Aboriginal and Torres Strait Islander Community Consultation
Summary and Key Findings

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Background.

Suicide among Aboriginal and Torres Strait Islander people is significantly higher than that of the wider population. Aboriginal and Torres Strait Islander people die at twice the rate of non-Indigenous people.

We are creating a connected community to improve social and emotional wellbeing and resiliency to suicidality and its precursors. The Alliance is an integrated network of community-based groups and organisations who are passionate about the prevention of suicide.
Welcome to Country by Kabi Kabi man Kerry Neill and Dee’rum-wan’dam Yau’ar Dance Troupe. Tegan Schefe introduced the event, overview of the day and extended an acknowledgement to country. Dr Amanda Clacy provided an overview of the Thompson Institute and the Suicide Prevention Program.
The Thompson Institute was established by USC as a hub for world-class mental health research, teaching and clinical services.

The work conducted at the Thompson Institute is focussed around 4 central themes:
1. The provision of clinical services
2. Advocacy for patients and their carers
3. Conducting ground breaking translation research
4. Education and teaching
Suicide rates amongst Aboriginal and Torres Strait Islander people are twice as likely to die by suicide than non-Indigenous people. Indigenous suicide deaths are associated with historical, political and social factors and require different approaches to prevention.

**The Need for an Indigenous-Specific Plan**
Suicide rates amongst Aboriginal and Torres Strait Islander people are twice as likely to die by suicide than non-Indigenous people. Indigenous suicide deaths are associated with historical, political and social factors and require different approaches to prevention.

**Engagement / Partnership**
Thompson Institute has appointed a Project Officer, Indigenous Engagement and Suicide Prevention to ensure that Indigenous perspectives play an integral role to suicide prevention activities.

**Co-Design & Adopting an Integrated Approach**
Working with community to develop and implement a regional suicide prevention plan that is specific to communities needs and that adopts elements of integrated approaches as required.
Purpose.

The purpose of the workshop was to:
• Recognise the Sunshine Coast Aboriginal and Torres Strait Islander community needs, priorities and processes regarding suicide prevention,
• To hear community perspectives and first-hand experiences with suicide prevention services, and
• To confirm and refine existing efforts in community when there is a suicide.
Alliance model
The workshop reflected The Alliance for Suicide Prevention – Sunshine Coast model, by striving to create a connected community to improve mental health and resiliency to suicidality and its precursors through an integrated network of community-based groups and organisations.

Governance
This workshop was important to strengthen Indigenous governance in suicide prevention. In Aboriginal and Torres Strait Islander communities, governance is different to mainstream. Cultural contexts and local protocols have significant value that must be identified such as Respect for Traditional Owners and Elders, and connection to country.

Attendees
Aboriginal and Torres Strait Islander people working within the Sunshine Coast, non-Indigenous service providers, and people working with Aboriginal and Torres Strait Islander people who are seeking support to assist their Indigenous clients attended. See Appendix 1 for full list of attendees.
Explore The Alliance for Suicide Prevention – Sunshine Coast and create a culturally adapted and responsive model specific to Aboriginal and Torres Strait Islander people.
Workshop objectives

1. Increase the capabilities of the community in identifying and responding to depression and suicidality

2. Strengthen engagement and partnerships across the community

3. Ensure Aboriginal and Torres Strait Islander perspectives play an integral role in local suicide prevention efforts

4. Empowering local people to identify needs, priorities, and processes

5. We want an impact in direction, an outcome for long term results, and a process that involves steps that achieve outcomes
The groups.

Four groups rotated between four workshop stations to discuss the 4 key focus points – Upskilling GPs, Public Awareness, Support for High-Risk Groups, and Gatekeeper Training.

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<thead>
<tr>
<th>10:00am – 10:40am</th>
<th>10:45am – 11:25am</th>
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<tbody>
<tr>
<td>Upskilling Medical Professionals: Group 1</td>
<td>Upskilling Medical Professionals: Group 4</td>
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<tr>
<td>Gatekeeper Training: Group 2</td>
<td>Gatekeeper Training: Group 3</td>
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<tr>
<td>Public Awareness: Group 3</td>
<td>Public Awareness: Group 1</td>
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<tr>
<td>High-Risk Groups: Group 4</td>
<td>High-Risk Groups: Group 2</td>
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Group discussions.

Participants were asked the below questions at each workshop and from the discussion.
1. What are the goals and priorities for suicide prevention for Aboriginal and/or Torres Strait Islanders?
2. Who needs to be involved in achieving these goals?
3. What resources/processes/activities are needed?
4. What existing resources/processes/activities are there?
5. What do you need more information about?
6. What risks or challenges might arise?
7. What are the measures of success?
Upskilling GPs.

People who experience suicidal ideation are more likely to contact general practitioners than mental health care providers in the time preceding their death.

In Australia, up to 85% of the population are in regular contact with their GP. Current evidence does in fact support training general practitioners to detect and treat depression and early signs of suicidality. This is known to be effective in reducing suicide.
Key themes.

- Who needs to be involved – Elders, community, AMS, Allied Health
- School education – from prep to high school
- Decision makers – AMS, NCACCH working with GPs
- Increase Aboriginal and Torres Strait Islander workforce
- Community Elders sitting on committees
- Ask GPs what would they participate in
- Cultural training – Generalist Medical Training Institute
- PHN – have training improve
- Extending an invitation to attend cultural activities
- Ignorance and knowledge of person/community
- Stereotyping – AOD, DV, literacy, fair skin assumptions
Gatekeeper training involves teaching specific groups of people in the community how to identify and support individuals at high risk of suicide. In Aboriginal and Torres Strait Islander contexts, gatekeeper training has been shown to have a significant impact on participants' knowledge and confidence in how to identify individuals at risk of suicide, and their intention to help those at risk of suicide.

**What is it?**

Gympie Training involves teaching specific groups of people in the community how to identify and support individuals at high risk of suicide. In Aboriginal and Torres Strait Islander contexts, gatekeeper training has been shown to have a significant impact on participants’ knowledge and confidence in how to identify individuals at risk of suicide, and their intention to help those at risk of suicide.

**Culturally specific**

Whilst there are mainstream approaches to gatekeeper training, Aboriginal and Torres Strait Islander people aren’t accessing these training programs provided. There are many Aboriginal and Torres Strait Islander specific programs available such as Deadly Thinking, Aboriginal and Torres Strait Islander Mental Health First Aid, or You Me Which Way.

**The question**

The question is: What is Community most likely to participate in and what is going to be most effective and useful in community?
Key themes.

• Facilitator is key: connected, meaningful, transparent, good storyteller
• Building trust
• Supporting youth to take leadership roles
• Informal storytelling (yarning)
• Remove the word “gatekeeper”
• Training for everyone – Elders, frontline workers, youth (every group is different)
• Empowering individuals – encouragement, awareness, education
• how to reach those that have received training
• Ideation - what are the triggers
• Information sessions – informal interactions
• Combatting stigma
• Connection and belonging
Public awareness.

Four in five people who have a mental illness report having felt the effects of negative stigma. Unfortunately, people in our community still hold a negative stigma towards mental health, mental illness, and talking about suicide.

To reduce this stigma, and promote community wide education and awareness, the Alliance is developing a public awareness campaign. We had a yarn about some of the key things that need to be included and considered for this campaign to be effective and meaningful for Aboriginal and Torres Strait Islanders.
• Use social media with culturally appropriate language
• Lived experience perspectives & the impact on families
• MythBusters to reduce stigma
• Communication and education within the family unit
• Incorporate language of young people/elders/traditional owners
• Sharing/GIFs
• Viral campaigns
• Use social media influencers
• Search engines – search for suicide prevention rather than how to
Support for high risk groups.

Aboriginal and Torres Strait Islander people at risk of suicide are significantly less likely to be able to access services, or choose to access services they need, when compared to a non-Indigenous person seeking help. This is due to a lack of access to culturally appropriate mental health and suicide prevention services and programs. We want to reduce the incidence and impact of suicide and suicidal behaviour in the Aboriginal and Torres Strait Islander population and in specific high-risk groups affected by suicide. Participants were asked to identify high-risk groups among Aboriginal and Torres Strait Islander peoples.
Key themes.

- Training - Mental Health First Aid + GP training + present to GPs/Service Providers
- Not enough knowledge to deal with actual issues
- People feeling rejected when they reach out for help
- Community and family education – we don’t understand suicide, “recognise the triggers before people do it”
- Cultural competency
- How to have the conversation in the home
- More awareness leading – action to prevent suicide
- Share the statistics to create more awareness
- Personalised safe support, feel safe with people who know your story
- Genuine engagement – be real
- Depression – being in a cave, need to be able to get treatment in your cave
- The less you must do/organise when in crisis, the better
- Age and education appropriate, person and family centred, client knows best
- When an Aboriginal person presents, they are in a crisis, the first 10 minutes is crucial. Optimal entry point is not necessarily health related

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Key Findings.

**Upskilling GPs**
- Working with GPs and other health professionals involving all relevant networks such as ....
- Aboriginal Community Health Service to support Cultural awareness training
- Breaking down stigma and stereotypes, extend invitations to attend cultural events and activities within the region

**Gatekeeper Training**
- Participants expressed to remove the name “gatekeeper”
- Training with facilitator who is connected, transparent, and good storyteller.
- Youth to be involved in processes to support leadership and ownership
- Informal storytelling (yarning)
- Every group is different (Elders, Youth, Men and Women) – provide training that is relatable to all groups

**Support for High-Risk Groups**
- Training to work with people of lived experience through peer to peer mentoring
- Personalised safe support when connecting to services to feel safe with people with telling your story
- Presentation to services such as GPs might not always be physical it may be emotional and health professionals need to identify how to respond
- Appropriate training required for treatment and assessment

**Public Awareness**
- Incorporate language of young people/elders/traditional owners
- Improve communication in the family unit by providing education and skills on having challenging conversations around mental health
- Create social media campaigns that utilise culturally appropriate language, images and stories that are relatable
Summary.

Many people found the workshop to be informative and useful. The workshop was engaging and relevant to the needs of the Aboriginal and Torres Strait Islander community and participants intend to tell others that they would benefit from attending future workshops. The setting of the workshop was comfortable, the aim was to take it outdoors and on country to give everyone an opportunity to speak freely. Some people wanted more time to unpack the ideas more broadly, however the intent was to keep participants engaged in the conversation and keep the momentum going to further conversation later when a draft plan is presented back to community. General workshops held indoors tend to lose people halfway through the day, however this workshop was well received and many goals and priorities were sought to move into the next steps of the development and implementation of an action plan.
Next Steps.

• Reference group – to commence working with the Thompson Institute to co-design an action plan tailored to meet the needs of Aboriginal and Torres Strait Islander people - Meeting 1 (May 2019).

• Draft action plan – present to community through another consultation forum to allow further input and feedback to ensure the activities and model is appropriate and meets the needs of the community.

• Launch action plan – once the plan is finalised we will launch the plan and commence implementing activities into community.
Our Team.

Tegan Schefe – Project Officer, Indigenous Engagement
Dr Amanda Clacy – Postdoctoral Research Fellow
Elise Jione – Operations Manager
Mervat Quirke – Community Engagement & Development
Emma Jensen – Research Assistant
Trish Howard – Communications & Engagement
Dr Adem Can – Clinical Trials
Megan Dutton – Mental Health Nurse Practitioner
Monique Jones – Registered Mental Health Nurse
Glenn Holmes – PhD Candidate
Cara Koenen – Thompson Institute Ambassador
On behalf of the University of Sunshine Coast, Sunshine Coast Mind & Neuroscience – Thompson Institute we acknowledge the Traditional Custodians of the land on which this consultation was held, the Jinibara people, and the Kabi Kabi people. We pay our respects to Elders past, present, and emerging, and recognise their continuous connection to land, water, and community. We also recognise all Aboriginal and Torres Strait Islander peoples present on this day, and acknowledge their strength and resilience to participate and work within the community to address suicide and its precursors, as well as our non-Indigenous peers.

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Thanks.
<table>
<thead>
<tr>
<th>Name</th>
<th>Organization/Role</th>
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<tbody>
<tr>
<td>Dr Amanda Clacy</td>
<td>Sunshine Coast Mind &amp; Neuroscience – Thompson Institute</td>
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<tr>
<td>Anne Humbert</td>
<td>Mental Health and Addiction Services, Sunshine Coast Hospital and Health Service</td>
</tr>
<tr>
<td>Aunty Bev Hand</td>
<td>Kabi Kabi Elder and member of Maleny Neighbourhood Centre</td>
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<tr>
<td>Bianca Gatto</td>
<td>United Synergies</td>
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<tr>
<td>Biddy Adams</td>
<td>Laurel Place</td>
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<td>Bridgette Williams</td>
<td>University of Sunshine Coast – Indigenous Services</td>
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<tr>
<td>Chris Bounds</td>
<td>Queensland Police Service – Vulnerable Persons Unit</td>
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<tr>
<td>Christine May</td>
<td>Mental Health and Addiction Services, Sunshine Coast Hospital and Health Service</td>
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<tr>
<td>Claire Phillips</td>
<td>United Synergies</td>
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<td>Emma Jensen</td>
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<tr>
<td>Erica McKay</td>
<td>Central Queensland, Wide Bay, Sunshine Coast PHN</td>
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<tr>
<td>Glenn Holmes</td>
<td>Sunshine Coast Mind &amp; Neuroscience – Thompson Institute</td>
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<tr>
<td>Jennifer McClay</td>
<td>Mental Health and Addiction Services, Sunshine Coast Hospital and Health Service</td>
</tr>
<tr>
<td>Jessica O’Reilly</td>
<td>Community Integrated and Sub Acute Services, Sunshine Coast Hospital and Health Service</td>
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<tr>
<td>Aunty Judi Wickes</td>
<td>Elder</td>
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<td>Karen Jenkinson</td>
<td>Sunshine Coast Falcons</td>
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<td>Karlene Phillips</td>
<td>5 Bridges</td>
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<td>Ken Kipping</td>
<td>University of Sunshine Coast</td>
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<td>Kerry Neill</td>
<td>Goombuckar Creations Pty</td>
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<td>Kym Harrison</td>
<td>Murri Sisters</td>
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<td>Liza Bloomfield</td>
<td>University of Sunshine Coast</td>
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<td>Madison Kelly</td>
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<td>Maryanne Williams</td>
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<tr>
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<tr>
<td>Rochelle Matthews</td>
<td>Queensland Police Service – Vulnerable Persons Unit</td>
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<tr>
<td>Sade Beezley</td>
<td>North Coast Aboriginal Community Controlled Health</td>
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<tr>
<td>Sandi Ford</td>
<td>Standby Support After Suicide</td>
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<tr>
<td>Susan Griffith</td>
<td>Paceline Consulting</td>
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<tr>
<td>Tegan Schefe</td>
<td>Sunshine Coast Mind &amp; Neuroscience – Thompson Institute</td>
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<tr>
<td>Tim Hand</td>
<td>Kabi Kabi Traditional Owner</td>
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<tr>
<td>Tracy Minniecon</td>
<td>Act For Kids</td>
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Appendix 1. Workshop attendees.