait Islander children. Suicide is the leading cause of death of Aboriginal and Torres Strait Islander people aged 10–25 years. One in three deaths of Aboriginal and Torres Strait Islander people aged 15–34 years is by suicide (Australian Institute of Health and Welfare, 2014, 2015).

The juvenile detention and imprisonment rates of Aboriginal and Torres Strait Islander children and those aged 18–25 years are among the highest in the world. These statistics, along with high unemployment rates, poor education, poor health outcomes and experiences of racism, show a disturbing interplay of social determinants that exclude and marginalise most Aboriginal and Torres Strait Islander youth (Productivity Commission, 2014).

The participants who attended the ATSISPEP Youth Roundtable in Canberra felt strongly that the youth voice should be included in all forums and should have impact at the government level. The participants felt strongly that governments must prioritise addressing the social determinants that influence Aboriginal and Torres Strait Islander health and wellbeing. Further, the participants urged for the inclusion of young people, and that they should be fully supported in local solutions that comprise an Aboriginal-led workforce.

The following themes emerged from the Youth Roundtable discussions:

- The Impacts of Social Determinants
- The Need to Empower Youth, Families and Communities
- The Need to Address Juvenile Detention and Incarceration
- Education
- Trauma
- The Need for Local Solutions and Leadership: 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 peoples. Aboriginal and Torres Strait Islander people between the ages of 15–34 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 of suicide 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 (national and international)
- 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
- Developed and trialled 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 were conducted in a number of regional sites on a range of emerging themes. The Roundtables complement the current review of literature in the area and 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 is contextualised through community 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 first community consultation was held in early 2015 in Mildura in regional Victoria, an area with reported high levels of suicide. Further regional consultations were held in Darwin, Northern Territory, and in Broome in the Kimberley. Subsequent to these regional Roundtables, additional community consultations were held in Cairns, Queensland, Adelaide, South Australia, and in the Shoalhaven region of New South Wales. 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 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 is 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 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.

The Youth Roundtable was co-hosted by the Healing Foundation, and held at the Healing Foundation in Canberra on 16 March 2015. This was attended by 13 participants, aged between 18–25 years who came from diverse professional and community backgrounds. The Aboriginal and Torres Strait Islander population has a younger median than the general Australian population, which is 37 years. Half the Aboriginal and Torres Strait Islander population is aged 21 years and less. The majority of participants were of Aboriginal and Torres Strait Islander descent. The Youth Roundtable was convened with the understanding ‘don’t speak about us without us’.

Self-harm and suicide numbers and rates are highest among Aboriginal and Torres Strait Islander youth. Aboriginal and Torres Strait Islander people aged 14 years and less are eight times more likely to suicide than non-Aboriginal children. Suicide is the leading cause of death for this age group among Aboriginal and Torres Strait Islander children. Suicide is the leading cause of death of Aboriginal and Torres Strait Islander people aged 10–25 years and one in three deaths for those aged 15–34 years is by suicide (Australian Institute of Health and Welfare, 2014, 2015).

Aboriginal and Torres Strait Islanders are 5.2 times more likely to die as a result of suicide than other Australians in the same age range (ABS, 2014). However, the National Commissioner for Children, Megan Mitchell, points out in the Children’s Rights Report (2014) that this data only includes New South Wales, Queensland, Western Australia, South Australia and the Northern Territory as only these five jurisdictions are considered to have adequate identification of Aboriginal and Torres Strait Islander deaths in their registration systems for the reporting period. Furthermore, she highlights that since 2010, the Close the Gap Campaign Steering Committee has reported there is a lack of reliable data in some areas to show whether the gap in Indigenous health and life expectancy is closing (Australian Human Rights Commission, 2014).
The high suicide rate among Indigenous young people is attributed to a range of complex and interrelated historical, political, economic, structural, and social factors that continue to impact on the younger generations of Indigenous people. Many Indigenous young people are disproportionately exposed to grief, trauma, loss and discrimination, which greatly affects their social and emotional wellbeing (Chalmers et al., 2014). There is an urgent need for policy makers, program providers and all service sectors to understand and acknowledge the relationship between suicide and social determinants of health, impacts of colonisation and removal from the land, and the associated impacts on poor mental health and wellbeing, and Indigenous overrepresentation in the criminal justice system (Calma, 2009).

Given the statistics around Aboriginal and Torres Strait Islander youth suicide, this group was seen as vulnerable within the population. They are also the largest group within the Aboriginal and Torres Strait Islander population and are the future of the people.

Figure 1: Population structure of Australia by age group and gender (ABS, 2011).
Section One: Roundtable Report Background

The aims of this Roundtable report are to identify the major issues of concern to community members and youth, professionals and workers in the Aboriginal and Torres Strait Islander youth sector. Their comments were 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 are recognised as the experts in this area, and ensures the voices of the group is heard within the Aboriginal and Torres Strait broader community. The process is valuable for a number of purposes:

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

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. The Strategy was launched and released by the Department of Health in May 2013. 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 prevent suicides 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 Aboriginal and 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, interrelated 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.
Section Two: Roundtable Voices

The Healing Foundation co-hosted the Roundtable with a total of 13 youth 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 balanced with six males and seven females. The age of participants was between 18–25 years. Participants were selected due to their age group, personal experience and expertise in the health/mental health sector. Participants came from a range of professional backgrounds including mental health workers, youth workers, community leaders, advocates, corrective service workers and family service workers. The National Children’s Commissioner, Megan Mitchell, also attended the Roundtable as a member of the Project’s National Advisory Committee.

Participants were selected by members of the ATSISPEP team as individuals and stakeholders relevant to and 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 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?

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

• The Impacts of Social Determinants
• The Need to Empower Youth, Families and Communities
• The Need to Address Juvenile Detention and Incarceration
• Education
• Trauma
• The Need for Local Solutions and Leadership: Self-Determination

These themes are discussed in detail below.
The Impact of Social Determinants

Participants felt strongly that the economic, social and health status of Aboriginal and Torres Strait Islander people are longstanding challenges that governments have failed to address. Participants recognised that population health and inequality is determined by various interconnected political, historical and social factors. They expressed their concern that within regions and communities with little social infrastructure, high unemployment rates and low levels of participation and success in education persist. Concerns were expressed that there appears to be a widening divide in many regions and communities concerning the lack of equal access to primary health care and a lower standard of health infrastructure compared to that which is available to other Australians.

Participants felt strongly that governments should adopt a holistic approach to addressing economic and social inequalities in communities. Concerns were expressed that Aboriginal and Torres Strait Islander people in many communities do not have equal socioeconomic opportunities. Participants believed that this premise is fundamental to understanding the high rates of juvenile detention, imprisonment, the low levels of participation and success in education, the high levels of unemployment, the inequalities in health status, the high incidence of substance misuse, and the increasing self-harm and suicide rates. Participants felt strongly that governments should be urged to respond to socioeconomic disadvantage in order to adequately respond to the self-harm and suicide rates.

Participants expressed concern that the scope, scale and impacts of these socioeconomic issues faced today can be expected to increase in the coming decades because of the young age of the Aboriginal and Torres Strait Islander population. They believe there is an urgent need for governments to assist Aboriginal and Torres Strait Islander youth with access to quality education services, employment programs and opportunities. Participants felt strongly that governments that fail to respond to the socioeconomic disadvantages faced by Aboriginal and Torres Strait Islander people are reinforcing systemic discrimination. The following quotes illustrate these concerns.

*Employment is the opportunity to strive for stuff.* (Youth Roundtable Participant)

*Governments do not address housing issues. Housing issues are through the roof.* (Youth Roundtable Participant)

*All our people’s issues – such as housing, overcrowding, homelessness, all of it – it all stresses me out how we will get by. How we will do the rent, do the food. I went to bed the other night secretly crying hearing all of this stuff again and again.* (Youth Roundtable Participant)

*Money is a contributing factor to social problems and all the issues. Money is a big one when there’s not a lot of it. The bills pile up, the fines pile up, there’s stealing to make ends meet, to get by.* (Youth Roundtable Participant)

*Too many couch surf. Too many young people burnout caring for family on top of going to school and work. We’ve got our work and we’ve got our families to care for. It takes a lot outta us.* (Youth Roundtable Participant)

*We are surrounded by disadvantage, issues and pressures.* (Youth Roundtable Participant)

*Overcrowding is an issue. There are family pressures, and obligations to others means up to 20 people in a house.* (Youth Roundtable Participant)
The Need to Empower Youth, Families and Communities

A major theme from the Roundtable was a focus on the underlying issues to suicide and self-harm. Participants agreed that the disproportionately high rates of self-harm and suicide among Aboriginal and Torres Strait Islander people, and particularly among young people, need to be understood against contexts of socioeconomic risk factors. They attributed the underlying causes to a set of factors, which include disadvantage, but also the broader set of social, economic and historic determinants that impact Aboriginal and Torres Strait Islander social and emotional wellbeing and mental health. They proposed that the youth, who make up half the Aboriginal and Torres Strait Islander population, their families and their communities should be supported and resourced by governments to identify, develop and lead local solutions.

Community strategies that promote a strong community focus on restoring social and emotional wellbeing were seen as priorities. It is critical that this should be done in a way wherein culture is respected to promote identity and self-worth. Diversity should also be respected and considered. Each language group or community group needs to be understood in terms of its demographic and cultural identity. This recognition needs to be supported at the community level, not only through the leadership of elders, but also through local families and local youth.

Participants expressed the view that the range of issues faced by communities and families, which includes unresolved grief, loss and trauma and the consequent domestic violence, family breakdowns and substance misuse, cultural dislocation and racism, can only be addressed locally by communities, families and the predominant youth population.

Another strong theme was the involvement of youth in all decision-making forums. It was suggested that governments should include Aboriginal and Torres Strait Islander youth leaders on regional and national forums, empowering their voices and highlighting them as role models and equal partners when informing any youth-specific strategies and priorities.

The following quotes reflect the concerns that youth had about being included as community members in decision-making processes, as issues that happen in communities directly impact on them.

- We are all part of the healing, doing the healing with family and friends around us. It’s everyone’s bit to do what we can to prevent suicide. (Youth Roundtable Participant)
- We need to compare different suicide prevention strategies. We need to do a lot of comparative research and work. I am from a small town and when you hear about youth suicide in a small town like mine, well then you have grown up with them, with their families, we’re all family and friends. It hits you hard, hitting you close to the heart, definitely. (Youth Roundtable Participant)
- We need to capture young people’s voices directly. As we know, suicide rates among our youth are high. Often there are not enough mechanisms for youth to speak out, to be included. (Youth Roundtable Participant)
- Why are many youth bodies not represented at the national level? (Youth Roundtable Participant)
- We feel the extra of age discrimination, not being heard. (Youth Roundtable Participant)

Further, many ideas about how to understand and address wellbeing were suggested.

- Protective factors need to be developed on how to positively influence self-esteem, how to connect with family and community, culture. We can use culture to harness positive influence, harnessing our cultural practices as links to community, family, building resilience. Inspiring people is important, vital and putting things in perspective. (Youth Roundtable Participant)
- Community can be seen as a positive source of strength, pride, of a sense of belonging. It keeps us well. Keeps you sane and makes you feel good. (Youth Roundtable Participant)
[There needs to be]…more educating in communities on what works and how to manage stuff will improve overall wellbeing. (Youth Roundtable Participant)

[There needs to be]…More programs driven by Elders, and other programs too that encourage youth to lead, and other programs that tell stories about our people, about those who have gone before us. (Youth Roundtable Participant)

The Need to Address Juvenile Detention and Incarceration

Another major theme from the Roundtable discussions was the consequences of the disproportionate incarceration of Aboriginal and Torres Strait Islander people. This was seen as potentially increasing risk factors and outstripping protective factors. Participants were disturbed at the high rate of detention of Aboriginal and Torres Strait Islander juveniles. Participants described that all of them had a family member who had been to juvenile detention or prison. The House of Representatives Inquiry into the ‘high level of involvement of Indigenous juveniles and young adults in the criminal justice system’ concluded that their over-representation in the system was a symptom of chronic social and economic disadvantage (House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, 2011). Social and economic inequalities also largely explain the higher prevalence of psychological distress among Indigenous adults because socioeconomic status is strongly associated with psychological distress (Zubrick et al., 2004, 2005).

Participants were concerned that governments were not focused on keeping juveniles and young people out of detention and prison for low-level, poverty-related offending. The was a general perception that the majority of Aboriginal and Torres Islanders who served prison sentences came out worse than before they went in. They felt that juvenile detention and prison were missed opportunities for counselling, healing, rehabilitation and empowerment.

There was agreement that unless the rates of juvenile detention were reduced, the incarceration of Aboriginal and Torres Strait Islander people would continue to increase, negatively impacting more families and communities. Participants were concerned that the imprisonment rate of family members was leading to negative role models, family breakdowns and dysfunction.

The whole debate around all this has been dehumanising. (Youth Roundtable Participant)

Our people always coming before the justice system is a real problem and the extensive exposure of our people to the criminal justice system is the norm. (Youth Roundtable Participant)

There should be follow-up care for individuals and families who go through the criminal justice system. (Youth Roundtable Participant)

Too many of our people are incarcerated for far too little. (Youth Roundtable Participant)

Post-prison release support just isn’t there. There are some employment programs in prison but not enough. But even with those programs there are those inside who don’t participate. Too shamed to do them and too shamed to talk to anyone. (Youth Roundtable Participant)

When they get out they think their criminal record will stop them from getting a job. (Youth Roundtable Participant)

But prison is a captive audience where while they’re incarcerated we can help them, but the opportunity is missed. (Youth Roundtable Participant)
I worked in a juvenile detention centre and the language they use says it all: ‘When I come back next time’. Not a bit on about sorting out their lives or the straight and narrow. Some say, ‘It’s okay here, we get fed, there’s a bed’. Or ‘I get away from my family, from the violence’. Some are scared of going back to school. (Youth Roundtable Participant)

We got to stop jailing fine defaulters. (Youth Roundtable Participant)

Anything that keeps people out of jail, that’s a preferable option. (Youth Roundtable Participant)

There are no prison-back-to-society transition programs. No halfway houses. Pre-release case managers do not do enough, don’t care. While in prison, the case managers do not spend enough time with the inmates. They don’t know them – it’s zero support. There should be a positive re-engagement process with society. (Youth Roundtable Participant)

**Education**

There was agreement that for many Aboriginal and Torres Strait Islander children and young people, there are too many barriers to quality education. Participants described socioeconomic disadvantage as crippling for many Aboriginal and Torres Strait Islander students. There were concerns that the inability for Aboriginal and Torres Strait Islanders to succeed at school had a psychologically damaging effect upon them and widened the divide between them and other Australians. Some participants proposed that in many regions and communities, educational services were substandard and that students who did graduate from secondary education were not employable.

A theme that came from the discussions was that youth participants felt that the expectations placed upon many of them to succeed at school and break the cycle of transgenerational disadvantage is enormous and is not a challenge faced by non-Aboriginal students. This perceived responsibility was unusual and stressful.

On many of us there’s pressure to break free from disadvantage, from the cycles, to do the study, excel and be role models. (Youth Roundtable Participant)

There’s also the tall poppy syndrome, peer pressures, and the burden of having to succeed, to excel to break through the cycles many of our people endure. (Youth Roundtable Participant)

There is a lot of pressure on many of us to do really well, be the top Blacks, leaders, work twice as hard as Whites, be top of the school… The pressure is huge. (Youth Roundtable Participant)

We can’t understimate the pressures of having to excel. Many of us struggle with having to excel to break the cycles. Non-Aboriginals don’t understand. School is stressful as it is, getting ahead is stressful in the first place but it’s high-level stress for us to achieve good grades, to be role models – so much is asked of us and so much depends on us. (Youth Roundtable Participant)

Too many have no educational background. (Youth Roundtable Participant)

**Trauma**

Participants were conscious of transgenerational trauma and saw this as an ongoing issue that evokes a sense of helplessness for many families and communities. Healing was seen as a much-needed solution as participants felt that the psychological impacts of historical traumas need to be healed. A person’s response to trauma involves intense fear, feelings of helplessness and hopelessness. Participants expressed the view that historical traumas have had a lasting psychological impact on Aboriginal and Torres Strait Islander youth despite the secondary nature of the exposure to historical trauma. Participants described secondary trauma responses, including disorganised behaviour, agitation and anxiety. Some participants felt strongly that the governments had failed to adequately resource healing initiatives to address transgenerational trauma and these inadequate responses are entrenching the sense of racism and discrimination felt by many Aboriginal and Torres Strait Islanders. Historical traumas were described as reoccurring in contemporary times, exemplified by high incarceration rates, high rates of child removals, and high levels of economic inequalities between Aboriginal and Torres Strait Islander people and the non-Aboriginal population.
Roundtable participants agreed that historical trauma has been compounded by contemporary traumas where entrenched disadvantage has led to substance misuse, lateral violence, family breakdowns and a broad range of mental health issues. Healing from the past was a theme and there was a perception that more needed to be done, including increasing community understanding.

Loss and grief are the norm in our communities. Where there is one death in our communities, it is followed by another one soon after and another one and another one. The grief just carries on. The sense of loss is ongoing. (Youth Roundtable Participant)

Growing up in a community with issues that White mobs don’t have, you come to know about mental health and impacts from alcohol and drugs from a very young age. (Youth Roundtable Participant)

I’m doing a law degree, but in order to help my people I’m interested in understanding even more in mental health, suicide issues, so we can be best placed to address mental health issue, suicides. (Youth Roundtable Participant)

We have to further understand how to go about decolonisation. (Youth Roundtable Participant)

Isolation contributes to mental health issues and suicides. (Youth Roundtable Participant)

Intergenerational trauma is even more highly emphasized in remote and regional communities. (Youth Roundtable Participant)

Isolation is not limited to the regions and the remote. I live in an urban, highly urbanised area and I feel isolated. Isolation is linked to lack of support and service access. Isolation is limited to the psychological and emotional, to identity, to separation from Country. (Youth Roundtable Participant)

Racism in particular was discussed as a contributing factor to family and community distress:

In the end, ultimately, racism is overarching and in everything that we discuss today, in each factor and issue racism is overarching. Racism and discrimination are generally the root cause of all the contributing factors to self-harm and suicides. (Youth Roundtable Participant)

Racism builds up isolation. (Youth Roundtable Participant)

There are so many mental health factors that follow us: depressions, clinical breakdowns, schizophrenia, so many factors we have to think about. (Youth Roundtable Participant)

Alcohol and drugs is a huge problem. It is about access to it and of how much one can have. It is being brought into communities, like ice. (Youth Roundtable Participant)

So we have to realise alcohol and drugs as contributing factors. (Youth Roundtable Participant)
The Need for Local Solutions and Leadership: Self-Determination

Positive solutions were discussed and local Aboriginal and Torres Strait Islander leadership, and communities identifying the issues and being a part of the solutions, were seen as priorities and the way forward. Communities need to be supported to employ local Aboriginal and Torres Strait Islander workers. Participants expressed the view that community leaders should be engaged by services providers and local organisation at all times in decision-making. This increases self-determination and also values the community, which leads to positive perceptions of services through increased support and community connectedness.

Participants expressed concern at the high levels of unemployment in their communities, particularly among young adults. It was proposed that governments should fund, resource and support communities to develop their own strategies and solutions. Participants felt strongly about a community’s ‘control factor’ and the need to strengthen their capacity for hope, and in turn, to reduce the sense of powerlessness.

Participants felt strongly about the need for proactive community programs to be funded by governments, for instance mentoring and ‘On-Country’ programs. Strengthening and including culture in all programs and services was seen as a critical component to strengthening identity and empowerment. There were many comments about what was important and how to go about strengthening wellbeing through culture.

In a small community 26 jobs were lost with recent government cuts, defunding, call it whatever they like. These were Shire jobs and in a small community this is quite a huge hit. It also means people will lose their house, car. It means it affects everyone in one way or another. (Youth Roundtable Participant)

So much of Indigenous excellence rests on White terms of reference, on White terms of excellence. (Youth Roundtable Participant)

Ceremony is important. A lot of people get a lot out of ceremony, even if it is just a smoking ceremony. (Youth Roundtable Participant)

Whether we’re academics, leaders, mentors, if we’re using culture we get a lot of love and support and healing out of it all. (Youth Roundtable Participant)

We need more youth leadership camps. We used to have more but far too many being defunded or not renewed for funding. They were a good source of support and networks. (Youth Roundtable Participant)

Understanding our heritage because resilience stems back to our ancestors and to today where we carry in the family, in community and in school and work. (Youth Roundtable Participant)

One on one mentoring, comprehensive mentoring. You need to trust someone, and this is teaching relationship building. (Youth Roundtable Participant)

Community-owned and community-controlled health services. (Youth Roundtable Participant)

A community’s people have to be employed locally because if you lose this you lose local knowledge and information that is vital to help others. (Youth Roundtable Participant)

You need Aboriginal workers in organisations to break down barriers. Too many Black organisations where everyone is White. We need Blacks to also help the Whites. (Youth Roundtable Participant)
Conclusion

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) Youth Roundtable enabled the voices of Aboriginal and Torres Strait Islander youth to be heard. The Youth Roundtable highlighted that the context of historical socioeconomic disadvantage and transgenerational trauma needs to be considered in understanding suicide. Self-determination at different levels emerged, as a much needed process. For instance, the Youth Roundtable highlighted the need for local workforces to be led, managed, and composed of local Aboriginal and Torres Islander people.

Participants came from diverse professional and community backgrounds and from many different communities across the nation. However, there was consensus about the impacts of social determinants as a leading cause of psychological/psychiatric distress and high incarceration rates and family breakdowns. Participants perceived that there were many pressures on Aboriginal and Torres Strait Islander youth that are not faced by non-Aboriginal students. Participants described the need for governments to improve the resourcing of Aboriginal and Torres Strait Islander communities so that young people can access quality education and have strong support systems to ensure their success. It was seen that communities with a paucity of services would remain at risk unless this was addressed.

Participants felt that Aboriginal and Torres Strait Islander perspectives and concepts of healing, empowerment and leadership must be supported. There was a belief that Aboriginal and Torres Strait Islander perspectives were seen as inferior and that ‘White terms of reference, White perspectives’ were seen as valued. This was seen as discrimination and where this occurs, participants felt that empowerment programs seeking to enhance social and emotional wellbeing could be undermined.

Young people need to be empowered, have representation and presence. A major theme that emerged was the need for inclusion and representation of young people. Young people should be included on relevant Aboriginal and Torres Strait Islander state and national decision-making bodies. As young people were a majority group in the Aboriginal and Torres Strait Islander population, this was seen as appropriate. This would lead to self-determination at both individual and community levels. Finally, there were views that there was a need for more support for Aboriginal and Torres Strait Islanders in juvenile detention, prison, and in socioeconomically disadvantaged communities. If there continues to be a lack of support, the situation of despair and the sense of hopelessness that many individuals, families and communities feel will worsen.

The Youth Roundtable concluded with a brief address by Richard Weston, CEO, of the Healing Foundation:

I hope that you have all had the opportunity to have sufficient input around this important issue for our people. This issue is heartfelt stuff for us, dealing with our families and communities. Many of you around this table have been touched by suicide at some point… Hearing the voice of the young is important and certainly through the ATSISPEP, through this project, we will be taking forward your voices, your input, your recommendations. For the Healing Foundation, it is a big deal for us to be involved with this project – this national program – on this issue, which causes our communities a lot of grief. We see the statistics in the media, with much of it relating to young people. We are privileged to have had you here today. Governments can do much more and do more with providing resources, but at the end of the day the solutions lay with us, with our communities. We have to work towards the solution that suicide is not an option.

References


