

**Ngaanyatjarra Pitjantjatjara Yankunytjatjara
Women's Council**

submission to the

Legislative Assembly of the Northern Territory

Select Committee on Youth Suicides in the NT

November 2011



Background: Suicide in Remote Communities

“We want to see early intervention for people with mental health problems, if that person gets kata Kura, starting to be sick, they should put that person in that place so they get better quick. We need to look after them because when they ... something happen they straight away get rope and run. So that’s why we are really sad and we want something to happen”

Mary Pan – Amata, NPYWC AGM 2011.

Many people have argued convincingly that Aboriginal suicide is different^{1,2,3}. In the remote communities where NPYWC is present, suicide commonly presents as an impulsive event triggered by a situation which occurs to someone already experiencing a high level of hopelessness and despair.

Triggers cited by NPY members for suicide and suicide attempts include:

- Jealousy- real or imagined. In communities social status is defined by relationship rather than work or career;
- Gossip- and the resultant shame. Shame is an especially powerful factor in Aboriginal society;
- Cannabis- and arguments over the lack of cannabis;
- Family unaware of the intensity of young people’s feelings and not listening to them and looking out for them;
- Anger at family- desire for them to suffer loss or be punished after a suicide;
- Cultural conflict such as ‘wrong-way’ or wrong skin relationships invoking intense family and community disapproval;
- Fear of payback
- Lack of money and arguments over money;
- Violence and abuse- sometimes substance-fuelled through alcohol and cannabis; and
- Domestic Violence- Since January 2010, 3 men have committed suicide after Domestic Violence incidents in two NT communities. Victims of assault frequently express feelings of shame and worthlessness and say they are thinking about ending their lives.
- Nothing to do in community. No jobs, no money for food or fuel, nothing to look forward to, no future.

Underlying what is seen as impulsive and unpredictable suicide and suicide attempts and threats in the NPY Lands is a deep layer of unresolved grief, trauma and hopelessness. In a culture where people see their place in life in terms of a complex network of family relationships, it is created by the loss of family members of all ages through disease, violence, accidental death and physical separation of families when a member is incarcerated. **See Attachment D for more information.**

The ripple effect of suicide trauma in Communities includes ‘Sorry Camp’ effects where children miss school and the community shuts down with jobs and wages lost. All activities, jobs, education & training are postponed or cancelled. The sadness within the community affects everyone. Blame levelled at individuals and families causes stress and trauma, and can lead to ostracism, payback and people leaving the community.

There are a number of considerations that government and others should take on board to increase the effectiveness of suicide prevention. Programs need to take account of the situation in remote communities as distinct from mainstream suicide.

¹ The following information and those on Attachment D and F was gathered from members of the NPY region as well as Psychiatrists, GPs and mental health nurses who have worked on the Lands for many years. NPYWC is particularly grateful to the following people quoted here, for speaking out: Margaret Smith (Chairwoman, NPYWC) Makinti Minakutjurr (former Director, NPY Women’s Council), Valerie Foster (Director, NPYWC) Maimie Butler (NPYWC member and staff member), Anawari Mitchell (Director NPYWC), Belle Davidson (NPYWC member), Linda Eddy (NPYWC member), Linley Green (NPYWC member and staff member), Angela Lynch (Project Officer NPYWC), Nazlin Remtulla, Paul Hills (Mental Health Nurses, Nganampa Health Council) Dr Martin Kelly (GP, Nganampa Health Council), Dr Nigel Cord-Udy, Dr Marcus Tabart and Dr Maria Tomasic (psychiatrists visiting the Lands for Nganampa Health Council) and WA Police.

² Tatz, C. (1999). *Aboriginal Suicide is Different – Aboriginal Youth Suicide in New South Wales, the Australian Capital Territory and New Zealand: Towards a Model of Explanation and Alleviation*. Criminology Research Council CRC Project 25/96-7.

³ Elliot-Farrelly T. (2004) Australian Aboriginal Suicide: The need for an Aboriginal suicidology? *Australian e-Journal of Mental Health (AeJAMH)* 3 (3) 1-8.

The despair and hopelessness underlying suicidality in the NPY Lands require programs which address the high levels of poverty, joblessness, substance abuse, violence and illness.

Services for High-Risk Groups

There is a lack of specialist service provision, especially preventative and post-suicide services in many communities in the NPY lands.

While NPYWC is funded to provide services to 10-20 year olds in the NT Communities of the NPY Lands, there is a severe lack of support services for those who are over 20, despite this being a vulnerable time for young people as recent deaths by suicide and suicide attempts in the NPY Lands show.

NPYWC Youth Program (10 to 20 year olds)- The inherent value of a comprehensive, Aboriginal controlled youth service as a preventative intervention against mental health disorders and suicide.

“Women’s Council is always thinking about young people and their futures. We worry about kids getting a good education and having things to do so they don’t get bored... The NPY Youth Team works very hard to support young people in our communities.”

Margaret Smith,
Former NPYWC Chairwoman.

Youth programs form a major part of the work of NPYWC. More than half the population in the NPY region is aged 24 years or under, with around 44% in the 10-24 age group.

The Youth Team works to encourage and support all young people in the NPY region, especially those who are at risk, facing problems or looking to make changes in their lives. The team is especially concerned with death and disability in young people caused by petrol sniffing and other substance misuse. The Youth Program runs healthy, active diversionary programs for young people, provides case support, and works closely with a variety of stakeholders to improve services and facilities for all young people and their families in communities.

NPYWC employs Youth Development Officers⁴ who work in remote communities in NT, SA, and WA. In the NT NPYWC’s Youth in Communities Program workers are resident in communities, and work with young people aged from 10 to 20 years old.

The NPY Youth Team takes a holistic approach to youth work, using a variety of integrated and complementary activities. The main activities of the NPYWC Youth Program are:

- Casework and support for young people in crisis who are facing issues such as substance abuse, mental health problems, violence, and homelessness
- Recreation and Diversion- fun activities and special events after school and during school holidays that contribute to personal development and help kids stay active and positive
- Leadership and Development: supporting the next generation of leaders to access education, training and career opportunities. We help young people obtain scholarships to schools and colleges for further study, and we are currently providing training and employment for Anangu Youth Workers through our Indigenous Employment Program.
- Advocacy and Collaboration: Improving living conditions for young people through lobbying and promotion as well as helping them build networks and partnerships.

The Youth Team also publishes Never Give Up News- a magazine promoting great achievements and telling positive stories of young people across NPY member communities

⁴ NPYWC policy promotes a ‘Malparara way’ of working, whereby non- Aboriginal staff are partnered with Anangu/Yarnangu (local Aboriginal) staff, working together as ‘Malpas’ (companions) to assist each other in the role. Both members of the partnership bring different but equally valued skills. Anangu/Yarnangu provide cultural knowledge, language and knowledge of the region while non-Aboriginal personnel typically offer formal qualifications, higher levels of literacy and administrative skills.

The Team organises the Kungka Career Conference, a gathering for teenage girls to learn about education, careers, leadership and life skills.

HITnet touch-screen computer kiosks have been installed in Docker River, Mutitjulu, Ernabella, Kiwirrkurra, Warburton. These provide contemporary and accessible information on a range of health issues for young people, including mental health.

The Youth Team also operates the Kulintja Palyaringkuntjaku ("to get better thinking") project for improving the support and services specifically for young people with the combined issues of substance misuse and mental health disorders

The response and policies of agencies such as police and health services;

There is limited availability of services in remote communities. Where communities have a police presence, police assist in looking for people who have run off after threatening suicide, but may be out of community. Police also play a major role with evacuation of people to a mental health inpatient facility, but are again limited in their availability. Through community work, police offer an increasingly viable refuge from family violence- one of the common reasons for suicide attempts. Police are also involved with limiting the inflow of marijuana into communities. Smoking cannabis is a factor frequently cited by community members as leading to suicide.

Emergency services after a suicide or attempt comprise the community health clinic. These are called on at all hours by community members. Situations vary between clinics, with staff generally working long hours and often called on to handle difficult and sometimes threatening situations. They have limited time available for in-depth casework and follow-up with the high numbers of at risk community members. Likewise, resources are limited for community education in the difficult area of mental health and suicidality in the face of the overpowering demands of primary health care. Clinic staff faced with suicide attempts and threats are often untrained in mental health work, and refer people to visiting specialists whose visit may be some time away.

While diagnostic mental health services are provided to remote communities in the Northern Territory, these need supplementation by

- Preventative services targeted at everyone in community, and aimed at increasing levels of community capacity and resilience through culturally relevant service provision and community development.
- Services specifically targeted at those that are affected by a traumatic event and are therefore at increased risk of developing mental health issues. This would involve casework and support - to address essential human needs and provide emotional support.
- Increased access to visiting mental health services especially in response to a threat or attempt of suicide by a community member. Due to lack of availability or distance, police are the only service to attend to a threat of suicide, sometimes not until a day later. Regular medical practitioners that are trained in mental health issues and are equipped to diagnose and treat are essential to remote communities.

The accuracy of suicide reporting.

Accurate statistical information for the Ngaanyatjarra Pitjantjatjara Yankunytjatjara Lands is not always possible because of factors such as high mobility (within communities as well as between them), English being a second language, and low levels of literacy; even baseline population figures are difficult to establish. Health services, the Australian Bureau of Statistics and population studies give figures varying 10 to 20%, and can therefore only be considered an indication.

Statistics for suicide deaths do not take into account deaths by suicide of family members which occurred outside the area, or deaths which may be deliberate but have not been counted as suicide. As with non-indigenous deaths, there are numerous occasions where suicide is suspected but not proven (such as an angry man driving into a tree, a person refusing their medication, or a drunken man lying down across the road). In a culture which is reluctant to discuss suicide this is highly unlikely to be reported as a deliberate act. A lack of commitment to the future underlies a number of deaths that occur among community members. Obvious examples include people who knowingly keep drinking after medical warnings ('drinking to forget'), and people who ignore renal dialysis appointments, a situation often complicated by an unwillingness to live away from one's homeland.

Recording of suicide attempts is limited and figures are not easily available. Although the health services keep records of suicide attempts that present to the service, the large number of attempts not resulting in medical attention go unrecorded.

NPY Women's Council is currently developing a database of suicide and attempted suicide that occur in the NPY Lands, so that the extent of this issue is clear.

Recommendations

Community members and people working in the Lands have suggested the following ideas relating to programs addressing suicide and related issues need to include:

- Continuing to support police and other initiatives to stop the transport of cannabis onto the Lands;
- Supporting employment, training and community based initiatives as this provides 'something to do' for young people in communities;
- Supporting the older people in the community who have the role of caring for younger people;
- Working with young people to develop life skills, such as skills in emotional literacy, relationship skills, and goal-setting ;
- Using music as a means of getting the message across- 'rap music the kids will listen to ...';
- Training young people in work and trade-style skills;
- Developing meaningful work opportunities within communities;
- Increasing the cultural connectedness of young people from early school age onwards;
- Increasing use of interpreters- developing a shared language of mental health;
- Family education in ways of engaging with young people;
- Talking about ways of responding to suicide threats – working within communities through cultural broker;
- Talking about mental health to reduce stigma and raise awareness. This should be done with and by community people in their own language;

However for programs to be meaningful for community members, the means of delivery needs to be appropriate to the culture in the Lands. 'Whitefella lectures', written material and booklets are not as meaningful as talking to known and respected people and family groups. Similarly, intervention training for staff in the Lands needs to take account of the different nature of suicide in remote communities.

Aboriginal communities on the Lands continue to need the basic fundamental building blocks necessary for providing community members a safe and positive community life i.e. strong participatory community governance at the local level, housing, meaningful work, education, police residing in community, recreation activities for young people, a health service and a viable, well operated community store and garage.

In February 2008, the WA Coroner Alastair Hope in reporting into the deaths of 22 indigenous people in the Kimberley since 2000, said that more has to be done to build communities into places that provide futures for their members. The appalling living conditions, lack of basic education, poor health, and unemployment were all areas needing urgent improvement⁵. This is the same message that came out of the Blank Page Summit on Suicide held in 2009 in response to a number of suicides in the Kimberley region.

The need to strengthen social and cultural factors such as family relationships and cultural connections which keep people strong continues. NPY Women's Council provides health and human services in the cross border region of the NT, SA and WA. The Council has extensive experience in providing these services across vast geographical distances, across borders and to a largely mobile population; in fact the Council has received numerous awards for its service delivery and advocacy. The essential elements in providing these services are:

⁵ <http://www.theage.com.au/news/national/wa-coroner-calls-for-takeover-of-indigenous-income/2008/02/25/1203788254189.html>

- Relationships of trust with the client group – Services must be long term to increase engagement and trust in the program
- Cultural knowledge and relativity – A comprehensive understanding of the cultural settings is needed, and when delivering a program, local knowledge is vital
- Risk management and safety – Having a clear plan to ensure the service isn't set up to fail.
- Flexibility – Delivering programs that can be adapted to suit whatever situation is happening on the ground
- Cross border response – NPYWC is not limited by state borders; people are highly mobile in this region, therefore it is necessary to accommodate this rather than put it in the too hard box

It is the view of NPYWC that these same principles could be applied to the delivery of programs in the area of suicide prevention. **See Attachment E for more information.**

Because of the complex issues facing individuals, families and communities a multi-layered approach is necessary. Communities require appropriate clinical support as well as regular access to general mental health support programs such as NPYWC's ESWB program, and Anangu benefit from access to traditional healers such as the services provided by ngangkari.

The gravity of experiences for Aboriginal people every day in remote communities on the NPY Lands, necessitates access to ngangkari services as well as both core mainstream mental health services and community support mental health services to improve and increase the level of health and wellbeing. Aboriginal people require support from both sectors: it should not be a choice of one or the other if the gap in life expectancy between Indigenous and non-Indigenous Australians is to be closed.

NPYWC suggests that the government should investigate the idea of providing 'helpers' into communities. These helpers would provide significant 'helps' or positive interventions when an individuals or families need the assistance. For example, for a young person it may be something as small as setting up a bank account, providing support during the initial months when they start a job or providing guidance in applying for a driver's licence. The idea is that the young person receives help to implement positive ideas that they initiate so that there is a momentum to assist them to continually move forward, as opposed to being hindered, frustrated and over time develop negative feelings of being not heard or not having a future.

Such helpers would have a wide range of life skills, be highly energetic and receive high level support for their work. The key value of these helpers would be to map the empowerment occurring in the lives of individuals and families. Helpers would possess the skills to be flexible and respond to different members of the community and be from a diverse mix of ages and backgrounds so that a pool of helpers could respond to the range of requests for assistance coming from a community. Helpers would also assist in building resilience and support individuals and families during difficult times, by pulling in the necessary resources to suicide proof these groups, as a deliberate and conscious action. **See Attachment F for more information.**

The frequency of attending funerals or sorry business one after the other is one example where Anangu receive little respite, to get on with their lives, as they are constantly being reminded of people they have lost. According to the WA Child Health Survey⁶, 29 per cent of children in the Warburton region between the ages of 4 and 17 had experienced 7 or more life stress events such as chronic illness or disability, family violence or breakup, arrest and/or incarceration of a family member, and death of a family member. Figures are not available for the Northern Territory, but the situation is similar in the NT Communities where NPYWC works.

An analysis of the cost of suicide in communities might present a worthwhile approach for the government. Such an analysis would clarify the economic as well as the humanistic value of the short term preventative and longer term lifestyle changes necessary to minimise people's suicidal response to issues. It could include direct and indirect years of life lost, the costs of community closure during sorry camp with the attendant job losses, school hours lost, lack of infrastructure maintenance, copy-cat suicides, health service costs, payback effects, as well as illness and substance abuse relating to grief.

⁶ www.ichr.uwa.edu.au/waachs/publications

