Senate Community Affairs References Committee

Inquiry into Suicide in Australia

ADEC is a Victorian organization that strives to empower people with a disability from non-english speaking backgrounds, their carers, and families to fully participate as members of the Victorian community. ADEC is a state-wide organisation and works closely with local, state and national government, multicultural and ethno-specific organizations, the CALD[1] community, individuals and other services to advocate for ethnic diverse people and their ability to make choices in their lives and stand up for their rights.

We are pleased to be part of the enquiry into suicide in Australia. Suicide, suicide reduction and prevention in cultural diverse communities shows to be an extreme challenge and demands strong effort from all levels of governance. Unique cultural and linguistic needs lead the topic of suicide into a more complex and partly confusing issue. A 'one size fits all' approach is not possible to be used.

However, this is no reason to not tackle the problem or put effort in exploring it deeper. CALD communities deserve the right to be supported in their needs just as Australian born do. ADEC therefore calls on the Senate to make this topic a priority for the future of Australian's social services sector development and ensure tailored approaches for the prevention of suicide, with the participation of the community.

The following document summarizes findings from two interviews with cultural and linguistic diverse community members. They present a balance between reflections from a community classified as 'new emerged' and a community classified as 'long-term settled'. The reader will be able to find greater understanding about the cultural and linguistic needs in these communities related to the topic of suicide and realize that these communities must be given clear voices to be heard in their call for increased support and cooperation with the services to actively deal with the problem of suicide.

[1] Cultural and linguistic diverse

Questionnaire for cultural and linguistic diverse community members

About the interviewees:
This summary was developed from interviews with two representatives from the Somali community and one representative from the Greek community. One of the Somali community members is a community leader; the other is an educator and community development worker. Both are closely connected to the community through supporting and representing the community ongoing. The Greek interviewee is an Australian born, second generation woman whose parents migrated to Australia in the 1960's. She grew up bi-lingual and until this day she keeps strong bonds to the Greek community. She suffers from a mental illness.

Throughout the paper a distinction was made between the reflections of the two community members. Consent forms were signed by all interviewees, however, it was agreed that full names or personal details will not be used for this enquiry. On the other hand, all parties agreed to be contacted by the Senate, through ADEC, at any point in time if further information or consulting is needed.

The interviews were styled in a rather informal manner as this topic is a very sensitive one. Therefore, not all points from the Senate's published Terms of References were able to be addressed. We are sure the findings presented will still assist the Senate to gain greater understanding about suicide in CALD communities.

1. The personal, social and financial costs of suicide in Australia

1.1. If you have lost someone to suicide or have a close person who is/was suicidal (who you were a friend or carer to):

1.1.1 How did this impact on your life/the life of others/your community?

Greek's interviewee perspective: "My mother (who immigrated to Australia in 1960's and still doesn't speak well English) had a time where she dressed in black from head to tow for many months (…) she said I think I am going closer to god. (…) She is very religious. She was unwell at the time. She saw a Greek doctor but (…) she got sick of the medication (he prescribed her). She felt worse (…) my father took her to the hospital and they helped her. (…) The trust in the Greek doctor is lost".

[Do you think that is an example to proof statistics that CALD people wait until crisis stage to get help?]: Yes. But my dad also had to work and look after the family. It was very hard. (…) And that's all the same for the new cultures today that are not established for a long time yet. There needs to be much more done for the new groups in this country".

"My mother wanted to go back to Greece when she was unwell. She wanted to sell the house here and begged my father to go back to Greece. (Even) that my mother lived in Australia for about a decade or so already. [It seems like she would have felt safer in her situation back in Greece?]: Yes, you feel safer because that's your homeland. (…) My mum's parents lived in Greece at that time".

"A friend of mine (Australian born with Greek background) was very suicidal recently (…) I was just there to listen to her. I just stayed with my friend and let her talk. The next day she was a different and calm person. (…) She was also talking about being cursed by her grandmother. She believed that her father and she were cursed and her father lost a lot of money and that was the curse. She was unwell and she thought that was her curse. (…) She wanted to pay $180 for someone to take the curse of her. I told my father and he organized a ceremony for free with the local priest. I took part of the ceremony with my friend to support her. The priest accommodated us by choosing to speak English, that was very interesting actually. (…) Because whenever my parents took me to ceremonies in the past, trying to make me better, they were in Latin based Greek and I didn't understand anything".

1.2 If you are someone who is/has been at risk of suicide:
1.2.1 How has this impacted on your life/ the life of others/your community?
Greek interviewee: "From my own experience of having had suicidal thoughts (I can imagine) that people from a Greek background would feel very isolated and if there English isn't very good or non-existent, they would feel not only isolated but probably desperate to talk to someone such as a partner rather than going to a doctor. [The closest person becomes more so a carer?]: Yes".

"When I was suicidal I was told by doctors or so to contact triage. (…) But I didn't want to pick up the phone and talk to a complete stranger on the other side. That's the last thing I wanted to do. For me, personally, I wouldn't go through with (the suicide) because of my religious background. (…) But I was still very frustrated and (had situations) where I put a knife on my wrist".

1.3 If you are a CALD[2] community leader who has had contact with suicide in the community:
1.3.1 How has this impacted on your life/ the life of others/your community?

Greek interviewee: "I really don't think the Greek culture in general (is open to that topic. It's rather) don't talk about it. I never told my parents until this stage that I was suicidal back (when I was younger). May be it's got to do with stigma because I haven't told my parents. I remember that I told them how I felt and they would just say, 'God won't let you do that'. And I wouldn't do it but I would tell my psychiatrist that I am suicidal (…) but I felt (awkward) about telling the professionals that I am not supposed to take my own life because of the religion. (…) I think even that I am not really into the Greek-orthodox religion, this thinking must have come from the Greek school".
[Was this protective for you, the religion?]: "No, I don't think it protected me just something was telling me not to go all the way".

The following is a brief description about what kind of suicide is perceived to be in the Somali community and the complexity of issues that are believed to lead to suicide:

[2] CALD – cultural & linguistic diverse

“Here, we have seen two cases over the last 10-11 years, where I can’t say wether it is suicide or something else like heart attack. It can happen”.

“In my religion (and community) suicide is forbidden in our culture. It’s like someone goes to hell for us (…) and the family is ashamed”.
(I believe) “There are 2 kinds of suicide. One is through alcohol and drugs (which the young people here in Australia are exposed to). It is like a slow suicide. In our culture, back in Somalia, we didn’t have drugs (but here young Somali’) parents are in despair and it causes problems (so that the parents feel like) they have to leave their children that take drugs and drink alcohol. (But) they can’t leave them because they are still there children”.

“The impact on the family (of the above) is not leaving the family, it’s not like a sickness that you have for a little while and then it’s gone. (…) The young person has no support. Parents here are not used to alcohol or getting arrested when someone makes a mistake. (They don’t know how to deal with situations as such and) become very helpless”.

“The second kind suicide is a new kind (…) to kill you and kill others at the same time (…). This is not only religious belief; in my religion we don’t have any verse to kill myself or to kill other people – that has nothing to do with religion. This is just fanatics”. “It still affects us here. (..) I am afraid as a community leader that this can come here. Young children who have no education or employment can be talked to and (influenced). They can be told lies and promised to go to paradise. Mostly they are not normal people, they are influenced”.
[Interviewer: And is this related to low self esteem etc.?]: “Yes, of course”. “We are not happy what’s happening in Somalia. There is so much killing that it doesn’t help anyone”.

“There are a lot of things that are related (…) and can lead to suicide in our community. For example, 15 or 16 year olds get out of school (…) sometimes don’t finish school (…) drink alcohol, take drugs, do shoplifting and then the police arrest them. The parents can’t track them where they are (…) or can’t communicate to the police because they don’t speak the language. And they can’t complain either because of language problems. That creates a lot of problems and if they come out of prison, in my community I would be stigmatized. I wouldn’t be treated as a normal person. And out of this, the person can also develop mental problems”.
[Are you worried that suicide could be an issue in the future for Somali communities?]: “We are afraid of our youth taking so many steps and taken on the fanatic ideas or taking the drugs. It’s mainly the 16-25 years. The Somali youth is in danger any way because they either have a Sheik talk to them (…) - and we don’t always agree with them - or they will get a lot of (influence) from the westernized ways”.

“There are a lot of cultural issues too. For example if someone has been arrested and the (family member) asks someone for help or information, then the information gets in the community, like: ‘Do you know that Mohamed (name changed) drunk alcohol and has been arrested?!’. Especially the elders are afraid to ask their own Somalis (for help)”.

“I think the cause of suicide is young people who have no knowledge of their culture, have no work, nothing. Then they do lots of things and then this leads to suicide. And

they are not aware of Australian culture because in terms of suicide in the Australian culture there has been a lot of things to think about, there is a lot of education been created but they are not aware of this".

"There are also differences in between cultures, for example suicide in the Ethiopians culture (seems to be) higher than in the Somali community (…) There is different understanding and (interpretations) of the religion".

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).

2. Suicide reporting in Australia

2.1. Do you believe that the suicide rates for cultural diverse communities are accurately reported within Australia?

Greek interviewee: "Where is the data for people to read? When I worked as a consumer consultant I saw numbers of suicide from an area or so (but just when I had that role I had access to this data). (…) I wonder what the data would be like today for CALD? But statistics don't say anything either. It's more so about tools about how we can help or prevent the community better from this growing problem. But I haven't seen anything, nothing".

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.

3.1 What role do you believe should the **agencies** play in caring or supporting people from CALD backgrounds that are under risk of suicide?

Greek representative perspective: "A friend of mine (Australian born with Greek background) was very suicidal recently (…) I was just there to listen to her. (…) I didn't think of contacting triage (or other support services) because from my own experience in the past when I called triage because my parents can't help me, as I want to talk to someone in English when I am unwell but they don't speak English. I was told by triage or lifeline etc. that I should have gone for a walk or read a book. That didn't help me in this moment. A visit would be better because the one on one talking to someone can help much more. I have a counsellor, psychiatrist, psychologist and a GP now and that helps".

Thinking through the CAT team option for a non-English speaking person, for example my mother, the CAT team would need to have an interpreter. My dad wouldn't have the number of the CAT team, so I probably would have to call them and tell them to get an interpreter if they visit. (…) The assessment over the phone is all in English so that would go down the drain if my father would need to do that phone call. (…) I don't know if they have interpreters there".

"My mum would have and has gone to confession. (…) It helps her for when she is angry or frustrated. The priest replaces the psychiatrist, the counsellor, the triage

and so on. The priest is everything. [That similar to a Sheik or Imam in the African communities and that would mean that they are holding a lot of knowledge about the community members?]: Yes. They deal with all that, anxiety, depression, everything, all these emotional stages that a person with a mental illness goes through".

[One of the main problems we deal with is the low access of CALD people to metal health services]: Well, 80% of the information is in English. So when it comes to multicultural strengthening groups it is very hard if there first English is not English, such as disability support groups".

"There are some language and culture specific support groups out there and they help a lot (…) and that's what they need, to get together and communicate.

"I have heard from lots say of other consumers that police need to be more educated about mental illness. They need to learn more than they are teaching them because they are still to raff with people with mental illness or they are chasing them. And another part of the problem is assessing the situation right (when a person with mental illness is involved). And in multiculturalism, again language would be barrier. I know there is multilingual police but often its English speaking police responding to a house or so and they can't communicate. And then the police would see it as a violent act. It's really difficult when it comes to a multicultural setting".

"Before I was diagnosed I went to the doctors at the hospital and I was angry and dropped some papers there and the police was called. They put me in the van and I communicated on the way to the hospital to the police officer and I calmed down and enjoyed the conversation and I actually hugged the police man at the end. (…) That, for example, would have been completely different if a non-English speaking person was in that situation. They couldn't have talked to the police in the van and a hug would have perceived as an attack".

Somali perspective: About what should be done to improve the situation and the complexity of cultural issues in childrearing which lead to conflicts in the family and, as a result, potential suicide:

"You need to educate both of them, the young people (about their culture and cultural norms), such as obeying to parents, but also the parents (about westernized values)".
"I think we need to first educate the parents because they had a way of educating their children in Africa and here it is very different".
"Here you can't tell your children what to do because they have different rights and they go with the others (and are exposed to drugs etc.) That's like a suicide. They kill themselves by taking these pills".

"In Somalia, everyone has to accept what the parents say (…) even if it's a man who is 40 or 60 years of age because to be humble to your parents is part of the religion. But the young people here don't do that because they don't understand the culture and they fight with their parents. (…) So they learn new behaviours from friends and from everywhere. Whereas we know from Africa that listening to your parents can bring very good results".

“The youth doesn’t listen to their parents or the mother has six children to look after, so she can’t only worry about one, she has another five of them. (..) That is a problem we have, that most of the parents are single mothers because their husbands were killed in the war”.

(Another example is): “A Somali girl is expected not to have any relationship with anyone before the marriage. They can meet someone and ask the parents, the father, if this person is accepted as a future husband. (…) They have some choice to choose the person first and then introduce him to the father. (…) But it is not normal, it is odd, if a girl is with a man before the marriage. This is not possible in the African culture (but) here it happens.
[And the parents get confused and scared and don’t know what to do?]: “Yes (…) and they can’t just go to a house and get their daughter (when she is with another young man). They then get arrested”. “It is shame on the family, especially the brother, (if traditions like this aren’t followed or) a girl has children before the marriage”.

“Why I call community educators from our community who talk to the community is to talk about suicide just as a prevention. It is needed, 100%. (Because of the problems with the youth for example) we need such programs. (We have a homework club here to help with drop outs in school instead of just loosing the class). But that’s one side only. Now we need another help with educated community members. (We have over 100 graduates with PhD’s etc. for example we have more than 30 medical dentists which are driving taxis. They are educated, they can do something, they can help the community. The problem is lack of recognition of skills (…) so you have to start from scratch. And it leads to depression and all this.”
[There needs to be some more information and education about suicide in the community?]:”Yes (…) We are 100% afraid that such kind of suicide can come here by listening and being in contact with fundamentalists from the region (…) Let’s try our best to our people not to have this kind of suicide for two reasons. One is drinking alcohol or (taking) drugs which can lead to suicide and the secondly is that fundamentalism in the Islamic religion now what we see all over the world not to be imported (to here)”. [But you need people from the community to educate the rest of the community?]: “Yes”.

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.

4.1 Have you ever been aware of any public awareness programs, education sessions or information meetings for CALD communities that looked at suicide or suicide prevention?

“I haven’t heard of any prevention programs or so for suicide. I haven’t come across anything published about suicide. And even if there will be something published in the future it can’t just be in English, it needs to be translated. Information about what the paper is saying about preventing it. I don’t think it’s been addressed at the moment. I feel like the government should do some kind of thing about prevention. Even that TV just tells you what happened, that someone suicide somewhere but it doesn’t give you any advice or so”.

5. The efficacy of suicide prevention training and support for font-line health and community workers providing services to people at risk.
6. The roles of targeted programs and services that address the particular circumstances of high-risk groups.
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.

8. The effectiveness of the National Suicide Prevention Strategy in achieving its aims and objectives, and any barriers to its progress.
8.1 Have you ever heard of the *National Suicide Prevention Strategy*?
"I haven't heard about it but I'd like to see it".

ADEC thanks all interviewees for the input in this document and their openness about this topic. We hope the Senate can find the results supportive and use them as a lead into the right direction for new initiatives, service planning and evaluation in the near future. ADEC offers to be available for further consultations and appreciates the opportunity to advocate for the consumers and communities voices in this enquiry.