



National Suicide Prevention Trial:

COMMUNITY CONSULTATION REPORT

August 2019

phn
NORTHERN TERRITORY

An Australian Government Initiative





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Northern Territory PHN would like to acknowledge the National Suicide Prevention Trial Working Group and Aboriginal and Torres Strait Islander people of the Greater Darwin Region for their support of the National Suicide Prevention Trial in Darwin.

We acknowledge the Larrakia people, the Traditional Owners of the land on which we live, work and walk and we pay respects to all Aboriginal and Torres Strait Islander elders past, present and future.

We acknowledge those people with a lived experience of mental health issues and suicide, their families, friends and supporters who provided input into the process and shared stories, along with many people from different organisations and the general community who hold an interest in mental health and suicide prevention. Your voice and feedback has informed this report.

We also remember those that have been lost to suicide and acknowledge the grief and burden that suicide brings when it touches our lives.

BACKGROUND

Suicide affects families and communities across Australia and the world. The effects and aftermath of a suicide occurrence can be both traumatic and long-lasting for families and communities alike. Each year about 3,000 Australians take their lives. The suicide rate for Aboriginal and Torres Strait Islander people in Australia is about twice that of the non-Indigenous population.¹ The Northern Territory's suicide statistics are sadly the highest in the country.² Approximately 50% of suicide related deaths in the Northern Territory occur within the Darwin region. Young people, males and Aboriginal and Torres Strait Islander people are particularly overrepresented in those figures.

The Australian Government's National Suicide Prevention Trial (NSPT) is providing \$4 million to enable Northern Territory PHN (NT PHN) to implement evidence-based integrated approaches to suicide in the Greater Darwin Region. This region (referred to as 'Darwin' in this report) includes Darwin, Palmerston and the surrounding rural areas of Humpty Doo and Berry Springs, down to the Acacia Hills border. The key aims of the trial is to gather evidence of how a systems-based approach to suicide prevention might be best undertaken at the regional level to effectively respond to local needs and to identify new learnings in relation to suicide prevention strategies for at-risk populations. To achieve these aims, the Darwin NSPT site engaged the Aboriginal and Torres Strait Islander community to inform and lead the design of a systems-based approach to suicide prevention, which meets the needs and priorities of the local Aboriginal and Torres Strait Islander people. This is known as the **Strengthening Our Spirits** model.

The model involves the simultaneous implementation of seven components within a localised area.

Active strategies that form part of the trial include:

- Delivery of activities to promote and build Aboriginal and Torres Strait Islander resilience, social and emotional wellbeing and connectedness
- Training for frontline workers, community members and youth
- Equipping services and activities with the tools to implement cultural knowledge and lived experience
- Coordination of suicide prevention activities through partnerships between government and non-government organisations and peak and professional bodies.

As part of the trial, NT PHN will work closely with key stakeholders within the community including local suicide prevention networks, Aboriginal Controlled Community Health Services and local Aboriginal organisations, and the NT Government to implement effective strategies, programs and activities. Community consultation forms the basis of this report. It contributed to the development of the Strengthening Our Spirits model and a localised service design plan for suicide prevention activities. All research, programs and strategies used within the trial will be evaluated upon completion to help inform policy and programs nationally.

¹ Commonwealth of Australia (2018). More support for suicide prevention programs. <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/health-mediarel-yr2018-hunt055.htm>

² Northern Territory Government (2018). Northern Territory Suicide Prevention Strategic Framework 2018-2023, Department of Health.

ABOUT THE NATIONAL SUICIDE PREVENTION TRIAL



NT PHN is one of 12 regions selected to take part in the trial which aims to reduce suicide at a local level



The trial covers a four-year period from 2016-17 up to 2019-20, including development, implementation and evaluation



The trial will provide significant resources, activity and funding to areas of established need across the country



The trial is focusing on the Aboriginal and Torres Strait Islander population of the Greater Darwin Region.



Under the trial, culturally appropriate suicide prevention activities will be commissioned to best meet local needs.

STRATEGY

In preparation for the NSPT in Darwin, a consultation and community engagement protocol was prepared to guide the process and to ensure stakeholder and community feedback contributed to the scoping of issues to be covered by the NSPT. A communication protocol was also developed to ensure there was a procedure for streamlined communications between the governance stakeholders.

GOVERNANCE

Steering Group and Working Group

The Darwin Site is governed by a high-level Steering Committee that acts as an advisory group chaired by the Minister for Health or delegate. Its role is to identify issues of concern and provide advice on appropriate services and activity commissioned in the conduct of the NSPT in Darwin.

In addition to the Steering Committee, the Darwin NSPT is governed by a Working Group with predominantly local representation. The role of the Working Group is to inform the development and implementation of the NSPT in the Greater Darwin Region. The NSPT Working Group has provided direction and support to NT PHN in its development of the Service Design Plan for the NSPT. This process included community consultation and meetings, identification of components and development of the Strengthening Our Spirits model.

DISCLAIMER

Community consultations are an ongoing process. NT PHN adopted a number of formal and informal community consultation and participation strategies. While many varied opportunities have been provided for the public to respond and provide input into the development of the NSPT in Darwin and the Strengthening Our Spirits model, NT PHN acknowledge that the thoughts, views and information gathered throughout the NSPT do not necessarily reflect the views of the entire Darwin Region.

AIMS

The aims of the community consultations were to gauge the Darwin Aboriginal and Torres Strait Islander community's knowledge of suicide prevention, the services currently available and the areas of need within the community as a prelude to the development of a service design plan.

To meet the aim, the following objectives were addressed in each of the consultations:

- Identification of key barriers and service access for Aboriginal and Torres Strait Islander people
- Identification of opportunities to create collaborative partnerships between organisations
- Identification of service opportunities in conjunction with the Strengthening Our Spirits model.

METHODOLOGY

Design

NT PHN implemented a two-staged approach for community consultation as part of the Darwin NSPT. The approaches included:

- Community questionnaires and interviews
- Focus groups.

Community questionnaire

Between March and May 2018, NT PHN conducted face-to-face paper-based surveys with Aboriginal and Torres Strait Islander people. A questionnaire was developed as a means to guide conversations with Aboriginal and Torres Strait Islander young people and adults, who have lived experience of suicide in some way. The questionnaire included closed and open-ended questions, which enabled the collection of specific information as well as allowing participants to impart their experiences, prompting further discussion around certain topics. Interviews were held one-on-one or in small group settings and some participants completed the questionnaire independently.

Two questionnaires were developed to guide interviews with Aboriginal and Torres Straits Islander young people. This provided NT PHN Community Engagement Coordinators with the flexibility to adapt language and provide explanations as appropriate during the interviews. Questions were designed to facilitate an understanding of factors that contribute to happiness, experience of suicide and self-harm, awareness of suicide prevention services, community support, culture and cultural safety.

The NT PHN Community Engagement Coordinators utilised their strong community and service provider networks to recruit participants for the questionnaire interviews through several community events and trainings. Interviews were conducted one-on-one or, where appropriate, in small groups. Many of the interviews were conducted outside, always in safe spaces and some at community events or activities, away from the crowds. A Community Engagement Coordinator was present to support the participant and discuss certain topics in greater depth if required.

Prior to each interview, each participant was provided a crisis and community information card to promote awareness of how support services can be accessed. The information cards were supplied by the Darwin Region Indigenous Suicide Prevention Network (DRISPN).

Focus Groups

In June 2018, NT PHN contracted PricewaterhouseCoopers Indigenous Consulting (PIC) to undertake a 'sounding out' exercise to complement an existing community consultation process to assist in identifying how a systems-based approach would best meet the needs of Aboriginal and Torres Strait Islander people and families in Darwin. PIC facilitated two focus groups which, through in-depth discussions, determined the most appropriate elements of a systems-based approach to suicide prevention and how that may look in Darwin through an Aboriginal and Torres Strait Islander lens. The PIC Facilitators engaged for the focus groups were Jerome Cubillo and Sorrell Ashby.

Focus Group 1: Aboriginal Youth: Members of the Darwin Youth Suicide Prevention Network (DYSPN) were engaged to provide input into what they considered to be important components to suicide prevention in Darwin.

Focus Group 2: Aboriginal Adults: A group of adults were chosen and invited by NT PHN to take part in the second focus group. This included both male and female adults with diverse knowledge of mental health and wellbeing and personal experiences of mental health and suicidality within their community and families.

RESULTS

Community questionnaire findings

Analysis of questionnaire data

Quantitative data collected during interviews was analysed using the Survey Monkey online platform. Facilitated collaborative analysis of the qualitative information was undertaken by members of the NPST team. Data was organised into common themes that emerged in response to each interview question. Perspectives offered by young people and adults were compared for similarities and differences. Findings of this analysis are presented in the next section of this report.

The survey was the first stage of the consultation process and was opened for a three-month period prior to the focus groups. During this period, 96 responses were collected from community members. The survey consisted of 24 questions identifying demographics, factors that contribute to happiness and unhappiness, suicide and culture, experience of self-harm, level of need for suicide prevention, awareness of suicide prevention services and activities and level of support in the community to deal with suicide. Questions were not mandatory, allowing participants to skip questions. The key findings are summarised below.

Figure 1: Participants by Age and Gender

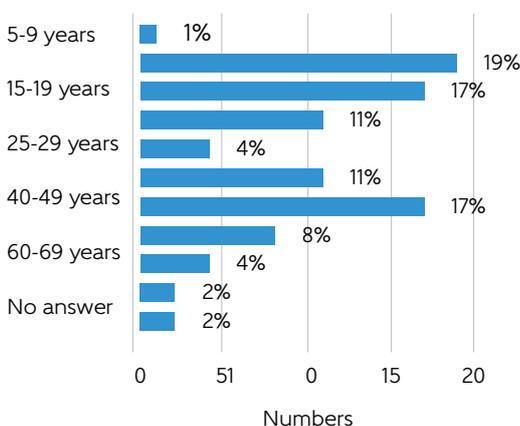


Figure 2: Participants by Gender

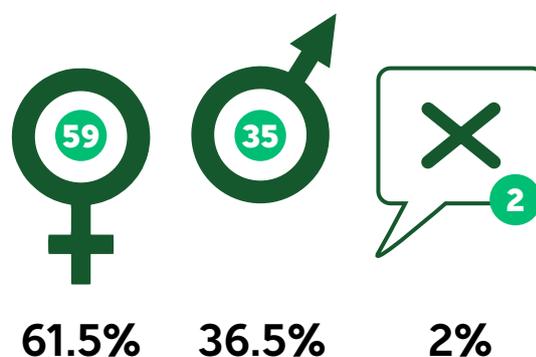
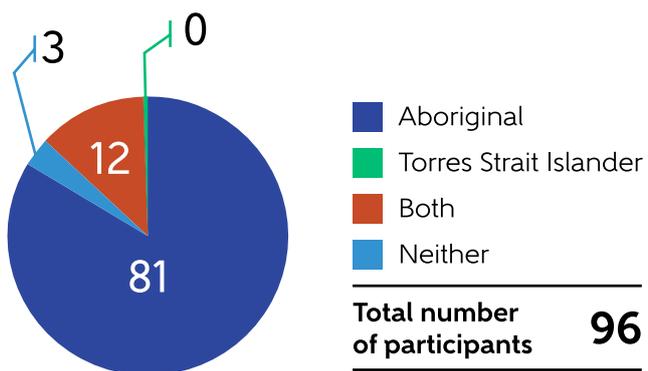


Figure 3: Ethnicity of Participants



Factors that contribute to happiness

Table 1 documents the key themes identified by each group.

What makes you happy?	Young People	Adults
Family	✓	✓
Friends	✓	✓
Fishing/camping/hunting/bush	✓	✓
Sports	✓	✓
Community Events	✓	
Music and dancing	✓	

While key themes amongst younger and adult groups were similar, it is notable that 85% of adults cited family as a source of happiness. Many young people also cited family, however friends were the most commonly cited source of happiness for this group. Young people and adults both spoke of activities associated with being on country such as fishing, camping and hunting as making them happy and sports was also a popular theme. Community events, music and dancing also emerged as themes for young people.

‘Being with my family when they are all happy healthy and strong, going out to country camping.’

Experience of self-harm

73% of youth and 61% of adults have experienced or known someone who has experienced suicidal thoughts.

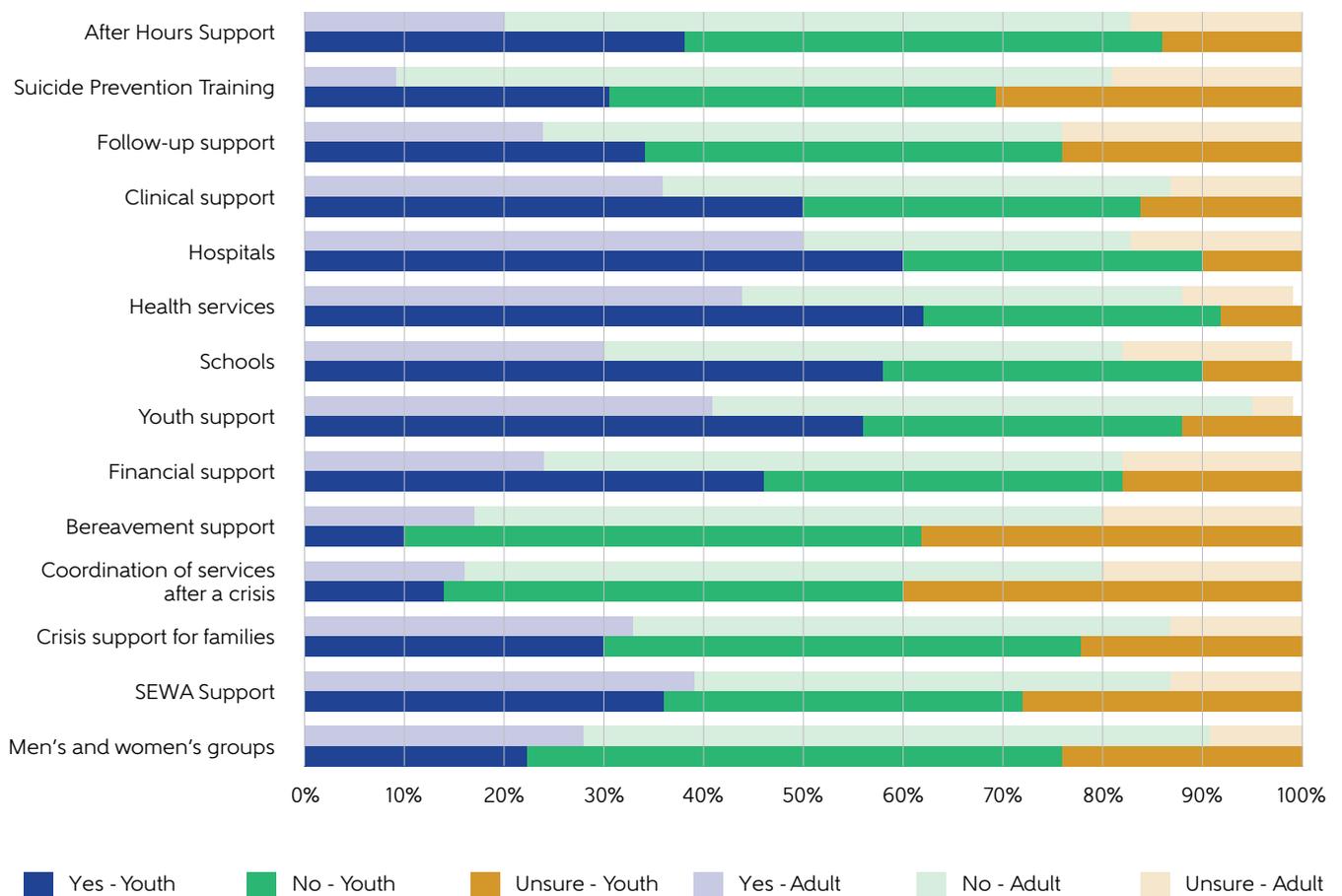
Approximately 70% of youth and 50% of adults identified as having a lived experience of suicide.

Awareness of Intervention and Crisis Support Services

To measure community awareness of intervention and crisis support services, a series of statements were listed, allowing respondents to answer with yes, no or unsure. The following was found:

AWARENESS OF INTERVENTION AND CRISIS SUPPORT SERVICES

Figure 4



Support in Community when dealing with Suicide

2 in 3 respondents identified that there was a lack of support in the community when dealing with suicide and self-harm. There was an identified need for more support in the form of mental health and/or therapy programs.

One adult participant called for the *'need for more Aboriginal and Torres Strait Islander trauma-focused support.'*

Suicide and Culture

1 in 3 adult respondents identified that they have cultural ways of dealing with suicide.

Participants were provided the opportunity to share how they as an individual, family and community embed cultural practices into dealing with suicide. Common themes included:

- Cultural healing
- Yarning and sharing stories
- Returning to country
- Camping, fishing, hunting
- Sorry business
- Talking with Elders
- Arts and crafts.

'Aboriginal suicide is different to non-indigenous and mainstream suicide in Australia, culturally we deal with suicide by diverting our thoughts by doing cultural activities, returning to country, art and craft, fire place, stories from our elders, yarning groups, men and women healing groups...'

Suicide Prevention Programs

Young people indicated that they would like to learn more about suicide prevention through:

- Community events
- Recreational activities like discos, youth camps and youth programs
- More awareness in schools
- Training for youth and families in suicide prevention
- Conversations and activities about suicide at school, including information about where to access support.

'I would like training on what to do if I or someone I know is thinking about suicide'

Adult respondents indicated the best ways to get information about suicide prevention is through the media, social media and internet use, attending community events and speaking with friends and family of lived experience.

Young people were asked *'what kind of things do you think can help prevent suicide?'* The following key themes emerged:

- Healing
- Camps/programs
- Awareness/kindness
- Bushwalking/fishing/going bush
- Connection to culture
- Stop fighting, stop drinking
- Aboriginal counsellors that are community members
- After hours youth services
- Connecting with friends and family
- Connecting to land and culture



Cultural Safety

When prompted about what makes services culturally safe, the most frequent responses were:

- Aboriginal staff
- Services that anyone can go to
- By Aboriginal people, for Aboriginal people
- Private and confidential

Youth participants expressed the need for:

- Services with lived-experienced workers who understand what they're experiencing
- After hours youth services
- Increased promotion of services
- Services that anyone can go to at any time
- Culturally safe services
- Services for Aboriginal people by Aboriginal people

Adult participants expressed the need for:

- Upskilling Aboriginal and Torres Strait Islander community members and frontline workforce
- Local led and driven services
- Community wellbeing space in the Northern Suburbs
- Culturally appropriate and trauma-informed care
- An Aboriginal and Torres Strait Islander Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning (LGBTIQ) focus

One participant stated there's 'not enough indigenous people qualified in this field to assist our people to manage the illness associated with suicide'

Focus Group Findings

In the second stage of the methodology, two focus groups were conducted in the Greater Darwin region. The following key themes emerged.

Key Themes

Governance and Leadership

- Aboriginal and Torres Strait Islander people must drive and lead the trial from start to finish
- The trial should take into account opportunities to strengthen local capacity of Aboriginal and Torres Strait Islander service providers and strengthen the local evidence base of suicide prevention programs that best meets the needs of people in the Greater Darwin region
- Flexibility must be built into outcomes and reporting frameworks to allow for local context and needs.

Cultural Context and Holistic Wellbeing

- There is a need for at risk youth in Darwin to have access to youth camps, culture camps and opportunities to develop strong identity
- Elders and community leaders were identified as go to support people in community, however they are not often acknowledged for the work they do
- It was identified that a holistic approach to support, health and treatment needed to be taken and currently was not seen as being available for Aboriginal and Torres Strait Islander people in the Darwin region.

Strengths Based Prevention

- The NSPT needs to be built on a strengths-based foundation with personal wellness at the core
- Increase opportunities for peer leadership and training and development support for young people
- Increase access and support of cultural camps
- Use strengths of communities such as music, sport and art as mechanisms for prevention and engagement.

Culturally Safe, Sensitive and Quality Service Provision

- Strengthen the cultural awareness and competence of frontline workers, first responders and service providers
- Increase employment of local Aboriginal and Torres Strait Islander people in the mental health and suicide prevention space
- Increase availability of culturally safe and sensitive grief and loss support for friends and family
- Recognition of alternative means of providing support and treatment for people outside of clinical settings, such as sporting clubs, healing, family, friends, hunting and community events
- Increase awareness of services that are available.

Increasing Education and Awareness

- Increase Aboriginal and Torres Strait Islander led and focused campaigns
- Increase education and awareness including building resilience in young people to deal with pressure
- Access to information sessions outside of school environments
- Ensuring students are aware of the effects of social media
- Use alternative avenues for creating awareness and education such as using social media advertisements, Larrakia radio and guest speakers at events.

Discussion

The results of both the adult and youth questionnaires are closely in-line with the feedback received through community consultations and facilitated focus groups with limited differences noted. The need for people to have a **safe place to engage** was repeatedly identified throughout the community consultations. These are places where access to medical and social services can be integrated, where tradition, culture and healing are recognised and where community and families play a role in decision-making and can respond to needs in the community as they arise.

In addition to a safe place to engage, **connection to culture and land** was a persistent theme in the community consultations. The need for programs and camps that provide opportunities for healing and resilience-building was noted in the questionnaires. Comparatively, in the focus groups, discussions strongly centred on a need for youth camps and/or programs that focus on building strong identity. Building identity and culture through the provision of places and programs, where people feel comfortable to engage and seek support, particularly during times of loss and grief, is seen as paramount for this trial.

On reviewing predominant needs and gaps identified through community consultations, an underlying need for **upskilling** was identified. This included training for the community in early intervention and awareness. Training would enable more community members to be able to recognise and respond to suicide and self-harm, effectively making help more accessible.

Cultural competency and trauma-informed care was believed to have a significant role in suicide prevention. The need for culturally safe, sensitive and quality service provision identified in the focus groups closely aligned with the lack of culturally safe services and trauma-informed care approaches highlighted by both the adult and youth respondents in the community questionnaire.

Overall, the findings from the community questionnaires aligned closely with the themes identified in the focus group discussions, with the key themes being:

1. Safe place to engage
2. Connection to culture and land
3. Upskilling
4. Cultural competency and trauma-informed care.

Underpinning the themes was a focus on local workforce development. Key to the success of suicide prevention programs for Aboriginal and Torres Strait Islander people in Darwin are the training and employment of local Aboriginal and/or Torres Strait Islander people with lived experience of suicidality. There are ongoing concerns regarding service quality and sustainability with high employment turnover. The training and development of a local workforce is a strong factor for improving Aboriginal and/or Torres Strait Islander accessibility to these services. Additionally, opportunities to support the delivery of community-led initiatives and facilitate collaboration and integration of suicide prevention services and activities were identified.

In summary, it is notable that the key themes and opportunities highlighted through the community consultation corresponds closely to the general recommendations highlighted in the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) report. The evidence from the ATSISPEP report recommends that suicide prevention activity should include strategies focused on:

- healing and strengthening social and emotional wellbeing, cultural renewal and improving the social determinants of health
- providing education, training and upskilling opportunities for community members and providers
- increasing cultural competence and the delivery of trauma-informed care in providers working with Aboriginal and Torres Strait Islander people.



Strengthening Our Spirits Meaning

Together, the four elements – fire, land, air and water – create the perfect system. This system has provided Aboriginal and Torres Strait Islander people with everything we have needed to survive and thrive for more than 60,000 years.

Self-harm and suicide do not fit with our traditional story. Self-harm and suicide are not a part of our culture.

Our culture is founded on a balance between fire (our spirit), land (our mother), air (our healing) and water (our identity). Self-harm and suicide occurs where there is an imbalance in the elements that results in a person's spirit dying out or becoming detached.

Traditionally, we have ways to ensure that this does not happen – we use healing and ceremony to ensure that we all remain safe and connected. We have ways to ensure that our fire (our spirit) continues to burn bright.

However, some of our people, especially our young people, have become isolated – their fire is cooling in the embers, or is rushing away, trying to find another place where there is sufficient fuel to keep burning. Today, the system that has supported us for so long is not in balance and we need our community and service providers to help us bring it back into alignment.

The following is a description of our way of knowing a systems-based approach to suicide prevention. It draws on the concepts and symbols that are meaningful for us and links these to key elements that we believe are important when taking a systems-based approach to the prevention of self-harm and suicide.

FIRE – SPIRIT – PURPOSE

Fire represents our spirit. When the flames are burning high, our spirit is strong and has a clear sense of purpose. Our spirit is not the spirit of a single individual. It is the spirit of us – the fundamental and collective essence of us as individuals, families and communities – these are inseparable and without all, the fire (the spirit) will burn out. Our spirit gives us our purpose.

The goal of a systems-based approach to suicide prevention is to keep the fire burning. When the fire is burning bright, the spirit and our sense of purpose is strong. When the fire dies down and the coals begin to cool, the spirit is weakening and we are at risk of losing our sense of purpose. This creates a risk of self-harm and suicide.

LAND – MOTHER – BELONGING

Land represents our mother – our nurturer and provider. The land harvests the trees, bushes, wood, bark, leaves and grass that fuel the fire (our spirit) and keep it burning. We belong to the land – our spirit belongs to the land. Our spirit and the land are inseparable. The land gives us our sense of belonging.

How we deliver a systems-based approach to suicide prevention is to use the resources given to us by the land to tend to the fire. This is a whole-of-community responsibility. When the fire is burning bright, tending to the fire is light but important work. If we add sticks and leaves regularly, the fire remains ablaze. Similarly, if we take regular opportunities to connect with and celebrate our culture and build the capacity of our people, we will nurture our sense of belonging and keep the spirit strong. This is the ideal form of suicide prevention. However, if we neglect to tend to the fire regularly, the fire will die down and restocking the fire becomes a more urgent and intensive task. This is when suicide prevention training, crisis support and follow-up support are required to help a weakened spirit become strong again.



WATER – IDENTITY – HOPE

Water represents our identity. Larrakia are saltwater people. We share this identity with the many members of the Stolen Generations and Torres Strait Islander families who have come to live on our country. Saltwater not only provides us with our livelihood – it is our connection to the spirits of our ancestors. It is our cultural memory that connects us through past, present and future. The land (our mother) and the water (our identity) are a perfect union. Working together, they shape each other to enable saltwater and freshwater to meet, creating the perfect conditions for procreation and regeneration. The water gives us hope in our future.

Who delivers a systems-based approach to suicide prevention are those who share our identity. Like the water, they surround the land and keep the fire safely contained in its rightful place. These people and organisations have different roles to play in tending the fire – some will flow into the shore to tend the fire regularly while others will be further out to sea and in the waterways, ready to come if the tide turns. While they do not all come to the shore at the same time, they are always connected through the knowledge that flows seamlessly through the water. Because they are always there surrounding the land and fire, either waiting at the shoreline or further away in the sea and waterways, they provide us with hope that the fire will always stay alight.

AIR – HEALING – MEANING

Air represents healing – cleansing, changing and adapting. As the fire burns and comes into contact with the air, smoke is created. For our people, smoke heals, cleanses and purifies our spirit and wills it to keep burning strong. Sometimes our spirit can stray and can't find its way back home to us. When this happens, smoke guides and reorientates our spirit back into ourselves and our land. The air gives us our meaning in life.

The outcome of a systems-based approach to suicide prevention is healing. The stronger the fire burns, the more smoke it creates to heal us and give us meaning. This healing is not just the healing needed after a suicide or suicide attempt. It is healing from our shared history, trauma and detachment of culture and language. This systems-based approach can aid in rebuilding our strength and resilience as a community. It will support our Aboriginal and Torres Strait Islander families living within the Darwin Region to regain and/or strengthen our mental, physical and spiritual wellness.



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