

**Working together to  
stop Aboriginal suicide  
and self-harm  
in Western Australia**



**Notes on the artist and his work:**

Aboriginal artist Barry McGuire (Mullark).

Mullark is a name given to Barry by his mother and family because of his strong likeness to his grandfather who was also known by that name.

***'Silent Figure'***

The figure in this work represents a young person who feels lost and alone. The small dots symbolize the family and community who care for the young person. The larger dots represent the organisations and programs that are set up in the community to support the young person and families. Together the dots represent comfort and care for the person in need.

1998 Report to

The Hon. Kevin Prince MLA LLB Minister for Health

from the

Youth Suicide Advisory Committee

**Recommended Policy and Programs  
for Preventing Suicide and Suicidal  
Behaviour among Aboriginal Youth  
in Western Australia**

## **FOREWORD**

The Across Government Policy and Programs for Preventing Suicide among Aboriginal Youth in Western Australia was developed through community consultation by an Aboriginal working group of the WA Youth Suicide Advisory Committee and presented to the (then) Minister for Health, the Hon Kevin Prince, MLA in February 1998.

After consideration by State cabinet, it was endorsed as Government policy and launched at Derbarl Yerrigan in December 1998 by the Hon John Day, MLA (Minister for Health).

During 1999, the Health Department of Western Australia and the Aboriginal Affairs Department jointly supported and coordinated the implementation of the policy recommendations through the establishment of an intersectoral working party comprising State and Commonwealth government agencies and Aboriginal community representatives concerned with Aboriginal youth suicide issues.

The interagency group now provides direction and ongoing support to progress and coordinate youth suicide prevention initiatives across Western Australia. Its membership includes senior representatives of:

- Health Department of WA (HDWA)
- Aboriginal and Torres Strait Islander Commission (ATSIC)
- Aboriginal Justice Council (AJC)
- WA Aboriginal Community Controlled Health Organisations (WAACCHO)
- The Youth Suicide Advisory Committee (YSAC).

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## 1. INTRODUCTION

The ability of families, schools and communities to rear children successfully is supported by the social, emotional, spiritual and cultural well being of the whole community. For indigenous communities in Western Australia, this ability has been significantly affected by the history of the State's colonisation since 1829 and more recently, by the detrimental effects on individuals and families resulting from the forced removal of children from their parents.

The 1997 Human Rights and Equal Opportunities Commission report *Bringing them Home* highlights how a critical part of the process of overcoming the wrongs of the past is the continuing need to strive for the effective development of preventive mental health (well-being) services. These services promote resiliency and hope for Aboriginal young people and their families and are restorative of the health and well being of the communities in which they live. An acknowledgement of the way in which contemporary social and economic conditions experienced by Aboriginal West Australians has been an outcome of these historical events is fundamental to the development of a comprehensive strategy to prevent suicidal behaviour among the Aboriginal young people of this State.

### 1.1 Why policy and programs are needed

- *The rate of suicide among WA Aboriginal youth is double that of their non-Aboriginal counterparts (see Appendix 1).*
- *Reports from Aboriginal groups indicate that deliberate self-harm and other suicidal behaviour among Aboriginal youth appear to have increased substantially over recent years.*
- *There have been a number of WA Aboriginal deaths in custody during 1996 and 1997 after a period of several years when no cell deaths occurred.*
- *Despite WA having implemented Statewide youth suicide prevention strategy since 1989 there has not yet been a systematic effort to address the specific issues of suicidal behaviour among Aboriginal youth.*

The need for policies and programs to reduce suicidal behaviour and to address mental health issues in the Aboriginal population has also been highlighted in several recent key reports. These include:

- *National Report: Overview and Recommendations; Royal Commission into Aboriginal Deaths in Custody (Johnstone E, 1991).* This report called for steps to be taken immediately to address the mental health and social difficulties associated with the disadvantage and unequal position in which Aboriginal people find themselves in Australian society, socially, economically and culturally.
- *Reports of the Aboriginal and Torres Strait Islander Social Justice Commissioner (Dodson P, 1993, 1994, 1995, 1996).* These reports review the progress of the implementation of recommendations of the RCADC.

- *Ways Forward: National Consultancy Report on Aboriginal and Torres Strait Islander Mental Health* (Swan & Raphael, 1995). This report sets out broad objectives for all Governments in the area of indigenous mental health. It highlights the need for indigenous mental health services to be based on a mental health promotion and prevention model, to emphasise the primacy of indigenous empowerment and self-determination, and the adoption of an holistic approach to Aboriginal health. This report also identified 'trauma and grief' as among the most serious, distressing and disabling issues facing Aboriginal people, both as a cause of mental health problems and as major problems in their own right. It also draws attention to the intergenerational effects of the forced separation of children as a major factor needing to be addressed in developing mental health services for indigenous populations.
- *Report of the Task Force: Task Force on Aboriginal Social Justice* (Daube, M 1994). This report reviewed the activities of the Government of Western Australia in relation to the social conditions and developments of Aboriginal people. It also reviews the recommended strategies for the implementation of Government programs in health, education and training, economic development, housing, community welfare, land issues, community attitudes, justice and law enforcement and programs for Aboriginal young people.
- *Bringing them Home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families* (Human Rights and Equal Opportunities Commission 1997). This report makes specific recommendations concerning the funding and coordination of services and programs for indigenous preventive and primary mental health (well-being) services, health professional training, mental health worker training, parenting and family well-being services and preventive mental health programs in prisons and detention centres.

## **1.2 The organisational context for Aboriginal youth suicide prevention**

The following recommendations for policy and programs to prevent suicide and suicidal behaviour among Aboriginal youth in Western Australia have been developed by the WA Youth Suicide Advisory Committee (YSAC) in consultation with a range of Aboriginal individuals, groups and organisations (see Appendix 2).

The overall goals and the proposed policies and programs are consistent with the Mental Health Plan for Western Australia (1996) and its recommendations concerning Aboriginal mental health and suicide prevention in the general population. They also complement the State's existing youth suicide prevention policies and the National Youth Suicide Prevention Strategy.

The development and implementation of the proposed recommendations will need to take account of the framework agreements between State, Federal and community-controlled health organisations for the development and delivery of mental health (well-being) services for Aboriginal people.

## 2. PROGRAM GOALS

Four overall goals for Aboriginal Youth Suicide Prevention are proposed:

- *To prevent both fatal and non-fatal suicidal behaviour among Aboriginal people aged 25 years or less.*
- *To reduce the impact of suicide and suicidal behaviour on individuals, families and communities.*
- *To improve access and availability of appropriate prevention services for vulnerable youth groups and high-risk individuals.*
- *To encourage the development of Aboriginal family and community networks to support young people at risk and to promote their resilience and emotional well-being.*

## 3. STRATEGIES FOR PREVENTION

### 3.1 Aboriginal perspectives and local knowledge

To be effective, preventive strategies must be informed by Aboriginal knowledge of local issues, cultural factors and the particular needs of specific communities. A process of ongoing consultation with Aboriginal community groups and organisations is essential to ensure that there are appropriate avenues for parents and young people affected by suicide or self-harming behaviour to make their needs known and to facilitate the availability and utilisation of prevention and treatment services.

### 3.2 A public health framework

The YSAC has developed its prevention strategy using a public health framework. This is consistent with emerging scientific knowledge regarding effective strategies for injury prevention and the promotion of health and mental health in children, adolescents and young people. This approach has a proven track record for the coordination of multi-sectoral effort to address complex social and medical problems such as the HIV/AIDS epidemic.

To achieve the program goals, research has shown that effective strategies for prevention are aimed at reducing risk factors, enhancing protective and resiliency factors, or both.

#### 3.2.1 Reducing Risk Factors

The key to effective prevention is identifying modifiable risk factors associated with suicidal behaviour. Risk factors can be individual or environmental. Specific risk-reduction objectives are:

- To change direct suicide risk factors. These include suicide attempts, suicide thought, and exposure to suicide.
- To change the related risk factors. Chief among these are depression, substance abuse, exposure to domestic violence and/or child abuse, early school leaving, experience of discrimination and unemployment.

- To change risk factors in youths' environments. This includes educating service providers, the general public and parents, in particular, to understand youth suicidal behaviour; to remove barriers to treatment and prevention services; and to be appropriately responsive to the vulnerable youth they know.

Risk reduction objectives include identifying the risk factors common to high-risk groups and those that are specific among individuals with high suicide risk. Once the risk factors are known, prevention strategies are aimed at reducing them among the individuals and in the environment. Changing the affected individuals is only one avenue to youth suicide prevention; equally important is the ongoing need to bring about changes in the social conditions of all Aboriginal youth.

### **3.2.2 Enhancing Protective Factors**

The second major avenue for reducing suicidal behaviour is to enhance resiliency among all Aboriginal youth. This is because resiliency factors offer protection to individuals against suicidal thoughts and behaviours. Protective factors can be social or personal.

- Social or environmental protective factors assist at risk populations and high-risk individuals to cope better when faced with serious crises or vulnerable times. Most important of these is being surrounded by a network of caring and supportive family and friends. Key protective factors include a healthy physical environment, positive school experiences and the availability of social, cultural, spiritual and emotional support within the community.
- Personal resources also provide resiliency and protection against suicidal behaviours. A sense of cultural and spiritual identity, a strong sense of self-worth, decision making life-skills, a belief in one's ability to handle life's problems, and a positive view of the future are known protective factors.

It should be stressed that effective suicide prevention programs aim to enhance resiliency and existing strengths – not just for Aboriginal children and youth, but also in their networks of close friends, family, school and community. Targeting both risk and protective factors is seen to be critical in reducing the potential for fatal and non-fatal suicidal behaviour among Aboriginal youth.

## **4. PRINCIPLES GUIDING POLICY AND PROGRAM DEVELOPMENT**

The development of policy and programs for the prevention of suicide and deliberate self-harm among Aboriginal youth in Western Australia should include recognition of the need for:

- Acceptance by Government and the community at large of the responsibility to protect and promote the health and well-being of all children, adolescents and young people.
- Access of all children, adolescents and young people and their families to appropriate health care, education and other social services.

- Coordination and support of suicide prevention initiatives within the developing framework of Government and non-government sectors.
- Involvement of Aboriginal community groups and consumers in policy formulation and service planning.

## **5. PRIMARY TARGET FOR PREVENTION**

Aboriginal children and young people under the age of 25 years are the primary group intended to benefit from the implementation of these recommendations. However, it is also recognised that some of the programs and policies have the potential to benefit older age groups in the Aboriginal community who may be similarly at risk for fatal and non-fatal suicidal behaviour.

## **6. RESPONSIBILITY FOR IMPLEMENTATION**

While each of the relevant Government departments delivering services to Aboriginal young people and their families has a responsibility to ensure that formal mechanisms are able to manage suicidal behaviour and to prevent suicide, the Health Department of Western Australia (HDWA) in conjunction with the Aboriginal Affairs Department and indigenous community organisations should take the lead role in coordinating preventive strategies for Aboriginal youth suicide prevention. This is consistent with the recommendations of the 1996 Mental Health Plan for Western Australia, which has been approved by the State Cabinet. This plan details strategic directions for suicide prevention for the general population and the provision of mental health services for people with special needs, including Aboriginal people, people living in rural and remote areas, and mentally disordered offenders.

## **7. SPECIFIC RECOMMENDATIONS**

### ***7.1 Development and coordination of policy and programs***

The implementation of measures to reduce suicide and self-harm among all young West Australians should continue to be overseen and coordinated by the ministerially appointed Youth Suicide Advisory Committee. This committee has inter-departmental, intersectoral, Aboriginal and consumer representation. A comprehensive prevention strategy and programs to reduce suicide and self-harm among Aboriginal youth should continue to be developed and promoted by the YSAC in conjunction with the relevant Aboriginal, Government and community controlled health organisations. It should include strategies of:

- Universal prevention: prevention efforts, which are targeted to reach all Aboriginal children and young people to prevent them from becoming at risk of suicide and/or self-harm in the first place. This includes policies and programs which aim to promote resilience by increasing the proportion of Aboriginal children and young people who experience protective factors, for example, community-wide programs which promote positive health, education, family and community environments. It also includes measures aimed at reducing vulnerability, for example, reducing the number of children exposed to specific

risk factors and limiting the availability of the means of suicide or self-harm. Reducing access to commonly used means of deliberate self-harm and suicide is another approach which may be considered a universal prevention strategy.

- Selected prevention: that is, prevention programs targeted to reach groups of Aboriginal youth known to be at increased risk for self-harm or suicide, for example, youth in custody or youth living in areas with particularly high rates of suicidal behaviour. Selected prevention may take the form of adequately resourced programs to ensure early identification and appropriate management of all young people within these particular groups who are at increased risk of suicide. This could involve ensuring that all staff working with Aboriginal adolescents and young people in these high-risk settings have the knowledge, skills, competencies and cultural awareness to respond appropriately to suicidal behaviour. Protocols and procedures should be available within these settings to ensure at risk Aboriginal young people and their families have access to appropriate support and health care.
- Indicated prevention: that is, interventions and services targeted to individuals at particularly high risk of suicide, for example, individuals who have made suicide attempts or individuals who may be at particularly high risk for suicide such as the family and friends who have been bereaved or otherwise affected by suicide. At the individual level this includes ensuring that adequate treatment, counselling and other support are available to those at high risk. At the environmental level it might involve 'post-vention' measures by schools, communities and other agencies to limit the likelihood of the social contagion of suicidal behaviour and to reduce the occurrence of suicide clusters following the suicide or sudden death of a young person within a particular community.

## ***7.2 Developing formal links with other relevant bodies***

To further the effectiveness of YSAC in preventing Aboriginal suicide, formal links should be developed between YSAC and other key community groups and Government bodies concerned with the prevention of premature death in the Aboriginal population. These organisations would include the WA Aboriginal Affairs Department, the WA Aboriginal Health section of the Commonwealth Department of Health & Family Services, the WA Aboriginal Justice Council, and the WA Deaths in Custody Watch Committee.

## ***7.3 Practice policies and standards***

Practice policies and standards should be developed and implemented in relevant agencies and service sectors to ensure that Aboriginal children and young people in crisis and at risk of suicide or self-harm have access to appropriate care. These should specifically include:

### ***7.3.1 Hospital and health service practice guidelines***

Hospital and health service practice guidelines are currently being developed for all publicly funded hospitals for young people presenting to hospital following non-fatal suicidal behaviour (that is, deliberate self-harm and attempted suicide). These

guidelines should include ensuring respectful communication with patients and that culturally appropriate assessments are made of the young person's mental health status and available social supports. The guidelines should also ensure that suitable referrals are made for culturally appropriate follow-up counselling and/or practical assistance.

**Key actions:** YSAC to recommend to the HDWA Mental Health Division that the special needs of Aboriginal youth be included as part of the more general hospital practice guidelines currently being developed.

**Key dates:** **By December 1998**, ensure that all publicly funded hospitals are requested to include provision for Aboriginal youth in their hospital guidelines for the management of youth suicidal behaviour.

**By December 1999**, ensure that all WA public hospitals have developed written policies and are implementing appropriate guidelines.

### **7.3.2 Aboriginal juveniles with severe mental health disorders**

Aboriginal juveniles with severe mental health disorders who require involuntary treatment or other admission to an in-patient facility should have access to treatment settings which are age appropriate (for example, Bentley Adolescent Unit) and have access to Aboriginal liaison services such as those provided by the Aboriginal Psychiatric Service at Graylands and through YouthLink.

**Key actions:** YSAC to write to the Commissioner for Health recommending that:

a) Provision be made to ensure that Aboriginal juveniles with severe mental health disorders who require involuntary treatment or other admission to an in-patient facility have access to treatment settings which are age appropriate (for example, Bentley Adolescent Unit) and have access to Aboriginal liaison services.

b) The number of Aboriginal youth living in rural and remote areas needing to be transferred to Perth for in-patient treatment be reduced by the application of the more flexible treatment options available within the new *Mental Health Act (1996)*. This will also be facilitated by the HDWA's planned development of in-patient mental health facilities in country hospitals if the commissioning of these facilities includes provision being made for access to Aboriginal liaison services.

**Key dates:** **By June 1999**, ensure that Aboriginal juveniles with severe mental health disorders who require involuntary treatment are not unnecessarily admitted to adult approved hospitals.

**By June 1999**, ensure that Aboriginal liaison services are routinely available to Aboriginal adolescents and young adults admitted to in-patient mental health facilities in metropolitan and country hospitals.

### 7.3.3 Government and non-government schools

The Education Department of WA (EDWA), Catholic and other independent schools should develop policies and extend their existing student services procedures to ensure that there is acknowledgement of the responsibility of the education system for the early identification and appropriate referral of Aboriginal students at risk for suicide. This should include greater involvement of EDWA and other Aboriginal liaison services. This is likely to involve the adaptation and dissemination of existing risk assessment and referral guidelines so that they are culturally appropriate for Aboriginal students and tailored to meet local community requirements.

*Key actions:* YSAC to write to the Director General of the EDWA to recommend that each District Director ask schools to extend their existing suicide prevention policies and procedures to cover the special needs of Aboriginal students at risk of suicide. Similar requests should be made to the WA Catholic Education Office and the Association of Independent Schools of WA.

*Key dates:* **By December 1998**, ensure that all EDWA education districts have requested schools to consult with local communities and service providers to extend their existing suicide prevention policies and procedures to cater for the needs of Aboriginal students within their own particular community. (Similar requests should have been made to Catholic and other independent schools through their relevant school systems or associations.)

**By June 1999**, ensure that all high schools within WA have commenced local consultation and development of such policies and procedures for at-risk Aboriginal students.

**By December 1999**, ensure that all high schools within WA have locally relevant suicide prevention policies and procedures which cater for the particular needs of at-risk Aboriginal students.

### 7.3.4 The Ministry of Justice admission risk screening procedures

The Ministry of Justice admission risk screening procedures should be further developed for Aboriginal youth in its juvenile and adult custodial facilities. These should include better consideration of cultural factors for Aboriginal youth (for example, through collaboration with the HDWA Aboriginal Psychiatric Services and the Aboriginal Visitors Scheme) in the development of risk-assessment procedures and the in-service training of staff in the implementation of these procedures.

*Key actions:* YSAC to write to the Director General of the Ministry of Justice to recommend the recruitment of more Aboriginal professional staff and the need to develop further its existing admission risk screening procedures to be more culturally appropriate for Aboriginal youth.

*Key dates:* **By December 1999**, ensure that all Ministry of Justice detention facilities have extended their access to and utilisation of Aboriginal liaison services.

**By December 1999**, ensure that all Ministry of Justice detention facilities have adapted their existing policies and procedures to cater for the special needs of Aboriginal youth at risk of suicide.

### **7.3.5 The Ministry of Justice's Special Services Team**

The Ministry of Justice Special Services Team should be encouraged to employ more Aboriginal professional staff and to extend its access to Aboriginal liaison services in ensuring that culturally appropriate assessment and treatment services are available to Aboriginal prisoners and people undergoing community-based sentencing options who are at-risk of suicide.

*Key dates:* **By December 1998**, ensure that all Ministry of Justice detention and community-based services have extended their access to and utilisation of Aboriginal liaison services.

**By December 1999**, ensure that all Ministry of Justice detention and community-based services have achieved a proportional increase in their employment of Aboriginal professional staff.

### **7.3.6 The WA Police Service Policy Manual**

The WA Police Service Policy Manual should be further developed to include the management of deliberate self-harm and suicidal behaviour among youth for both Aboriginal and non-Aboriginal youth. This policy should extend beyond preventing deaths in custody and include training in the positive role which police can play in assisting young people and their families to obtain appropriate assistance. The policy should reinforce the important role which police can play in reducing the risk of suicide clusters in contained communities (for example, schools, custodial facilities or isolated rural communities) through collaboration with local schools and other key community agencies.

*Key actions:* YSAC to write to the Police Commissioner recommending the further development of the WA Police Service Policy Manual to include the management of deliberate self-harm and suicidal behaviour among youth for both Aboriginal and non-Aboriginal youth.

*Key dates:* **By June 1999**, ensure that the WA Police Service Policy Manual includes the management of deliberate self-harm and suicidal behaviour for both Aboriginal and non-Aboriginal youth.

### **7.3.7 Pre- and in-service training of Police Officers and Police Aboriginal Liaison Officers**

The WA Police Department pre- and in-service training of Police Officers and Police Aboriginal Liaison Officers should be further developed to include awareness and skills training for dealing with suicidal situations. This should include greater emphasis on cultural issues concerning death and suicide in the Aboriginal community. Such training could be done in collaboration with the Police Aboriginal Affairs Branch and the Aboriginal Visitors Scheme.

**Key actions:** YSAC to write to the Police Commissioner recommending the WA Police Department pre- and in-service training of Police Officers and Police Aboriginal Liaison Officers be further developed to include awareness and skills training for dealing with suicidal situations and with greater emphasis on cultural issues concerning death and suicide in the Aboriginal community.

**Key dates:** **By June 1999**, ensure that pre- and in-service training of Police Officers and Aboriginal Liaison Officers is extended to include awareness and skills training for dealing with suicidal situations and greater emphasis on cultural issues.

### **7.3.8 The Youth Suicide Advisory Committee**

YSAC should encourage and assist the relevant Government departments to conduct periodic performance audits to determine the level of implementation of practice protocols. The committee should also maintain close liaison with each of these departments to evaluate the impact of improving standards of care.

**Key actions:** YSAC to write to each relevant Government department at the conclusion of each financial year to audit progress in the achievement of the above objectives.

**Key dates:** **By June 2000**, report on the extent to which the above objectives have been implemented.

## **7.4 Training and employment of Aboriginal mental health workers and counsellors**

Given the current limited access to mental health services in most WA Aboriginal communities, there is an urgent need to increase the availability of Aboriginal mental health professionals and counsellors.

### **7.4.1 Opportunities for Aboriginal people to train in the mental health professions and as counsellors**

YSAC should encourage the HDWA to develop programs such as the Family and Children's Services Aboriginal scholarships for tertiary training as group workers and social workers, and the Department of Employment, Education, Training and Youth Affairs-funded Aboriginal and Torres Strait Islander Tertiary Aspirations Program which provides opportunities for Aboriginal employees to be released from their employment to undertake further training in education.

**Key actions:** YSAC to write to the Commissioner for Health recommending incentive strategies for extending the opportunities of Aboriginal people to train in the mental health professions and as counsellors and to support graduates taking up employment with the HDWA and community-controlled health organisations.

**Key dates:** **By June 1999**, HDWA or other funded scholarship programs are available to enable Aboriginal people to train in the mental health professions and as counsellors.

#### **7.4.2 Employment opportunities for Aboriginal people who have completed mental health worker and counselling training**

There is a need to develop career pathways for Aboriginal people who have completed mental health worker and counselling training programs (for example, through the Marr Mooditj and Curtin Centre for Aboriginal Studies). This is essential to ensure these skills continue to be available through Aboriginal-controlled and public health services, and in communities with poor access to mainstream health and mental health services.

*Key actions:* YSAC to write to the Commissioner for Health recommending strategies be developed for extending the opportunities for Aboriginal people to be employed as Aboriginal Mental Health Workers and professionals and to set targets for measuring progress in the attainment of this goal.

*Key dates:* **By December 1998**, the HDWA Mental Health Division and the Office of Aboriginal Health will have set targets and identified funding for the employment of Aboriginal mental health workers.

**From July 1997 to December 1999**, the HDWA Mental Health Division and the Office of Aboriginal Health will have employed a further 10 Aboriginal mental health workers or professionals.

#### **7.5 Cultural sensitivity training for non-Aboriginal workers**

There is a need to increase the number of non-indigenous health care workers and other workers who are competent in managing suicidal behaviour and sensitive to cultural issues affecting the provision of care to Aboriginal youth. This will require the pre- and in-service training of staff who routinely deal with young people to include formal elements of training in these areas. This training should be done in collaboration with Aboriginal organisations and agencies wherever possible. This would be assisted by YSAC supporting the development and publication of culturally appropriate training resource materials and mechanisms to ensure the ongoing availability of such training.

*Key actions:* The YSAC education and training group should be asked to develop in collaboration with relevant Aboriginal professionals (e.g. the HDWA Centre for Aboriginal Mental Health and the Aboriginal Visitors Scheme), generic suicide prevention training materials which are sensitive to cultural issues affecting the provision of care to Aboriginal youth. Once developed, these training resources should be adapted and made available for pre- and in-service training of staff who routinely deal with young people.

*Key dates:* **By June 1999**, the HDWA Mental Health Division and the Office of Aboriginal Health will, in collaboration with relevant Aboriginal professionals and organisations, have developed generic suicide prevention training materials suitable for pre- and in-service training of staff who routinely deal with young people in a variety of different settings.

## 8. PUBLIC EDUCATION

There is an urgent need for educating the general public and indigenous community members about promoting positive mental health and other protective factors which lessen the likelihood of suicidal and other risk behaviours in Aboriginal youth. The community cannot afford to pay the long-term costs of failing to take stronger steps to encourage the healthy development of all Aboriginal children and young people. This is a shared community responsibility and one that must be addressed by all Government departments and indigenous community organisations with responsibilities for Aboriginal children, young people and their families. Three critical venues for preventive action are the family, schools and social environments.

### 8.1 Strengthening family functioning

Successful family-based prevention activities mostly centre on early interventions to support and develop the capacity of parents to optimise their children's health and well-being. These include:

- Prenatal health care including medical care, health and education for parenthood, and good social support. Good prenatal care dramatically lessens the likelihood of premature and low-birthweight babies, which are risk factors for subsequent mental health problems.
- Preventive health care in the first few years. Regular health care contact is an important avenue for parenting education and provision of emotional support and guidance. This is of particular importance in preparing parents to cope with difficult episodes with their children and avoiding some of the longer-term mental health consequences of child abuse.
- Good quality child care and pre-school education which encourages parental involvement are critical in promoting mental health and future educational and social competence.
- Building parental skills and competence. Parents require practical information about how they can facilitate their children's mental health and development. A range of effective parenting programs are presently available for non-Aboriginal families which include practical skills training to promote protective factors within the family (e.g. positive parent-child interaction, effective communication and discipline skills and encouragement of children's social skills). While similar programs are available in some Aboriginal communities (e.g. the Bibbulung Gnarnep program in Perth and the Kooramini Centre in Narrogin), there is a need for Aboriginal and non-Aboriginal community groups and educational institutions to work together to develop culturally appropriate parenting programs suitable for Aboriginal families living in different country and metropolitan settings and for these to be made more widely available throughout the State.
- Improved support to families with adolescents. Programs which aim to strengthen the capacity of families to tackle some of the predictable problems associated with adolescence generally centre around skills training and information to parents to promote positive factors within the family. They also aim to facilitate parents obtaining support from other parents – sharing experience and pooling information and coping

strategies. While there are relatively few programs available in WA that specifically target the parents, there is a need to develop such programs for Aboriginal and non-Aboriginal families. Such programs targeting families with children in their early adolescent years have been shown in overseas studies to be particularly useful in preventing a range of adolescent risk behaviour including suicide.

## **8.2 Improving the capacity of schools to meet the needs of Aboriginal students**

After families and communities, schools are one of the most important influences shaping the development of children and young people. Schools are also increasingly being looked to as potential sites for implementing preventive action. The critical importance of a high priority being given to Aboriginal education in overcoming the disadvantage experienced by indigenous children and adolescents in the West Australian education system is highlighted in EDWA's 1997 Aboriginal Education Operational Plan of the Education Department of WA. Potential school-based interventions for preventing suicidal behaviour in Aboriginal children and young people include:

- Building better links between families and schools. Creative means need to be found to overcome difficulties which some Aboriginal parents report regarding their contact with schools. These may derive from schools' lack of understanding of Aboriginal culture, and sensitivities regarding perceived discrimination. They may also relate to Aboriginal parents' own negative experiences of school as children.
- Preparation for entry to primary school. There are now a number of early educational day care, kindergarten and preschool initiatives which are providing Aboriginal children with a better start to their educational careers. Overseas studies have demonstrated the long-term benefits of such programs in overcoming educational disadvantage and reducing the proportion of children who experience subsequent psycho-social difficulties during their adolescent and early adult years.
- Development of self-esteem and life skills. Life-skills education programs such as those recommended by the World Health Organization (1997) have been shown to be effective in reducing a range of adolescent risk behaviours including depression, early school leaving, substance abuse and suicidal behaviour in developing and industrialised countries. Such programs have been shown to be effective when delivered as an integral part of the curriculum (for example, health education or physical education) over a period of several months and when they are delivered in a supportive environment with opportunities for experiential learning, skill rehearsal and practice. They have also been shown to be more effective if they address relevant skills needed at times of natural developmental transitions (for example, from primary to high school, high school to work and so on).
- Achieving healthier school environments. The importance of schooling and educational outcomes as major factors in promoting positive mental health needs to be better acknowledged in the priority accorded to Aboriginal education. Curriculum and school organisational changes are needed to make schools less alienating and stressful learning environments for many Aboriginal children. Schools need to create opportunities for the development of a range of academic and non-academic competencies that are relevant to the changing work and social environments which students face on leaving school.

- Using schools as a venue for parent education. This is most effective when tailored to the changing information needs of parents as their children move into the next stage of their schooling. School-based parent education also provides a forum for the development of social support networks and for encouraging the ongoing parental involvement and support to schools.
- Developing the role of School Aboriginal Liaison Officers (ALOs). These officers are a crucial link between schools and Aboriginal families and communities. They play an important part in assisting at-risk students to maintain their involvement in education and are frequently called upon to assist in the management of situations where young people come into conflict with schools. There is also a need for the training of school ALOs to be extended to include skills training in the early identification and management of Aboriginal students who may be at-risk for self-harm and suicide.

### **8.3 Building healthy communities**

The introduction to this document highlighted the importance of supporting families, schools and communities to successfully rear children and drew attention to the way in which this is affected by the social, emotional, spiritual and cultural well-being of the whole community.

Developing practical measures to coordinate the efforts across Government and between sectors is a critical part of the process of reparation for the damage which has been done to indigenous communities by the history of colonisation and the forced removal of children from their parents.

Finally, the implementation of universal strategies of prevention is predicated upon the continuing need to strive for the effective development of preventive mental health (wellbeing) policies and services for all Aboriginal West Australians. Such strategies share the common aim of promoting resiliency and hope for all Aboriginal young people and their families and the restoration of the health and wellbeing of the communities in which they live.

*Key actions:* The YSAC should seek a report from all relevant Government departments, key indigenous community agencies and educational institutions having mandates which include the areas of universal (population-based) prevention outlined in sections 8.1 to 8.3 above (that is, strengthening of family functioning, improving the capacity of schools to meet the needs of Aboriginal students, and building healthier communities).

Reports requested from Government Department by YSAC:

- a) Identify the agency's existing policies and services that address the population-based prevention goals outlined above.
- b) Detail what the agency is doing to ensure that Aboriginal children, young people and their families are included in the provision of these policies and services.

Agencies and institutions from whom such reports should be sought would include:

- Department of Aboriginal Affairs
- Family and Children's Services
- Office of Youth Affairs
- EDWA (Aboriginal Education, Students at Educational Risk, Schools Division and so on)
- The Catholic Education Office
- HDWA (Aboriginal Health, Public Health, Mental Health and so on)
- Aboriginal and Torres Strait Islander Commission
- WA Aboriginal Medical Services
- Other agencies providing community services in Western Australia (for example, Anglicare)
- Tertiary educational institutions such as Marr Mooditj and the Curtin Centre for Aboriginal Studies Aboriginal Health Unit

*Key dates:*

**By June 1999**, reports are to be provided to the YSAC by the above agencies which detail their existing policies and services or relevance to universal prevention and how these include Aboriginal children, young people and their families.

**By December 1999**, YSAC, in conjunction with the Department for Aboriginal Affairs, prepares a report and recommendations for a coordinated, intersectoral State plan for integrating universal prevention initiatives which promote positive mental health (wellbeing) and resiliency for all Aboriginal children, young people and their families.

**By June 2000**, commence implementation of a coordinated, intersectoral State plan for universal prevention initiatives which promote positive mental health (wellbeing) and resiliency for all Aboriginal children, young people and their families.

## **Appendix 1: Suicide rates, Aboriginal and non-Aboriginal males, South Australia, Western Australia and Northern Territory, 1993–1995**

- Suicide rates for young Aboriginal males are higher than for other young males, and suicide is more sharply concentrated in early adult years for Aboriginal than for non-Aboriginal Australians.
- This is particularly so for the three jurisdictions shown, where it may reflect the relatively high proportion of Aboriginal persons residing in remote areas.

### **Notes:**

1. Error bars indicate 95 per cent confidence intervals for rates
2. The chart shows annual average rates over three years due to the small annual numbers of Aboriginal cases.
3. Identification of Aboriginal deaths is likely to be relatively good for the three jurisdictions shown.

### **Source:**

National Injury Surveillance Unit, Australian Institute of Health and Welfare.  
Australian Injury Prevention Bulletin, Issue 15 (supplement), March 1997, AIHW Cat NO. INJ6.

## **Appendix 2: Process of consultation**

The YSAC Aboriginal Policy Working Group began a process of consultation in late 1996 with representatives of Aboriginal organisations and community groups and State Government agencies with concerns and responsibilities for the prevention of suicide and self-harm among Aboriginal youth. The working group has met regularly since then and conducted other consultations in its development of recommendations for Government policy in this area. The following people have participated in this consultative process:

Mr Ian Boardman, Office of ATSI Health, Commonwealth Department of DHFS

Mr Peter Blackwell, Student Support Services, EDWA

Ms Sandra Brogden, Catholic Education Office

Mr Tom Cameron, Perth Aboriginal Medical Service

Mr Ken Clark, Police and Citizens Youth Committee

Ms Decima Claite, Youth Affairs, WA Police Service

Ms Debra Clements, Office of Youth Affairs

Mr Brett Collard, Aboriginal Psychiatric Services Training Officer

A/Sgt Austin Colquhoun, School-based Police Unit, WA Police Service

Ms Jenny Cugley, Education and Training Officer, EDWA

Ms Robin Davis, Office of Aboriginal Health, HDWA

Mr David Dolman, Office of Aboriginal Health, HDWA

Ms Pat Dudgeon, Centre for Aboriginal Studies, Curtin University

Dr Sandra Eades, Perth Aboriginal Medical Service

Mr David Forster, Aboriginal Education Branch, EDWA

Ms Carol Garlett, Aboriginal Education Branch, EDWA

Mr Darren Garvey, Centre for Aboriginal Studies, Curtin University

Mr Norm Grech, Aboriginal Liaison, YouthLink, HDWA

Ms Jenny Griffiths, YouthLink, HDWA

Ms Liz Hayden, Aboriginal Health Unit, Graylands Hospital, HDWA

Mr Shane Houston, Director Aboriginal Health, HDWA

Sgt John Hancock, Police Academy, WA Police Service

Mr Les Harrison, Family and Children's Services

Ms Helen Howells, Institute for Child Health Research (Minute Secretary)

Sgt Geoff Inman, Police Academy, WA Police Service

Ms Jocelyn Jones, Perth Aboriginal Service

Ms Trish Hill-Keddie, Aboriginal Visitors Scheme, Ministry of Justice

Sgt John Kitchen, Aboriginal Affairs Branch, WA Police Service

Ms Penny Lipscombe, Mental Health Division, HDWA

Ms Violet Little, Deaths in Custody Watch Committee

Ms Sally Lodge, Aboriginal Affairs, Midland Police

Sgt Rod Mackness, Police Academy, WA Police Service

A/Supt Glen Miller, Police Academy, WA Police Service

Ms Karen Milligan, Office of Youth Affairs

Mr Peter McMahon, Aboriginal Health Unit, Graylands Hospital


Sgt Kelly Morgan, WA Police Academy, WA Police Service

Mr Jim Morrison, Aboriginal Justice Council

Mr Dave Paterson, Juvenile Justice, Ministry of Justice

Ms Millie Penny, Noongar Alcohol and Substance Abuse Service Inc.

Ms Diana Reys, Aboriginal Psychiatric Services, Graylands Hospital  
Ms Pauline Russo, Community-based Services, Ministry of Justice  
A/Sgt Kathy Ruzickis, Aboriginal Affairs Branch, WA Police Service  
Mr Sven Silburn, TVW Telethon Institute for Child Health Research  
Mr Dave Vicary, Family and Children's Services  
Ms Shirley Thorne, Aboriginal Psychiatric Service, HDWA  
Mr Ken Wyatt, Manager Aboriginal Education Branch, EDWA  
Ms Sharon Yarran, Perth Aboriginal Medical Service

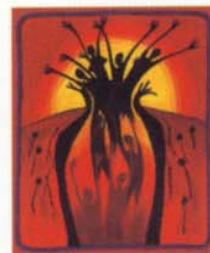


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