

# Clusters of Suicide ... The Need for a Comprehensive Postvention Response to Sorrow in Indigenous Communities in the Northern Territory

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## **Abstract:**

This discussion paper acknowledges the dearth of information relating to bereavement support training and models of postvention suitable for those supporting bereaved Indigenous families and communities in Australia. It suggests that if we are to encourage help-seeking in Indigenous people we should also provide adequate training, resources and debriefing to people who provide the support. Therefore it outlines some issues and models developed to address the gaps in training and to identify the needs of Indigenous people experiencing bereavement, traumatic grief and loss. It is a small beginning in a healing response to the great sorrow of Indigenous people in Australia, recently acknowledged by our Federal Government.

It recognises the unique experience and different aspects of suicide bereavement, traumatic grief and loss within the culture of Indigenous Australians. It also supports the deepening respect for the unique social, physical, cultural, emotional and spiritual needs of Indigenous people regarding suicide bereavement.

It may help in the understanding that loss, grief, trauma and bereavement are more a collective and cumulative experience in Indigenous communities. It may also enable us to support Indigenous people, families and communities in their journey through bereavement; aid in the reconciliation and acknowledgement of their devastating history; and empower them to heal from within.

## **Historical Context**

Wanganeen (1998) recounts that essentially Indigenous Australians comprised many different nations who co-existed on an isolated continent and these tribal groups and nations lived together as do other nations of people around the world. They cooperated and they developed unique characteristics and customs; they identified strongly with their land, with their own kin and as a national group; they communicated with other tribes; and they fought over tribal boundaries and hunting grounds. Wanganeen (1998) describes traditional Aboriginal culture:

*"We were not savages! ... we have a very powerful culture. Our ancestors were protecting what was theirs for tens of thousands of years to pass it on to the next generation. We had own bush medicines, we had a very powerful connection*

*to the Land and to our Dreaming – birds, animals or sea creatures who became our kin, to care and protect them for our survival; men's business, women's business, rites of passage (ceremonies) for our young people into manhood and womanhood ..."*

Therefore the concept of bereavement as it may be related to Indigenous Australians is considered in the context of the Indigenous history as the first people of this nation; their culture and knowledge systems; their dispossession; experience with sorrow and Christian spirituality. Murray (2001) and Hanssens (2007) suggest some guiding principles;

- **Respect** for Indigenous people, their culture, their experiences, their spirituality, rituals and customs, and their spirit of hope and healing through sharing their stories, their

knowledge and their grief.

- **Understanding** that bereavement is experienced by Indigenous people not just on a cognitive level but also at a social, emotional and spiritual level.
- **Enablement** can occur on many levels from individual to whole communities, as well as on broader national and international levels. It challenges us to find ways of caring for Indigenous Australians within our health, welfare, legal and educational systems to prevent further loss through premature death and lead towards healing (Murray 2001).
- **Reciprocity and obligation** requires that Indigenous people have cultural obligatory requirements after the death of family and community members that override all other commitments and constraints and can extend through kinship connections across family groups within the community or to neighbouring communities.
- **Cultural safety** requires that while the community is experiencing the aftermath of a suicide as a traumatic event, the whole community is 'at risk' and that safeguards and response plans need to be set in place to assess suicide risk within the community.
- **Cultural security** needs to be maintained within the family and whole community after a death and will incorporate the Indigenous council making decisions about restrictions – for example, restricting access in and out of the community during "sorry business"; restricting sales of alcohol immediately after the death, and during and after the funeral.
- **Agape**, a love that can transcend sorrow and bring unending joy in the spirit (Hanssens 2007).

## Unique issues in Indigenous Communities

Suicide bereavement is often described as complicated grief but in Indigenous communities we need to redefine the meaning, as contagion effect or imitation "copycat" suicides can follow a traumatic suicide death. Clustering of suicides can result and the community is in crisis and reflects a 'community at risk', more often taking on the appearance of a war zone or disaster scene (Tatz 1999; Hanssens & Hanssens 2007). Suicide "echo clusters" can occur, which are subsequent but distinct clusters of suicide occurring after the initial suicide cluster. It is a unique phenomenon sometimes observed in Indigenous communities that are close knit and proximate in geographic location. (Hanssens 2007:27).

Recent research in the Northern Territory is investigating the phenomena and provides evidence that suicides are clustering, and that a robust contagion is operating. Health workers and police are often called upon around-the-clock to respond to families or individuals in distress or at risk of self-harm and attempting suicide, sometimes after a recent death in the community. Several types of contagion can be operating, for example, familial contagion (many victims are related); method as a behavioural contagion with 86% of Indigenous suicides being by hanging; and gender-specific contagion with 91% of suicide victims being Indigenous males (Hanssens & Hanssens 2007). There is a strong correlation found in this research between alcohol and hanging, and its contribution to suicide deaths in the Northern Territory with 71% of hanging victims having positive toxicology results or recent heavy use of alcohol. Cannabis (THC) use was recorded in toxicology

results with THC levels in approximately 24% of suicide victims (Hanssens 2007).

From the research evidence some suicide clusters were encapsulated within very tight time frames, with another suicide occurring before or soon after the funeral of the initial suicide victim. Therefore the suicide risk alert is not just for family, friends and relatives who have a higher than normal risk of suicide after a suicide, but will often mean the whole community is 'at risk'. Therefore postvention support incorporates suicide interventions with a 'suicide watch' for the bereaved family and suicide risk assessment for those identified 'at risk' within the community. Suicide can also be further complicated in Indigenous communities due to other issues that cloud and confuse the bereavement process, for example, increased substance abuse, legal issues, criminal justice issues, institutional racism, domestic violence, sexual and physical abuse (Hanssens 2007:30).

## Death, Dying and Rituals in Indigenous Communities

Murray (2001) and other researchers suggest we are living in a death-denying society in Australia and to discuss death and bereavement is even more difficult for Indigenous Australians because of cultural practices that restrict reference to the dead person. Discussing death in any community is hard, as it initiates feelings of anger, pain and a sense of a deep and paralysing loss (Murray 2001). Indigenous people have developed their own beliefs, concepts and practices for dealing with their losses and grieving but many also incorporate Christian beliefs. Their grieving was processed mostly through the use of their language, stories, songs, art, sacred sites, rituals and ceremonies, and the strong connection to the land of their ancestors (Wanganeen 1998).

So, beginning to talk about death in Indigenous communities is a very complex and difficult task because of the various factors associated with talking about death that need to be considered:

- The cultural beliefs of the family, clan group, tribe or community
- The extended family, moiety and kinship systems; or relationship, responsibility and cultural obligation issues
- The taboo nature of the discussion around death (deceased name is not used; anyone else who has the same name needs to change it for a period of time)
- The sense of helplessness and hopelessness it can provoke if not handled sensitively
- The spiritual beliefs, customs and rituals that are observed in Indigenous communities

To effectively illustrate and provide an insight into how Indigenous people and communities deal with issues relating to bereavement, we should consider the following:

- Indigenous people have larger family connections than other Australians. The notion of extended families is a major focus on the overall social perspective of Indigenous community. This means that families consist of several mothers, fathers, brothers and sisters, which include the grandparents, aunties, uncles and cousins. This includes 'poison cousins' who may not be spoken to or referred to by name.

- In circumstances where family members have been told that they are extremely ill and only have a short time to live, the grief process and bereavement begins immediately, but in the case of a sudden death or suicide there has been no time to prepare for the death, which increases the trauma.
- Indigenous people connected with the family of the deceased, particularly extended family or those in the health sector especially health workers – have a community obligation to provide assistance in periods of bereavement. Some of this assistance includes: delivering food; clothing; transport; providing financial assistance particularly for the funeral; keeping vigil with the family.
- Indigenous people have a strong affinity with the land, especially their homeland or ‘country’ and during periods of bereavement this sense of longing and feeling of distress is much stronger. It is the same as longing for their home and family and can lead to suicidal thoughts if they are unable to attend funerals or sit in sorry camp.

### **Problems faced by Indigenous people dealing with grief**

- The whole Indigenous community grieves at the same time, collectively, and the initial visiting and viewing the body of the deceased to say goodbye is very important for every member of the (extended) family. There is a strong demonstration of grief from both the men and the women and in some communities it can appear violent. There may be fewer carers and supporters who have been untouched directly by the death, as most Indigenous people are often connected in some way to the deceased.
- There are major restrictions as soon on people coming and going in and out of the community as the death occurs. It is particularly important for people away from their homeland – in prison or in hospital – to be given an opportunity to go to the funeral to pay their respects. Otherwise, there can be a perception from the family or community that the person who missed attending the funeral had something to do with the death, whether the death is by suicide or other sudden death. There could be issues of blaming to contend with for not attending the funeral and could be a suicide risk factor.
- Traditionally, Indigenous people want to die in their own surroundings, their own home, their ‘country’ and want to be with family, even if they feel rejected by them. Recent research at Charles Darwin University has shown that in the past five years most Indigenous people, that is 65%, complete suicide in or around their homes; 22% in bushland, camp, riverbed or beach near the community, and 13% at a landmark within the community or an institution. This means that particular rituals and ‘business’ need to be carried out in the community, for example, smoking ceremonies (ritual), and particular issues need to be addressed, for example, apportioning blame for the death (cultural autopsy); dealing with shame and guilt for the family (cultural and spiritual) (Hanssens 2007:5).
- The cultural requirements that impact on Indigenous families, for example, the relocation of the deceased family from the family home or community and mobility after a suicide has multiple implications on Indigenous families. For example, all the emotional feelings of doubt, fear, guilt, anger, blame, shame, betrayal, extreme sadness and traumatic grief being processed in the context of economic destabilisation,

deprivation and dislocation issues (Hanssens 2007:6).

- The cultural safety and security of Indigenous people after a completed suicide or other sudden death depends entirely on the effective coordination of support with Indigenous families involving bereavement support services, church and community groups, housing authorities and financial institutions (Hanssens 2007:6).
- There are few services in remote areas that can meet the requirements of this emotional burden, family distress and situational crisis that accompany a suicide or traumatic death. A coordinated bereavement response is necessary to work with families and provide the brokerage required to meet this identified gap in the response. Aboriginal Mental Health Workers often are required to coordinate this response to completed suicide for Indigenous families in some communities.
- The cultural safety and security of Indigenous people after a completed suicide or other sudden death, for example, a homicide, a natural or man-made disaster, have not been fully explored. The postvention services required to provide bereavement care and support to the surviving family, friends and community members of the person who died by suicide or other sudden death are required to be allocated commensurate with need, even in remote locations.

### **After the person has died**

- Sorry camps are assembled and these camps differ with each Indigenous group as not all tribal groups have designated areas but “sitting in sorry camp” is an important element of bereavement. Some clan groups may often have to leave the community, particularly if there are some blaming issues and possible payback (Gradwell 2003).
- The family of the deceased can no longer enter the house or place where the person died. If a person has died at home, the family moves house until the smoking ceremony takes place or enough time has passed, as a sign of respect. The family of the deceased often have to move into the home of a sister or brother, or another family member with resultant overcrowding and possible family distress, disturbances and even violence.
- If a person has died in a specific location within the community, then that place is restricted for the family until a smoking ceremony has been conducted. If the place is an institution, for example, a hospital ward, a prison cell, a school, university, or rehabilitation centre, all Indigenous people must leave the institution and return home until ceremonies are performed.
- Some groups have a special ceremony twelve months after the initial funeral so that the husband or wife, or family of the deceased can continue with their lives having said goodbye to the deceased (Gradwell 2003).
- These ceremonies are very important within a collective community but with so many funerals so frequently occurring, it results in unresolved grief, with many communities being in a constant state of bereavement due to “sorry business”. Many of the deceased bodies are “waiting in line” for burial because the community cannot cope physically, financially or emotionally with the number of funerals (Hanssens 2007:5).

### **Spiritual beliefs also differ from group to group depending whether they are still traditional Indigenous people, urban Indigenous people and Christian Indigenous people**

- Some clans have various belief systems that ameliorate their grief, for example, there is always rain after a death, because God is washing the dead persons' footprints from the earth.
- Another belief of a clan group is that the south winds, which are the heavenly spirits (Angels), are coming to collect the spirits of the deceased (Gradwell 2003).
- Indigenous people tend to have large funerals and this is often one of the few times that the whole family and/or community are assembled together and in a church setting. Therefore many of the younger Indigenous people associate church and their religious beliefs with the death of a loved one (Hanssens 2007).

### **Helpful strategies to promote the healing and social, emotional wellbeing of Indigenous people dealing with bereavement**

- Promote and create awareness about the impact of bereavement and the often-unresolved burden of grief on Indigenous people.
- Promote and develop grieving ceremonies suited to the cultural changes impacting on Indigenous families and communities of today.
- Support women's business ceremonies to deal with grief and loss that are appropriate for Indigenous women of today.
- Support men's business ceremonies to deal with bereavement and mourning that are appropriate for Indigenous men of today.
- Help for young people to find their place in Aboriginal spiritual and Christian beliefs and rituals, so that their experience of the spiritual is not always associated with death but also hope for the future.

In Australia the Indigenous people are as multicultural as the rest of the nation with many different Indigenous nations and tribes within those geographical boundaries. The traditions of the Pitjantjatjara tribal society will not necessarily apply to people of the Walpiri, Waramunga or Arrante tribal societies or the traditions of Tiwi Islanders to that of the Oenpelli, Ngukurr or Galiwinku peoples, even though they may all use the same modern facilities in their communities (Gradwell 2003).

## **Death**

Vigona (2003) has stated that when an Indigenous person dies in a community the name of the deceased should not be used where those in mourning can hear or read it. The polite way is to use the skin name which refers to a clan or group or refer to the person as 'old man', 'old woman', 'aunty', 'mother', 'brother' or 'sister' etc. Some tribal groups give a person with the same name as the deceased a new name for at least a year until all the "sorry business" ceremonies to do with the deceased are conducted. Then they can go back to using their own name. All clothing should be kept with the body of the deceased. This is so that the family can take the belongings and perform burial ceremonies (Vigona 2003).

Apuatimi (2007) has suggested that the Indigenous culture is developing in response to the environment so if the environment changes rapidly, the culture has difficulty in adapting and Indigenous people suffer from stress. She goes on to state that suicide is becoming a common way for people to deal with their problems on Tiwi Islands. Some of the causes that have been identified include: fighting and jealousy, domestic violence, gambling, card games, money problems, drugs and alcohol. In the midst of a conflict, a common response of the men is to threaten: "I'll hang myself". A 'copycat' contagion element has also been identified in this pattern of response to difficult issues (Hanssens 2007:32).

Apuatimi (2007) states that if someone attempts suicide, other family come from the same skin group and meet at the crisis intervention (committee) meeting, along with family and police. This also involves families in supporting those 'at risk' after a suicide in the community and then we bar them from the club ... and they're put into drug and alcohol counselling and we follow up with the mental health team and strong support and/or rehabilitation, 'strong men' and 'strong women's' groups. We now take the people who are at risk of suicide out bush and we have a 'healing circle' around the 'healing fires' and this helps them to forget about suicide, it flows away" (Apuatimi 2007). Bereavement counselling and suicide postvention support programs are carried out the 'Tiwi' way and using culture to do things in the 'Tiwi' way. For example, healing the traditional way by sharing our story and working within our culture to heal relationships and do things according to the appropriate 'skin' relationships using the 'healing circle and fires'. We also carry out smoking ceremonies after someone dies that allow the family to heal and recover from grief (Apuatimi 2007).

## **Sorry Business**

Westerman (2001) suggests that when someone you love has passed on you will be feeling a lot of different emotions. It is also true for Indigenous people and there are some different things that need to be done with family and community to help them with these feelings of sorrow and bereavement. Some people might spend a lot of time thinking about the things they should have done or shouldn't have done. Many people believe that they have done something wrong to cause the person's death. Sometimes in 'Aboriginal Way' the person's death may be seen as 'payback' for wrongdoing. If people are thinking this way they may need to talk with an Aboriginal Mental Health worker who can listen to them and help them. They should also talk to the elders in their community, clan and tribe, or their church community and priest/minister (Westerman 2001).

When the death of family members occurs, no one will enter the house or near the place where they died until the spirit is laid to rest. Then the "smoking" ceremony is undertaken by the elders of the communities. Women perform women's smoking and men perform men's smoking ceremonies. Indigenous cultures release built-up tension and grief through rituals, with the bereavement process being gradual over at least twelve months (Gradwell 2003). For this reason, many communities may have several deceased bodies awaiting burial, with the accompanying emotional distress, family and community tension, upset and anxiety this produces (Hanssens 2007).

## Sorry Cuts

Vigona (2003) reports that at a time of mourning “sorry cuts” are often inflicted. In some cases sorry cuts can be serious in nature and the methods to inflict them can be quite violent. During death ceremonies or funerals, Indigenous families moan and wail, and they let their emotions out freely. To show deep ‘sorry’ for a death or ‘wrong doing’ of a family member Indigenous men will inflict cuts or hit themselves with rocks to show that they feel the pain also, their blood going to the ground to be with the deceased person (Vigona 2003). Sitting in the “sorry camp” and “cutting the hair” is another way of showing an outward sign of ‘sorry’ and to release the painful emotions of grief (Lankin 2003).

## Spiritual aspects

There has been the recent phenomenon of the de-Christianisation of Indigenous communities along with mainstream Australia but when a loved one dies, those with Christian beliefs start contemplating about heaven and whether or not their loved one is with God. The bereaved family may begin to look for the quiet and supportive caring, agape love of a Christian community that has the maturity and sensitivity to reach out to the family in a deep crisis of faith. How can God who loves me so much take my son or daughter away from me? The answer is on the cross.

Lankin (2003) suggests that when a family member dies, often the family members worry whether their spirit has gone back to country or the dreaming place. They often speak about being visited by the spirit of the person who has passed away. Some family members say that they see the person’s spirit, or hear them or smell them or even feel their touch and are scared by this phenomenon. In their cultural belief the person may be either not at peace or they are upset with the person still alive. On the other hand, they may be communicating that they are now all right and they are watching over them.

## Depression, Spirituality and Suicide

Research by Blazer (2007) suggests that when societies lose their spirituality they risk falling apart. These societies have certain characteristics: loss of hope; loss of story (makes you

part of your community); loss of language (words that mean what we feel); loss of self (a void within oneself); loss of unity (which is ultimately loss of community); loss of trust (view everyone with suspicion); loss of orientation (culture and values of tradition); loss of meaning and nihilism (no longer believing in anything because culture and spiritual beliefs are lost, having no allegiance or purpose in life). As the society weakens it cannot prevent the impulse towards suicide of a person because the person cannot rely on any supportive relationships within that society (Blazer 2007:11).

## Socio-cultural factors

Recent research by Hanssens (2007) in the Northern Territory revealed that modern marriage and defacto relationships are not the protective factor against suicide that Christian marriage, and marriage generally, appears to be in some mainstream cultures and communities. The research showed that 52% of Indigenous suicide victims were legally married or in defacto relationships. Most Indigenous suicide victims in the decade from 1996–2006 were under the age of 50, making it a young person’s phenomenon. Also, 70% of the suicide victims were unemployed and 91% are male (Banks 2007:24) (Hanssens & Hanssens 2007:8).

The impact of acculturation and deprivation during the past four decades has had a major impact on Indigenous peoples and communities, with the influx of alcohol/drugs/pornography into communities resulting in a sense of hopelessness and rejection, particularly in males. Therefore we have a picture building of young Indigenous people, mostly men, unemployed and married who are losing hope in front of the enormous social and cultural responsibilities and challenges of today’s society. Family support and community social cohesion is failing in the context of cultural change, erosion and disintegration. Issues of discrimination and racism; overcrowded housing and poor accommodation; poor education and career pathways; poverty and economic deprivation; lack of services, lack of transport, or suitable vehicles for outback roads, public transport, or light aircraft, are yet to be acknowledged and addressed. Bereavement weighs more heavily on families and communities where racial discrimination, deprivation and a sense of loss are already overwhelming them (Stark, Hopkins, Gibbs, Belbin & Hay 2007)(Hanssens 2007:27).

A young Indigenous man’s story: “I had ... my own brother ... he passed away a couple of years ago. He committed suicide. And that’s when I saw Mum, how she reacted when my little brother passed away; he’s the youngest of our family. So I sort of reflect back to those days when I lost my brother and it makes me think a lot, you know, if I do take my life away, you know, my mum will have no kids left”

**Living Black SBS, May 2006**



This young man from the Tiwi Islands told his story to Angela Bates, Indigenous video journalist about the loss of his brother by suicide and also about the risk of imitation and familial suicide contagion it provoked in him. He also simply says how his love for his family became his protection and that he was then able to overcome his own suicidal feelings. He now ‘promotes life’ in his own community.

## Silent pain of bereavement

Camp Coorong, in 1994 was a gathering of Indigenous families in South Australia who had experienced the death of a loved one. The document that was written from this gathering was called "Reclaiming Our Stories, Reclaiming Our Lives" (1995). It stated that all those people who are silently crying could find ways to come together:

*"Aboriginal people have always had their own special ways of healing. This includes ways of healing the pain from grief, loss and injustice. These healing ways have been disrespected by non-Aboriginal people, and Aboriginal people have been discouraged from using them. But the healing ways have survived and are playing an important part in Aboriginal life today. Talking together more about the healing ways is one path to taking them back, to making them stronger".* (Aboriginal Health Council of South Australia 1995:15) (Wingard 2004:15)

## Crisis Intervention Committees

Crisis Intervention Committees were initially developed by the Family Life Promotion Program in Yarrabah, North Queensland, and then adapted and used by the Life Promotion Program in the Northern Territory. The Life Promotion Program (Top End) provided a three-tiered approach to suicide prevention, intervention and postvention for urban rural and remote Indigenous communities. Primary, secondary and tertiary interventions within the community setting allowed a multifaceted and multi-level approach to suicide postvention crisis support and suicide bereavement, resulting in an Indigenous postvention response and suicide safe community (Hanssens & Vigona 2004). (See Postvention response model)

It provided the cultural safety and security of communities after a suicide, and was used in many Indigenous settings, urban rural and remote, in the NT. The model was developed as an alternative to structured interventions, which were culturally inappropriate within collective societies and within the cultural constraints of most Indigenous communities. Notwithstanding, the use of support groups some weeks after the death could be quite appropriate in some settings and very valuable to incorporate once the initial shock of the loss has been overcome. The model overcomes the barriers to help-seeking that close-knit communities can produce. Farrelly (2008) suggests that disclosure of sensitive issues, breaches of confidentiality, fears of shame (and also blame) within family and community networks may impede access to formal help sources. Whereas the model provides a community approach where not only the family of the deceased is supported, but a whole of community approach is taken. (See Crisis Intervention Committee model).

While this approach to postvention was in its infancy in development, it had been trialled and evaluated, and there were signs of the efficacy of the approach in shoring up collective communities after the ravages of suicide, particularly to prevent imitation, suicide contagion and cluster suicides (Hanssens 2003). In a previous paper the issues of individual victims of suicide existing within a greater collective reality consisting of environmental, psychological, social, racial, political, spiritual and cultural factors was discussed (Gist & Lubin 1999 in

Hanssens 2007:28). Therefore families grieve within this very complex and confusing collective experience.

Raphael & Wooding (2004) suggest that as we help families make sense of suicide and sudden death, and the horror and shock that is felt, we should not forget those around us as our immediate support. They also encourage us not to devalue the normal compassionate, protecting, and comforting responses that bind society and communities together in times of tragedy, for they are the beginning of the healing process (Raphael & Wooding 2004:293)

Therefore the Crisis Intervention Committee coordinates the prevention, intervention and postvention activities at a local community level which incorporate Primary, Secondary and Tertiary interventions. Concerned Indigenous people and volunteers who are willing to support others and undertake some training, generate the response. A "Healing Circle" completes the training of helpers/supporters and incorporates a final blessing and healing prayer for the people involved in the training, the families and the loved ones lost to suicide or sudden death.

**Primary intervention** involves people from the whole community, group or population who are given suicide awareness and bereavement support training and are willing to talk to a person at risk of suicide or support/listen to a person who has lost a loved one to suicide. For example, school staff, night patrol, youth programs, drug and alcohol rehabilitation staff, prison wardens and police, general hospital staff, defence forces staff, etc.

**Secondary intervention** involves suicide alertness of trained Aboriginal Mental Health Workers, nurses, teachers, doctors, and Aboriginal Community Police Officers who have completed the Applied Suicide Intervention Skills Training (ASIST) to assess initial risk and refer if necessary for further assessment. In response to suicide bereavement supporters who have completed bereavement training and can provide ongoing support to families of loved ones lost to suicide and offer referral to support groups.

**Tertiary intervention** involves highly trained gatekeepers who are alert to and can properly assess and treat suicidal clients, for example, emergency staff, psychiatric nurses, psychiatrists, police to provide 24-hour service and admission to hospital (psychiatric ward) if necessary. In response to suicide bereavement, the facilitation of support groups is provided and with complicated grief, counselling is provided for the bereaved by suicide and other sudden death.

## Group/Community Intervention

When planning for activities that are related to building resilience for suicide prevention and self-help after bereavement, it may necessary to take into account the contagion effect in collective societies, which can produce cluster suicides. Help-seeking may be absent and require a proactive response to be more effective as a group intervention or postvention activity. For example, a group of Indigenous youth recently bereaved by suicide or sudden death of a group or community member are proactively encouraged to be involved in youth camp with youth leaders and grief counsellor. These activities are being

## Indigenous Postvention Response and Suicide Safe Community

Crisis intervention committee – coordinates	Primary (Whole of community)	Secondary (Monitor at-risk groups)	Tertiary (High risk individuals identified)
<b>Prevention</b> (Population approach: broad community education, promote help seeking)	<b>Broad education for community:</b> night patrol, youth groups, schools, clinics, prisons, probation and parole, community groups and church groups.	<b>Identify groups at risk and workers remain on suicide risk alert:</b> Aboriginal (mental) health workers, Aboriginal community police officers, youth workers, teachers, nurses and doctors.	<b>Clear protocols for risk assessment and admission:</b> for emergency department staff, ambulance officers, police officers, clinical psychiatric nurses, doctors and allied health staff.
<b>Intervention</b> (Skills training undertaken for community members and professional gatekeepers)	<b>Suicide-aware trained:</b> community members, groups, agencies, organisations, voluntary groups and church groups.	<b>Applied suicide interventions skills training (ASIST)</b> Aboriginal (mental) health workers, Aboriginal community police officers, youth workers, teachers, etc	<b>Clinical suicide risk assessment skills:</b> emergency department staff, clinical psychiatric nurses, ambulance, police, psychiatrist, psychologist.
<b>Postvention</b> (Support for bereaved with sorry camps, healing circles, support groups or other bereavement services)	<b>General bereavement</b> information, support, training in listening skills for community supporters and crisis intervention committee members	<b>Active support</b> for the bereaved from Aboriginal mental health workers and Aboriginal community police officers – give assistance and referral if necessary	<b>Referral pathway</b> to agencies for bereaved families with complicated grief; suicide watch and risk assesment if necessary for those 'at risk' of self-harm.

(Adapted from the Top End Life Promotion Program TEMHS DHCS 1999 – 2006 Northern Territory) (Hanssens 2007)

trialled in the Northern Territory for young Indigenous men and women who have been recently bereaved by completed suicide and sudden death, to intervene early; to allow for informal debriefing; to identify those that are not able to cope with the loss and grief, or may be suicidal; and provide support or suicide risk assessment to those who may require extra help or tertiary intervention. A group intervention destigmatises and reduces the shame and blame risk factors within Indigenous culture; reduces tension, anger and potential violence within an Indigenous collective community or group; is culturally sensitive and appropriate; and protects against suicide contagion and cluster suicides (Hanssens 2007:32).

### First Responders

In the matter of 'first responders' most jurisdictions have within the hospital mortuary, emergency department, coroner's office or forensic pathology unit a psychologist, social worker, registered nurse or hospital chaplain (on duty or on call) who interface with the coroner's constable and who initially deal with the family after a suicide or sudden death with issues such as:

- The preservation of the scene from contamination and for collection of evidence by police (homicide versus suicide question)
- Contemporaneous police interview or statement, which is to be obtained before cognitive contamination of the family members by family, carers, friends, or workmates.
- Official body identification with police at the scene or at the hospital mortuary and later viewing the body at the

mortuary.

- Initial grief counseling and support is provided or referral to appropriate help, including newly trained Salvation Army Suicide Bereavement Support Frontline Workers.
- Information about the coroners and police role post-death is provided to the family, which includes a mandatory pamphlet handed out by the police on the coroner's role and tasks. It may also include the *Information and Support Pack: for those bereaved by suicide and other sudden death* in each state and territory.

After these things are achieved, the Salvation Army Suicide Bereavement Support Workers would be ready to take over care, still within that first response matrix, only a little later because it is not an immediate response (Salvation Army 2008).

### Postvention Resources

The *Information & Support Pack: for those bereaved by suicide and other sudden death*, originally developed and distributed in 2001, has recently been updated by Clark et al (2007) with regional colleagues in each state and territory jurisdiction providing the local data update (Clark, Hillman & Ministerial Council 2007).

Experience in Queensland and the Northern Territory has shown that providing postvention responses to young people after a completed suicide in a school or a community can address the risk of suicide contagion and 'copycat' attempts at self-harm. The *Toughin It Out* pamphlet, developed by Bridge

in 1998, helps young people talk about their own suicide risk after the suicide of a friend or loved one and promotes help-seeking behaviour. It has been part of a comprehensive postvention response strategy and has been used as a brief intervention and educational resource for almost a decade in NT and Qld (Bridge, Hanssens & Santhanam 2007).

“Living Hope – Suicide Bereavement Support Training Program” developed by the Salvation Army with funding from Department of Health and Ageing to train frontline Salvation Army Officers to provide bereavement support to family of loved ones lost to suicide (Salvation Army 2008).

**In conclusion** it is acknowledged that the topics and issues covered by this discussion paper provide only a brief foundation for Indigenous bereavement support and models of response. It is intended to generate discussion and proposes an Indigenous postvention response and suicide-safe community model which has been used in some form with some initial success in several Indigenous communities in the Top End of the Northern Territory, for example, Tiwi Islands – Nguiu, and in Yarabah Community, North Queensland. It provides a basis for communities to develop their own unique responses to suicide and sudden death prevention, intervention, postvention bereavement support for Indigenous people in any setting. It also provides a brief overview of the issues when training Indigenous helpers and supporters and briefly covers some resource materials that have been incorporated into training manuals currently being developed for bereavement support programs in Australia.

“Toughin’ It Out: Survival Skills for Dealing with Suicidal Thoughts” Bridge S. 1998. [www.toughinitout.com](http://www.toughinitout.com)

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**[www.mcsp.org.au/bereavement\\_pack](http://www.mcsp.org.au/bereavement_pack)**

<b>ACT:</b> Coroners Court	(02) 62174333
<b>Qld:</b> Coronial Counselling Service	(07) 32749200
<b>WA:</b> Coronial Counselling Service	(08) 94252900
<b>SA:</b> State Coroners Court	(08) 82040600
<b>Vic:</b> State Coroners Counselling Service	(03) 94252900
<b>NT:</b> Suicide Prevention Coordinator (DHCS)	(08) 89992789
<b>NSW:</b> Care and Support Pack	(02) 98160425
<b>Tas:</b> Suicide Bereavement Information Coroners Office	(03) 62302181

## Across the Lifespan: Aboriginal and Torres Strait Islander Health Checks and Lifescripts

The Rural Health Education Foundation will be broadcasting a program outlining the Aboriginal and Torres Strait Islander Medicare Health Checks. The program will be broadcast across the Foundation's satellite network. The program will cover all three of the Medicare Health Checks:

- The child health check – item 708 (0–14 years),
- The adult health check – item 710 (15–54 years) and
- The older persons' health check – item 704 and 706 (55 years plus).

The Foundation program will also be available for viewing on the Foundation's website [www.rhef.com.au](http://www.rhef.com.au) after it has been broadcast. It will also be available to download as an audio file to listen to. The program has been developed by the Australian

Government Department of Health and Ageing as a resource to support their Lifescripts Initiative.

The aim of the Medicare items is to ensure that Aboriginal and Torres Strait Islander people receive primary health care matched to their needs, by encouraging early detection, diagnosis and intervention for common and treatable conditions that cause considerable morbidity and early mortality. The Rural Health Education Foundation program will explore the suite of Aboriginal and Torres Strait Island Health Checks in this context. Discussion is supported by three case studies illustrating their successful use and implementation into health services.

For more information visit the Rural Health Education Foundation website [www.rhef.com.au](http://www.rhef.com.au) or call 1800 646 015