ATSISPEP

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Shoalhaven Roundtable Report

Nowra, New South Wales

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The School of Indigenous Studies
The Poche Centre for Indigenous Health

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

Shoalhaven 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 Shoalhaven Roundtable was the last of twelve Roundtables conducted by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). Six regional suicide prevention roundtables were scheduled and concluded with the Shoalhaven Roundtable in Nowra. The other five Roundtables included Mildura, Darwin, Broome, Cairns and Adelaide. Three topical Roundtables about Youth, Lesbian, Gay, Bisexual, Queer, Transexual, and Intersex (LGBQTI) and Justice were undertaken and held in Canberra. The ATSISEP 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 held expert meetings with various individuals and stakeholders to discuss the need for critical responses, and for data and statistics, and clinical factors contributing to suicide.

The Shoalhaven Roundtable was attended by a comprehensive representation of the various stakeholders in suicide prevention and mental health. The 24 Shoalhaven participants recognised that there was a complex set of factors that contribute to the high self-harming and suicide rates. In recent years, the Shoalhaven region has reduced local suicide rate however self-harming and attempted suicide rates remain high. The participants recognised that socio-economic disadvantage, historical determinants and social and emotional wellbeing issues as contributing risk factors. Participants expressed the view that Government funding levels were inconsistent and inadequate and therefore contributed to lower than desired Aboriginal and Torres Strait Islander workforce.

Participants expressed concerns at the high levels of serious psychological distresses among their people through Shoalhaven communities. Participants reported that they felt that the high levels of serious psychological distresses, particularly among youth, was compounded by substance misuse. It was felt that positive work might be achieved by a community driven response during the last decade to reduce the suicide toll. However, this is always difficult to achieve and at risk with Government failing to adequately resource long-term support programs and services. Participants were frustrated at Governments mainly funding short-term programs which reach only small numbers. There were concerns that youth in particular are dependent on Aboriginal and Torres Strait Islander services, as well as upon their community groups and families and in order to meet their needs Governments need to increase funding and resources to services and community. There were concerns that youth are incarcerated in juvenile detention and adults in prisons at increasing rates. Overall it was felt that juvenile detention and incarceration experiences were a damaging and compounded existing traumas. For many this, leads to into more serious psychological conditions and dysfunctional behaviours.

Overall, participants reported that holistic community participatory approaches that includes mentoring with a focus on healing has contributed positively to reducing suicidal ideation and attempted suicides has been. Large and smaller service providers have developed and piloted leadership, healing and empowering programs that were positively regarded. In these, there has been a focus on addressing social inequalities and this was seen as having led to decreasing a sense of powerlessness and in turn developing and inspiring positive self perceptions. Participants reported that successful mentoring programs included respect for cultural identity, the development of communication skills, defining positive relationships — particularly in restoring family and community relationships.

Trans-generational trauma and collective trauma were seen as significant issues and these must be addressed in order to prevent a continuation of traumas. All ATSISPEP Roundtables saw unaddressed trauma emerge as a major theme. Social, emotional, mental, cultural and spiritual wellbeing were seen as pivotal to recovery.

The emerging major themes included:

- Incarceration and Justice Issues;
- Trauma: A Call for Early Intervention and Healing Strategies;
- The Need for Self-determination at All Levels;
- Aboriginal and Torres Strait Islander Workforce; and
- Lack of Funding.

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 by late 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:

- 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 durations. 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.

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 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 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 researchers engaged in the Project process.

The Mildura Roundtable in regional Victoria, was the first community consultation held in March 2015. Further regional consultation has been held in Darwin, NT (July 2015), Broome, WA (August 2015), and in Cairns, QLD (October 2015). Subsequent consultations and Roundtables were planned for 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 topical national Roundtables engaging Aboriginal and Torres Strait Islander youth, people identifying as LGBQTI 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 have reinforced the initial findings of the literature review and preliminary data analysis and demonstrated the complexities involved in identifying vulnerable groups in the community.

The purpose of the Roundtables 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.

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 on 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 other issues such as the role of clinical factors in suicide and suicide prevention, as well as voices and perspectives of those with lived experience is being planned.

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 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 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:

1. To ensure that the voices of the community are valued;
2. To ensure ownership of the issues analysis and conclusions;
3. To ensure that new insights are recognised;
4. To connect the voices of the community directly to evolving policy wherever possible and appropriate; and
5. 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. It has yet to be released by the Department of Health. 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 co-ordinate 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.

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 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 and provide a focused discussion within the complexity of Aboriginal and Torres Strait Islander experience.

Shoalhaven Roundtable Background

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 (Orgon & 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).

New South Wales

The health inequality between Aboriginal and Torres Strait Islander people and non-Indigenous people is well documented. Nationally, Indigenous Australians were hospitalised 2.4 times more than non-Indigenous people between 2014 and 2015. Moreover, it has been found that Aboriginal and Torres Strait Islander people wait on average for a significantly longer time to be admitted to hospital for elective surgery, '43 days and 36 days respectively' (AIHW, 2016). The state of NSW has the third highest Australian Indigenous death rate compared to non-Indigenous death rate. The disparity between Indigenous and non-Indigenous death is highest in the NT, and second highest in W.A. Further, the mental health of NSW Aboriginal and Torres Strait Islander people reflects national trends and is of concern. During the same period, hospital separations for rehabilitation care and palliative care for Indigenous people were significantly higher in NSW compared to the rest of the nation (AIHW, 2014). This data suggests a national health crisis for Indigenous Australians in NSW between 2014 and 2015.

There is evidence that Indigenous Australians are over-represented in the criminal justice system in NSW. Aboriginal and Torres Strait Islander people in NSW are incarcerated at 11 times the rate that non-Indigenous people are, and as of June 2015 Aboriginal and Torres Strait Islander people consisted of 28% of the adult prisoner population (2,846 prisoners) in NSW (ABS 2015). Aboriginal and Torres Strait Islander people with complex needs are significantly over-represented in the criminal justice system of NSW. They have experienced more out-of-home-care (removal from family) as infants and children, have more contact with police and are put into custody at significantly younger ages, are incarcerated at higher rates and more frequently (Baldry, et. al., 2015). Following the national trend Aboriginal and Torres Strait Islander people in NSW do not have access to good services. This in particular was mention by Baldry et al. 'The needs of Indigenous people in the cohort emerge as particularly acute and poorly serviced by past and current policy and program approaches' (Baldry, et. al., 2015).

In social justice, Aboriginal and Torres Strait Islander statistics are concerning. Compared to the NSW non-Indigenous population, Aboriginal and Torres Strait Islander people are incarcerated at much higher numbers. As of June 2015 Aboriginal and Torres Strait Islander people consisted of 28% of the adult prisoner population (2,846 prisoners) in NSW. Aboriginal and Torres Strait Islander people with complex needs are significantly over-represented in the criminal justice system of NSW. They have experienced more out-of-home-care (removal from family) as infants and children, have more contact with police and are put into custody at significantly younger ages, are incarcerated at higher rates and more frequently (Baldry, et. al., 2015). Following the national trend Aboriginal and Torres Strait Islander people in NSW do not have access to good services. This in particular was

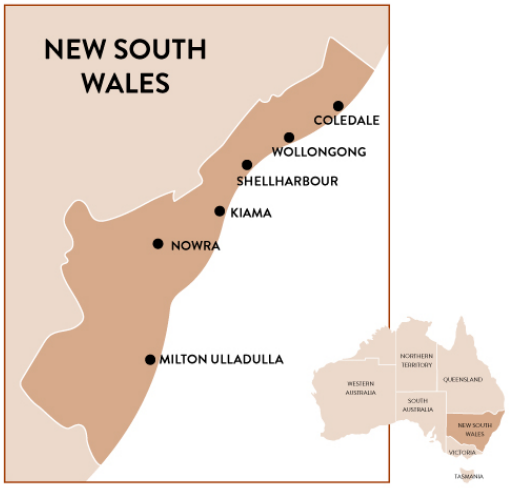
mention by Baldry et al. '*The needs of Indigenous people in the cohort emerge as particularly acute and poorly serviced by past and current policy and program approaches'* (2015, p. 10).

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).

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 '*[o]ver 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, Aborginal and Torres Strait Islander people in t*he 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).



Section Two: Roundtable Voices

The Shoalhaven Roundtable had twenty-four participants, nineteen of which were Torres Strait Islanders and five who were non-Indigenous. Eleven women and thirteen men attended. The ages of the participants spanned from around thirty to sixty-five with twenty-one participants aged forty and older. Participants included the CEO's of Aboriginal and Torres Strait Islander Land and Sea Councils, legal services, medical services, mental health practitioners, social workers, physicians, suicide prevention managers and responders, psychologists and community Elders. One non-Indigenous person attended from the office of Prime Minister and Cabinet, Canberra, and one Aboriginal and Torres Strait Islander from the regional office of the same.

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 revention would be appropriate?

The transcripts from the Roundtable discussion were analysed by four 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:

- Incarceration and Justice Issues;
- Trauma: A Call for Early Intervention and Healing Strategies;
- The Need for Self-determination at All Levels;
- Aboriginal and Torres Strait Islander Workforce; and
- Lack of Funding.

Incarceration and Justice Issues

The rates and impacts of incarceration has been a strong theme at all ATSISPEP Roundtables and that early intervention and prevention programs need to be resourced and implemented. 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. Participants expressed strong views supporting underlying principles of community empowerment approaches to successfully engage with at-risk community youth. Further, there were views that mainstream service providers fail to understand at-risk Aboriginal and Torres Strait Islander youth. Of great importance was that processes needed to be undertaken which focus on supporting community leadership and ownership of the issues and vulnerabilities.

> *In my role as a [worker] in the [justice system], I find someone attempts suicide, well this is daily the suicide attempts. The other day I had a guy who slashed up in the prison clinic and for it's not how we should respond but how to prevent. The focus needs to be on prevention. The rate of attempted suicides in prisons is very high* (Shoalhaven Roundtable Participant*).*
>
> *There is far too many of our people with mental health issues who are instead of being treated and helped are being incarcerated* (Shoalhaven Roundtable Participant*).*
>
> *There is little for anyone to look forward to when coming out of jail. There is a lack of transition into education and work for those coming out.* (Shoalhaven Roundtable Participant*).*

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. A broad range of issues impacts upon families and 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. Participants agreed with the view, '*We need resources and assistance to be able to assist parents to overcome their own issues and to learn to be better parents'*. Shoalhaven Roundtable participants felt concerned that where trauma is not addressed then that parents will fail to the parents *they would want to be.*

> *There is the substance abuse, the homelessness, the incarceration, these are the big issues* (Shoalhaven Roundtable Participant).
>
> *I found my mum hanging from a tree, so suicide is something pretty close to home for me* (Shoalhaven Roundtable Participant).
>
> *There are so many different issues. Some of the Stolen Generations had a lot of trauma and then came the self-harming and to this day we are impacted by the trauma* (Shoalhaven Roundtable Participant).
>
> *All people deal with change and some cope better than others but for Aboriginal people we deal and deal and deal with layers and layers and layers of grief and loss and death and change after change after change, trauma after trauma* (Shoalhaven Roundtable Participant).

My uncle who was only 14 years old took his life, suicided. In my work now we receive about two or three calls a week it's a highly distressed individual. *We need recovery models for people and to involve partners with the health mob* (Shoalhaven Roundtable Participant).

I can still remember the boy hanging from the Telstra tower. The boy who hung himself from the tower was visible for a number of hours to the locals… The Telstra tower hanging has left a traumatic memory into the people of the region (Shoalhaven Roundtable Participant).

My uncle committed suicide… There were no evident signs, just no signs. There was anger and grief for us. To see all that was distressing but it's common (Shoalhaven Roundtable Participant).

There were three young ones who made a suicide pact. We lost one, and had to intervene to save the others. I am passionate about early intervention and that is in terms of prevention. We have got to go straight to the trauma and start on the healing (Shoalhaven Roundtable Participant).

We as a community had two very public suicides, from the Telstra tower. I was called in by the coroner to help with debriefing the community's young people who had gathered around the tower. The boys who hung themselves from the tower in those incidents were known by my children. There was an effect on all of us, on me and it was significant (Shoalhaven Roundtable Participant).

It cannot be understated that generations of trauma are passed down and the only thing that we do is to respond to the worst of the traumas when they play out in society instead of early intervention and healing strategies (Shoalhaven Roundtable Participant).

There are extremely high levels of abuse; physical, sexual and emotional — and the educational campaigns are not there. The programs are not there. We need to help instead of punishing (Shoalhaven Roundtable Participant).

Family separation is huge because family is all we have to cling to. Marriage breakdown is traumatic for us and too many of us are rearing families as single parents (Shoalhaven Roundtable Participant).

Sexual assault is on the increase and goes on. We have to stand up to it as families and as a society and as service organisations (Shoalhaven Roundtable Participant).

Healing that gets rid of guilt is important to people to move on (Shoalhaven Roundtable Participant).

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. The provision of the suite of necessary responses to issues affecting Aboriginal and Torres Strait Islander peoples was seen as essential. Within every layer of community and at every stage of service provision and program delivery, there should be enacted principles that facilitate self-determination. Participants expressed the view that Aboriginal and Torres Strait Islander self-determination can result in strong relationships, positive partnerships, equal positions in all layers of society. Ultimately, this can result in empowerment of present and future generations. 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.

Self-determination was seen as the major mechanism to empower community and to galvanise a sense of community cohesion.

Participants discussed successful initiatives such as the Yarrabah model. The Yarrabah suicide prevention model came out of the Yarrabah Family Life Promotion Program which was created in response to the high rate of suicides in the community (AIHW & AIFS, 2013). The Yarrabah model is a Personal Helpers and Mentors service which:

- Aims to provide increased opportunities for recovery for people whose lives are severely affected by mental illness;
- Takes a strengths-based, recovery approach; and
- Assists people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is impacted because of a severe mental illness.

A Personal Helper and Mentor:

- Helps participants to better manage their daily activities and reconnect to their community
- Provides direct and personalised assistance through outreach services
- Provides referrals and links with appropriate services such as drug and alcohol and accommodation services
- Works with participants in the development of Individual Recovery Plans which focus on participants' goals and recovery journey
- Engages and supports family, carers and other relationships; and
- Monitors and reports progress against each participant's Individual Recovery Plan (PHaMs Yarrabah (2016).

> *We ran a project on the Yarrabah model to respond to suicides and to all the issues that lead many of our people to suicide. We derived culturally sensitive services and we needed this particularly within the health services* (Shoalhaven Roundtable Participant).

The need for culturally appropriate programs was seen as countering the many negative social determinants that people live with.

> *When you are told you are second-class you begin to believe it. When you are begrudged support and resources you begin to feel at a loss* (Shoalhaven Roundtable Participant).

> *Historically we have been culturally dislocated and this affects our identity today. We need more focus on our heritage and culture and who we are* (Shoalhaven Roundtable Participant)

The Need for an 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. 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. Further, high levels of local peoples in the workforce can make services better, not only in building empowerment, but contributing towards effective service partnerships and overall community capacity building.

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.

> *We started from very humble beginnings but have grown to 90 staff… Some seventy per cent of our staff is of Aboriginal descent and we are the largest employer of Aboriginal people in the south coast* (Shoalhaven Roundtable Participant).

> *Prevention is better than cure. We need more of our people to develop the skills that go with understanding and dealing in social and emotional wellbeing* (Shoalhaven Roundtable Participant).

> *Losing a job can be like the end of hope. Getting another job for a Blackfella is not as easy for Whitefellas* (Shoalhaven Roundtable Participant).

> *Our people are not being employed in the numbers that they should be and especially in the services that are set up to respond to our people* (Shoalhaven Roundtable Participant).

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. Overall, it was perceived that bureaucracy failed to understand communities and that bureaucracy lacked cultural incompetence. It was seen as insensitive and failed to communicate with community as respected equals -in 'a two-way street'. People expressed anxiety and stress or the 'the uncertainties' they feel when engaging with bureaucracy.

I work in mental health and I can tell you that the suicides are less that underneath all this everything else is not going all that well. We have many people attempting, with self-harming, ideating, the issues are building, growing and we cannot secure the levels of funding needed to respond to these issues, to address them (Shoalhaven Roundtable Participant).

We need to know what works and secure funding around this because right now funding is being cut and it's crippling us (Shoalhaven Roundtable Participant).

We are running ourselves into the ground. Many of us are burning out (Shoalhaven Roundtable Participant).

Funding is the big one. It's just not there at the levels that it should be and especially for Aboriginal organisations (Shoalhaven Roundtable Participant).

Conclusion

The overarching themes that came from the Shoalhaven Roundtable were fears that 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. Fundamental issues of success in ensuring the wellbeing of a community were seen as processes that support self-determination. Further, local services were well placed for providing employment and these could increase their workforce with local Aboriginal and Torres Strait Islander peoples. 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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