

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) – Workshop on Factors Contributing to Suicide Melbourne, 1 February 2017

Suicide is a behaviour or action, not a distinct psychiatric disorder. Like any behaviour, it results from the interaction of many different personal, historical, and contextual factors. Suicide may be associated with a wide range of personal and social problems, and have many different contributing causes in any individual instance. In fact, suicide is only one index of the health and wellbeing of a population, and it is important to view suicide in the larger context of psychological and social health, and wellbeing. Suicide is never the result of a single cause, but arises from a complex web of interacting personal and social circumstances.

Excerpt from the Executive Summary of: Kirmayer L, Brass G, Holton T, et al. (2007). *Suicide Among Aboriginal People in Canada*, Aboriginal Healing Foundation, Canada.

ATSISPEP Background

For Aboriginal and Torres Strait Islander peoples (herein Indigenous) suicide is one of the leading causes of death and occurs at double the rate of other Australians. Indigenous people between the ages of 15 to 34 are at highest risk, with suicide the leading cause of death, accounting for 1 in every 3 deaths.

The high Indigenous suicide rate is attributed to a range of complex and interrelated factors that heighten the risk for suicidal behaviours and self-harm. These are as diverse as ongoing social and economic disadvantage, grief, loss, violence, racism and transgenerational trauma, amongst others. The complex, embedded and intertwined nature of the various risk factors require multi-level suicide prevention strategies.

In response to the critical need to address the high suicide rates amongst Indigenous people, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) was funded by the Commonwealth through the Department of Prime Minister and Cabinet to:

- Develop an evidence base for what works in Aboriginal and Torres Strait Islander suicide prevention;
- Develop a culturally appropriate evaluation framework, including a national interactive map of places experiencing high rates of suicide and the available services;
- Identify Aboriginal and Torres Strait Islander community suicide prevention needs;
- Identify system-level change for Aboriginal and Torres Strait Islander suicide prevention; and
- Host a National Suicide Prevention Conference.

A literature review was undertaken which has emphasised several ongoing issues contributing to Indigenous suicide internationally and locally. The underpinning importance of cultural connections in building resilience has also been a focus, as has the necessity for community leadership and/or partnership for the success of an intervention. These findings have contributed to the process informing evaluations of local suicide prevention programs.

To ensure the voices of the people were incorporated into ATSISPEP, 12 Roundtable consultations were held throughout Australia. Roundtables were location and theme based covering specific issues such as youth; Lesbian, Gay,

Bisexual, Transgender, Intersex, and Queer (LGBTIQ); clinical factors, and justice.

A national Aboriginal and Torres Strait Islander Suicide Prevention Conference was also hosted in Alice Springs in May 2016 with over 300 participants and was the first forum of this type to be held in Australia. The most consistent messages at the conference were: the need to address the impact of the social determinants of health (on suicide rates); cultural differences between programs developed for Indigenous and non-Indigenous people (programs for Indigenous people must be tailored to meet cultural needs); and Indigenous self-determination and inclusion are key to solutions that work.

The Critical Response Project (CRP) was established and formally launched by the Minister for Indigenous Affairs in January 2016 in response to the immediate needs identified through the work of ATSISEEP. CRP had two streams – one providing direct advocacy and coordination of services for bereaved families so they receive holistic care, and the other, engaging with communities to help them identify their needs and solutions to enable greater resilience and community strength.

Literature review findings and recommendations from the roundtables have been incorporated into a recently completed final report of the ATSISEEP, *Solutions that Work: What the evidence and our people tell us*¹. The report can be downloaded from www.atsispep.sis.uwa.edu.au

Context for Factors Contributing to Suicide Workshop

Within a week of the November 2016 launch of the *Solutions That Work Report*, the Western Australian Parliamentary Education and Health Standing Committee released its *Learnings from the Message Stick Report* on Aboriginal youth suicide in WA remote areas.²

The Message Stick report contained a chapter titled Aboriginal Suicide Is Different, a reference to the title of the 1999 Tatz study on Aboriginal youth suicide.³ The bookending of almost two decades of investigation by reports that emphasise the difference in Indigenous suicide compared to other suicides was significant.

Is the below from Messages? Need to delineate.

It is important to recognise that there are differences and most obvious are:

- **The differences in methods.** A 2016 analysis of 102 Indigenous suicides in the Kimberley between 2005 and 2014 found that hanging was the method used in 93 per cent of cases.⁴

A 2011 study of 478 Indigenous suicides and a comparator 8425 non-Indigenous suicides in Queensland over 1994 and 2006, reported hanging to be the method in around 90 per cent of Indigenous cases, far higher than in

¹ Dudgeon, P., Milroy, J., Calma, T., Luxford, Y., Ring, I., Walker, R., Cox, A., Georgatos, G. & Holland, C., (2016) *Solutions that Work: What the evidence and our people tell us*. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Report, University of Western Australia, Perth.

² Legislative Assembly, Parliament of Western Australia (2016). *Learnings from the message stick*, The report of the Inquiry into Aboriginal youth suicide in remote areas, Legislative Assembly. Committees. Education and Health Standing Committee. Report 11, Parliament of Western Australia, Perth.

³ Tatz C (1999). *Aboriginal Suicide is Different, Aboriginal Youth Suicide in New South Wales, the Australian Capital Territory and New Zealand: Towards a Model of Explanation and Alleviation, A Report to the Criminology Research Council on CRC Project 25/96-7*, viewed 13th February 2017, <http://crg.aic.gov.au/reports/tatz/tatz.pdf>

⁴ McHugh C, Campbell A, Chapman M, et al. (2016). Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005–2014 data, *The Medical Journal of Australia*, 2016; 205 (1): 33.

the non-Indigenous population where, nonetheless, hanging was the most used method of suicide (about 40 per cent of cases). There was also significant contrast to the much greater variety methods of suicide observed in the non-Indigenous group.⁵

- **The difference and rapid increase in the rates of suicide reported between the Indigenous and non-Indigenous population.** Among the former, suicide had few precedents prior to the 1960s.⁶ Yet fifty years later, the Indigenous suicide rate is twice that of non-Indigenous people.⁷
- **The differences in age groups who are attempting and completing suicides.** The peak age of Indigenous suicide is 30-34 years for males and 20-24 years for females,⁸ and, is three times the rate for non-Indigenous people of the same ages.⁹ In contrast, the highest proportion of suicide deaths of non-Indigenous males occurs among those 40-44 years of age, while for females it is the 45-49 year age group.¹⁰

When considering deaths of all Australians under 18 years, Indigenous people accounted for 30 per cent of these over 2007 -2011 despite comprising only three to four per cent of the total age group population.¹¹ Moreover, Indigenous 15-24 year olds are over five times as likely to suicide as their non-Indigenous peers.¹²

The research and evidence also shows that there are key contextual and causal factors which may contribute in varying degrees to Indigenous suicides. These can be grouped into four broad but interconnected categories:

1. The history and aftermath of colonisation and its traumatic and disruptive effects on Indigenous community life.
2. Related to the above, are the risk factors that arise in impacted communities with specific dangers at the individual level – this includes alcohol and drug use, impulsivity and child neglect and abuse.
3. The cumulative impact of stressful life events such as: family and relationship breakdown; a criminal history/pending legal matters; and unemployment.
4. The barriers faced by Indigenous people at risk of suicide in accessing mental health and suicide prevention services.

Workshop on Factors Contributing to Suicide

⁵ De Leo D, Svetcic J, Milner A, et al. (2011). *Suicide in indigenous populations of Queensland*, Australian Institute for Suicide Research and Prevention National Centre of Excellence in Suicide Prevention and WHO Collaborating Centre for Research and Training in Suicide Prevention, Australian Academic Press, Brisbane, pp.32-33.

⁶ Hunter E, Milroy H (2006). Aboriginal and Torres Strait Islander Suicide in Context, *Archives in Suicide Research*; 2006, 10(2): 141-157.

⁷ Steering Committee for the Review of Government Service Provision (2016). *Overcoming Indigenous Disadvantage: Key Indicators 2016*, Productivity Commission, Canberra, p.8.42.

⁸ Australian Health Ministers' Advisory Council (2015). *Aboriginal and Torres Strait Islander Health Performance Framework 2014 Report*, AHMAC, Canberra, p.59.

⁹ Steering Committee for the Review of Government Service Provision (2016). *Overcoming Indigenous Disadvantage: Key Indicators 2016*, Productivity Commission, Canberra, p.8.44.

¹⁰ Australian Bureau of Statistics (2016). *Causes of Death, Australia, 2015*, ABS cat. no. 3303.0, viewed 14 February 2017, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2015~Main%20Features~Intentional%20Self-harm:%20key%20characteristics~8>

¹¹ National Children's Commissioner (2014). *Children's Rights Report 2014*, Australian Human Rights Commission, Sydney, p.62.

¹² Australian Health Ministers' Advisory Council (2015). Above, p.59.

A workshop with six members of the Australian Indigenous Psychologists Association (AIPA) was convened in Melbourne on 1st February, 2017. A list of workshop participants is attached as *Appendix 1*.

The workshop was facilitated by Professor Pat Dudgeon, ATSIPEP Project Director, who acknowledged Traditional Owners, and welcomed participants to the forum.

Pat also recognised the depth of knowledge, insights and expertise held by the Aboriginal Psychologists, whom would be contributing to this critical discussion. Indigenous knowledge and perspectives will make critical contributions to the needs of Indigenous communities and to the broader suicide prevention agenda.

She explained the broad purpose of the workshop and referred to the comprehensive background paper provided beforehand to participants, extracts and a summary of which are included in the preceding sections of this report.

Direct participant quotes within the following workshop report are shown in italics within quotation marks.

Workshop Aim

The aim of the workshop was to gain further insights and input into the information collected to date through the Project's comprehensive research, roundtable consultations, and, the experiences of the Critical Response team working on the ground on the causes of suicide amongst Indigenous people.

Key Themes from Research, Consultations and CRP Team Experiences

Clear themes had emerged through the work of ATSIPEP about the factors contributing to suicide, and these can be broadly grouped into two distinct streams or views:

1. **Indigenous Community View.** The predominant community view and concern was that *social determinants* such as poverty, colonisation, and systemic racism are the main causes of suicide amongst Indigenous people.
2. **Clinician's View.** In contrast, the view that emerged from most health professionals/clinicians was that *mental health and other clinical issues*, are the main factors contributing to the suicide of Indigenous people.

As acknowledged previously, the causes contributing to suicide are likely a combination of both, and while clinical problems can't be minimised, for Indigenous people, social determinants appear to be of greater consequence.

Workshop Discussion and Outcomes

Participants felt strongly that Indigenous suicide is complex, that all factors are intertwined, and that there are often multiple pressure points that should not be divided into two artificial groups or streams (clinical or social).

Key Factors, Contributors, and Risks of Suicide:

From first-hand experience as Aboriginal psychologists working with their own people, participants had a deep understanding of the primary risk factors and acknowledged that they vary on an individual basis. However, there are two key issues that underlie Indigenous suicide at a broad level and need to be considered:

1. The history and impact of colonisation in shaping the current day experiences and circumstances of Indigenous people; there are vast differences in the global Indigenous experience between those countries that have gone through colonisation and experienced genocide and those that haven't. The genocide experienced by Indigenous Australians has had a massive impact on social and emotional wellbeing, and coping behaviours.
2. The impacts of various types of trauma, including intergenerational and cumulative, on communities.

The breakdown of culture and dispossession of people also has flow on effects at the individual level including alcohol and drug use, the forceful removal of children and engagement with the welfare and justice systems. Other factors that contribute to suicidality at an individual level include:

- Personality factors and coping strategies - resilience and ability to cope with cumulative life stressors.
- Effects of place in society - how you are regarded by the wider society influences your sense of self-worth and degree of control over your life. Two studies carried out by Chandler and Lalonde¹³ with Canadian First Nations young people showed that high self-determination and cultural reclamation activities equated to low suicide rates; conversely low self-determination and disconnection equated to high suicide rates.
- Systemic racism - undermines a sense of belonging, self-esteem and confidence, it creates barriers to accessing services, and having to constantly deal with it "*is exhausting*". Even those seeking help from medical professionals such as in a hospital's emergency department, can be faced with stereotyping, discrimination or stigma from which would make them reluctant to access these services again.

Some of the factors listed above along with other key causes and risks were discussed in more depth by the group and are summarised below.

Circumstances/Impulsiveness

Not all people who suicide may have a mental illness, and even the **strongest** person who may be seen as others as strong and who may be coping well with multiple pressures (such as bullying or harassment) may have "*a moment in time*" when adding another element like alcohol, or a racist remark, is a tipping point to suicide. In such cases, there can be few if any symptoms or indications that a person may be suicidal, and taking their own life seemingly happens "*out of the blue*." However, it was also acknowledged that in such instances it is unknown whether the person may have been suffering from long term wellbeing concerns or depression which was not apparent to those around them. One explanation is that there is perceived stigma, the person who may be struggling may not seek help and hide distress and therefore; people may not be aware that their loved one or peer may be suffering.

Circumstantial suicides are those where something bad has happened to a person which they feel is "too big" to get over. This type of suicide can be triggered by many factors such as relationship breakdowns, child sexual abuse, family violence,

¹³ Chandler M, Lalonde C (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry*; 1998 35(2):191–219. Chandler, M. J. & Lalonde, C. E. (2008). Cultural Continuity as a Protective Factor against Suicide in First Nations Youth. *Horizons --A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future*. 10(1), 68-72.

financial concerns, being in trouble with the law, feeling ashamed, or like they've failed some-one or themselves. *"Suicide is the road you take when you can't take anymore"*.

Social and Emotional Wellbeing (SEWB) is a Fluid State

Emotions and feelings are not constant; it's normal for all individuals to oscillate between positive and negative feelings and emotions. How a person is feeling and their thoughts of the event at the time when a stressful life event happens, will influence their ability to cope. (needed to put cognitions alongside the emotion)

Exposure to Suicidal Behaviour

Research and clinical experience is showing that Aboriginal people are at greater risk of "imitative" behaviour in instances where they know someone who has attempted suicide and this is particularly so for ~~teenagers~~ adolescents.

Suicide - A Recent Development

Participants also reinforced that suicide is a relatively recent phenomenon amongst Aboriginal communities and has only surfaced within the last two generations. The group discussed whether changes and fragmentations in connections to each other and to culture are *"causing some people to feel very sick inside.....and go down that dark, dark road to say this is the only option for them"*. It also now seems to have become a type of new "world view" which includes suicide as an option ~~possibility~~.

Paradoxically, the advent of suicide within the Aboriginal population coincided with closing of reserves, and the end of legally accepted racial discrimination. However, at the conclusion of this era there were no measures put in place to address factors such as poverty, lack of health care, and social, political and economic exclusion. This situation was compounded by access to welfare and unrestricted alcohol. Hunter and Milroy contend that while on the surface Indigenous people may have been afforded greater rights, the reality is that deep set discrimination, exclusion and disconnection prevailed, and suicide is a symptom of this undercurrent.¹⁴

Additionally, while in the past Indigenous cultures were dealing with extreme oppression, they had other strengths to draw on, such as strong cohesiveness. These former "protections" have now been impacted by complex, and at times divisive, contemporary issues such as Native Title disputes and social media.

High Rates of Youth Suicide

Suicide rates amongst young Indigenous people are significantly high (almost five times the rate for non-Indigenous youth in the 15-24 year age cohort).¹⁵ Participants highlighted that for this age group, transitioning from teenage years to early adulthood is a particular stress point, as often their idea of success shifts to factors such as their ability to get a job, having a house, or being a provider. This can bring up a range of feelings, emotions and issues including:

- Frustration and disappointment – at the realisation that they may never achieve success (as measured above) especially if this is against a backdrop

¹⁴ Hunter E, Milroy H (2006). Aboriginal and Torres Strait Islander Suicide in Context, *Archives in Suicide Research*; 2006, 10(2): 141-157.

¹⁵ Australian Health Ministers' Advisory Council (2015). Above, p.59.

of mental health issues, family violence, child sexual abuse, and drug and alcohol abuse;

- Effects of trauma;
- Alienation when trying to fit into broader society (for example when trying to access housing, employment, etc);
- Sense of powerlessness and futility;
- Making choices about whether to identify (especially in urban settings). This is expanded on further below; and
- Sense of abandonment particularly if forcibly removed from family (this is also discussed further below). Being able to connect with another person is critical to the emotional wellbeing of a child.

Another significant risk is the gap in personal support networks that young Indigenous people experience when moving from childhood into early adulthood. This is exacerbated if they are having difficulty obtaining a job, continuing with education, etc. which normally would provide new support frameworks. Even children who have been in care, have had some sort of support person they could depend on or services to assist them, and if these have fallen away during this transition, young people can be acutely vulnerable.

In terms of children in care, continuity and contact with family is paramount, even if this needs to be done in a protective way. The child protection system, which is increasingly strained because of the growing of number children coming into care, seems to concentrate heavily on the physical needs of a child at the expense of emotional needs such as maintaining connection with family.

Cumulative Effects of Racism and Oppression

These can have a profound effect on the sense of a person's self-worth, and even though racism can be very subtle and in different forms (e.g can't rent a house, get a job) the message it imparts is that you don't belong/don't fit in, and that you're a "second-class" citizen. Participants disclosed how they had witnessed first-hand people close to them go through deep personal struggles trying to find acceptance, connection and belonging, and the damaging psychological effects of this.

While activities that strengthening culture in a community setting can be protective and is recognised as key to addressing suicide, particularly for youth, in an urban setting if a young person chooses to identify, they will experience greater racism. This often means they have "to weigh up" whether connecting with their culture mediates the effects of racism. Other differences within urban and community settings is that if a person chooses to identify within the latter, they will normally be part of the majority; in an urban environment, an Indigenous person will be very much part of a minority.

Whilst this is a sensitive topic, we will address the concerns that Indigenous persons of fair skin experience. Fair skinned Indigenous people are faced with further levels of complexity. It has been found that they report listening to racist remarks made by non-Indigenous people and then facing a choice about what they are prepared to tolerate or risk. Do they risk identifying and being alienated from the group; or do they betray their people by not saying anything? At times these choices could also be a safety issue, if they are one of the few Indigenous persons in a group setting.

There is often "*no comfortable zone*", but how an individual manages to navigate/cope with this is important.

The group also acknowledged that at times non-Indigenous supporters/helpers are not prepared for, or shocked, by the backlash they receive when standing up against racism.

Lateral Violence and Jealousy

Participants discussed the effects of disagreements between Indigenous people over limited resources such as funding, space, time, and that this can at times escalate into lateral violence.

Lateral violence in an Indigenous context includes behaviours such as gossiping, jealousy, shaming, family feuding and physical violence. The term describes the way oppressed people direct their dissatisfaction sideways towards each rather than towards the system that oppresses them.¹⁶

While these behaviours can be a driver for greater resilience, they can also lead to high levels of distress for others. Again, participants shared personal experiences of the destructive impacts of these behaviours especially relating to jealousy following personal achievements or success.

The group also discussed the variety of reasons why many Indigenous people seem to have a low tolerance and are distrusting of peers who are in leadership/prominent roles, and consequently such individuals are often targets of lateral violence.

The process of “*cutting each other down*” is not only hurtful but sends a message to young people that you must be aggressive to be heard.

However, the group also acknowledged that in some Aboriginal communities “controlled” physical fights (where someone takes control to ensure the fight comes to an end before any serious injury occurs) is part of the process of dealing with disputes. Or involvement of elders and key community members can also be available to assist with resolving disputes.

Other Causes of Suicidality:

Participants also touched on other issues that contribute to suicide amongst Indigenous people at a higher rate than for the non-Indigenous population. These include but are not limited to:

- Family conflicts and relationship breakdowns;
- Misadventure (accidental deaths such as those related to drug or alcohol abuse); and
- Effects of depression (exacerbated by lack of access to appropriate services).

What helps?

Importance of Connections

¹⁶ Dudgeon P, Cox A, Walker R, et al. (2014). *Voices of the Peoples: The National Empowerment Project: National Summary Report 2014: Promoting Cultural, Social and Emotional Wellbeing to Strengthen Aboriginal and Torres Strait Islander communities*, National Empowerment Project, University of Western Australia, Perth, p.24.

Connection for Indigenous peoples has two elements: connection to country; and connection to other people. Participants expressed very strongly that based on their clinical and personal experience, knowledge and research, connection and sense of belonging are key protective factors against suicidality.

While racism seeks to break connections and culture, linking in with at least one significant person throughout their lives, is known to be a very strong protective factor against wellbeing concerns. Every-one needs to feel they have at least one person they can go to that loves and cares for them unconditionally and *“this is the anchor of self-worth”*. This person can be an aunty, Elder, granny, or sporting coach - someone that can provide unconditional regard. This is especially important for youth when dealing with issues of identity. The significant person may change over the course of the lifetime, a teacher when younger, to a supervisor/manager when older.

Bullet Proofing Against Racism

In recognition that racism continues to prevail within Australia; the James Cook University in North Queensland, introduced a program some time ago called *“Bullet Proofing Against Racism”* to assist Indigenous health students succeed rather than failing because of racist interactions.¹⁷

Connection and identification with culture is strengthening and creates resilience, it is not a weakness – the weakness is the discrimination and racism perpetrated by broader society. Participants saw value in introducing similar programs around the country to help equip Indigenous people, particularly youth, with choices and tools to navigate racism. *“Bullet Proofing is about saying this is your culture, you’re entitled to display it and be open with it.....be prepared”*.

Resources for Getting Help

Pat reported that the ATISISPEP team has been receiving requests for suicide prevention resources and the website is being expanded to include a range of materials. The resources are being assessed by AIPA members for cultural appropriateness. Some short video clips of Indigenous people talking about suicide and how to get help, are also being developed for inclusion as resources.

The AIPA members identified that the “gold standard” for assisting someone with suicidal thoughts is first and foremost to have face to face professional support, followed by clinical intervention if required, and then linking them in with other services and programs for through-care.

The Group also workshopped other immediate help strategies and advice that would form part of the video resources on the ATISISPEP Webpage.

Conclusions

The workshop discussion reinforced the recurring messages that have emerged through the Project’s work: that suicide is a complex issue and that there are multiple contributors or pressure points which are often a combination of social determinants

¹⁷ Grant M, Felton-Busch C, Elston J et al. 2005, ‘Bulletproofing Indigenous health students and staff against racism’, viewed 13 February 2017, https://www.ruralhealth.org.au/10thNRHC/10thnrhc.ruralhealth.org.au/papers/docs/Felton-Busch_Catrina_E7.pdf

and clinical factors. It was also strongly acknowledged that the emotional costs of losing loved ones to suicide across the nation is too great and this workshop would contribute to future discussions and progress.

The reasonings why suicide is understood to be complex, must also include the concerning increases of suicidal behaviours and suicide. These rising number of persons losing lives to suicides have been shaped by the profound and ongoing effects of colonisation and various forms of trauma. The workshop also reaffirmed the consistent evidence that enduring connections to people, culture, and country are key to safeguarding against suicide. These factors highlighting the importance of connections need to be the foundations of any prevention or intervention strategies to ensure long term success.

Pat thanked AIPA members for their valuable perspectives both as clinicians and as Aboriginal people.

Participant List:

Professor Pat Dudgeon	Project Director, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) and Steering Committee member, Australian Indigenous Psychologists Association (AIPA). Registered psychologist.
Tania Dalton	Chairperson, AIPA; Registered psychologist.
Kelleigh Ryan	Steering Committee Member, AIPA; Registered psychologist.
Pete Smith	Steering Committee Member, AIPA; Registered psychologist.
Stephen Ralph -	Steering Committee Member, AIPA; Forensic psychologist.
Tanja Hirvonen	Executive Support Officer, AIPA; Registered psychologist; Clinical Psychologist registrar.
Dr Yvonne Luxford	Project Director, ATSISPEP, (Observer - via phone-link).
Mary Davies	Project Officer