

taking action to
tackle suicide

**Aboriginal &
Torres Strait Islander
Component**

project evaluation

30 JUNE 2015

QAIHC would like to acknowledge the contributions of Titans 4 Tomorrow to this project and extend thanks and gratitude to all communities and Aboriginal and Islander Community Controlled Health Services (AICCHS) that were involved in the planning, delivery and evaluation of the community forums.

QAIHC would like to extend special thanks and gratitude to all Community Members who provided their time to offer feedback on this project and for their thoughts and opinions regarding local needs and programs and services required to prevent Aboriginal and Torres Strait Islander suicide. QAIHC also pays its respects to the families and loved ones affected by suicide.

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contents

04	Overview
05	Contextual Background Aboriginal and Torres Strait Islander suicide - an overview
07	Aboriginal and Torres Strait Islander Suicide Prevention Policy
11	QAIHC Suicide Prevention Minimum Standards
12	Project Scope
14	Process Evaluation Governance of Steering Committee Suicide Prevention Training Community Value of Project Overall Outcome Evaluation Conclusion
18	References

overview

The Queensland Aboriginal and Islander Health Council (QAIHC) is the state peak body for Aboriginal and Islander Community Controlled Health Services (AICCHS) in Queensland.

In 2013, QAIHC was successful in securing a funding agreement with the then Department of Health and Ageing (DoHA) to develop and deliver an Aboriginal and Torres Strait Islander targeted suicide prevention project, under the Supporting Communities to Reduce the Risk of Suicide (Aboriginal and Torres Strait Islander Component) program.

The project was conducted in partnership with Titans 4 Tomorrow (T4T). The T4T program supports youth throughout Queensland and Northern New South Wales through the delivery of health and education programs. T4T Ambassador, Preston Campbell, was actively involved in the suicide prevention project, working closely with QAIHC in the development of the DVD titled, 'Lighting the Dark' that was delivered in conjunction with the community forums.

The importance of leadership and collaboration across state and federal governments, service providers and community is critical in addressing Aboriginal and Torres Strait Islander suicide. Additionally, the acknowledgment of the role and importance of social and emotional wellbeing to Aboriginal and Torres Strait Islander health, social and economic outcomes is vital.

This evaluation report has highlighted the value and benefit of the QAIHC Suicide Prevention Project and indicated the need for future similar initiatives. Evaluation findings suggest that continuity in efforts and collaboration of stakeholders is critical to the success of both current and future programs and services. Too frequently, communities experience disjointed programs that lack continuity and follow-up. It is important that locally resonant and impactful approaches are maintained and strengthened to ensure ongoing access to appropriate support for community.

QAIHC will be advocating at both state and federal levels to continue support for this program, as it has demonstrated the following achievements;

Strong Aboriginal and Torres Strait Islander governance and leadership at local, regional and state level;

Provision of high quality and targeted training to ensure competent and skilled facilitation and program delivery;

Community engagement and participation in the design, promotion, delivery, and evaluation of the program.

An increase in the awareness of suicide at individual, family and community levels.

contextual background

Aboriginal and Torres Strait Islander suicide - an overview



4.2%
INDIGENOUS

1.6%
NON-INDIGENOUS

INDIGENOUS SUICIDE DEATHS PER 100,000



NON-INDIGENOUS SUICIDE DEATHS PER 100,000



In 2010, suicide accounted for 4.2% of all registered deaths of people identified as Aboriginal and Torres Strait Islander, compared to 1.6 % for all Australians (ABS 2012).

Within the Aboriginal and Torres Strait Islander population, the highest age-specific rate of suicide was among males aged 25-29 years of age (90.8 deaths per 100,000 population). For Aboriginal and Torres Strait Islander females, the highest rate of suicide was amongst 20 to 24 year olds (21.8 deaths per 100,000 population).

Comparatively, in the non-Indigenous population the highest rate of suicide occurred among males between 35 and 39 years of age (25.4 deaths per 100,000). For non-Indigenous females, the highest rate of suicide (6.6 deaths per 100,000) was recorded for each of the five-year age groups between 35 and 54 years of age (ABS 2012).

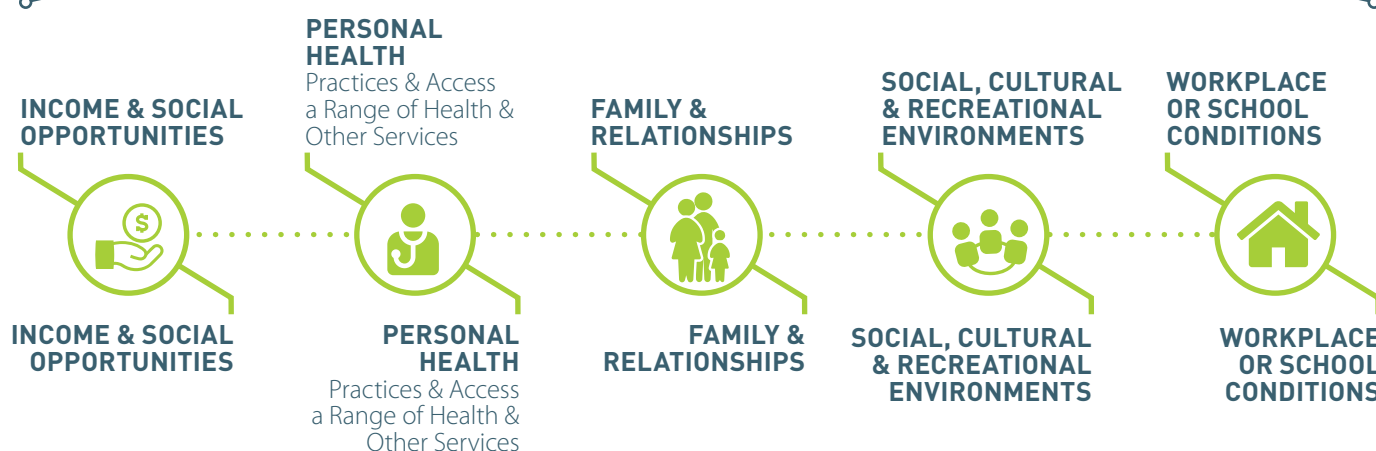
High rates of suicide among Aboriginal and Torres Strait Islander people can be linked to a broad and complex range of interlinked factors. Aboriginal and Torres Strait Islander people experience disproportionate levels of disadvantage compared to non-Indigenous Australians across social, economic and health outcome areas. The historical and current experience of Aboriginal and Torres Strait Islander people can also not be discounted, with forced removal, dispossession, racism and discrimination and disconnection from country and culture all of dual relevance, importance and potential

impact. Experience of these factors in combination can result in negative affects on other areas of life and in this case, can have a particularly damaging impact on social and emotional wellbeing.

A combination of risk and protective factors exist that can either compromise or promote Aboriginal and Torres Strait Islander individual, family and community mental health and social and emotional wellbeing.

[*The following risk and protective factors occur in all facets of life:*]

Risk Factors



Protective Factors

Evidence suggests that social and emotional wellbeing may hinge on the discrepancy between stressors (risks) and the capacity to cope with these as well as other protective factors. Imbalance between these factors and inability to cope can contribute greatly to psychological distress and place mental health and social and emotional wellbeing under severe threat.

There are determinants that have been identified as influencing Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing, which are inclusive of both the historical and contemporary experiences of Aboriginal and Torres Strait Islander people.

risk factors

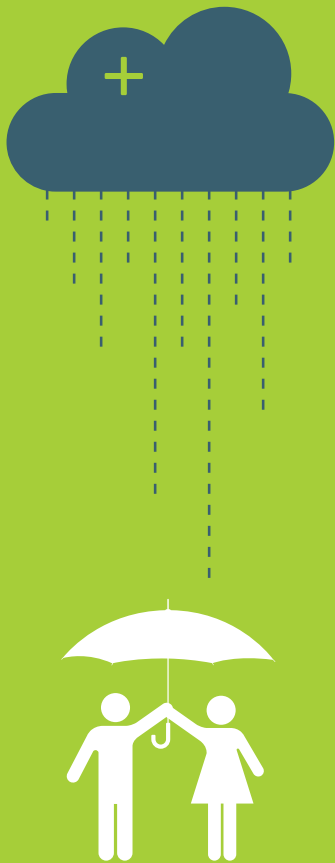
Unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage* constitute some of the range of factors recognised to influence Aboriginal and Torres Strait Islander social and emotional wellbeing and levels of psychological distress experienced.

*(SHRG 2004 cited in Kelly et al. 2009)

protective factors

Protective factors exist that have been highlighted as providing strength and resilience and supporting capacity to be able to cope. Connection to land, culture, spirituality, ancestry and family, and community are commonly identified as protective factors that can moderate the impact of stressful circumstances and serve as a unique reservoir of strength and recovery*

*(Kelly et al. 2009).



Aboriginal and Torres Strait Islander Suicide Prevention Policy

Increasing recognition is being attributed to the need and importance of suicide prevention from both a national and Aboriginal and Torres Strait Islander perspective. This is evidenced by the development of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 by the Commonwealth Government.

The 2010 Senate Inquiry report *The Hidden Toll: Suicide in Australia* called for the development of a separate suicide prevention strategy for Aboriginal and Torres Strait Islander communities within the National Suicide Prevention Strategy. In 2011, the Australian Government responded with the establishment of the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group to guide the development of a separate Indigenous specific strategy to be embedded within the national policy framework (AIHW 2013).

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 is intended to complement the National Suicide Prevention Strategy's LiFE (2007) Framework that was adopted by all Australian Health Ministers in 2011 as the overarching suicide prevention framework in all jurisdictions.

Queensland does not currently have a suicide prevention strategy. Strategic planning and coordination of the Queensland Government's suicide prevention agenda is a key priority for the Queensland Mental Health Commission. QAIHC has contributed to a number of the consultations to assist the Commission in developing the Queensland Suicide Prevention Action Plan and will continue to provide Aboriginal and Torres Strait Islander expert opinion and representation on all future initiatives.

Despite existing work and effort undertaken to address and prevent Aboriginal and Torres Strait Islander suicide, this issue remains a significant challenge. Across the board and particularly for Aboriginal and Torres Strait Islander people, suicide prevention requires ongoing support and attention, to enable the expansion and further improvement of programs and services that are effective in saving the lives of those who are at risk.

Evidence suggests that the following types of approaches have been shown to be effective in reducing suicide rates (AIHW 2013):

- *Community programs that focus on the social, emotional, cultural and spiritual underpinnings of community wellbeing; and*
- *Culturally tailored and appropriate brief interventions comprising motivational care planning.*

Programs that are not culturally competent and do not have a high level of Indigenous ownership and community support are unlikely to be effective in responding to the needs of Aboriginal and Torres Strait Islander people (AIHW 2013).

The design and focus of the QAIHC Suicide Prevention Project supports and aligns with current national directions and strategy aimed at addressing Aboriginal and Torres Strait Islander suicide. The federal government's National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 recognises the need and importance of community-focused, holistic and integrated

approaches to suicide prevention that sit alongside intervention strategies that reduce the likelihood of suicide and related problems over the life-span (Commonwealth Government 2013).

The recent National Review of Mental Health Programmes and Services provided detailed information for consideration by the Australian Government pertinent to suicide prevention initiatives and services. It reflected a range of influences including efficacy and value, duplication in services and programs, gaps in services and programs and the specific challenges for Aboriginal and Torres Strait Islander people and regional, rural and remote Australia.

With respect to suicide and suicide prevention, the report identifies the;

- *value and importance of systemic, community-based approaches to suicide prevention that involves initiating multi-level and multi-sectoral prevention models in communities in collaboration with the key stakeholders in those communities;*
- *importance of culturally appropriate and tailored service provision to Aboriginal and Torres Strait Islander people to address mental health and social and emotional wellbeing needs;*
- *emphasis on bolstering the availability and capacity of community and primary health care services to be able to support and respond to the needs of individuals, families and communities.*

This is strongly evidenced by the review's recommendation to reallocate a minimum of \$1 billion in Commonwealth acute hospital funding in the forward estimates over the five years from 2017/18 into more community-based psychosocial, primary and community mental health services.

Current and recent policy and research increasingly identifies the importance of local and community-based suicide prevention strategies that seek to build local capacity to address and respond to this issue and its contributing risk factors. The need for a life-course approach that recognises the importance of working across all ages

to achieve the former is also conveyed. While acute, intervention and postvention strategies are still required, they should occur in combination with a bolstered on-the-ground presence of local and community-based services and programs that focus on addressing upstream factors and seek to prevent suicide before an attempt or

completion is made. The QAIHC Suicide Prevention project is representative of the efforts that are being made on the part of the Queensland Aboriginal and Islander Community Controlled Health Service (AICCHS) sector to achieve the former.

The project comprised four distinct stages of activity:

FIGURE 1: PROJECT STAGES



QAIHC sought to coordinate and deliver a project that would achieve the following key objectives. These key objectives were achieved and the following outcomes highlight the effectiveness of this program across the targeted Aboriginal and Torres Strait Islander Queensland communities

OBJECTIVES

OUTCOMES

1.

Promote help seeking behaviours and positive lifestyle choices

- Self-reported increase in awareness across the communities of suicide and its impact on individuals, families and broader community;
- Identified by participants as a valuable tool in humanising the

issue of suicide;

- Participants highlighted that the program was an opportunity to share their own stories and experiences as a healing process in itself and building personal resilience.

2.

Promote local responses to suicide and other related issues within communities

- Informal network of people within communities with a shared lived experience.
- Created an opportunity to build capacity with a pool of individuals who have lived experience and knowledge of suicide and its impact.

- Provided the Lighting the Dark resource (DVD) to be used by local community to commence the conversation to address suicide prevention.

3.

Facilitate greater networks between service providers and local communities

- Provided the Lighting the Dark resource to 26 Aboriginal and Islander Community Controlled Health Services across Queensland.
- Provided the resource to a number of non-government

organisations for example Wesley Lifeforce; Suicide Prevention Network

- Resource is being used as a training tool across various communities and organisations within Queensland.

4.

Contribute to the development of local community capacity to identify and respond to these types of issues

- Empowered individuals to become community ambassadors and champions of the Lighting the Dark resources.

- Creating a pool of local resources to respond and contribute to raising awareness of suicide.

5.

Facilitate access by communities around Queensland to appropriate service providers

- QAIHC SEWB Workforce Support Unit provided training to 20 SEWB workers across Queensland in suicide prevention skills and facilitation training;

- Providing the DVD to 26 AICCHS has increased access for individuals, families and communities to culturally appropriate service provision.

All activities undertaken during this project were based on the principle of ‘first do no harm’ which required the facilitators to be attentive to the unintended consequence on individuals, families and communities social, emotional, wellbeing and as a result of attended the forums.

AIMS OF THE PROJECT EVALUATION

FIRSTLY

Evaluate the overall project stages undertaken to plan, coordinate and deliver the suicide prevention project, with the objectives of:

- Understanding strengths and weaknesses associated with the project process undertaken, to contribute learnings that could shape project refinement and subsequently promote

quality improvement in the delivery of similar future initiatives; and

- Supplementing the evidence base available as to what constitutes enablers and constraints associated with the delivery of suicide prevention initiatives to Aboriginal and Torres Strait Islander people.



SECONDLY

Explore community member thoughts and feedback regarding the outcomes and impacts of the community forums and what they identify as being needed to respond to the issue of suicide and suicide prevention locally. The objectives of this part of the evaluation were to:

- Establish what the outcomes and impacts of the community forums were for community members who

attended and if the forums were effective in promoting the project's overarching objectives;

- Establish what community members thought about the delivery and structure of the forums to enable identification of strengths and limitations associated with the project's design and process, to in turn improve future planning and coordination of similar initiatives;

- Explore what local communities identify as protective and risk factors associated with suicide; and

- Identify what Queensland Aboriginal and Torres Strait Islander communities want to see locally in the way of suicide prevention and social and emotional wellbeing support services and programs, to address the issue of suicide and its frequently complex range of antecedent factors.

For this project a qualitative research approach was used to conduct the evaluation components;

- Semi-structured interviews were conducted with the project's key personnel for the process evaluation, and
- Fieldwork visits were made to five of the ten participating communities comprising of semi-structured interviews and focus groups with community members who were in attendance at the forum.

This report summarises key information regarding the project's approach and the outcomes and findings. Information

resulting from the evaluation, reflect community views and important considerations that should shape all future policy and program design of community-based suicide prevention programs for Aboriginal and Torres Strait Islander people in Queensland.

As a result of these findings, QAIHC has developed a set of minimum standards that it will use to influence and shape all future policy and program design of community-based suicide prevention programs for Aboriginal and Torres Strait Islander people.

QAIHC SUICIDE PREVENTION MINIMUM STANDARDS

QAIHC sets out the following recommendations that must be recognised in all future initiatives targeted towards Aboriginal and Torres Strait Islander suicide prevention program design and delivery. Supporting these standards is the overarching principle of *'first do no harm'*.

- 1 Social and emotional wellbeing care must be included when providing primary care health services in order to address the whole needs of individuals and families.
- 2 Community-based and culturally tailored suicide prevention programs strengthen local protective factors and address the broader social determinants of suicide.
- 3 Whole-of-community engagement is the central focal point for any suicide prevention program.
- 4 That vulnerable groups such as children and youth, men and women and members of the lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) community be recognised and acknowledged as high priority.
- 5 Promote social and cultural connectedness, this includes providing community members a safe platform to share and express themselves.
- 6 Locally adaptable resources must be available to allow communities to develop and deliver their own local responses to suicide prevention and postvention support with the support from the sector.
- 7 Suicide prevention services and programs must be locally; culturally appropriate and responsive to community needs such as after-hours access to front-line support services (not the police or hospital).
- 8 Clinical and acute services need to be delivered in combination with community-based programs that are locally based, culturally tailored and engage whole-of-community at grass roots level.
- 9 Enhance local knowledge and capacity of individuals and community to address stigma.
- 10 When strengthening local capacity to identify and respond to suicide, it is imperative that safe and supportive community environments are promoted.

project scope

The QAIHC Suicide Prevention Project embodied an emphasis on working with local communities to raise individual, family and community capacity to be able to identify and respond to the issue of suicide. QAIHC identified the importance of increasing individuals', families' and communities' knowledge and awareness of suicide, its risk factors and symptoms, and appropriate strategies and interventions to assist those people at risk. This direction aligns with emerging research and a national government position, which recognises the importance of strengthening community resilience to

be able to respond these issues locally and in a manner that is appropriate to the often unique circumstances of that community.

The following communities were identified as pilot sites for the community forums due to the population of Aboriginal and Torres Strait Islander residing in the communities and geographical spread. The following communities' represented urban, regional, rural and remote communities.

The QAIHC Suicide Prevention Project ultimately embodied four key stages, involving:

- 1) Development and production of the DVD, Lighting the Dark;
- 2) Planning and coordination of the community forums;
- 3) Delivery of the community forums;
- 4) Overall evaluation of all elements of the project.

Summary information regarding each project stage is provided in figure 3

**FIGURE 2:
PARTICIPATING COMMUNITY
FORUM LOCATIONS**



**FIGURE 3:
QAIHC SUICIDE PREVENTION PROJECT STAGES**



1. 'Lighting the Dark' DVD development & production	2. Planning and coordination of community forums	3. Community forum delivery	4. Evaluation of Program Process
<p>Establishment of project Steering Committee comprising both QAIHC and T4T.</p> <p>Liaison between T4T and QAIHC to develop and identify DVD content.</p> <p>Filming and production of the DVD. The DVD features a combination of individual vignettes regarding personal experiences with suicide and self help strategies.</p> <p>Final production of DVD and dissemination to support stages 2 and 3</p>	<p>The QAIHC SEWB Workforce Support Unit provided on-the-ground project leadership, support and coordination.</p> <p>QAIHC engaged in planning local forums across ten (10) individual communities across Queensland participated (see figure 2).</p> <p>Participating communities spanned Far North Queensland (FNQ), Central Queensland and Southern Queensland, including the southwest and southeast.</p> <p>QAIHC organised suicide prevention and facilitation training for twenty (20) SEWB Workers involved in the program.</p> <p>Preston Campbell attended five (5) of the ten (10) community forums that were delivered.</p>	<p>Forums were delivered across ten (10) communities during the latter half of 2014.</p> <p>QAIHC SEWB Workforce Support Regional Coordinators assisted AICCHS in the local promotion of the event and in devising communication methods to promote community attendance and participation.</p> <p>Forums comprised the screening of the Lighting the Dark DVD. In those locations where Preston Campbell was available to attend, the DVD was accompanied by a presentation by Preston where he spoke further of his own experiences and suicide attempt. This was delivered in combination with other information and resources that focused on raising knowledge and awareness of suicide, suicide risk factors, signs and symptoms, and effective and culturally appropriate responses.</p> <p>There was a dual emphasis on providing a culturally secure and safe space to stimulate collective discussion and community input.</p>	<p>Composition of the Steering Committee, which included QAIHC, T4T and SEWB Workers was seen to be valuable and comprising a balanced mix of representatives.</p> <p>Steering Committee was identified as providing effective leadership and support for both stages one and two which involved the development and production of the DVD and the planning and preparation of the Community Forums.</p> <p>Suicide prevention and facilitator training arranged by QAIHC was seen as a beneficial and an important preparation measure.</p> <p>All participants identified the importance and value of the project, and the need and importance of future forums and/or similar initiatives.</p> <p>The community forums were identified as equally important and many participants outlined observed benefits that they saw as resulting from the delivery of the events across Queensland. In particular, the way in which the forums were successful in stimulating open and honest discussion amongst community members was highlighted.</p>

process evaluation

Governance of Steering Committee

All participants identified the value and importance of the project Steering Committee and the input that they provided. The composition of the Steering Committee, which included QAIHC, T4T and SEWB Workers, was seen to be valuable and comprising a balanced mix representatives. The mix of professional experience that the Steering Committee brought to the table was seen of particular value and importance.

The Steering Committee was identified as providing effective leadership and support for both stages one and two, which involved the development and production of the DVD and the planning and preparation of the Community Forums. With respect to the DVD, the Steering Committee was seen to provide valuable input and direction in terms of identifying the scope of the resource and the range of issues and themes that it should cover.

The Steering Committee's input toward the planning and design of the suicide prevention community forums was equally recognised as positive and valuable. **Participants recognised the support that the Committee provided in establishing parameters for the forums' delivery, whilst also allowing for local adaptation and refinement of the event** to ensure local resonance and responsiveness to community need.

Project leadership and on-the-ground input provided positive appraisal as to the structure and approach that was assumed. The support and assistance provided by the QAIHC SEWB Workforce Support Unit in the planning and delivery of

the forums was particularly noted. In some locations the need for improved promotion of the forum was highlighted to ensure optimum reach and community attendance at the event.

It was highlighted in some instances that more time would have been valuable in the lead up to the community forums to allow further opportunity to discuss the project with participating communities to maximise attendance. Whilst this was not seen as impeding forum performance, **the importance of allowing adequate local preparations was identified as very important, particularly as this was a first time initiative for QAIHC and participating AICCHS.**

Suicide Prevention Training

The suicide prevention and facilitator training QAIHC arranged to be provided to SEWB Workers was seen as a beneficial and an important preparation measure. Feedback provided in regards to the training that was delivered prior to the commencement of the forums indicated this support measure to be valuable.

The resources provided to each participating site to guide and assist forum delivery were also seen as valuable and helpful. **The value of a statewide resource kit that could be adapted to support future similar local suicide prevention initiatives** was noted. There was also collective reference as to the benefit associated with the development of a state-wide forum evaluation tool, as opposed to each site developing their own feedback collection form.

The project's leadership also identified that this would be valuable, to enable consistency in information and feedback collected, to in turn provide for a more comprehensive project evaluation.

Community Value of Project

All participants identified the importance and value of the project, and **the need and importance of future forums and/or similar initiatives.** Opportunities for broader use of the DVD in other suicide prevention contexts were also indicated and already, the resource has been provided to other organisations and programs to support social and emotional wellbeing and suicide prevention initiatives.

Community forums were identified as an important aspect to the program with many participants observing the benefits that they saw as resulting from the delivery of the events across the ten (10) sites. In particular, the way in which the forums were successful in **stimulating open and honest discussion amongst community members was highlighted.** This was noted for all sites and especially those locations where Preston Campbell presented. Preston's presentations were seen to insight community member contributions and expressions of peoples' own personal experiences. **This was seen as a very important outcome, particularly in the context of raising local awareness about suicide and suicide prevention and increasing community capacity to be able to identify and respond to these issues.**

Overall Outcome Evaluation

The overall outcome evaluation involved conducting semi-structured interviews with community members who attended the suicide prevention community forums. Interviews and focus groups were conducted across five of the ten participating sites (including: Ipswich, Dalby and Tara; Woorabinda; Rockhampton; and Cairns) and involved a total of 22 community members. The evaluation achieved relatively balanced input from both men and women, with 10 men and 12 women involved.

Community members from across the five sites indicated the value and importance of the forum that they attended. Both the DVD screening in combination with the delivery of information and group exercises were identified as beneficial and many of the participants indicated **that they felt safe and comfortable to share their own personal stories and struggles. In the five locations where Preston Campbell presented, community members indicated that his presence helped in not only raising the local profile of the event, but also in humanising the issue of suicide.** Many community members expressed surprise that **someone with such a successful professional sporting career and high profile could experience such issues, and for many, it reinforced that suicide and suicide ideation can affect anyone in community.**

Participants found the opportunity to share their own stories and experiences as a

healing experience in itself. A majority of participants highlighted that this was the first kind of community forum addressing suicide that they had either been to or heard of in their community.

For many, **the forum presented new learnings around suicide, particularly in relation to signs and symptoms, self-management strategies and help seeking.** For those who had either personally attempted suicide or were connected to someone who had completed suicide, they found themselves able to resonate with the information provided. **Participants indicated that this helped them feel not so isolated and alone in their own experiences.** The need to ensure ongoing effort toward raising knowledge and awareness within community was strongly identified. Tied to the former, all community members advocated the need to continue to build social cohesion and connectedness, to build local capacity to respond to these issues. This was particularly highlighted in those regional areas involved in the evaluation, where it was indicated that due to very limited and insufficient service options, **it is paramount that local capacity to identify and respond to suicide is strengthened.**

Community members involved, and particularly those people who had survived a suicide attempt, **highlighted the need and importance of local and community-based initiatives that allow talking and sharing of experiences.** Importantly, a characteristic associated with the forum that **resonated with community members related to its culturally appropriate and non-clinical approach.** All

participants identified the limited and/or non-existent availability and provision of these sorts of programs.

All participants indicated the need, use and place of follow-on suicide prevention community forums and/or similar initiatives. Suggestions were made regarding the future delivery of forums and participants highlighted the benefit of having a male and female forum. It was also suggested that LGBTIQ suicide prevention forums and programs are particularly needed. **Community members involved also reinforced the importance of involving children and young people in suicide prevention education from a young age and linking with schools to do so.**

Paralleling the discussion of the forums, community members were asked to provide input regarding what they identify as needed in community to address local needs and to strengthen suicide prevention. Community members indicated a strong need to build and extend on existing service provision to strengthen suicide prevention in their community.

Participants were open and honest in discussing their own experiences and also highlighted what they identify as risk factors and areas of need that are contributing to the incidence of suicide in their community. Issues including substance misuse, grief and loss, racism and discrimination, domestic violence, lateral violence, poverty and unemployment, contact with the criminal justice system, and current and historical impacts tied to dispossession and family removals were highlighted. For children and youth, similar issues in combination with the issue of school bullying were consistently raised. **These factors were seen as negatively affecting social and emotional wellbeing and mental health outcomes**

and tied to the high incidences of Aboriginal and Torres Strait Islander suicide. Young, youth and adult males were highlighted as being particularly at risk.

Community members highlighted the **need for more community-based programs** similar to the suicide prevention community forums. All participants indicated the need for and importance of services and **programs that build local capacity** to be able to respond to and prevent suicide. This was particularly conveyed in regional areas such as Dalby, Tara and Woorabinda, where lack of appropriate and adequate service support was indicated. Participants reported frequent instances of large mainstream service providers coming to community and delivering programs with the promise of follow-up care and services. All who raised this went on to say that all too often, these **services don't come back and follow-up** care is not provided and that 'after a while, **we don't bother attending** programs if they come **because we know they won't be back**'.

Feedback also indicated that a predominance of the services being provided are clinical in their approach and service model, and **often do not take into account broader issues affecting social and emotional wellbeing**. Participants acknowledged the role of mental health in suicide, however called for a more social and emotional wellbeing and locally based **approach that takes into account the issues and experiences of Aboriginal and Torres Strait Islander people**. The need for wrap-round approaches that concurrently address issues such as drug and alcohol and domestic violence were called for.

Communities consistently identified the need and importance of whole-of-community and culturally appropriate approaches. Those programs that raise awareness and increase local understanding and knowledge

about suicide and intervention and prevention were called for. Delivery of Aboriginal and Torres Strait Islander Mental Health First Aid training was highlighted as a particularly valuable type of initiative that would greatly support the former. These were identified as protective factors for community that needed to be strengthened. Connection with country, culture and family were further identified as protective factors in community that need to be fostered and developed through strengths-based approaches. Furthermore, community called for a return to basic and fundamental program approaches that enable people to talk and share with one another and build social connectedness. Concurrent action to address stigma and create safe community environments to achieve the former were also identified as needed.

People reported that all too often, the system is condemning of Aboriginal and Torres Strait Islander people and particularly youth. It was expressed that far too often, people are told what they are doing wrong and what they should be doing – like getting a job, stopping drinking, stopping drugs, etc. Community members raised the issue that ongoing condemnation results in disempowerment and does nothing to assist Aboriginal and Torres Strait Islander people in overcoming poor health, social and economic outcomes. Truly strengths-based and empowerment approaches were called for that go beyond the 'rhetoric' of existing policy and services provided. The need to look beneath what mainstream and government identify as 'problems' to identify and address underlying contributing causal factors, was identified.

Communities also identified potential value in the formation of local suicide prevention service networks that can assist communities through unifying their efforts and resources. A critical gap that was identified in existing service provision pertained to out

of hours support available. People identified that frequently; the times at which suicide intervention services are most required do not necessarily fall within a 9am to 5pm timeframe. After hours services, especially in regional areas, tend to be only available through police and hospital services. Participants identified that many Aboriginal and Torres Strait Islander people and particularly those at risk of suicide do not feel comfortable accessing these emergency services and that more appropriate service options in combination with increased community capacity to respond are required.

Finally, community members called for state and federal leadership in suicide prevention. Participants identified the need for suicide to be prioritised and adequate resourcing provided. The importance of ensuring integration of social and emotional wellbeing care with primary health care services was also exemplified. Community members commented on the leadership that has been displayed with respect to chronic disease, but noted that many Aboriginal and Torres Strait Islander people will not be motivated to address their physical health needs if their mental health and social and emotional wellbeing needs remain unmet and they are experiencing suicide ideation. The need for holistic and concurrent effort to address Aboriginal and Torres Strait Islander health and wellbeing was subsequently reinforced.

Conclusion

Both the process and outcome evaluation components indicated the value and worth of the QAIHC Suicide Prevention Project. The process evaluation highlighted that the project was effectively managed and governed through the Steering Committee, and that this provided an important source of project guidance and direction to assist in both the production of the DVD and planning and delivery of the forums.

In the delivery of future suicide prevention community forums, the process evaluation identified that more time would be beneficial to allow for local planning and preparation. The development of a statewide Aboriginal and Torres Strait Islander suicide prevention resource kit was identified as valuable and would support the delivery of local initiatives and programs. Use of a standardised evaluation tool has been recommended for future forums, to allow for consistency in data collected and to in turn enable comparison in outcomes recorded. Access to appropriate training and support for communities to deliver forums is also seen to be important, particularly for those working in social and emotional wellbeing that have limited facilitation skills and knowledge and understanding of suicide.

The outcome evaluation indicated community members valued the suicide prevention community forums and saw them as a beneficial suicide prevention initiative. Feedback provided indicated that the forum and its structure was culturally appropriate and that participant knowledge and awareness of suicide and issues such as signs and symptoms, self-management strategies and help seeking was increased. There was a consensus view that future forums and/or similar initiatives are required, in order to build local capacity to identify and respond to suicide. Suggestions were made regarding the value of having men's and women's forums, as well as an initiative that focused on meeting the needs of the LGBTIQ community. The need to deliver suicide prevention and awareness programs such as the community forums to children and youth was also consistently identified. Communities raised the need to work with children from a young age and link in with local schools to do so.

Input provided also reinforced the need for more community-based programs and services. Increasing local capacity to deliver local responses to suicide was seen to be a priority – especially in regional areas. Lack of culturally appropriate and holistic service provision was identified and community highlighted the predominance of clinical service approaches to social and emotional wellbeing and mental health. A prevalent need was conveyed to address gaps in service provision and to ensure comprehensive and multidisciplinary program responses that address social and emotional wellbeing, mental health and physical health in unison. Recognition of and response to risk factors that contribute to and sit beneath poor health and wellbeing outcomes for Aboriginal and Torres Strait Islander people were dually called for. Service responses that embody a strengths-based and empowerment approach and that work with the individual, family and community to address need and build and promote protective factors were very much valued. The need to move away from the rhetoric of the former and actually implement tangible on-the-ground action to these ends was reinforced.

Leadership from communities, services and governments was also highlighted as essential to tackling suicide and improving prevention. Addressing stigma and raising whole-of-community awareness was dually advocated. This forms an important platform to work from, in terms of both enabling individuals to express and share their story and experience, as well as ensuring local support networks to assist those in need and at risk of suicide. Addressing gaps in services available to regional areas was also raised and represents an important area for action. Too frequently, community reported either lack of availability of appropriate services, or defunding of those programs that they previously found effective. Limited referral options were also highlighted, as were gaps in appropriateness of care available.

The evaluation was also very important in evidencing the want and will of community to be involved in addressing and responding to these issues. The evaluation highlighted frequent disconnects between what community service wants and needs are, and what is actually being provided on the ground. The importance of community input, consultation and engagement is strongly conveyed through this project, as is the role of provider accountability. Strengthening service responses to help those in need, along with helping build the capacity of local people to respond to local issues are identified by this evaluation as key priorities for Aboriginal and Torres Strait Islander suicide prevention.

These findings support the delivery of local and community-based suicide prevention projects, which should operate in combination with acute intervention and postvention services. Findings from the most recent National Mental Health Review support the assertion that bolstering of local supports available and increasing community capacity to cope and respond are paramount. These sentiments are also reflected in national policy and through the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013, however, the evaluation findings suggest that ongoing work is required to ensure the appropriateness and relevance of services and programs and the need to strengthen and increase local input and engagement.



references

Abs.gov.au, (2015). 3309.0 - Suicides, Australia, 2010. [online] Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Products/3309.0~2010~Chapter~Aboriginal+and+Torres+Strait+Islander+suicide+deaths?OpenDocument> [Accessed 1 May 2015].

Queensland Mental Health Commission, (2015). Queensland Mental Health Commission Strategic Planning Issues Papers. [online] Available at: <http://www.qmhc.qld.gov.au/wp-content/uploads/2013/10/QAIHC.pdf> [Accessed 28 Apr. 2015].

Kelly, K., Dudgeon, P., Gee, G. and Glaskin, B. (2015). Living on the Edge: Social and Emotional Wellbeing and Risk and Protective Factors for Serious Psychological Distress among Aboriginal and Torres Strait Islander People. [online] Cooperative Research Centre for Aboriginal Health. Available at: https://www.lowitja.org.au/sites/default/files/docs/DP%2010_web_0.pdf [Accessed 5 May 2015].

Closing the Gap Clearinghouse, (2015). Strategies to minimise the incidence of suicide and suicidal behaviour. [online] Available at: <http://www.aihw.gov.au/uploadedfiles/closingthegap/content/publications/2013/ctgc-rs18.pdf> [Accessed 24 Apr. 2015].

Health.gov.au, (2015). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. [online] Available at: [http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/\\$File/Indigenous%20Strategy.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/305B8A5E056763D6CA257BF0001A8DD3/$File/Indigenous%20Strategy.pdf) [Accessed 5 May 2015].

Health.gov.au, (2015). Aboriginal and Torres Strait Islander suicide: origins, trends and incidence. [online] Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-ab> [Accessed 23 Apr. 2015].

Menzies School of Health Research, (2015). National Aboriginal and Torres Strait Islander Suicide Prevention Strategy Discussion Paper. [online] Available at: http://www.indigenoussuicideprevention.org.au/images/uploads/resources/Consultation_discussion_paper.pdf [Accessed 5 May 2015].

Mental Health Commission, (2015). Fact Sheet 4 – What this means for suicide prevention. [online] Available at: <http://www.mentalhealthcommission.gov.au/media/119820/Fact%20Sheet%2004%20-%20What%20this%20means%20for%20suicide%20prevention.pdf> [Accessed 1 May 2015].

National Mental Health Commission, (2015). Contributing lives, thriving communities: Report of the National Review of Mental Health Programmes and Services. [online] Available at: <http://www.mentalhealthcommission.gov.au/media/119896/Summary%20-%20Review%20of%20Mental%20Health%20Programmes%20and%20Services.PDF> [Accessed 28 Apr. 2015].



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