

## INQUIRY INTO SUICIDE IN AUSTRALIA

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### **The impact of suicide on the Central Australian Aboriginal community**

#### **1. the personal, social and financial costs of suicide in Australia**

There is no doubt that suicide has impacted on every indigenous family in Central Australia. It is a relatively recent problem in amongst all the difficulties faced by indigenous people in this region and is the inevitable consequence of inter-generational trauma. The first reports of suicide of Aboriginal people in this region occurred in the early 1980's and the rates have remained steady ever since. Between 2001 and 2009, an average number of 12 people per year die by suicide for an approximate population of 50 000 people. Those currently most at risk of dying by suicide are Aboriginal men between the ages of 20 and 45 years of age. Hanging is the most common method used. The loss of so many men from Aboriginal communities as a result of suicide, accidents and incarceration is a shameful and devastating situation. The loss of cultural knowledge, the loss of strong leaders and important role models, the loss of work potential, the loss of input into families and communities, the loss of fathers, cousins and brothers, the loss of sporting prowess, the loss of food gathering expertise, the loss of story telling, the loss of political influence, and the loss of significant players in the decision making for Aboriginal people. Their absence impacts on the lives of women who are left with the role of raising their children, dealing with any difficulties without their input and making community and family decisions. These women also carry an enormous sadness over the loss of the men from their lives.

#### **2. the accuracy of suicide reporting in Central Australian Aboriginal community,**

Reported deaths by suicide for Central Australia are not accurate. Central Australia crosses State and Territory borders of the Northern Territory, South Australia, Queensland and Western Australia. Deaths that occur in communities such as Ernabella in SA or Mt Isa in QLD or Warburton in WA can be linked to families living in NT communities and services available to those families can be based in Alice Springs or Tennant Creek in the NT. This complicates the work of the Police and Coroner working within the NT Government jurisdiction as they seek to gather information related to the death including the possible intent to die. Many potential suicides are not reported as such (i.e. motor vehicle accidents, being run over by a train or car, lethal cutting, a person found dead who has wandered into the bush alone, misadventure, over dosing, falls from a high point, resisting dialysis treatment).

Some communities do not have resident police. This can delay the reporting of suspicious death, particularly of itinerant people with a history of substance misuse. Many suicidal deaths of community members occur when people are away from their home community often in locations where they can get access to alcohol such as in Alice Springs, Tennant Creek or at a highway alcohol outlet. Often these circumstances are particularly unsafe as many of the drinking companions are also intoxicated and unlikely to notice potential suicide risk or respond well in the likely event of a suicide attempt.

Statements can be gathered by police from witnesses who have English as a second or subsequent language and who may have a history of difficult altercations with the police. This can impact on the accuracy of statements by people who may be reluctant to volunteer information to the police. The serious consequences of cultural payback and blame associated with a death by suicide impacts on the willingness of witnesses to state the truth. Many reports indicate that witnesses and/or family members are disbelieving that this person would end their own life. Exposure to high risk behaviour, danger and trauma is common to so many Aboriginal people living in Central Australia that statements related to a death by suicide rarely indicate that the deceased was “at risk” and often state that the death was sudden or impulsive. Statements by Aboriginal people might commonly discuss a night of drinking or even a full 24 hours of drinking, possibly an argument with a partner or relative, and later someone finds a member of the drinking party hanging from a fan, fence or tree. There is rarely any reflection on the additional underlying trauma that the deceased may have experienced over a lifetime that might have led to this incident. The fact that so many Aboriginal people in this region might be “at risk” presents an enormous challenge for service providers.

There is inadequate data collected on self harming behaviour. Those people who try to end their lives on communities are not always reported to health clinics or mental health teams. The numbers of serious attempted suicides has not been recorded systematically, is difficult to record accurately, is difficult to define, and consequently useful data has not been gathered. The community of Yuendumu is one of the few communities making efforts to measure the numbers of people who attempt suicide, to monitor these individuals and to gauge whether their programs are making a difference to the rates of suicide and attempts.

### **3. the appropriate role and effectiveness of agencies, such as police, emergency departments, law enforcement and general health services in assisting people at risk of suicide;**

The scarcity of services in remote communities can lead to a lack of reporting of suicide risk and reliance on family members to deal with this issue the best way they can. However, health clinics and police are called on to respond to suicide risk and suicide attempts. Few mental health service providers are located in remote communities in Central Australia. Depending on the severity of the injuries, suicide attempts are commonly dealt with on communities rather than transporting people to hospital in town. Most suicidal behaviour occurs late at night and emergency services are stretched. Police are commonly called to deal with people in a crisis of suicide. Night Patrol workers might have received training in suicide intervention, however many will still call on the police to intervene in the case of suicide risk. This may be due to the fear of the consequences of a death by suicide.

Threats of suicide are extremely common in remote Central Australian communities. Many of these threats are used to manipulate family members into giving over something of value (i.e. money, car keys, drugs, alcohol) or to prevent partners from leaving. Suicide threats are not able to be taken seriously as a true indication that this persons life is at risk. Consequently the already over taxed remote services such as night patrol, police, mental health workers, youth workers, teachers or health clinic staff cannot always respond to the potential risk of suicide when the word is thrown around so carelessly and manipulatively. Family members on the receiving end of these threats are worn down by this behaviour as they are forced into an oppressive situation that is difficult to negotiate their way out of. Under duress they are expected to determine if this behaviour will lead to yet another death by suicide. They fear the traumatic consequences of yet another death in their life. Trauma associated with sadness and grief and the aftermath of a suicide. People get blamed for the death, especially those who were caught up in the final altercation with the deceased. Wives can be blamed for their husband's deaths,

mothers can be blamed for their son's deaths and sisters or brothers get blamed for their brother's deaths. Payback is a frightening consequence of death in a community. This fact complicates the problem of suicide and can prevent people from intervening when a person is at risk of suicide.

The system of monitoring suicidal people or people at risk of suicide who live remotely or in town camps is inadequate. Any expectation that this could be done effectively by the already over-stretched mental health service or the SEWB branch of the Aboriginal health service is unrealistic. In remote communities, mental health specialists are visiting services. Until this changes, it is difficult to know how effective the monitoring of individuals at risk of suicide is and if it is carried out by people who live in the communities such as strong family members, clinic staff or youth workers. Aboriginal people need to form trusting relationships with service providers over a period of time before they are likely to open up and share personal information. Given the transient nature of some Aboriginal people who can move between communities many hundreds of kilometres apart and between their communities and Alice Springs or Tennant Creek, it can be difficult to find clients. Mobile phones networks do not service most remote communities so communication is challenged in this region. Service providers cannot easily set up appointment times with clients. The models of clinical support need to accommodate the nature of remote communities so that clients are monitored more effectively. Clients can agree to share their information between Government departments and non Government agencies for the purpose of more effective monitoring of clients by all those involved in their care.

Suicide is a recent problem for Aboriginal people and consequently there is a lack of understanding about where it comes from, how to notice when someone might be at risk, how to best respond when someone is at risk and where to go for help. Some people believe that if they talk about suicide, more deaths will occur. Some people attribute "the hangman" or "a bad spirit" to increased numbers of suicide. Some people believe that a person can be "sung" to die by suicide. This in some way alleviates the blame that can be directed at family, but also challenges suicide prevention efforts that are directed at addressing the risk factors for suicide and educating people to notice warning signs and intervene with individuals at risk. There are stories of female family members physically punishing those who attempt suicide and growling at men who try to end their lives. Women especially are tired and angry at these young men for this behaviour that could end in death and begin another cycle of sorry business, funerals and sadness.

An indigenous focused training program called "Suicide Story" is being developed by the Life Promotion Program to provide an opportunity for Aboriginal people to hear from other Aboriginal people sharing their understanding of suicide and ways to support those at risk. Other training programs rely on high levels of English literacy, use examples that are irrelevant to the lives of Central Australian Aboriginal people and place adult education expectations that are unrealistic. Locally developed culturally relevant programs have a greater chance of connecting with the Aboriginal people in this region.

#### **4. the effectiveness, to date, of public awareness programs and their relative success in providing information, encouraging help-seeking and enhancing public discussion of suicide;**

MHACA (Mental Health Association of Central Australia) has invested in mental health promotion. Without this position the distribution of information from national public awareness campaigns would have difficulty reaching a wide local audience. This role often falls to the administrative staff or is not prioritised within mental health organisations when funding is required for practitioners. Public awareness programs such as Beyond Blue, Reach Out, Headspace and SANE Australia provide helpful publications, website information and fact sheets for download. This information is distributed at many public

awareness events in Alice Springs and Tennant Creek during the year and at mental health week and World Suicide Prevention Day. MHACA (Mental Health Association of Central Australia) distribute a quality publication three times a year with nationally and local initiatives promoted. They have involved guest speakers from Beyond Blue and many other mental health related organisations from around Australia to Alice Springs and Tennant Creek to deliver training and information sessions. These initiatives reach the community sector service providers and interested community members and they have gone some way toward improving public awareness of and reducing the stigma surrounding mental illness and suicide. Together with Lifeline and other local organisations we have communicated effectively to the local town based audiences and this may have impacted on the number of referrals to mental health services.

The development and funding of effective localised training tools and multi media initiatives are required to improve the understanding of Aboriginal people living in remote communities around mental health and suicide.

As part of the development of the NT Suicide Prevention Action Plan, the NT Government's Mental Health Program committed to facilitate annual forums focusing on suicide prevention and mental health to ensure the sharing and development of knowledge and skills in a range of areas across the NT. These have been well attended, successful initiatives.

#### **5. the efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;**

Due to the high turnover of staff in Central Australia, training in suicide intervention skills needs to be delivered on a regular basis. There is a high demand for this training from front line workers, teachers, police and other professionals. Ideally ASIST trained staff should be seen as a resource in communities, but it is difficult to keep track of those who have received ASIST training and it is difficult to know how often they use the intervention model. Lifeline provides an effective coordination point for ASIST and Safe Talk training and Life Promotion continue to invest in staff training in ASIST train the trainer programs in both Alice Springs and Tennant Creek. Previous attempts to invest in indigenous trainers led to many more trainers qualifying, but few that went on to deliver the training. Some of these people were moved to positions with greater responsibilities and less time to devote to training. Others did not have the confidence as trainers and some workers did not have the support of their organisations. The current availability of trainers cannot meet the demand for training.

Recently requests for training for remote workers have been delivered at half way meeting points such as the Eralunda Roadhouse. This is an effective means of delivery for workers scattered across remote regions and saves on travelling to all the communities for a potentially small group of trainees.

#### **6. the role of targeted programs and services that address the particular circumstances of high-risk groups;**

The Life Promotion Program was an initiative that began in 1998 in Central Australia specifically established to address the high rates of suicide and self-harming behaviour. It has received consecutive funding from the NT Government over this time. The program employs three staff, one located in Tennant Creek. This program has in recent years focused more attention on the highest risk group of Aboriginal men and the development of "Suicide Story". Life Promotion were a partner organisation in a suicide prevention project funded through the Australian Government's National Suicide Prevention Strategy. One of the highlights of this project was the work developed in collaboration

with Congress, Bush Mob and the Santa Teresa community to support the establishment of meaningful activities and employment for men. These activities built on strengths and protective factors such as cultural knowledge in the re-kindling of the men's cultural dance and the development of the horse program for men with skills and experience as cattlemen and horse handlers. How this impacted on the rates of self harming behaviour is difficult to measure, however there is no doubt that this type of work needs further attention in suicide prevention and the reduction of high risk behaviour. A guide was developed from research and our learnings from the Strengths Project. It explores the dos and don'ts of effective suicide prevention work in remote Central Australian communities. This is a valuable resource based on the learnings that we gained from piloting work that had not been done before in any comprehensive way. The resource is available on the MHACA and Waltja websites.

Continuing to build on these projects would be useful. The attached discussion paper explores ways of enhancing locally based services to address some of the underlying stresses that leads to suicide in remote Aboriginal communities.

**7. the adequacy of the current program of research into suicide and suicide prevention, and the manner in which findings are disseminated to practitioners and incorporated into government policy; and**

Current research is useful and websites such as LIFE and SPA are important avenues to keep informed of this research and to be involved in discussion papers on various relevant issues. However, at a local level there is much we do not know about suicide among indigenous people in Central Australia. The effectiveness of ASIST training, effective models for crisis support in remote communities, the effectiveness of the systems of support for people who attempt suicide, the effectiveness of support on release from the hospital after an attempted suicide, effective bereavement support for indigenous people after a suicide, does meaningful work and meaningful activity impact on suicide rates among Aboriginal people, how to address suicide threats in communities and the effectiveness of culturally relevant training tools for suicide prevention.

**8. the effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.**

The NSPS funded many projects across Australia including one major project in the NT. Given the high rates of suicide among indigenous Australians, it was surprising that no other major project funding was secured for the NT in the early round. Anglicare NT and Yuendumu's Mt Theo program secured some funding at a later stage. The communication channels are no longer as effective as they were in previous years when the NT Suicide Prevention Strategy Advisory Committee was in place. The current national board does not effectively consult with all the relevant players working in suicide prevention throughout Australia and the Life Promotion Program Steering Committee does not get the opportunity to feed information up the channels to inform Government policy.