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CENTRE FOR RURAL AND REMOTE MENTAL HEALTH QUEENSLAND SUBMISSION TO SENATE COMMUNITY AFFAIRS REFERENCES COMMITTEE INQUIRY INTO SUICIDE IN AUSTRALIA

A. Background

The Centre for Rural & Remote Mental Health Queensland (the Centre) aims to improve mental health and wellbeing in rural and remote Queensland by leading and supporting innovative projects and interventions through partnerships with Participants,[1] other relevant government and non-government agencies, and communities. The Centre has five core areas of activity (described in the Centre's Strategic and Business Plans):

1. Whole person, whole community wellbeing;
2. Aboriginal and Torres Strait Islander peoples;
3. New Australians;
4. Climate Change and Mental Health; and
5. Master networking.

Over its three years of operation the Centre has focused on:

- Developing expertise in community engagement in rural and remote Queensland;
- Taking a whole community approach to mental health promotion and prevention;
- Activities and interventions which aim to strengthen individual and collective resilience;
- A holistic approach to mental and health and well-being which takes into account the physical, mental, social, emotional and spiritual dimensions of well-being and reflects this in project design, implementation and evaluation;
- Interventions and research related to suicide prevention; and
- Designing and evaluating innovative, creative approaches to improving social and emotional well-being.

[1] The Centre is a not-for-profit organisation with charitable status and constitutes a joint venture between the company, Rural and Remote Mental Health Queensland Ltd (a public company, limited by guarantee) and the Participants: University of Queensland, University of Southern Queensland, Griffith University, Queensland University of Technology, James Cook University, Queensland Health, Royal Flying Doctors Service (Qld Section), Wuchopperen Health Service Ltd and AgForce Queensland.

B. Context: Suicide in Rural and Remote Queensland

For the period 2002 – 2004, people living in remote Queensland comprised around 4% of the population though accounted for nearly 6% of suicides. [2] Males made up over 80% of all suicide cases in remote Queensland (De Leo, Klieve and Millar, 2006:56).

Twenty-eight percent (28%) of Australia's Aboriginal and Torres Strait Islander population (146, 400 people) live in Queensland. Based on the Remoteness Area classification, just over half of Queensland's Aboriginal and Torres Strait Islander population lives in either outer regional areas (32%), remote areas (8%) or in very remote areas (14%) (Australian Bureau of Statistics & Australian Institute of Health and Welfare, 2008). Comparisons of crude suicide rates between Queensland's Indigenousand non-Indigenous populations for the time period 1994 – 2006 indicate that the Indigenous population had 1.8 times higher risk of suicide compared to the non-Indigenous population (1.9 for males and 1.4 for females). [3] The highest suicide rates in the Indigenous population were among the 15 – 24 and 25 - 34 age groups. In the non-Indigenous population suicide rates were highest among the 25 – 34 year age group (McKay, Kõlves, Klieve and De Leo, 2009: 6).

Of special concern is the high and increasing number of suicides among Indigenous Australian children and adolescents. In 2006- 2007, Aboriginal and Torres Strait Islander children and adolescents accounted for approximately 39% of youth suicide victims, despite comprising only 6% of the Queensland's youth population. The rate of Aboriginal and Torres Strait Islander Australian children and adolescents aged 10 – 17 years who suicided over the four year period 2004 – 2007 was almost six (6) times higher than other Queensland youth who suicided (Commission for Children and Young People and Child Guardian Queensland, 2009:17).

Another concern is the mental health and wellbeing of rural communities, which are vulnerable to the impact of climate change due to 'poor resourcing of health infrastructure and services, potentially greater exposure to adverse environmental events and their reliance on farming and related industries' (McMichael, Weaver, Berry, Beggs, Currie, Higgins, Kelly, McDonald, Saverimuttu and Tong, 2008:31). The viability of the agricultural industry is profoundly threatened by climate change, especially drought. Suicide rates for agricultural workers have been consistently higher than the national average (Page and Fragar, 2002, cited in McMichael *et al*, 2008). 'Recent research suggests that the suicide rate in this group is more that double the national average' (McMichael *et al*, 2008:31).

C Submission

This submission draws on the Centre's experience and project findings to make observations and recommendations relating to community-based suicide prevention programmes, the manner in which programme findings are disseminated, some of the barriers to achieving the National Suicide Prevention Strategy objectives and the mental health needs of Queenslanders living in rural and remote areas.

[2] The most recent published statistics for suicides in Queensland which differentiate metropolitan, rural and remote areas are those from the period 2002 – 2004 (personal communication Jerneja Sveticic, 4 November 2009, Australian Institute for Suicide Research and Prevention, Griffith University).

[3] In this document, the term 'Indigenous' or 'Aboriginal and Torres Strait Islander' is consistent with the terminology used in the original text.

1. *Mental Health and Drought in Rural in Remote Queensland: Service Mapping Report (November 2008)*

Approximately two thirds of Queensland has been drought declared and had a Federal Exceptional Circumstance declaration in place over the past seven years. The Federal Government's *Mental Health Support for Drought Affected Communities Initiative* (2007-2009) (the *Drought Initiative*), which has become the cornerstone for mental health assistance and support in these areas of Queensland, was recently extended and will now run until 30 June 2010.

Between June and September 2008 the Centre mapped existing mental health supports in drought affected communities and identified gaps in mental health services specific to climate change, especially drought. Information was drawn from areas that had been, or were at the time of the mapping, Exceptional Circumstance areas.

Data were collected from 229 communities, with 643 individual service items identified. The vast majority of these items related to direct support and counselling services. Most of the services provided were tertiary treatment interventions for individuals and households. There was some service provision in respect to early intervention but a paucity of targeted preventative services. Consistent with Drought Policy Review Expert Social Panel findings (2008), the Centre found that the distribution of services was sporadic and there was a distinct lack of service coordination. In many cases service providers had no awareness of one another's activities; services were often duplicated, and/or provided conflicting advice and information. Of the 643 services analysed, only 14% were to continue after the *Drought Initiative* funding ceased.[4] The reason for this was that federal funding for Community Support Workers through the Australian General Practice Network was to cease on the date that the *Drought Initiative* ceased.

The Centre's service mapping demonstrated that:

- Service provision was predominantly reactive;
- Service providers were overloaded with secondary and tertiary level interventions; and
- Service providers are unable to provide long term primary intervention (prevention activities and programmes) across their geographical areas.

In summary, there was a significant gap in mental health promotion and suicide prevention efforts in rural and remote Queensland. The Centre submits that focusing on preventative planning and coordinating service delivery would improve the policy and service framework for rural and remote Queenslanders to develop greater individual and community resilience and capacity related to suicide prevention and well-being. A shift from the current crisis response to a proactive preventative approach is supported by the Drought Policy Review Expert Social Panel (2008) and Hennessy *et al* (2008).

Over the duration of the *Drought Initiative* Community Support Workers have achieved credibility and acceptance in drought affected communities. The development of trust takes time and effort. There is, therefore, a need to capitalise on the achievements to date. Into the future, Community Support Workers would be ideally placed to play a pivotal

[4] Note: at the time of mapping (June – September 2008) the *Drought Initiative* was to cease operation on 30 June 2009.

role in the transitional strategies and recovery planning recommended by the Drought Policy Review Expert Social Panel (2008) and Hennessey (2008) reviews. These workers could identify communities, through network mapping, that would derive the greatest benefit from training of a local person. The identified person would then, with adequate mentoring and psycho-social support, become responsible for facilitating referrals, maintaining current mental health networks, and for mental health literary and awareness within that community.

There are initiatives currently being implemented in rural and remote Queensland that may be able to continue the work commenced by Community Support Workers after 30 June 2010. For example, the Centre's 'Me and My Community' project, funded by the Department of Agriculture, Fisheries and Forestry, commenced in October 2009 and will provide community representatives with training and support in leadership and other life skills, and strategies to strengthen local wellbeing networks.

2. *Directions for a Social and Emotional Wellbeing Population framework for Aboriginal and Torres Strait Islander Australians in Queensland* (2009) (the *SEWB Framework*)

Social and Emotional Well-Being is now a well accepted term that refers to the Aboriginal and Torres Strait Islander concept of mental health and well-being. It recognises the vital social inter-connections with others and the natural environment that maintain one's state of wellness.

The *SEWB Framework* aims to inform population level policy, programme development and practice across a range of sectors and agencies by determining future directions for investment in promoting SEWB. As part of the development of this framework, the evidence on SEWB interventions was analysed and shown to be severely limited. Based on currently available evidence for SEWB and the gaps identified, three key directions for future investment were described: Build Evidence, Enhance Capacity and Develop Workforce. These directions encompass culturally specific protective factors that are associated with increased resilience to environmental stressors and negative events for Aboriginal and Torres Strait Islander Australians: kinship, which remains the basis for inter-connectivity supporting wellbeing within contemporary Indigenous communities, family and community, spirituality, and culture and cultural identity. The recommended actions are:

(a) Build Evidence:

- Develop and consolidate a suite of basic measurement tools and research designs applicable to a broad range of interventions;
- Ensure comparability across SEWB research and project/programme evaluations by communicating, recommending and encouraging the approaches and resources developed from the action described above.

***(b) Enhance capacity**:*

- Support well-conceived SEWB programmes that aim to strengthen cultural identity, communities, and families through participation in sports, recreation, and arts activities;
- Enable current initiatives to 'scale-up' or network with the aim of translating proven micro-level community-based strategies;

- Establish a mechanism by which SEWB proposals can be assessed according to a set of criteria based on core concepts of capacity, empowerment, community control and sustainability.

(c) Develop Workforce:

- Develop mechanisms to coordinate and evaluate workforce training programmes relevant to SEWB;
- Develop and disseminate appropriate resources for training and practice to build a stronger knowledge and practice base for the SEWB workforce;
- Devise a strategy for implementation and ongoing support to ensure that these resources transform practice and build workforce capacity.

3. *Building Bridges: Learning from the Experts*

During 2007 - 2009 as part of the *National Suicide Prevention Strategy* the Centre auspiced a community based initiative, *Building Bridges: Learning from the Experts (Building Bridges)*. *Building Bridges* extended a series of community based suicide prevention strategies, developed following a cluster of suicides in Yarrabah, across three other Indigenous communities: Kowanyama, Hope Vale and Dalby. The project was implemented as a collaborative effort between universities[5] and Aboriginal community controlled organizations[6] and took a multi-faceted approach which incorporated the Family Wellbeing empowerment programme (Tsey, Wilson, Haswell-Elkins, Whiteside, McCalman, Cadet-James, & Wenitong, 2007), Health Information Technologies network (HITnet), men's groups, knowledge sharing events and a series of interviews known as 'stats and stories'. Stats and stories aimed to explore local meanings of suicide and self-harm. Each community was able to determine how these elements were interpreted and used in its local setting.

The conceptual framework underlying this complex and innovative project was 'knowledge sharing'. *Building Bridges* responded to an interest, expressed by some Aboriginal communities, to share their experience of suicide and local solutions with other communities. It also afforded a timely opportunity to, for the first time, attempt to translate and adapt observations and assertions made in the context of suicide among native Canadians into the Australian context (Chandler and Lalonde, 1998). Chandler, Lalonde and colleagues' work is relevant to Aboriginal and Torres Strait Islander Australians as it seeks to move toward an understanding of the relationship between individual suicide risk and larger issues of cultural continuity. In Canada, those aboriginal bands which meet all or most of a set of markers of cultural continuity experience no suicide, whereas those that do not have suicide rates of more than 150 times the national average. Patterns of suicide incidence among Aboriginal Australians are similar to those in Canada (Chandler and Lalonde, 1998; Eliott-Farrelly, 2004; Hunter and Harvey, 2002). Although there is little Australian evidence regarding the correlation between self–determination markers and suicide incidence, cultural identity has been identified as a protective factor for suicide for Aboriginals and Torres Strait Islanders.

[5] University of Southern Queensland (USQ), University of Queensland (UQ), James Cook University (JCU).

[6] Gurinny Yealamucka Health Service, Apunipima Cape York Health Council and the Goondir Health Service.

Along with the outcomes achieved, *Building Bridges* provided insight into various factors which must be taken into account when designing and funding community based initiatives: the fragility of community capacity, the long term nature of skills development, and the need to provide substantial ongoing support for those working in community based suicide prevention strategies. It is also important to acknowledge that baseline data on suicide and self-harming behaviour were not available for the *Building Bridges* project. Although there is an obvious need to continue to improve data collection and interpretation, this submission focuses on qualitative considerations: supporting local capacity and sustainability.

(a) Supporting the development of local capacity

Long term social exclusion has implications for individual and community capacity. Evaluation of *Building Bridges* revealed the multitude of factors influencing the individual's capacity to take on personally demanding and often ethically complex roles in Queensland's remote indigenous communities. Many of those who are enthusiastic to develop skills related to suicide prevention in remote communities have a wealth of relevant life experience though limited past opportunities for formal education. Inter alia, this affects one's capacity to meet reporting and other employment requirements. For most, developing community development skills related to suicide prevention is a long term goal, which requires mentoring by experienced practitioners and a commitment from employers and local organisations to provide the necessary in-house support over a number of years. These realities must form the basis of suicide prevention strategy funding cycles.

The personal strengths and life-skills of individuals within a community have important implications for the success and sustainability of SEWB and suicide prevention initiatives. A worker's or organisation's ability to build trust, manage crises, provide support and resolve conflict across time underpins the effectiveness and durability of any community-based initiative. There is a need to support the development of these generic life-skills in order to improve the success and effectiveness of suicide prevention interventions in rural and remote Indigenous communities.

(b) ***Sustainability***

Sustainability presents a significant challenge for community based suicide prevention strategies. Pilot and seeding programmes that do not have a strategy for longer-term implementation often raise expectations and needs within communities that are then not met. Sorensen, Emmons, Hunt and Johnston (1998) have argued that short term funding is generally insufficient where the aim of a programme is to change and maintain complex behaviours, such as those associated with recovery from substance abuse, violence, suicide, mental illness and chronic disease (Merzel and D'Affliti, 2003). With short term funding arrangements, many groups struggle to find new resources. Efforts to institutionalise programmes may compete with the time-consuming task of fund-raising during the later stages of projects (Thompson, Lichtenstein, Corbett, Nettekoven and Feng, 2000). There is also a strong likelihood of a loss of momentum and the departure of key project staff (Cornerstone Consulting Group, 2002).

An independent evaluation of *Building Bridges* (McKay, Kõlves, Klieve and De Leo, 2009) concluded that the experience of the community of Yarrabah (which had been working in partnership with James Cook University and University of Queensland for nearly a decade) indicated that

> 'the presence of Men's groups and empowerment strategies such as the Family Wellbeing programme can strengthen community connectedness, increase community capacity and

strengthen empowerment. These are positive foundational community changes which in turn enhance resilience to and reduce the risk of self-harm and suicidal behaviours occurring in the community. However, these foundational changes took a long time to occur and need long term commitments from funding bodies, research partners and community members' (pg 37)

D *Submission Summary*

1. Focusing on preventative planning and coordinating service delivery would improve the policy and service framework for rural and remote Queenslanders to develop greater individual and community resilience and capacity related to suicide prevention and well-being.

2. Community Support Workers employed as part of the *Drought Initiative* have achieved credibility and acceptance in drought affected communities. There is a need to capitalise on the achievements to date beyond 30 June 2010.

3. The evidence on Social and Emotional Wellbeing interventions has been examined and shown to be severely limited. There is a need to:
    a. develop and consolidate a suite of basic measurement tools and research designs applicable to a broad range of interventions;
    b. enable current initiatives to 'scale-up' or network with the aim of translating proven micro-level community-based strategies; and
    c. develop mechanisms to coordinate and evaluate workforce training programmes relevant to SEWB.

4. There is a need to build generic life-skills in rural and remote Indigenous communities in order to improve the success and effectiveness of suicide prevention interventions.

5. Long term funding of effective interventions is required to strengthen sustainability and to support foundational community change.

6. Efforts to improve individual, family and community wellbeing in rural and remote Australia need to focus on initiatives that facilitate individual and community control, build resilience, and strengthen cultural identity, especially for children and young people.

7. SEWB initiatives should be implemented through partnership models in which appropriate community based organisations are supported to identify local priorities and integrate project objectives and human resources into their core business.

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