Senate Inquiry into suicide

A submission developed by the Indigenous team of the National Drug Research Institute.

The personal, social and financial costs of suicide in Australia:

The impact of suicide on Indigenous communities in remote, rural and urban areas presents a great loss to individuals, families, communities and the broader Australian community. Comments related to some of the more important costs are detailed below:

- Of particular concern and cost to Indigenous communities is the presence of contagion effects which can result in suicide clusters. The costs of suicide clusters are numerous and encompass effects on the physical, emotional, and spiritual wellbeing of whole communities.

- As discussed by Ernest Hunter, in some areas suicide appears to have taken on martyrdom symbolism as a consequence of disempowerment. This has inestimable social and cultural costs.

- The rates of suicide among Indigenous Australians are significantly higher than among non-Indigenous Australians, and have increased dramatically over the last 30 years, particularly among young males. This increase has co-existed with numerous suicide prevention strategies and policies in Indigenous communities; thus the increase adds to the trauma of colonisation, feelings of hopelessness and alienation, frustration and hopelessness.

- Typically the lethality of method of suicide (most commonly hanging) among Indigenous Australians results in a great personal cost for a person finding an individual who has attempted or committed suicide. Finding or being present during a suicide, or suicide attempt, has major ongoing effects on wellbeing through the development of post traumatic stress disorder, guilt and shame.

- The financial cost of suicide in Indigenous communities is difficult to quantify but needs to take into account the affects of losing young males from the community.

- Suicide, alongside other factors impacting on Indigenous ill health, contributes to ongoing grief and loss experienced by communities. These periods of grief and loss and heightened stress then act as further risk factors for ongoing ill health, including mental health.

The accuracy of suicide reporting in Australia, factors that may impede accurate identification and recording of possible suicides, (and the consequences of any under-reporting on understanding risk factors and providing services to those at risk):

There is widespread belief in Indigenous community controlled health sector that the rate of Indigenous suicide is significantly underestimated:

- Suicide attempts in Indigenous communities can go largely unreported to health services, police, and other points at which data is collected. As a consequence we have little knowledge of the extent and aetiology of attempts, and the impacts of these attempts on families and communities.

- An improvement in culturally secure methods to investigate deaths by suspected suicide will be critical in not only collecting more accurate data and will also serve to minimise further trauma and negative effects on families.

- Closer examination of deaths by misadventure (resulting from high risk behaviours) among young males and the degree to which certain behaviours (e.g. high risk driving) are motivated by hopelessness and suicidal ideation/ intent will contribute to our understanding and enable us to better target interventions.

- A better understanding of suicidal behaviour and improved prevention will develop if data collection and management that can highlight differences in suicidal behaviour (for example impulsive suicides, suicides linked to mental health, and suicides linked to contagion effects or martyrdom).

- Increased and improved data collection is required to help determine the role alcohol and drug use plays in suicide and suicide attempts.

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 role of general health services in assisting those at risk of suicide is particularly important; with regards to the Indigenous community the role of community controlled health organisations is particularly critical:

- To improve the effectiveness of general health services to respond to suicide, adequate and non-siloed funding is required to enhance the capacity of service providers to more comprehensively monitor suicidal ideation and other predictors of suicide (e.g. drug and alcohol, depression, aggressive behaviour, impaired coping and emotional management, relationship distress, trauma history, recent death in the family).

- To ensure service effectiveness and staff retention an improvement in training to workers within communities, and ensuring the provision of professional supervision (clinical debriefing and case planning) to workers is critical.

- In remote areas training other community staff, such as night patrol staff, will be critical in managing risk associated with impulsivity and alcohol and drug use.

The efficacy of suicide prevention training and support for front-line health and community workers providing services to people at risk;

- The Suicide prevention training available as part of the West Australian Strategy - "Gatekeeper Training" is well run and well structured; the provision of booster and refresher courses is also very positive. That said, the training does not adequately address whole of community risk factors, impulsive suicidality and has very little time dedicated to the needs, strengths and struggles of Indigenous communities.

- In rural and remote communities there is not an ongoing presence of individuals trained in suicide prevention. A greater effort is required to building capacity among workers from within communities (as opposed to bringing people and plans in). The sustainability of suicide prevention in smaller centres will depend on the capacity of the community to respond utilising its own workers and experiences.

The role of targeted programs and services that address the particular circumstances of high-risk groups:

There is an acute and a chronic need for targeted programs that address the circumstances of Indigenous Australians:

- The provision of holistic services is a key tenet behind community control. Organisations that have the capacity to provide holistic services have a greater likelihood of identifying those at risk; many risk factors for suicide are the same as those for other mental health and wellbeing concerns.

- There is a need for improved mental health services in Indigenous communities which have the capacity to assist those who have internalising disorders, externalising disorders (aggression and substance use etc), relationship difficulties, trauma, psychosis and high levels of stress.

- Furthermore, improved integration of AOD and mental health services and better coordinated pathways between providers, would likely enable enhanced recognition and more effective response to clients at risk of suicide.

- The presence of contagion effects in Indigenous communities demonstrates the need for programs and services to be able to accurately identify, and respond to, whole of community risk factors in addition to individual risk factors for suicide.

- Due to contagion effects, a single suicide also represents an opportunity for preventing possible further suicides. Communities and government services need to be able to mobilise resources to support the community and family (including extended family) when a single suicide occurs.

- There is an unmet need for services and community interventions which are able to respond to impulsive suicide behaviour. Typically suicide interventions target those who have expressed suicidal ideation (have talked about thoughts of dying prior to any act); these programs are limited in responding to individuals who are at risk of impulsive suicide attempts.

- Culturally appropriate resources and strategies that can improve the mental health literacy of communities are also indicated so that whole communities can identify and understand the experiences of those at risk of suicide.

- There needs to be an increase in the paid after hours availability of Indigenous mental health workers. Given the small Indigenous Australian health workforce, initiatives are needed to attract Indigenous students to health-related courses and degrees.

- The role of programs which can provide education and support, in a culturally secure way, to families of an individual who has attempted suicide is vital to minimise ongoing risk.

- There is a need in all human services to have suicide postvention protocols in place. Following the death of a client, the impact on workers is often severe; as agencies strive to meet their own accountability needs the wellbeing of workers can be neglected. It is recommended that agencies establish protocols to enable the effective management of staff distress in addition to their reporting requirements which can also allow for appropriate (non-punitive) review of cases and future planning to be put in place.

- There is a need for positive and strength based programs which support the resilience of young people.

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;

A broadening in scope of understanding suicide and suicidal attempts and para-suicidal (self harm, high risk behaviours) behaviour is warranted; this includes further research

into the role of alcohol and other drugs in suicidal behaviour, different types of suicidal behaviour, community and individual resilience and the translation of this research into practise and policy.

- As discussed previously ongoing research is needed that can distinguish between different types of suicidal behaviour, its predictors, and possible points for intervention.

- Current research into the aetiology of suicide and in service delivery points toward the need for funding policies that can provide ongoing funding to agencies. Short term funding cycles can have a detrimental effect on individuals and communities as the availability of support can change frequently and lead to difficulties in maintaining continuity of care for at risk individuals, as well as difficulties in building and maintaining trust between agencies and clients. Similarly, policies which provide siloed funding can result in agencies having difficulties in providing holistic care to individuals with multiple risk factors (e.g. and individual with depression, drug and alcohol use, chronic health complaint and history of domestic violence).

- Provision needs to be made alongside any program or service implementation for evaluation. Evaluation is critical in order to develop a stronger evidence base for best practise in Indigenous communities and to further contribute to policy.

- The findings of much research are not adequately disseminated to Indigenous communities. This is a critical step in empowering communities to make informed decisions about the services they require, the agencies which provide those services, and in developing their own research agenda.

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

Unfortunately given the points discussed above the National Strategy has not been able to adequately minimise suicide and the impact of suicide on Indigenous communities.

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