

**EDUCATION AND HEALTH  
STANDING COMMITTEE**

**INQUIRY INTO ABORIGINAL YOUTH SUICIDES**

**TRANSCRIPT OF EVIDENCE  
TAKEN AT PERTH  
MONDAY, 20 JUNE 2016**

**SESSION ONE**

**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)**

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**Hearing commenced at 9.28 am****Professor PAT DUDGEON****Researcher, University of Western Australia School of Indigenous Studies, examined:****Ms ADELE COX****National Consultant, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, examined:****Mr GERRY GEORGATOS****Community Consultant and Critical Response Advocate, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, examined:**

**The CHAIR:** Thanks very much Pat, Adele and Gerry. I just need to do a few procedural things before we start the substantive part of the inquiry, so just bear with me. On behalf of the Education and Health Standing Committee, I would like thank you for your appearance here today. The purpose of this hearing is to discuss our inquiry into Aboriginal youth suicide. Let us begin by acknowledging the traditional owners of this land and expressing our gratitude that we are able to meet here today. We would like to pay our respects to the local elders, past and present.

**Ms J.M. FREEMAN:** And future.

**The CHAIR:** And future. I am Graham Jacobs, the chair. Rita Saffioti will be here in a few minutes. Janine Freeman, you know, and Rob Johnson is on her left, and Murray Cowper is on his left. On my right are Alison Sharpe and Catie Parsons, who are the executive that keep us on the straight and narrow, and organise us. They take us off for trips and make sure that we are on time, and all that sort of thing, Adele, that is how it works.

**Ms Cox:** They were very good, both times.

**The CHAIR:** Hansard is here to record the proceedings today. Our committee is a committee of the Legislative Assembly, the lower house of the Parliament of Western Australia. This hearing is a formal procedure of Parliament and therefore commands the same respect given to proceedings in the house itself. We are not asking you, though, to provide evidence on oath or affirmation, but it is important that you understand that any deliberate misleading of the committee may be regarded as a contempt of Parliament. As I said, this is a public hearing and Hansard will be making a transcript of the proceedings for the public record. If you refer to any documents during your evidence, it would assist Hansard if you could provide the full title for the record.

Before we commence, there are a couple of procedural questions I need you to answer. Have you each completed the “Details of Witness” form?

**The Witnesses:** We have.

**The CHAIR:** Do you understand the notes at the bottom of the form about giving evidence to a parliamentary committee?

**The Witnesses:** Yes.

**The CHAIR:** Did you each receive and read the information for witnesses sheet provided with the “Details of Witness” form?

**The Witnesses:** Yes.

**The CHAIR:** Do you have any questions in relation to being a witness before us today?

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**The Witnesses:** No.

**The CHAIR:** That is good, because we want to ask you some. Please state the capacity in which you appear before the committee today.

**Prof. Dudgeon:** My name is Pat Dudgeon. I am a professor with the School of Indigenous Studies at the University of Western Australia. I am also the project director of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, which is a national project but we have done some work in the Kimberley. I guess that is all. I will talk more later.

**The CHAIR:** Yes, that would be great. I might give you an opportunity, if you would, as the project director, to give us a bit of an overview of what it is and where it is at. Can we just defer to the others first just for the procedural stuff. Then we will ask you, Pat.

**Ms Cox:** I am one of the consultants on the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

**Mr Georgatos:** I am a community consultant with the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project and also a critical response advocate with the critical response project component of the ATSIPEP.

**The CHAIR:** Pat, would you be able to just give us a bit of an overview, particularly in relation to ATSIPEP and basically where the project is the moment?

**Prof. Dudgeon:** Okay. ATSIPEP, as you may or may not know, started 18 months ago. We won the project because of the high rates of suicide and a lot of the work that we were already doing. For instance, Adele and I are involved in the National Empowerment Project so we do research work there working with Aboriginal people. Our area of expertise is Indigenous, so we work very much with Aboriginal communities and with Aboriginal mental health suicide prevention. Because of our previous or current—it is concurrent—research with Indigenous communities for suicide prevention, also each of us has had representation at state and federal levels on various committees, such as I co-chair the Aboriginal and Torres Strait Islander mental health suicide prevention advisory group to the ministers for Aboriginal Affairs and Health and the assisting ministers—that is Ministers Scullion, Ley and Nash. We have had some years doing that. That committee actually is the advancement on the original committee for suicide prevention, which, again, we were all a part of. That oversaw the big consultation and formation of a national Aboriginal and Torres Strait Islander Suicide Prevention Strategy. Because of the change of government, the strategy and the funding associated with that have been paused and quarantined, so we expect that to roll out later on. Through a lot of our activities, both at state and national levels, it was appropriate that we engaged in the work of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. That is a bit of a background of us, or myself in any case. I would invite Gerry and Adele, who have got specific expertise as well, to share those with the group.

The purpose of the project was, firstly, to do a big literature review of what is happening in Indigenous suicide prevention. That has been done to degrees previously, particularly with the consultations and the background to the big suicide prevention strategy. We have done a literature review and we have also looked at programs. We have reviewed what programs are out there and what is working and what is not. One of the issues is that there is little happening for Aboriginal communities, and often it is top-down; it is not bottom-up. The Aboriginal-directed programs that are out there, from our understanding and perception, are often the community programs that do not get evaluated. They are stop-start. It is very much that Aboriginal mental health is holistic, so government funding and research often does not appreciate that. So they go into a medical mode or it is all under health when, if we are going to deal with the issue, it needs to be quite holistic. That was one of our issues too, that there are some good programs out there. They are not getting refunded or they are not getting heard. That was a big issue, hence our review of the programs. As that was all happening, our main purpose was to develop—that is now, again, being trialled—

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a culturally appropriate evaluation tool that government could use to resource communities, but also that communities could use. That was important—probably the main part of our research project.

Before I go on, our partners in the project were the Telethon Kids Institute because of their statistical expertise that they have there. They were a very strong partner and they did some of the stats for our project, trying to map the incidents of suicide as they were happening. The national Healing Foundation was also another important partner. We used their premises and they made quite a contribution to a conference that we had, which I will get to later. We decided that we should not communicate with the Aboriginal community at large—I think this is the bit that is particularly interesting for this inquiry—so we had a number of round tables, a bit hesitantly at first, because one of the things communities do say is that they have been consulted to death and nothing ever happens. Tentatively, we went out and said, “We’d like to have a round table. What do you think?” Everyone was really, really keen despite the feelings that they get asked a lot what are the issues, and then nothing happens.

[9.40 am]

I think that it is important, in my view and from the project, that things do happen for the community. That is the missing link, if you like, and the whole issue. We went out and did a number of round tables in different communities. They were selected with our National Advisory Committee. That is quite a powerful committee. We have PM&C on it, who are our funders. Also, probably stakeholders who we normally would not have on a committee, but we realised that this research project, while it is very firmly Aboriginal led, we needed to start making alliances with other stakeholders such as beyondblue and Suicide Prevention Australia. So, we have a fairly formidable advisory committee who have been active in advising and assisting the project.

We did a set of regional round tables, and these were chosen largely because they had a high incidence of suicides. We did try to choose areas that had been through high levels of suicide but had sorted that out. Our round tables were held in the Kimberley, so we had one in Broome; one in Darwin; one in Cairns; one in Mildura; one in Shoalhaven; and one in Adelaide. They were our regional round tables. As the project was progressing, what we found is that—we are a vulnerable group and Gerry can talk about stats and that later—we are a vulnerable group but within that vulnerable group we have other vulnerable groups, definitely youth. We know the youth suicide stats are pretty terrible. Another invisible and very vulnerable high-risk group is LGBTIQ. We made sure that we had a round table on youth and youth were there. I have seen round tables on youth or other vulnerable groups, but the vulnerable group themselves are not present, so it was important for us to have representatives from that vulnerable group. There were all youth, except for the facilitators, being Gerry and Adele—nearly youth!—at the youth round table, and these were all held at the Healing Foundation, incidentally. LGBTIQ was another one. Justice was the other one, because we know that there is research showing that prisoners who leave prison are particularly vulnerable to suicide. We were thinking we did not want to lose that as well, plus there is a whole lot of justice issues involved in Indigenous people and that is part of that holistic appreciation of suicide prevention. We also called for a data and stats meeting, because one of the other issues that has come up very clearly is that we believe that suicide numbers are underestimated, so we wanted to look at that. Certainly, some of the work that the Telethon Institute did showed that in the number of people who are suiciding, there is a big group of unknowns, and I think that is particularly so for South Australia. Also, it takes such a long time for the coroners to report back.

**Mr Georgatos:** I am just saying their identity is what the unknown fact is. They have not identified whether they are an Indigenous person or non-Indigenous person. There is a quantum that is unidentified.

**Prof. Dudgeon:** Gerry, you can pick that up later, because this is important. I think for South Australia it has become the big one.

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**Mr Georgatos:** South Australia is significant.

**Prof. Dudgeon:** The whole thing about how to get accurate numbers of Indigenous suicides emerged as an issue and we had a meeting about that. I am going to have a pause soon, because I feel like I am going blah, blah, blah, and let others talk. One of the issues that came up as well was it seems that all the round table reports, when we did the transcripts and we did a thematic analysis on those, that the main messages were really about social determinants. There was a certain message that was coming out from the community, so we thought there is not enough about clinical factors, so we did hold a clinical factors meeting in Darwin. We had a little round table about that so we could capture—people, you know, psychiatrists and whatnot attended that, so the experts in clinical factors relating to Indigenous suicide came to that meeting. But again, that went a little bit more the social determinants as well. But we need to consider that. I know alcohol and drugs and that impact on Indigenous suicide—experience of child sexual abuse et cetera—so they are all part of the big matrix that contributes. We also had a crisis response round table and from that, that was very well attended, another part of our project—I am going to let Gerry and Adele speak about this more—but our critical response project was evolved from that. As well as doing our major national project, which, and the report is just about to be written now, we have been posting—and I am sure that you have all looked at the website, have you not?

**Ms J.M. FREEMAN:** Yes.

**Prof. Dudgeon:** Yes. Because we have fact sheets and our reports, as the government approves it, go on to our website. One of the aims of the project was the conference that some of you attended last month and it was fantastic. We did it differently, so we ensured that there were a lot of bursaries for Aboriginal community people to attend who either had lived experience or were running good programs for suicide prevention. It was a fantastic conference. Tom and Adele went to New Zealand for the first ever—we were at the first ever World Indigenous Suicide Prevention Conference, which is, you know, a bit startling. I think we should have more of those conferences. Even though it was a really hard issue to discuss, it was a wonderful experience to get people together and there was a great sense of hope. I will talk about that further on, but we have accepted to host the next World Indigenous Suicide Prevention Conference in 2018. It is not just an Indigenous Australian issue; it is actually a global Indigenous issue. I think we need to start exchanging information, but enable that to come down into our communities as well. I think it was a wonderful experience. We had some Maori presenters at our conference in Alice Springs, so it was a big success and I think that was a good thing to have. It is sort of like having a physical clearing house and information sharing and I think that is probably missing between sectors and also between communities. I think a lot of networking was made during that. Anyway, the critical response is probably most pertinent to this inquiry, and I am going to give myself a break and hand over to Gerry and Adele.

**The CHAIR:** Pat, before you do, some of the committee members went to that world conference in Rotorua. We really had a very good experience and learned a lot. Before you defer to the others, Gerry or Adele, as you know, there seems to be a high degree of crossover between what your work is doing and the terms of reference of our inquiry, so I just ask: when do you think the final report of your work would be available?

**Prof. Dudgeon:** End of June, we are aiming for. I think we have a big National Advisory Committee happening soon, so definitely by the end of June.

**Mr Georgatos:** To comment on that, it will be at the end of June it is provided to Prime Minister and Cabinet. Then it comes down to their discretion when they will release that, when it becomes publicly available.

**The CHAIR:** In order to help us with our inquiry, we find that your work is very crucial to that, and so we are sort of requesting a final report as soon as it becomes available to, obviously, help us in our terms of reference and our inquiry.

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[9.50 am]

**Ms J.M. FREEMAN:** Can I just add to that? This is a standing committee, so it is always the same members on the committee; it gets established in the early stages of the Parliament. I do not know whether Graham said that Josie has been appointed to this committee for the purposes of this, but she is unable to come today, so she sends her apologies. The issue for this standing committee—Murray raised it—is the concern over the lack of action in this space in Western Australia. We found out that you were doing the report, and we wanted to have a look at the report and some things around it. In order to co-opt Josie onto it, we had to become an inquiry; that was so that we could have Josie as a member of this committee. But for the inquiry, we never wanted to reproduce or duplicate the good work that was being done out there. The inquiry would be greatly assisted in terms of the report you have done so much work on over the last 18 months—we are never going to be able to do that sort of work—and it would also probably give strength to your inquiry. I suppose what we are saying is: is it possible to convey to your committee that your report would absolutely assist us in what we then present to the Parliament? We have a report, and we will present that to the Parliament, and we have recommendations that go to the Parliament, so that would greatly assist us.

**Prof. Dudgeon:** I think that we could see if the inquiry could have a sneak preview. It will depend, because government keeps on—we have already given them drafts—asking for more restructure, I think. But I will certainly ring Yvonne Luxford, who is our executive officer, and ask is that is possible. If they need a formal request, we will get back to you.

**Ms J.M. FREEMAN:** Yes. It does not have to be a public document; they can give it to us as closed evidence so that it does not become public. But we then have the opportunity of looking at the recommendations and looking at your work and seeing what our Parliament would benefit from knowing.

**Prof. Dudgeon:** Okay. I will do that. I will do my darnedest, and hopefully it can be done. If not, it will only be probably a month or so until it is public, but if you can have a preview —

**Ms J.M. FREEMAN:** Yes, absolutely.

**Prof. Dudgeon:** I would be happy, personally, but —

**Ms J.M. FREEMAN:** You have done such good work. We were all absolutely advantaged by going to your Alice Springs conference. I would like to put that on record, and you can use that at any stage that you want to. The Alice Springs conference, for a wadjela like myself to go along, was exceptionally beneficial from the point of view of a policy framework to place yourself into that community. I agree with you that it was both a confronting but healing process, in terms of your Alice Springs conference. You should be congratulated for that. But for us to do something that is worthwhile, the report would be good.

**Prof. Dudgeon:** I will do my best and will communicate back to Alison.

**The CHAIR:** Thanks. Could I just ask you, before we go on Gerry or Adele, what was ATSIPEP's definition of "suicide prevention" in its program or strategy? Am I right in saying that it was not just limited to the program specifically relating to suicide prevention but evaluated programs that are not specifically suicide prevention but aim to improve the general wellbeing of Aboriginal people?

**Prof. Dudgeon:** Yes. Our definition is broad, and I think it is all society, in actual fact, not just Indigenous, and certainly the round tables validate that. So we are broad, and I think Yiriman and KALACC have come to make representations here.

**The CHAIR:** They have, yes.

**Prof. Dudgeon:** What they do, for instance, is important. We know from the research done by Professor Michael Chandler, who we have actually brought over to Western Australia and Perth on

a couple of occasions, that the work with the First Nations people has shown that levels of suicide are correlated with—he calls them cultural continuity factors, but basically they boil down to self-determination, so the empowerment of communities and individuals, and also cultural reclamation activities. So, making culture strong and doing cultural practices is very important, and that is highly correlated with low suicide rates. Ours is a broad approach, recognising that it is not a medical issue or a biomedical issue. There are a lot of social determinants. In there, too, is the impact of colonisation. A lot of people do not like to hear that. They always think that is in the past; let us move ahead. But that has a real flow-on effect and contributes to a situation of disadvantage. I think Gerry will want to talk more about—unpack—the disadvantage. There are a lot of things that need to change, and we need to have a different approach when we are addressing suicide. But maybe there needs to be a smorgasbord of different approaches as well. There is certainly room for clinical interventions, but I think community engagement and empowerment is probably the most important. That has been really lacking, or there has been nothing there, so there has been a total lack of services.

**The CHAIR:** You mentioned that you were also looking at programs. We talked about the overall strategy and that it is not just about programs. In relation to programs, you said things like, “We’ve looked at what’s working and we’ve looked at what’s not working.” Understanding that, obviously, the report is a work in progress, can you share with us today some of those programs that are working and those programs that are perhaps not working?

**Prof. Dudgeon:** Actually, I have a PowerPoint here that I am happy to send in, too, I presume—I did not check with PM&C—that we presented at the conference as well.

**Ms Cox:** You have made it public.

**Prof. Dudgeon:** It is public. We called it the meta valuation of program evaluation. The success factors are peer-to-peer mentoring, education and leadership on suicide prevention, counselling, safe places for people to discuss their concerns, and community site-specific—so using community organisations. These are the success factors. The support materials need to be different sometimes, so there needs to be DVDs or small videos or what not. We cannot assume that everyone is going to go, “Yay, a report; I want to read that!”, because some people might not have the literacy. So we need to communicate in different ways, and probably with youth, too, to make it a bit more exciting and engaging. One of the success factors is that we thought the Alive and Kicking Goals project was good, that it connects with young people, and that could be through sport. So, different activities will engage different people. Success factors include that they connect young people to country, culture and community life, it connects young people to elders, and it works through a cultural framework. The other success factors are diverting young people from negative influences. It addresses cannabis use—I have put alcohol and any drugs in there. There is an awareness of critical risk periods, so that there should be 24/7 programs. Often, and I am sure you have heard that, a big complaint is that programs are working from nine to five. Someone said we should do a statistical analysis to find out when suicides happen. We do not think it is happening during nine to five. But that is an issue that has come up in our round tables and in a lot of the conversations. Other success factors are community engagement or an empowerment model to address negative social determinants and to support social and emotional wellbeing. Gatekeeper training was a success factor, and postvention programs. So, after a suicide, there needs to be programs to support the families and to ensure probably that a cluster effect does not happen. I have the main messages from the round tables, but I can certainly make the PowerPoint available. I will send that in. I should have thought about that earlier.

[10.00 am]

**Mr Georgatos:** Can I say one thing to that, because your point is pertinent and just to complement what Pat has actually said. The solutions in terms of what works have to be tailor-made, so we need to disaggregate further the elevated risk groups. We also have to consider communities in terms of

their cultural content. There are communities in the remote and regional or whatever that are high cultural content. This is where Yiriman comes into play and Alive and Kicking and so forth and others and similarly so. In the Western Desert, it is a different scenario to the urban masses, but there is an onus here that I think needs to be clarified a little bit so we retain that onus. The ATSIPEP is actually methodologically a practical translation of what needs to happen on the ground and to also galvanise a response, for instance, from Canberra. Our onus has been on an evaluation tool and that evaluation tool is what Canberra wants predominantly because the argument is, for ever and a day, that we do not know what works and what does not work. What we have argued works and does not work, or what has been argued as a measurable translation from a consultant—“Well, it’s a consultant or a university or it’s an agency.” Often it is argued that it is slanted with bias or whatever and so on. We want a tool that is endorsed by Prime Minister and cabinet. And that does not exist so we can guarantee a certainty of funding for what actually works on the ground. We have quarantined that tool, which is going out into communities to be trialled at the moment in itself or whatever. But that tool is something that if Canberra endorses it, then it can be used by every jurisdiction in the nation—the state jurisdiction here, for instance—to know what actually works and what they should be funding. It is not limited to just an argument of what works; it is also limited to measurable indicators along the way and what is happening in terms of the reality of who we are helping, how we are helping and where we have got them to and so forth.

**Mr M.J. COWPER:** How do you perceive that you are going to put together this formula for government to be able to address these issues when each and every one of those communities is different in themselves? How do you perceive that you might put together a formula?

**Mr Georgatos:** We have already put it together and we are actually trialling it out there in community now. But I will let Pat respond.

**Mr M.J. COWPER:** Sorry. The reason being is that I revisited the Kimberley last week, after many years being away, and it saddens me to know that some 35 years ago, suicide was almost unheard of and now it is rampant. When I asked a question of some elders at that community—I will not mention the community—it came back that there is disconnect between culture and the young people. Of course, that takes leadership. I am not sure that any formula will help that unless we can get those connections back between the young people and the elders.

**Ms Cox:** The evaluation tool is used in two ways. The first specifically in terms of the Australian government using it is more to guide them in terms of what are, as Pat has outlined, some of the key factors in terms of successes of programs that we know. There is, however, a variation, as Gerry has pointed out as well, that each program is different; each community is different. It at least provides some broad, common, almost guiding, tools or principles in terms of what makes for a successful program. They include the broader things like where there is absolute community engagement and ownership from the get-go. Often, the success stories in almost 20 years that I have been working in this space and starting off specifically [inaudible] the programs that operate on the bare minimum of funding because communities themselves have taken ownership and said that enough is enough and we need to address this and have themselves shown us some really great examples. Nationally, we look at communities like Yarrabah and the Shoalhaven region more broadly, which is why we specifically selected the Shoalhaven region and Cairns as two of our community round tables as part of ATSIPEP, so that we could actually go there to listen to, but also to hear about what those communities did themselves to mobilise, to turn around the absolutely disgraceful sort of stats and numbers of suicides that they had previously. The evaluation tool, I think, from government’s point of view is certainly to guide how at least the Australian government in this instance should resource and where it should provide more of its investments. My knowledge of having been on the advisory committee that Pat spoke about that her and Tom chair, but also as the only Indigenous member for many years on the Australian Suicide Prevention Advisory Council—look, I am going to be real. There are lots of programs that fit the mark; there are lots of programs that can tick the box in terms of what we know to be key guiding principles or key areas of work that programs are successful



with. We have had a whole lot of money invested into this area, particularly back home in the Kimberley. I know that the previous government, certainly from an Australian government point of view with Labor, kept asking the question, “Well, we keep responding to and providing all these resources and all of this investment into areas where there’s high need, but we are still seeing the high rates of suicide; that is not being brought down.” The thing that we grapple with ourselves and try to get into our head—most certainly I know that I do personally—is think, “Well, yes, we’ve had all of this investment; we’ve had all of this goodwill from organisations, both government, NGO, Aboriginal community controlled. Why the hell are we still seeing the high rates of suicides that we are?” There are a couple of reasons. For too long, we and governments, as well as communities more generally, have focused too much on the biomedical clinical response needs and we have not focused on the broader socio-cultural stuff. Until we get an absolute across-government commitment and support that goes beyond the rhetoric of just acknowledging and saying that it is an issue that is broader than health and mental health, we are going to continue to see the same issues. Gerry is staying on to talk about justice and homelessness—housing issues.

As the national consultant facilitating these round tables, I am hearing exactly the same things that I heard 18 years ago when I first did the work with the youth suicide prevention stuff in the Kimberley with the Kimberley Aboriginal Medical Service. It is frustrating, I think, you know, working in this space and trying to move ahead, but by the same token I have seen some really great movement—huge ground swells in terms of both government’s commitment to, but also communities now being more accepting of wanting to talk about suicide. It was very different when I first started in this field. But until we get Education, until we get Corrective Services, until we get Housing to actually acknowledge properly what their role is and how they need to themselves contribute and invest into this area, we will continue to see the suicide rates that we are seeing. Both my own personal family but also speaking to communities, a lot of the reasons and people’s assumptions around why people kill themselves are often because of the lack of employment opportunities; are often, sadly, because of the lack of support they get from a family perspective; and financial burden hardships. Those are the issues that are at the core of why I think the rates of suicide are so high.

I am more keen to hear questions from you guys, but the other thing that I think is disappointing is that, one, that it has taken us this long for government to actually look at this issue. Whilst it is great that we are starting as a youth-specific inquiry for the Kimberley, why are we not looking at it as a whole-of-state inquiry? We are not seeing the youth suicides limited to just the Kimberley.

**Mr Georgatos:** Actually, the south west, where we are here now, in terms of crude totals, where the majority of suicides are, black and white—first nation’s people—the majority of suicides are here in terms of crude total. The south west region is the second highest risk group in the state. I was disappointed when the inquiry was reduced to the Kimberley and the Pilbara.

**The CHAIR:** May I correct you there for a moment. This is a misconception, really. Our visit was to the Kimberley but our inquiry is statewide. Our submissions are very wide and from all areas within the state.

[10.10 am]

We felt that if there was a place to visit, because we have not got the time, for a couple of reasons—one is that the statistics are quite high within the Kimberley. There are an enormous number of remote communities in the Kimberley; I think there are probably around 250 in the Kimberley alone. That was a way to start with a visit, if you like. But our inquiry is broad.

**Mr Georgatos:** We agree with you, and we were under the misconception that it was a Kimberley —

**The CHAIR:** No. Our terms of reference reflect that too—that it is a statewide remote community. It is not a Kimberley remote —

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**Ms J.M. FREEMAN:** Were not looking at urban communities at this point in time.

**Mr Georgatos:** Okay, so it is a statewide remote, regional —

**The CHAIR:** Remote, that is in the terms of reference.

**Ms J.M. FREEMAN:** Looking at remote communities.

**Mr Georgatos:** Not regional? Does Kalgoorlie count as remote?

**Mr M.J. COWPER:** No, I have had nine in my area since Christmas, and I would be very happy to sit down and talk about that as well, but at this particular point in time the committee has got a limited time before the Parliament prorogues, so we have got until about the end of the year to get this done and we thought it was so important that I was able to convince my colleagues here—and we also had Josie come on board to demonstrate that we are very serious about this particular issue. People may perceive it in certain ways. I think this is probably the most important piece of work done in all the Parliament.

**Mr Georgatos:** I appreciate that. So Kalgoorlie does not constitute necessarily remote, even though its regional; Leonora surely does constitute remote?

**The CHAIR:** None of those places, Gerry, are excluded from making submissions or providing verbal hearings to us. In that context it is WA.

**Mr Georgatos:** Just so I finish off on one thing, I want to answer Murray's question. The tool is important, because funding comes out of Canberra in terms of federal jurisdiction, and the argument at the federal level that I have had often has been what Adele actually said: we do not know what works and what does not work, but if it is working, why are the suicide rates are high? I am always having to point to the competing factors—the tsunami of poverty-related issues or the fact that in the Kimberley one-eighth of the Aboriginal population is in some form of homelessness. There is a tsunami of poverty-related issues filling our prisons—high arrest rates and jail rates are coming out of the Kimberley. But the tool is actually variable and it is actually needed at the very least to guide, as Adele and Pat have said, Canberra. Also, but not limited to that guidance in order to acquire funding, there is also the measure of how it is actually working on the ground in terms of whether it is a lived experience group that has picked up the funding or whether it is Yiriman-type group in terms of culture and identity or whether it is a psychosocial, psychological mental health—whomever; whatever is dealing with the suicide prevention space. We need to see also measurable indicators: How many have you got across? Where they are at? What is the through-to-care management of these people and where have we got them to? The problem, and Adele will be talking to it a bit later, is that our experience is that there is not just the chronic lack of engaging with the services that we have got on the ground, various layers with suicide related trauma or critical incidents—we are not limited to that. There are also people who are ideating and so forth from high-end psychological depression. There is also a significant level of disengagement between service providers and suicide and trauma-related families.

**Mr M.J. COWPER:** Maybe that has got something to do with the fact that we are trying to exactly the opposite of what Adele was saying. We need to be going there at a base level and then going up, not the other way around. What we are doing is we are always going to the pond to get the money to fund a bottom to top system that is funded in the pool.

**Mr Georgatos:** I agree with all of that; I am not going to discourage you from that view. But there is also the reality. You have got the Suicide Prevention 2020 strategy from the Mental Health Commission. They are coming up with their suicide prevention coordinators. We have talked to Grant and now Lindsay. We are trying to win them over and Grant is supportive at this stage of actually moving the suicide prevention coordinators from a responder-based approach, working the responders, and moving them to a family-based approach where they are identifying the needs of the families and what they need, and then translating that into significant contact with the responders and maintaining an engagement longer with them. You go from the family based into

the project. You can actually acquit what their needs are and also acquit whether they are continually being engaged with. We go from a responder-based approach; we also go to investiture of trust, investiture of faith, that they are doing everything they can.

**Prof. Dudgeon:** That would be a good segue to talk about the critical response project that is part of ATSIPEP, because that is only for our state, although, you know, there are lessons informally nationally. That is an important phase two, if you like—it was actually the third phase; the conference was phase two. That is a very important phase three of ATSIPEP in a sense. If you guys want to talk about a critical response specific to WA, we are working with commonwealth and state government and stakeholders, and hopefully some really good change will come out of that.

**The CHAIR:** Pat, may I just ask you on that issue of —

**Prof. Dudgeon:** I am trying to pass the buck here!

**The CHAIR:** The evaluation tool from this project and the work that you are doing, will that be broadly available? Can the WA government also access this evaluation tool?

**Prof. Dudgeon:** Yes.

**Ms Cox:** Members of your committee are privy to that, because sheets of the evaluation tool in the first draft were in the conference paper sessions from Alice Springs.

**The CHAIR:** It was one that I could not go to, but thank you.

**Ms Cox:** That is out; it was given out to participants as part of the conference, so we can put that on the list of things to send you.

**Prof. Dudgeon:** We are still trialling it at the moment. We have trialled it in far North Queensland in a program that is more of a universal approach—you know, empowerment in general will stop suicide. So, we will probably trial it up in the Kimberley or around WA. It is not only remote, regional or urban, but it is what sorts of programs, so as well as universal programs that build resilience, I would like to see it applied to a program that is community led, but maybe clinical—has a strong clinical element in it. They will be available. It is our hope that the government will use them to implement the big national suicide prevention strategy. We are not brand-new in this, you know. The Healing Foundation itself funds community programs in a certain way, and I would like to see reform in the government on how they fund communities to do suicide prevention and any service. But it needs to be a partnership and then shared information and understandings, and then work together to implement them and evaluate them. So the Healing Foundation already has that process in train, but I think that is something we could all adopt and ensure that there is a clearing house factor too so information gets around and we are not all the dark.

**Mr M.J. COWPER:** Do you feel like you are ever in competition with other sectors of government that are trying to do stuff, whether it be in the health sector, or you are up against some sort of competition? Does there now seem to be more of a holistic approach from other government departments or are they all worried about their own little bailiwick?

**Prof. Dudgeon:** I think that in some communities or regions people are worried about their own paddock, so I think that people are protective. I think it is not just Indigenous; I think it is general. You know, you get your money, you believe in your program and you want to survive, so you are going to protect it no matter what. You keep your information and your goodies to yourself and try and keep your client group, and that might not necessarily be the best outcome for the client. It would be good to have smorgasbords and certain services or programs when different needs are there. Our great strength is that we do not have an investment. We will do this project, then we will not do it, basically. We will work with everyone who we can work with and I think that is quite liberating for us. My big investment is that I would like to see reform on how suicide prevention programs are funded in Indigenous communities—number one. I would like to see the social

determinants and I would like to see a holistic approach, so I have got my own personal agenda in there, but it will be a short-term —

[10.20 am]

**Mr M.J. COWPER:** Let us say we have a smorgasbord and you have got everyone in there with their wares laid out on the table and wherever you go into a particular community, there is an efficiency in one area that is favouring one area to the other, is your organisation or any other organisation prepared to give up a bit of their pie to make it work in that particular area? What I am saying is: how do you get that synergy?

**Prof. Dudgeon:** We are not given any pie.

**Ms Cox:** I am itching to respond to your question. We are quite inclusive. I do not feel like we feel that we are competing against each other and we have absolutely no issue in making others to account in terms of what they should and should not be doing. I think the make-up of particularly this project, and Pat spoke about the national advisory committee and that role, was quite deliberate. We had the big NGOs on there—Black Dog Institute, beyondblue, Suicide Prevention Australia. As individuals, I know I certainly am, lots of organisations who I do not like at the moment, and I will be quite happy and I have told them that I do not like them because of the way that they are doing work, or that they are claiming the space in terms of working in Aboriginal suicide prevention or mental health, but do not have any Aboriginal employees, as an example.

**Prof. Dudgeon:** Or tokenised.

**Ms Cox:** Or have a patron who is Aboriginal and they think that is their right to do the work. The benefit of, I think, in Gerry and mine roles are a bit different because we are contracted consultants externally. Pat is a staff member of the university, but as an institution that has been doing this project, it is actually given us more opportunity to answer the questions that sometimes either community organisations or governments cannot ask of their own counterparts and the colleagues. So, sadly though, it is a dogfight. What is out there in terms of the resources, what is out there, in terms of the little bits of money that is available, suicide prevention has been big competition in terms of work for a very long time. Organisations can say that they do not see themselves competing or they are not in the competition. That is not correct.

**Mr M.J. COWPER:** This formula that you are talking about, Gerry, is it some sort of algorithm? I am really interested in seeing this.

**Ms Cox:** It is not a formula. I think we need to be careful about misinterpreting what the evaluation tool is.

**Mr M.J. COWPER:** An algorithm, a magic wand, whatever you want to call it.

**Prof. Dudgeon:** There are principles in it. I was thinking as you asked me that question, we do not compete, but then I thought: hang on, with the national empowerment project we are in the mix. But, for instance, we have put up submissions to our state government here for our WA sites being Narrogin, Perth, Northam, and Geraldton.

**Ms J.M. FREEMAN:** Can you give us copies of those?

**Prof. Dudgeon:** Yes, happy to. That is a big project, but we actually have structured—we do participatory action research, so we have a certain way of doing research too. When the funds are gained for our sites, where ever they are—for instance, Queensland, the Mental Health Commission has funded them, and they are in their third year of operations. They do cultural, social and emotional wellbeing programs with communities, but we do not get money. The community organisation does, so I think that is the fundamental difference; it is a partnership but in a sense, without sounding all airy-fairy and whatever, we have to give up our power as well if we want communities to be self-determining. We have a partnership, say, in Queensland between Ngonbi, which is the organisation that has the money, the Queensland Mental Health Commission and

UWA, and we meet regularly and discuss the delivery of the program, what we need to do next. That commission is going to refund that program for five years, so that is up in Kuranda and Cherbourg it is being delivered. It is an Aboriginal organisation that has the say; they get the money and we work together. They also employ Indigenous local people in both sites. I think those things need to be in place so we could meet the challenge and say it is not tokenism. We will fight for our sites to get funded, but, at the end of the day, it is Aboriginal community organisations that hold the money and ultimately the power.

**Mr M.J. COWPER:** It saddens me to say this, I was at a community the other day and I am a sports fanatic, I admit that, and I get that not everyone is into sports; others are into arts and cultures and things. I get that, but just by way of example, we have got a community there that has a brand-new lawnmower, yet some years ago they pulled the pump out that actually supplied the water and pumped the water onto the oval so the kids could get out there and do some exercise. But they got a new lawnmower, which is virtually useless to them because they have got nothing to cut because the grass does not grow because there is no pump. That is what worries me. You are getting money out of one area here and nothing over here. How do we get confidence so that we are pulling them all together, pull the strings together to get them going in one direction?

**Ms Cox:** I always give the example of when I did lead that work for the Kimberley Aboriginal Medical Service back in 1999, I remember going out to Bidyadanga and sitting out with the young fellas and saying at that time, “Why this mob doing what they are doing?” And the kids, one of them said, “Oh, miss, we have been trying to ask the office to put the lights at the basketball courts for a long time now because there is nothing for us to do at night.” How simple is that solution? Put globes in and fix the amenities around the community so that kids actually have something to do.

**Ms J.M. FREEMAN:** One of the things that was raised with us is part of that problem is that there is no paid administrator in a number of the communities at the moment, and that means you are relying on volunteer staff to do that sort of aspect.

**Mr Georgatos:** That should not be the case. There should be project administrators; no-one should be volunteers. I have come out of Leonora and Leonora had high levels of psychological distress just recently; in the lead-up to Christmas we buried three kids in five days and there have been suicides since and self-harming and all that. The community is separate—black and white. You have got the council who at one stage pulled all the benches, not that long ago, from the community so people would not loiter, not that that is going to stop them because they are going to sit on the grass. That was just ludicrous, but there is that division between people. In the end the government agencies came in and had a meeting with the local people and there was a lot of displaced anger. The anger was not the right way for agencies to go about things for the locals, that the agencies and services “were at a loss”, that “we are all overstretched and underfunded”. Kado Muir was calling for boots on the ground and all that sort of stuff. In the end he was right to be calling for that. In the end, there were 10 arrests straight after that meeting. There were 10 arrests and there was a stabbing the night before. I went in there a couple of weeks later and I had PMC, Prime Minister and Cabinet, saying, “What is going on in Leonora?” I said, “What it’s got to do with us? These are your agencies.” Anyway, I went in there, softly, softly. I do not go in without the welcome of community and elders and all that sort of stuff and I have been working with families from the critical response suicide-related trauma. That is something I do want Adele to talk to because in the end —

**Ms J.M. FREEMAN:** My question was: are administrators funded?

**Mr Georgatos:** No, see, in the end to have a discussion we have to say sometimes you have got to work with the reality that politics is a tough gig and we are not going to change the climate and get the type of funding that we want. We have got to work with what we have got, so do more with less. In the end we have created all these groups out there. In Alice you met the bus mob, the Trail to

Hope, Richard Evans, Sandra Evans, all of them, they came out there. Twenty of them came, a lot of them were at-risk youth. So the community got together and we put together grandmothers groups, mothers groups, youth groups, all that sort of stuff, but what is missing is actually—and this is what I have been arguing with the various jurisdictions at the government level—what you said. We need a paid project person and I have come out of Groote Eylandt; it was the same thing that I said there. Even if it is on a pro rata basis, you need someone to make it sustainable and demarcate issues that arise within groups or whatever. They do not have that and so it is not sustainable at this point, so I am with you. But who comes up with that sort of funding? That comes from yourselves and government.

**The CHAIR:** When I visited one of those communities, the same community, I do not know, it must have been eight years ago, there was a CEO, and we met with him and he was, basically, very well thought of and it was happening, so what has happened since? We are pulling the funding —

**Mr Georgatos:** That is a given.

**The CHAIR:** — and hoping that these communities will just fade away by attrition? What has happened in the meantime?

[10.30 am]

**Ms Cox:** That is a question for government, not for us.

**Mr Georgatos:** It is a question for government, but I am happy to speak to it, and I was going to speak more to this at the second session. The reality is—I have often argued this—that these communities have been degraded and there is some attrition going on there. Social infrastructure has been ripped out of communities, jobs that were there are no longer being funded, and programs that were there are no longer being funded. So, the degradation of these communities is not of the making of these communities but of one government after another. That is actually a reality that I would say is pernicious and endemic right throughout the state of Western Australia. I am going back into communities, and I have visited hundreds of communities across the continent over a few decades. I am going back into communities and seeing that they have got less of what they had.

**Mr M.J. COWPER:** CDP.

**Ms Cox:** What about it?

**Mr M.J. COWPER:** Some say it was, not a perfect system, but probably better than what we have now, which is nothing. Comment?

**Ms Cox:** The commonwealth government is reintroducing CDEP, are they not?

**The CHAIR:** Yes.

**Ms J.M. FREEMAN:** My understanding is that they are reintroducing it, as not employment based; it is just CDP now, not CDEP.

**Mr Georgatos:** CDP is in Leonora but not in Kalgoorlie, for instance.

**Ms J.M. FREEMAN:** CDP, not CDEP. They have not reintroduced it as an employment policy, it is just development.

**Ms Cox:** Which has employment implications, though, is my understanding; indirectly, not directly.

**Ms J.M. FREEMAN:** You cannot do what they used to do, which was say, “We will employ people in the community under CDEP and they will have a reason to get up in the morning and be part of it, and that will be their employment.” Now they will be able to say, “We will develop them through a training program in the community so that they can get employment somewhere else in the future.”

**The CHAIR:** Can you answer that question on CDP that Murray asked around what you thought about it as a program? We have heard different messages about the positives and negatives towards

that, and some of the positives are that it at least gave people an activity and they had something to get up for in the morning, and that is very critical.

**Ms Cox:** It is exactly that. For me, I can go into a community and remember what used to be, and a lot of that is because CDEP, as one example of a program, was actually flourishing. It is the case that a lot of communities absolutely miss what CDEP did for people, for families and for communities. While a lot of people comment and say it was just another form or type of work for the dole, regardless, it actually had meaning and purpose in terms of putting the investment back into those particular communities. I go into some of those communities now and you see the impact of CDEP, which has not been around for a while. It is the same as people talking about the good old days of ATSIC and what ATSIC did. Even though lots of people complained at the time, as soon as ATSIC was abolished, a lot of communities were going, “We want ATSIC back.”

**Prof. Dudgeon:** If I could just add to that, when we did the national empowerment project, we did consultations at all our national sites, and the taking away of CDEP from communities like Toomelah on the New South Wales–Queensland border, which is one of our sites, it was clear that that was—I did all the research behind that, and that was a really volatile community, but it was CDEP that got it together. They were actually really empowered and they were going to run CDEP for other Aboriginal communities in the area. I remember a quote from one of the ladies who was involved, the CEO, and she said, “We had our town so cleaned up you could eat your food off the pavement if you wanted to.” But then they took it all away, and you think, why? Now they have gone back to having these terrible programs in a really dysfunctional community. But Adele’s point is spot on. Okay, I also think some of our own people are their own worst enemies, because I know that every time we had a meeting, everyone would run down ATSIC; it was a fun thing to do. It was the same with CDEP, “Oh, this is against our human rights. How come non-Indigenous people just get unemployment benefits and blackfellas have to work for it?”

**Mr M.J. COWPER:** That is actually a good point.

**Prof. Dudgeon:** I think we have to give some programs, even if there are differences of opinion, some time to see it through. Now that has gone, and it really has buckled a lot of communities.

**Mr Georgatos:** If I can just say one thing to that, I am actually conflicted by CDP. I have seen the impact of having removed that. Someone like me would always argue, from where I come from—I do not hide the fact I am a left-winger—that underemployment is a huge issue. Working for less remuneration than what others are getting on an hourly basis is problematic for me. But these communities have actually suffered because of its removal. I have come out of Beagle Bay where I actually saw its reintroduction, and the argument is that it is purposeful activity. The problem, and my only concern, is that if we reintroduce it, it is a positive thing in terms of some purposeful activity, but it does not address holistically the needs of that whole community. What we need to calibrate within that and secure within that calibration is the potential for people to actually be employable outside that community. What happens to all these people that we have conditioned to be employable only within their community? They also have to have a point of exit strategy where they are employable elsewhere.

**Ms Cox:** That is where the new CDP has merit in terms of grooming and actually supporting people so that they are in a state of readiness to go on and find further employment.

**Mr M.J. COWPER:** Adele, we were at a community the other day—I will mention no names—and the comment they made to us was that people there had certificates they could wallpaper that wall with, and yet at the end of the day they still have to have jobs.

**Ms Cox:** Employment, communities and closures of communities have huge implications in terms of people’s perceptions about what they can do. I know we have certainly been very vocal, and I personally have been very vocal. A year ago, almost to the day, I went to social media to highlight the impact of what this could do potentially and seeing the rate of suicide skyrocket as a result of

that threat. There are a lot of broader issues. But, again, it is all the stuff that we know to be true in terms of why the rates of suicide are so high, yet none of us have actually spoken about mental health or the medical stuff.

**Ms R. SAFFIOTI:** I think we touched on employment before, about the interaction between commonwealth and state in relation to strategies and expenditure. Where do you see the deficiencies currently, and do you have any ideas about how that coordination can be improved? It seems to me that there is a lot of activity, and sometimes some expenditure, and whether it be commonwealth, state, NGOs or some other significant donor, that there is a lack of coordination and understanding of what everyone else is doing.

**Ms Cox:** I can speak directly to that, and I have no issue with speaking, as a former member of the WA Ministerial Council for Suicide Prevention, appointed first when Graham was actually our inaugural Minister for Mental Health, way back when. It was not that long ago!

**The CHAIR:** It was 2008 to 2010!

**Ms Cox:** I sat two terms on that ministerial council. The work that Pat and I were doing at a national level included the development of the first national Aboriginal and Torres Strait Islander suicide prevention strategy. One of the things that as a member of council I pushed and said to our Chair at the time was, “Why reinvent the wheel? Why invest money to get consultants to develop what looks like a plan or a strategy, when we should actually, because of the state–commonwealth relationship, use and adapt the national strategy that we are working on?”

**Mr M.J COWPER:** Consultants are only there for when it goes pear-shaped, so they can say, “Oh, well, that’s what the consultant told us.”

**Ms Cox:** Yes. There was agreement from the other members that that should be done. Sadly, I never got to see that fully supported or adapted, if you know what I mean. Darryl Kickett and I, separately, did some other work for the council through the Mental Health Commission, which was to actually go out and do consultations in this state last year towards the development of the Aboriginal suicide prevention implementation plan. Council, from my understanding, decided not to develop a specific Aboriginal plan but rather an implementation plan. So I am going to assume that you guys have access to that work and those reports that Darryl and I did through the commission. Again, similarly, we picked up —

**Ms J.M. FREEMAN:** Do not assume. We are not government; we are a parliamentary committee.

[10.40 am]

**Ms Cox:** Well, on the record, the Mental Health Commission should make that work and those reports available to you. There is good correlation between what Darryl and I found in that work, which almost mirrored what Gerry and I found with this work. So, there are those things there. The intention was there, the goodwill was there. It actually did not go beyond that, Rita, I am afraid, which, again, frustrates me because what we did and the consultation that was involved, which included WA, to develop that national strategy, I just went, “Why are we re-creating yet another wheel, to do work that someone else has already done?” I do not know what the magic answer is. I cannot say why governments or people who are in power cannot themselves move beyond that rhetoric to actually doing something.

**Ms J.M. FREEMAN:** So the national strategy has been put on hold, though, has it not, but the funding that was attached to the national strategy —

**Ms Cox:** Which was \$17.8 million, yes.

**Ms J.M. FREEMAN:** — has been quarantined, and that got put on hold straight after the last federal election. Is that the case?



**Mr Georgatos:** That was outgoing moneys that had been prescribed by the Gillard–Rudd government of \$17.8 million over four years for suicide prevention programs, predominantly community-driven programs. That had been put on hold, and it was probably going to be blown away, and we argued the case that it be quarantined at the very least, or whatever way it turned out. We actually argued that it should be released and that it would be of help on the ground. The reality is that our argument is that no matter what we are doing, nothing should be paused or delayed, but what this government has done is actually listen to at least some of what we have said, and have put it on hold and quarantined it until this final report comes in.

**The CHAIR:** Adele, just following on Rita’s question, when you compare the national program to the state program, in your work, were there any things within the national program that you said did not work or did not fit for us, or there were gaps in it for us? Was there anything glaring that could not apply—that needed work done to make it a WA-specific?

**Ms Cox:** No, because I think when you look at it again, this is another—no assumptions this time; I will send a copy of the strategy to you—because one of the things that I push for, including in conversations that I had with Grant Akesson actually, which in that time doing the work I just said, “Why isn’t council adopting these broad principles that we’ve developed through the national strategy and using them in terms of the work for Aboriginal-specific.” I am going to be quite honest and say that when I looked at the work and what was put forward to us from council under the broader 20–20 strategy for WA-specific, they did not apply to our model, whereas when you look at the principles in the national Aboriginal strategy, they absolutely did apply, and again I will leave that for you guys to have a look at and make your own determination, but I think you will see straightaway what I am talking about, again, which adds to that frustration. I am not a member of council now so I can keep asking those questions now outside of council.

**Prof. Dudgeon:** Guys, we are a bit anxious, because I wanted Gerry and Adele to share about the critical response project, because, like I said, that is really important for the work of the inquiry. It is a short-term project but, over to Adele and Gerry on that.

**Ms Cox:** The Indigenous critical response project, as Pat said, was an emerging thing. We decided to hold a round table specifically to discuss this with key stakeholders in July last year here in Perth, and one of the things that came out of that was—a couple of things. One, I think that the area of postvention is something that we do not do enough work in. I think there is acknowledgement, and we know the fact and communities now are seeing the benefit of postvention as a suicide prevention. A lot of the work around the critical response has really been to go in to investigate, but ultimately to actually support families primarily who are just not being supported. They are not being supported from a cultural perspective point of view, but they also not being supported in a timed manner.

One of the things that is tied into the work of the critical response is the issue around data and stats. It is something that we have continued to look at, and I know that this state particularly is looking at the issue around real-time data, and some work that Telethon Kids are being commissioned to do by the Mental Health Commission. Data is important, and real-time stuff in terms of notification is important, and that is all tied into the work that Gerry and I have been doing with the critical response work.

We have made it clear when we have gone into communities that our role is there as the advocate and the conduit between the families, first and foremost, and then the services in terms of what their needs are.

Again, Prime Minister and Cabinet, and Minister Scullion particularly, was concerned about this area, so we were quite fortunate that, as an emerging theme, both in terms of us discussing a bit more detail as part of the project, but also in terms of some investment and actually doing some work, we got a commitment of some additional funds from Prime Minister and Cabinet to conduct this work, and through our wisdom, and certainly through Pat’s leadership, we said, “Look, it’s

a short-term project. Let's not kid ourselves. We can't do this nationally, so let's have a concentrated effort in a state or in an area." This was when we discussed and spoke to the WA Mental Health Commission and said, "Hey, we're quite keen, because we're based here in Perth, to actually look at trialling and doing this work as a first step in WA specifically."

As part of the critical response work, we came to an agreement between the project, Prime Minister and Cabinet and the state Mental Health Commission to do some concentrated effort. There are two streams. Critical response stream one involves a mobile phone that was bought; there is a number that has been given, and Gerry, poor thing, is the holder of that mobile. Gerry can speak about this, but that phone rings from both responders and service agencies, but also now we are getting more and more direct families and individuals who are getting access to that number. We have put that out through Prime Minister and Cabinet's networks, through all of their regional offices, and that phone usually rings off the hook. I am assuming Gerry has got it on silent, because it has not rung. That critical response is to provide support and respond to suicides as they happen, or attempts at suicide, or any other broader traumatic events. We have said in the scope of the work that, if there is a motor vehicle accident, for example, which we know in small communities have huge impacts for families and for the community at large, that is part of the work that we will do, because it is almost the same steps in terms of services being lined up ready to go to respond as need be.

The work in terms of providing critical response advocacy and support when suicides happen is statewide. We have in fact taken on the call, on request specifically from the commonwealth, to look at other cases. Gerry mentioned Groote Eylandt and us going in there to just assist families and the community after the 13-year-old female suicide that they had up there, with some very speedy gains and outcomes, which has been brilliant. The stream one work happens. There is an assumption, because of media mostly, that we fly in, fly out and respond to every suicide as they occur in this state. That is not the case. Our role is really to—on an absolute needs basis, if and when we need to physically go somewhere, we will consider that, but between us and the team, there is actually quite a rigorous process that we go through in terms of going, "All right; we don't want to go in and step on any toes. Have we made sure that we have that engagement and contact with local services?" This happens regularly, so Gerry and I are on the phone always, and we make our call first before we go to the boss and say there is a real strong need for us to go in.

[10.50 am]

The Looma suicide with the 10-year-old, a lot of communities and the media actually wrote and portrayed and said that we were physically in the Kimberley. I physically was, at the time, but I was there on my own personal holiday. Gerry was not up there. We have not been out to Looma as a result of that, because there is no need. We had the coordination; we liaise with StandBy in that instance, in terms of being absolutely assured that that was being responded to adequately. What has happened is there has been a bit of movement, so services now are getting their noses out of joint because they are feeling like the spotlight is on them. I say: you know what, good job, because there are so many communities that are not being responded to appropriately as the needs go on. Before the project was launched, because there was imminent need, Gerry and I went to Kalgoorlie. He mentioned the three burials of the three young people in Kalgoorlie in a matter of five days. We were actually present, and with permission from family there, for two of the funerals. We went in because we had services then ultimately ringing. The state Mental Health Commission actually phoned up and said, "Hey, we've got services going out to Leonora, and they've said they've attempted to visit the families and speak to them, but no-one is there or no-one wants to talk, so they are all sitting at the pub having a hamburger. Can you guys get in there?" With permission of Hannah, the project actually went in, even before the contract came in, to start doing that work under the broader evaluation project.

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**Mr Georgatos:** But we did not go in just because the Mental Health Commission told us to. The Mental Health Commission, granted, said a few days before, “Yes; are you’re aware of the 15-year-old’s loss at Leonora.” We said yes of course. He goes—mental health, “But we’ve got it covered.” Mental Health said “We’ve got it covered; we’ve got five responders out there in Leonora.” Then a couple of days later, as Adele said, we got a call and they said they were not able to translate that contact into engagement. They don’t want to be dealt with, whatever. Can you guys start?” We did not jump in and say we were going to go in there. First, we have to verify and validate. We do not want to upset the service providers, because we do not take anything as the gospel. We check with the responders; we check with people on the ground; we check with extended family; we check with everybody and the cultural people in town—the elders. And on that proviso, we made the assessment or whatever to go in. You can take it from there.

**Prof. Dudgeon:** What about the stakeholders and partnerships that we have got there?

**Ms Cox:** Yes; so we went in. It was actually the week of Christmas that we were there. Our engagement was able to happen with the families. For responders or organisations to say that it is too hard or we have attempted and tried, it does not take much.

**Mr Georgatos:** It happens straightaway for us. It is about how you go in. We actually got off at the airport. We had one of the minister’s senior advisers with us, and we took him along. We said, “We’re going out to Ninga Mia.”

**Ms Cox:** He was told Saturday he had to travel Sunday; we go to Kalgoorlie with these two consultants.

**Mr Georgatos:** Yes; it was good for them to see with their own eyes what is actually happening on the ground. So we took them to Ninga Mia for the service for the community—a couple of hundred were actually out there. Minister Scullion’s senior adviser—the Minister of Indigenous Affairs. So we went straight out to the community and we engaged with the community straightaway or whatever, then we built the relationships within moments. The responders have come to us. Look, some of the responders, all structures are people—and some people out there are doing incredible work. I have to say that Raelene Cooper from WACHS or whatever has done incredible work out there and we have been working very closely. The problem is the critical response project, which is really about trying to ascertain what needs more to be done on the ground and to be absorbed into systemic improvements has in effect to some extent become a service. We have got now responders calling us asking us for help to assist them or whatever, and we are not a service; we are a project that actually inform the Mental Health Commission, and inform Prime Minister and Cabinet and inform our various stakeholders.

**Ms Cox:** And it is meant to develop an Aboriginal-specific mental health response model —

**Mr Georgatos:** I will be critical of some of the service providers—major and minor players. I am not going to identify them, but I will be critical of them. This is where we need much stronger jurisdictional oversight and an intertwining of the jurisdictional oversight and who does what so that we can get that through —

**Prof. Dudgeon:** Which we are doing with AI, however that is connected.

**Mr Georgatos:** — which we are doing, but some of these responders have disengaged. Some of these responders have not engaged in the first instance with suicide trauma-related families or other incidents of a critical nature. Some of these responders have disengaged far too prematurely. I have been out to Kalgoorlie and Leonora four times since the Christmas trip and I have had to re-engage respondents.

**The CHAIR:** What is the problem with re-engagement—no effort, no desire or just no language? What is it?

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**Mr Georgatos:** It is multiple factors. I say some of them are exhausted and at a loss. Some of them now want more to do. A certain sense of resilience has been lost by some of the responders. Some of them are not skilled to the extent that they should be, when they are asking me for post-intervention resources; that is problematic. When one high-end responder with her manager was there asking me, “What more can we do, Gerry? Can you give us some advice?” I said, “I’m not here to tell you what your job is.” I am always civil; relationships are important. At the end, I said, “You can just check up on them.” She said. “That’s really good advice.” All sorts of thing just flustered in my head when that was said or whatever. You see, we have got to have some sort of acquittal or check in the system or whatever. This is why I was arguing if the suicide prevention coordinators at the Mental Health mob want to put out soon that we are rolling out, if they go from a family centred-based approach, identifying what the families need, they will always know if it is getting done or not. I had to engage one service provider to help a family—a mother who had lost her child, her 15-year-old, and who was now homeless with two children—to assist her with the paper work for DOH to get her on the priority waiting list. That sort of stuff should not be happening.

**Prof. Dudgeon:** I just need to interject here because I am worried that we are giving the impression that we are just this maverick but heroic group that is working on our own—and we are a little bit—but we also have a fabulous governance committee. This project is not just ours; there is actually strong buy-in and partnership with the WA Mental Health Commission, so Grant Atkinson and Lindsay work very closely with us. StandBy is a stakeholder too and we are doing MOUs with those relevant bodies. Mick Sutherland from the police has just joined the committee. We were wanting someone who was involved in first responders. So we have very strong governance. Now we have our Aboriginal—we will be targeting sites to do a bit more work with, our community development stream as we call it, where we, together, will be looking at what is there, where is the gap and what do we do to fill it. We are very clear that we are here in the short term. It is tempting to be either the saviour or to become a service. We are here to facilitate coordination of services and empowerment and employment in communities. So full sites that will be doing the community development aspect of the critical response, include Broome, Geraldton, Narrogin and Kalgoorlie, so we will be working with those sites. We have already had meetings. Again, our community partners in those areas are CAMHS, GRAMS, Kaata from Narrogin and Bega from Kalgoorlie. Our role is to coordinate, to develop a culturally, if necessary, appropriate critical response model. The StandBy model looks good, but we need to sit down and look at that and either endorse it or modify it. But they have been absolutely fantastic. Yes, there are some good things happening. There are a lot of things that are not happening.

**Mr M.J. COWPER:** Pat, can you just walk us through, by way of example, a situation, let us say—I do not want to mention any particular place—but one recent one in the Kimberley. That community is probably in shock. It has been traumatised. It has a certain amount of shame and it has a whole range of various things going on. It is not just the family; it is the wider—but the family in that situation would be the whole community. How do you operate in that space when you have got all those various things? I understand that the issue here is we do not want to get a situation where we have repeat or clusters involving that one community. I know that has happened in other places and then after a period of time it seems to have levelled itself out and then it seems to have moved on to another community, if you know what I mean. How do you treat that situation? Can you just walk us through the sort of things you do?

**Prof. Dudgeon:** I am assuming that you are talking about Looma with the 10-year-old—yes—and the media circus that happened.

**Mr M.J. COWPER:** That is the problem, the media circus.

[11.00 am]

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**Prof. Dudgeon:** We have actually got a big communication protocol. We got called straightaway. We actually did not go into Looma, but I think we did not expect, and CAMHS did not either; no-one expected it to be such a sensationalised issue. If that would happen again, I think that that kind of media is not useful for the community. The way they treated it was disgusting and we all agree on that. Our names were bandied around in it as well, so we have had to live with that. But certainly just say it was in the goldfield, we would quickly go to Bega and the Aboriginal people and leadership and say, “We think, be alert, this might become a media issue. How do you want to deal with it? How can you batten down and not be used by the media but perhaps ensure that your issues get out? You should nominate some spokespeople.” I would go into a series of how to manage the media, but that was appalling because they ended up naming the family. That is terrible. I would die if that happened to me. I would be devastated. It is bad enough having to grieve, but having it there as a national, tasty sensation was disgraceful. And the media violated their own principles and ethics. I think that if they have their own principles on how to report and they just do not! Yes, they do, apparently! I do not know.

**Ms Cox:** Mindframe.

**Prof. Dudgeon:** They do use them well, but, yes, it was absolutely terrible.

**Mr Georgatos:** There is the Mindframe document out of the Hunter Institute, which most media actually follows the general principles of what is recommended. The one glaring fall in all this was the naming of the Mangolamarra family, which was quite surprising —

**Ms Cox:** By *The Australian*, was it not?

**Prof. Dudgeon:** Yes.

**Ms J.M. FREEMAN:** Gerry, did you just say it is the Mindframe document?

**Mr Georgatos:** It is commissioned by the government—the health mob—and what is it called—Mindframe essentials?

**Ms Cox:** It is the Mindframe media guidelines that journalists and media outlets are meant to follow and abide by in terms of their reporting of suicides or suspected suicides.

**Mr Georgatos:** It is easily accessible. You google it and it will come up.

**Prof. Dudgeon:** Sorry; I thought you guys knew that because what happened around the suicide of the 10-year-old flew in the face of not only common decency, but the media’s own ethics. No-one forces them to uphold those ethics, obviously, but usually they are pretty decent so that was a bit “wow”. It was a bit unusual and it took us back. In future, how do you pick which one is going to capture attention? I think that we need to share news, but not like that. No-one expected it to be such a feeding frenzy, as I call it.

**Mr M.J. COWPER:** That is exactly what it is.

**Prof. Dudgeon:** Yes, it was. We had stories of journos going up there and the community was trying to manage it and then they would go and upturn a baby’s pusher and take a photo so it looks all desolate. Yes, it was quite a frenzy. But, yes, just support the leadership of the community and say, “Be aware”, but ultimately it is up to the community. We cannot say, “You can’t do media”, obviously, but to say that some people might want to use this as sensationalism —

**Mr M.J. COWPER:** Is there a lockdown situation?

**Prof. Dudgeon:** No. We did it at the conference. At our conference, we did a big media information—we invited the media. We said, “Have a feeding frenzy on us, but we’ll be telling you what we want to.”

**Mr Georgatos:** But that was easy for us to do because, actually, we were controlling the show and we backgrounded the media. We invited all the media; we were not discretionary.

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**Ms Cox:** We were proactive rather than being reactive.

**Prof. Dudgeon:** People were given background information so they knew what to do. The first thing was that you do not have to answer all the questions if you do not want to.

**Mr Georgatos:** We briefed everybody on what to do. A similar thing would be if it is a community or a service, they could do likewise or whatever. It is just a briefing.

**Prof. Dudgeon:** A bit of media training.

**Mr Georgatos:** Answer what you know. Answer what you feel comfortable with and do not speak to what you do not know, or whatever.

**Prof. Dudgeon:** We actually kicked one of the media people out, did we not, Gerry?

**Mr Georgatos:** You tried to, but I stood in the way of that.

**Prof. Dudgeon:** I kicked her out.

**Ms Cox:** I told her off. I told her to stop recording her device.

**Mr Georgatos:** Oh, no; that was done, yes.

**Prof. Dudgeon:** She wanted the controversy and we said —

**Mr Georgatos:** Yes, there was Stan Grant and the chap who actually just spoke back. They picked up a bit of controversy but, in the end, that is media. My view is you cannot control the media.

**Prof. Dudgeon:** No, you can ask them to leave. They were there to do suicide prevention.

**Mr Georgatos:** But ours was a conference; ours was not a community or whatever. Our was about what works and what does not work, and the people had come to see what works, what does not work, and we had 58 published stories out of that broadcast and so forth. So it was quite significant. There is quite a thirst out there —

**Prof. Dudgeon:** Yes. Overall we were satisfied, but, yes, we were stunned by the Looma incident.

**Ms Cox:** Going back to Murray's question, I thought about it and again we have quite a good working relationship now as we have gone along with the responders, but also with the services in the Mental Health Commission, and we are finding that, in most cases, yes, it is Gerry and I who are notifying the commission or some of the responders as soon as we have heard something or a whisper around a suicide. Unfortunately, there was a suicide over the weekend up in the Kimberley again.

**Mr M.J. COWPER:** Whereabouts?

**Ms Cox:** In Mowanjum.

**Mr M.J. COWPER:** Mowanjum.

**The CHAIR:** We have just been there.

**Mr Georgatos:** The individuals that are identifying—he had lost a sibling three years prior, which is an elevated risk group —

**Ms Cox:** I had received the phone call then from Gerry. Neither of us had heard until that point. We have quite a good relationship, for example, with StandBy in the West Kimberley, where ourselves and Jacob are in quite regular contact and engagement. Similarly, he is male; he is going into that community. He just said, “Look, are you happy for me to give the aunties or the women your number?” I said, “Absolutely”.

**Ms J.M. FREEMAN:** One of the issues when we met with StandBy various times in the Kimberley was that they had taken a policy from New South Wales—non-Aboriginal—and they were putting it in. But you are looking at that, are you not?

**Prof. Dudgeon:** Yes.

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**Ms J.M. FREEMAN:** You are looking at actually being able to equip that so that it can be more culturally appropriate or more —

**Ms Cox:** We are looking at what elements of their model and their framework work well and what elements do not. United Synergies and Anglicare have been quite up-front and open with us in saying that they know that they do not have the perfect model. They are keen, as part of their involvement in the evaluation project and the critical response project, to also look at how they can make their work better. The same as we have had local organisations who have said to us, “Yes, we’ve quite a good network of agencies who meet regularly and we think we have got quite good service provision, but we know that we do not do things as best as we could.” There are obviously still those organisations in some communities who feel like their feathers are being ruffled because they being looked at or the spotlight is being put on them. That is not the case; we have said that where there are things that work well, we do not need to interfere. We do not need to go in and do any other work, but we would like to actually capture that then so that we can —

**Mr Georgatos:** For us to be robust, we actually do need to be notified and assess for ourselves if a project has robust data and robust conclusions that will improve systemically, because it is about the systemic approach. In terms of StandBy, they are the best of the lot in wanting to improve their line. In terms of how to improve it, what you have just said Janine, or Rita—I cannot remember who said that—it is really important that we also understand that it is not just the Kimberley that we are looking at regionally; it is also in terms of communities with high cultural content. So it has to be demographic. It has to be that you know what you need to know when you are interfacing with the particular regions’ communities. There are other communities with less cultural content than the ones with high cultural content, so it varies about how you deal with each community—how you engage.

**The CHAIR:** I know this is not an easy question, but the ineffective suicide prevention programs —

**Mr Georgatos:** Pat is about to —

**The CHAIR:** Pat, you have to leave; I am sorry.

**Prof. Dudgeon:** Yes.

**Ms J.M. FREEMAN:** We want to wrap it up.

**The CHAIR:** We do want to wrap it up.

**Prof. Dudgeon:** Okay.

**The CHAIR:** We were going to talk to Gerry separately at quarter past 11.

**Mr Georgatos:** Do you want to conclude with that and ask me what you were going to ask later, or —

**Ms J.M. FREEMAN:** Can I just ask a final question?

**The CHAIR:** Someone will ask you the question later about effectiveness and how you measure effectiveness.

**Ms J.M. FREEMAN:** I have one last question before we wrap it up, though. Gerry has called for a royal commission outside of your aspect. Has ATSIPEP got any view on that?

**Mr Georgatos:** Or as individuals, maybe?

**Ms J.M. FREEMAN:** No, I am not asking you as individuals.

[11.10 am]

**Prof. Dudgeon:** No; we put up a national inquiry. It is a big issue and then at some times, other than this inquiry it feels like people go, “Oh, isn’t that terrible, the Indigenous suicides” and then it does not get much attention. A royal commission does have merit. I know they are expensive

processes, but if they leave things being dealt with in a very serious manner, and then reporting mechanisms that people who are responsible, whether state, commonwealth and government departments need to be reported against, I support a royal commission. We will have to consider whether we put that into our ATSIPEP report and one of the advantages of having a royal commission is to have it dealt with seriously, as it should be, and then to have an ongoing reporting back accountability is important. Another way of which could be a part of the royal commission, or separately, is to ensure that Indigenous mental health and suicide prevention becomes one of the Closing the Gap targets, where it is not at the moment. There are a lot of health targets. We need to make that one of the COAG Closing the Gap targets.

**The CHAIR:** Thank you Pat, Adele and Gerry.

**Prof. Dudgeon:** My pleasure.

**The CHAIR:** I just need to read this very quick closing statement. Firstly thank you for your evidence before us today. A transcript of this hearing will be provided and forwarded to you for correction of minor errors. Any such corrections must be made and the transcript returned within 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 to be correct. New material cannot be added via these corrections and the sense of your evidence cannot be altered, but should you wish to provide additional information or elaborate on particular points or provide information that you have given us an undertaking to do, as supplementary information, please do that and return that with your corrected transcript again.

**The Witnesses:** Thank you.

**Hearing concluded at 11.11 am**

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