



**Marninwarntikura Fitzroy  
Women's Resource & Legal  
Centre**



**NINDILINGARRI CULTURAL  
HEALTH**



## **COMMUNITY-OWNED APPROACHES TO SOCIAL RECOVERY**

**- OVERCOMING SUICIDAL DESPAIR IN THE FITZROY VALLEY**

**Service Analysis of the determinants necessary for *a good life well lived***

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## **Executive summary**

In Section One, this paper aims to penetrate the complexities of Indigenous suicide as it currently manifests in the Fitzroy Valley and present the case for a radical overhaul of the relationship between governments and indigenous communities within the framework of developing comprehensive ‘universal protective strategies’ against *suicidal despair*. The case is simple – allow the local leadership, through locally driven third sector agencies and an expanded local governance body (the Fitzroy Futures Forum), to guide the design, delivery and outcomes of both policy frameworks and service provision. It calls on governments to invest in local leaders’ capacity and their local knowledge to manage the very pressing needs for achieving social recovery and for building a participatory local economy. Above all, it argues for a relocation of the centre of control and power from within public sector bureaucracies to within local third sector organisations, and a concomitant commitment to relocate discretionary funding accordingly.

The historical determinants of Indigenous disadvantage are acknowledged, as is the present COAG’s commitment to overcoming them. However, caution is expressed: historically, government’s engagement with Indigenous issues can be conceptually understood to originate from a perspective of ‘Care for’ which, through familiarity and inbuilt systemic flaws, has become transformed into an entrenched style of engagement better characterised as ‘Power Over’. This paper argues for the need to shift from ‘power over’ to ‘power with’ and relocate the locus of power and control to within the Fitzroy Valley. Government needs to be guided by local knowledge and support local design, delivery and ownership of outcomes as a priority requirement.

Only when a comprehensive shift in financial investment from public sector costs (where only meagre amounts of public monies are available for circulation within the Fitzroy Valley itself) to investing those monies through the third sector into those very communities that the monies are intended to target, then a viable, balanced and sustainable local economy in which local people can fully participate can eventuate. This is a crucial requirement for creating the pathways for *a good life well lived*, in which all residents of the Fitzroy Valley can participate.

This paper acknowledges both the national and state suicide prevention plan but refers mainly to a document created in 2001 to address concerns current at that time regarding worrying rates of Aboriginal suicide within WA, entitled ‘Working Together’ (See Attachment A).

In Section Two programmes and services addressing integrated solutions are recommended. When such programmes and services are designed with task-based leadership capacity-building inherent to their delivery, then these same programmes can develop layers of community leadership and engage community members in activities well beyond the immediate scope of funding.

Below is a ‘rich picture’ – outlining the premises of *a good life well lived* on which this document is written, and presented pictorially. It can be referred to through-out the document. It constitutes an executive summary in schematic form, articulated from the perspective of Fitzroy Valley residents.



## **SECTION ONE**

### **Background:**

This document is written in response to a request from Richard Aspinall, ICC co-ordinator for the Kimberley, for a mapping and gapping analysis of the current state of suicide prevention in the Fitzroy Valley. That such a document was requested comes about because of approaches made to Richard Aspinall by leading Fitzroy Crossing third sector agencies, including KALACC, Marninwarntikura Women's Resource Centre, Nindilingarri Cultural Health and Marra Worra Worra.

These agencies are increasingly concerned that the Fitzroy Valley may well be about to experience yet another traumatic spike in deaths from suicide, since through their services they are all too aware that the numbers of people expressing suicidal ideation – contemplation of the act of suicide – are dangerously high.

This document is in some degree a response to the national suicide prevention strategy (LIFE or Living is for Everyone); the current state suicide prevention strategy which links in with LIFE; and in particular a document compiled in 2001 specifically to address concerns then regarding Aboriginal suicide, called 'Working Together' (companion document, attached to email). It seeks to build on the arguments presented in 'Working Together' and demonstrate how such an approach would manifest in the Fitzroy Valley. However, it is in the first instance a strengths' based model of *what a good life well lived within the Fitzroy Valley would look like*, drawing attention to the infrastructure, service and governance arrangements necessary to achieve this.

### **Indigenous Determinants of Suicide**

While these are extensively documented in the 'Working Together' (2001) paper (companion document, attached to email), it is nonetheless worthwhile here adding those determinants which are particularly relevant for the Kimberley.

Aboriginal societies in the Kimberley have, through the impact of settler colonisation and within the last 130 years, been unrelentingly subjected to landlessness, powerlessness, poverty and confusion. In his Boyer lectures of 1968, W E H Stanner described this loss as 'a kind of vertigo in living' by which he meant that all previously stable determinants of *a good life well lived* have been suddenly and traumatically lost. In terms of lived experience since 1968, very little can be said to have changed for the better, and the 40 years' unregulated and chronic over-supply of alcohol have added several layers of complexity and trauma.

There are several theories of what drives suicide. The one this paper considers to be the most pertinent is that of 'existential suicide' in which the act of suicide is undertaken in order to end the burden of hypocrisy, of the meaningless of life. This results in lack of motivation to continue to exist. It is well researched that those who survived the Nazi concentration camps of WW2 were those who could maintain their sense of *purpose in life*. Colin Tatz in his book 'Aboriginal Suicide is Different' (2001, p98) argues that many Aboriginal suicides are driven by profound existential despair which has very little to do with mental illness. Brian McCoy, in his book 'Holding

Men' (2008) argues that this despair is particularly acute for men. He argues that men have experienced cumulative layers of loss of role, purpose and meaning through dominant society interventions in their lives. With this in mind, it is essential that suicide prevention strategies are located within social, cultural and existential paradigms of meaning and purpose rather than merely within a public health framework.

That cultural constructs underpinning Aboriginal world outlooks have continued in the face of the colonial experience and successive disasters including extensive and pervasive experiences of racism together with 40 years' chronic over-supply of alcohol, demonstrates as nothing else can the extraordinary resilience and adaptive capacity of Aboriginal societies.

It is the purpose of this paper to present a framework of engagement in which this very same resilience and adaptive capacity can be realised in the achievement of social recovery and the overcoming of *suicidal despair*.

### **Current prevalence of suicidal Ideation**

The two liquor outlets in town have had to put in place critical incident debriefing for staff traumatised by customers threatening and attempting to carry out suicide when denied service of alcohol. Marninwarntikura Women's Resource Centre is particularly vulnerable since male partners of women seeking refuge in their Shelter and/or legal support, frequently threaten and occasionally attempt suicide due to their female partners and children seeking protection from their violence. Recently two suicide attempts outside their premises were only narrowly, and by chance, averted. All four agencies, in their work which spans the Valley and the whole of the Kimberley, continue to be directly impacted by the levels of *suicidal despair* present in the Valley and are only too well aware of the hopelessness with which many people, men and women, young and old, contemplate both the future and the current severe privations under which they eke out their existence.

It is all too easy in the face of this level of suicidal despair to be drawn into deficit frameworks of thinking and respond accordingly with mainstream public health models. Community leaders and third sector agencies in the Fitzroy Valley believe that solutions lie within local world outlooks, determined through community participation structures and supported where necessary by international developmental and therapeutic frameworks underpinned by internationally benchmarked best practice (the Paris Declaration on International Development, 2005, to which Australia is a signatory – see Section Two) This view is substantiated by direct lived experience of the failure of all too many Australian-mainstream driven rescue packages.

### **Community Leadership Perspectives**

In 2007 community leaders asserted a powerful leadership position within the Fitzroy Valley to address the social crisis of alcohol abuse that affects the whole community at various levels, led by Marninwarntikura Women's Resource Centre. This has had a decisive and defining influence on the social conditions of the Fitzroy Valley through alcohol management strategies and partnerships with government

agencies, particularly the police. Different alcohol restrictions are slowly being implemented across the Kimberley, some voluntary, such as the current takeaway restrictions in Derby, and some legally enforced, such as takeaway restrictions in Halls Creek and Section 175's (legally dry communities) in Wangkatjunka, Nyoonkanbah and Umbulgarri among others.

Alcohol restrictions in themselves are not the answer to all the problems in the community and were never intended to be. Their purpose was always to create a breathing space from the trauma and chaos of death, violence and fear; a breathing space in which to think and plan strategically.

Make no mistake: the Fitzroy Valley faces huge issues. Not least are the appalling legacies of 40-plus years of unregulated oversupply of alcohol, contributing to far too many local people living in chronic poverty.

- Many children and young people, including parents, now have life-long disabilities because of this oversupply, brought on both by Early Life Trauma (ELT) and by Foetal Alcohol Spectrum Disorders (FASD).
- Many in the adult population have alcohol-related cognitive disabilities brought on by excessive personal use.
- Too many local people, mothers and fathers and young people, are incarcerated, often for victimless crimes. Too many local children are Wards of the State.
- Too many people fail to find a clear pathway to a meaningful future and resort to alcohol and substance use, and family violence. Tragically, some of them succumb to *suicidal despair* and choose to take their own lives.
- The local economy has been dominated by the alcohol industry for far too long: either selling alcohol or involved in trying to patch up the chaos it causes. Too many local people are excluded from the economic benefits of delivering these and other services, or of creating or participating in a culturally-based sustainable local economy.
- The richness of the local cultural base has become seriously eroded. For a culture that depends on oral transmission to have so many of the future generation victims of a brain-based disability that is entirely preventable is a tragedy of the first order.

If the Fitzroy Valley is going to win the peace which the alcohol restrictions have begun to create and overcome the pervasive sense of *suicidal despair*, there needs to be recognition of the new and emerging relationship between Fitzroy Crossing Aboriginal communities and government.

Therefore, community leaders and third sector agencies are arguing for the following:

1. *A commitment to Effective Participation by the local population.* Adopting this commitment would address much of the underlying social disadvantage and economic exclusion currently experienced in the Fitzroy Valley. The **Fitzroy Futures Forum** has provided a crucial consultative path and direction for the recent Department of Housing and Works (DHW) capital works programme – the new school, hospital, power station and other capital works have all been

successfully negotiated with the community through this avenue. The Forum needs to be seen as the beginnings of an Indigenous governance structure, made up as it is of the four language groups together with the three layers of government and an additional three local people chosen by government.

This role needs to be expanded to enable community elders, local leaders and organisations, in partnership with government, to take full ownership of the design, delivery and outcomes of services aiming to reduce Indigenous disadvantage and implement universal protective strategies to address suicidal despair. For locally directed change to be effective in the Fitzroy Valley, government strategies need above all to seek to develop and support a viable third sector as the preferred vehicle for service delivery.

Failure to do so would continue the present situation where mismatched 'one size *ought to fit all*' programmes, based on inappropriate research, continue to deliver the current appalling results which have given rise to the Closing the Gap initiative. Unacceptably high levels of Indigenous incarceration, a gap in life expectancy of 17 years, poor educational and health outcomes, serious environmental health and infrastructure gaps: the list goes on. At a service delivery level, these continuing failures to engage with local people and relocate the centre of control to within Fitzroy Valley third sector organisations directed by community elders include restricted opportunities for economic engagement and skills development for local populations. Lack of viable pathways towards *a good life well lived* is held by many local leaders and organisations to be a major contributing factor towards the high levels of *suicidal despair* currently experienced by many people in the Valley.

The current situation results in services that all too often are neither locally owned nor appropriate, delivered by personnel with no local status. The Fitzroy Valley needs locally designed service models for locally owned and delivered services, which draw on local cultural knowledge and which use with discernment 'evidence-based' interventions. Above all, people in the Valley need to build on their capacity for personal engagement and negotiation skills.

2. *A commitment to Substantive Equality on the part of all government agencies.* The concept of Substantive Equality is based on equality of *outcome*. It recognises that the Australian egalitarian construct of 'a level playing field for all' can not be maintained where there is such divergence between urban, regional and remote conditions within Australia. This current approach of one set of rules for all is 'difference blind' with often disastrous results. It assumes homogeneity: such as equal access to education or health, or equal treatment within the justice system. But it ignores differences in experience *and* location which impede and constrain those who are *not* from the dominant society. Were outcomes-based equality – substantive equality - to be adopted across all agencies within all three layers of government, ensuring equality of results, it would inevitably encourage a critical assessment of the current situation regarding health, educational, vocational and justice outcomes for all Australians and, one hopes, lead to a vigorous exploration of alternative policy frameworks



which can allow balance and equality to co-exist. In the context of the Fitzroy Valley, it would have significant potential to realise full social and economic participation in bringing about the full community recovery so urgently wished for and so vital in overcoming the current levels of *suicidal despair*.

If formal equality doesn't work for Indigenous people, it begs the question: is it good enough for anyone??

3. *Recognition of Cultural difference.* Indigenous cultures across the world are enduringly collectivist in nature. The Kimberley language groups are no exception. Hallmarks of a collectivist culture include:
- persons concerned more with the well-being of their extended family than their own advancement
  - persons who are inextricably connected to the other people in their culture
  - persons who value social harmony over individuality and are more likely to endorse behaviours that increase group cohesion and interdependence
  - persons encouraged to conform to primary loyalty to the group
  - where the significance of shame signals that social harmony has been hampered and that persons must act to rebuild it

A genetic tendency to depression is much less likely to be realized in a culture centred on collectivistic rather than individualistic values; however the current degree of *suicidal despair* in the Fitzroy Valley suggests that environmental stressors have reached such all-pervasive levels, leading to fundamental breakdowns in social and cultural structures, that normal collectivist society protections are increasingly unavailable.

An aspect of this communitarian-based culture that is constantly being negotiated within the Fitzroy Valley concerns community and family-based aspirations to create a stable economic, social and cultural environment in the midst of widespread chaos and despair. Holistic and universal approaches to social recovery are much more likely to be successful in tapping into and utilising these aspirations for the benefit of all.

An individualistic culture is a culture in which individuals focus on their own goals and their immediate families

- See self as individuals, separate from the societal group
- Focus on self help; self fulfilment; self worth; personal initiative
- value uniqueness over harmony, expression over agreement
- define themselves as unique or different from the group

Loneliness and depression are much more prevalent in cultures based on notions of individualism, self help, 'get it while you can'. There are few societal structures for those times when people don't 'make' it, and fall into anxiety, self doubt, despair and loneliness.

The dominant culture within Australia is firmly established on notions of individualism. It pervades every aspect of Australian life, from the myth of the

lonely swagman battling against the elements to current measurements of societal success based on personal accumulation of wealth. Service paradigms within the health sector (underpinned by a powerful and self-referencing research lobby) are no exception and the AOD and mental health sectors provide excellent proof of this point: there is a strong emphasis on funding individually consumed tertiary level (crisis need) healthcare and minimal investment in prevention and protective strategies. And yet, as anyone familiar with the AOD and mental health sectors knows, only low rates of participation in these services from people from predominantly collectivist cultures including south European, African, Middle Eastern and Asian countries as well as Indigenous peoples are achieved.

Recognition of cultural difference across all levels of government policy, infrastructure and sourcing of service provision leading to adequate investment in protective and preventative strategies would go a long way towards generating a much more fiscally responsible return on investment while, at the same time, contributing towards overcoming *suicidal despair* and achieving lasting social recovery within Indigenous communities.

4. *A commitment to Legal Pluralism for the Kimberley*, to contribute towards a significant reduction in Indigenous incarceration for victim-less offences. The justice system needs to seek to accommodate difference and otherness, but clearly singularly fails to do so. Indigenous Western Australians represent only 3.5 per cent of the state's population yet account for approximately 40 per cent of the prison population. One area where legal pluralism would achieve extraordinary outcomes is in regard to licensing matters, driving offences and defaulting on the payment of fines for minor offences. Currently significant numbers of Aboriginal people are in prison for such victimless offences.

This paper argues that incarceration should be reserved for the most serious of offences. Imprisonment represents not only an enormous cost to the state in both financial and social terms, but to the community and families of those incarcerated. The current licensing and fines enforcement systems in Western Australia have an unduly harsh impact on people living in regional and remote communities where having a driver's licence is a necessity, not a luxury. Without other local transport alternatives, lack of a valid license poses a major obstacle to not only obtain and maintain employment but also for access to health and other services. There is an urgent need for a coordinated whole-of-Government response on this issue. Breaking the cycle of unlicensed driving leading to fine default and imprisonment provides a clean slate for Aboriginal people to participate fully in employment opportunities and create economic prosperity and independence for themselves and their communities.

The Indigenous Implementation Board's August 2009 report stated that for the last year for which audited figures were available, 2006, state expenditure on Indigenous Affairs had been in the order of AU\$1.2billion. AU\$600million (i.e. 50%) of this had been spent on Indigenous incarceration costs. Many Indigenous people are incarcerated due to restricted eligibility criteria for pre-sentence bail

and/or parole options, and for victimless crimes such as drivers' license suspension due to non-payment of fines. See the section below on Justice and Diversion for an exploration of this issue. Suffice it to say here, that with such an astonishingly large amount of taxpayers' money going into such unproductive outcomes, there is surely a very strong responsible fiscal management case to be argued for better use of these large amounts of money and for justice reinvestment.

5. *Recognition of the historical dimensions of suicidal despair.* The 'Bringing them Home' report (HREOC 1997) demonstrates unequivocally the links between past government practices and the current legacies of cyclical family breakdown, substance use, mental health problems and *suicidal despair*. The RCIADIC report (1992) stated that two-thirds of those people whose death they investigated had been removed from their families as children. While prison protocols have reduced the incidence of suicide within the justice system, the legacies of despair caused by forced removal of children from their families of origin continue to reverberate through the generations. Current apprehensions of Aboriginal children by the state continue at *nine times* the rate for non-Aboriginal children. The effects of separation and attachment disturbance, of institutionalisation and of loss of contact with family, community and culture results in adults whose lives are 'permanently disordered from the inside out'. These are people whose lives continually ricochet between police contact, prison, hospital and substance abuse, who struggle to parent effectively or achieve economic stability, and who all too often, choose to end the misery by taking their own lives. Therefore, a commitment to substantive equality and a therapeutic bias which embraces universal protection measures to service provision and infrastructure is urgently needed, together with a long-term political commitment to addressing these legacies.

In terms of current direct government service delivery, there urgently needs to be an overhaul of the role of Department of Child Protection (DCP) with regard to the current conflict of interest between their statutory Child Protection duties and their delivery of generic parenting programmes. At present, participation in the DCP generic parenting programmes is at best tokenistic, due to widespread anger, alarm and suspicion over Child Protection practices, past and present.

6. *A commitment to universal and holistic therapeutic protection strategies encompassing all aspects necessary for a good life well lived, supported by locally determined targeted public health interventions where necessary.*  
It needs to be acknowledged that problems leading to *suicidal despair* reside in an environmental and historical continuum, not merely within an individual. Much of the traditional mental health research and service paradigms locate distress within an individual without appreciating the context in which the distress occurs. Apart from anything else, this is a very *ineffective* way of attempting to service the treatment needs of a vast client population, and leaves too many untreated.

This individualistic approach has failed to promote the types of systemic changes necessary to improve overall mental health and achieve sustainable social recovery. Of course there needs to be crisis management for those individuals in acute distress who choose to engage with them, but the fact that suicides are occurring in Broome with all its resources, suggests that a major shift in conceptualizing service delivery is required.

A re-ordering of the mental health and counselling paradigm is required to one which is capable of integrating the contextual, systemic, ecological and cultural realities of lived experience in the Fitzroy Valley. It needs to recognise environmental stressors and yet impart a pervasive sense of hope, agency and a person or community's sense of their ability to conceptualize and act on the particular pathways necessary for achieving *a good life well lived*.

The Community Counselling model is one such approach that has a track record of success. It is known as the RESPECTFUL counselling framework and is based on acknowledging the following domains of 'beingness':

R – religious/spiritual identity

E – economic/class background

S – sexual or gender identity

P – level of psychological maturity

E – ethnic/racial identity

C – chronological/developmental challenges

T – various forms of trauma and other threats to ones' sense of wellbeing

F – family background and history

U – unique physical characteristics

L – location of residence and language differences

It seeks to intervene both directly and indirectly at individual and community levels and presents a world view broadly compatible with much of the best in international community development thinking. What makes it particularly attractive from a local perspective is its capacity to acknowledge FASD, ELT and the historical dimensions of Indigenous disadvantage in the Fitzroy Valley.

The adoption of the above six epistemological underpinnings for government policy development in response to the complex needs evident in the Fitzroy Valley would, in the opinion of local community leaders and third sector organisations, enable a strong and successful partnership addressing suicide prevention through holistic and integrated strategies to emerge.

### **Demographic Background**

While it is beyond the scope of this document to go into all the statistical research, it can be stated that Australian Bureau of Statistics data shows a burgeoning youth population in the Kimberley. Completed suicides by young Indigenous people are also increasing: in the last 100 months, 100 deaths by suicide have been recorded across the Kimberley. In 2006-7, Fitzroy Valley experienced 13 deaths by suicide in as many months. Were this to have occurred in a population the size of Perth's, it would have scaled up to a rate of *500 suicides per month*. The Coronial Inquiry of

2008 identified that of the 27 deaths by suicide for the Fitzroy Valley, 24 of them had used alcohol and/or cannabis in the period immediately prior to death, pointing to the urgent need to increase local access to AOD treatment and diversion programmes.

Worryingly, recent figures show rates of Indigenous incarceration are also burgeoning. Prison facilities reached capacity in 2006 and have been experiencing incremental overcrowding and strain on the system for the last three or more years. Building more prisons cannot be a sustainable solution where the overall aim is to build a just and inclusive society.

## **SECTION TWO**

**UNDERPINNING A GOOD LIFE WELL LIVED:** mapping the integrated issues which need to be addressed systemically as part of universal suicide prevention and protection strategies

### **Co-ordination of Services**

If the locus of control and investment can be successfully placed within the Fitzroy Valley and administered through an expanded **Fitzroy Futures Forum** in line with international benchmarks on community development, co-ordination of services will cease to be the minefield it currently all too often is.

**We urgently recommend:** that the Australian government, having signed the Paris Declaration on International development (2005), subscribe to the same standards of engagement for implementing radical social recovery and partnering with the community in order to overcome the current levels of *suicidal despair* within the Fitzroy Valley.

These standards within a national context are as follows:

Ownership - *Developing regions set their own strategies for poverty reduction, governance and programme development.*

Alignment - *Donor agencies align behind these objectives and use local (third sector) systems.*

Harmonisation - *Donor agencies coordinate and simplify their procedures and share information to avoid duplication.*

Results - *Developing regions and donors shift focus to development results and results get measured.*

Mutual Accountability - *Donors and partners are accountable for development results.*

At present, state and federal public sector agencies appear to be making discretionary funding available to major not-for-profit agencies who then come – unannounced – to the leading third sector agencies in the Valley in the certainty that they will be perceived as indispensable saviours, despite their lack of appreciation for local issues, world views and desired outcomes. This is unacceptable both in terms of effective use of resources and in terms of maintaining local ownership of service design, delivery and outcomes. Such local ownership is a priority

requirement for success in implementing effective responses to the current levels of *suicidal despair*.

In addition, there needs to be specific investment in the purchasing and co-ordination of suicide prevention service delivery from a community-owned and universally protective approach.

### **Health and Community Services**

**Community outreach mental health team** (minimum 6.0FTE) based in Fitzroy Crossing, comprising paired trained clinicians and local staff who will become trained as indigenous mental health workers with clear pathways and supports for the local staff to gain the necessary mainstream tertiary qualifications. Currently there is one resident mental health worker in the Valley who is female, and while she does work with men, it is clear that this situation is far from ideal. Team to support the following services and interventions:-

- Paid Mental Health Support Worker positions on communities in addition to, and supported by the above team based in Fitzroy Crossing, who receive training in holistic approaches in alcohol and other drugs and in mental health (minimum 6.0FTE) drawn from all language groups. Include capacity to deliver culturally determined and gender-specific responses to trauma, grief and bereavement. Able to support clients undergoing home detoxification, clients returning from incarceration, and clients experiencing acute mental distress including exposure to family violence
- Mental Health first aid training delivered across the Fitzroy Valley on an annual basis, community-based Mental Health Support Workers to deliver this training
- Internet kiosks in all communities providing internet-based counselling and support for suicide prevention, cannabis use, etc (provided by HITnet, currently located in Broome and Derby). This would have the added advantage of enabling children, youth and adults to access information and therapeutic support as needed, and contribute towards enabling them to cross the current digital divide and engage with Web 2.0 and 3.0 technologies.

### **Increased AOD and gambling treatment services**

As argued above, in Section One, there is a high correlation between substance misuse and *suicidal despair* and substance misuse and Indigenous incarceration. Therefore, adequate AOD services for both the Fitzroy Valley and the wider Kimberley are urgently needed. At present there is only one trained Alcohol and Other Drug(AOD) worker resident in the Valley who is female. While she does work with men, again this situation is far from ideal.

- At least one additional trained AOD worker to deliver community-based counselling interventions and work closely with the Community outreach mental health team members and Mental Health Support Workers on community
- Therapeutic Rehab Centre to be located in the Valley, to be shared with Halls Creek and Balgo. All three locations have increasing populations of people seeking rehab, well beyond the capacity of the current Broome- and Wyndham-based rehab beds which currently have long waiting lists and can provide minimal after-care support.

- A therapeutic rehab would also offer local alternatives to custody for people convicted of alcohol or substance-related offences. It would substantially reduce the current heavy burden of incarceration costs to the state (2006 figures put the costs of Indigenous incarceration at \$600million per annum), and reduce rates of recidivism – thereby contributing to a reduction in the current worryingly high levels of prison overcrowding
- A home based detoxification service for users of alcohol and other drugs, delivered through the Community Nurses and supported by the community based Mental Health Support Workers. Would also act as relapse prevention and after-care support service for those exiting the Therapeutic Rehab

### **Provision of Men’s Outreach and Support Services**

Recognition of high levels of alcohol-related disabilities brought on through excessive personal use of alcohol and/or through fetal and familial exposure, needs to underpin all men’s services. In addition, extensive cannabis use needs to be addressed. As far as possible, services need to be delivered on community by local resident senior men, drawing on cultural traditions of holding and nurturing, growing up younger men and development of respect. Such services need to be supported by Community Nurses and the Community Outreach Mental Health team, among others

- Perpetrator programmes for men who resort to violence, recognising that in the Fitzroy Valley violence towards others is known to be directly linked to *suicidal despair*. Therefore these programmes need to be delivered within a holistic health and social recovery framework, combating self-harm, violence and *suicidal ideation*
- Conflict resolution programmes supporting men to manage their family relationships, including their parenting and mentoring roles with the aim of reconnecting men with families, communities and culture. Need to have a focus on ‘problem-solving’ rather than ‘help-seeking’ behaviours
- Culturally determined men’s counselling and trauma programmes including access to country and skills training towards participation in a local economy – i.e. linked into pathways to work and social enterprise opportunities for those men with alcohol-related disabilities

### **Safety and Protection of women and children**

Women and children suffer disproportionately from men’s *suicidal despair* since it is so often linked to family violence. At a minimum, the following community-owned and directed programme areas are required in order to build the stable family systems at the heart of this community-owned social recovery process.

- Better outreach services to communities to address the drivers of family violence
- Conflict resolution programmes supporting women to manage their family relationships, delivering skills in alternative dispute resolution and problem solving
- Supporting complex families through local culturally determined services which recognise the impacts of ELT and FASD, delivered on community and drawing on and giving status to the expertise of older women within family systems

- Reducing women’s economic vulnerability through increased community-based employment opportunities – within service delivery, micro-enterprise and/or social enterprise and opportunities within cultural tourism
- Parenting programmes need to be located within the third sector, draw on local world views on socialisation of children and young people and support social structures such as the roles of older men and women and extended family in child-rearing. They also need to address the needs of complex families struggling to manage the impacts and legacies of trauma, alcohol and chronic poverty. At present, participation in the DCP generic parenting programmes is at best tokenistic, due to widespread anger, alarm and suspicion over Child Protection practices, past and present.

#### **Remote clinics and community nurses –**

- Specific provision for men. Men’s health checks have recently been carried out across the Valley, identifying approximately 140 men who urgently need following up. However there is limited or no service provision for such a follow-up. It would need to be carried out by the Remote Community Clinics, which currently lack both the basic infrastructure and staffing to do so. In terms of mental health, again, men’s needs are significantly under-addressed.

See sections on Community Mental Health Outreach Services and Men’s Programmes for further discussion of the role of remote clinics and community nurses.

- Cultural midwives. There is a strong wish to re-invigorate the cultural practices surrounding birth, including the option to have a traditional birthing centre located in the Valley along the lines of the facility available in Alice Springs. To be born on country continues to have great significance for people, but at present this is not possible. Instead, pregnant women move to Derby or Perth some 4 weeks before their delivery date and there is limited scope for neo-natal birthing practices to take place. Poor bonding between mother and child is a well-researched indicator for poor mental health outcomes later in life and therefore needs to be addressed within universal suicide prevention approaches.

#### **Disability services**

There are currently no reliable indicators of the likely numbers of people affected by alcohol-related brain-based disabilities in the Valley. However, local school personnel suggest that the figure could be in the region of 90% of all school children (this figure includes Early Life Trauma), this being the percentage of students estimated to have learning difficulties. Such disabilities can be seen to be a direct consequence of the many-years’ unregulated over-supply of alcohol, acquired both through personal excessive use of alcohol and through fetal and familial exposure. Such exposure is thought to contribute significantly to the poor childhood health and educational outcomes, and the acute and chronic mental distress and social and economic exclusion outcomes in later life, which can culminate in *suicidal despair* and are witnessed all too frequently across the Valley. With such numbers involved, clearly a differently conceptualized approach is required.



The service frameworks utilised by the Disability Services Commission in WA can currently be described as based on a 'Care For' modal of service. However, there are international examples based on models of 'Create With' which FAHCSIA is apparently beginning to consider, drawing on Social Enterprise and other therapeutic engagement models. A service philosophy based on models of 'Create With' for people with disabilities within the Valley would contribute extensively to processes of locally-owned and collectivist-based social recovery. Such social enterprises could also contribute significantly in the development of a local, culturally-based sustainable economy targeting the development of a cultural tourism industry.

### **Justice and Diversion**

The link between Indigenous alcohol and substance use and *suicidal despair* is not disputed – certainly not in the Coronial Inquiry into deaths by suicide held in the Kimberley in 2008. Nor is the link between Indigenous alcohol and substance use and incarceration. While suicide levels within prisons have declined, post-release continues to be a very vulnerable time, particularly for juveniles but also for adults who find themselves disconnected from family and community and with no clear pathways back to participating in *a good life well lived*. Such difficulties manifest in the high rates of recidivism.

There is undisputed convergence on indicators for vulnerability to imprisonment and vulnerability to suicide. These include: failure to have completed year 12, unemployment, financial stress, poor living conditions, were or had a family member who was a member of the stolen generation/apprehended by the state, substance abuse issues and living in a remote area. Currently under-acknowledged are the large numbers of people likely to be affected by FASD/ELT who are present in the Justice System, and at grave risk of self-harm including *suicidal despair*.

**Youth:** Young Aboriginal people across WA are estimated to be 29 times more likely to have been arrested than non-Aboriginal youth. There is an urgent need for youth in the Fitzroy Valley to be diverted from a life of crime and substance use, and services to address substance use, poor mental health and offending behaviours need to be resourced as a matter of urgency. Currently, the average rate of reappearance in court for young Aboriginal offenders is 187%. Many are known to have FASD and/or ELT.

KALACC has been running very successful youth programmes as part of Yiriman for several years. The Yiriman Project is a culturally designed, culturally owned and governed space responding to substance use, alcohol use and suicide risk for young adults (usually 15-35). KALACC has repeatedly sought adequate funding to enable it to run youth diversion programmes in which substance abuse issues are addressed from a culturally directed perspective.

**Women:** Rates of incarceration for Aboriginal women have increased by 343% since 1991, when the figures were compiled for the RCIADIC report. The impact of female incarceration reverberates throughout family and community systems far beyond the cycle of imprisonment itself. Many women are imprisoned for victimless offences such as non-payment of fines and drivers license suspensions.

See above, page 9 for arguments proposing legal pluralism per se. In this section this paper proposes that changes be effected to the diversion criteria so that Indigenous offenders can be eligible for diversion in greater numbers than at present. Currently barriers to Indigenous offenders' participation include having:

- Multiple charges
- Previous criminal convictions (often for a serious violent offence)
- Substance misuse problems
- Co-existing mental illness
- Inadequate understanding of the legal processes and a reluctance to admit guilt

Changes in eligibility criteria and programme availability for diversion at pre-trial and pre-sentence would have a significant flow-on effect on the health and social and economic well-being of communities, together with a marked reduction in recidivism.

Urgent consideration needs to be given to:

- Funding alternatives to custody and diversion options, including a residential rehab with capacity for clients with offences related to their substance use and/or gambling
- Changing rules on non payment of fines and drivers license suspension so that people living remotely are not unfairly disadvantaged
- Aftercare service provision aimed at re-integrating people back into community and minimising post-release *suicidal despair*.
- Paralegal service for the valley - Paralegal support programmes delivered by local residents at community level could significantly increase local knowledge and compliance with State and Federal laws. Such paralegal support staff could reduce the number of people experiencing legal difficulties - often resulting in incarceration – on drivers licence irregularities and fines; they could also provide local support to overcome the need for child apprehension; they could increase local understanding and compliance regarding tenancy issues. Above all, they would instrumentally increase layers of leadership within communities.

Incarceration costs: currently for one juvenile offender, these are some \$250,000.00 per annum. For adult offenders, costs incurred are approximately \$98,000.00 per annum (Productivity Commission, 2009). However, residential diversion programmes and/or residential Rehab for substance use problems cost something in the region of \$36,000.00 per person per year and would present significant savings in incarceration costs per se and in reduction in recidivism rates.

### **Youth and Mentoring**

Many service providers argue for a dedicated youth drop-in centre, for better recreational opportunities, and, most importantly, clear pathways to maturity in which *a good life well lived* can be achieved. A pervasive sense of social exclusion on the part of young people, often linked to the presence of ELT/FASD, and leading to disengagement, poor mental health and educational outcomes and violent and

offending behaviors needs to be addressed with adequate service infrastructure and programme design aimed at creating a stimulating and inclusive environment for all youth. The traditional mentoring and supportive roles of older men and women need to be factored into any youth service design.

There is currently no organisation in the Fitzroy Valley that has a mandate or priority for youth services; nor are there enough services in town to support local youth. This paper argues for a dedicated recreation service to engage young people, one which could assist in court diversionary programmes as well as supporting young people to avoid unlawful behavior in the first instance.

**Housing and infrastructure** – housing issues continue to compound in the valley for community members and for service providers. Any new housing stock that has been introduced has generally only replaced existing obsolete buildings.

- Communities are not consulted on culturally appropriate designs, resulting in new buildings which are not built to meet local climate requirements, nor are they designed with cultural mores governing men and women and skin relationships in mind. Instead, they have been built to obtain the maximum number at the lowest cost, often without adequate food storage or sanitary provision. Ongoing maintenance is seriously lacking, leading to more rapid deterioration. The result is that community members continue to live in poorly designed overcrowded substandard housing, and service providers cannot expand services as they are not able to accommodate staff.
- Many basic health needs are impacted on by this housing shortage:
  - for instance there is a fully equipped dental surgery at the hospital, but the Fitzroy Valley Health Service is short of 9 houses necessary for a fully-staffed hospital
  - Environmental health of people living on community is another major concern. Levels of glue ear, trachoma and rheumatic heart conditions are at developing world levels in some communities. Children who cannot hear or see properly have reduced ability to learn.
- Lack of adequate housing has direct consequences for poor Indigenous health outcomes.
- **Local transport options** - currently there is no provision for public transport within the valley apart from the local taxi service which is very expensive. People living in remote communities are limited in their ability to access town-based essential services when they have no means of transport. One solution would be to see the existing School Bus Service extended to meet community transport needs.
- **Hostel accommodation** is urgently needed for people coming in to access town-based services including specialist medical appointments, to access town-based training courses and for legal matters.

### **Education and Training and pathways to work**

In recent state-wide tests, Fitzroy Crossing students were placed at the bottom of the list. There are many reasons why the national curriculum is failing local children. Leaders in the Valley note that the Barnett WA government is allowing 30 select state schools to offer the International Baccalaureate as curriculum framework. In addition, those school principals will be able to cut red tape and allow parents more say in their children's education. These schools would be required to negotiate a five-year delivery and performance agreement, have total budgetary control and select their own staff.

Local parents and community leaders would like to see a similar agreement negotiated with local community schools which, in addition, took into account the many special education and therapeutic needs of those children affected by Early Life Trauma and/or Fetal Alcohol Spectrum Disorders. Such children are known to be at risk of being targeted by aggressive behaviours and engaging themselves in aggressive behaviours due to frustration. Many are known to develop poor mental health in adolescence and adulthood, leading to substance use, violent and offending behaviours and incarceration, and *suicidal despair*. Much could be done within their school years to build up understanding and resilience, and vocational preparation for pathways into *a good life well lived*.

Currently there is a serious mismatch between the ways in which the national curriculum is delivered – through abstract, silo lessons - and Indigenous social and cultural learning styles which are enduringly kinetic, holistic and integrated. Children with developmental delay are also known to benefit from such educational approaches. Cultural awareness training for teachers, more extensive use of Aboriginal Education Support Workers and more teaching on country would all be interim measures for achieving better educational outcomes.

There is general agreement that a lack of clear pathways within the Valley to a viable adult life deters many students – and their families - from seeking educational, vocational and aspirational futures. For this to change clear evidence of training and work opportunities within a local culturally-based and sustainable economy needs to be in place.

### **Employment and Economic Development**

- Pathways to work: too often, training programmes are offered with no link into employment. For instance, there are a number of people who are accredited Environmental Health workers living on communities where their skills are needed, yet there is no provision or funding for using those skills. Training needs to be linked into wider economic and (small) business development, including social enterprise, and including those opportunities that arise through Native Title claims and as laid out in the many Kimberley strategic plans waiting to be implemented.
- Service Economy: Were the locus of control and accompanying investment placed within the Valley, a local service economy would inevitably emerge, and with it, many accompanying local small business work opportunities.

- Natural Resources: There are several current Kimberley regional strategic plans for a culturally based local economy utilising natural resources waiting to be implemented.
- Social and Economic Inclusion: There is an urgent need to support and develop social enterprise and sheltered workshop facilities which can contribute towards a culturally-based economy (targeting the many tourists who visit the Kimberley) that can aim to be both economically viable and inclusive of people who may have an alcohol-related disability, a history of mental illness, a history of incarceration, etc. as one alternative to the post-CDEP era.
  - Tourism infrastructure, arts marketing, local services – these are all obvious areas for economic development encompassing social and economic inclusion requirements

### **Land, Heritage and Culture**

Much research has been carried out by CAEPR, NAILSMA and Curtin demonstrating that enduring connection with country provides significantly increased overall well-being. Cultural maintenance is a recognised protective factor against *suicidal despair*

### **Leadership Development**

The community-owned approach to social recovery and the overcoming of *suicidal despair* in the Valley outlined above and delivered through the third sector largely by local people will achieve a number of outcomes. Not only will it facilitate the development of a sustainable and diverse local economy but also, and perhaps just as importantly, it will build up capacity for developing competencies in task based collective leadership approaches, implemented through programme delivery and mentoring support. It is anticipated that such capacity building in task based leadership development will enable a culture of entrepreneurial ability and adaptive capacity to emerge which will enable the Fitzroy Valley to be well placed to address future challenges.

## **SECTION THREE**

### **Recommendations**

Outcomes need to be based on the epistemological underpinnings outlined in Section One and include the following criteria:

- Delivery of programmes through third sector investment and flow-on employment of a majority of local aboriginal people who are resourced and supported to engage in and complete tertiary level skills trainings
- Investment in whole-of-life support for people with FASD/ELT issues based on models of ‘Create With’ rather than ‘Care For’. Models to include therapeutic approaches to education, pathways to work and creation of social enterprise opportunities that connect to existing regional planning for a culturally-based local economy
- Investment in community-based and culturally determined mental health, family support, youth and men’s programmes in addition to the current level

of service delivery addressing the safety and protection of women and children

- Reduction of indigenous incarceration to substantive equality levels by 2015 and substantial justice re-investment in Diversion and Substance Misuse programmes including a therapeutic Rehab located within the Valley and Home Detoxification/Relapse Prevention services
- Elimination of substandard living conditions by 2012
- Increased capacity of Aboriginal individuals, families and communities to engage in commercial enterprise
- Protect and manage aboriginal heritage and culture through effective relationships between government agencies and the third sector
- Increased access, ownership and control of land by aboriginal people
- Utilisation of emerging web-based technology to increase community access to internet-based therapeutic interventions, and web 2.0 and 3.0 technologies

### **Conclusion**

This paper articulates an integrated approach to overcoming *suicidal despair* in the Fitzroy Valley based on community-owned and delivered universally protective strategies. The meta-thinking underpinning this approach requires wholesale adoption of the principles of substantive equality throughout government policy frameworks, to ensure equality of *outcomes*. Principles of legal pluralism need to be urgently considered and adopted as part of this substantive equality framework.

In terms of service design and delivery, this paper argues that it is of fundamental importance to serve, honour and integrate local world outlooks and culturally determined pathways to *a good life well lived*. This includes the necessity of acknowledging fundamental cultural difference and the historical aspects of present-day Indigenous disadvantage, including the legacies of 40 years' of chronic oversupply of alcohol. This is needed in order to ensure that the accumulated mistakes of the past, contributing to the current complexity, are not repeated.

This paper advocates full adoption of the benchmarks of international best practice in community recovery as outlined in the Paris Declaration on International Development (2005), to which Australia is a signatory. This requires that the locus of control and direction is firmly placed within community leadership and ownership, and that public monies targeting these outcomes are defrayed within the communities they are set to benefit, through third sector agencies wherever possible, rather than through the public sector.

The Fitzroy Valley situation makes it obvious that, in order to develop pathways for *a good life well lived* and overcome the pervasive sense of *suicidal despair* there is an urgent need to build communities, not morgues, and not prisons. The Fitzroy Valley leadership has a proven track record in its ability to engage with governments in the necessary partnerships to make this social recovery process happen, demonstrated through successfully gaining control of the supply of alcohol. It now needs governments to join with them in partnership in order to achieve full social recovery.