Suicide trends in WA: an urgent call to action

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The Australian Government has recently funded the University of Western Australia (working with the Centre for Research Excellence in Aboriginal Health and Wellbeing, Telethon Kids Institute) to undertake the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). This project will evaluate the effectiveness of existing suicide prevention services and programs in reducing suicide and suicide ideation in Aboriginal and Torres Strait Islander communities.

The need for this comprehensive, national evaluation project is clear and urgent. Thirty years ago suicide was relatively rare among Aboriginal people. Yet according to the Australian Bureau of Statistics (ABS), there were 996 Aboriginal and Torres Strait Islander suicide deaths registered across Australia between 2001 and 20101 – around 100 per year for that period. And in 2012, the ABS reported 117 Aboriginal and Torres Strait Islander deaths by suicide,2 suggesting a worsening situation over time.

Overall suicide rates among Aboriginal and Torres Strait Islander peoples are significantly higher than for other Australians – with a rate ratio of 2.0 for males and 1.9 for females.3 Of critical concern, is that suicide rates are highest among Aboriginal and Torres Strait Islander young people aged 15-19 years (5.9 times higher for females and 4.4 times higher for males), than for other Australians in the same age group.4

In Western Australia, the overall suicide rate had increased to 36 per cent above the national rate over the past decade – from 194 in 2004 to 366 in 2012.5 The highest rates are among Aboriginal people living in the Kimberley region, which has a population of 42,000 people and nearly half the population is Aboriginal (about 20,000).5

Kimberley Aboriginal communities such as those in Balgo, Fitzroy Crossing, Mowanjum and Derby, have experienced suicide rates up to 20 times the State average.5 In early 2010, the rate of suicides in the Kimberley region reached 182 times the rate of the general population.6 This includes a number of suicide clusters. During 2007, there were 13 deaths by suicide in Fitzroy; five in Oombulgurri; and five in Balgo. The devastating impact of suicide clusters in these communities has been far-reaching and long lasting.

There are a range of social determinants (particularly poverty and a lack of services) that contribute to the high rates of suicide in the Kimberley and across WA. Further, the vast distances of WA isolate many communities, compounding the effects of poverty and difficulties in service delivery.

According to research by Gerry Georgatos, wherever there is extreme poverty in the Kimberley there are spates of suicide and self-harm incidents.6 As a result of poverty, lack of services and other social determinants, Aboriginal and Torres Strait Islander peoples in these communities experience more stressful life events (for example, serious illness, serious accident, mental illness, serious disability, death of a family member or close friends, and violence) at higher rates than non-Indigenous people. These tend to occur concurrently and have a cumulative impact.7 They can leave individuals, families and communities vulnerable to effects of psychological distress and this, in turn, contributes to suicide.

On June 23-24, the Centre for Research Excellence in Aboriginal Health and Wellbeing, Telethon Kids Institute, UWA, in partnership with the Poche Centre for Indigenous Health, at the University of Western Australia, and the National Aboriginal and Torres Strait Islander Leadership in Mental Health hosted a roundtable on suicide prevention in Perth.

Roundtable participants confirmed an urgent need for action to reverse these trends. Importantly, the Call to Action highlights the need for governments, service providers and practitioners to acknowledge and act on the diverse, multiple and complex social determinants and other risk factors impacting on the lives of Aboriginal and Torres Strait Islander people.

The Call to Action also confirms an urgent need to build a sound evidence base for suicide prevention in Aboriginal and Torres Strait Islander communities by evaluating the many different community-led suicide prevention programs already operating across Australia – a major aim of the ATSISPEP. Many of these programs appear to be working well – but most have not as yet been formally evaluated.8

The first step of the project is to develop a culturally appropriate suicide prevention service and program evaluation framework. This will be complemented by a review of what works in suicide prevention among Indigenous peoples in other countries with similar histories of colonisation and pervasive marginalisation.

There is also need for a systematic approach to building the Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing workforce and to improve specific skills in suicide prevention and supporting social and emotional wellbeing as a source of resilience. The approach needs to be cross-sectoral, encompassing workforces in early childhood, education, healthcare, child protection therapeutic services, police, juvenile justice and other sectors. It requires access to training as well as culturally appropriate resources, tools and principles such as those detailed in the second edition of Working Together: Aboriginal and Torres Strait Islander Principles and Practice (2014).

Along with an evaluation of suicide prevention services and programs, part of the ATSISPEP task will be to build the evidence base for social and emotional

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increase mental health literacy; promote effective coping; promote self-efficacy in this highly regulated and regimented working environment; and promote self-care.

Given the overall findings of this research, there is a clear need for organisations employing FIFO workers to address actively the “suck it up, princess” culture and build policies and services from the ground up to address the real mental health needs of workers. ■ Lifeline WA urges any FIFO or DIDO worker suffering from depression or suicidal thoughts to contact their

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wellbeing, and identify protective and risk factors in this context, as an important part of any comprehensive response to Aboriginal and Torres Strait Islander suicide.

Evaluating prevention and early intervention activities to promote social and emotional wellbeing – as a source of resilience against the impact of stressful life events and psychological distress – is also particularly important.

Importantly the concept of social and emotional wellbeing from an Aboriginal and Torres Strait Islander perspective encompasses a holistic concept of health and mental health that connects an individual to their family, community and cultural wellbeing.

What this means is that the wellbeing of families, communities and cultures, including their access to country, must be considered as a part of any overall approach to suicide prevention.

All communities have the potential for strengthening their social and emotional wellbeing through cultural maintenance, reaffirmation and promoting cultural continuity. While many communities are under pressure, they will have cultural strength that can be built upon.

We will report the ATSI-SPEP findings to the Minister for Indigenous Affairs by 30 August 2015, making recommendations for improvements to existing evidence-based service and program delivery models or suggestive alternatives where indicated by the evaluation. ■

References

PROFESSOR PAT DUDGEON is from the Bardi people of the Kimberley. She has co-edited several seminal texts including the first and second editions of the Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice. Prof Dudgeon is Co-Chair of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group and Chair of the Aboriginal and Torres Strait Islander Leadership in Mental Health group.

A/PROFESSOR ROZ WALKER has been involved in Indigenous research, evaluation and education for over 30 years. She is a Chief Investigator in the NHMRC Centre for Research Excellence Grant, Aboriginal Health and Wellbeing, Telethon Kids Institute, UWA and Principal Investigator on the Institute Faculty. A/Prof Walker co-edited the first and second editions of the Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice.