



LEGISLATIVE ASSEMBLY OF THE NORTHERN TERRITORY
11th Assembly
Select Committee on Youth Suicides in the NT

Public Hearing Transcript
9.30 am, Thursday, 17 November 2011
East Arnhem Shire Council Offices, Nhulunbuy

Members: Ms Lynne Walker, MLA, Deputy Chair, Member for Nhulunbuy
Mr Michael Gunner, MLA, Member for Fannie Bay
Ms Kezia Purick, MLA, Member for Goyder
Mr Peter Styles, MLA, Member for Sanderson

Witnesses: EAST ARNHEM SHIRE COUNCIL

Mr WUNUNGMURRA: We have been waiting for you guys to come out and talk to us. We would like to be part of these discussions. You will be heading out to Yirrkala directly after this, but we are looking forward to hearing what you are going to tell the council for them to take back their communities and talk to the communities and their constituents. So, once again, welcome to our East Arnhem Council meeting; thank you very much for coming, and I will hand over to inaudible or Ben.

Madam DEPUTY CHAIR: Thank you very much, Banambi, and thank you to Councillors for making yourselves available for today to meet with this special committee of the Northern Territory parliament which is investigating youth suicide. We certainly do appreciate you taking the time.

We are probably more interested in listening to what you have to say to us rather than us talking to you, and I do want to acknowledge and offer my condolences to people who have suffered loss overnight on Groote Eylandt in one of the communities. On behalf of the committee, we certainly give you our very sincere condolences.

I do have some formal words, as a committee of the parliament, that I need to read through before we move on to the opening discussion: to let you know this is the formal proceeding of the committee and the protection of parliamentary privilege and the obligation not to mislead the committee apply, which are the rules of our parliament. Also, to let you know members of our Secretariat are actually recording this meeting, so they are recording the voices and, on the basis of those voices, they will be producing a transcript which, when we go back to Darwin our Secretariat will forward through to the Council so that you have a record of what has been discussed at this meeting; and if you wish it to remain a confidential record it can remain confidential, or you have the option for it to become a public record.

If at any time you are concerned what you are talking about be made public, then you just need to say you do not wish it to be made public, and you wish it to be off the record, then we take the information you give us as private and confidential.

I will start just by introducing members of the committee. I think most of you know me, Lynne Walker, the member for Nhulunbuy. I am actually the Deputy Chair on this committee, the Chair is on the end of the phone there in Darwin, Marion Scrymgour, who is unable to be with us today, but I am very pleased that Marion has been able phone in. I will just get the other members of our parliamentary committee to introduce themselves.

Ms PURICK: My name is Kezia Purich. I am from Darwin. I grew up in Darwin and have been there all my life. I represent the electorate of Goyder which is the Humpty Doo, Noonamah, Lambells Lagoon area, so mostly rural. I grew up in the rural area, and it is those people I represent in parliament.

Ms STYLES: My name is Peter Styles. I am the member for Sanderson, and that electorate is in the northern suburbs in Darwin, just next to the airport.

Mr GUNNER: My name is Michael Gunner. I am the member for Fannie Bay, which is in Darwin; a long way from where I was born in Alice Springs. I am enjoying it.

Madam DEPUTY CHAIR: Marion, do you want to say a few words there.

Ms SCRYMGOUR: Yes, I do, Lynne. I have to sincerely apologise to everyone for not being there, I really wanted to be there, and I do apologise, but I welcome the opportunity to be part of all of the hearings by teleconference.

Madam DEPUTY CHAIR: Thanks, Marion. I should let you know, as part of our committee's work we have been travelling around the Northern Territory holding these types of meetings. We had two full days of meetings in Darwin a few weeks ago, and last week we travelled to Tennant Creek and held meetings there, and last Thursday we had a full day of meetings in Alice Springs; so we are meeting with as many people as we can. We have received more than 30 written submissions to the committee, and our aim is once we have collected all this evidence from people and people's views on youth suicide in the Northern Territory, we will prepare a report with recommendations that, at this stage, is due to be tabled in our parliament in February.

So, following on from that introductory business, I know you have a busy agenda and we are supposed to be finishing up at 10 o'clock, I would like to throw the discussion open to Councillors from the different communities in East Arnhem Land and open up the discussion about the impact of youth suicide in your communities, and your experiences.

[No log notes from 9:17:25 to 9:43:42]

Mr HANSEN: My name is Keith Hansen. I am a member for the Anindilyakwa Ward and I live at Umbakumba. We are seeing an alarming trend happening at the moment, especially in the township of Angurugu, of suicides. We had our third one last night; a young girl of 14. I do not know the circumstances surrounding it, but I do know there was a boyfriend/girlfriend fight a couple of weeks ago; whether it is a culmination of that, I do not really know.

In the Anindilyakwan people, there is no such word in the Anindilyakwa language for suicide. It is not heard of. I have been there nearly 30 years and only in the last 12 months have we seen this trend happening. I do not know where the answer lies, but there is possibly – it is all young people and possibly some professional help is needed somewhere along the line. I know the Indigenous people who are employed in those areas do not have the professionalism to be able to consult -----9:15:29 the delicate issues.

At Umbakumba, we had an attempt about a month ago. Again, it was a boyfriend and girlfriend fight. We grabbed the young girl and counselled her as best we could. We got her to clinic and the clinic counselled her also, but it is something that we just want to stop now, because it has only just started, and all the time I have been there, there has been nothing like this. It is just now in the last 12 months we are seeing it and I do not know whether it is social or economic or what it is; it just needs to be looked at so that someone can say: 'Hey, guys, there is a problem. Your youth need help'.

We have no petrol sniffing and alcohol is not a problem. There are many drugs, but there are drugs everywhere around Australia, so it is not a unique experience. I do not know. There are plenty of activities for the young people. Each of the communities has their Youth, Sport and Recreation facilities operating. There are job opportunities; there has never been this before. There are training opportunities. There has to be an answer somewhere. It has to be a social issue, I think, and I am not experienced enough to comment on it and I will leave that to others, but we do need help.

Ms PURICK: Keith, do you know whether, in the schools - because there are programs run in schools in other places in the Territory and around the country. In primary school, it is called KidsMatter and in the high school and middle school area, it is called MindMatters, which is all about getting young children and students aware of (inaudible). Do you know if that is in the schools?

Mr HANSEN: No, I cannot answer that. Gordon, do you know whether it is ...

Mr WALSH: No, (inaudible).

Mr HANSEN: Look, I honestly do not know whether it is in the school, but there is an alarming situation at Angurugu at the moment where school attendance is below 30% and that is not helping the issue either. It is that community that needs help. It is the largest community. It has the biggest social problems and we really, I think – there is urgent help there needed there somehow. Someone has got to step up the mark and say: 'Hey, you guys, you need help. Let's get out there and offer it'.

Mr GUNNER: We have heard a lot of evidence about the importance of postvention, they call it, which is when you provide help to a family after the tragic loss of someone from suicide. It is counselling around grieving and all that sort of stuff and part of the importance of it is to try to prevent other suicides from occurring; to let people have an opportunity to talk. Do you know what the experience has been about any help with grieving or anything like that afterwards? Is there any formal process or ...

Mr HANSEN: No, nothing in place, not that I know of.

Madam DEPUTY CHAIR: This is the first public hearing we have held directly with people in remote communities, so what we have heard to date from Darwin, Tennant Creek, and Alice Springs – and we will be going to the Darwin rural area in a couple of weeks – there are services available, that people have somewhere to go to. There are networks of service providers that work together, not only in the prevention, but also post, after a tragic loss, but the sense we are picking up here very early on in the piece is that service in supporting families in communities is lacking.

Mr HANSEN: I think it is more important to have a facility to prevent it, rather than post, after the event. If anyone has been through families who have experienced this type of thing, you do not recognise that it is happening to the person. I can honestly tell you from my own experience.

Mr STYLES: Keith, do you think that training in that area would help? There are training programs available to look for and identify some of the keys that will put you in the picture that someone is struggling. I agree that, quite often, if we all knew someone in this room and we all saw them do a small thing on its own, it does not mean anything. But, if everyone sits down and says, 'We saw that person do this', and everyone talks about it, suddenly, you get a picture of this person struggling. Do you think that would work in your community?

Mr HANSEN: I believe that something like that would, because a lot of these things have been boyfriend/girlfriend issues, two girls fighting over a boy-type stuff. As soon as that happened, if you had someone professional there being able to step in and offer the counselling services to either of the parties, and explain the real issues - and those people with experience can see with their own eyes and identify that there is an issue there - that would be very, very welcome.

Ms SCRYMGOUR: I am not sure, Lynne, how many others are from the East Arnhem Shire from around the Groote Eylandt area. Is it just Mr Hansen?

Madam DEPUTY CHAIR: The other Keith.

Mr WUNUNG MURRA: Keith Mamarika.

Ms SCRYMGOUR: Okay. Regarding those young people you were just talking about, how much of this is attributed to Facebook and the social networking stuff?

Mr HANSEN: Very little because we have limited mobile coverage, and there are not a lot of computers in the house, so it is not computer-orientated in any way whatsoever.

Ms SCRYMGOUR: Okay. So, limited mobile coverage so people do not have mobiles and Facebook. You are saying there is absolutely no discussion with young people about relationship problems. This is a trend that happens in many of the communities. What we have seen is a breakdown in that, or a lack of coping skills between those young men or our young women. Because of that lack of coping skills, they feel suicide is the only way they can go down the track, so, then you have a completed suicide.

Also, I was interested in the one you talked about in Umbakumba, with the attempted suicide and how that person may be tracking, and what support services are around the individual you talked about from Umbakumba.

Mr HANSEN: Other than the clinic, there is nothing. I do not think they are professional enough to be able to counsel people in those areas. It is a professional area, I believe. The particular one that happened last night, as I said, I do not know the circumstances. I know there was a fight about three weeks ago at Umbakumba - two girls having a fight over a boy - and it just continued after that. Families got involved, and more families got involved, and we had to stop the families because it was getting out of hand. Then, it quietened down; everyone said sorry to each other. But, you do not know the issues behind it and we are not experienced enough. We can stop the fights and the arguments, but we really do not know the issues and how these young people are thinking, or what their feelings are.

Ms PURICK: The issue probably does not go away by itself.

Mr HANSEN: It does not go away. We think it has gone, but it has not. This is why we desperately need some professional help, but also some training of some people who can speak language also because English is like a second language. There needs to be some training for some Indigenous people willing to be with them. Even if it is only to communicate and help the person who is doing the assessment to see what is actually wrong with the young people concerned. As I said, I do not know; I have not had enough experience in that. However, I do know the warning signs are very hard to recognise - really hard.

Mr WUNUNG MURRA: Because you are dealing with that cultural people in the Northern Territory a lot of us are raised cultural people. We do our language, we have our culture background, we have our kinships, we have totems that we lay upon it, and we are strong people from that area. In other areas, sometimes we are weak because those drugs are coming in that are not ours, just bring them in - alcohol they are bringing in, there is kava they are bringing in, there is a whole range of everything dumped into these communities.

Those problems are within us now. We have kids petrol sniffing and it is harder to get rid of it. We tried many things that are working, but still it is not - the problem is still there. How can we solve that problem, if we can, and it will take longer and longer and longer? The problem gets bigger and bigger and bigger. Many things have been said and I hope this committee will bring something positive to our communities. By doing that, those people should be working for the people at a grassroots level. Those ladies here and in Darwin and with other things – she has many things on her shoulder.

We, as members of the shire council, as members of those communities, can pass all that information to parents and, because we can talk in our language, we can - like body language to our communities where they can understand better because we come from that particular area. English is very difficult for those people. We have tried hard with English in the schools; we find it so hard to educate our people at the ground level. Then again, it all comes to families; it all comes back to cultural issues where we can deal ...

Mr STYLES: Banambi, Keith mentioned there is no sniffing, no alcohol, but drugs are a real problem. Are we talking mainly marijuana?

Mr HANSEN: Yes, only marijuana.

Mr STYLES: How do we go about training the community in relation to not accepting the fact marijuana comes in? Do you see any way we can do that?

A Witness: Can I clarify something? Are you still talking about Groote Eylandt?

Mr STYLES: We are.

A Witness: Sorry, because there are other problems in other communities.

Mr STYLES: Yes, I was more interested in Keith because he said no sniffing, no alcohol, so we are looking at a marijuana issue. I understand the Menzies School of Health is doing some research into the effects of marijuana on Aboriginal people. It appears it is slightly different than non-Aboriginal people; there seems to be an indication, they do not know why or how, and it takes a higher toll on Aboriginal people than the rest of the population. They have not completed their findings yet, but that is some preliminary information. We see a shift from petrol and alcohol into marijuana, and suddenly we see the drug psychosis going through the roof.

Mr HANSEN: It has been a number of years since we have had no alcohol and no sniffing on Groote. It has not just happened overnight. We have had a liquor management plan in place for a number of years and we have had Opal fuel on the island for a number of years. It is only an alarming trend that has happened in the last twelve months.

Mr STYLES: Can you link that to a particular drug?

Mr HANSEN: No, I do not think so. We have always had marijuana.

Ms SCRYMGOUR: Something has changed.

Mr HANSEN: Something has changed. As I said, I cannot put my finger on it. These are only young people - we are talking about 14-year-old kids. The last one we had was at an outstation - a married girl with a young child and there were husband and wife problems. There are 20-odd people living at the outstation, and not one of those people at the outstation saw anything indifferent in what was happening, and it was three days before we found the body; it was locked in a room and we had to smash our way in.

So, these people living there did not recognise anything, but they are not trained professionals to recognise anything; and if you come from a family who has experienced a suicide, believe me, it is very difficult to recognise it, I can tell you right now.

Ms SCRYMGOUR: Yes, that seems to be the trend; you do not get any warnings.

But I am interested in going back to Keith Mamirika. With these young people and the culture aspect, I know that Groote Eylandt, for all you there at Angurugu and Umbakumba, if anyone knows the history of Groote Eylandt it is a community that fought for many years to deal with issues of violence with alcohol and other things. I recently visited Umbakumba and applauded the community because this was a community

that was in crisis for many years, years ago, and the community took control and dealt with many of the issues.

Because I do not believe that governments can legislate or do anything about the cultural aspect and getting elders to take back the authority to deal with the issues, what do we need to do to support that, so the elders can take control and work with young people to try and deal with some of those issues?

Mr HANSEN: I will give you an example, only two weeks ago there was a rumour running around our community that there was five young girls that were pregnant. Now, the rumour was getting out of hand so I got all the senior ladies together, because we have very strong women's groups, and we went down to the GBN's office and we got the clinic manager down there, and I left them all there to talk about the issues.

It is a very delicate issue with these young girls and parents get upset, and we had to have the right people there like the grandmothers and the aunts, so we did not get culturally attacked over the issue, and I just left the ladies to themselves. In a way they are crying out for help; they do not know how to handle these issues because it is something they have never had to handle a great deal before, because there is contraceptives around now and all that type of thing.

But what we found out from the ladies, the grandmothers, they got the girls up to the clinic, got checks and we found that only one of the five was pregnant, but it was other girls spreading rumours around. These are the things that start chain reactions, and I can see these things happening and that is why I wanted to try and stop it straightaway. But I am not professional enough to do that, and it is not my role, it is not my responsibility, but these are the problems in the social areas of our communities and there is disruption, not only at Umbakumba and Angurugu and other places, we see it at Yirrkala, we see it at Galiwinku, and Gapuwiyak, all the places out in our region; there is no one any different. Some of them have sniffing, some have kava, some do have access to alcohol, but the same things are there. There is no professional help available to try and recognise the problems that are there. There is nothing out there at the moment; whereas in the mainstream you have that facility available.

Ms THURLOW: Kaye Thurlow, from Galiwinku. To say there is nothing out there is not true; for example the school, Shepherdson College, has a school counsellor. I spoke with him over the weekend about this meeting today and he gave me some insights. He has been involved in dealing with people who are threatening to suicide, as well as dealing with families of young people who have suicided.

He confirmed what Keith said about the word 'suicide'; it is not there in the Aboriginal language. It is just not there. So how do you explain suicide if you do not explain it as suicide: a person deciding themselves to take their own life, with no intervention from anyone else, in the course of causing that death. It often becomes: well, who caused that person to be killed? It is a murder or it is a gulka as we would call it; a spirit, or someone who is ...

[No log notes from 9:17:25 to 9:43:42]

Mr ??: Black magic.

Ms ??: It is magic. There is someone else or some other hand involved in causing that person to die. It was not that person choosing by themselves to cause their own death and so even the understanding of what is suicide is very difficult.

Ms PURICK: Does that then lead to – if someone has to be responsible, not the person who has died, does that then lead to cultural issues where someone has to be blamed?

Mr ??: Yes.

Ms ??: Yes, very much so.

Mr ??: That is very much so.

Ms ??: Yes.

Mr ??: It is and that friction that comes to do with that family and the dead family. Yes, and that friction goes on and on and on.

Mr GUNNER: We heard many similar stories about how it is a new problem and the culture does not necessarily know how to deal with it. We heard from healers in Alice Springs about the difficulties they

have in treating alcohol and drugs because it is a new problem. We had a young lad from Mt Theo come in and talk to us as a committee in Alice Springs and because it is really difficult to know the signs, they have found a course that, as a community, they are paying him to do. They found it really hard, though - because it is remote - to try to get him that training, but they are going through that at the moment. As a committee, we will need to look at how we can make things like that more easily available. If you have young mentors, like they do at Mt Theo, who want to provide strong leadership, to give them skills so they can actually help people through what are really difficult times, because this is a new thing (inaudible) that many ways, this is new and that ...

Mr ??: In here, you know what (inaudible) mentioned, all of us are scared, really scared, and if we make one mistake - because when it comes to law and order, we have got law and order also that we advise on - and if we make one mistake, we will be six foot down under the ground. That is how dangerous it is when we talk about these things.

Mr STYLES: Keith, I will just go back to some of your statements. In relation to the prevention side of this, you say there are many people up there who do not know what to look for and cannot identify the early warning signs. Is that the case?

Mr HANSEN: Well, I honestly – how do you recognise the early warning signs?

Mr STYLES: Well, that is my question - if that is a problem, there are a number of programs that actually take people through – and I am talking about many people in communities – one is called the ASIST program. It would have to be translated and culturally appropriate, but I am sure they can do that for remote communities. I do not know whether anyone else has been through the ASIST program, but I have been through it, and when you are trained to look for those early warning signs, you can then call in professionals, talk to professionals, and say: 'That person has an issue and we are concerned about their welfare'.

The ASIST program is about pre-warning, so the community is aware these things are happening, because my understanding – and correct me if I am wrong – is where you are struggling is that these things just happen without anyone knowing about it and everyone has missed the early warning signs. Is that the case?

Mr HANSEN: Yes.

Ms ??: Because we do not know what the early warning signs are.

Mr STYLES: That is right, so we need some training for the broader community to do what may be the ASIST program in language and culturally appropriate, so everyone knows what to look for.

Mr HANSEN: It seems ...

Mr WUNUNG MURRA: (Inaudible) the language in East Arnhem, all in Northern Territory, have different dialects.

Mr STYLES: Yes, that is right.

Mr WUNUNG MURRA: They are doing different dialects, you know, and that is where, when it comes to Alice Springs, you have to talk to Alice Springs dialect and (inaudible).

Mr STYLES: So, if we take people from each language group and we train them to train their own people ...

Mr WUNUNG MURRA: (Inaudible).

Mr STYLES: ... that may go a long way to being able to identify the problems. It also gives people in the community, perhaps, some understanding so there is one senior person who you can go to and say: 'I am worried about this person', and if that person has the training and is listening to all the other people come along and talk about that then, perhaps, we can get some early intervention.

Mr BODILL: Just on early warning, whilst we might not be aware of the early warning, we should be aware that there is a warning now in this one particular community, because of the trend there.

Mr HANSEN: That is right.

Mr BODILL: It is a different warning. If we are aware of that, the solutions could be done.

Mr HANSEN: What I am looking at; the trend is the boyfriend/girlfriend situation. As soon as we know there is a boyfriend/girlfriend fight, we need to get some professional help in immediately to counsel those people concerned. I really think, if that is what is happening, if we can see that trend of this is what is happening, we can recognise it, someone with good experience can get in there and say: 'Righto, go and sit down with these people'. We can make available people who can talk to them, the person who is culturally appropriate to be able to talk to that family. It is not hard for us to do those types of things. But, they need a professional there to be able to recognise in talking with those people. The people do speak English, and they do understand

[Editor's note: Break in sound from 09.46.18 and 09.46.27].

Ms PURICK: Keith ...

Ms SCRYMGOUR: Sorry ...

Ms PURICK: No, you go, Marion.

Ms SCRYMGOUR: I was just going to ask Keith how much work is done? You are right, suicide is a foreign concept and something we do not understand. Many of us understand the whole issue of social and emotional wellbeing; when we are not feeling well or we are not feeling good mentally or physically, that can add to problems. When we are having fights and arguments with our partners, that is where it becomes worse with young people. We cannot cope because we are not feeling good. Do you get many visitations from the mental health people or health promotions people to talk about wellbeing, feeling good about yourself? Are there any programs available on Groote Eylandt for that stuff to happen?

Mr HANSEN: I am not aware of it where I am. I do not live at Angurugu. I have just asked the shire service manager from Angurugu who is in the room now, and he is waving his hand saying very little is done there also. So, it is something that now we know it is happening, we have to address it.

Ms THURLOW: Marion, it is Kaye again. The school situation, even if it is happening in the school with an attendance rate of 50% or less, you are not even going to be meeting the ...

Ms SCRYMGOUR: There are always kids that are outside of school ...

Ms THURLOW: Yes.

Ms SCRYMGOUR: ... and that is where the issue is.

Ms THURLOW: Yes, so we have to do more than just say 'we have a program that is working with the school-aged kids within the school system' as well.

Madam CHAIR: Which is why, Kaye, I am interested - and Kezia mentioned MindMatters and KidsMatter in schools. It is those kids who are outside of our school system where you will find the majority of the problems are happening. It will escalate amongst this cohort of young people who are not at school. That is the target group; they are the ones we have to target immediately because, if we see clusters happening, that is where your cluster is going to happen. That is why I am interested in how much visitation or work is actually done by the Health Department or by Miwatj Health - whoever provides health services on the island or preventative health services such as primary healthcare in Education and Training? How much is being actually done on the ground in those communities?

Ms DANGANBARR: Mavis Danganbarr from the East Arnhem ...

A witness: (Speaking in Language).

Madam DEPUTY CHAIR: That is okay. Mavis can stay ...

Mr WUNUNGMURRA: Are you sure? I am just saying she needs to get (inaudible).

Ms DANGANBARR: I came across that issue one time, and I found it hard dealing with people who were planning to do that kind of thing. I found it hard, you know, who to contact, who to approach in regard to that. It was hard but it was a frightening thing to come across - when you hear people saying they want to do this and this because of what is happening in the family.

Boys and girls, or sometimes it is husband and wife, and there is nobody there to support them, help them or counsel them. I have been wondering for a long time, and it is good that you came so we can together help prevent this kind of thing happening. On the Eylandt - at Galiwinku there have been many suicides happening and sometimes people just blow up for no reason. Sometimes it is an emotional thing, sometimes they do not get what they want and they end their lives in a tragic thing - taking their lives for a little thing they want, yet they do not get it and they end up doing it.

I have heard that and have seen some people calling but there are no counsellors; there is no one there to go to. Sometimes when I hear these types of things I ring the mental health workers because they could come and help counsel the people that are having that ...

[Problem with sound from 09:52:30 to 09:52:56]

... that is one. The other thing I came across was one young guy took his life because there was no one he could turn to for help. He took his life and it is - there was nobody there to help ...

Mr STYLES: Do you think if we ...

Ms DANGANBARR: ... there was nobody there to help him, listen to his stories, but there is husband and wife - young girls and boys arguing over – husband - girls and boys over some things. Some people tell their stories. Girls might be telling the stories clearly and the boy wants to express his feeling or his stories but the people are more listening to this particular person and do not listen to this one, and this one is more rejected in a way and feels there is no one to listen to them. They take their lives away because there is nobody to listen to them.

So, we need a counsellor. A counsellor in every community - a trained counsellor who will listen to the stories of these people, listen to the stories of all who are going through these sort of issues. It hurts me if that person is listened to and the other person is not. Like he came across, you know, he wanted to share his idea; he wanted to share his culture, his feeling to people, but people did not listen and, yes, and he took his life.

I am really worried about these young people, especially husband and wives, and boys and girls, fighting over something; like gambling and they end up taking their lives.

Mr BODILL: Correct me if I am wrong, the youth, sport, youth and music -----9:56:36 community services money they got from the federal government, was that in response to the state of suicides they had?

Mr KEEHNE: Dale Keehne, Director Community Services. Yes, at Galiwinku it was, so we were given extra funding at Galiwinku a couple of years ago; so Darwin and -----9:59:53 community services and about five of the remote delivery growth town communities. One of the issues we have had the trouble is for the youth officer or the youth worker, an Indigenous position, to work with, normally, an outside trained youth worker. There is a lot of turnover right before we start and attracting key people who know about that job, and it is a hard job to expect people to live up to.

The other thing, listening to this, is at Angurugu, which is the one community where we were not funded because there was funding through -----9:57:35 down there, and it ran out and it was never re-funded. That was about a year ago, and we have raised it, but it is just one of those things that FaHCSIA say it is too hard. So, there is a hole in services at Angurugu on that, but elsewhere, as you have heard, at FaHCSIA it seems more workers and more resources and people work in the community.

Mr BODILL: In the counselling more so?

Mr KEEHNE: In the counselling, yes.

Ms DANGANBARR: This counselling, sometimes it is a -----9:58:12 that is supporting the ones that you know are very different -----9:58:19 they get into trouble and -----9:58:23

?: Who has the mobile?

Madam DEPUTY CHAIR: Marion, is that your mobile phone interfering?

Ms SCRYMGOUR: No, no, I am just ...

?: It must be something here that ...

Mr STYLES: Mine is off.

Ms THURLOW: From the conversation I had with the school counsellor, he made an interesting comment, he said the Aboriginal mental health workers at Galiwinku do not see suicide as a key part of their mental health work; he said they focus more on what we would probably call chronic mental health issues, and whether they have done training in suicide prevention or suicide counselling after people have suicided, with families and so on, I am not sure, but he certainly made a very pointed comment that the Aboriginal mental health workers do not see suicide coming under their umbrella very closely; it is a peripheral task for them.

Mr STYLES: Who were you talking to, Kaye?

Ms THURLOW: Craig McDonald, the school counsellor.

Ms SCRYMGOUR: Can I just get confirmation of that? So, you are saying that trained Aboriginal mental health workers at Galiwinku do not see that dealing - is it with completed suicides, or is it educating people about suicides - as their responsibility?

Ms THURLOW: Well, he did not – I have dealt with one of the mental health workers who would probably challenge that - I really think she might - but that was his impression with him dealing with the mental health Aboriginal workers. He had an incident the week before where a young boy – they saved him from suicide. He was in the process of committing suicide over a \$10 argument with family.

Ms SCRYMGOUR: So, is it more going back to - I think it was Keith Mamarika saying that at Angurugu that whole cultural, if they were involved, there would be the issue of payback or blame on those workers if they get involved – do you get a sense of whether that may be the case.

Mr MAMARIKA: No, I did not say that at all. What Banambi was saying was there is a cultural problem. Banambi, you can explain it better than I can, the cultural issues surrounding ...

Mr WUNUNGMURRA: I was just talking about the issue that relates to any cases of kids suicide himself, about other things like social problems or his own problems, but the family thinks the other way around. You know, why did it happen and what kind of things that happened. Family got that thinks in a different way of thinking.

Ms SCRYMGOUR: Yeah, so what I was trying to ...

Mr WUNUNGMURRA: So, excuse me Marion, and that is when it happens when there is two traditional tribes fighting each other because of the law that we adapt into it. The cultural law what I am saying it, and when it comes to white mans law, it is so different.

Ms SCRYMGOUR: Banambi, what I was trying to ask is, if Aboriginal mental health workers are local people from the community - because they need support as well with dealing with this problem - is it their reluctance to step back from it because of blame; the same thing you are talking about in these communities that we need to build a structure that supports those workers that it would tend - when it is a family member who has completed or attempted suicide, we should be able to bring people from outside to work with the community because there are cultural issues or matters that sometimes a local worker would not be able to deal with. That is what I was saying.

Mr WUNUNGMURRA: Yes exactly. You are right there, Marion, and like first step, second step, and then the larger, you know what I mean. Yeah, when it comes to our cultural issues.

Ms SCRYMGOUR: Yes, so that is all I was saying. It is looking at that whole issue and supporting those workers as well because they get caught in positions. I do not think it is a matter that they do not want to deal with it, sometimes there is all that other family issues around.

Mr STYLES: Banambi, how do you go about bringing in traditional healers from different areas, same language group, but different area. Is that possible?

Mr WUNUNGMURRA: It is possible but there will be a lot of negotiation between both tribes; yeah, a lot of negotiation.

Mr STYLES: When we are looking at who can help and who we can train, if you have traditional healers from this area over here who can speak the same language, if there is a negotiation to bring them in and that is health - is that something we should look at, training some of those traditional healers, or is that too difficult culturally?

Mr WUNUNGMURRA: It is, but in what sort of training that you gonna bring in?

Mr STYLES: It is about helping with the counselling. I am talking about after someone has completed suicide, to get over this problem of local people. Who is an appropriate person to bring in? Is it a whitefella, is it someone else, is it a traditional healer? Who are the right people we should be looking at to help train them so they can go in and help families afterwards?

Mr WUNUNGMURRA: We have some people that can do that. In our case, it would be a *dgumbai* to actually talk to those, and the *dgumbai* has got that responsibility on behalf of that tribe. *Dgumbai* from that tribe have to have that responsibility.

Mr MAMARIKA: But sometimes, Banambi, that *dgumbai* do not want to do that.

Mr WUNUNGMURRA: Exactly, exactly. It depends on what sort of circumstances it is.

Mr STYLES: So who does – sorry, the pronunciation of that word?

Mr MAMARIKA: *Dgumbai*.

Mr STYLES: Who is ...

Mr WUNUNGMURRA: Custodian.

Mr STYLES: Custodian. So who does the custodian go to when they need some help, when they do not want to do it? That is what we need to identify that person, so there is always help available - and trained help, where we can actually train these people.

Mr WUNUNGMURRA: If (inaudible) could go and help that appropriate person from the other side - that tribe.

Mr STYLES: And they are the people we need to identify; those key people in the community who we can actually give some professional training to so they actually understand more about the signs, and even the beforehand stuff. It sounds to me like there is a big cultural problem about talking about it and, as Marion has said, about getting the right people to deal with it. So, they go to the payback.

Madam DEPUTY CHAIR: Barrayuwa, did you want to say something?

Mr MUNUNGGURR: Yes, I do. I have a health background and just recently me to know that suicide, I think that something, first is the commitment of the family, because we are dealing with someone with a social problem, a physical problem, a spiritual problem, and it needs the family's commitment in here. Then, a little further along the line need a counsellor to work and help this person now. I have come across, a lot of times, when my family would say: 'All right, I am going to get in the car and drive and do the accident'. But, I had to be there. I had to go along with him and get him out.

That needs a caring family caring and that person with know, if you care about him, he will say: 'Oh somebody is caring'. But, if you just let him go: 'Oh, I am going to hang myself' and let him touch a rope; when he does that without chasing him, he will go ahead. But, if you go and stop him in a calm, gentle manner, he will listen to you.

What needs to be done here is a program set for some counsellors to get a group of these people who have this - with the family members - and talk about it. Explain every bit what suicide is. It never has been

before. Now we have got it. Yes, it is a successful program that acting at Darubah with a suicide program there, and it is run by a local Yolngu principal who cares about a youth's life. Thank you.

Madam DEPUTY CHAIR: Thanks you, Barrayuwa.

Mr MUNUNGGURR: And all it takes is [inaudible] healthcares - that is all it takes.

Ms DANGANBARR: It is not only there. I do not think it is the existing type program. The programs, they are already happening in our communities. They need to get that extra support from, maybe a committee. We also have, for example, [inaudible] he has got a school camp mistress, and he deals with young people when they go out to his homeland. Maybe the community should recognise those programs.

A witness: Something like that.

Ms DANGANBARR: Something like that.

Mr BODILL: That is the person Peter is talking about; somebody who needs to be identified traditionally to do that type of stuff.

Madam DEPUTY CHAIR: I am sorry, it is 10.10 am and I know you have a busy agenda. I am sure we could talk much longer on this subject, but, as always, there are time constraints.

We are meeting at 11 am at the Causeway on the way to Gunyangara with Djuwalpi Marika's family about the work they have done through Galupa Marngarr Suicide Prevention Group. This afternoon at 1 pm we are holding a public meeting at the Community Hall at Yirrakala until 4 pm. We will be talking with more people.

I want to thank you for opening up to us today on what is a very sensitive subject and, right now, a very raw subject from the events last night at Angurugu. Thank you so much for your time.

We have tried to record the meeting; I am unsure how successful that recording will be to produce a transcript. We will endeavour to get a transcript back to your president to look at. Let us know if you would like that transcript to remain a confidential document, but, most definitely, the information you are giving us around where the gaps are and where we might need to go with the recommendations is very valuable.

Marion, as the Chair, on the end of the line, did you have any closing remarks?

Ms SCRYMGOUR: No, just to reiterate what you said, Lynne. I wish I was there, it would have been good to be part of the proceedings; however, if I can continue to do it by phone that is fantastic.

Madam DEPUTY CHAIR: Thanks, Marion.

Mr WUNUNGMURRA: Thank you very much, Marion.

Madam DEPUTY CHAIR: Thank you.

Mr BODILL: There was one more thing I had to mention, and we were talking about this yesterday, the changing face of youth in the communities; the changing face, the gangs, the Americanisms that are coming in and all that type of thing is definitely adding to ...

Madam DEPUTY CHAIR: Here too?

Mr HANSEN: Yes, Barnaby was talking about it at length.

Mr BODILL: Yes, about the music.

Mr HANSEN: You were talking about the boom boxes and all this kind of ...

Mr WUNUNGMURRA: Boom boxes.

Mr STYLES: In Angurugu, what movies are being sold in the stores? What American movies - they are getting these ideas from somewhere?

Mr WUNUNGMURRA: That is right, all of them.

Mr STYLES: That is something we need to identify and look at.

Ms SCRYMGOUR: Lynne, is Russell there?

Madam DEPUTY CHAIR: Yes, Russell is here.

Ms SCRYMGOUR: Lynne, I will not be part of the proceedings when you when you talk to the Galupa Marn Garr Suicide Prevention Group.

Madam DEPUTY CHAIR: We can try, Marion. We will try.

Ms SCRYMGOUR: Yes, all right, that will be good.

Madam DEPUTY CHAIR: Yes.

Ms SCRYMGOUR: Russell, will you see if there is any way I can hook in again for the Yirrkala meeting?

Mr KEITH: Yes.

Ms SCRYMGOUR: Thank you. I will be here in the office waiting.

Madam DEPUTY CHAIR: Thanks, Marion, goodbye.

Ms SCRYMGOUR: Bye.

Mr WUNUNGMURRA: Thank you, bye.
