

Submission Response

# Inquiry into Aboriginal Youth Suicides

**(WA)**

Aboriginal Health Council of Western Australia and  
the Youth Affairs Council of Western Australia



**AHCWA**  
Aboriginal Health Council  
of Western Australia



*Please note the term Aboriginal will be used to be inclusive of the terms “Torres Strait Islander” and “Indigenous”, unless stated in a title.*

# BACKGROUND TO ORGANISATIONS

## ***Aboriginal Health Council of Western Australia***

The Aboriginal Health Council of Western Australia (AHCWA) is the peak body for Aboriginal health in Western Australia, with 21 Aboriginal Community Controlled Health Services (ACCHSs) currently engaged as members.

AHCWA's mission statement provides this description of its purpose:

“The Aboriginal Health Council of Western Australia exists to:  
Lead the development of Aboriginal health policy, influence and monitor performance across the health sector, advocate for and support community development and capacity building in Aboriginal communities, support the continued development of Aboriginal Community Controlled Health Services and build the workforce capacity to improve the health, social and emotional wellbeing of Aboriginal people in Western Australia”.

Central to AHCWA's core functions is its representation and advocacy of Aboriginal communities and its 21 member services; with the ability to influence policy and provide state and national level representation.

In providing high quality access to Aboriginal primary health care, AHCWA is underpinned by Article 24 of the International Declaration on the Rights of Indigenous Peoples and Article 12 of the International Covenant on Economic, Social and Cultural Rights, whereas both express the right of Aboriginal people “to have access to the highest attainable standard of physical and mental health”.

Accordingly, AHCWA and its member services are representative of the Western Australian Aboriginal population and their rights to access and use primary health care free of discrimination.

## ***Youth Affairs Council of Western Australia***

The Youth Affairs Council of Western Australia (YACWA) is the peak non-government body representing young people and the youth sector in Western Australia. YACWA's work is guided by over 400 members from across the state, which are made up of young people, youth services, and youth workers.

YACWA operates primarily as a human rights organisation that seeks to address the exclusion of young people in a rapidly changing society.

YACWA aims to provide a united, independent and active advocate for the non-government youth sector and young people, that is both supported and respected by the sector and the wider community.

YACWA provides a voice and acts as a role model for the definition and demonstration of youth participation. Our work is governed by four guiding principles of respect, equity, integrity and the celebration of diversity. Accordingly, YACWA and its member services are representative of young people and the youth sector in Western Australia.

# INTRODUCTION

The Aboriginal Health Council of Western Australia (AHCWA) and the Youth Affairs Council of Western Australia (YACWA) welcome the opportunity to provide a joint submission to the Western Australian State Parliament's Education and Health Standing Committee's Inquiry into Aboriginal Youth Suicides. Aboriginal youth suicide in remote areas continues to devastate communities, and the health and wellbeing of Aboriginal children and young people are of critical importance to both of organisations and our members. Despite several relevant inquiries and resulting recommendations over the last 20 years, the risk of suicide in remote Western Australian communities is increasing. We urge our State Government to ensure that this Inquiry does not fall by the wayside like ones before it, and to use its outcomes effectively to address Aboriginal youth suicide and its contributing factors in remote communities.

## EXECUTIVE SUMMARY

### *Response to Terms of Reference*

Suicide amongst Aboriginal youth cannot be attributed to one isolated factor, with complex and interrelated historical, political, economic, structural, and social factors all needing to be addressed.<sup>1</sup> The continued principal focus on clinical and acute services will do little to address rising rates within Western Australia.

Our review is not intended to be exhaustive or to “reinvent the wheel”, and as such we will address the common themes across the Inquiry which are most relevant to the health and wellbeing of Aboriginal children and young people living in remote areas. We also focus on where services (particularly ACCHSs and youth specific services) can provide support and assistance.

### *Term of Reference 1*

The status of previous inquiry recommendations related to Aboriginal youth suicide in remote areas – namely, the fact they largely have still not been implemented – is a significant contributing factor to the increasing rates of suicide. It is critically urgent for our State Government to implement recommendations from the number of previous reports it has at its disposal. These include the Kimberley Roundtable Report; the Hear Our Voices Report; and, the Elders' Report, amongst others. In doing so, it should prioritise recommendations relating to the impact of social determinants of health in remote areas; the provision and funding of services in remote areas; to expanding individual, family and community empowerment and healing

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<sup>1</sup>Aboriginal and Torres Strait Islander Prevention Evaluation Project, Fact Sheet 3  
<http://aboriginal.telethonkids.org.au/media/1526706/Fact-Sheet-No-3.pdf> [accessed 28 April 2016]

programs; to expanding holistic programs that address alcohol and other drug use in remote areas; and, to enhancing the mental health of young people in remote areas.

### *Term of Reference 2*

The allocation of resources to current Aboriginal youth suicide prevention strategies and services in remote areas has been misguided and inconsistent. As such, the effectiveness of these strategies and services has been limited, and not able to address the underlying factors which contribute to Aboriginal youth suicide. It is vital for services to be:

- Aboriginal youth-specific;
- led by their peers and include youth in program development;
- responsive to issues faced by communities including unresolved grief, loss and trauma, violence, family breakdowns, alcohol and other drug use, cultural dislocation, and racism;
- community-led, culturally appropriate, local solutions that focus on early intervention and prevention, and foster leadership and self-determination;
- provide awareness, education and post-suicide counselling;
- provide 24 hour support;
- enhance empowerment; and
- focus on healing.

### *Term of Reference 3*

The existence of gaps in strategies and services available to reduce Aboriginal youth suicide in remote areas, is a direct result of successive failures from governments<sup>2</sup> to implement the findings and recommendations resulting from:

- their own inquiries;
- independent research;
- community organisations working within the field; and
- most importantly, the young people and communities themselves.

It is vital that an Aboriginal specific youth suicide strategy is developed to complement the broader *Suicide Prevention 2020 Strategy*. Further, ACCHSs

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<sup>2</sup> Including Federal governments, of course.

can play an integral and vital role in providing support to young people at risk of suicide in remote communities.

Finally,

- front-line primary health care workers in ACCHSs;
- community service employees and youth workers who work with Aboriginal youth; and
- Aboriginal youth who live in remote areas,

all should be supported in accessing Aboriginal-specific training and support relating to mental health and suicide intervention.

### ***Summary of consultation process***

In developing this submission, we sought to engage widely with young people, the services that support them, and the communities that they live in.

Our organisations circulated two surveys through our networks; sixteen services and their staff, and thirteen young people, provided feedback. Our survey responses came from right across Western Australia, with representation from the Pilbara, Central Desert, Kimberley, Murchison/Gascoyne, Goldfields, South West, Wheatbelt, and Perth Metro regions. The majority of responses came from regional, rural and remote areas.

AHCWA also recently held our State Sector Conference 2016, where suicide was a key topic of discussion. Conference participants worked collaboratively through the area, identifying what issues exist; what are the gaps; what has worked well; and what needs to be done. The conference was attended by 200 people, and 4 recommendations were developed. Those recommendations are now embedded within this submission. We further engaged the expertise and knowledge of AHCWA's Youth Committee, who are youth representatives from ACCHSs across the state.

Throughout the conference, and the development of this submission, both organisations held a number of informal conversations with members about the Inquiry. Those conversations also guided our submission.

Previous and current work in the mental health and suicide prevention areas also informed this work.

YACWA currently runs a project called Music Feedback that aims to address the stigma of mental health amongst young people. YACWA was also awarded funding under the initial suicide prevention strategy to address suicide prevention

amongst homeless young people in WA. YACWA then consulted briefly on the development of the youth engagement strategy as part of the new suicide prevention strategy.

This information, led by both organisations' consultation process with members, will form the basis of our analysis against the terms of reference.

### ***Acknowledgements***

We would like to acknowledge and sincerely thank all individuals, services and organisations who participated in the above processes. Particularly, children and young people who have willingly engaged in our consultations. The strength of our response, and resulting advocacy ability would not be what it is without their significant contributions, especially given what is understandably an issue that is continually bringing such pain to their own lives and communities.



# DISCUSSION

## **A. The status of previous inquiry recommendations related to Aboriginal youth suicide in remote areas**

### **Introduction**

Despite significant investigation undertaken by governments, researchers, organisations, services and communities in Western Australia, suicide remains the leading cause of death for Aboriginal young people. Tragically, this is no surprise given the lack of meaningful intent and implementation of previous recommendations and findings by successive State governments.

The following documents have been reviewed for the purpose of our response:

- *Kimberley Roundtable Report, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, August 2015.*
- *Hear Our Voices: Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal People living in the Kimberley, Western Australia, Pat Dudgeon, Kathleen Cox, Divina D'Anna, Cheryl Dunkley, Katherine Hams, Kerrie Kelly, Clair Scrine and Roz Walker, 2012.*
- *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia by Professor Bryant Stokes, AM, Department of Health, July 2012.*
- *Coronial Inquiry into 5 suicides – Balgo, Alastair Hope, Coroner, 21 October 2011.*
- *First Report, Indigenous Implementation Board (Lt Gen Sanderson), August 2009.*
- *Coronial Inquest into 5 suicides – Oombulgurri, Alastair Hope, Coroner, 2008.*
- *Coronial Inquest into 22 suicides – Kimberley, Alastair Hope, Coroner, 2008.*
- *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Gordon Inquiry), Sue Gordon, The Hon Kay Hallahan AM, Mr Darrell Henry, 2002.*
- *Report of the inquiry into the mental health and wellbeing of children and young people, (2011) Commissioner for Children and Young People; and subsequent First Report (2016) 'Our Children Can't Wait'.*

- *Investigation into ways that State Government departments and authorities can prevent or reduce suicide by young people Report (2014) Ombudsman WA.*
- *The Elders' Report into Preventing Indigenous Self-harm and Youth Suicide (2014)*

Below is a brief summary of consistent themes that will reveal significant government inaction in critical areas relating to Aboriginal youth suicide, including:

1. Recommendations relating to the impact of social determinants of health in remote areas.
2. Recommendations relating to the provision and funding of services in remote areas.
3. Recommendations relating to the youth-specific, community-led, culturally appropriate holistic services and programs in remote areas.
4. Recommendations relating to family and community empowerment in remote areas.
5. Recommendations relating to programs that address alcohol and other drug use in remote areas.
6. Recommendations relating to the mental health of young people in remote areas.

Each point has been addressed below.

## **1. Recommendations relating to the impact of social determinants**

Throughout several inquiries and reports, social determinants consistently have been identified as contributing significantly to the risk of suicide amongst Aboriginal youth in remote areas.

It is important to observe and implement these recommendations addressing social determinants because, as the Kimberley Roundtable 2015 stated: *“the impacts of social determinants are a leading cause of psychological, psychiatric and primary health issues and distresses”*.

A major social determinant that all Aboriginal people live with is the history of treatment by non-Aboriginal people since “colonisation”.

However, current and recent government actions<sup>3</sup> still do not adequately address this. The First Report, Indigenous Implementation Board (Lt Gen Sanderson) decisively stated that *“there are no holistic programs that bring together all the matters that concern Aboriginal people in their search for a respected place in*

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<sup>3</sup> Including those of Federal governments, of course.

*the nation. Much of the work of Government agencies in particular, is directed to the task of crisis managing the complex and burgeoning consequences of this failure.”*

The other inquiries and reports listed above reveal specifically that there is similarly a distinct lack of services addressing vital social determinants such as education, health, housing and youth incarceration.

For instance, the Gordon Inquiry found *“that many Aboriginal people have difficulty in obtaining private rental properties. The Inquiry strongly endorses systems designed to move Aboriginal people into home ownership and mainstream housing rather than state housing”*<sup>4</sup>. Further, the Coronial Inquest into 22 suicides – Kimberley highlighted that *“there is now in place such a system which has identified a need for 1,000 houses to be constructed for remote Aboriginal communities in the state.”* Homelessness is key risk factor for suicide amongst young people, as identified in YACWA’s *Lost Your Happy Place?* Report.

Given that several inquiries relate to specific regions in Western Australia, we wish to highlight that the crisis relating to social determinants raised above is being experienced right across Western Australia.

We also believe the Committee should consider the Close the Gap campaign, which seeks, within a generation, to close the health and life expectancy gap between Aboriginal peoples and non-Aboriginal peoples. The campaign is founded on evidence that shows significant improvements in the health status of Aboriginal people can be achieved within short time frames. We urge our State Government to work collaboratively with their Commonwealth counterparts in achieving these goals within the required time frame.

## **2. Recommendations relating to the provision and funding of services in remote areas**

The provision of Aboriginal-specific youth services in remote areas is misdirected and inconsistent at best, which contributes to the increased risk of suicide amongst Aboriginal youth in remote areas.

The Kimberley Roundtable concluded that *“communities with a paucity of services would remain at risk (of suicide).”*

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<sup>4</sup> Recommendation 49.

Additionally, the Coroner's Inquest into 22 Kimberley suicides identified that as a result of there being no secure mental health facility in the region, *"severely ill Aboriginal patients must be sent to Perth for treatment in circumstances which are extremely upsetting for the patients and require considerable resources in effecting the transfers."* AHCWA continues to be involved in advocacy around improving the patient journey for Aboriginal patients coming to Perth for health reasons. It is clear that there are huge benefits to people receiving appropriate care whilst in their communities.

It is also evident that Aboriginal-specific youth services should be provided after the usual hours of business; in fact, our consultations for this submission have highlighted this as critical. Further, the Stokes Review recommended that *"after-hours services are established for children and adolescent and youth services in rural and remote communities, where possible."*<sup>5</sup> It was also identified in the Review that the majority of services in remote areas were fly-in/fly-out services, which focus on acute illness management, rather than early intervention and prevention. These "Band-Aid" approaches are unsustainable, sub-optimal and ineffective suicide prevention activities. They do not work to build relationships and trust within the community, and those relationships are crucial to any ongoing development in this area.

Findings from the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) also support the need for cultural and clinical services to be provided 24 hours a day. This was identified on the basis that research undertaken regarding the time and means of suicide and self-harm attempts suggests that the risk of suicide occurs across all time periods. Programs of this nature (amongst others) were found to be those showing most promising results for suicide prevention for Aboriginal youth.

In relation to funding, the Hear Our Voices Report stated that it is necessary for *"programs (to be) developed in a way that facilitates a long-term approach, including feedback and evaluation to assess effectiveness and ensure the content and delivery process is responsive to people's need"*.

Further, the Gordon Inquiry found that *"resource distribution to provide services to communities are not fair and equitable. Communities of equal size do not have the same social infrastructure and supports. The Inquiry further finds that departments are not funded in such a way that they can provide adequate services, staff and infrastructure in all rural, regional and remote communities"*<sup>6</sup>. Several of our member services have echoed this finding in our consultations,

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<sup>5</sup> Recommendation 8.2.

<sup>6</sup> Recommendation 158.

with the town of Carnarvon struggling to find funding for community-led Aboriginal youth services.

In addressing funding shortfalls, the Indigenous Implementation Board recommended that *“royalties for Regions allocate a recurrent stream of funding for Indigenous leaders to engage their communities in regional planning”*.

Specifically with regards to developing the capacity of ACCHSs in Aboriginal youth suicide prevention, the Gordon Inquiry recommended that *“the Department of Health consider supporting the design and development of an enhanced professional role and career development path for Aboriginal Health Workers and Aboriginal Mental Health Workers that incorporates a primary therapeutic role. This should be reflected in work responsibility and remuneration.”*<sup>7</sup>

AHCWA and YACWA once again contend that not much has changed in regards to the provision of services in remote areas. Our consultations revealed a disturbing difference in the level of specific youth-oriented services within regions, and most commonly we heard that there are still no after-hours services providing support. We recommend that government ensure that the recommendations relating to the lack of service in the inquiries assessed be implemented.

### **3. Recommendations relating to the youth-specific, community-led, culturally appropriate holistic services and programs**

Developing youth-specific, community-led and culturally appropriate holistic services and programs is critical to enhancing engagement with supports for Aboriginal youth in remote areas.

The Hear Our Voices Report recommended that *“funding is provided for the development of (both accredited and non-accredited) programs that are more targeted, locally and culturally responsive”*<sup>8</sup>. Further, that *“specific programs and activities are developed that work with young people to improve their self-esteem, and/or readiness to take on other empowerment and leadership courses”*<sup>9</sup>. Finally, that *“policy makers, service providers and funding groups adopt an enabling role where they support flexibility, creativity, action learning, innovation and diversity”*<sup>10</sup>.

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<sup>7</sup> Recommendation 180.

<sup>8</sup> Recommendation 1.

<sup>9</sup> Recommendation 8.

<sup>10</sup> Recommendation 12.

The Gordon Inquiry also spoke of the need *“for communities to have a more significant role in shaping the service response, rather than choosing from a range of pre-determined programs”*<sup>11</sup>. We assert that this also includes involving young people in service design. This relates directly to part (b) of this Inquiry’s Terms of Reference, and is explored further later in our submission.

With regards to particular services, as part of the Coroner’s Inquest into 5 suicides – Oombulgurri, it was recommended by Coroner Alistair Hope that *“the State Government consider funding, or at least working with Aboriginal organisations such as KALACC, to provide culturally based solutions that address the issues of substance abuse and youth justice diversionary schemes.”* However, despite these recommendations, organisations such as KALACC (and ACCHSs) continue to experience significant difficulties in accessing recurring, long-term funding.

Despite significant government investment, outcomes for young Aboriginal people remain poor. The Aboriginal Youth Services Investment Priorities and Principles are the State Government’s response to the findings of the Aboriginal Youth Expenditure Review 2013, which identified the need for reform of government investment in Aboriginal youth services.<sup>12</sup>

AHCWA and YACWA implore the WA government to utilise this Inquiry and the concurrent Aboriginal Youth Investment Reforms as an opportunity to align investment models to adequately and promptly invest in community-based services.

#### **4. Recommendations relating to family, community empowerment and culture**

Strong families and communities are key contributors to enhancing the resilience of young people in remote areas.

The Ombudsman of Western Australia reported that adverse family experiences were having a significant impact on the health and wellbeing of Aboriginal youth, and as such the Kimberley Roundtable found that *“empowerment programs are seen by participants as an effective strategy for enhancing social and emotional wellbeing and for reducing risk factors.”*

In particular, the Report of the Inquiry into the Mental Health and Wellbeing of Children and Young People, by the Commissioner for Children and Young People recommended that *“significant funding be provided to increase the*

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<sup>11</sup> Recommendations 154 to 158.

<sup>12</sup> <https://www.dpc.wa.gov.au/Publications/Pages/AboriginalYouthServicesInvestmentReforms.aspx>

*delivery of evidence-based parenting programs for children and young people. Programs must be universal and targeted, accessible across the State, with some tailored children and young people who have particular needs”.*<sup>13</sup>

The ATISISPEP project concluded that *“services that assist families to help protect against sources of risk and adversity to children and young people that make them vulnerable to self-harm”.*

With regards to connection to culture, In the What Works in Aboriginal and Torres Strait Islander Suicide Prevention report, it was provided that *“a positive cultural identity has been reported to assist Aboriginal children and young people to navigate being an oppressed minority group in their own country; and provide meaning in adversity.”*<sup>14</sup>

AHCWA and YACWA agree that it is vital for Aboriginal youth to be supported by strong families and communities, which can be done by building upon their connection to culture. Therefore programs and services need to be directly targeted at supporting family and community function or at the very least have these as underlying principles in other service models and design.

## **5. Recommendations relating to the mental health of young people in remote areas**

The deteriorating mental health of young people in remote areas has been identified as a risk factor leading to suicide. Despite this recognition, government and mainstream services continue to struggle to foster engagement and effectiveness in their support to Aboriginal youth.

The difficulties in providing comprehensive mental health services in remote areas were identified in the Coroner’s Inquest - Kimberley, whereby it was found that serious challenges exist in providing comprehensive mental health, and alcohol and other drug care, to Aboriginal youth. As similarly raised above, many services are not embedded within the various communities and as such provide

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<sup>13</sup> Recommendation 31.

<sup>14</sup> Department of Education and Early Childhood Development, *The State of Victoria’s Children 2009: Aboriginal Children and Young People in Victoria*, State Government of Victoria, Melbourne, 2010, p45. Centre for Rural and Remote Mental Health, *Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland*, CRRMH, Queensland, 2009, pp 9, 11, 19.

sporadic services which are not culturally appropriate and lack effective engagement.

In the Coroner's Inquest at Balgo, it was identified that the *Kimberley Mental Health and Drug Service* faced considerable difficulties in providing support to the community. In addition, that the lack of mental health facilities for young people, particularly those with acute illness, resulted in transfers to Perth. The effect of that was to exacerbate issues relating to family support and connection to country.

In terms of addressing the increasing risk of children developing mental illness, the Stokes Review recommended that *"early childhood assessment and intervention programs are established for those children who show signs of the development of possible mental illness."* Our members frequently speak of growing need for support in this population, which will act as an early intervention and prevention approach as supported throughout.

Further, in the Commissioner for Children and Young People's Report of the inquiry into the mental health and wellbeing of children and young people, it was recommended that *"The Mental Health Commission coordinate the establishment of co-located 'youth service centres' across the State."*<sup>15</sup> Our survey respondents spoke of the need for youth-specific services in their communities, and we recommend that our State Government implement this finding.

## **6. Recommendations relating to programs that address alcohol and other drug use**

Alcohol and other drug use (as a result of other underlying issues) is seen to be a key risk factor leading to Aboriginal youth suicide. As such, several recommendations across the reports relate to reducing exposure and supporting young people.

In particular, the Coronial Inquest - Kimberley found that *"death appeared to have been caused or contributed to by alcohol and cannabis use."* The Coroner similarly concluded in his Inquest into Balgo, that the lack of suitable residential rehabilitation centres in Western Australia available for young people, increased their risk of suicide.

The Gordon Inquiry found that *"substance abuse is a widespread occurrence amongst Aboriginal children in many parts of the metropolitan area and particularly in the Midland area. Such substance abuse has a devastating effect*

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<sup>15</sup> Recommendation 47.



*on the physical, intellectual and emotional wellbeing of young lives...*” We contend that this is no different for young people in a great many remote areas.

Despite these recommendations, specific youth AOD services are scarce or non-existent in remote areas. Our youth survey respondents spoke unanimously of the need for the availability of such services in their communities, and we urge our State Government to fund specific Aboriginal youth AOD programs across our state.

### **Conclusion**

It is clearly evident that the majority of findings and recommendations as identified in various inquiries have not been implemented by successive State governments, as poor health outcomes, alienation from mainstream society and despair continue to rise. This is despite government being responsible for achieving outcomes for Aboriginal people, and in particular youth.

The consistent failures of successive governments to implement these findings is not only a waste of research and resources, but also continues to prevent Aboriginal children and young people from accessing necessary support services as provided under our international human rights obligations and our Close the Gap commitments. The inaction will result in continually higher costs, particularly with more expensive clinical responses.

The former WA State Coroner concluded in the Kimberley Inquest with the remarks of SA State Coroner, Mr Wayne Chivell, *“that such conditions should exist among a group of people defined by race in the 21st century in a developed nation like Australia is a disgrace and should shame us all”*.

The situation facing most Aboriginal youth in remote areas is now dire; not from their own actions, but by the lack of action by governments. We urge our State Government to review the recommendations as contained in numerous inquiries and reports and divert funds ‘downstream’, to where they are most needed and effective.

***B. The allocations of resources to current Aboriginal youth suicide prevention strategies and services in remote areas, and the effectiveness of these strategies and services***

As illustrated above, the allocation of resources to current Aboriginal youth suicide prevention strategies and services in remote areas is misguided and inconsistent, with effectiveness being hampered by several factors which can be addressed by our State Government.

**Overview of State-specific strategies**

The State Government has supported the development of the following two broad suicide prevention strategies over the past ten years, which relate in part to Aboriginal youth suicide:

- *Western Australian Suicide Prevention Strategy 2009-2013* (also known as OneLife), on which \$18 million was spent by the Government on implementation; and
- *Suicide Prevention 2020: Together we can save lives*, to which the State Government has committed \$26 million over four years for implementation.

The current strategy, *Suicide Prevention 2020* (the ‘Strategy’), has identified action areas that focus on:

- greater public awareness and united action;
- local support and community prevention across the lifespan;
- coordinated and targeted services for high risk groups;
- shared responsibility across government, private and non-government sectors to build mentally healthy workplaces;
- increased suicide prevention training; and
- timely data and evidence to improve responses and services.

Whilst the Strategy is comprehensive in developing a broad population suicide prevention approach, it fails to adequately address Aboriginal (and particularly Aboriginal youth) suicide. We understand that the Mental Health Commission (WA) is currently in the process of developing an Aboriginal Implementation Plan and Youth Engagement Strategy, which will “be developed to ensure that activity

(Suicide Prevention 2020 Strategy) is developed and implemented in a coordinated and collaborative manner and with community input.”<sup>16</sup>

However, neither document has been released to the public for feedback. The release of these should now be a priority of our State Government and the Mental Health Commission. We also recommend the creation of a specific Aboriginal children and young people strategy, to address the specific complex and interrelated risk factors experienced by this population.

With regards to specific government-provided services in the area of mental health, the State Government also funds the Statewide Specialist Aboriginal Mental Health Service (SSAMHS). The 2014/15 State Budget allocated \$29 million to enable SSAMHS to continue until 2017. Of this funding, \$19 million will be spent in regional and remote areas.<sup>17</sup>

The key objectives of SSAMHS are:

- improving access to culturally appropriate mental health services for Aboriginal people and their families;
- building the capacity of the Aboriginal mental health workforce;
- developing and maintaining interagency partnerships aimed at the development of a more holistic approach to Aboriginal mental health care; and
- improving the cultural understanding and functioning of mental health service providers.

SSAMHS is focused on delivering improved access to mental health services for Aboriginal people and a career structure to encourage recruitment and retention of Aboriginal staff. The Mental Health commission is currently developing a comprehensive evaluation of SSAMHS which will help to gauge its effectiveness.

Although we recognise the efforts of the State Government, and particularly the Mental Health Commission and SSAMHS in developing and commissioning these additional specific strategies and services, there currently still exists an absence of strategies and funding specifically for Aboriginal children and young people, particularly for those in remote areas. At present, it is unclear when we can expect marked improvements to occur in communities in regards to suicide prevention, and we contend that this is a serious indictment on the State Government.

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<sup>16</sup> [http://www.mentalhealth.wa.gov.au/mentalhealth\\_changes/wa\\_suicide\\_prevention\\_strategy.aspx](http://www.mentalhealth.wa.gov.au/mentalhealth_changes/wa_suicide_prevention_strategy.aspx)

<sup>17</sup> [http://www.mentalhealth.wa.gov.au/Libraries/pdf\\_docs/Annual\\_Report\\_2015-16\\_1.sflb.ashx](http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Annual_Report_2015-16_1.sflb.ashx)

## **Ensuring resources are allocated effectively**

Although the current strategy promotes supporting evidence-based culturally informed programs, building local capacity and partnering with primary care providers (amongst others), we are yet to witness any evidence of significant changes to commissioning processes to reflect this.

Our survey respondents provided that resources have been allocated least effectively in the following areas:

- non-specific acute medical services;
- government sector;
- mainstream services;
- generalist services;
- those not focused on outcomes, and that don't provide adequate follow up;
- regional inconsistencies in funding; and
- funding cuts across the community sector.

Given the above, the concern from both the ACCHSs and youth sectors is that the funding provided under the Strategy is not going to the right areas and to the right services. This was further evident in our recent consultations, with over half of our service respondents unaware of specific Aboriginal youth mental health or suicide prevention programs or services in their regions. Our youth respondents also echoed this sentiment, with 70% not seeing any increase in services in their region. It is clear that community-led, youth-specific services must be supported in service delivery. However, the persistence of this issue is evidence that the intended change of approach is not translating through to this model of service delivery.

Additionally, and disturbingly, 50% of our service respondents had experienced a decline in Aboriginal youth suicide prevention and intervention programs in their communities. However, mainstream youth mental health and suicide prevention services appeared to be immune from this decline, with our youth respondents commonly seeing several generalist services in their community. Our service respondents also provided that the majority of services in their region continue to be mainstream, as compared to a small share of community-led and Aboriginal-specific services. This is further evidence that the allocation of resources is not effectively addressing Aboriginal youth suicide in remote communities.

With this in mind, we refer to the Department of Aboriginal Affairs (DAA) *Location Based Expenditure Review Findings* from the Roebourne and Martu communities. These reviews made the findings below.

- There were poor outcomes for Aboriginal people despite high levels of spending.
- Social issues were clearly identified as impacting on service delivery, which could be addressed by improving co-ordination between government agencies; providing culturally appropriate services; and having local governance.
- Scattergun approaches to spending; fragmented service delivery; inadequate coordination. The high administrative burden placed on services in remote locations is impacting their ability to provide services.
- Inconsistent balance of spending and potential gaps. In particular, it was found that expenditure in early childhood was low across locations.
- Inconsistent funding mix across government.

These findings would suggest that the experience of those who participated in our consultations is accurate, and as such changes to current processes around commissioning of services need to be made urgently.

More broadly, we would also advise the Committee to examine the Holman Review as part of this Inquiry's process. The report was an external review of Western Australia's State-funded Aboriginal Health Programs undertaken in 2014. The Review found that of the Aboriginal health projects it evaluated, 88.1% of funds were achieving 'good', 'excellent' or 'outstanding' value for money. The review, in our opinion, endorses the vital importance of the work done by ACCHSs and in essence programs which are community-led, however our members and other community-led services still must continually fight for funding security and access to grants for providing services.

The main recommendation to come from the review was for the State Government to guarantee that the minimum term of service with Aboriginal health organisations is three years. The review also found that because Aboriginal health organisations are funded by both the State and Commonwealth governments, they are constantly having to spend time and resources reporting back to both governments. Services are being tied up in red tape, when they should be concentrating on their core business of providing services to the community. We are again yet to see significant change permeate through government approaches to commissioning as a result of this in-depth review of the ACCHS sector.

### **Supporting and developing effective services**

Overall, strategies have not been effective in remote areas (for the reasons identified above), however there is evidence of successful services being implemented in communities. Our intent in this section is to not summarise the literature of what works (which has been extensively done, particularly by the ATSIPEP team / Elders' Report), but rather to highlight current effective services in communities.

Both sets of survey respondents in our consultations provided that effective services in addressing the issue of Aboriginal youth suicide in their communities are those that exhibit the following characteristics:

- Aboriginal youth-specific;
- responsive to issues faced by communities and families (including unresolved grief; loss and trauma; violence; family breakdowns and alcohol and other drug use; cultural dislocation; and racism);
- community-led, culturally-appropriate, local solutions that focus on early intervention and prevention;
- foster leadership and self-determination;
- provide awareness, education and post-suicide counselling;
- after hours (outside 9am-5pm) support; and
- empowerment and healing programs that work across culture, identity, family and connection to country.

Further from the above characteristics, for our youth respondents, it was critical for specific Aboriginal youth suicide prevention and intervention services to be:

- led by their peers;
- involving youth in program development;
- involving motivated and passionate staff; and
- being accessible, including online.

We note with serious concern that services with these characteristics were also the ones found to be the most lacking in support by funding bodies in our consultations.

The *Elders' Report into Preventing Indigenous Self-harm and Youth Suicide* provides further substantial guidance as to what practices are effective in reducing self-harm and youth suicide among Aboriginal young people. In particular, the report highlighted the role that culture can play in healing and protecting young people, and for this to be facilitated by those within the community. Case examples of successful programs are the Alive and Kicking Goals program; Red Dust Healing program; and the Yiriman Project.

The WA State Budget handed down on 12 May 2016 did not provide an announcement of any specific allocation of funding to these areas, to the best of our knowledge. It instead made a six million dollar cut in the Mental Health Commission's Community Support services, as well as a half million dollar decrease in prevention services. The State Budget detailed a reduction of almost six hundred thousand dollars in the grants and subsidies given to the non-government sector for prevention and anti-stigma purposes. This approach is of concern to both AHCWA and YACWA at a time when community services and prevention initiatives are imperative to remote communities to address this problem.

### **Recommendations**

- 1. That our State Government properly address and implement the recommendations of previous reports, on minimum three year contracts, with an emphasis on:**
  - **being Aboriginal youth-specific;**
  - **being led by peers, and involve youth in program development;**
  - **being responsive to issues faced by communities and families including unresolved grief; loss and trauma; violence; family breakdowns; alcohol and other drug use; cultural dislocation; and racism;**
  - **community-led, culturally-appropriate, local solutions that focus on early intervention and prevention, and foster leadership and self-determination;**
  - **providing awareness, education and post-suicide counselling;**
  - **providing after hours (outside 9am-5pm) support; and**
  - **empowerment and healing programs that work across culture, identity, family, community and connection to country.**
- 2. That the State Government introduce a specific Aboriginal children and young people strategy, to address the specific complex and interrelated risk factors experienced by this population.**
- 3. That this Inquiry utilise the concurrent Aboriginal Youth Investment Reforms as an opportunity to align investment models to adequately and promptly invest in community-based services.**

***C. The gaps in strategies and services available to reduce Aboriginal youth suicide in remote areas and ways to address these gaps, including broader mental health strategies and services.***

The existence of gaps in strategies and services available to reduce Aboriginal youth suicide in remote areas is a direct result of successive failures from governments to implement the findings and recommendations resulting from their own inquiries, independent research, community organisations working within the field, and most importantly, the communities themselves. It has now reached a point that without a significant and widespread change of approach, we will struggle to meet the growing need.

***Gaps in strategies and services***

Strategies such as *Suicide Prevention 2020* to some extent recognise this need for change in approach, and seek to promote engagement with communities in holistic early intervention and prevention. However, such strategies are not specific to the needs of Aboriginal people and youth, and we believe this specific Strategy should be complemented urgently with a specific suicide prevention strategy for Aboriginal youth.

If this was developed, our State Government and community services would have a template that outlines what steps are needed to address the complex and multifactorial contributors to suicide, and the commitment from government in achieving these. For example, there still exists a lack of focus on the issues facing young people in incarceration (or preventing them from ending up in custody in the first place); the importance of education and meaningful employment; and the need for housing and the impact of homelessness; amongst others, which will assist with breaking the cycle of intergenerational disadvantage and its resulting trauma.

Similarly, *the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* provides that in relation to Aboriginal youth:

*‘Preventive responses should include parenting programs and therapeutic interventions for high risk families and children, and a mix of therapeutic, supportive and competency-building or “life skills” interventions for youth in schools or in post-secondary training, as well as for those who are unemployed or entering the workforce. In many contexts, young people leaving school struggle to undertake further training or to stay in work and are in need of counselling and support... it is increasingly important that prevention policies focus on their common precursors in human development. There needs to be a shift towards collaborative, cross-*



*sectoral approaches to treatment and prevention to treat both current risk and its developmental precursors.*<sup>18,</sup>

Also, findings from the research undertaken by the ATSISEPP team (as summarised by the Telethon Kids Institute WA) provide that effective programs for the prevention of suicide and self-harm among Aboriginal children and young people require:

- ongoing work across services directed at the health and wellbeing of children, youth and families — to positively address the complex array of determinants impacting on the life-course outcomes of Aboriginal children, young people, their families and communities;
- programs and services that help develop and enhance children and young people's social and emotional competencies — as the foundations to resilience throughout life and a capacity to cope with conflict and stress;
- services that assist families to help protect against sources of risk and adversity to children and young people that make them vulnerable to self-harm;
- community-based strategies that engage young people and connect them with Elders;
- education and support programs for frontline workers to strengthen their knowledge of cultural issues and the complexities facing Indigenous young people; and
- 24 hour support services — research undertaken regarding the time and means of suicide and self-harm attempts suggests that children and young people die due to intentional self-harm across all time periods.<sup>19</sup>

Whilst it is true that there may be isolated instances when these program characteristics are supported by funding bodies, these appear to be for the time being isolated, tokenistic, inconsistent and restricted by current funding arrangements, rather than transferring into a coordinated and consistent holistic service delivery approach. As such, we urge our State Government to focus upon and enhance their support across the board, to services and programs which display these attributes.

### ***Challenges in delivering services to Aboriginal youth in remote areas***

There are significant challenges in providing services, particularly to Aboriginal youth, in remote areas. Existing strategies appear to not reflect the difficulties of providing programs and services in these areas.

In particular, our member services have experienced significant difficulty in attracting and retaining suitably qualified and experienced staff to remote areas.

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<sup>18</sup>Department of Health and Ageing. (2013). National Aboriginal and Torres Strait Islander suicide prevention strategy. Canberra: DOHA.

<sup>19</sup> Aboriginal and Torres Strait Islander Prevention Evaluation Project, Fact Sheet 3 <http://aboriginal.telethonkids.org.au/media/1526706/Fact-Sheet-No-3.pdf> [accessed 28 April 2016]

Strategies relating to this issue must reflect the differences in providing services in remote as compared to metro or even regional services, and the differences in lifestyle that comes with this change.

Second, an overarching barrier to providing Aboriginal youth specific services in remote communities is funding. Currently, as identified previously in our submission, this appears to be going to mainstream services, making it difficult for grassroots programs to access funding.

During our consultations we heard that:

*“Funding to increase and provide specific services around housing and health to Aboriginal youth (is a barrier impacting service delivery). Currently Aboriginal youth make up 50% of our clientele. Finding suitably qualified people with the correct cultural training is difficult in regional areas. Funding to expand services is impossible to secure.”*

*Service respondent 2016*

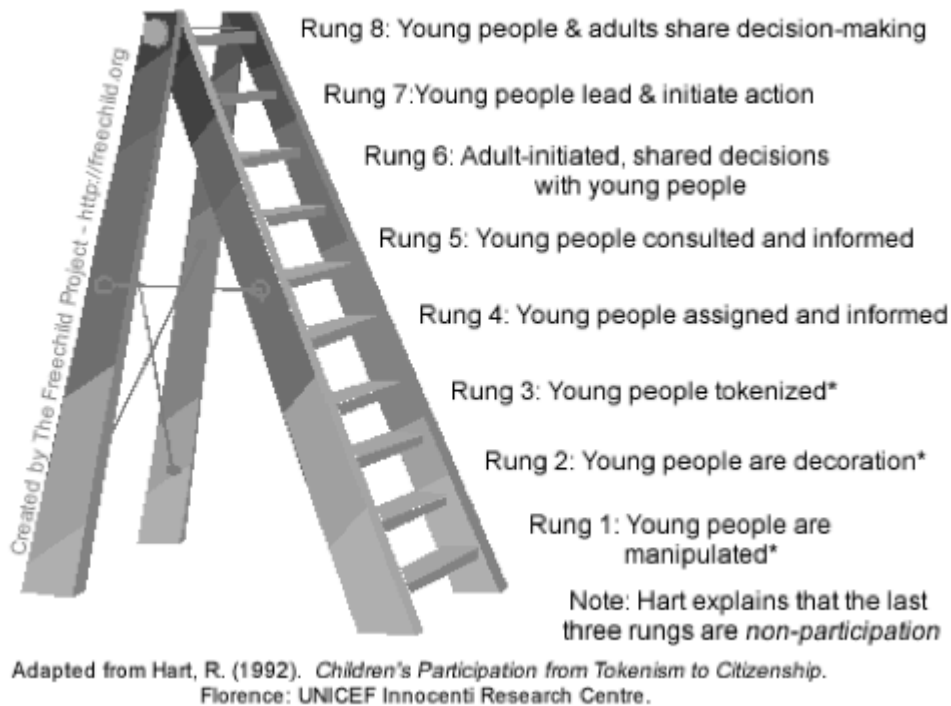
We subsequently recommend that specific workforce strategies are developed to ensure that high quality staff are attracted to and retained in remote areas, along with a marked shift in approach to commissioning services.

***Engaging Aboriginal Young People and service providers in decision-making and strategy formation.***

Sociologist Roger Hart wrote a book called *Children’s participation: The theory and practice of involving young citizens in community development and environmental care* in 1987. The “Ladder of Children’s Participation” is one of many significant tools from the book.

The ladder depicts 8 levels of engagement with young people in decision-making growing from rung 1: young people are manipulated, to rung 8, Young people and adults share decision-making.

## Roger Hart's Ladder of Young People's Participation



A current gap in service delivery is the level of participation that not only Aboriginal young people, but more broadly their communities, have in developing strategies and programs to address the issues raised by this Inquiry. It makes sense that when developing strategies for Aboriginal young people, that they are consulted in doing so and given opportunities to influence decision-making. Both YACWA and AHCWA urge that this issue be addressed.

### ***Enhancing the capacity of ACCHSs to provide holistic mental health and suicide prevention services***

Several inquiries and reports speak of the integral and effective role that the ACCHS sector can play in providing support to young people at risk of suicide in remote communities.

The ACCHS sector already provides Aboriginal-specific, comprehensive holistic primary health care services to the community, which are culturally safe and developed by the community. Services are out-performing other services in reducing the impact of chronic disease among Aboriginal and Torres Strait Islander people<sup>20</sup>, and there is significant scope for these strengths to be brought across to the delivery of Aboriginal youth suicide prevention programs.

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<sup>20</sup> Panaretto K, Wenitong M, Button S and Ring I, 'Aboriginal community controlled health services: leading the way in primary care' (2014) 200(11) *Medical Journal of Australia*, 200 (11) 649.

This was supported unanimously in our consultations. In particular, we heard that:

*“Young people are already accustomed to attending ACCHSs for other health issues, therefore they would be more likely to engage. ACCHSs already work closely with other community organisations and tend to be more flexible - which enables them to reach young people more easily.”*

*Service respondent 2016*

Literature also provides that *“with their model of comprehensive primary health care and community governance, ACCHS have reduced unintentional racism, barriers to access to health care, and are progressively improving individual health outcomes for Aboriginal and Torres Strait Islander people.”*<sup>21</sup>

One of AHCWA’s member services, the Ord Valley Aboriginal Health Service (OVAHS) provides holistic FASD prevention, social and emotional wellbeing, mental health and AOD services to the Aboriginal community in Kununurra. The various teams work closely with the OVAHS clinic staff and visiting psychiatrist to ensure that clients have holistic health care. Although the primary focuses of the SEWB, MH & AOD services is on counselling, advocacy and referral of individual clients, the team are also active in mental health promotion and educational activities about mental health.<sup>22</sup>

This is evidence of successful programs being run from an ACCHS with regards to mental health and suicide prevention, and given similar initiatives have been developed in other services (see also Kimberley Aboriginal Medical Services (KAMS)), we believe there is significant opportunity for growth in our sector across Western Australia in the delivery of services supporting Aboriginal youth. In further support of this, 92% of our youth respondents believe that ACCHSs should be providers of youth mental health and suicide prevention programs and services in their communities.

### ***Upskilling the capacity of Aboriginal Health Workers, community services employees and young people who work and live in remote areas***

Education and support programs for frontline primary health care workers and other community services employees is a critical area in addressing increasing rates of Aboriginal youth suicide. Currently, the Mental Health Commission is offering grant rounds of up to \$20,000 for local government and not-for-profit services to ‘equip people with skills to recognise and support someone who is at risk of suicide’. We argue that these programs should not be an option, but a requirement for those working with Aboriginal young people in remote areas.

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<sup>21</sup> Panaretto et al, see note 20.

<sup>22</sup> Ord Valley Aboriginal Health Services (OVAHS) Social Support Unit - Services and Programs <https://www.ovahs.org.au/what-we-do/social-support-unit/> [accessed 28 April 2016]

Additionally, Aboriginal-specific programs (such as Aboriginal Mental Health First Aid and Kimberley Empowerment and Healing Leadership Program) should be made accessible to willing (if not all) young people in communities. Almost all of our respondents indicated a strong willingness to receive culturally appropriate training in mental health suicide prevention, and we believe that opportunities should be expanded to not only staff in communities, but also the youth themselves.

### **Recommendations**

- 1. That our State Government urgently develop a specific Aboriginal youth suicide prevention strategy to complement the broader Strategy.**
- 2. That our State Government ensure community-led services and programs are supported in funding. In particular, ACCHSs and other community-led services (such as KALACC) have a proven track record of engaging strongly with communities, and should be utilised with regards to responding to Aboriginal youth suicide.**
- 3. Targeted programs and services for Aboriginal children and youth need to be developed. These should focus around culture and building resilience to improve social and emotional well-being, and be implemented in our education system as early as possible, such as in primary schools.**
- 4. Existing mainstream services, and other services working with Aboriginal youth, need to effectively consult, engage and involve Aboriginal youth them and their communities in the development of programs and services that impact our population.**
- 5. Aboriginal-specific training and support relating to mental health and suicide intervention should be provided by State Government for frontline workers, in particular Aboriginal Health Workers, in ACCHSs in response to rising rates of suicide across Western Australia.**
- 6. Aboriginal-specific training and support relating to mental health and suicide intervention should also be made available to:**
  - a. community service employees and youth workers who work with Aboriginal youth, and**
  - b. Aboriginal youth who live in remote areas.**

## **CONCLUSION**

We commend the State Parliament for establishing an Inquiry which seeks to identify what has gone wrong with their approach to Aboriginal youth suicide in remote areas. Suicide is an issue impacting most population groups across our society. However, there is no doubt that the specific vulnerabilities of Aboriginal youth within our communities requires significant investment and changes of approach relating to policy, programs and practice.

Given the substantial amount of time and work that has already been undertaken with regards to inquiries, independent research into evidence of best practice, and direct feedback from young people and their communities, we urge the State Government to ensure that the outcomes of these cease to be ignored, and recommendations implemented to the necessary extent.

The current allocation of resources to Aboriginal youth suicide prevention strategies is insufficient, inconsistent, and not specific to the complex and interrelated needs of this population. Ongoing consultation with Aboriginal young people and communities must be a priority in any strategy that is developed to ensure that community needs are met. Long term investment must also be a priority, to reduce the burden of uncertainty around funding and allow strategies time to build momentum and create change.

We sincerely hope that our State Government will utilise the findings of not only this Inquiry, but the ones before it, in a more accountable manner.