



Briefing Note – Kimberley Suicide Prevention Regional Trial Working Group
Workshop Meeting, Broome, 02 October 2018

“if suicide prevention is our serious goal, then the evidence in hand recommends investing new moneys, not in the hiring of still more counsellors, but in organized efforts to preserve Indigenous languages, to promote the resurgence of ritual and cultural practices, and to facilitate communities in recouping some measure of community control over their own lives.”

Professor Michael J Chandler *Cultural Wounds Demand Cultural Medicines*, Chapter 14 within *Determinants of Indigenous Peoples' Health (2018)*, Second Edition, Scholars Press.

“Culture is at our core. Rarely, if ever, is our Aboriginal Culture considered when Governments design, develop and deliver policy and services for the West Kimberley. ... We know what needs to be done. We know how to do it. We need to be empowered so that services and supports are designed, developed and delivered by our mob, for our mob.”

Empowered Communities Design Report (2015) document, page 70

In October or November 2018 WA Coroner Ms Ros Fogliani is expected to hand down her upcoming Coronial Inquest Report. This will be the 42nd report in to Aboriginal suicide in the last 15 years. We cannot pre-empt the Coroner's findings, but we do know what the WA Parliament Standing Committee on Health and Education found when in November 2016 it delivered ***Learnings from the message stick, The report of the Inquiry into Aboriginal youth suicide in remote areas (2016)***:

The various reports and inquiries the Committee considered during this Inquiry made a broad range of recommendations. Perhaps the most important, yet least enacted, were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate. Similarly, many recommendations advocated for greater engagement of Aboriginal people in developing strategies, programs and services, yet the Committee was presented with little evidence demonstrating the government was meaningfully consulting or partnering with Aboriginal communities. [Chairman's Foreword]

This is the essential challenge which confronts the Working Group to the Kimberley Suicide Prevention Regional Trial:

The holistic nature of Aboriginal youth suicide requires a holistic response. Historically, government efforts have focussed inappropriately on a more clinical approach dominated by acute mental health services. This is not to say that there hasn't been a gap in those services, particularly in regional areas, but the balance of the approach to Aboriginal suicide prevention has been skewed, limiting effectiveness. [Message Stick, page v]

There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature. [Finding 8 Page 57]

That the Western Australian Government shifts its focus from government owned and run programs and services for Aboriginal people to Aboriginal owned and run programs. The Committee acknowledges that this will be a gradual process; however, it can begin immediately by designing strategies, services and programs with the aim of empowering Aboriginal communities. [Recommendation 13 Page 79]

The entire machinery of Government is set up so as to perpetuate current systems and structures and to thwart meaningful moves towards culturally based, Aboriginal owned and controlled services. And there is little evidence that the State Government's recent *Service Priority Review* report will lead to the kinds of changes recommended in the ***Message Stick Report (2016)***. These concerns are mirrored at the Commonwealth level through:

- **Prime Minister and Cabinet** – Minister Scullion advising KALACC and Aarnja in October 2017 that the Department and the IAS were not vehicles to support culturally based programs
- **Department of Health** – Minister Ken Wyatt writing to KALACC on 22 August 2017, 15 January 2018, 21 June 2018, outlining expenditures of tens of millions of dollars but describing no pathway towards accessing meaningful funding for the Yiriman Project and giving no commitment to the Commonwealth responding to the ***Yiriman Business Plan (2010)***.

However, there are some good reasons for optimism and there are meaningful levers now available to the Working Group. These levers include as follows:

- **State Government Responses to the *Message Stick Report* and the *Coroner's Report*** – the State has advised that once the Coroner releases her report then the State will respond to both reports at the same time;
- **Interest of the Treasurer and Minister for Aboriginal Affairs** – the hon Ben Wyatt attended the KALACC AGM at Ngumpan on Thursday 20 September 2018 and stated that current processes failed to provide adequate outcomes in reducing Aboriginal suicide and that new approaches must be tried;
- **The processes of the Kimberley Suicide Prevention Regional Trial** – the existence of the trial does provide an opportunity to focus the attention of Governments. The challenge on 02 October is to address the systemic aspects that the trial has thus far not addressed;
- **Empowered Communities** – we see evidence in Cape York and in the NPY lands of the real opportunities which EC offers for Indigenous designed and led solutions and for local models to be supported by Canberra. The challenge in the Kimberley is to develop East Kimberley and West Kimberley Development Plans which can be supported by the community and by Canberra;
- **Close the Gap Refresh** – there is a widespread recognition that the deficits discourses of 10 years of Close the Gap have failed and there is a commitment to a new Strengths – based agenda. The challenge is that PMC holds serious concerns about the measurability of culturally based solutions, despite ample evidence within Australia and from overseas as to how this can be done;
- ***My Life My Lead*** – “The Report will also inform the development of the next iteration of the Implementation Plan [for the ***National Aboriginal and Torres Strait Islander Health Plan 2013-2023***] that is due to be released in 2018. This presents an opportunity to consider new ways of working that take into account the impacts of social determinants and cultural determinants of health for Aboriginal and Torres Strait Islander people.”

The ***Message Stick Report (2016)*** tells us that there has been too much focus on clinical approach dominated by acute mental health services, that there is increasing evidence that nothing works better than culture, that Governments are deeply reluctant to fund culture and that what is needed is a shift away from government owned and delivered services and towards community-based services. This is the challenge for the Working Group to consider on 02 October. KALACC will in mid-November 2018 present to the Steering Committee the ***Kimberley Cultural Activities Scoping Study***, outlining what a raft of Aboriginal organisations each contribute towards the strength of Aboriginal culture in the Kimberley [including language centres, art centres, Women’s Centres, Men’s Centres, PBCs, media organisations, ranger groups and others].

But in the here and now, KALACC has for 37 years acted as the region’s peak Aboriginal culture centre and to date we have received no response from either State or Commonwealth Governments to:

- 2010 ***Yiriman Business Plan***
- 2017 ***KALACC Cultural Solutions Position Paper***.

The challenge for the Working Group to address is how to employ the levers described above so as to redress the deep reluctance by Governments to fund community owned, culturally based programs.



Australian Government

My Life My Lead



Opportunities for strengthening approaches to the social determinants and cultural determinants of Indigenous health

Report on the national consultations

December 2017

PRIORITY AREA 1: CULTURE AT THE CENTRE OF CHANGE

The importance of culture underpins the value that Aboriginal and Torres Strait Islander people place on continuing to practice ways of knowing and being, which are embodied in Country, family, ancestors, language, art, dance, songs and ceremony.

Aboriginal and Torres Strait Islander cultures are diverse and continue to thrive across metropolitan, regional and remote areas of Australia. In 2016, over one-third of the Aboriginal and Torres Strait Islander population reported living in capital city areas, with a contemporary sense of belonging, along with traditional ties, reinforced through kinship and family networks.

Practising culture can involve a living relationship with ancestors, the spiritual dimension of existence, and connection to Country and language. Individual and community control over their physical environment, dignity and self-esteem, respect for Aboriginal and Torres Strait Islander people's rights and a perception of just and fair treatment are also important to social and emotional wellbeing.

Consultations and online submissions emphasised that culture needs to be at the centre of policies and programs. The Australian Government is also committed to addressing the ongoing barriers that impede access to health, education, employment and other essential services.

From a systems lens, government programs and policies must also acknowledge and respond to the impacts of racism in the health system, and intergenerational trauma to support access and quality within broader service systems, and improve the evidence-base that informs government and community action.

Progress against this priority area can be made by building on existing effort to improve how governments engage with and respond to the needs of Aboriginal and Torres Strait Islander communities. The Empowered Communities initiative establishes a new way for Aboriginal and Torres Strait Islander communities and governments to work together. This approach puts Aboriginal and Torres Strait Islander culture and participation front and centre of government decision-making.

Furthermore, all governments have agreed to embed cultural respect and responsiveness across all health systems through the *Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2016–2026*. An innovative and strategic approach across government will ensure efforts to support the social determinants and cultural determinants of health are pursued systematically and collaboratively with a broader focus on outcomes.



PRIORITY AREA 1

Culture at the centre of change

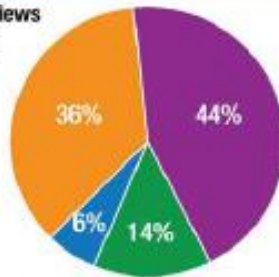


"Connection with culture, language and country (and its manifestation as cultural identity) are protective factors that provide powerful moderating effects against the impacts of racism and discrimination, and provide a foundation for stronger communities and healthier lives."

(Online submission, Aboriginal Medical Services Alliance Northern Territory)

Indigenous parent personal views on the importance of culture¹

- The most important thing (central to who you are)
- Important but not the only thing
- Something you don't know enough about
- Something you rarely think about



Stolen Generations & their immediate family & descendants: are around...²

- 50% more likely to be charged by police
- 30% less likely to be in good health
- 15% more likely to consume alcohol at risky levels
- 10% less likely to be employed

NEXT STEPS

A Strategic approach informed and underpinned by the following principles will achieve real change:

- Strong connections to culture and family are vital for good health and wellbeing;
- The best results are achieved through genuine partnerships with communities;
- The impact of trauma on poor health outcomes cannot be ignored; and
- Systemic racism and a lack of cultural capability and cultural safety remain barriers to system access and prosperity.

¹ Longitudinal Study of Indigenous Children: Indigenous parent personal views on the importance of culture, Working Group analysis, LSIC 2011

² Aboriginal and Torres Strait Healing Foundation 2017, *Bringing Them Home 20 years on: an action plan for healing*, Aboriginal and Torres Strait Healing Foundation, Canberra

ATTACHMENT 2 – Kimberley Letter to the Hon – Mark McGowan – Premier of Western Australia



The Centre of Best Practice in
Aboriginal and Torres Strait
Islander Suicide Prevention



KALACC



3 September 2018

Sent by email:

Hon Mark McGowan
Premier, Western Australia

Community Guidance to Government Regarding the Forthcoming Second Instalment of the State Government's Response to the *Message Stick Report*

Dear Premier,

We represent three (3) organisations involved in the Commonwealth funded Kimberley Aboriginal Suicide Prevention Trial. Kimberley Aboriginal Medical Services (KAMS) and Kimberley Aboriginal Law and Cultural Centre (KALACC) are community organisations. The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) is a national initiative at the University of Western Australia. All three organisations are members of the Kimberley Aboriginal Suicide Prevention Trial Steering Committee. We write to you to express disappointment at the State Government's initial response to the *Learnings From The Message Stick: A Report on the Inquiry Into Aboriginal Youth Suicide in Remote Areas*.

The Department of Premier and Cabinet has informed us that a second more comprehensive response will be forthcoming once the WA Coroner has delivered a forthcoming Coronial Inquest Report, anticipated to be released in October.

A special Working Group meeting to the Kimberley Aboriginal Suicide Prevention Trial will be held in Broome on 02 October 2018, with a focus on systemic changes needed in order to improve Aboriginal wellbeing outcomes in the Kimberley. In this context we write to you today to not only express our concerns at the lack of response thus far, but to also provide practical and useful guidance to the Government in regards to its preparations for the second response which is forthcoming.

1. Responding to the Recommendations from the Message Stick Report

Learnings from the Message Stick: The Report of the Inquiry into Aboriginal Youth Suicide in Remote Areas (2016), states as follows:

[the Committee] decided to analyse relevant recommendations of previous inquiries, over forty (40) reports, to see if they had been effectively implemented. In many cases we found that they had not. The rising rates of suicide clearly confirm this. [Chairman's Foreword, Page One]

It is disappointing that the State Government's response to the *Message Stick Report* does not respond specifically to any of the Report's recommendations. The first four recommendations from the report are as follows:

- **Recommendation 1, Page 13** That Western Australian Government agencies revisit reports listed in Appendix Six and outline their actions of how the intention and recommendations of these reports will be implemented.
- **Recommendation 2, Page 14** That the Premier coordinates and provides a response to the recommendations of this Inquiry which have not been directed to a specific agency or Minister.
- **Recommendation 3, Page 15** That the Premier and each Minister to whom recommendations are directed should report to Parliament at six monthly intervals for no fewer than five years after the tabling of this report on the progress of implementing recommendations made in this report.
- **Recommendation 4, Page 15** That the Department of the Premier and Cabinet create a centralised database of inquiry recommendations made to Western Australian Government agencies.

We understand that the Department of Premier and Cabinet made a decision to group recommendations together under thematic subject areas. Whilst respecting the underlying logic to this decision, we call on the Government in its next response to provide specific responses to each and every one of the forty four (44) recommendations contained in the *Message Stick Report*. To do otherwise would be to devalue and disregard the work of the Parliamentary Committee. The Committee was clear in specifically stating across Recommendations Number one to four how the Government needed to respond to the Report. We feel that these Recommendations are important. The Government needs to acknowledge and value input of the Aboriginal people of Western Australia to follow guidance and instruction from the Committee, and to respond individually to each of the forty four (44) recommendations in the Report.

2. Priority Action Area – Culturally Based Wellbeing

All 44 recommendations contained in the *Message Stick Report* are important. However, the Report is very clear that there are some areas that need more urgent attention than others. The Report states as follows:

- Perhaps the most important, yet least enacted [recommendations from earlier reports], were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate. [Chairman’s Foreword, page One].
- Culture is the key protective factor which must be present in all strategies, programs and services in which Aboriginal people participate, whether run by governments, non-government organisations or private companies. [Executive Summary, ii].
- **Finding 8, Page 57** There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature.
- **Recommendation 8, Page 57** That the Western Australian Government set aside an appropriate portion of grant expenditure to fund more culture-embedded programs for Aboriginal young people across the state.
- **Recommendation 13, Page 79** That the Western Australian Government shifts its focus from government owned and run programs and services for Aboriginal people to Aboriginal owned and run programs. The Committee acknowledges that this will be a gradual process; however, it can begin immediately by designing strategies, services and programs with the aim of empowering Aboriginal communities.

The State Government’s response to the Report includes the following comments:

- Provision of culturally based programs provides a significant challenge to agencies to look towards Aboriginal culture and Aboriginal philosophies to underpin the Government’s approach to Aboriginal wellbeing, recognising the importance of culture as a protective factor. [page 4]
- Funding obtained through the Department of Transport’s Special Plate Fund has been allocated for the implementation of initiatives such as youth intervention and diversion, building relationships with Aboriginal communities, protective behaviours, and community engagement. Through this scheme, WA Police Force have provided funding to Police and Community Youth Centres (PCYC) to operate the Safe Space program in several of their centres. This program provides participants—predominately Aboriginal youths—with the opportunity to mix socially and participate in a variety of structured activities, including engagement with family and Aboriginal culture through food, art, cultural stories and excursions. [page 14]

The *Message Stick Report* states that the Western Australian Government has demonstrated reluctance in funding culturally based programs. The initial response from the Department of Premier and Cabinet simply serves to reinforce the fact that the WA Government and its instrumentalities are lacking in any understanding of the key recommendations from the *Message Stick Report* or of how to respond to those recommendations.

By way of guidance and assistance to the Government, we would once again point the Government to the following:

- *ATSISPEP Report* <http://www.atsispep.sis.uwa.edu.au/>
- *Elders Report* <http://www.cultureislife.org/wp-content/uploads/2015/10/Elders-Report.pdf>
- *KALACC Cultural Solutions Position Paper*, September 2017 [Funded by the WA Government]
- *Yiriman Evaluation Report*, Murdoch University, December 2013
- *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*, WA Department of Culture and the Arts, May 2016 Discussion Paper, Endorsed by State Cabinet August 2016.
- *Kooljaman Statement*, May 2018 Kimberley Aboriginal Men’s Health Gathering [Appendix One]

3. 2nd October, Broome, Working Group Meeting – an opportunity for the State Government to contribute towards strategic planning for Aboriginal wellbeing in the Kimberley.

As above, the State Government absolutely needs to respond individually to all forty four (44) recommendations contained in the *Message Stick Report*. However, we do acknowledge the State’s interest in pursuing the following four thematic areas:

1. Increased government leadership, coordination and accountability.
2. Listening to, involving and empowering Aboriginal people.
3. Provision of culturally based programs.
4. Improved services and programs.

On 02 October a special Working Group meeting of the Kimberley Aboriginal Suicide Prevention Trial will be held in Broome, with a focus on systemic changes needed in order to improve Aboriginal wellbeing outcomes in the Kimberley. One of the specific objectives of this special Working Group Meeting is to identify opportunities for a collective approach to respond to recommendations from the *Message Stick Report*. We would welcome the State Government sending along appropriately senior representatives to participate in this meeting.

The Department of Communities have been invited to participate in the development of the agenda for that meeting and they have also been recently confirmed as newly – appointed members of the Steering Committee to the Trial. The wellbeing of Children and

Young People is one of the three priorities that the Kimberley District Leadership Group [DLG] has determined for the region. At a recent joint DLG meeting held in Kununurra in early August, DLGs outlined these priorities to senior representatives of the State and Commonwealth Governments and what the DLGs were progressing in this regard. Thus we hope that the second iteration of the State's response to the *Message Stick Report* will:

- listen to and respond to community concerns expressed in forty (40) reports over the last fifteen (15) years
- listen to and respond to the individual Recommendations contained in the *Message Stick Report*
- respond to and align with priorities and actions being taken by the District Leadership Group
- respond to and align with the priorities of the Kimberley Aboriginal Suicide Prevention Trial.

Conclusions and Actions

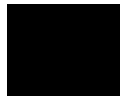
In conclusion, the actions which we are seeking from the Government in regards to the State's response to the *Message Stick Report* are as follows:

1. Respond individually to each of the forty-four (44) Recommendations contained in the Report
2. Reframe the State responses so as to appropriately reflect the Report's clear findings and recommendations. In particular, to highlight the central role of culture and to reaffirm that only Aboriginal people can deliver culturally based programs.
3. Send appropriately senior representatives to attend and to appropriately participate in the 02 October special Working Group meeting of the Kimberley Aboriginal Suicide Prevention Trial. We would suggest that senior representation should be sent from the Departments of Health and Communities.

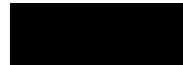
Sincerely



Professor Pat Dudgeon
Centre of Best Practice in
Aboriginal & Torres Strait Islander
Suicide Prevention, University of WA



Wes Morris
KALAAC Co-ordinator



Vicki O'Donnell
CEO
Kimberley Aboriginal Medical Services

ATTACHMENT 3 – Kimberley Aboriginal Men’s Gathering Statement - 2018

KIMBERLEY ABORIGINAL MEN’S HEALTH GATHERING KOOLJAMAN STATEMENT 2018

For tens of thousands of years, Aboriginal men contributed to building and sustaining strong families and communities. Aboriginal men were hunters and warriors, carers and peacemakers, teachers and guardians of customs and lore.

The traditional roles and practices of Aboriginal men have been disrupted through colonisation, causing grief, pain and trauma. The path to healing is often obstructed by structural barriers, including ongoing racism and discrimination, lack of socio-economic opportunities, and lack of access to culturally safe services. The result is that Aboriginal men bear a disproportionate burden of disease, compared to both Aboriginal women and non-Aboriginal men. Aboriginal men of every age and stage of life are affected, and there is particular concern about the premature loss of young men.

When Aboriginal men are sick, their communities suffer; leaders and role-models are lost, knowledge is not passed on, and a sense of hopelessness prevails. Conversely, when Aboriginal men are healthy, their partners, children and communities have greater opportunities to prosper. We cannot address Aboriginal health, without addressing Aboriginal men’s health.

On the 31st May and 1st of June 2018, over 80 Aboriginal men and non-Aboriginal brothers gathered on the traditional lands of the Bardi-Jawi people at Kooljaman for the inaugural Kimberley Aboriginal Men’s Health Gathering. The participants were experts through their personal experiences as fathers, sons, brothers, uncles and Elders, and their professional experiences as Aboriginal health workers, doctors, allied health practitioners, interpreters, community workers and academics. They shared stories of community strength, courage, ingenuity and determination, and were united in the belief that there is more work to do.

The challenge of improving the health of Aboriginal men requires concerted action among individuals, communities, service providers and governments. In particular, the Kimberley Aboriginal Men’s Health Gathering calls for the following:

1. Culture must be seen in itself as a strategy to improving health outcomes, and must also be incorporated into all strategies to improve the health of Aboriginal men. In particular, Aboriginal men must be supported to pass on their cultural knowledge and language to the next generation to enable them to be strong, proud and resilient. There can be no future without respecting the past.
2. Aboriginal men need dedicated spaces, camps and programs to learn from their Elders and one another, exchange knowledge and offer support. Services and programs must be inclusive of smaller remote communities which have historically been overlooked by funders and providers.
3. Programs to improve the health of Aboriginal men must be designed and controlled by Aboriginal communities to ensure that they are effective and culturally appropriate, and Aboriginal-led solutions must be valued and supported by funding bodies and service planners.
4. Aboriginal men need to be encouraged and supported to become Aboriginal health workers, mental health workers, doctors and other allied health professionals to ensure that male patients feel safe, understood and supported, and have the best access to culturally secure services.
5. Traditional healers must be recognised as playing a complementary role in Aboriginal men’s health care, and more work needs to be done to incorporate ancient healing knowledge into modern practice. The knowledge and skills that Aboriginal people gained and passed on over time must be celebrated and valued.
6. Poor physical health is often connected to poor mental health and social and emotional wellbeing. More appropriate and accessible mental health services are required in the Kimberley, including after-hours when young men are often most vulnerable, to ensure that Aboriginal men and their communities have care and support when it is needed.
7. Health services and Aboriginal communities must collaborate to ensure that all Aboriginal men receive regular adult health checks. Kimberley Aboriginal men have a responsibility to lead by example and get tested, and they should encourage male friends and family members to also take control of their own health and wellbeing. Prevention and early detection are the key to improving health outcomes.
8. The importance of including men in family and early childhood initiatives must be recognised. Early experiences affect our life trajectories, and Aboriginal men have a desire and a responsibility to give the next generation the best possible start in life. Men have a crucial role to play as partners in parenting, and as sources of love, support and stability for their children.
9. Health issues related to past and current occupational exposure to hazardous substances and practices is a concern among Kimberley Aboriginal men, and need to be prioritised by employers and policy makers.
10. Diabetes has been an ongoing issue affecting Kimberley men and their communities, but efforts to address the problem have not resulted in large-scale change. Innovative solutions to addressing the problem are overdue and urgently required.

11. Methamphetamines and other illicit drugs are not a part of Aboriginal culture; they destroy our ability to stand strong and proud, and have a negative impact on individuals, families and communities. More effort needs to be given to prevention strategies to reduce the prevalence of illicit drug use in the Kimberley.
12. Health cannot be addressed in isolation. There is strong evidence to show that social factors, including sanitation and environmental issues, are linked with poor health outcomes such as rheumatic heart disease. Men's health cannot be improved without improving the living conditions in which Aboriginal people are born and raised.
13. The large amount of positive work being done by Aboriginal men in Kimberley communities needs to be promoted and celebrated.
14. Aboriginal Men's Health Gatherings should be regularly hosted in the Kimberley to build on the important work and momentum emerging from this meeting.

Some of these recommendations are not new, but this only heightens their urgency. Some of these recommendations are ambitious, but the time for timidity has passed. Aboriginal men represent one-half of the world's oldest living culture, and their health and survival must become a shared goal for all Australians.

Signed on 1 June 2018:

Paul Clement	Kalumburu	Norton Campbell	Billiluna Community
Brett Maraltadj	Kalumburu	Lionel Manson	Billiluna Community
Steven Duncan	Kalumburu	Floyd Johnson	Yandeyarra
Anthony Mouuda	Kalumburu	George Lee	Balgo
Jack Bulman	Gold Coast, Mibbinbah	Keanu Lulu	Mulan
Darren Minyardie	Bidyadanga	Tony Chungulla	Billiluna
Wilson Mandijalu	Bidyadanga	Joshua Unghango	Kalumburu
Arnold Sahanna	Broome, Nirrumbuk	Justin Manson Brockman	Kururrungku
Garry Goldsmith	Adelaide, Narungga	Aaron White	Mt Barnett
Daniel Vujcich	Perth, AHCWA	Lawrence Lulu	Mulan
Zennath Malay	Halls Creek, Yura Yungi AMS	Zarim Hunter	Bidyadanga
Kevin Nungatcha	Halls Creek, Yura Yungi AMS	Jerome Broлга	Bidyadanga
Russell Davey	One Arm Point	Phillip Matsumoto	Bidyadanga
Leon Mandijalu	One Arm Point	Laurie Yambo	Derby, DAHS
Johnson Mandijalu	One Arm Point	Vernon Bullun	Bidyadanga
Zenneth Cox	Halls Creek, Yura Yungi AMS	Phillip Walmelgo	Bidyadanga
Seymoure Farrer	Halls Creek, N.A.C.	Louie Yanawana Snr	Bidyadanga
Jonathon Farrer	Halls Creek, Yura Yungi AMS	Dwayne Donation	Mt Barnett Station
Stewart Morton	Halls Creek, Yura Yungi AMS	Clement Maraltadj	Kalumburu
Jacob Tyndall	Anglicare, Standby	William Sebastian	Mt Barnett
Jacob Warford	Halls Creek, Yura Yungi AMS	Saverio Yambo	Mt Barnett
Mark Wentong	Apunipima, Cape York AMS	Khallen Wungundin	Mt Barnett
Troy Edwards	Broome, KPHU	Brian Lee	Kooljaman
Lucas Brennan	Broome, KPHU	Vincent Angus	One Arm Point
John Puertollano	Men's Outreach Service	Lucas Brown	Mt Barnett
Terrance Cox	Broome Hospital	Mathew Taylor	Broome, KPHU
Dylan Cox	Broome, BRAMS	Zac Cox	Broome, KAMS SEWB
Jayden Howard	Broome, BRAMS	Tonchi McIntosh	Broome, KAMS Men's Health
John Jacky	Broome, Telethon Kids Institute	Jacob Smith	Broome, KAMS SEWB
Cassius Bear	Derby, DAHS	Rob McPhee	Broome, KAMS, Deputy CEO
Justin Mosquito	Halls Creek, Yura Yungi AMS, SEWB	Chris Bin Kali	Broome, KAMS, Board member
Justin Wilson	Kupungarri	Eric Cox	Broome, BRAMS
Michael Mckenzie	Broome, KAMS SEWB	Michael Haji Ali	Broome
Kadin Bowen	Derby, DAHS	Glen Smith	Broome
Curtley Hunter	Derby, DAHS	Scott Unghango	Kalumburu
Geoffery Mangolamara	Kalumburu	Joe Brown	Mt Barnett
Gregory Mudgedell	Balgo	Alton Fernandez	Mulan
Alex Fernandez	Derby, DAHS	Sturt Morton	Halls Creek
Cyril Archer	Derby, DAHS	Nathan Stretch	Halls Creek
Bede Lee	Balgo, KAMS	Leslie Chatanaglie	Halls Creek
Brenton Bangu	Bidyadanga	Zenneth Cox	Halls Creek
Arnold Wungundin	Kupungarri	Dennis Chungulla	Halls Creek
Rex Sebastian	Kupungarri		

[Learnings from the message stick: The report of the Inquiry into Aboriginal youth suicide in remote areas](#)

Education and Health Standing Committee, Western Australian Parliament, November 2016

- Perhaps the most important, yet least enacted, were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate (Chairman’s Foreword).
- Aboriginal culture and identity has been degraded by colonisation and discrimination. Restoring this culture and sense of identity has been consistently identified as a key protective factor. Previous reports and inquiries have recommended that this can be achieved through various means, primary of which is culturally-based programs, such as on-country camps and activities (ii).
- **Finding 1:** The Western Australian Government has failed to adequately respond to recommendations made by previous inquiries for more than 15 years (p13).
- **Finding 2:** The Western Australian Government’s failure to respond to previous recommendations has contributed to the current poor state of the wellbeing of Aboriginal people in Western Australia, in particular to the crisis levels of Aboriginal youth suicide (p13).
- **Finding 8:** There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature (p57).
- **Finding 9:** By their very nature, culturally-based programs must be tailored to suit the particular community that will be using the program (p57).
- **Finding 13:** Empowering Aboriginal communities is fundamental to reducing the high rates of Aboriginal youth suicide (p77).
- **Finding 15:** Aboriginal people should be fully engaged and involved in every facet of creating strategies and developing programs and services which are relevant to them. This is not a new concept, with inquiries recommending increasing engagement with and involvement of Aboriginal people consistently for more than 15 years (p85).
- **Finding 16:** The Western Australian Government has demonstrated a significant lack of vision by failing to engage Aboriginal people in making decisions and developing strategies, programs and services which affect them (p85).
- **Finding 21:** Empowering Aboriginal communities requires Western Australian Government agencies to relinquish their power when setting and implementing policies for Aboriginal people and undertake a fundamental shift in the way government does business (p104).
- **Finding 23:** Suicide Prevention 2020: Together we can save lives is a generic suicide prevention strategy which does not specifically address the needs of Aboriginal communities (p120).
- **Finding 42:** Very little Royalties for Regions funding has been directed towards Aboriginal-specific or youth-specific suicide prevention or postvention initiatives (p206).

Cultural strength is key to suicide prevention

Social Justice Commissioner June Oscar keynote address to the National Suicide Prevention Conference, July 2017:

- The strength of our culture must be the bedrock of any solutions to many of the challenges that we face.
- The colonization of our country has come at a great cost for our peoples. We see it every day in the health and wellbeing of our peoples, in the lack of jobs and in the trauma and disadvantage that surrounds us.
- The power of our culture in healing and the necessity of community designed and led solutions are key antidotes for change.
- Our culture is both an ancient and continuing source of resilience. And it is a necessary part of the solutions that we are forging in our communities right across this country.
- We know the healing power and protective role that culture plays in our communities. Our culture kept us safe and healthy long before the British arrived on our shores and long before we even had words to describe the devastation of suicide. It has been a reservoir of strength that has sustained us throughout time.
- Research tells us that strong cultural connections is a necessary ingredient for good health and wellbeing.
- We know that culture is a critical ingredient of any approach for addressing suicide in our communities and is a lifeline to all of us but especially our most vulnerable.
- We also know that bringing about change means moving away from discussions that are based in the ‘deficit’ and channelling our efforts into the strengths-based programs and services such as those that I have already mentioned.
- The language of strength, not deficit is what will keep our cultures and our communities alive.
- The challenge for us in the modern world is how do we continue to be sustained by the world’s oldest living culture in a society that seems to give it so little value. Walking in two worlds of what it means to be an Indigenous person in this country is not an easy path. Sadly, it is too easy to get swept up in the pain when you are surrounded by little else.
- [Quoting Gularrwuy Yunupingu] What Aboriginal people ask is that the modern world now makes the sacrifices necessary to give us a real future. To relax its grip on us. To let us breathe, to let us be free of the determined control exerted on us to make us like you. And you should take that a step further and recognise us for who we are, and not who you want us to be. Let us be who we are – Aboriginal people in a modern world – and be proud of us. Acknowledge that we have survived the worst that the past had thrown at us, and we are here with our songs, our ceremonies, our land, our language and our people – our full identity. What a gift this is that we can give you, if you choose to accept us in a meaningful way’.

ATTACHMENT 6 – Aboriginal and Torres Strait Islander Suicide Prevention Project, June 2016

[Solutions That Work: What The Evidence and Our People Tell Us](#)

Aboriginal and Torres Strait Islander Suicide Prevention Project, June 2016

If thematic elements can be drawn from the Chandler and Lalonde studies, the first is community empowerment: supporting communities' agency to make real choices and change their experience for the better. This could be through education and awareness raising, the emergence of leadership and decision-making structures, the devolution of decision-making power to such structures, and the presence of services and support organisations to assist in achieving goals and/or the provision of resources. Cultural maintenance and renewal was another thematic element. More broadly, the studies suggested that primordial prevention – upstream interventions that may have little directly to do with suicide as such – had an important place in Indigenous suicide prevention (p12).

ATTACHMENT 7 – SENATOR PATRICK DODSON STATEMENT – JULY 2017

[‘Mabu liyan – I hope you feel good in your heart’](#)

Senator Patrick Dodson, article on the current Coronial Inquest into suicide in the Kimberley, 29 July 2017.

Some of the key points that Senator Dodson makes, in his own words, are as follows:

- The impact of colonisation has been traumatic for our people. It has contributed to a loss of connectedness through the destruction of culture and respect. This has resulted in harmful behaviors and dysfunctional relationships, substance abuse, family violence, and ultimately the loss of hope and the loss of the will to live.
- External service providers and delivery systems can have good intentions but as long as they look at us from over the hill and come up with ideas to fix our problems from the outside, they will always fail. They fail because the solutions do not come from within the culture. They do not fully understand *mabu liyan*.
- Programs that value cultural imperatives like connection to country, and initiatives controlled by Aboriginal people must be given priority. We should be listening to Aboriginal organisations such as Aarnja, KALACC (Kimberley Aboriginal Law and Culture Centre) or Nyamba Buru Yawuru, organisations that are actively engaged in promoting *mabu liyan*.