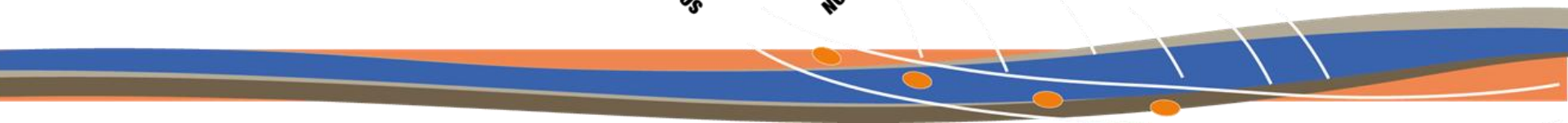


Aboriginal Torres Strait Islander Suicide Prevention
Evaluation Project

(ATSISPEP)

Shoalhaven Roundtable

Summary and Key Findings



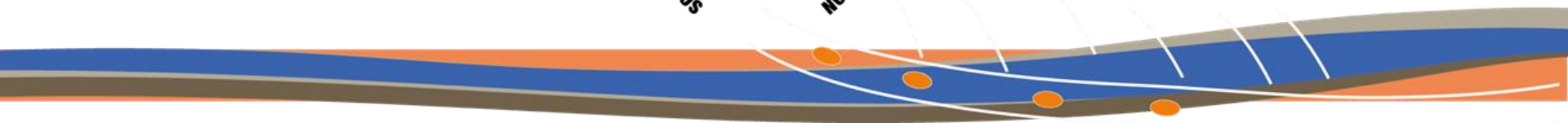
ATSISPEP Background

- Suicide among ATSI people is significantly higher than in the wider Australian population.
- ATSI 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 ATSI 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 ATSI 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.



ATSISPEP Background Cont.

- In response to the urgent need to address the high rates of ATSI suicide across Australia,
- Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), Funded by the Australian Government through the Department of the Prime Minister and Cabinet
- Establish the evidence base about Aboriginal and Torres Strait Islander suicide. And;
- Evaluate the effectiveness of existing suicide prevention services nationally.



ATSISPEP Background Cont.

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
- 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.



Roundtable Report Background

- 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 intends to utilise a community consultation methodology to affirm the results of the literature and program reviews and to seek further information.
- 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.



Shoalhaven Roundtable

Cultural history

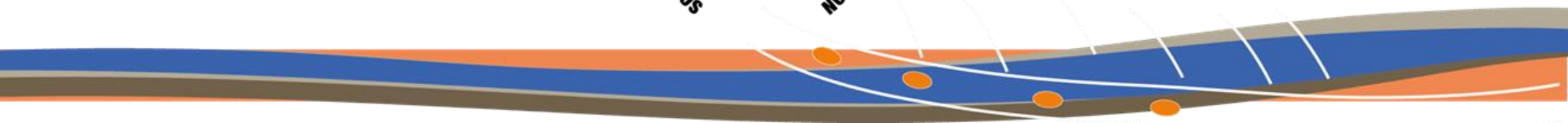
The traditional custodians of the Shoalhaven area are known as the Tharawal or Dharawal peoples whose language is known as Tharawal. Prior to colonization, the land was cared for by many communities and *'conservation of the natural environment was practiced and refined, alongside day-to-day utilisation of available resources* (Organ & Speechley, 1997). The culture was peaceful, egalitarian, artistic, respectful of women, skilled in medicine, and had a deep spiritual connection to the land (Organ & Speechley, 1997). The area was quite densely populated (Keen, 2004). Early records suggest that in 1820 there were about 3000 people in the Illawarra Shoalhaven area but colonisation decimated the population until there were only 89 in Wollongong by 1846 (Mitchell & Sherrington, 1984, cited by Organ & Speechley, 1997).



Shoalhaven Roundtable

Illawarra Shoalhaven Area

The Aboriginal population has increased considerably. According to the 2013 Illawarra-Shoalhaven Medicare Local population health profile, 49% of the Indigenous population are between 0-19 years old (Ghosh, McDonald & Marshall, 2013). In 2011, there were 10,763 Aboriginal residents in the Illawarra Shoalhaven area with 4,318 in the Shoalhaven which is 4.7% of the areas population, a higher than average rate of Aboriginal residents for NSW (NSW Government, 2012, p.8). The Nowra-Bomaderry region has an Indigenous population of 7% (Ghosh, Marshal & McDonald, 2013, p.15).



Shoalhaven Roundtable

Cont.

- As a whole the Illawarra Shoalhaven population is more socioeconomically disadvantaged than the rest of NSW and has poorer than average health, especially in Nowra. *According to the Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2020*
- Over the last decade, suicide rates and attempted suicide hospitalisation rates are consistently higher among the Illawarra Shoalhaven residents than the rest of NSW (25% higher hospitalisation rates' (NSW Government, 2012, p 17).
- Significantly, Aboriginal and Torres Strait Islander people in the *Illawarra-Shoalhaven area had 'more than double the crude hospitalisation rates in 2010-2011'* for such causes as 'mental and behavioural disorders' (Ghosh, McDonald & Marshall, 2013).



Shoalhaven Roundtable

- Twelve Indigenous community, risk group and subject-matter-specific suicide prevention Roundtable Consultations that took place across Australia over March 2015 – April 2016
- The Shoalhaven roundtable was the last of the 12 and was held in Nowra on 28th April 2016 hosted by the SCMSAC
- Why Nowra?
- Who attended?



Shoalhaven Roundtable

Participants were asked a number of questions and from the discussion.

The questions were:

1. What are the contributing factors (including protective factors) for the high rates of suicides in Aboriginal and Torres Strait Islander communities?
2. What works in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
3. What hasn't worked in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
4. Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)
5. What strategies to support communities to address Aboriginal and Torres Strait Islander suicide prevention would be appropriate?



Shoalhaven Roundtable

The emerging major themes included:

Incarceration and Justice Issues;

- Early intervention and prevention programs need to be resourced and implemented
- Participants expressed strong views supporting underlying principles of community empowerment approaches to successfully engage with at-risk community youth.
- Views that mainstream service providers fail to understand at-risk Aboriginal and Torres Strait Islander youth.
- Highlighted that processes needed to be undertaken which focus on supporting community leadership and ownership of the issues and vulnerabilities.



Shoalhaven Roundtable

Trauma: A Call for Early Intervention and Healing Strategies

- Trans-generational trauma and collective trauma were seen as significant issues that must be addressed in order to prevent a continuation of traumas
- Participants felt that this culminates in violence, substance misuse, frequent police interventions, incarceration and the 'normalisation' of these behaviours and situations
- there is a cycle of a complex issues culminating in family relationship breakdowns. Furthermore, the functions of the family often seemingly irreparably damaged. Participants reported that there was an urgency for early intervention assistance to families in order to keep them together and to ensure that the healthy functioning of the family are preserved.



Shoalhaven Roundtable

The Need for Self-determination at All Levels;

- Fundamental principles of self-determination were seen as central to changing the situation for Aboriginal and Torres Strait Islander people.
- Within every layer of community and at every stage of service provision and program delivery, there should be enacted principles that facilitate self-determination.
- Aboriginal and Torres Strait Islander self-determination can result in strong relationships, positive partnerships, equal positions in all layers of society.
- Participants defined self-determination as not only Aboriginal and Torres Strait Islander engagement in decision making, but also ensuring that initiatives are cultural appropriate - Self-determination was seen in a holistic context that encompasses physical, cultural and spiritual health and wellbeing.



Shoalhaven Roundtable

Aboriginal and Torres Strait Islander Workforce

- An Aboriginal and Torres Strait Islander workforce was seen as a powerful protective factor. As well as providing a meaningful life and income, employment could also lead to ensuring the centrality of Aboriginal and Torres Strait Islander identity and valuing people's local knowledge.
- Aboriginal and Torres Strait Islander participation into major health and mental health services harness protective factors that can connect the service provision to community needs



Shoalhaven Roundtable

Cont.

Aboriginal and Torres Strait Islander Workforce

- Participants expressed the view that the maximum number of community members in health and mental health and other workforce can contribute to a sense of power and hope for the whole community. In addition, this can have other positive results such as providing role models for children and youth.
- The lack of employment opportunities for Aboriginal and Torres Strait Islanders was raised by a number of participants and was seen as a cause for anxiety and stress.



Shoalhaven Roundtable

Lack of Funding

- Participants at the Roundtable felt that inadequate funding significantly undermined communities and their potential empowerment. Funding issues translated broadly as Governments not listening to Aboriginal and Torres Strait Islander peoples and to their issues, and subsequently not resourcing the right issues, services and programs.
- Participations expressed the view that funding issues were the most common barrier that stifled initiative and empowerment.
- It was felt that there was local knowledge as to how to address early intervention, however, funding is not available to implement and sustain much needed early intervention and prevention programs.



Shoalhaven Roundtable

Conclusion:

- Unaddressed traumas were burdening and exhausting families. This became an entrenched and continual cycle of trauma
- The accumulation of traumas was seen as increasing dysfunctional behaviour, substance abuse, offending, incarceration, and self-harm. Overall, it was felt that the community had dedicated itself to reduce suicides, but there were fears that these would once again increase.
- There was strong agreement that resources and funding are needed to provide early intervention and prevention.



Shoalhaven Roundtable

Conclusion:

- Fundamental issues of success in ensuring the wellbeing of a community were seen as processes that support self-determination. Participants proposed that the key feature to the success of any local program is community engagement – that is, that the community is involved from development to delivery
- The community should be involved from the beginning so that initiatives are community led, and so in the end there was power sharing that would lead to healthy and empowered communities.



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