



What the people said: Findings from the regional Roundtables of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project

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local leadership, the need to consider the social determinants of health, the need to address trauma, the role and impact of incarceration and justice issues and the need for culture and identity to be strengthened.

Keywords: Indigenous suicide, community perspectives, critical psychology, empowerment, self-determination, social determinants, Indigenous health and social and emotional wellbeing, suicide prevention.

Acknowledgements. We acknowledge all the participants who gave their time and input attending the Roundtables. It is our hope that the resulting Report will make a difference to Indigenous suicide.

Abstract

This paper summarises key findings from the six community regional Roundtables that were undertaken as part of the Australian Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. The six community regional Roundtables were held in different locations across the country. Common themes emerging included the need for self-determination and

ATSISPEP Background

Within Australia the Indigenous¹ mental health movement has sought to de-colonise dominant Western discourses about Indigenous suicide and called attention to the importance of an Indigenous led multi-layered and multi-sectorial whole-of-government and whole-of-community approach to strengthening the social and emotional wellbeing of Indigenous people. There is now a broad consensus within suicidology that the intergenerational impacts of colonisation underpin the social and cultural determinants of Indigenous suicide (Chandler & Lalonde, 1998; Kirmayer, 1994; Kirmayer, Simpson & Cargo, 2003; Hunter & Milroy, 2006). There is also a broad recognition that the restoration of Indigenous self-determination underpins suicide prevention. For example, numerous studies have found that Indigenous communities with strong levels of cultural continuity have significantly lower youth suicide and self-harm than those communities which do not have strong levels of cultural continuity (Chandler & Lalonde, 1988; Clifford, Doran, & Tsey, 2013; Hallett, Chandler, & Lalonde, 2007; Skerrett, Gibson, Darwin, Lewis, Rallah, & De Leo, 2017).

The complexities of this history and research is beyond the scope of this paper which is focused on the findings of the nation-wide *Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* (ATSISPEP) regional Roundtables with Indigenous peoples. The goal of the ATSISPEP was to refine the evidence base about Indigenous suicide and evaluate the effectiveness of current suicide prevention services nationally. Responding to community concerns about escalating rates of Indigenous suicide, Indigenous mental health leaders came together to develop this comprehensive project, of which the regional Roundtables are an important component.

Before the ATSISPEP regional Roundtable findings are addressed in more detail, it is necessary to mention the relevant statistics on Indigenous suicide. Indigenous Australian children under-years old commit suicide twelve times as often as non-Indigenous children and

Indigenous youth, up to eighteen years old commit suicide four times as often as non-Indigenous youth (Commission for Children and Young People and Child Guardian, 2014; Soole, Kolves, & De Leo, 2014). Suicide has been identified as the leading cause of death for Indigenous people between the ages of ten years old and twenty-five years old and represents a third of the deaths of Indigenous people between the ages of fifteen and thirty-four years old (Australian Institute of Health and Welfare [AIHW], 2014, 2015b). Between 2001 and 2010 Indigenous people died through suicide twice as often as non-Indigenous people (AIHW, 2014, 2015b). There are also reasonable concerns that the rates of suicide might be higher than is currently known.

The ATSISPEP sought to address the clear and urgent need to discover solutions for this national situation. One significant outcome of ATSISPEP is the *Solutions That Work: What the Evidence and Our People Tell Us Report* (Dudgeon et al., 2016) which identified “partnerships with community organisations and ACCHSs, employment of community members/peer workforce, indicators for evaluation, cross agency collaboration, data collections and dissemination of learnings” as common to all successful suicide prevention programs (p. 16). These findings are not dissimilar from the preliminary findings of the ATSISPEP. Key themes of effective programs and services have been identified as those that offer a holistic understanding of health and wellbeing for individuals, families, and communities. These successful programs and services also promote recovery and healing from trauma, stress and intergenerational loss; empower people by helping them regain a sense of control and mastery over their lives; and have local culturally competent staff who are skilled cultural advisors. There is community ownership of such programs and services, with significant community input into the design, delivery, and decision making processes and an emphasis on pathways to recovery through self-determination and community governance, reconnection to community life, and restoration of community resilience and culture. Using a strengths-based

¹ This paper uses the term Indigenous to refer to Australian Aboriginal and Torres Strait Islander peoples.

approach, these programs and services seek to support communities by addressing broader social determinants and promoting the centrality of family and kinship through positive future orientation.

The most successful responses have been those building upon the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families, and communities as well as those embedded in cultural practice and delivered for significant duration. With young people, the most successful strategies have been using peers, youth workers, and less formal community relationships to provide ways to negotiate living contexts and to connect them with their cultural values, care systems, and identity.

ATSISPEP Regional Roundtables

As part of the Project, a series of Roundtables were conducted in six regional sites across Australia. A number of issue-specific Roundtables were also held, however, this paper focuses upon the regional Roundtables outcomes. A community consultation methodology was favoured as this permits genuine engagement with participants, ensuring communities are appropriately informed about the Project and have input (Wright, 2011). A community consultation approach also ensures that the information obtained is contextualised and relevant to rapidly changing social and political environments. Responsiveness was a key concern in the evaluation process and as such, the ATSISPEP series of Roundtables was a mechanism that incorporates ongoing reciprocal discussion between senior community members and the researchers engaged in the Project process.

Roundtables were held in Mildura, Victoria; Darwin, Northern Territory; Broome, Western Australia; Cairns, Queensland; Adelaide, South Australia; and in the Shoalhaven area of New South Wales (Figure 1).



Figure 1: Map of Australia showing locations of the ATSISPEP regional Roundtables (see Appendix 1 for enlarged image)

The purpose of the Roundtables was to discover insights from the community about why suicide is occurring at such high rates; to discover perceptions of successful and unsuccessful suicide prevention services and programs; and to identify appropriate strategies for the prevention of suicide.

The Roundtables enabled the Project to:

- Gain further feedback and input on the Project work to date;
- Listen to the different experiences of workers in Indigenous suicide prevention programs and services across Australia to further identify what works and why;
- Identify programs that have previously been assessed as effective and seek community perspectives on access to these programs, whether they consider they may be relevant to their communities and, if so, what would be needed to support effective implementation; and
- Determine where programs are already in use, what changes could be made to further improve them.

Roundtables Background

This article summarises the findings of the Roundtable reports conducted in the six regional sites in order to identify the major issues of concern to professionals and workers in Indigenous communities from a community perspective. Their insights are directly organised around factors contributing to suicide and self-harm, the impact of suicide on families, individuals and communities, and how to increase the capacity for resilience and

strengthening in individuals, families and communities. The regional Roundtables worked directly with participants to ensure that they were informed about the intentions of the Project and to gather information directly from them. The Roundtable process involved facilitators and participants identifying issues and in many instances grouping these. The value of this process ensures that Indigenous peoples themselves are recognised as the experts or co-researchers in this area. Ensuring that the voices of the community participants are listened to is important for a number of purposes:

- To ensure that the research process respects the principle of self-determination which guides Aboriginal Participatory Action Research;
- To value the expert/by experience knowledge of local communities;
- To ensure Aboriginal and Torres Strait Islander ownership of the issues, analysis and conclusions;
- To ensure that new insights are recognised;
- To enable the expert/by experience voices of the community to influence the evolution of policies impacting on their lives wherever possible and appropriate; and
- To guide further development of research found in current reports and literature to supplement and expand the special topics that emerge in the Roundtables.

Roundtable Context

The principles used for direction in identifying the concerns and context of the Roundtable commentary come primarily from the six action strategies listed in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Australian Department of Health and Ageing, 2013; hereon called the Strategy) and the nine guiding principles listed in the introduction to the *National Social and Emotional Wellbeing Framework* (Social Health Reference Group, 2004). In addition, there are a number of other research publications and major reports informing the approaches taken by ATSIPEP and the Roundtables that can be found in the overall report.

The principles from the Social and Emotional Wellbeing Framework (Social Health Reference

Group, 2004; hereon called the Framework), are based on a platform of human rights and recognise the effects of colonisation, racism, stigma, environmental adversity, and cultural and individual trauma. These principles also acknowledge the diversity of Aboriginal and Torres Strait Islander identity and cultural experience and the centrality of family, kinship, and community. The Framework recognises that Aboriginal and Torres Strait Islander culture has been deeply affected by loss and trauma, but that it is a resilient culture. It also recognises that Aboriginal and Torres Strait Islander Australians generally focus on a holistic experience of mental and physical health, working through cultural, spiritual and emotional wellbeing and seeking self-determination and cultural relevance in the provision of health services for themselves and their communities.

The Strategy (Australian Department of Health and Ageing, 2013), is a specific response to the suicide statistics. In seeking to ensure that Aboriginal and Torres Strait Islander communities are supported locally and nationally to reduce the incidence of suicide and suicidal behaviour, and related self-harm, the Strategy aims to reduce risk factors across the lifespan, to build workforce participation of Aboriginal and Torres Strait Islander people in fields related to suicide prevention, and to evaluate suicide prevention programs.

Significant targets for increasing early intervention and building strong communities nominated by the Strategy includes building strengths and capacities in Aboriginal and Torres Strait Islander communities, and encouraging leadership and community responsibility for the implementation and improvement of services for suicide prevention. An emphasis is placed on the strength and resilience of individuals and families working through child and family services, schools and health services to protect against risk and adversity.

On this basis, the Strategy contends that it is necessary to act in four main areas. Firstly, it is essential to have culturally appropriate, targeted suicide prevention strategies that identify individuals, families and communities at higher risk through levels and expressions of disadvantage such as poverty, alcohol and other

drug misuse, and histories of abuse or neglect. Secondly, it is also necessary to coordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing. And thirdly, it is necessary to build the evidence base on suicide prevention activities and dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records. Finally, there needs to be a safeguarding of standards of practice and high quality service in the area of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities, and an assurance that preventative activity will be embedded in primary health care.

Both the Strategy and the Framework are based on extensive national consultation with representatives from Aboriginal and Torres Strait Islander communities. The essential shared values and the themes considered necessary for effective programs and services include:

- Acknowledgement of trauma as a significant element of ongoing mental health issues for some individuals, families and communities;
- The need for cultural relevance in the development and implementation of programs;
- Self-determination in the development and delivery of suicide prevention and related mental health programs;
- The need to centralise research and build a strong, coherent knowledge base on Aboriginal and Torres Strait Islander suicide prevention, intervention and postvention; and
- The necessity of understanding the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander suicide prevention within the communities.

While establishing foundational principles, the community consultation and research undertaken by the Strategy and ATSIPEP also highlight gaps that require further research and analysis to clarify information and develop questions around methodological approaches.

1. Gathering statistics presents very specific challenges due to problems with Aboriginal

and Torres Strait Islander identification, and variations in data sources, such as the National Coronial Information System, the Queensland Suicide Register, and other administrative systems. Shared protocols that ensure adequate and consistent reporting nationally are required.

2. The priorities and needs of Aboriginal and Torres Strait Islander communities should be central. Questions could be asked about what services and programs, if any, are in place and whether they are adequate: do these services and programs work together to reflect the broad, inter-related and holistic nature of the realities of communities?

The preceding brief summary provides an overview of significant emerging principles that are concerned with respecting a holistic model of culture and health for all Aboriginal and Torres Strait Islander peoples. The building of individual, family and community resilience, and improving safety factors throughout the lifecycle is facilitated by addressing intergenerational or historical trauma and consequential violence, abuse, alcohol and other drug problems, and supporting the increased participation of Aboriginal and Torres Strait Islander community members and professionals in any initiative that concerns them, particularly in suicide prevention. These principles were fundamental in a shared framework that underpinned the Roundtable dialogues. The Roundtables also enabled Aboriginal and Torres Strait Islander community members and professionals, and non-Indigenous experts, to come together and provide a focused discussion within the complexity of Aboriginal and Torres Strait Islander experience.

Roundtable Participants

Participants involved in the Roundtables were identified largely by the ATSIPEP team's knowledge of individuals and stakeholders involved in Aboriginal and Torres Strait Islander health, social and emotional wellbeing, and government service provision. Further, where possible the team worked with local Aboriginal community controlled organisations who assisted in identifying participants and supporting the Project. The Mallee District Aboriginal Service (MDAS) co-hosted the ATSIPEP Roundtable

in Mildura in March 2015, Aboriginal Medical service Alliance Northern Territory (AMSANT) co-hosted the ATISISPEP Roundtable in Darwin, and in the Kimberley, the Kimberley Aboriginal Medical Services Council (KAMSC).

A total of 125 people participated in the regional Roundtables. Significantly more females (n=74) participated in the Roundtables than males (n=48). The participants ranged in age from 20 years to 70 years, with the majority aged 40 years and older. Most of the participants were of Aboriginal and Torres Strait Islander descent. In order of numbers of participants attending there were 35 in the Kimberley, 24 in Shoalhaven, 20 in Darwin and Cairns, 17 in Mildura, and 9 in Adelaide.

The participants came from a range of occupations and backgrounds, ensuring a comprehensive representation of the various stakeholders in mental health and suicide prevention from across the nation. Community leaders, advocates, and members of families impacted by suicide shared knowledge were present. Also present were a range of people working specifically with families such as family service project leaders and legal service workers, youth workers, and mentor program coordinators. People working in the mental health and wellbeing field such as psychiatrists, psychologists, trauma counsellors, social and emotional wellbeing workers, community controlled health workers, suicide prevention providers and responders, on-country program co-ordinators, substance misuse workers, along with cultural workers attended. First responders such as police and ambulance workers contributed to discussions. Land council executives also provided insights.

Roundtable Methodology

Aboriginal Participatory Action Research (APAR) recognises that Aboriginal and Torres Strait Islander participants are co-researchers and co-producers of knowledge about their communities. Designed by, led by, owned by, and for, Indigenous people, and based on a raft of Indigenous research principles and practices which have been collectively created and which are connected to Indigenous knowledge systems, APAR is suited to reviewing and improving best

practices as it allows community members to share knowledge and work towards positive culturally valid outcomes.

Snowballing was used to recruit participants. Snowballing is an established qualitative research practice which is useful in identifying target populations for sensitive research topics. However, snowballing is acknowledged to limit the diversity of a sample population (Richie et al., 2013). Yet snowballing could be argued to be a culturally appropriate research practice with Indigenous peoples given the inter-connected nature of communities the small population, and the sensitive focus of ATISISPEP (Guillemin et al., 2016).

Research Questions and Data Gathering

The participants discussed four questions from which themes and sub-themes were derived. The questions were:

- What are the contributing factors (including protective factors) for the high rates of suicides in Aboriginal and Torres Strait Islander communities?
- What works in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What hasn't worked in relation to Aboriginal and Torres Strait Islander suicide prevention in the past and at present?
- What strategies to support communities to address Aboriginal and Torres Strait Islander suicide prevention would be appropriate?

The methodology of the Roundtables was to discuss subjects in plenary, and also break into smaller groups to produce lists of concerns. Each Roundtable produced between 3 to 4 pages of butchers paper which was then returned to the School of Indigenous Studies at the University of Western Australia. From each Roundtable discussion, several themes emerged. The transcripts from each Roundtable discussion were analysed by four researchers working on ATISISPEP. The researchers independently looked at the data and then deliberated to reach agreement on the thematic codes. The codes and

related quotations were organised and analysed thematically.

Once the participants' knowledge about issues impacting communities was written up as a Roundtable report, it was returned to each community for feedback on the accuracy of the representation of their concerns. In this way, the qualitative data presented in the Roundtables was checked by participants in order to eliminate any inadvertent misrepresentation of their knowledge.

Research Limitations

- Although care was taken in creating safe spaces for participants the structure of a Roundtable meant that some participants might not have felt comfortable disclosing personally sensitive information to a group.
- There was a research bias present in the methodology because the opening presentation identified the social determinants of Indigenous suicide and self-harm. This explanation of the social determinants of Indigenous suicide might have influenced the perception of the participants. However, the information they were presented with is scientifically sound and already familiar to many participants who work in the field and who also have had long engagement with stressed communities. The purpose of this research bias was to

focus discussion so that the most useful knowledge could be gathered and analysed.

- The Adelaide roundtable had a lower than average participation rate and a broader cross-section of the community could have been found.
- The Shoalhaven roundtable could have been improved if more stakeholders from different parts of that region could have been found.

Ethics

Ethics approval was granted for all research conducted with Aboriginal and Torres Strait Islander people in the ATSIPEP. Approval was gained from the University of Western Australia, Aboriginal Health & Medical Research Council (AH&MRC) the Western Australia Aboriginal Health Ethics Committee (WAAHEC), and the Human Research Ethics Committee of the Northern Territory Department of Health and Menzies School of Health Research (HREC) and the Kimberley Research Committee.

Roundtable Findings

The six regional Roundtables discussed a multitude of issues relating to suicide and suicide prevention. Dominant themes from each regional Roundtable are shown in Table 1 as follows:

Table 1: Dominant themes of the six regional Roundtables

Darwin	Kimberly (Broome)	Mildura	Cairns	Adelaide	Shoalhaven
Impacts of social determinants	Impacts of social determinants	Impacts of racism	Impacts of social determinants	Incarceration and justice issues	Incarceration and justice issues
The centrality of culture and identity	The need to empower families and communities	The role of education and employment	Employment	Impacts of trauma	Trauma - early intervention and healing strategies
The need to address trauma	Mental health issues	Substance misuse	Education	Impacts of racism	The need for self-determination at all levels
Issues around incarceration	Impacts of trauma	Impacts of trauma	The need for locally identified and led solutions	Quality of services	Indigenous workforce
Local solutions and self-determination	Lack of services and responses	Issues around incarceration	The importance of culture and identity	The need for self-determination	Lack of funding

Darwin	Kimberly (Broome)	Mildura	Cairns	Adelaide	Shoalhaven
	The need for local solutions and leadership	The need for locally identified solutions	Native Title tensions	Education	
			Impacts of trauma		
			Impacts of racism		

The common themes are discussed in detail as follows.

Self-Determination and Local Leadership

One of the most dominant themes to emerge from the regional Roundtable discussions was the need for self-determination, particularly by way of local Aboriginal and Torres Strait Islander leadership and solutions. Participants regarded self-determination as a fundamental principle that must be incorporated and adhered to within every layer of community and at every stage of service provision and program delivery. Self-determination was said to result in strong relationships, positive partnerships, equal positions in all layers of society, empowerment of current and future generations, and community cohesion.

Governments have to support us and not support the ways that continue to fail us, that make it worse for us, that leave our people without involvement and instead the same old White people controlling us, not knowing when to let go, can't let go because they do not want to let go. (Cairns Roundtable Participant)

The Need for Local Leadership. An important part of self-determination was seen to be local leadership. Participants reported that communities have unique needs that only local leadership can provide through local knowledge. Community members are best placed to understand the context of their community and the structures that influence their lives, and therefore best placed to identify and enact what is required for positive community functioning. Community issues need to be identified and addressed from an Aboriginal and Torres Strait Islander perspective.

The answers are with us, not with others. We know our people, we know our communities and

families. We understand the suicides, the suicide threats, antisocial behaviour, alcohol and drug abuse, why many are unemployed, the low engagement by youth. (Darwin Roundtable Participant)

Local responses are imperative. Local responses fix local problems. When you remove the local responsibility, and offset to expensive outside groups, you reduce effectiveness and outcomes. (Mildura Roundtable Participant)

Resources for local solutions. However, it was important that communities were appropriately resourced and supported to ensure the inclusion and empowerment of local people. Integral to this was the need for governments to fund locally based solutions which included developing and supporting an Aboriginal and Torres Strait Islander workforce. This could reduce unemployment, lead to greater engagement with community members, and facilitate a greater sense of control and self-determination.

We should be self-determining and have our own healing centres and do our own thing. I am tired of going cap in hand for money allocated but then there are lots of things stacked against us and we don't get any money. (Adelaide Roundtable Participant)

I manage a youth services in [community town]. Years ago I helped my old man start it up after a spate of suicides. We lobbied the Federal government and got the funds and things went well for our people with the suicides stopping. But then we left for three years and there were eight suicides in that period. When he had left, the youth services broke down. Four years ago we came back to rebuild the services and did this. In this time, there has not been a successful suicide, so we've stopped them. People need our support and they need healing. (Darwin Roundtable Participant)

Social Determinants of Health

The World Health Organisation (WHO) defines the social determinants of health as follows:

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities — the unfair and avoidable differences in health status seen within and between countries. (WHO, 2012, para 1)

Social determinants are recognised as a fundamental contributing issue when addressing Aboriginal and Torres Strait Islander health inequality by many groups particularly the Australian Human Rights Commission. The connections between low socio-economic status, poverty, and health outcomes have been a concern for some time (Marmot, 2011). The poor health of Aboriginal and Torres Strait Islander people is not only about disadvantage, but also the non-recognition and non-enjoyment of their human rights and the denial of their distinct cultural characteristics is part of this situation. Dick (2007) stated:

Indigenous peoples are not merely 'disadvantaged citizens'. The poverty and inequality that they experience is a contemporary reflection of their historical treatment as peoples. The inequality in health status that they continue to experience can be linked to systemic discrimination. (Dick, 2007, p.2)

The influence of the social determinants of health and wellbeing on poor health and mental health was identified by participants as a major issue.

Underlying Factors. Entrenched poverty was identified by the majority of participants as a significant underlying factor. This was seen as a contributing factor to self-destructive behaviour and intentional self-harming. There were concerns about the high unemployment rate among Aboriginal and Torres Strait Islander peoples in remote communities and towns. Participants described a lack of opportunities and called for economic inequalities between Aboriginal and Torres Strait Islander and non-Indigenous residents to be addressed

Recognising Complex Interactions. Complex interactions among social determinants, including

exclusion, systemic discrimination and marginalisation have led to significant cross-generational health inequality (Marmot, 2005; Dick, 2007). The immense burden Aboriginal and Torres Strait Islander peoples experience in the domains that comprise the social determinants of health was identified by participants as having a significant negative influence on the health and wellbeing of their community members. The specific issues discussed at length included income, employment, education, housing, access to services, and racism.

Suicide is the tip of the iceberg — we have to look at unemployment, lack of education, housing issues, overcrowding, homelessness and justice issues. We have to talk about the high cost of living. It's these things — housing, education — all these gaps and pressures that are making our people mentally distressed. (Kimberly Roundtable Participant)

Inadequate Service Provision. Participants were particularly critical of the provision of services in their respective communities. Participants expressed their frustrations with the lack of services in their communities, especially after-hours services for people experiencing crises. The services that were available were said to be inappropriately resourced to meet the needs of the community and often lacked culturally competent staff with local knowledge. The success and usefulness of services were limited because of lack of cultural awareness and competence. Employing local Aboriginal and Torres Strait Islander peoples in service delivery positions would not only combat unemployment issues, but also improve service delivery and engagement with community members.

We need 24 hours services that are culturally appropriate so we can work with our kids. It's wrong that services are 9am to 5pm. What do they expect from us? To tell our kids don't self-harm after 5pm because there is no service to respond to you? We need both black and white services to go 24 hours. (Cairns Roundtable Participant)

There's a huge disconnect between services and communities. We need Aboriginal control to mean connection between services and communities, and not just that we have Aboriginal services but which operate like White services. (Adelaide Roundtable Participant)

Our agency is overstretched because there are too many people to help and because of this there are too few meetings, too few case management meetings, and therefore we train up as many people as possible in some suicide prevention skills, counselling. Not enough of us to go round. Not enough funding and whatever contracts with government, they are too restrictive. (Kimberley Roundtable Participant)

Government Responses. Participants expressed concern that governments must respond to the economic inequalities that exist between Aboriginal and Torres Strait Islander peoples and the wider Australian population if positive changes were to be made. Homelessness and overcrowding were also described by participants as significant issues, particularly in remote communities.

Where there is poverty, there are problems, there is anger. (Cairns Roundtable Participant)

Housing is a major issue and where quality housing isn't the case and there is overcrowding, our young can't get ahead. (Cairns Roundtable Participant)

There are also suicides that would not occur if sociocultural determinants were addressed — for instance — housing. (Mildura Roundtable Participant)

Effect of Unemployment. Participants also expressed grave concerns for the high unemployment rate among Aboriginal and Torres Strait Islander people in their communities. This was particularly apparent in remote communities where the Aboriginal and Torres Strait Islander population was high, yet few local Aboriginal and Torres Strait Islander people were part of the local workforce. Increasing the number of local Aboriginal and Torres Strait Islander peoples in health and other local workforce would contribute to a sense of empowerment and hope for the whole community, while also providing community members with positive role models.

Our people are not being employed in the numbers that they should be and especially in the services that are set up to respond to our people. (Shoalhaven Roundtable Participant)

Too many people who come to work are from outside communities. The workforce are wrong, [it is made up of]...mostly Whites, and Whites

who don't know how to engage with our people. Ninety percent of the workforces in our communities are of Whites, while our people live 20 to a house. (Cairns Roundtable Participant)

Education. As well as concerns about unemployment, there was a need to improve the quality of education so that Aboriginal and Torres Strait Islander students engaged. Education was seen as vital for improving the immediate circumstances and future prospects of Aboriginal and Torres Strait Islander children. Maximising the number of Aboriginal and Torres Strait Islander students successfully completing their education would require establishing culturally secure settings, improving resources in the schools, and providing support and mentoring to at-risk students, including those from disadvantaged families.

Some of our people have no schools to send their kids. Some of our people still in the shacks have nothing in their community. And in many communities, the quality of schooling is poor and is no real education for our kids and their future. (Cairns Roundtable Participant)

We have to shine light on education and that the educated get good jobs, management, are well placed in organisations, and in positions of power. We have to demystify education for our people and normalise it. (Cairns Roundtable Participant)

Racism. Racism was seen as an issue for participants. Racism, in all forms (institutionalised, direct, and cultural), was seen as a major issue in people's lives and was evident in the socioeconomic disadvantage experienced by many Aboriginal and Torres Strait Islander peoples. Racism was seen as negatively impacting on people's positive views of self and their identity. Ongoing racism also compounds existing traumas. Participants were particularly concerned about the damaging effects of racism on young people, who often responded with self-destructive behaviours. Participants believed that a culturally sensitive curriculum in the school setting and a greater focus on culture were solutions for addressing racism and its harmful effects.

There is anger among our people, resentment at the racism, and just hurt from the sense of rejection. (Cairns Roundtable Participant)

Our campaigners are not strong enough on a school curriculum that teaches White and Black kids truths that in the end will make them proud of the First People of this country. (Adelaide Roundtable Participant)

The recognition of self in terms of identity is a huge risk issue. We need to take pride in ourselves, we need cultural education and cultural continuity. (Mildura Roundtable Participant)

Trauma

A range of traumas was identified by participants in the Roundtables including cultural trauma, historical trauma, intergenerational trauma and transgenerational trauma. Historical trauma has been defined as:

(i) Colonial injury to Indigenous peoples by European settlers who “perpetrated” conquest, subjugation and dispossession; (ii) Collective experience of these injuries by entire Indigenous communities whose identities, ideals, and interactions were radically altered as a consequence; (iii) Cumulative effects from these injuries are the consequences of subjection, oppression, and marginalization have “snowballed” throughout ever-shifting historical consequences of adverse policies and practices by dominant settler societies; and (iv) Cross-generational impacts of these injuries as legacies of risk and vulnerability were passed from ancestors to descendants in unremitting fashion until “healing” interrupts these deleterious processes (Kirmayer, et al. 2014, p. 301).

There were concerns about the high levels of unaddressed trauma in many communities and the subsequent normalisation of trauma among Aboriginal and Torres Strait Islander peoples.

Transgenerational trauma was identified as a significant issue, particularly in terms of its impacts on future generations, however participants acknowledged that contemporary trauma, such as issues arising from substance misuse, violence, premature deaths and incarceration, was also damaging. Unaddressed trauma often leads to feelings of hopelessness, powerlessness, and family breakdown. Participants condemned the State response to trauma, and felt that government had failed to adequately fund trauma recovery services. Participants regarded trauma as a risk factor that ultimately contributes to further self-destructive behaviours. Healing from trauma was seen as a

priority and can only occur using Aboriginal and Torres Strait Islander perspectives and culturally appropriate approaches.

It cannot be understated that generations of trauma are passed down and the only thing that we do is to respond to the worst of the traumas when they play out in society instead of early intervention and healing strategies. (Shoalhaven Roundtable Participant)

There has to be a focus on the healing stuff and we need to build strategies and action plans to address the grief and trauma. (Adelaide Roundtable Participant)

All people deal with change and some cope better than others, but for Aboriginal people, we deal and deal and deal with layers and layers and layers of grief and loss and death, and change after change after change, trauma after trauma. (Shoalhaven Roundtable Participant)

Incarceration and Justice Issues

The continuing high rate of incarceration among Aboriginal and Torres Strait Islander peoples, particularly young people, was an issue of great concern for the participants. Many spoke of the low levels of support and transformational opportunities for pre-release inmates and that in general, post-release inmates were returned to society in a worse state than when sentenced. Being in prison was regarded as a traumatic experience and often resulted in inmates leading more dysfunctional and fractured lives.

Participants expressed concern that punitive approaches to low level and poverty related offending was not cost-effective, nor was it in the best interests of families and communities. Rather imprisonment could be avoided through early intervention and prevention programs. With appropriate funding support from the government, participants believed community empowerment approaches would be successful in engaging at-risk youth, namely local leadership programs.

In my role as a [worker] in the [justice system], I find someone attempts suicide, well this is daily the suicide attempts. The other day I had a guy who slashed up in the prison clinic and for it's not how we should respond, but how to prevent. The focus needs to be on prevention. The rate of attempted suicides in prisons is very high. (Shoalhaven Roundtable Participant)

I work in Aboriginal Prison Support Services and prisoners are one of the vulnerable groups when they come of prison. They fall through the gaps and they finish up harming themselves and I guess I want to sit down today and put my thoughts across of how to go forward. Working with youth suicide prevention programs, we have to understand more so the issues with young Aboriginal males despite the increasing number of girls harming themselves. The males are the major problem and many of them have no role models whomsoever let alone no male role models. (Adelaide Roundtable Participant)

Our mob continues to be locked up and it's hard. As a community we have had a number of conversations and we said we don't have the level of resources and expertise needed but despite this, let us work with what we've got and start positive journeys. (Adelaide Roundtable Participant)

Culture and Identity

Many participants placed a strong emphasis on the importance of culture and identity. Culture has significant psychological importance to the ways forward in improving mental health. Participants felt strongly that culture, both historical and contemporary, was integral to identity development and a positive sense of self-worth and self-esteem. Culture was said to empower individuals and facilitate connections with family and community. Culture has protective qualities, helping to circumvent engagement in self-destructive behaviours and reducing potential for mental health issues. There was general agreement among the participants that without culture at the forefront, any social and emotional wellbeing approach would not succeed.

Participants described the value of rich cultural practices, including knowledge systems and how they remain a part of Aboriginal and Torres Strait Islander life. There was consensus that Aboriginal and Torres Strait Islander peoples should be able to navigate cultural settings, their own and that of mainstream Australia, without having to surrender to one or the other. The rich cultural practices are a source of great pride, strength, and resilience. Participants were firm in their beliefs that a strong cultural identity was fundamental to Aboriginal and Torres Strait Islander health and wellbeing.

Western protocols should not consume how we deal with our people. They should not usurp with their training our ways. Western protocols need to understand our culture and take this into their learning. We are not something to be tacked on to Western society. We need Indigenous psychology. (Darwin Roundtable Participant)

We're the cultural guardians with the knowledge and we know that our strategies can work and that we need the non-Indigenous organisations to walk alongside us, with us, instead of against us. We cannot continue in their expectation of us fitting into their models. (Darwin Roundtable Participant)

Getting back to Country is important and helps big ways. Trying to get back to connecting with Country is what we do and where we from, well 80 percent of the people there were forcibly removed to there, so we are trying to get them connected to their identity, their Country. (Cairns Roundtable Participant)

Discussion

Five overarching themes emerged from the Roundtables: self-determination and the need for local leadership; the role of social determinants of health; trauma; incarceration and justice issues; and culture and identity.

There was concern among the Roundtable participants about the significant social and economic disadvantage Aboriginal and Torres Strait Islander peoples endure when compared with the wider Australian population. Inequalities in income, employment, education, housing, and access to services as well as the experience of racism were evident in the regional communities. These are a part of the number of contributing factors to disempowerment and suicide. The disproportionate burden Aboriginal and Torres Strait Islander peoples experience in these various domains that comprise the social determinants of health has been widely reported in the literature (e.g., AIHW, 2013, 2015a) and with a plethora of research attesting to the importance of social and economic factors in determining health outcomes (e.g., Lorant et al., 2003; Rumbold et al., 2012; Shepherd, Li, Mitrou, & Zubrick, 2012), the concerns held by the participants are appropriately substantiated.

Concerns about the pervasiveness of trauma in Aboriginal and Torres Strait Islander

communities was raised in all of the regional Roundtables. Participants remarked that trauma was an increasingly common experience among community members and in many instances, had become normalised. Transgenerational trauma as well as contemporary traumas, such as violence and incarceration, were chronic problems in many communities and received little resolution, thus further perpetuating the experience of trauma. Unresolved trauma can lead to deleterious outcomes, such as self-harm. Research demonstrates that many Aboriginal and Torres Strait Islander peoples experience a burden of historical trauma from generations of forced removal of children; are subjected to new traumatic experiences, endure substantially higher rates of incarceration, psychological distress, life-stressors, are hospitalised for mental and behavioural disorders; as well as intentional self-harm at significantly higher rates, and complete suicide at higher rates (Australian Bureau of Statistics [ABS], 2013, 2015, 2016; AIHW, 2013; Steering Committee for the Review of Government Service Provision, 2014).

While the Roundtable discussions focused intently on the factors burdening Aboriginal and Torres Strait Islander communities, namely the social determinants of health, trauma, and incarceration and justice issues, there was immense enthusiasm among participants to discuss the strengths that reside in their communities and strategies for creating positive pathways forward. Participants were resolute in their beliefs that self-determination and local leadership, along with culture and identity, were fundamental to healing and recovery and would ultimately improve the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples.

According to the participants, community ownership and leadership in their affairs was essential. This included identifying issues, developing solutions, and program implementation. This approach was seen as empowering as it supported self-determination at both individual and community levels, it facilitated community cohesion and developed a sense of empowerment among people. It also ensures programs and services are culturally appropriate and relevant to the community's needs, while also helping to address the high

unemployment rates in many communities through the employment of local Aboriginal and Torres Strait Islander peoples. However, it was important that locally led programs and services were given the appropriate funding. There were recognized challenges in securing the Government support for self-determination and local leadership in Aboriginal and Torres Strait Islander communities.

Another major concern in discussions about addressing suicide in Aboriginal and Torres Strait Islander communities was the need for programs and services to focus on culture and identity. Culture was said to be integral to identity development in Aboriginal and Torres Strait Islander peoples and was associated with a positive sense of self-worth and feelings of pride and empowerment. The importance of culture as the central tenant for Aboriginal and Torres Strait Islander peoples' wellbeing is supported by a substantial literature concerning the place of culture in social and emotional wellbeing (e.g., Biddle & Swee, 2012; Dudgeon et al., 2015; People Culture Environment, 2014). Participants remarked that engaging young people in culture-based programs was particularly important for circumventing contact with the justice system and engagement in other self-destructive behaviours — with almost 36 percent of the Aboriginal and Torres Strait Islander population aged 15 years and younger, this was regarded as a priority by participants (ABS, 2012). Research demonstrates that a positive cultural identity is associated with many protective factors for Aboriginal and Torres Strait Islander young peoples, including aiding coping with being a member of an oppressed minority group, providing meaning in adversity, and minimising the risk of clinically significant emotional or behavioural difficulties (Centre for Rural & Remote Mental Health Queensland, 2009; Department of Education and Early Childhood Development, 2010; Zubrick et al., 2005).

In conclusion, all of the regional Roundtables from across six States in Australia identified social and economic disadvantage, trauma, incarceration and justice issues as the dominant cause of the high suicide rates in Indigenous communities.

Similarly, there was consensus that the most effective strategies for addressing these problems were through self-determination, local leadership, engagement in culture, and identity development. It is only by adopting these approaches and with appropriate funding support that improvements to the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples will be realised.

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Appendix 1

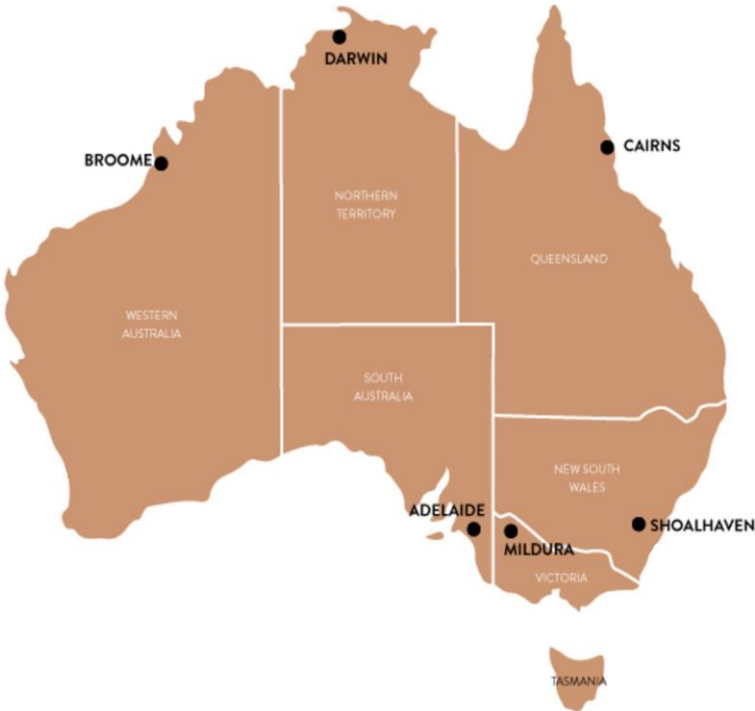


Figure A1: Map of Australia showing locations of the ATSI SPEP regional Roundtables