

# Kununurra

Friday, 24 August 2007  
10am – 3.00pm  
13 participants

This consultation was part of a state wide consultation process to inform the development of a State Suicide Prevention Plan. Participants were also invited to make individual submissions to the Ministerial Council for Suicide Prevention at [www.mcsp.org.au](http://www.mcsp.org.au).

## ORGANISATIONS REPRESENTED

- Advance WA – MH Consumer Advocacy
- Kimberley mental Health
- Ord Enhancement Scheme – Kimberley Development Commission
- Ord Valley Aboriginal Health Service
- Shire of Wyndham East Kimberley
- Catholic Education
- SWEK

## PRESENTATIONS

### **Approaches to suicide prevention.**

Brief overview of state trends, and how we compare locally.

Presented by Sven Silburn, Chair, Ministerial Council for Suicide Prevention.

### **The Five Key Areas of the Plan.**

Shawn Phillips Executive Officer, Ministerial Council for Suicide Prevention.

## SMALL GROUP DISCUSSION

### Group Exercise

*Participants were asked to place dots: if we could only pursue 2 of these areas, which would they be. (Number in brackets is number of dots placed on each area 'votes')*

1. Promote professional community and consumer understanding of suicide, its link with mental health and effective strategies for prevention. **(n= 7)**
2. Strengthen prevention, promotion and early intervention in mental health and suicide prevention. **(n=8)**
3. Build Community capacity for suicide prevention. **(n=3)**
4. Support planning within and between government and community sector agencies for suicide prevention. **(n=3)**
5. Build partnerships, professional and community capacity to address the high-rate of suicide among Indigenous West Australians. **(n=1)**

*Participants asked to put an X if they thought any of the key areas are wrong or unnecessary.*

No x's were placed on the sheet.

### What are particular factors that may be contributing to suicide risk and protection in this region?

*Participants were asked in small groups.*

#### Group 1

Risk factors	Protective factors
Substance Misuse	Strong sense of Community
Low employment levels	Family
Disrespect among cultures of Aboriginal people and community	Already existing services SSU, KMH, Police, KDH
Financial hardship	A degree of resilience exists
Grief	Limiting substance availability
Socio economic degradation	Suicide prevention information within the community
Relationship Breakdowns	Belief systems
Alienation within community outsiders-in	
Lack of personal resources	
Tardy Government response to community needs despite awareness of same	
Mental health not viewed as priority within remote communities.	
Already existing increased level of suicidality	
Fear of being perceived as weak.	
Increased Sexual abuse.	

## Group 2

Risk Factors	Protective Factors
Common Bureaucracy	Family unity
Unemployment	Environment
Family Expectation	Two way treatment
No after hours services	Mediation
Racial	Self awareness/identity
Weather	Service networking
Poor family network	Quality of care and equitable
Finance/Funding	Promotion/Education
Peer pressure	Overall mental wellbeing
Community Control – Local resource	Sport/Rec (Footy)
Lack of elder status	Purpose
Re-invention of services	
Cultural misunderstanding	
Name change with services	
Continuity of care/services	
Response attitude	
Drug/Alcohol	

## What is already happening in this region?

### Group 1:

- Pursuing equity for Indigenous people.
- Acute active intervention.  
Education Available Annually.
- Higher availability of service within towns.
- This forum today to design a plan.
- High access to training.
- Promotion and easier access to education and training.

### Group 2:

- Local awareness/lack of solutions
- SSU. Working at ground level.
- Holistic approaches.
- Night patrol.
- Neighbourhood house
- Mum and bubs/Save the Children
- Church
- Educating/empowering Service Provider and community
- Counselling Youth/School education –
  - Need therefore coping (how to)
  - Grieving
- N.W.M.H.
- Liquor accord rules
- Police
- Health Service Networking
- Community engagement (coming together in tragedy)

## 2.1 What more needs to happen?

*Participants were asked to work in small groups to brainstorm ideas and potential strategies. The lists from each group were then posted and all participants asked to place three dots on what they thought were the highest priorities. The number in parentheses (\*) are the number of dots next to each suggestion.*

### Group 1

- Ensure money reaches people/community
- Increase/ensure accountability (all Organisations)
- Remove non-indigenous control over Indigenous People **(N=2)**
- Allow/enable Indigenous participation in decision making **(N=1)**
- Increase enrolment and attendance at school (same rules) **(N=4)**
  - Educate parents
  - Remedial classes
  - Specific to needs
  - Cut allowances
- Love and belonging (Address neglect) **(N=1)**
- Provide role models (Aboriginal teachers)
- Purpose in life – self empowerment
- Appropriate realistic pay –
- Mainstream employment not CDEP/not unemployment benefit
- Adjust concept 'normalisation'
  - I.e. it is not normal to be drunk all the time
  - Create awareness of choices
  - Educate/develop skills/training
  - Provide where with all to gain employment
  - Scholarships
- Ensure money reaches people/communities
- Increase/ensure accountability (all Organisations)

### Group 2

#### Locally

- Advertising (Radio, paper, notice boards) – length of seeing that's appro. **(N=1)**
- Increase in skilled Counsellors – local people to be utilised for jobs. **(N=1)**
- More professional/development/support (debrief) = peer support case management.
- Culturally appropriate Gender/Staff/locals especially **(N=1)**
  - Greater amount of staff variety to enable appropriate demographic response.
- Funding **(N=2)**
- Youth Workers/Services **(N=1)**
  - Identify types of clients and provide staff diversity to respond.
- Indigenous staffs continue training – response facility.
- More promotion of Kids Helpline – **(N=2)**
  - RFDS used for flights
  - Respite facility
- More training to be locally delivered – **(N=1)**
- Support for survivors of suicide
- Coordinate with schools increase –
  - Plain English Resources
  - Picture Based resources

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- Longer tenure if possible More flexible service delivery hours, home visits, telephone, rivers, parks etc. **(N=1)**

### **State**

- Promotion/Awareness in everyday places Cultural healing options recognised and valued. **(N=1)**
- More Funding
- Improved training for hospital staff in mental health.
- More acceptance/funding of alternate healing
- Real jobs/real money/real outcomes
- Stop re-branding departments
- Security at night – re mental health after 4pm/night
- Non Profit Organisations repeat funding if demonstrate success
- Local consultation to develop programs for individual community.
- Need to communicate with hospital, families on return of patient. **(N=5)**

### **WHERE TO FROM HERE?**

This report is the next stage in the process. Please let us know if we have missed anything important.

There will also be a summary document prepared of the whole consultation process and a draft plan, both of which will be circulated to participants at these consultation forums.

Individual written feedback is welcome at [www.mcsp.org.au](http://www.mcsp.org.au). All written feedback is to be submitted before 31 August 2007.

Closed 3.00pm.