The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

Mildura Roundtable Report

Thursday 12th March 2015
Mallee District Aboriginal Services
Mildura, Victoria

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Executive Summary

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) has undertaken a series of national community Roundtables to ensure Aboriginal and Torres Strait Islander input to the overall Project and to gain specific information about contributing factors to suicide; what works and has not worked for suicide prevention; and what strategies are needed to support communities in suicide prevention. Nationally, self-harm and suicide are significantly higher among Aboriginal and Torres Strait Islander peoples when compared to the wider Australian population, but are even higher in remote and regional areas. This Roundtable was held on March 12th, 2015 and focused on the Mildura region. The Roundtable was held at Mallee District Aboriginal Services. The Mildura Roundtable was attended by 17 participants including a cross-section of clinicians, community leaders, service providers and responders.

Police, service providers and responders, clinicians and other stakeholders reported that they were working beyond the call of their prescribed duties. This was necessary to address poverty-related crime and intrafamilial dysfunctional patterns of behaviour that contributes to self-destructive behaviours such as substance misuse and violence. Responders, including police and ambulance services, shared information in order to respond timely to affected families, and to improve quality of engagements.

Participants raised concerns at the increasing levels of substance misuse and violence, and that the underlying factors of unemployment and intergenerational poverty remain unaddressed. Participants suggested that people at the coalface do know what works but that Government is not aware of the ‘brilliant work and outcomes’ of many successful programs. There was a strong consensus by participants for the need for locally based solutions. Participants agreed that it is imperative for services ‘to understand the DNA of communities where there are suicides’.

The Mildura Roundtable discussions raised the following themes and issues: the impacts of colonisation; contemporary forms of racism; the impacts of social determinants of health; the impacts of Government policies; effective programs not being funded; intergenerational trauma; substance misuse; high levels of unemployment, intergenerational cycles of poverty; concerns about the broad range of primary, secondary and mental health issues; and the disproportionate rates of confrontation with authorities and the consequent disproportionate incarceration rates. Roundtable participants discussed their view that there is entrenched racism, which leads many Aboriginal and Torres Strait Islander residents in towns like Mildura and throughout Victoria and New South Wales into ghetto-like existences, and into inter-generational poverty. Participants agreed that social determinants of health including racism and entrenched poverty are inhibiting access to quality education and health.

The Roundtable identified the following themes:

- The Impact of Racism;
- Education and Employment;
- Substance Misuse;
- Trauma;
- Issues Around Incarceration; and
- Need for Locally Identified Solutions
ATSISPEP Background

Suicide among Aboriginal and Torres Strait Islander people is significantly higher than in the wider Australian population. 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. 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 the evidence base about Aboriginal and Torres Strait Islander suicide and formally evaluate the effectiveness of existing suicide prevention services nationally.

A final report will be provided to the Minister for Indigenous Affairs in mid 2016. Concurrently, a culturally appropriate Suicide Prevention Program Evaluation Framework will be developed and trialled. The Project is being undertaken by the School of Indigenous Studies at UWA, in collaboration with the Telethon Kids Institute and the national Healing Foundation. An aim of the ATSISPEP will be to establish a much needed evidence base of what works in Aboriginal and Torres Strait Islander suicide prevention.

In summary, ATSISPEP will:

• Undertake a review of the literature;
• Build on seminal reports;
• Collate significant Aboriginal and Torres Strait Islander consultations and subsequent reports in recent times;
• Undertake a statistical spatial analysis of suicide trends over ten years;
• Produce a compilation of resources and suicide prevention programs; and
• Develop 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, and by those which have been embedded in cultural practice and delivered for significant duration. With young people the most successful strategies have been using peers, youth workers and less formal community relationships to provide ways in which to negotiate living contexts and to connect them with their cultural values, care systems and identity.

The ATSISPEP Roundtables

As part of the Project, a series of Roundtables are being 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 ATSISPEP intends 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 has input, and that information gathered is contextualised from the community through representation at the Roundtables, and 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 researchers engaged in the Project process.

The Mildura Roundtable in regional Victoria, was the first community consultation held in early 2015. A further regional consultation has been held in Darwin. Subsequent to these regional Roundtables, additional community consultations will be held in Broome, WA, Cairns, QLD, 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.
As well as regional Roundtables, themed national Roundtables engaging Aboriginal and Torres Strait Islander youth, people identifying as lesbian, gay, bisexual, transgender, queer or intersex, (LGBTQI) and those involved in the justice system have also taken place and will provide valuable ‘front-line’ perspectives of the central issues involved for each of these groups. 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 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.

Recognising that there are even more vulnerable groups within Aboriginal and Torres Strait Islander groups, which is overall a vulnerable group, the Project will undertake to target identified vulnerable groups which include Aboriginal and Torres Strait Islander youth; those identifying as LGBQTI; and those involved in the penal justice system, in particular, those re-entering communities following incarceration. Other workshops and Roundtables will take 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. Other topical issues such as the role of clinical factors in suicide, and measuring suicide and self-harm will also take place.

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 on access to these programs, whether they consider they may be relevant to their communities and, if so, what would be needed to support effective implementation; and
- Determine where programs are already in use, what changes could be made to further improve them.
Section One: Roundtable Report Background

The aims of this Roundtable report are 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 focus on a holistic experience of mental and physical health, working through 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, 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 also necessary to coordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing, and third, it is necessary to build the evidence base on suicide prevention activities and dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records. 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:

• 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.
• 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 peoples. 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 to provide a focused discussion within the complexity of Indigenous experience.

Background Mildura Roundtable

The Mallee District Aboriginal Service (MDAS) co-hosted the ATSISPEP Roundtable in Mildura. This was seen as a positive event as participants felt that regional centres were not included as much as they should be. Participants reported that Aboriginal people are forgotten among the large urban masses. The 2011 ABS population data indicated Mildura as having a total population of 50,979 of which 1,837 (3.6%) are Aboriginal and Torres Strait Islander people (ABS, 2011). The Traditional Owners of the town area of
Mildura are the Latje Latje people and the Traditional Owners of the broader Mildura region include the Wergaia people. Nearby Traditional Owner groups include the Barkindji, Maraura and Kereinji peoples.

The local peoples of Mildura recognise the Latje Latje as the original inhabitants of Mildura and in the language of the Latje Latje, Mildura is taken to mean ‘red earth’. Mildura, which rests along the banks of the Murray River, is the driest and hottest region of Victoria.

The MDAS provides a range of services including employment, family welfare, health care, housing and accommodation. They are also involved with youth justice and youth services. The MDAS therefore has a broad range of understandings and first hand knowledge of its communities. The MDAS reported high rates of youth and adult unemployment, intergenerational poverty and dysfunction, high rates of unnatural deaths and high rates of self-harming. The MDAS reported high rates of psychological distresses particularly among its young people and young families, and low levels of secondary school completion. The MDAS, other service providers and stakeholders were appreciative of the opportunity for the Aboriginal people of the Mildura region to be heard through the ATSISPEP Roundtable and to discuss the challenging local issues and to discuss effective responses and the improvement of coordination of responses.

Figure 1: Map of Mildura Region, Victoria (Australian Bureau of Statistics).
Section Two: Roundtable Voices

The Roundtable was held at MDAS in Mildura with a total of 17 people attending. The age range of participants was between 30-65 years with the majority falling in the 40-65 category. The gender balance was almost equal with nine males and eight females. Participants came from a diverse range of occupations and backgrounds including government workers, police, ambulance workers, a psychiatrist, drug and alcohol workers and community controlled health workers. The majority of participants were of Aboriginal and Torres Strait Islander descent.

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 people’s health and 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 works in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What hasn’t worked in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What strategies to support communities to address Aboriginal and Torres Strait Islander suicide prevention would be appropriate?

The transcripts from the Roundtable discussion were analysed by 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 via Excel. The emerging major themes included:

- The Impact of Racism;
- Education and Employment;
- Substance Misuse;
- Trauma;
- Issues Around Incarceration; and
- The Need for Locally Identified Solutions.
The Impact of Racism

Roundtable participants expressed views that racism has become intertwined with significant impacts on the identity of Aboriginal and Torres Strait Islander community members and that racism is particularly intertwined with socioeconomically disadvantaged families and individuals. Historical influences have continued in prevailing racism but for the disadvantaged, and those who live in marginalised circumstances, racism is an even more significant factor. It compounds existing traumas that widen the divide between Aboriginal and Torres Strait Islander peoples and the rest of the community. Participants felt that racism plays a significant role in distress and trauma and creates psychological barriers. Participants felt strongly that racism needs to be addressed by programs that encourage healing, resilience, positive wellbeing, community engagement and strong leadership.

Participants expressed the view that families and individuals need to be motivated and encouraged towards a journey of recovery from the impacts of racism and further motivated to build resilience against racism. Culture is seen to be central to identity, and increasing positive social engagement among community members is an important protective factor, building resilience and developing culturally secure environments. Participants felt that Aboriginal and Torres Strait Islander people living in socially disadvantaged neighbourhoods are vulnerable to racism, displaced/internalised anger, low self-esteem and low expectations. Governments can work in partnership with communities but they should work towards encouraging communities themselves to develop programs appropriate to the needs of their community in order to optimise effective outcomes.

Participants’ comments included:

*The recognition of self in terms of identity is a huge risk issue. We need to take pride in ourselves, we need cultural education and cultural continuity* (Mildura Roundtable Participant).

*Disempowerment in terms of identity is a huge risk issue* (Mildura Roundtable Participant).

Education and Employment

Participants felt strongly that education is vital to improving the immediate circumstances and future prospects of Aboriginal and Torres Strait Islander children. Participants felt that more needs to be done particularly in secondary schools to support disadvantaged Aboriginal and Torres Strait Islander youth. The experience of primary
schooling was seen in a culturally secure context for young Aboriginal and Torres Strait Islander children, but this is not maintained in the transition to secondary school. The mentoring that contributes to the social and emotional wellbeing of children during primary school is reduced because of the multiple settings of secondary schooling, which include a different teacher for each study unit.

Participants felt that education providers should establish culturally secure settings, improve mentoring capacity and provide services to disadvantaged students. Participants stated that teenage years were the most vulnerable period for disadvantaged Aboriginal and Torres Strait Islander youth. Many youth are vulnerable to negative peer pressure, lateral violence, self-destructive behaviours, alcohol and substance misuse, truancy and violence. Participants described education as the pathway to employment and therefore disruptions such as lack of attendance at school, consequent poor performance at school and lack of regular mentoring are seen as primary factors to disconnecting youth from the pathway to educational success and high levels of employability.

Families were seen as key in educational success, however, some families required assistance to strengthen the potential for youth to succeed at school and in securing strong prospects for future employment. Some participants stated that dysfunctional families were known to the community and should be identified for immediate assistance. Participants stated that these families would welcome support and assistance, and that these parents want their children to do better than they have, to break the cycle of poverty and unemployment they endure. Government could resource support and mentoring to be available, and to occur regularly and adequately.

There was a need for cultural competence and safety in schools, particularly in early childhood education and in the workplace. They identified cultural competence and safety as important to trust building and this would contribute to effective outcomes.

Participants’ comments included:

*Primary school is for many children there most stable place in life, it is continuous. So how do you factor this into High School. We must target that last year of Primary School and the first year of High School. Sport and activities are transitional areas but also mentoring. Clontarf offers this vehicle* (Mildura Roundtable Participant).

*We must also recognise that today we also have a lot of Aboriginal kids doing well at High School but that a lot of others are not. We need to look at why it so for many but not for many others* (Mildura Roundtable Participant).

*Many of our children are not in the care of their parents but are looked after by the grandparents, and there are also children who are just looking after themselves and their siblings* (Mildura Roundtable Participant).
We know that Primary School is important to Aboriginal children. Often for many this is their mothering. Teachers mother primary school students but when they go to High School they are lost because that mothering in primary school is gone. In High School there is a teacher for each subject, whereas at Primary School there’s one teacher for the whole year. When they transition between Primary and High Schools they are often lost, they are at risk in the transitioning. We need to build something to support them in transition. We need mentoring, to strengthen the positive influences around them (Mildura Roundtable Participant).

We only have to look to the Clontarf program that started in WA at Clontarf School, a program that does work and keeps students in school and succeeding at school. The mentoring within the Clontarf program ensures a higher rate of school completions and quality learning. You can’t play sport if you do not attend school and do well (Mildura Roundtable Participant).

**Substance Misuse**

While substance misuse was seen as a problem in the community, discussions focused upon the underlying factors. Participants stated that it was critical the immediate underlying factors leading to alcohol and substance misuse be addressed. These in turn were seen as leading causes of violence and self-harm. Many families are one parent families, or children are in the care of extended families already coping with many societal and living cost pressures. They argued that there needs to be a focus on the young and on their engagement with social education and activities. It was felt that an increasingly significant proportion of youth are losing respect for themselves, their families, community, culture and their historical identity. Programs are needed to deal with the varying degrees of disconnection and low expectations of life. Multiple programs are needed for multiple settings but need fundamental elements of healing and leadership to be part of these.

Participants felt that individuals who presented before the criminal justice system because of behaviours resulting from alcohol and substance misuse would be better served with supportive assistance, counseling and mentoring as opposed to punitive measures. Alcohol and substance misuse were considered as ‘high risk tipping points’ for self-harm and suicide. Participants expressed the view that supportive interventions rather than punitive measures would best serve to reduce psychological distresses and encourage protective factors.
The following comments illustrate this concern:

*My family has been personally touched by suicide. Far too many of our families have been touched by suicide. I have been working in drugs and alcohol for seven years* (Mildura Roundtable Participant).

*There are specific risk families we are aware of – with two, three generations of family violence, drugs, and alcohol. We need to establish our focus on the children in particular families and groups as we may not be able to change the underlying issues for the parents, but we can change this possibly for the kids* (Mildura Roundtable Participant).

*Past trauma is at moderate risk levels whereas lack of employment and education opportunities are higher risk factors* (Mildura Roundtable Participant).

**Trauma**

Participants felt strongly that trauma – intergenerational and situational – was becoming ‘normalised’ among Aboriginal and Torres Strait Islander youth. The transfer of inter-generational trauma was compounded by exposure to racism and that it was leading to anger, substance misuse, violence and domestic violence and incarceration. Participants felt strongly that the overcoming of challenges in dealing with trauma were becoming insurmountable unless Governments recognised the urgent need to adequately fund programs that guide, motivate and empower youth, that build strong and resilient identity, and that such empowerment drew on cultural underpinnings.

Participants stated that families where certain levels of violence occurred, where disputes and disorderly behaviours led to the police being called in could have other more constructive options. Instead of detainment and convictions, culminating in family separations and high levels psychological distress, families could be best served with regular support, assistance and where necessary, encouraged to engage with healing initiatives.

Housing issues, which include overcrowding, homelessness and itinerancy were considered as contributing to, and compounding, trauma. This results in family dysfunction, higher rates of despair and provides poor role models to children. Peer pressure and bullying were identified as risk factors in overcrowded environments.

There was condemnation of the inadequacies of services that were available. While the inadequacy of services was not considered a significant issue alone, the concerns centred around the lack of services that could help families. This lack of appropriate services was seen as a adding to risk factors, and ultimately contributing to self-destructive behaviours and suicide.
Concerns about trauma and lack of appropriate services included:

There are many high risk groups, invisible ones. We have pregnant mothers who hide their pregnancy so they are not put on potential child removal lists. If we do not know about them we cannot assist them. Trauma is everywhere among our people. They’re scared (Mildura Roundtable Participant).

There are also suicides that would not occur if sociocultural determinants were addressed – for instance - housing (Mildura Roundtable Participant).

A lot of the time people are reluctant to come and talk to others about what’s wrong (Mildura Roundtable Participant).

We are not funded to resource enough time with people to get them to speak. Some take more than six months to start opening up (Mildura Roundtable Participant).

We had a critical incidence response program to distress which is not being resourced, we had twenty people in Mildura ready to respond, who have in the past, but are not being resourced now (Mildura Roundtable Participant).

Clinical mental health services do not spend enough time with Aboriginal people. Aboriginal patients have shorter stays in hospitals (Mildura Roundtable Participant).

Funding is the key, we need funding to address the key issues. Housing problems, homelessness issues are not being addressed. We need to listen to communities about their needs and we need to respond to what we hear (Mildura Roundtable Participant).

**Issues Around Incarceration**

Participants felt that punitive outcomes did not best serve families and community, and that low level offending could be addressed and imprisonment avoided by Government funded community based programs that encouraged participation in education and engaged individuals in social community projects and leadership building programs. The rates of Aboriginal and Torres Strait Islander juvenile detention and incarceration in Victoria and NSW are significantly lower than in South Australia, the Northern Territory and Western Australia, nevertheless, they are considerably higher than the non-Indigenous populations. Participants felt strongly that juvenile detention and young adults being incarcerated would inevitably lead to more dysfunctional and fractured lives.

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The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)15
Participants' comments included:

_Universally, before the moment someone decides to suicide, it is because of a basic sense of hopelessness – such as cancer, shame, alcohol, and jail. There is a deep sense of hopelessness. Even if this hopelessness is not true, it is what they see at the time_ (Mildura Roundtable Participant).

**The Need for Locally Identified Solutions**

Participants expressed the view that the underlying principle of community development and empowerment is the ownership of identifying risk and protective factors, and of consequently developing community owned solutions. Aboriginal and Torres Strait Islander social and emotional wellbeing and capacity strengthening can only be understood if they are defined through an Aboriginal perspective. Ownership of the entire process from identifying the issue, developing initiatives and the implementation of these is enacting self-determination, a protective factor in itself. Ensuring that the community identifies, owns and drives the solutions will lead to the community becoming empowered. Participants felt that empowerment and healing can only be enabled when people are allowed and encouraged to take greater control of their life and of their roles in community.

There was a strong opinion that if not undertaken with the community at all levels, well-meaning attempts by Governments to reduce self-destructive behaviour, self-harming and suicides could actually result in undermining protective factors such as localised community governance and a strongly embedded Aboriginal perspective. These negative outcomes increase psychological distress and risk factors.

Participants described the best value of cultural practices when it is relevant to contemporary settings. Culture and identity needed to be present in the everyday lives of those living in urban settings. Without diminishing historical identities and traditional knowledge systems, many practices could remain part of Aboriginal and Torres Strait Islander life. However, participants recognised that their urban communities are located in different settings as compared particularly to Aboriginal and Torres Strait Islander peoples living in remote communities. There was consensus that Aboriginal and Torres Strait Islander people should be able to navigate two cultural settings, their own and mainstream Australia, without having to surrender one or the other. Local people should define their contemporary identity and empower their expressions of identities that include elements of historical, contemporary and urban influences. Participants felt that strong cultural identity and understandings of their cross cultural settings are fundamental to Aboriginal and Torres Strait Islander health and wellbeing.
Participants’ comments included:

Local responses are imperative. Local responses fix local problems. When you remove the local responsibility and offset to expensive outside groups you reduce effectiveness and outcomes (Mildura Roundtable Participant).

When programs are defunded, cut, community loses faith in Government; we lose faith in having expectations, the hopes of communities crumble (Mildura Roundtable Participant).

Suicide and suicide prevention maybe complex but the response does not have to be complex. The best responses are the ones we keep simple (Mildura Roundtable Participant).

We have programs in Mildura and throughout Victoria, which work but are being defunded or have been defunded. School breakfast programs, healthy food is a huge driver to change but is being lost. Bus programs where we pick up children for school are being lost but which worked. Sponsoring programs to get children active and involved in connected ways, whether through sport or other activities, are being lost (Mildura Roundtable Participant).

It needs to be a community response (Mildura Roundtable Participant).

Suicide and suicide prevention maybe complex but the response does not have to be complex. The best responses are the ones we keep simple (Mildura Roundtable Participant).

Conclusion

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) commenced its suite of community consultations and roundtables around the nation with the Mildura Suicide Prevention Roundtable. The Mildura participants expressed appreciation at Mildura’s inclusion. Usually the town and surrounding region is missed out when national discussions occur about disadvantage, self-harm and suicide rates. However, the Mildura Roundtable also included wider demographical representation - participants travelled from the Ballarat and Bendigo regions. Often regions such as Mildura are not highlighted in national reports and in the national media because focus tends to be on the highest risk regions, such as the Kimberley, the Northern Territory and far north Queensland where suicide rates and self-harm are the highest in the nation. However, Mildura is typical of the majority of regional Australia where Aboriginal and Torres Strait Islander people live in disadvantage.
Mildura and the surrounding regions report disproportionate socioeconomic disadvantage, intergenerational poverty and the associated negative outcomes which are apparent when compared to non-Indigenous populations. This disadvantage and disparity has similar origins and underlying factors to the regions that report the highest disadvantage in the nation. Historical influences such as colonisation, which led to the dispossession of lands, forced dispersal of people and the forced removal of children are direct causes to the various inequalities and disparities. However, there are demographical differences and the context of urban populations differ to those living ‘on country’ in remoter regions and where there are significantly smaller populations. The cities and large towns are exposed to an urgency of influences and expectations that might not be as prevalent in remote communities. In the cities and larger towns it appears that there is less cultural safety and the navigation between two cultural settings is a daily experience and challenge. Therefore, racism in its all forms can be more pronounced and visible in the larger towns and urban masses.

Participants described education and employment are imperatives in addressing socioeconomic disadvantage, in ending intergenerational cycles of poverty and in reducing the disproportionately high juvenile detention and incarceration rates. However, despite the navigation of two cultural settings, the community solutions in the large towns and urban living Aboriginal and Torres Strait Islander peoples must be led by Aboriginal and Torres Strait Islander peoples. Locally devised and led solutions by Aboriginal and Torres Strait Islander peoples will have the best chance of producing effective outcomes. Participants stated that when Aboriginal and Torres Strait Islander people lead programs and services then you have changed someone’s life and are motivating others to follow. Local solutions and leadership also included developing a local Aboriginal and Torres Strait Islander workforce.

Participants expressed concerns about what they described as an inadequacy of Government funding, inadequate community-based services and programs and lack of cultural competence in existing mainstream services. Participants emphasised that community needs and issues differ from town to town and community to community. Therefore, local solutions also mean that local people must be identified as potential leaders to ensure community engagement, particularly of youth and to ensure that they participate in various mentoring programs and activities.

Participants were concerned by the fact that the large towns and urban populations have exposed disadvantaged Aboriginal and Torres Strait Islander peoples, particularly the youth, to destructive influences such as greater access to alcohol and drugs - particularly ‘city drugs’. Living in poverty in a society where one can see that others are advantaged creates feelings of anger that can lead to violence and poverty-related crime. Participants are concerned that if Governments do not comprehensively respond to the disadvantage that Aboriginal and Torres Strait Islander peoples and particularly their youth are exposed to, then another generation will live in poverty, disempowerment and human misery.
References


