

**WA STATE SUICIDE PREVENTION PLAN  
CONSULTATION  
Aboriginal Perspectives  
Bunbury and South West  
July 30 2007**

*Attachment 1 shows the notes as they were written at the workshop.*

*In this paper, they have been grouped according to the key questions used in consultations, and key themes that emerged.*

***1: What are particular factors that may be contributing to suicide risk for Aboriginal people in this region?***

- Lots of un-reported attempts in Aboriginal community.
- The 'shame factor' - eg Nyoongar people are often unwilling (shamed) to go into an office to talk about problems.
- 'Silence' around suicide means we never address it.
- Underlying issues that lead to suicide (and other aspects) need to be addressed - holistically.
- Dismantling of CDEP program is about to "hit" community with issues of identity and poverty, etc. (CDEP had helped self-esteem, motivation, drug prevention, family cohesion etc. This is now being lost).
- Risk of grandmothers (increasing ("granny burnout.") Tends not to be seen - leads to breakdown of large extended family networks which can heighten the risk of many people.
- Drugs are key contributor to risk.
- Number of Aboriginal people in SW is dramatically under-represented in ABS Stats. (Therefore services are under-provided)
- Housing discrimination is increasing problems that contribute to risk.
- Self harming is increasing at alarming rate, with little community understanding.
- Young girls body image problems.
- Underlying issues need to be addressed: eg
  - Unemployment; Leads to too much time, drugs, law breaking.
  - Housing:
  - Babies having babies (financial incentives).

- Young people are drinking themselves to death.
- Intergenerational impacts of stolen generation. (built family mistrust).
- Stolen kids struggle to love their kids.

## **2: What is already happening in this region?**

- SWAMS working very effectively (but under-resourced)
- Social and emotional well being workers (qualified in all ways.) The model works, but we need more people so we can outreach to more people and more frequently.
- 580 Aboriginal clients and 5 workers.

## **3: What more needs to happen: Locally or at state level?**

### **Build capacity within family and community networks**

- We community members and elders need support, from each other and from agencies, in helping our young ones and our families. We need the resources to support our own.
- Ensure careers and career paths for Nyoongar people.

### **Train Community members**

- We need more, high quality training for community members
- Nyoongar people providing training, - support those who know about suicide to "open the closed doors"
- There are trainers in prisons: need to get this out to community.
- Training on suicide prevention has been VERY useful for individuals, and we need to make it more available.
- It was stated that, for example, if SWAMS could gather together some local community members and elders, they could be trained together through 'Gatekeeper' training or similar:
- With appropriate train the trainer processes, Resilience training, and gatekeeper training can be provided, by Nyoongar trainers free to participants.

### **Bring issue out into the open**

- We need our community to talk together to recognize signs and know what to do.
- Need to get past "silence" around suicide. (It's behind closed doors.)

### **Establish, expand and support appropriate services**

- There are no Aboriginal workers in hospitals, or in the SW Mental Health Services. (see also 'note on 'career paths')
- Need clear concerted strategy for employing significant numbers of Nyoongar workers in the area of Mental Health.
- There needs to be a genuine state commitment to insisting on Aboriginal employment in these services.
- Aboriginal mental health plan (discussed some years ago) should be progressed.
- Existing Social and emotional well being workers (via SWAM) have a model that works, but we need more workers so that we can outreach to more people and more frequently. (currently 580 Aboriginal clients and 5 workers).

(This exacerbated by lack of any outreach workers, so the SWAM workers don't have people in local areas to develop partnerships with).

- Aboriginal clients are unable to access decent support - or face to face work at SW Mental Health Services.
- Increase SWAMS resources.
- Co-counselling ways of working - can work very well. (e.g. Noel and Joyce in SWAMS)
- We need adequate, well training workforce to work in partnership with community.
- Funding to be ONGOING. (No 3 year grants.)

### **Make mainstream services more effective, through reducing discrimination<sup>1</sup> and increasing Aboriginal involvement.**

- There are significant stories of discrimination, cultural insensitivity, and a damaging lack of understanding. This can lead to frustration, which can lead to fear by Wadjella workers and create inappropriate controls (including physical constraint) which leads to further frustration, and the cycle of discrimination and hostility builds.

Aboriginal support workers would be able to find a way past this if they were listened to by Wadjella workers.

- Need people who are good communicators, with people skills. ("Nyoongar can read a Nyoongar".)
- SW Mental Health Services are turning away Aboriginal clients who really need support.
- Real racism and discrimination is occurring. This leads to people feeling un-heard, then getting frustrated and "boisterous" and then getting humiliated.

---

<sup>1</sup> Note: Discrimination is not always deliberate or even noticed by non-Aboriginal staff

- Services too often deal with " high risk" clients by treating them like rubbish, rather than working in partnership with Aboriginal colleagues and/or family to settle client.
- Need health and other services to build genuine partnership with SWAMS and other Aboriginal people.
- Find good communicators to ensure they get involved with training and key positions.
- Education needed for all non-Aboriginal staff in all services on serving Nyoongar people appropriately.
- Could we have agency accord/protocols around suicide prevention? - Ensure we are all working in agreed way. eg Regional level 'accords'.

#### **Bereavement support**

- Need support for families and friends of "completed suicide." Aboriginal specific version of this support needed.
- Need much more follow up with families who have experience suicide.

#### **Directly address inter-generational trauma - esp impacts of stolen generations.**

- Begin with acknowledgement of impacts of history.
- Community Healing.
- Listen to what we are saying.
- Trauma counselling for families, healing camps. All family members.
- Need proper strategic approach to healing from stolen generation.
- Education for funding bodies to raise their awareness. (eg funding officer from Canberra saying 'there are no Aboriginal people from the Canberra area')!.

#### ***4: How could this consultation be more effective?***

- Allow more time
- Attract more people.
- Make it within school hours.