Cairns 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 Cairns Roundtable was the seventh of eleven Roundtables conducted by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). Six regional suicide prevention Roundtables have been held in Mildura, Darwin, Broome, Cairns, Shoalhaven and Adelaide. Three topical Roundtables about youth, LGBQTI, and justice issues were also undertaken. The Project also identified the need to call on various experts to assist in identifying and discussing other important and relevant issues, and as such the ATSISPEP has held expert meetings with various individuals and stakeholders to discuss the need for critical responses, data and statistics, and one about clinical factors contributing to suicide.

A general theme from participants in the Cairns Roundtable was that socioeconomic disadvantage and various social and emotional wellbeing issues have led to the high rates of suicide. However, there was greater focus by the participants in the Cairns Roundtable on the issue of Native Title and its significant negative impact on communities compared to other Roundtables. Native title was seen as contributing to the fracture of communities, disharmony and entrenching economic disadvantage for the majority of the region. The participants felt that governments must prioritise the impact of social determinants and that as long as economic inequalities exist between Aboriginal and Torres Strait Islander and non-Indigenous populations, extreme poverty, housing issues and homelessness will continue to undermine the majority of the region’s Aboriginal and Torres Strait Islander peoples. The strongest message from participants was that solutions must be led by the communities, and the workforces implementing solutions must comprise local Aboriginal and Torres Strait Islander people. Participants were adamant that wherever this does not occur that effective outcomes will not be delivered.

Participants expressed similar views as participants in the Kimberley and Darwin Roundtables that as long as the economic inequalities and social determinants remain unaddressed, the impacts of various trauma and the self-destructive behaviours that result in the high self-harm and suicides rates will continue and worsen. Participants felt that the social determinants are significantly fundamental to wellbeing. Participants described the social determinants as multiple and interconnected and that negative impacts develop a set of complex problems that play out across the life of an individual. The effects of social determinants, from conception right to the end of life, influence the expression of positive or negative wellbeing. Every Roundtable to date has called for the implementation of Aboriginal and Torres Strait Islander led services and programs and of workforces predominately comprised of local Aboriginal and Torres Strait Islanders. However, the Cairns participants emphasised this more than other Roundtables and felt that if this does not eventuate that little will improve.

Participants felt strongly that transgenerational trauma is compounded by contemporary high unemployment rates and low education levels. Participants expressed the view that trauma recovery is inhibited by entrenched socioeconomic disadvantage and by the racism perpetuated by this disadvantage.

The major themes that came out of the Cairns Roundtable included:

- Social Determinants
- Lack of Employment
- Education
- The Need for Locally Identified and Led Solutions
- The Importance of Culture and Identity
- Native Title Negotiation Tensions
- Trauma
- Racism
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 peoples there are specific cultural, historical, and political considerations that contribute to the high prevalence and that require the rethinking of conventional models and assumptions.

In response to the urgent need to address the high rates of Aboriginal and Torres Strait Islander suicide across Australia, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), a comprehensive national project, was funded by the Australian Government through the Department of the Prime Minister and Cabinet to establish an evidence base about Aboriginal and Torres Strait Islander suicide and 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 Project was undertaken by the School of Indigenous Studies at the University of Western Australia, in collaboration with the Telethon Kids Institute and the National Healing Foundation. An aim of the ATSISPEP was to establish a much-needed evidence base of effective suicide prevention for Aboriginal and Torres Strait Islanders.

In summary, ATSISPEP:

- Undertook a review of the literature;
- Built on 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.

In preliminary findings, key themes of effective programs and services have been identified as those that offer a holistic understanding of health and wellbeing for individuals, families and communities. These successful programs and services also promote recovery and healing from trauma, stress and intergenerational loss; empower people by helping them regain a sense of control and mastery over their lives; and have local culturally competent staff who are skilled cultural advisors. There is community ownership of such programs and services, with significant community input into the design, delivery and decision-making processes and an emphasis on pathways to recovery through self-determination and community governance, reconnection to community life, and restoration of community resilience and culture. Using a strengths-based approach, these programs and services seek to support communities by addressing broader social determinants and promoting the centrality of family and kinship through hope and positive future orientation.

There are many complexities and determinants associated with suicide and self-harm and the most successful responses have been those fostering the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families and communities. The most successful strategies among young people have involved peers, youth workers and less formal community relationships to help negotiate social contexts and to connect them with their cultural values, care systems and identity.
ATSISPEP Roundtables

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

The Mildura Roundtable in regional Victoria was the first community consultation held in March 2015. Further regional consultation was held in Darwin, NT (July 2015), Broome, WA (August 2015), and in Cairns, QLD (October 2015). Subsequent consultations and Roundtables were held in Adelaide, SA and in the Shoalhaven area of NSW. The three initial regions were chosen as the sites for the community consultations because of the high reported incidence of suicide in these regions or, alternatively, because of the substantial progress reported in reducing previously high rates of suicide in these areas.

Recognising that there are vulnerable groups within Aboriginal and Torres Strait Islander groups, the Project held topical Roundtables focusing on Aboriginal and Torres Strait Islander youth; those identifying as lesbian, gay, bisexual, transgender, queer or intersex, (LGBQTI); and those involved in the penal justice system, in particular, those re-entering communities following incarceration. The feedback from 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.

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 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:

- To ensure that the voices of the community are valued;
- To ensure ownership of the issues, analysis and conclusions;
- To ensure that new insights are recognised;
- To connect the voices of the community directly to evolving policy wherever possible and appropriate; and
- 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 for direction in identifying the concerns and context of the Roundtable commentary come primarily from the six action strategies listed in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013) and the nine guiding principles listed in the introduction to the national *Social and Emotional Wellbeing Framework* (Social Health Reference Group, 2004). In addition, there are a number of other research publications and major reports informing the approaches taken by ATSISPEP and the Roundtables that can be found in the overall report.

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

*The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (2013), (hereon called the *Strategy*) is a specific response to the suicide statistics. 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 coordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing. Thirdly, it is necessary to build the evidence base on suicide prevention activities and ensure dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records. Finally, there needs to be a safeguarding of standards of practice and high quality service in the area of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities, and an assurance that preventative activity will be embedded in primary health care.
Both the Strategy and the Framework are based on extensive consultation with representatives from Aboriginal and Torres Strait Islander communities. The essential shared values and the themes considered necessary for effective programs and services include:

- Acknowledgement of trauma as a significant element of ongoing mental health issues for some individuals, families and communities;
- The need for cultural relevance in the development and implementation of programs;
- Self-determination in the development and delivery of suicide prevention and related mental health programs;
- The need to centralise research and build a strong, coherent knowledge base on Aboriginal and Torres Strait Islander suicide prevention, intervention and postvention; and
- The necessity of understanding the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander suicide prevention within the communities.

While establishing foundational principles, the community consultation and research undertaken by the Strategy and ATSISPEP also highlight gaps in information that require further research and analysis to clarify information and develop questions around methodological approaches.

1. Gathering statistics presents very specific challenges due to problems with 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. 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.

**Cairns Roundtable Background**

The Cairns Roundtable focused on the region of far north Queensland. The region stretches from Cairns to the Torres Strait and is home to 25.6% of Queensland’s Aboriginal and Torres Strait Islander peoples – nearly 30,000 Aboriginal and Torres Strait Islanders and 12% of the region’s total population (Queensland Government, 2011). However, a significant proportion of the region’s Aboriginal and Torres Strait Islander population remain impoverished and many of the region’s Aboriginal and Torres Strait Islander communities rank among the nation’s poorest (Vincent et al, 2015).
According to *Dropping Off the Edge* (Vinson et al., 2015) compiled by Jesuit Social Services Australia and Catholic Social Services Australia, the twelve most disadvantaged communities in Queensland are Aboriginal and/or Torres Strait Islander communities. The report argues that far north Queensland suffered higher rates of socioeconomic disadvantage. The report notes, ‘[t]wo locations (Aurukun and Doomadgee) have experienced increased disadvantage between 2007 and 2014’ (Vinson et al., 2015, p. 80). According to mapping carried out by the Telethon Kids Institute, far north Queensland experienced an equivalent rate of suicide of Aboriginal and Torres Strait Islander people as the Kimberley region – over 70 suicides per 100,000 Aboriginal and Torres Strait Islander population during the period 2001–2012 (Telethon Kids Institute, 2016). Alongside the Kimberley’s Aboriginal and Torres Strait Islander peoples, this is the highest suicide rate in the nation and among the highest in the world.

Further, the *Dropping Off the Edge Report* (Vinson et al., 2015) found that only 25% of Aurukun youth of secondary school age attended school in 2014. Concerns about children and education were tabled at the Roundtable. The Cairns Roundtable participants expressed their concern that significant numbers of children throughout the region are not attending school and that governments need to invest in social initiatives to encourage and motivate school attendance. Low school attendance levels, low levels of educational achievement, and high levels of youth and adult unemployment prevail in far north Queensland for Aboriginal and Torres Strait Islander peoples and these longstanding factors remain serious concerns for Cairns Roundtable participants.

**Section Two: Roundtable Voices**

The Roundtable was held at the Doubletree by Hilton Hotel, Cairns, with a total of 19 people attending. The Queensland Aboriginal and Islander Health Council (QAIHC) co-hosted the event. Participants were identified by the ATSISPEP team’s knowledge of those relevant individuals and stakeholders working in the area of Aboriginal and Torres Strait Islander health/mental health and relevant government service provision. Two members of the ATSISPEP team facilitated the Roundtable and all information was recorded.

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 has worked 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 would be appropriate to support Aboriginal and Torres Strait Islander communities to address suicide prevention?

The gender representation of the group was mostly female with 6 males and 13 females. The age range was diverse, ranging from 25–65 years of age and above, with the majority in the 40–50 year age group. Participants came from a number of professional backgrounds including psychologists, psychiatrists, mental health workers, cultural workers, suicide prevention providers and responders. The majority of participants were of Aboriginal and Torres Strait Islander descent.

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:

• Social Determinants
• Lack of Employment
• Education
• The Need for Locally Identified and Led Solutions
• The Importance of Culture and Identity
• Native Title Negotiation Tensions
• Trauma
• Racism

Social Determinants

Participants felt that governments need to respond to and adequately address the economic inequalities between Aboriginal and Torres Strait Islander and non-Indigenous residents. Poverty was identified by the majority of participants as a significant underlying factor that leads to self-destructive behaviour, including intentional self-harming and to the high rate of suicide in far north Queensland. Homelessness and overcrowding, in addition to high levels of unemployment, were described as major issues by participants.

Participants were concerned at the high unemployment rate among Aboriginal and Torres Strait Islander peoples, particularly in remote communities and towns. There was frustration that communities and towns that had high Aboriginal and Torres Strait Islander populations have a largely non-Indigenous workforce. The local workforce did not include local Aboriginal and Torres Strait Islander community residents, although this could be easily achieved. This was seen as one of the factors influencing the availability and extent of services. The following are comments about lack of services, poverty and homelessness.

The following comments highlight the need for services to be available and flexible:

We need 24 hours services that are culturally appropriate so we can work with our kids. It’s wrong that services are 9 a.m. to 5 p.m. What do they expect from us, to tell our kids don’t self-harm after 5 p.m. because there is no service to respond to you? We need both black and white services to go 24 hours.
It's been said that the most vulnerable time, when most are at-risk, is between 1 a.m. to 3 a.m. (Cairns Roundtable Participant)

Wherever our people are in the regions there is a poverty of services and infrastructure. (Cairns Roundtable Participant)

We all need equality. (Cairns Roundtable Participant)

Wherever there is poverty, there are problems, there is anger. (Cairns Roundtable Participant)

When there is no job, no money, no infrastructure and recreation in communities then there is nothing. (Cairns Roundtable Participant)

Homelessness was mentioned also as a major concern:

Many families are living 20 to a house. (Cairns Roundtable Participant)

Housing is a major issue and where quality housing isn't the case and there is overcrowding our young can't get ahead. (Cairns Roundtable Participant)

Hopelessness leads to boredom, to bad behaviours, to the drink, to drugs, to abuse, to jail. (Cairns Roundtable Participant)

The impact of widespread socioeconomic disadvantage was summed up by one participant: ‘The children suffer and where the children suffer then everyone suffers’. Another participant added, ‘It’s a problem and is more trauma and we never get to healing. It is just more trauma and pain’. Another participant stated, ‘It’s why many turn to alcohol and drugs – because of the unemployment, the hopelessness and they can’t do anything for family and the future’.

Lack of Employment

Participants stated that without higher levels of employment of Aboriginal and Torres Strait Islander people in their communities, socioeconomic disadvantage would continue. They strongly suggested that Aboriginal and Torres Strait Islanders should be upskilled and trained to manage jobs in their communities, which at present are ‘outsourced’ to non-local people. They argued for opportunities in workplaces where ‘equivalency of skills can be gained’ and to replace the requirement of external qualifications.

The following comments highlight concerns about a lack of community involvement in terms of employment:

Too many people who come to work are from outside communities. The workforce are wrong, it is made up of... mostly whites, and whites who don’t know how to engage with our people. Ninety per cent of the workforces in our communities are of whites, while our people live 20 to a house. (Cairns Roundtable Participant)

There are white people who don’t want give up the Indigenous sector, they want to work it to their advantage and that means they don’t want Indigenous people working in the Indigenous sectors. (Cairns Roundtable Participant)

The Aboriginal workforce are just not happening. Where's the government support? Why aren’t the whites stepping back from controlling the sector and its management? (Cairns Roundtable Participant)

We had a look at some of the contributing factors and the high rates of unemployment and the stress that goes with them is huge. High rate of unemployment is one of the biggest issues that remain unaddressed. A lot of our communities like [community close to Cairns] have the problem of most of the people are employed from outside. (Cairns Roundtable Participant)
Employment intake processes have to culturally screen people and there should be strong intake questions. (Cairns Roundtable Participant)

White people do not know how to let go or when to let go or just do not want to let go... They monopolise mental health. (Cairns Roundtable Participant)

Education

Participants stated there is a need to promote education. Participants expressed the view that governments are not investing in motivating Aboriginal and Torres Strait Islander children to adequately access education. Some communities have no schools or are a long distance from schools. Other communities have schools but are inadequately resourced. Participants expressed frustration that for many the only option is to send their children afar to boarding schools. Some participants expressed the view that separating children from their families and isolating children in boarding schools reduced the child’s social and emotional wellbeing and increased the likelihood of psychological distress. Participants were of the view that governments should be obliged to provide quality schools to all Aboriginal and Torres Strait Islander communities – to the equivalent standard of schools in non-Indigenous communities.

The following comments highlight this concern:

Some of our people have no schools to send their kids [to]. Some of our people still in the shacks have nothing in their communities. And in many communities the quality of schooling is poor and is no real education for our kids and their future. (Cairns Roundtable Participant)

We have to shine light on education and that the educated get good jobs, management, are well placed in organisations and in positions of power. We have to demystify education for our people and normalise it. (Cairns Roundtable Participant)

We need resources to promote education. (Cairns Roundtable Participant)

We need to support our role models and increase their reach. (Cairns Roundtable Participant)

There are low expectation values. There is no promoting the value of education and the misinformation and fears carry on. (Cairns Roundtable Participant)

The Need for Locally Identified and Led Solutions

A common theme from all the Roundtables was reinforced by the Cairns Roundtable – the need for local, Aboriginal and Torres Strait Islander led leadership that identified community needs and solutions. They described the need for an Aboriginal and Torres Strait Islander led workforce that involved local Indigenous community members. They discussed the need for community leaders to be empowered to support and lead their communities. Leaders should be resourced and supported so as to enable community empowerment, to build stronger social networks and inspire and sustain community participation.

Participants were of the view that empowered individuals and families would better understand the dynamics of their community and the structures that influence their lives, and therefore would be able to identify and implement what is required for positive community development and change. Participants stated that healing needs to take place at an appropriate time and that this needs to be blended with cultural approaches. In many cases, this also needs to include activities that lead to various capacity-building opportunities, and that this can only be sustained and delivered by empowered communities. Empowerment cannot occur without Aboriginal and Torres Strait Islander employment and participation in decision-making at all levels.

The following comments highlight these concerns:

The best results are where we’ve engaged with local communities and owned the issues, so they have control of what happened and of what to do. We have learned from the high rates of suicide at [community close to Cairns] and in owning the issues there, we took control and responsibility. (Cairns Roundtable Participant)
What we do in [community close to Cairns] can only work in [community close to Cairns] because we do not tell people what works for us may work for them. Each community needs to look at its issues and needs vary from community to community and therefore each community has to work out what works for them. (Cairns Roundtable Participant)

Governments have to support us and not support the ways that continue to fail us, that make it worse for us, that leave our people without involvement and instead the same old white people controlling us, not knowing when to let go, can’t let go because they do not want to let go. (Cairns Roundtable Participant)

Aboriginal ... [employment opportunities]... are not happening because the whites are not stepping down. We also need the right people leading whether black or white and there’s a lot of whites who don’t know what they’re doing or how to engage and that makes the problems doubly worse. (Cairns Roundtable Participant)

Allow communities to create and customise their own programs and adapt with time. Provide them with adequate funding to capacity strengthen and upskill people. (Cairns Roundtable Participant)

Without communities’ capacity strengthened then they are not able to respond appropriately. (Cairns Roundtable Participant)

Instead of local solutions and our knowledge in how to sort stuff and fix things we are forced clinical treatments and white fella responses. (Cairns Roundtable Participant)

The Importance of Culture and Identity

There was a strong emphasis on the importance of culture and identity. The Cairns Roundtable participants, like those in all other Roundtables, felt strongly that there needed to be a strong focus on culture in programs and services. The psychological importance of a grounded and strong cultural identity was seen as critical to the ways forward, in particular, for youth. Participants expressed concern that many of their youth were disengaging with family and community and were dismissive of culture. Instead, many were engaging in increasingly self-destructive behaviours such as alcohol and substance misuse and many were becoming part of negative subcultures which practice negative behaviours, losing touch with community and culture.

Participants felt strongly that culture, both historical and contemporary, can revitalise youth, empower their sense of identity and strengthen their self-worth and self-esteem. Participants described the centrality of culture and identity as the opportunity for increasing connectedness with families and communities.

Comments addressing this issue included:

Knowing who you are is resilience, is making strong... Simple things matter in bonding people, like camping and fishing. (Cairns Roundtable Participant)

Getting back to Country is important and helps big ways. Trying to get back to connecting with Country is what we do and [community close to Cairns] where we from, well 80 per cent of the people there were forcibly removed to there so we are trying to get them connected to their identity, to their Country. (Cairns Roundtable Participant)

Queensland Mental Health Commission needs to understand that non-Indigenous clinicians are not the answer and have not worked. (Cairns Roundtable Participant)

Trauma

Participants expressed concern that trauma, both historical and contemporary, was becoming ‘normalised’ among Aboriginal and Torres Strait Islander peoples. They stated that governments have in effect accepted this and are not adequately responding to the various trauma and the need for trauma recovery with funding and resources for services. Participants discussed conceptions of trauma, however, they did not focus solely on transgenerational trauma. They explained transgenerational trauma in terms of impacts but also focused on contemporary traumas – these were seen as situational and multiple – including substance misuse, violence and domestic violence, and expressed concern these were being normalised and accepted.
Comments included:

Anger starts everything and you can be angry from a very young age. It’s a spiral. Anger comes out of hurt. We need to respond to it. We need to manage it. (Cairns Roundtable Participant)

This is in many forms, sexual, physical, emotional, psychological, lateral and oppression. (Cairns Roundtable Participant)

Participants discussed family dysfunction and explored links to unresolved childhood trauma, violence, inappropriate sexual behaviour, substance misuse and the high incarceration rates among youth and adults.

Participants felt strongly that in order to overcome challenges with trauma a strong and resilient identity needed to be understood in terms of cultural underpinnings; that the interconnectedness between culture and identity is paramount and that healing cannot occur without Aboriginal and Torres Strait Islander cultural perspectives as a significant part of any activity.

Native Title Negotiation Tensions

The Cairns Roundtable participants condemned Native Title as a failed compensatory mechanism for Aboriginal and Torres Strait Islander peoples. Participants described community feuding, ongoing lateral violence and entrenched division within communities as a result of Native Title negotiations. They described Native Title as a set of principles that were intended to provide benefits to communities and that these expectations ‘have been betrayed.’

The following comments highlight these concerns about community division:

Native Title is destroying our people, splitting our families, tearing apart our communities, turning one against the other. (Cairns Roundtable Participant)

It is major issue and is breaking families… (Cairns Roundtable Participant)

Native Title is damaging our identity. (Cairns Roundtable Participant)

We are having to justify our identity, to provide justification of who we are. (Cairns Roundtable Participant)

Native Title does not provide for the people but only for some people and often it’s outsiders who come in and run the show and make things worse in Native Title. (Cairns Roundtable Participant)

Racism

Racism, in all its forms – direct, institutionalised and cultural – was raised by participants in every Roundtable discussion. They recognised that, in addition to the ongoing impacts of colonisation, racism is embedded in the current social determinants and this is reflected in economic inequalities, high unemployment levels and lack of local community employment of Aboriginal and Torres Strait Islander peoples.

Comments included:

Racism, it is everywhere. (Cairns Roundtable Participant)

Anyone who is non-Indigenous can say that they are delivering culturally appropriate services, but in fact they are not. (Cairns Roundtable Participant)

There is anger among our people, resentment at the racism and just hurt from the sense of rejection. (Cairns Roundtable Participant)

Concerns regarding institutionalised racism also extended to the collection of data for the ABS Census:

Many of our people, especially those in the shanty houses are not on the Census. They don’t know or care about the Census and are therefore not in the statistics and this has an effect for us with funding and in being underfunded. (Cairns Roundtable Participant)
The Census doesn’t work. One Census there were 2,000 counted of our people but our health database has 4,000 of our people. Not enough education about Census night and our people miss being counted, especially those in shacks. (Cairns Roundtable Participant)

Conclusion

The overarching theme of the Cairns Roundtable was that of self-determination. Participants felt that Aboriginal and Torres Strait Islander peoples should be empowered to lead, develop and implement solutions, and each Aboriginal and Torres Strait Islander community should have ownership of the identification of issues and development of solutions. Colonisation, and its consequences, was seen as a fundamental cause of Aboriginal and Torres Strait Islander disadvantage, and this is visible throughout far north Queensland. According to participants, disadvantage is further perpetuated in their communities by the lack of employment for local people. Non-Indigenous occupation of the workforce that could be easily localised was seen as disempowering with long-term consequences. Participants spoke of reluctance by non-Indigenous people to relinquish management and jobs to local Aboriginal and Torres Strait Islander people. This increases psychological distress and diminishes the sense of self-worth and self-esteem, compounding transgenerational trauma.

Far north Queensland experiences the severest disadvantage in the state. This was reinforced by the Roundtable participants who also described services as overstretched and underfunded, compounding low levels of employment of local Aboriginal and Torres Strait Islander people. There were strong correlations between the economic situation and the wellbeing of communities – long-term unemployment and low-income households lead to a sense of despair. The most disadvantaged communities also experienced adverse social outcomes such as high rates of low-level offending and criminal convictions.

In addition, there were other important issues and questions raised, including that communities felt that suicides were underreported.

According to one Cairns Roundtable participant:

In the one year I went to 15 funerals in and around Townsville and Palm Island. And yet when the stats come out they don’t reflect what’s going on, the numbers are down on paper [compared] to our lived experience.

Another participant stated:

I hear they say that sometimes they don’t know if a person who died is Indigenous or not and are not classified as Indigenous. I don’t buy this. Governments and all the departments know everything about our people. They have so much data on us in controlling and examining us. They know everything about us.

Participants recognised that there are disproportionate levels of domestic violence among Aboriginal and Torres Strait Islander families, but they considered the entrenched levels of socioeconomic disadvantage as a causal factor in these high rates. Participants expressed the view that if socioeconomic disadvantage was reduced and if employment rates increased, then domestic violence and other forms of community dysfunction would decrease.

According to one participant:

There is no support, there is only blaming and judging and not helping fix things.

Another participant stated:

Then there is the stigma. There are lots of barriers and because of shame and judgments then there’s a lot support that is never initiated or accessed.

Participants described racism, including institutional racism, as prevalent throughout all layers of (mainstream) society and that this maintains a barrier.

One participant stated:

Police misjudge and mistreat our people. There is no mediation with police, no meeting half way, no sorting out but just arrest, detain, lockup, charge, take to somewhere and just treat our people as if they are just a problem.

Another participant stated:

The coppers are the worst and don’t call in our people, don’t call in our leaders, don’t network. For instance sometimes coppers drop people off to hospital but don’t bring them back so we go out instead to collect...
people who may have been removed from a community a hundred kilometres to Cairns Hospital. If they called us in the first place before taking someone out of community we could have sorted it out. Most of the time we need only a few times to settle people down but the coppers take them to Cairns Hospital and instead of calling us in to settle them down on Country.

Ultimately, the link between racism, lower socioeconomic status, the social determinants and trauma has been exemplified in all of the regional Roundtable consultations held thus far. The added tension of Native Title disputes in the very region where the acknowledgement of Native Title was won, has added an additional layer of complexity in northern Queensland.

References


