

**EDUCATION AND HEALTH
STANDING COMMITTEE**

INQUIRY INTO ABORIGINAL YOUTH SUICIDES

**TRANSCRIPT OF EVIDENCE
TAKEN AT KUNUNURRA
FRIDAY, 10 JUNE 2016**

SESSION THREE

Members

Dr G.G. Jacobs (Chair)
Ms R. Saffioti (Deputy Chair)
Mr R.F. Johnson
Ms J.M. Freeman
Mr M.J. Cowper
Ms J. Farrer (co-opted member)

Hearing commenced at 1.22 pm**Miss KARRI AMBLER****StandBy Coordinator East Kimberley, Anglicare/United Synergies StandBy, examined:**

The CHAIR: Thank you very much for appearing before us, the Education and Health Standing Committee. The purpose of this hearing, as you know, is to discuss our inquiry into Aboriginal youth suicide. We begin by acknowledging the traditional owners of this land and express our gratitude that we are able to meet here, and we would also like to pay our respects to the local elders, past and present. I am Graham Jacobs, the chair of this committee; Josie Farrer is on my left; Murray Cowper is on her left; Janine will be sitting here when she arrives; Alison Sharpe; Catie has just ducked outside for the moment; and there is Hansard to record the proceedings today. We are a committee of the lower house of the Parliament of Western Australia. This is a formal procedure, but we hope that it is not too formal and we can have a discussion around this very important matter. Although the committee is not asking you to swear an oath or affirmation, it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. If there is any reference to any materials or documents, if you could just quote the full title for the record, that would be great.

Before we commence, there are just a few procedural questions. Have you completed the “Details of Witness” form?

Miss Ambler: Yes.

The CHAIR: Did you understand the notes at the bottom of the form?

Miss Ambler: Sure. I read through the minutes before I came.

The CHAIR: Did you receive and read the information for witnesses sheet provided?

Miss Ambler: Yes.

The CHAIR: This is Janine.

Can you just give us a little bit of an overview of your service and what you provide? We did hear from Jacob at the other end in Broome, but we would like to hear from you, too.

Miss Ambler: Basically, I am based here in the Anglicare office. There are about seven or eight other workers; we all do different things. I am coordinating the StandBy response program for the East Kimberley—so, up to Kalumburu, down through Warmun, Halls Creek, Balgo, Billiluna, Mulan, Wyndham and anywhere in between. Based here, I have been trying to get out; I have done a lot of work in Kalumburu, to date, and just came back from Halls Creek this week. I have been down there a few times. I have been to Wyndham quite regularly. I have not done Balgo yet. I guess Jacob probably would have given you an idea, but the structure of StandBy is that you have a coordinator and then you have crisis response team members underneath you. The coordinator, ideally, under the StandBy program should not do a lot of the client contact stuff; that is for the crisis response members. But I guess it is slightly different up here due to the distance and the level of travelling.

The CHAIR: So are you saying you do a bit of that crisis work yourself?

Miss Ambler: I have done it all at this point.

Ms J.M. FREEMAN: Who is on the crisis response team? He would have told us, but can you just tell us again?

Miss Ambler: We are different, because he is West Kimberley and I am East Kimberley. At this point, I have got Gloria Martin, who is an Aboriginal lady working at Anglicare and she works for the royal commission; Philip Stainer, who is a family counsellor at Anglicare; Paul Escott, who is the youth worker down in Balgo, Mulan and Billiluna; and Debbie Dicks, who is the domestic violence worker in Halls Creek. The reason I went down there this week was to recruit another two guys, because she was the only one down there at this point and I just felt that there needed to be more representation. So there is a youth worker there from the council who has been in Halls Creek for about five or six years who is really well linked and another guy down there who is employed through Garnduwa.

The CHAIR: Are these Aboriginal people?

Miss Ambler: These are not Aboriginal people, no. I only started in this position in January and I hit the ground running pretty much. As I was just saying to Graham, things have calmed down quite a lot, so now I am trying to work on building up the response teams. There was a bit of a gap in service provision from Kununurra. The program was getting run from Broome. So I feel like I am kind of starting a bit from scratch with steering committees. We did not have one here, or there might have been one previously. Alisa Ransom was in this position about two and a half years ago, I think, and she has got a really good reputation in Kununurra. Then once she left, they got someone on and they left. It ended up getting run from Broome by Zoe, who did a really good job, but, understandably, the size of the travel was a lot. So the steering committee collapsed. I guess when I took over and took the position on, I was getting feedback from the community saying, “We didn’t even know that StandBy was going anymore.” It was not that it was not going; the number was still available to use, but it was just that there was no-one in the community to, I guess, talk about it and be around for community engagement. Now that things have settled down quite a bit, I am just trying to get around. I have got some events coming up.

The CHAIR: Can you tell us about that?

Miss Ambler: The events?

The CHAIR: Yes.

Miss Ambler: We are running a suicide awareness footy game next Saturday, the eighteenth, in Halls Creek. It will be the Halls Creek Hawks against the Balgo Tigers, and then the second game is the Yardgee Dockers and the Kununurra Dees. We have just got a barbecue. We have got the local band playing. We are going to release some balloons for suicide awareness and domestic violence awareness. The guys are going to wear white socks. I think that will be good.

[1.30 pm]

For World Suicide Prevention Day, I am hiring the picture gardens here and we are going to show a movie, and the same kind of thing—put on a feed for the community and make everything free. But that is still in the early stages; that is not until September. For R U OK? Day, I have just approached all the local coffee shops to see if I provide them with the R U OK? disposable coffee cups you can get through the merchandise, they will sell their coffees in those on R U OK? Day—provide them with resources—and I will be around for contact in case someone gets a coffee who is not okay. At this stage, they are all pretty happy to do that, so it is good. What else? Mental Health Week is not until early October, I think, so I am just on the committee for that, trying to work out what events we can hold for that.

Besides that, I started the steering committee and we have had one meeting. That comprises about 10 local community workers, so there is a paramedic; a police officer; an OVAHS worker, which is the Ord Valley Aboriginal Health Service; Mark Adkins, who is the school psychologist manager and he is based in Broome but is over here a lot, so he sits on that committee; someone from Boab Health; north west mental health; and James Harris, who is the hospital manager. Who else have we got? We have got Karen Appleby, who works for StrongFamilies; Carol Hapke, who is the CAPS

coordinator at Waringarri; and myself. I think that might be it. We have had one meeting and StandBy requires us to have quarterly meetings, so the next one is in August. I kind of use them to guide the service, I guess, as to a bit of feedback from the community. What else has been happening?

The CHAIR: Karri, when it comes to a crisis situation and crisis intervention, how do you engage with the other services that could be provided? Will you be providing services in that area?

Miss Ambler: The paramedics or the police will let us know. Generally, if it is not from there, it is from a community member. We cannot chase people and knock on their door and say, “We heard you lost somebody. Can we provide some support?” I guess it is about talking to community, talking to people and services about getting StandBy’s word out there to try to either get the person to approach us or what we call a warm referral where maybe they are at the GP and the GP might call us while the client is there. So far, that has been working. We have had referrals from the school site, from north west mental health, Boab Health Services, family themselves. Some family members will come forward and say, “My sister needs assistance” or whatever. I have not found the referral thing very difficult at this stage. In March the phone was running flat out. Even now, as I was saying, there has not been a suicide for nearly three months here, but this morning I did intervention for a client from her suicide a few months ago. I went down to Halls Creek and saw someone who lost somebody 18 months ago. I found from travelling to Kalumburu as well, not only the current work that I was doing, I spoke to a lot of community about previous suicides and losses that they had had two, three years ago. I think the more that I have been out there and around, the more people who have come forward.

Ms J.M. FREEMAN: It does not have to be something that is recent; it can be two years ago.

Miss Ambler: It can be 10 years ago really. I guess it is about unresolved grief. That is important, too, I think, that the services are clear on StandBy. It does not have to be immediate. There has been the odd request for grief counselling/support for people who have lost somebody suddenly through a murder. I was saying to Graham, there was a point in March, I think, when the town was really tense. We had a lot of death. It was not so much suicide; there was just a lot of loss. There were a few people who passed who were okay one day and then were dead the next day. That took a big toll on the community.

The CHAIR: How much cultural awareness and cultural training within your organisation is there?

Miss Ambler: Actually, I have been quite lucky. I have done the cultural awareness training that is run here in Kununurra. When I travelled to Broome, I did Tracy Westerman suicide prevention training and I have just signed up to do her mental health assessment in Aboriginal communities training. Whilst I was over there, she happened to be late for the conference so an Aboriginal lady got up there and spoke about some cultural stuff from the west. Tracy Westerman, I cannot fault; she is amazing. The local staff are great, and I think it builds a really strong groundwork, but I have just found that everyone is different. It is kind of like me standing up and saying, “This is how you talk to a white person.” We are all different. I think it is good to have an idea of the culture around you. I also ask families, because even within families there is a lot of cultural difference, religious beliefs—all of that. It is like any of us, I guess. I think there was a great example of a person I was working with. I had been told that you do not say the name of the person who has passed and she thought that was rubbish. I think it is just important to clarify with the person that you are working with about what they bring and about what they need. I guess that goes with working with anybody, from whatever culture, whatever language, whatever religion, spiritual background or whatever. I think it is about learning too. I think that will be ongoing.

Ms J.M. FREEMAN: I was not in the room previously, but do you have any ideas of your own about causal factors?

Miss Ambler: I think it is kind of like: how long is a piece of string? It is probably the main thing that you get asked when you go and see someone who has lost someone. Why? Why did they do it? I am just really clear that obviously we do not know because they are the only ones who can tell us and they are gone. You hear families say, “We had no idea.” So I guess when I reflect on that, it could be anything. It could be domestic violence in the family, it could be bullying at school, it could be child abuse, it could be drugs and alcohol in the family or it could be a mental illness. It may not be a mental illness; it could be anything. I do not think there is one causal factor.

Ms J.M. FREEMAN: This morning the Kimberley Mental Health and Drug Service gave evidence. They said that people who are attempting self-harm will often do it whilst they are under the influence of alcohol because that has uninhibiting effects on people. What is your view in terms of the impact—I know that you have been there for only a limited time—of the suicides that you have seen in the period of time that you have been around? Is alcohol a factor?

Miss Ambler: It is probably 50–50. I guess I call it an enabler; just get too brave, really, because I guess to end your life, you have to be pretty brave and not scared of dying. Maybe that is what makes them feel brave, but I do not know that that is the reason for it. I think a lot of the young people who suicide do not know that it is final and maybe do not know that it is going to be the end. Again, we do not know. No-one can answer.

Ms J.M. FREEMAN: Have there been many young people that you have had to deal with?

Miss Ambler: What is young?

Ms J.M. FREEMAN: Let us say under 25.

Miss Ambler: Yes. I know that Kimberley has a reputation for having massive amounts, but I can only speak from when I started working, and we have not had one in three months, which I think is quite good. I am not saying there has not been any self-harm or attempts. I think that is a good thing.

[1.40 pm]

Ms J.M. FREEMAN: Do you think there is any reason for that? Has the community come together or are they looking for assistance or is it just coincidence?

Miss Ambler: I think there is more talk amongst service providers. It sounds really strange but there was a correlation between the weather changing and the feeling of the town becoming calm. I have somewhere along the line heard that after the wet season finishes and the night-time temperatures drop, things just feel a bit calmer. I can only imagine that if you did not have air conditioning in your home and you had a whole lot of stuff going on, no sleep, I can feel that that would be not a major issue; it is just another contributing factor, I guess. Definitely I have noticed since the night-time temperatures have dropped, things seem calmer. The phone rings a lot—my StandBy phone—and that did not take long to spread the word and get other health services, OVAHS, the clinic, the hospital, the mental health service, to let people know that it was working. I have done a lot of after-hours calls for people who just need to have a yarn basically. I do not know what else has changed. There is a lot more talk—definitely a lot more talk. I think the more people who are out there talking about it, the more awareness there is.

The CHAIR: Karri, following on Janine’s theme around people who attempt suicide almost impulsively and they end up in hospital, but then the next day they have sobered up or the drug has worn off and the mental health service deem that that young person does not have a mental illness, would you see there is a potential for that person to drop between the cracks for care and healing because they are not actually recognised as having a mental problem?

Miss Ambler: I think once you have attempted once, your risk goes up for trying again. So, obviously then, yes, you are in a higher risk group, I think.

The CHAIR: Is the system then, sorry, engaging you?

Miss Ambler: That person?

The CHAIR: That person—because mental health do not deem it is their jurisdiction?

Miss Ambler: I do not know what their procedures are. We would work with people who have attempted and been hospitalised for an injury due to that attempt. If someone hung themselves and was cut down and ended up with a neck injury or a back injury or something serious, then we would definitely reach out to the family and try to put in supports for that person.

The CHAIR: How would you know about that person?

Miss Ambler: Police reports.

The CHAIR: Would they communicate with you?

Miss Ambler: Yes. Small towns—word spreads really quickly. We never go by hearsay; we always need something in concrete. But generally someone, a manager of some service, will have contact with that family and will either pass my details on or be with the person and contact. We would not generally work with that person who has attempted because StandBy is postvention, but we can support the family. I mean, look, chances are that person has lost someone to suicide along the line, so I guess we can —

Ms J. FARRER: When you talk about support for the family, what sort of support do you give?

Miss Ambler: I guess it is about linking into services. If the person is at school, making sure that they know who the supports are at school—school psychs and welfare workers. It is all case by case too. I mean, some people do not want it and you cannot push support on to people who do not want it. I guess it is about safety planning and just looking out for warning signs, education around what might be a warning sign for that person, how to talk to the person —

Ms J. FARRER: To the families?

Miss Ambler: Yes, to the families. I guess it is just about the more people who know that there could potentially be something going on, the safer that person is, if that makes sense.

Ms J.M. FREEMAN: I understand that StandBy is a model that was developed in New South Wales.

Miss Ambler: Queensland.

Ms J.M. FREEMAN: Queensland. It is a model for the general populace, not specifically for Aboriginal people or ATSI people.

Miss Ambler: Yes.

Ms J.M. FREEMAN: Have you got the capacity to take the model and adopt it so that it is more culturally appropriate?

Miss Ambler: Yes. I guess I just do what the person needs. The database is tricky, logging details. StandBy have a system where you have a first intervention with a client, a week follow-up, three months and 12 months. Basically, it will come up when those dates come up. Look, I am not even going to say that it is solely working with Aboriginal people. I think we all know that it is difficult to make a relationship with someone and work with someone successfully if you are only within those barriers of time. So I just add notes. There is a bit on the system—“Add notes”. The people I have worked with—I have spent one week working with one person. I just do what the person needs. I do not stay within that framework very well. But I think that is with everyone. It is kind of like people like to see a face with the number, but that is like all of us; I probably would not call a service if I did not know who was on the other end either. I think it is just, as a human, we like to know—the more contact you have, the more you trust somebody. I think respect and transparency is the key to working with anybody. It does not have to be an Aboriginal person, white person, someone from Africa. It does not matter.

I do not have criteria of what I need to do with a person. I have done liaising; gone to Centrelink; gone to Housing; done the supermarket shopping for a mum who could not possibly leave the home because she had other kids, but lost one person, but the dinner still needed to be cooked; gone out to a community to pick up somebody if they needed to come in to sign a Centrelink form. I do not really have any sort of limits as to —

The CHAIR: You sound like a mum yourself.

Miss Ambler: Yes, four boys. I think it is just that everybody is different. Everybody who uses the service has different needs. Some are happy just to sit and have a yarn and feel like that is what they need, but others need more material stuff, help with funerals. It just depends.

Ms J.M. FREEMAN: On your steering group that you went through, Carol is obviously Aboriginal; other people would not be. But is there any discussion or do you do anything around going to some of the more traditional healing like the liyan?

Miss Ambler: When Waringarri do back-to-country trips, Carol asks me to go along. We did one on the weekend, and it was probably about a month ago I did another one. I just go out to country with a whole group and fish and yarn and just spend time, I guess, not so much to go out and poke people about their experiences or get answers or whatever; just again about relationship building, letting them know that I am around and they can recognise my face. I have found that just that informal stuff, working with elders in the community, is important, just to sit and make damper and that. I am guessing it is going to take a long time before—it is not something that happens quickly.

The CHAIR: What funding do you receive for running your service here and do you get any state or federal funding?

Miss Ambler: I cannot talk funding, but what I do know is we are funded until 30 March and it is a bit—I do not know. I only took over in January. Like I said before, we had a bit of a gap prior to that, and I feel like I am really trying to build everything up and it is a bit scary knowing that I have such a good thing going on and then in March it could be cut. I guess that is the program side of things in terms of consistency, and then at the end of 30 March, that has been over a year then; you start building really good relationship with people in the community and doing proper work, and then are they going to cut it and give us a new direction where the program changes and then we are back to square one? But, anyway, it is like any community service, I guess; it is all dependent on funding, and I do not think I have ever been in a position where you have known more than two years ahead.

[1.50 pm]

The CHAIR: We have heard a bit of a theme around that for other organisations too.

Miss Ambler: Yes. Like I was saying to Graham, I have got four children and my partner stays home with them, so it is a bit daunting to know that you might not have a job, but that is the reality of it, I guess.

Ms J.M. FREEMAN: Are you originally from the Kimberley?

Miss Ambler: I was born in Broome and I have been up here before we came back up this time, but most of my time was spent in Melbourne working with refugees and asylum seeker people. I lived in Africa for a bit in a refugee camp.

Ms J.M. FREEMAN: What you do is pretty amazing in terms of having to talk to people and yarn with people. How do you care for yourself so that you are equipped to be able to do that?

Miss Ambler: The phone is tricky because even if it does not ring, it is still in your head that it could any time of the night. I have got up in the middle of the night to get my son a drink and looked at the work phone and had a missed call, so then I go to the lounge room with both phones, my personal one in case you need to call the police at the same time. Anglicare is very flexible

around taking time, but in regards to my personal and my work life, very separate, because when you have got young kids, you cannot go home and talk about it, so it is very separated. I have just got a good supervisor on board from a trauma unit in New South Wales. I think at this stage I have not had very —

Ms J.M. FREEMAN: The supervisor case manages you; is that how that works?

Miss Ambler: We are just setting it up now. At this stage it will be fortnightly or monthly, or if there is a really difficult case, ad hoc—whatever is needed. It is funny; as soon as I get home, you are back into the changing nappies. It is very, very separate.

Ms J.M. FREEMAN: Thank you very much.

The CHAIR: Thank you. I just need to read you this closing statement, Karri. Thank you very much for appearing before us today. A transcript of this hearing will be forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned 10 days from the date of the letter attached to the transcript. If the transcript is not returned within this period, it will be deemed correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered, but should you wish to provide any additional information or elaborate on any particular points, please do so and include as a supplementary submission for the committee's consideration when you send your corrected transcript of evidence back, and thank you again for your appearing before us, and have a good weekend and I hope the phone does not ring.

Miss Ambler: Thank you.

Hearing concluded at 1.53 pm
