



Education and Health Standing Committee

Learnings from the message stick

**The report of the Inquiry into
Aboriginal youth suicide in remote areas**

**Report No. 11
November 2016**

Legislative Assembly
Parliament of Western Australia

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Education and Health Standing Committee

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The report of the Inquiry into Aboriginal youth suicide in remote areas

Report No. 11

Presented by

Dr G.G. Jacobs, MLA

Laid on the Table of the Legislative Assembly on 17 November 2016

Acknowledgement of Country

The Education and Health Standing Committee acknowledges the Aboriginal peoples of Western Australia as the traditional custodians of this land, and we pay our respects to their Elders past, present and emerging.

Chairman's Foreword

Of all of the work this Committee has done in this term of Parliament, this Inquiry has been the largest and most challenging. The challenge lies not just in the complexity of the work, but in the Committee's social responsibility to contribute to reducing the number of young Aboriginal people suiciding.

Over the years there have been a plethora of inquiries undertaken, reports written and recommendations made which attempt to address the crisis of Aboriginal youth suicide. Significant amounts of government funds have been spent providing a variety of programs and services to address the complex and interrelated risk factors which may contribute to a young person suiciding. It was important to the Committee to not just repeat what has been done in the past. As such, it decided to analyse relevant recommendations of previous inquiries, over 40 reports, to see if they had been effectively implemented. In many cases we found that they had not. The rising rates of suicide clearly confirm this.

At the World Indigenous Suicide Prevention Conference, Indigenous health expert Sir Mason Durie spoke of the determinants of suicide as the '6 Ds'. While most of us are aware of the role that Disadvantage, Destructive environments and Disorders play, the effects of Dispossession, Desertion and becoming Dispirited are particularly relevant when considering how to respond to the unique nature of Aboriginal youth suicide. As one witness put it, the culmination of these factors is feelings of hopelessness and helplessness which are at the core of Aboriginal youth suicide.

The various reports and inquiries the Committee considered during this Inquiry made a broad range of recommendations. Perhaps the most important, yet least enacted, were about the role of Aboriginal culture, both as a primary protective factor building resilience in young people, and also ensuring that programs and services are culturally appropriate. Similarly, many recommendations advocated for greater engagement of Aboriginal people in developing strategies, programs and services, yet the Committee was presented with little evidence demonstrating the government was meaningfully consulting or partnering with Aboriginal communities.

Many programs and services offered have never been evaluated, so their effectiveness is unknown. Further, the disconnected way in which government agencies operate means only a murky picture of the distribution of funding can be gleaned. Perhaps there is no better example of that than implementation of outcomes from the *Gordon Inquiry*. Monitoring of implementation was eventually stopped as it became too difficult to track the progress of actions against particular recommendations. Further, an accurate account could not be provided of the \$72 million in expenditure spent across a large group of agencies.

A glaring issue for us was that no one - no one organisation, no one agency - takes ownership nor leads the response to improve the wellbeing of Aboriginal people. The Committee could not identify who takes ultimate responsibility and is accountable for government action.

In order to take responsibility, as government and broader community, we must work together to ensure that the human rights of all Aboriginal young people are upheld. We must walk the journey with Aboriginal young people to turn hopelessness into hope, and helplessness into empowerment.

A handwritten signature in blue ink, consisting of several overlapping loops and lines, with the initials 'G.G.' visible in the center.

DR G.G. JACOBS, MLA
CHAIRMAN

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Executive Summary

Few incidents could represent a more desperate situation than the death of a child by suicide, and yet it is an all too frequent reality in many Aboriginal communities in Western Australia. Aboriginal children and young people represent 28 per cent of all recorded suicide deaths of children and young people, despite comprising only 3 per cent of Australia's population. This overrepresentation is even more alarming amongst children aged 13 years and under. The suicide rates of Aboriginal people in certain areas of Western Australian are amongst the highest of anywhere in the world.

As the rates of Aboriginal youth suicide have continued to increase, the community has been left wondering what more it can do. In recognition of the work that has already been done to identify and address the causes of this tragedy, it was never the intention of this Inquiry to repeat what previous inquiries have already done. Rather, the clear starting point was to look back in order to move forward.

Previous inquiries and reports have extensively examined factors which threaten Aboriginal health and wellbeing and contribute to the risk of self-harm and suicide. Numerous recommendations have subsequently been made to government on how to address these factors. However, the significant difficulty the Committee encountered in determining the status and implementation of these recommendations is illustrative of a wider problem – namely, that a distinct lack of urgency has left Aboriginal people waiting far too long for action.

In particular, government has been slow to fully recognise historical and cultural factors that are key contributors to Aboriginal youth suicide. Recognising and responding to these factors meaningfully requires a radical shift in the way governments 'do business'. This complexity accounts for the lack of leadership in changing the government's approach, but it does not excuse it.

Factors which place Aboriginal youth at risk of suicide

The numerous and varied risk factors are well known amongst those for whom Aboriginal suicide prevention has been their life's work. These include disadvantage and risk factors shared with the general population, although Aboriginal people are likely to experience these factors at higher rates than non-Aboriginal people.

A broader set of social, economic and historic risk factors have been found to uniquely impact on Aboriginal mental health. Loss of culture and identity, racism, disempowerment and intergenerational trauma are all by-products of colonisation which can be linked to disadvantage and high rates of Aboriginal suicide. It is these

factors that are less well understood by the general population, largely because they are outside the lived experience of non-Aboriginal Australians.

Culture and identity

Aboriginal youth suicide is indicative of a distressed community and effective solutions must be community focussed. Aboriginal culture and identity has been degraded by colonisation and discrimination. Restoring this culture and sense of identity has been consistently identified as a key protective factor.

Previous reports and inquiries have recommended that this can be achieved through various means, primary of which is culturally-based programs, such as on-country camps and activities. By necessity, these programs must be owned and led by local communities. Yet the lack of priority given to these programs by government indicates that their importance continues to be overlooked.

Culturally safe and appropriate initiatives and addressing racism through reconciliation are further ways in which Aboriginal identity may be restored and respected. However, these initiatives have been inadequately implemented which has limited their effect. Culture is the key protective factor which must be present in all strategies, programs and services in which Aboriginal people participate, whether run by governments, non-government organisations or private companies.

Empowerment

The effect of historic government actions and policies has been to strip Aboriginal peoples of their power and right to self-determination. This disempowerment has the dual effects of causing ongoing pain and trauma, whilst not providing opportunity for previous pain and trauma to be resolved.

Empowering Aboriginal communities returns control to where it should be. Aboriginal people need to be empowered to make decisions which affect their lives, taking responsibility for leading and running their communities, programs and services. Where governments remain involved, Aboriginal people need to be fully involved in designing, implementing and evaluating programs and services so that they provide the required response. And this must be active involvement; too often the government points to 'consultation' which is cursory and then it doesn't really do what Aboriginal people say. Public servants turn up, ask questions, then go away and design something which does not remotely reflect what Aboriginal people actually said during these consultations.

Governments need to support Aboriginal communities to take on this responsibility. Capacity building initiatives, tailored to local community needs, will provide necessary skills to enable Aboriginal communities to respond to challenges. Employing more

Aboriginal people in government agencies will not only provide work experience and skills, but improve the cultural appropriateness of these agencies, whilst also improving diversity of experience which provides additional benefits.

The role of the government – strategy and governance

As Aboriginal communities become increasingly empowered, the role of the government necessarily diminishes. However, government will retain a role, to some degree, in providing services to the Aboriginal peoples of Western Australia.

Governments create strategies to outline their approach to particular issues. Both Australia and Western Australia have renewed their general suicide prevention strategies in recent times and argue that these incorporate a better appreciation of the needs and aspirations of Aboriginal people. However, the generic nature of Western Australia's suicide prevention strategy does not incorporate a holistic view of Aboriginal mental health, rendering it less effective. Attempts to 'align' the views of Aboriginal communities and leaders with the state strategy, rather than the other way around, demonstrate a failure to understand what it means to truly listen to Aboriginal people.

The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy was released in 2013, yet its funding remains quarantined pending the outcomes of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. This strategy has general support from Aboriginal communities and the Committee waits with interest to see how it will be implemented now that the evaluation project's final report has been released.

Effective governance is a vital part of any project, and particularly important for an issue of this magnitude. Evaluations of previous Federal and State suicide prevention strategies have found poor governance structures, which have contributed to the ineffective and inefficient response to suicide prevention. Recent changes in approach have varied these governance structures; however, roles and responsibilities remain unclear, at least publicly.

The role of government – collaboration and coordination

The provision of programs and services for Aboriginal people has been, in the main, poorly managed and delivered. Existing government structures are a significant impediment to the effectiveness and efficiency of programs and services, with agencies funded to operate within narrow portfolios which don't reflect the realities of living in remote areas. Many issues do not neatly fit within just one agency's ambit, resulting in a lack of services for certain issues, while in some areas there are multiple services with multiple funding sources.

For over 15 years, recommendations have emphasised the importance of government leadership, collaboration and coordination. Yet, during this Inquiry, senior public servants acknowledged that the government's structure inhibits collaboration, and could not identify a lead agency responsible and accountable for improving the wellbeing of Aboriginal people.

To effectively address complex and interrelated risk factors contributing to Aboriginal youth suicide, a coordinated, collaborative, whole-of-government approach is needed. Strong leadership must be in place to drive this change in approach at each agency, and also overall. A lead agency responsible for responding holistically to the wellbeing of Aboriginal people must be appointed or created. While each individual agency remains accountable for addressing issues which fall within its purview, a lead agency should be accountable for responding to the issues as a whole, with sufficient power and authority to drive action and change across portfolios.

Improved information sharing would bring together disparate pieces of information, allowing for more effective collaboration and driving a more holistic response. Better communication between agencies about which services are being provided where and to do what would allow for the identification of opportunities for service integration and reducing duplication.

Establishing and building an evidence base of data to help identify where resources are targeted, and research to determine what the issues are and how these can best be approached, is fundamental. The recent Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project has developed assessment tools and an evaluation framework so programs and services can be evaluated for effectiveness. Information about effective programs should be shared, so programs can be brought into and tailored for local communities.

The role of government – improving effectiveness of service delivery

The holistic nature of Aboriginal youth suicide requires a holistic response. Historically, government efforts have focussed inappropriately on a more clinical approach dominated by acute mental health services. This is not to say that there hasn't been a gap in those services, particularly in regional areas, but the balance of the approach to Aboriginal suicide prevention has been skewed, limiting effectiveness.

Programs and services must be provided across the course of a person's life – from conception to death. Each age group – early childhood, young adults, seniors – have different needs and a different mix of risk factors to respond to. Depending on the prevalence of particular risk factors, a spectrum of services – from prevention to postvention – will be needed. A particular gap in early childhood programs and services was identified by submitters to this Inquiry, as this is a critical window of opportunity when problems are most responsive to intervention.

The sheer size of Western Australia and the sparsely located population poses challenges to service delivery. An overall lack of services and programs exists in many remote locations. Suicide is not restricted to business hours, and the lack of after-hours services was noted repeatedly as an issue. Attracting qualified staff to remote areas is difficult and, once there, staff burnout and turnover is high.

The government needs to be innovative in responding to this challenge. Co-locating agency staff provides a support base, and enables greater information sharing, collaboration and coordination. Staff will naturally discover ways to integrate services by being aware of what each other are doing day to day. Training staff in multiple disciplines also means that, if staff from another agency are unavailable, issues can be identified and present staff can initiate a response, within their capabilities and with the view that staff from the required agency can be contacted and take over case management.

Significant levels of funding are needed to address the complex issues. However, the Committee considers that significant levels of funding are already provided; resources just need to be used more effectively. Funding needs to be used on programs identified by Aboriginal communities as necessary for their communities, with a particular focus on providing funding to Aboriginal organisations. Short-term funding agreements hinder effectiveness as there is limited consistency of programs and services, and may impact the ability to attract and retain employees.

Conclusion

A lot of coordinated effort is required on the part of governments, Aboriginal communities and other organisations. And while the answers to reducing the incidence of Aboriginal youth suicide are complex, many are already known. Previous reports have made recommendations outlining what needs to be done. Many of these recommendations have not been actioned, or often governments have not responded to the spirit of the recommendation. More inquiries and investigations are not needed. What is needed now is action.

Ministerial Response

In accordance with Standing Order 277(1) of the Standing Orders of the Legislative Assembly, the Education and Health Standing Committee directs that the Premier, Speaker of the Legislative Assembly, Minister for Mental Health, Minister for Child Protection, Minister for Community Services, Minister for Police, Minister for Health, Minister representing the Minister for Education and the Minister representing the Minister for Aboriginal Affairs report to the Assembly as to the action, if any, proposed to be taken by the Government with respect to the recommendations of the Committee.

Findings and Recommendations

Finding 1

Page 13

The Western Australian Government has failed to adequately respond to recommendations made by previous inquiries for more than 15 years.

Finding 2

Page 13

The Western Australian Government's failure to respond to previous recommendations has contributed to the current poor state of the wellbeing of Aboriginal people in Western Australia, in particular to the crisis levels of Aboriginal youth suicide.

Finding 3

Page 13

Many previous report recommendations remain relevant and provide valuable information for government agencies to improve policy direction and service provision for Aboriginal people.

Recommendation 1

Page 13

That Western Australian Government agencies revisit reports listed in Appendix Six and outline their actions of how the intention and recommendations of these reports will be implemented.

Finding 4

Page 14

There is a lack of emphasis on, and accountability for, implementing recommendations made by parliamentary or government initiated inquiries.

Recommendation 2

Page 14

That the Premier coordinates and provides a response to the recommendations of this Inquiry which have not been directed to a specific agency or Minister.

Recommendation 3

Page 15

That the Premier and each Minister to whom recommendations are directed should report to Parliament at six monthly intervals for no fewer than five years after the tabling of this report on the progress of implementing recommendations made in this report.

Recommendation 4

Page 15

That the Department of the Premier and Cabinet create a centralised database of inquiry recommendations made to Western Australian Government agencies. Further:

- the Department of the Premier and Cabinet retains overall responsibility for maintenance of the database and ensuring government agencies update the database in a timely fashion.

- the database should include the government’s initial response to recommendations, and be updated at six monthly intervals to advise of progress made in implementing supported recommendations contained in the database. This advice should include detailed information of specific actions taken in response to particular recommendations, and not just whether actions are ‘in progress’ or ‘complete’.
- information in the database should continue to be updated until implementation of a recommendation is ‘complete’ or superseded, in which case the reasons why the recommendation is no longer being implemented should be stated.

Finding 5 **Page 21**

Mental health in an Aboriginal context is a holistic concept, incorporating the social, emotional and cultural wellbeing of the individual and their community.

Finding 6 **Page 30**

Western Australia is failing in its duty to ensure Aboriginal young people’s rights are met as set out in international human rights agreements.

Recommendation 5 **Page 30**

That Western Australia be mindful of its obligations under international human rights agreements and take all possible measures to ensure these obligations are met.

Finding 7 **Page 48**

There are many varied and interrelated risk factors which place young Aboriginal people at high risk of suicide. Addressing any single risk factor might have limited impact, but all risk factors should be dealt with concurrently and cohesively as part of a holistic approach to suicide prevention.

Recommendation 6 **Page 48**

That the Mental Health Commission broadens its scope of suicide prevention for Aboriginal people to encompass all identified risk factors.

Finding 8 **Page 57**

There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature.

Finding 9 **Page 57**

By their very nature, culturally-based programs must be tailored to suit the particular community that will be using the program.

Recommendation 7**Page 57**

That Western Australian Government agencies recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide.

Recommendation 8**Page 57**

That the Western Australian Government set aside an appropriate portion of grant expenditure to fund more culture-embedded programs for Aboriginal young people across the state.

Finding 10**Page 63**

A lack of cultural competency persists amongst staff of government agencies that provide services to Aboriginal people despite numerous recommendations highlighting its importance.

Recommendation 9**Page 63**

That non-Aboriginal employees of government agencies who are involved in developing strategies for, or delivering programs and services to, Aboriginal people should attend a locally-relevant cultural competency course run by suitably qualified providers.

Finding 11**Page 66**

Few government delivered programs and services are sufficiently culturally appropriate or culturally safe, reducing the accessibility and effectiveness of these programs and services for Aboriginal people.

Recommendation 10**Page 66**

That Western Australian Government agencies use the assessment tools and evaluation framework created by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

Finding 12**Page 69**

Reconciliation programs which improve the general population's understanding of and appreciation for Aboriginal culture may reduce the incidence of racism and discrimination, thereby lessening the impact of risk factors contributing to Aboriginal youth suicide.

Recommendation 11**Page 70**

The Western Australian Government should foster strategies and programs which contribute to the greater appreciation of Aboriginal culture, including placing a greater emphasis on reconciliation action plans, and providing funding for cultural events attended by Aboriginal and non-Aboriginal people alike.

Finding 13**Page 77**

Empowering Aboriginal communities is fundamental to reducing the high rates of Aboriginal youth suicide.

Recommendation 12**Page 77**

That the Western Australian Government places increased emphasis on empowering Aboriginal communities in developing and actioning all strategies, programs and services which are relevant to Aboriginal people.

Finding 14**Page 79**

Aboriginal community-owned and led programs are generally accepted as being more efficient and effective than programs run by external parties.

Recommendation 13**Page 79**

That the Western Australian Government shifts its focus from government owned and run programs and services for Aboriginal people to Aboriginal owned and run programs. The Committee acknowledges that this will be a gradual process; however, it can begin immediately by designing strategies, services and programs with the aim of empowering Aboriginal communities.

Finding 15**Page 85**

Aboriginal people should be fully engaged and involved in every facet of creating strategies and developing programs and services which are relevant to them. This is not a new concept, with inquiries recommending increasing engagement with and involvement of Aboriginal people consistently for more than 15 years.

Finding 16**Page 85**

The Western Australian Government has demonstrated a significant lack of vision by failing to engage Aboriginal people in making decisions and developing strategies, programs and services which affect them.

Recommendation 14**Page 85**

That the Western Australian Government implement minimum standards of engagement with Aboriginal people when developing, actioning and funding strategies, programs and services which affect Aboriginal people.

Recommendation 15**Page 86**

That the Mental Health Commission involves Aboriginal people in the ongoing evaluation of the effectiveness of the *Suicide Prevention 2020: Together we can save lives* strategy.

Finding 17**Page 90**

Developing the capacity of Aboriginal communities in not only suicide prevention but all aspects of community responsibility is an empowering step on the road to self-determination.

Finding 18**Page 90**

Government strategies and programs aimed at building the capacity of Aboriginal people have been limited in extent and effectiveness. Programs aimed at increasing the proportion of Aboriginal people employed in the public sector have not done so. Further, trained and skilled Aboriginal people have no clear path to employment.

Recommendation 16**Page 93**

That the Mental Health Commission provide and fund programs and strategies which emphasise developing the capacity of community members to help youth at risk of suicide.

Finding 19**Page 96**

There is no shortage of talent, commitment and passion evident in the next generation of Aboriginal leaders in Western Australia. These leaders need to be supported to reach their full potential.

Recommendation 17**Page 96**

That the Western Australian Government support the development of future Aboriginal leaders, by providing support and funding to existing leadership development organisations, funding scholarships and connecting future leaders with secondments opportunities to gain specific skills, and assisting with the early identification of leaders through school based programs.

Finding 20**Page 102**

Aboriginal people are underrepresented as employees in the Western Australia public sector.

Recommendation 18**Page 103**

That the Public Sector Commission mandate higher Aboriginal employment targets for Western Australian Government agencies.

Recommendation 19**Page 103**

That Western Australian Government agencies should recruit greater numbers of Aboriginal people, relying on section 51 of the *Equal Opportunity Act 1984* if necessary. These positions should not be limited to Aboriginal liaison or cultural advisory positions, but should be generally spread across all positions at all levels in all agencies.

Recommendation 20**Page 103**

That the Western Australian Government establish clear and more attractive career paths for Aboriginal employees.

Recommendation 21**Page 103**

That the Western Australian Parliament explores the option of employing an Aboriginal liaison officer based on the Queensland Parliament's experience.

Finding 21**Page 104**

Empowering Aboriginal communities requires Western Australian Government agencies to relinquish their power when setting and implementing policies for Aboriginal people and undertake a fundamental shift in the way government does business.

Recommendation 22**Page 115**

That the Mental Health Commission immediately make publicly available the *Suicide Prevention 2020: Together we can save lives* Implementation Plan, Aboriginal Implementation Plan and Youth Engagement Strategy.

Finding 22**Page 116**

Aboriginal people should be involved in all aspects of strategy development, delivery and evaluation.

Recommendation 23**Page 117**

That the Mental Health Commission should evaluate the success of *Suicide Prevention 2020: Together we can save lives*, and report on the outcomes of its evaluations at least annually, including how progress is being measured and what changes in approach have been made based on evaluation findings.

Recommendation 24**Page 117**

That the Evaluation Reference Group should include at least one Aboriginal member and should engage with Aboriginal communities as part of its ongoing evaluative role.

Finding 23**Page 120**

Suicide Prevention 2020: Together we can save lives is a generic suicide prevention strategy which does not specifically address the needs of Aboriginal communities.

Recommendation 25**Page 123**

That the Western Australian Government urge the Commonwealth Government to now release the funds for the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Finding 24**Page 127**

The current governance structures for suicide prevention both nationally and in Western Australia are unclear and roles and responsibilities ill-defined.

Recommendation 26**Page 127**

That the Mental Health Commission, as a matter of priority, works with the WA Primary Health Alliance and other stakeholders to establish clear roles and responsibilities for approaching Aboriginal suicide prevention in Western Australia.

Finding 25**Page 135**

Despite a multitude of previous reports emphasising the importance of leadership, the current leadership structure for responding to issues affecting Aboriginal wellbeing lacks effectiveness.

Finding 26**Page 135**

An inadequate leadership structure has meant that no one body is responsible for addressing the interrelated risk factors contributing to high rates of Aboriginal youth suicide. This overall lack of leadership has contributed to worsening suicide rates.

Finding 27**Page 138**

Despite its name, the Department of Aboriginal Affairs has a limited administrative responsibility in responding to matters relevant to Aboriginal people.

Recommendation 27**Page 138**

That the Premier, in conjunction with Cabinet, create or designate a government agency or authority to lead the Western Australian Government's actions in responding to issues affecting Aboriginal wellbeing.

Recommendation 28**Page 138**

That the designated government agency responsible for Aboriginal wellbeing is fully resourced and provided with sufficient authority to fulfil its leadership role, and cause other government agencies to take action in accordance with its directions.

Finding 28**Page 142**

A whole-of-government approach is required to respond to the multi-faceted and interrelated risk factors contributing to high rates of Aboriginal youth suicide.

Finding 29**Page 142**

Despite years of recommendations from a variety of inquiries, there is no whole-of-government approach to respond to Aboriginal youth suicide.

Recommendation 29**Page 142**

That the Western Australian Government redesign its agency structure to achieve an integrated whole-of-government approach to addressing issues facing Aboriginal people in remote areas. The redesign should be led by senior public servants from within each agency which provides services to Aboriginal people in remote areas.

Finding 30**Page 146**

Poor collaboration and coordination between government agencies reduces the potential effectiveness of suicide prevention and broader programs and services.

Recommendation 30**Page 146**

That the Western Australian Government improve collaboration and coordination between agencies that develop strategies for, and deliver programs and services to, Aboriginal people in remote areas.

Finding 31**Page 150**

The delivery of integrated services for Aboriginal people is severely lacking, resulting in significant levels of duplication leading to confusing and inconsistent services for Aboriginal people.

Finding 32**Page 152**

Poor information sharing between government agencies hinders an effective coordinated and collaborative response to matters affecting Aboriginal young people.

Recommendation 31**Page 152**

That the Department for Child Protection and Family Support in conjunction with the Public Sector Commission prepare a circular outlining the operation of the information sharing provisions under the *Children and Community Services Act 2004* to be circulated to all government agencies.

Recommendation 32**Page 156**

That the Department of the Premier and Cabinet coordinates and collaborates with the Mental Health Commission and WA Primary Health Alliance to integrate the Mental Health Atlas with the map of local or regional Aboriginal youth services.

Recommendation 33**Page 156**

That the Department of the Premier and Cabinet amend the Aboriginal Youth Investment Priority and Principles to allow funding amounts of less than \$300,000 to be granted to Aboriginal organisations.

Finding 33**Page 157**

There is clearly a major lack of coordination, collaboration and consultation with Aboriginal people when the peak Aboriginal health body is not informed, let alone asked for input, in advance of the appointment of suicide prevention coordinators.

Finding 34**Page 165**

Collecting data and establishing an evidence base assists to ensure appropriate, evidence based and tailored strategies and programs can be offered where there is the greatest demand for these services.

Recommendation 34**Page 165**

That the Western Australian Government should collaborate with Commonwealth agencies and non-government organisations to strengthen the evidence base to determine the effective ways to prevent Aboriginal youth suicide.

Recommendation 35**Page 170**

That the Premier and the Minister for Community Services report to the Parliament on the implementation of Recommendation 6 in the Commissioner for Children and Young People's 2015 report, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*.

Recommendation 36**Page 171**

That the Minister for Education increase the number of Child and Parent Centres operating in remote areas.

Finding 35**Page 172**

The strategies, plans and programs are not Aboriginal specific and whether they are tailored to be culturally appropriate for Aboriginal people is unclear.

Recommendation 37**Page 174**

That the Mental Health Commission implement the postvention recommendations in the *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* report and the forthcoming University of Western Australia Critical Response Project report into its dedicated suicide prevention strategy Aboriginal Implementation Plan.

Finding 36**Page 181**

There is a lack of after-hours mental health and suicide prevention services in remote areas.

Finding 37**Page 181**

Telehealth services have limited effectiveness, as it requires a pre-existing relationship between Aboriginal people and service providers which often does not exist. Further, telehealth services are generally located in regional centres which still require Aboriginal people to travel to access these services.

Recommendation 38**Page 182**

That the Western Australian Government collaborates with the Commonwealth Government to provide accessible 24-hour mental health and suicide prevention services in remote areas.

Finding 38**Page 184**

There are ongoing challenges associated with the provision of service in remote areas which contributes to a lack of available services.

Recommendation 39**Page 184**

That the Western Australian Government collaborates with the Commonwealth Government to train and employ local community members to fill positions in remote areas.

Recommendation 40**Page 186**

That the Western Australia Police and the Department for Child Protection and Family Support report to the Parliament on the scope for local cultural authority to be incorporated into the services provided at multi-functional police facilities.

Finding 39**Page 186**

Recommendation 8 of the State Coroner, Alexander Hope's *Coronial Inquest into 22 suicides - Kimberley* regarding the establishment of multi-function government offices has only been very narrowly implemented.

Recommendation 41**Page 187**

That the Department of the Premier and Cabinet and the Department of Aboriginal Affairs revisit Recommendation 8 of the *Coronial Inquest into 22 suicides – Kimberley*. The Premier and the Minister for Aboriginal Affairs should then report to the Parliament on:

- the effectiveness of the multi-function government office in Broome in improving access to and referral of Aboriginal people to appropriate government services; and
- plans to establish any other multi-function government offices in regional centres.

Recommendation 42**Page 187**

That the Department of the Premier and Cabinet and the Department of Aboriginal Affairs evaluate the new multi-function Department of Aboriginal Affairs office in Kalgoorlie after one year of operation. The Premier and the Minister for Aboriginal Affairs should then report to the Parliament on its effectiveness in improving access to and referral of Aboriginal people to appropriate government services.

Recommendation 43**Page 188**

That the Premier and the Minister for Mental Health report to the Parliament on the establishment of wraparound services in remote communities.

Finding 40**Page 191**

Improving remote staff knowledge of risk factors through multi-disciplinary training improves the quality of services provided and reduces time delays in recognising and responding to issues as they arise.

Recommendation 44**Page 191**

That the Minister for Health report to the Parliament on measures to address the acknowledged gap in teaching and training staff about mental health issues and Aboriginal youth suicide.

Finding 41**Page 196**

Flexible service provision which caters to the needs of local communities is made difficult by the restrictive nature of service funding arrangements.

Finding 42**Page 206**

Very little Royalties for Regions funding has been directed towards Aboriginal-specific or youth-specific suicide prevention or postvention initiatives.

Chapter 1

Introduction and Background

Too many young Aboriginal people are dying by suicide. A plethora of previous inquiries have made recommendations which successive governments have failed to respond to or effectively action, contributing to the crisis worsening. Now is the time to take action to improve the situation and put a stop to young Aboriginal people suiciding.

Background to the Inquiry

- 1.1 The Kimberley region of Western Australia has the unfortunate and tragic claim to being home to one of the world's highest suicide rates, with one recent study finding that the rate may be as high as 74 per 100,000 residents,¹ compared to a general population rate of 12.2 per 100,000 people for all Australians.² Since her election to the Western Australian Parliament in 2013, Ms Josie Farrer, MLA, the Member for Kimberley, has consistently spoken about the ongoing tragedy of suicides in the Kimberley.
- 1.2 In her inaugural speech to the Legislative Assembly, the Member for Kimberley told the Parliament that the issue had been "in her heart for a long time" and asked why "so many Kimberley children feel that the only option they have in life is to take their own life?"³
- 1.3 The Member for Kimberley has been a strong advocate for her constituents, continuing to discuss the ongoing tragedy in the Kimberley in the Legislative Assembly and seeking answers to questions about the allocation of government funding for suicide prevention programs.⁴ Despite the continuing attention brought to this serious issue,⁵ the number of young Aboriginal people taking their own lives continues to increase.⁶

1 McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p1.

2 Australian Bureau of Statistics, *3303.0 – Causes of Death, Australia 2014: Table 11.2 Intentional self-harm, Age-specific death rates, 5 years age groups by sex, 2005–2014*, March 2016. Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02014?OpenDocument>. Accessed on: 25 September 2016.

3 Ms J. Farrer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 17 April 2013, pp111c–145a.

4 Ms J. Farrer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 13 November 2013, pp5951-5966; Ms J. Farrer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 26 November 2014, p8898a.

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- 1.4 In March 2016, a 10 year old girl took her own life in the remote Aboriginal community of Looma. This tragic event received significant media attention and prompted a public outcry; many wondered what could drive someone so young to end her own life. Sadly, this was not the first suicide in a remote Aboriginal community in 2016; rather it was reported as the nineteenth in the first three months of the year.⁷
- 1.5 On 16 March 2016, the Member for Kimberley moved a motion in the Legislative Assembly “That this house urgently calls for a parliamentary inquiry to determine what more can be done to halt the worrying number of youth suicides amongst Aboriginal youth in Western Australia, particularly in remote communities, and to determine what resources have been set aside to tackle this crucial issue facing our state.”⁸
- 1.6 The Education and Health Standing Committee (Committee), in recognising the motion moved by the Member for Kimberley, resolved to inquire into Aboriginal youth suicide in remote communities on 22 March 2016. The Terms of Reference of this Inquiry can be found in Appendix One.

The process of the Inquiry

- 1.7 The Committee advertised for, and directly sought, input from a range of parties. It received submissions from individuals, youth organisations, researchers, suicide prevention organisations, academics, Aboriginal organisations and Commonwealth and Western Australian Government agencies. In addition, the Committee made direct inquiries with several government departments requesting the status of their implementation of recommendations made by previous inquiries. The Committee received 48 submissions, the details of which can be found in Appendix Three.
- 1.8 The Committee visited the Kimberley region of Western Australia where it conducted nine formal hearings in Broome and Kununurra, including one closed hearing, and held briefing sessions with members of several communities. The Committee conducted an additional seven formal hearings and held one briefing in Perth. Details of the hearings can be found at Appendix Four. The Committee also attended the inaugural Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Conference in Alice Springs, and the inaugural World Indigenous Suicide Prevention Conference in Rotorua, New Zealand.

5 Ms J Farrer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 17 June 2015, p4571c.

6 McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005–2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p33.

7 Parke, E., 'Apparent suicide of 10-year-old Indigenous girl shocks remote WA community', *ABC Online*, 9 March 2016. Available at: <http://www.abc.net.au/news/2016-03-08/suicide-of-10-year-old-indigenous-girl-shocks-wa-community/7231052>. Accessed on 14 November 2016.

8 Ms J. Farrer, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 16 March 2016, pp1208-1226.

The parameters of this Inquiry

- 1.9 The burden of suicide falls disproportionately heavily on Aboriginal youth, even when compared to other sectors of Australian society facing heightened risk of suicide and mental health problems. What, then, does the Committee mean by Aboriginal and youth and remote?

Aboriginality

- 1.10 At the time of European settlement, it has been estimated that there were between 250 and 500 distinct Aboriginal and Torres Strait Islander language groups across Australia. The diverse range of languages reflected the diverse cultural practices of Aboriginal people across the country, as well as the different ways in which they were – and remain – connected to their lands.
- 1.11 Australia’s Aboriginal populations are the living embodiment of cultures spanning over 60,000 years of recorded history, and their traditions and languages are therefore as diverse and sophisticated as 60 millennia of continuous existence would suggest.
- 1.12 There are over 88,000 Western Australians who identify as Aboriginal or Torres Strait Islanders.⁹ The vast majority of these people identify as Aboriginal only, with over 1,660 identifying as Torres Strait Islander only, and over 1,630 identifying as both Aboriginal and Torres Strait Islander.¹⁰
- 1.13 Although, for the purpose of this report, Aboriginal refers to both Aboriginal and Torres Strait Islanders, the Committee acknowledges and respects the diversity of the different Aboriginal language groups which exist in Western Australia and across the country. ‘Indigenous’ has been used when it is part of a report, program or service title or is included in a quote.

Youth means anyone between eight and 24 years of age

- 1.14 There is no official definition of ‘youth’ or ‘young people’. The Department of Local Government and Communities, responsible for administering the Western Australian Government’s youth portfolio, develops programs and policies for young people aged 12 to 25.¹¹ The Australian Bureau of Statistics defines ‘youth’ to include people aged 15

9 Australian Bureau of Statistics, *2338.0.55.001 – Estimates of Aboriginal and Torres Strait Islander Australians*, June 2011. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3238.0.55.001>. Accessed on 19 September 2016.

10 *ibid.*

11 Department of Local Government and Communities, *Youth*, August 2016. Available at: <https://www.dlgs.wa.gov.au/CommunityInitiatives/Pages/Youth.aspx>. Accessed on 19 September 2016.

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to 24 years.¹² The recently announced Aboriginal Youth Services Investment Priorities and Principles defines Aboriginal youth to be between eight and 24 years of age.¹³

- 1.15 The United National Educational, Scientific and Cultural Organization defines youth as persons between the ages of 15 and 24. Although it notes that the concept of ‘youth is a more fluid category than a fixed age-group’¹⁴ and that the definition is flexible and varies between countries and reasons, dependent on context.
- 1.16 Consistent with the recently announced Western Australian Government policy on Aboriginal Youth Services, the Committee has chosen to define ‘youth’ as between eight and 24 years of age.

Most of Western Australia is considered remote or very remote

- 1.17 The Committee’s inquiry focused on youth suicide in remote areas.
- 1.18 The map from the Australian Bureau of Statistics below sets out the Remoteness Structure of Western Australia.¹⁵ It shows that, essentially, all of Western Australia except the Perth metropolitan area and the South-West region are either remote or very remote area and is therefore captured as part of the Committee’s inquiry.

12 For example: Australia Bureau of Statistics, *4725.0 – Aboriginal and Torres Strait Islander Wellbeing: A focus on children and youth, Apr 2011*, May 2012. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4725.0Chapter110Apr%202011>. Accessed on 19 September 2016; United National Educational, Scientific and Cultural Organization, *By youth, for youth*. Available at: <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/>. Accessed on 7 November 2016.

13 Government of Western Australia, *Aboriginal Youth Services Investment Priorities and Principles*, May 2015, p1.

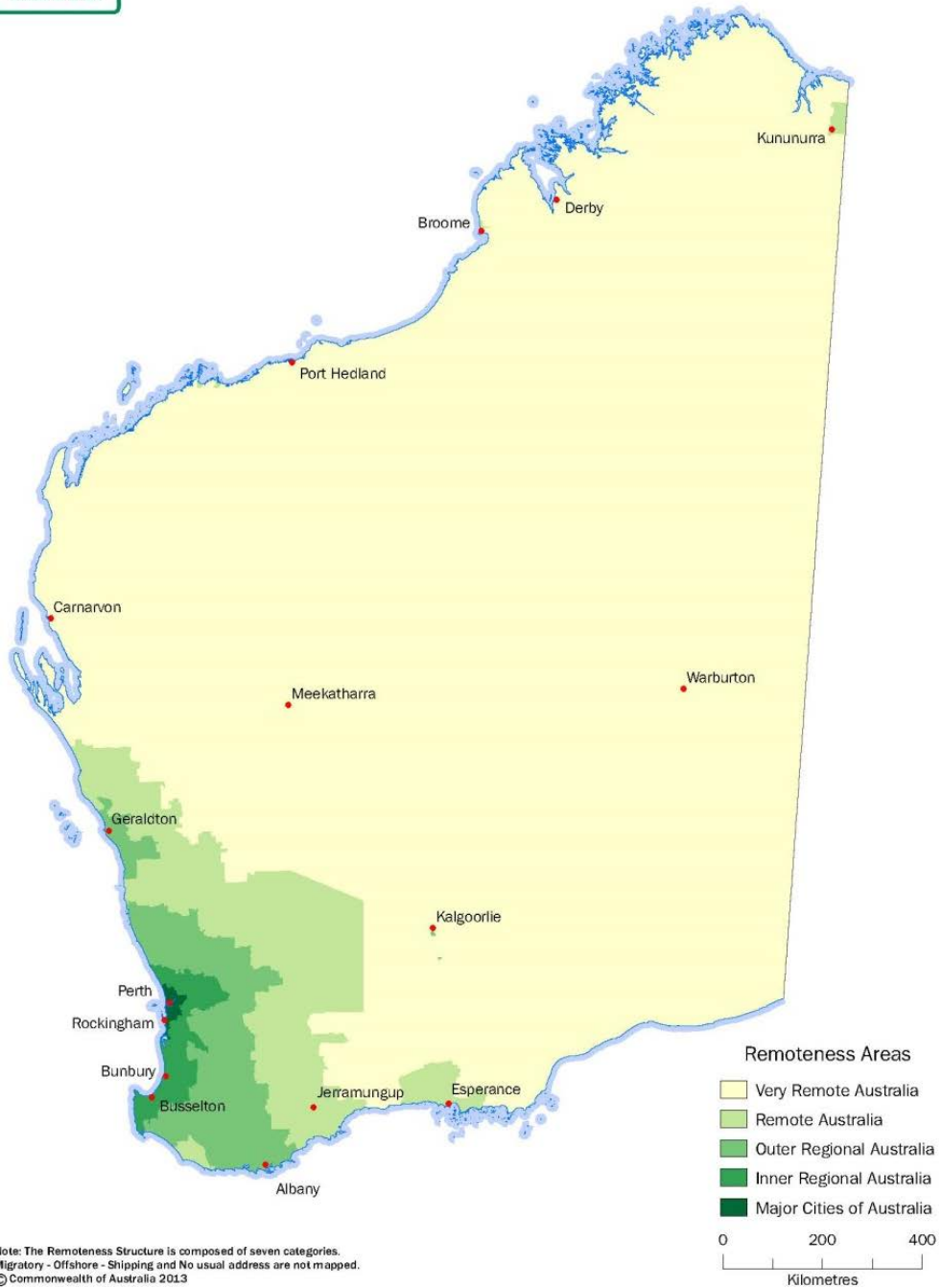
14 United National Economic Scientific and Cultural Organization, *What do we mean by “youth”?*, 2016. Available at: <http://www.unesco.org/new/en/social-and-human-sciences/themes/youth/youth-definition/>. Accessed on 22 September 2016.

15 Australian Bureau of Statistics, *127.0.55.005 – Australian Statistical Geography Standard (ASGS): Volume 5 – Remoteness Structure*, June 2011, January 2013. Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202011?OpenDocument>. Accessed on 30 September 2016.

Map 1.1: Remoteness structure of Western Australia



2011 Australian Statistical Geography Standard: Remoteness Structure
 Western Australia Remoteness Area boundaries



Note: The Remoteness Structure is composed of seven categories. Migratory - Offshore - Shipping and No usual address are not mapped. © Commonwealth of Australia 2013

Source: Australian Bureau of Statistics, 1270.0.55.005 – *Australian Statistical Geography Standard: Maps, Australia, Volume 5 – Remoteness Structure*, June 2011, p6.

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- 1.19 Of particular focus for the Committee are the approximately 274 identified remote Aboriginal communities in Western Australia. It is estimated there are:
- 16 communities with more than 200 residents
 - 19 communities with 100 –200 residents
 - 19 communities with 50–100 residents
 - 91 communities with 10–50 residents
 - 60 communities with 10 or fewer residents
 - 69 communities are seasonal with no permanent residents.¹⁶
- 1.20 Of the 274 remote Aboriginal communities, 221 are located in the Kimberley region. This has inevitably led this Inquiry to have a particular focus on that region. However, the majority of findings and recommendation are not Kimberley specific, rather they are relevant for all remote areas.
- 1.21 Department of Aboriginal Affairs (DAA) maps showing these communities are below.

16 Department of Regional Development, *What is a Remote Community?*. Available at: <http://www.drd.wa.gov.au/projects/Aboriginal-Initiatives/Regional-Services-Reform/Pages/What-is-a-Remote-Community.aspx>. Accessed on 24 March 2016.

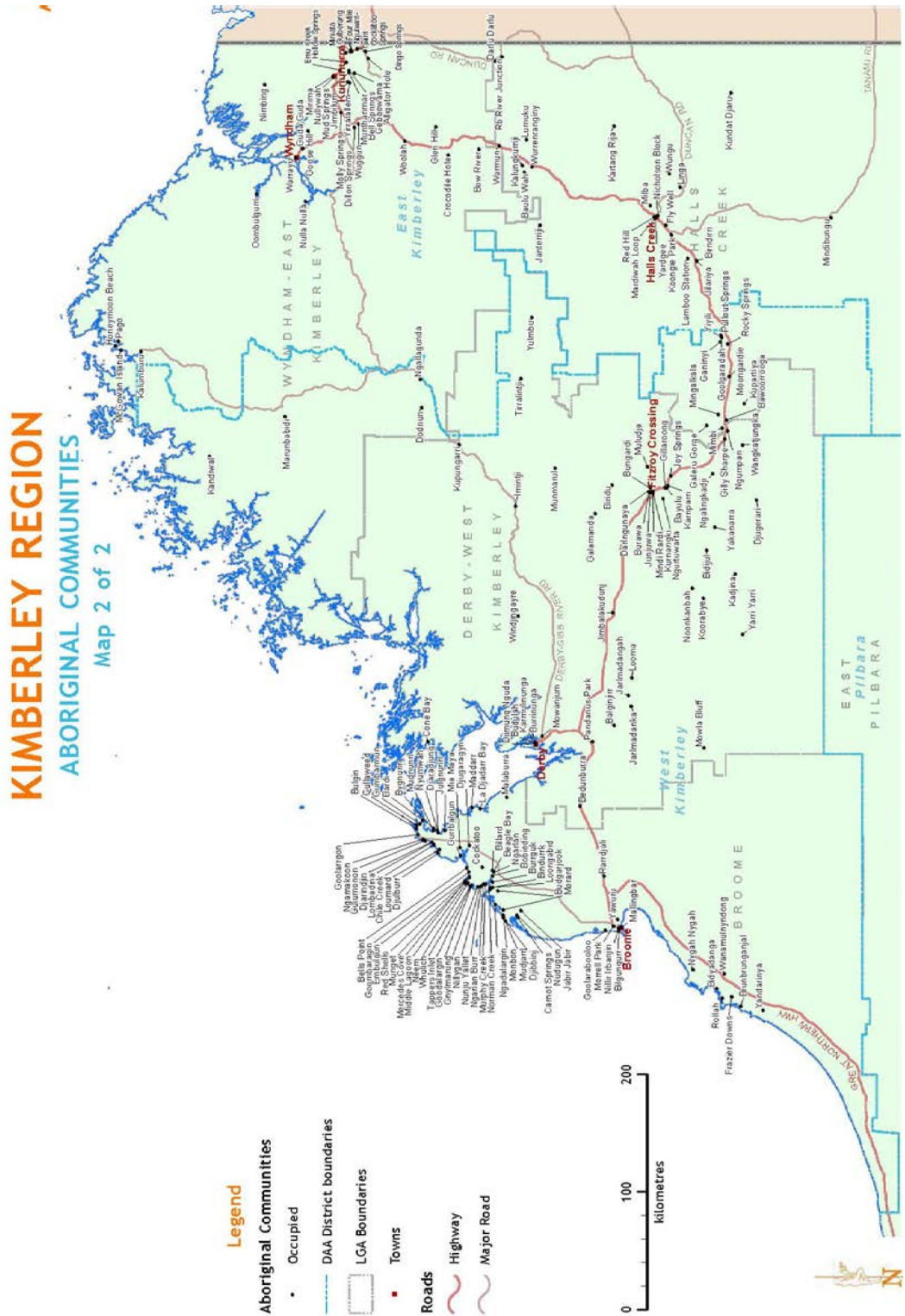
Map 1.2: Map of Aboriginal Communities in Western Australia



Source: Department of Aboriginal Affairs, *Aboriginal Communities of Western Australia*, 2013.

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Map 1.3: Map of Aboriginal Communities in the Kimberley Region of Western Australia



Source: Department of Aboriginal Affairs, *Kimberley Region: Aboriginal Communities*, 2013.

Which programs and services?

- 1.22 The Committee had initially intended to undertake an audit of all suicide prevention programs and strategies offered in remote Aboriginal communities to determine the effectiveness of those programs. During the course of this Inquiry it became apparent that this would not be possible within the limited timeframe available to the Committee.
- 1.23 Strategies, programs and services identified specifically as ‘suicide prevention’ are not the only relevant programs for this Inquiry. Due to the many risk factors which may lead to a young Aboriginal person taking their own life (see Chapter 3), strategies, programs and services which are aimed at reducing disadvantage or trauma, address racism or reclaiming culture also play some role in contributing to suicide prevention.
- 1.24 Given the broad range of services which potentially fall within the scope of ‘suicide prevention’, the information which the Committee would require to undertake an audit was not available or attainable. Further, many programs and services have not been evaluated therefore their effectiveness is unknown. Given these barriers, the Committee has focused on identified gaps in service provision.

Which inquiries and recommendations?

- 1.25 As this report will make clear, there has been no shortage of inquiries over the years that have examined suicide and self-harm, Aboriginal health and wellbeing in general, and Aboriginal suicide in great detail. By necessity, the Committee has had to limit the extent of its consideration of the reports of these inquiries. Indeed, in the 15 years leading up to October 2016, the Committee identified over 40 reports from various Western Australian and Commonwealth Government agencies, and non-government organisations, that made over 700 recommendations or identified actions aimed at improving aspects of the lives of Aboriginal people in Australia. A list of the reports considered by the Committee can be found in Appendix 6.
- 1.26 Given the vast number of inquiries and recommendations undertaken by a range of both Commonwealth and Western Australian bodies, the Committee chose to focus on recommendations:
- that were identified by submitters as being the most relevant to this Inquiry
 - that have been made repeatedly over a number of years
 - for which the Committee has sufficient information to provide an update on the current status of its implementation.
- 1.27 A list of the recommendations from these reports can be found on the Committee’s website at: www.parliament.wa.gov.au/ehsc.

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Many report recommendations have not been implemented

- 1.28 Despite the more than 40 reports, many more follow up reports, government responses and over 700 recommendations being made, the evidence shows that an increasing number of young Aboriginal people are taking their own lives. Clearly, something is not working.
- 1.29 The Department of the Premier and Cabinet (DPC) advised the Committee that “there are numerous reviews and inquiries currently informing Western Australian Government agency approaches to preventing suicide amongst Aboriginal young people.”¹⁷ While this might be the case, the overwhelming evidence from submitters to this inquiry is that many recommendations from past inquiries have not been implemented. There have also been several occasions when reports endorse the recommendations of previous inquiries, calling for their implementation.¹⁸
- 1.30 The comments of the *Coronial Inquest into 22 suicides – Kimberley (Hope Inquiry)* continue to ring true:
- I respectfully endorse the above observations which have emphasised that what is needed now is implementation of recommendations which have already been made through strong leadership and accountability rather than more inquiries and investigations.*¹⁹
- 1.31 The Kimberley Aboriginal Law and Culture Centre (KALACC) refers to “Serial Government Failures to Respond to Many Reports”.²⁰ According to KALACC, “there have been very many reports with very many recommendations over many years and governments singularly and collectively have failed to act on those recommendations”.²¹ Citing examples from several reports,²² KALACC also argues that

17 Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, Attachment 1, p1.

18 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 3, p56; Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendations 8.10.9 and 7.10, pp14, 19.

19 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 7, p52.

20 Submission No. 8 from Kimberley Aboriginal Law and Culture Centre (KALACC), 9 May 2016, p4.

21 *ibid.*, p4.

22 Reports referred to include: Aboriginal Suicide Prevention Steering Committee, *Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth*, briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001; State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008; and Steering Committee for the

“despite the great many reports indicating what an appropriate response to Indigenous suicide looks like, the State Government is yet to respond with anything resembling an appropriate manner.”²³ It also suggests that, where the government has responded, its response focus largely on clinical mental health recommendations,²⁴ ignoring more holistic ones.

- 1.32 KALACC’s sentiments are reiterated by the Telethon Kids Institute and Menzies School of Health Research which expressed concern that “many of the recommendations that have emerged from these inquiries have yet to be acted upon.”²⁵
- 1.33 The Aboriginal Health Council of Western Australia (AHCWA) and the Youth Affairs Council of Western Australia (YACWA) also argue that the recommendations from previous inquiries relating to Aboriginal youth suicide in remote areas “largely have still not been implemented”, a situation they see as “a significant contributing factor to the increasing rates of suicide.”²⁶
- 1.34 According to AHCWA and YACWA, “current and recent government actions still do not adequately address” the recommendations in the *First Report* of the Indigenous Implementation Board (*Sanderson Report*), *Putting the picture together, Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Gordon Inquiry)*, the *Hope Inquiry*, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project *Kimberley Roundtable Report* and other reports in relation to the social determinants of Aboriginal health and wellbeing.²⁷ These organisations also argue that ‘not much has changed in regards to the provision of services in remote areas’ despite the *Gordon Inquiry* and numerous other reports.²⁸
- 1.35 Similar sentiments have been expressed at a national level with the announcement of the Commonwealth Government’s inquiry into indigenous incarceration, to be conducted by the Australian Law Reform Commission. The Chair of the Prime Minister’s Indigenous Advisory Council, Mr Warren Mundine AO, lambasted the idea, saying that holding another inquiry was a “joke” and a “total waste of taxation money” when so

Review of Government Service Provision, *Overcoming Indigenous Disadvantage: Key indicators 2014*, Productivity Commission, Canberra, November 2014.

23 Submission No. 8 from KALACC, 9 May 2016, pp7-9.

24 *ibid.*, pp4, 5.

25 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p3.

26 Submission No. 23 from Aboriginal Health Council of Western Australia (AHCWA) and Youth Affairs Council of Western Australia (YACWA), 20 May 2016, p4. See also Submission No. 15 from Anglicare WA, 13 May 2016, p1.

27 Submission No. 15 from Anglicare WA, 13 May 2016, p1; Submission No. 23 from AHCWA and YACWA, 20 May 2016, pp9-10.

28 Submission No. 15 from Anglicare WA, 13 May 2016, p1; Submission No. 23 from AHCWA and YACWA, 20 May 2016, pp11-16.

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much work had already been done on the issue in previous reports to the government.²⁹

- 1.36 Senator Patrick Dodson recently made the following remarks regarding the Minister for Indigenous Affairs' "appalling demonstration of ignorance" about recommendations made by the Royal Commission into Aboriginal Deaths in Custody:

*Some of the matters about which the minister has indicated he is now seeking to get collaboration with the state were subject to the recommendations that were made at the time—imprisonment as the last resort... I would suggest, Minister, that the people that advise you go back and read the report of the Royal Commission into Aboriginal Deaths in Custody, acquaint themselves with the 339 recommendations that were made, and have a serious look at the principles that underlie it: the notion of duty of care and imprisonment as the last resort.*³⁰

- 1.37 KALACC also suggests that this ongoing failure to respond to recommendations in an appropriate manner means that the words of the Aboriginal Suicide Prevention Committee in 2001 will continue to ring true:

*On the basis of current trends, the rate of suicide among Aboriginal people can be expected to increase further unless there is concerted community and Government action at all levels to address both the immediate and the underlying causes.*³¹

- 1.38 The general consistency between the recommendations made in this report and those made in the *Gordon Inquiry* some 15 years ago is a clear indication that previous recommendations have not been adequately acted upon. Without being actioned, considered and well-intentioned recommendations cannot positively influence outcomes. Serious issues persist, and in many cases are worsening. The consequences of failing to take comprehensive action, in general and in response to the recommendations in this report, to improve the situation are frightening.

29 Henderson, A. and Maddocks, T., 'Warren Mundine rips into 'dickhead' behind new inquiry on Indigenous imprisonment', *ABC Online*, 27 October 2016. Available at: <http://www.abc.net.au/news/2016-10-27/warren-mundine-rips-into-indigenous-imprisonment-inquiry/7972364>. Accessed on 31 October 2016.

30 Senator Patrick Dodson, Commonwealth of Australia, Senate, Finance and Public Administration Legislation Committee, *Committee Hansard (Estimates)*, 21 October 2016, p51.

31 Aboriginal Suicide Prevention Steering Committee, *Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth*, briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001, p1.

Finding 1

The Western Australian Government has failed to adequately respond to recommendations made by previous inquiries for more than 15 years.

Finding 2

The Western Australian Government's failure to respond to previous recommendations has contributed to the current poor state of the wellbeing of Aboriginal people in Western Australia, in particular to the crisis levels of Aboriginal youth suicide.

Finding 3

Many previous report recommendations remain relevant and provide valuable information for government agencies to improve policy direction and service provision for Aboriginal people.

Recommendation 1

That Western Australian Government agencies revisit reports listed in Appendix Six and outline their actions of how the intention and recommendations of these reports will be implemented.

Determining the current status of previous inquiry recommendations

- 1.39 The monitoring and evaluation of accepted recommendations is an important and necessary part of the implementation process. Without this there is no accountability for the responsible agency.
- 1.40 The Committee had great difficulty in gathering evidence to determine the status of previous inquiry recommendations. Many submissions to this inquiry advised of reports the Committee might consider and outlined some of the recommendations they contained. However, very few submissions provided information on the status of recommendations made in previous reports.
- 1.41 The Committee expects that a government agency would be aware of recommendations from previous inquiries relevant to the portfolio of that agency, as well as the agency's progress in implementing those recommendations. The Committee was disappointed to find that this, for the most part, was not the case. The Committee wonders whether this lack of commentary in the submissions indicates a lack of consideration of inquiries and recommendations in developing policy and providing services. Given the initial lacklustre response, the Committee had to actively identify inquiries and recommendations it considered relevant to this Inquiry and Western Australian Government agencies, and specifically direct those agencies to provide information on their progress in implementing those recommendations.
- 1.42 Despite the Committee requesting information from multiple individual agencies, the DPC decided to collate and summarise individual stakeholder agencies' submissions –

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the Mental Health Commission (also provided directly to the Committee), Department of Health, Department for Child Protection and Family Support (DCPFS) and DAA – to provide to the Committee.³² For a submission intended as a consolidated multi-agency submission, the Committee was particularly disappointed by the DPC's initial submission which was only five pages long, clearly far too brief to appropriately address such a complex and important issue. It was significantly lacking in both the selection of reports and recommendations to be discussed, and the depth and level of detail of the information provided.

- 1.43 The Committee was also dissatisfied at the number of government agencies that failed to respond to requests for information – both the Department of Regional Development and the DCPFS failed to respond to requests for information, requiring letter and telephone follow up after deadlines had passed before responses were received. Many extensions of time to provide responses were granted at the request of government agencies, while other agencies simply provided information late without any notice. The Committee questions how the Western Australian Government can effectively respond to a crisis as large and important as Aboriginal youth suicide given the seeming difficulty in responding to correspondence in a complete and timely manner.
- 1.44 Tracking the status of implementation of recommendations from the *Gordon Inquiry* provides a comprehensive illustration of the types of difficulties faced by the Committee in undertaking this Inquiry (see Appendix Seven).
- 1.45 The Committee's difficulty in identifying responsible agencies and tracking the implementation of recommendations from previous reports, and lack of an overarching responsible agency, is also reflected in the recommendations made as part of the Inquiry. Many recommendations are directed at Western Australian Government agencies as a whole, as no one agency has been identified as appropriate. As such, the Committee expects that the Premier and his agency, on behalf of the Western Australian Government, will coordinate and provide a response to recommendations of this Inquiry which have not been directed to a named agency.

Finding 4

There is a lack of emphasis on, and accountability for, implementing recommendations made by parliamentary or government initiated inquiries.

Recommendation 2

That the Premier coordinates and provides a response to the recommendations of this Inquiry which have not been directed to a specific agency or Minister.

32 Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, Cover Letter.

Recommendation 3

That the Premier and each Minister to whom recommendations are directed should report to Parliament at six monthly intervals for no fewer than five years after the tabling of this report on the progress of implementing recommendations made in this report.

Recommendation 4

That the Department of the Premier and Cabinet create a centralised database of inquiry recommendations made to Western Australian Government agencies. Further:

- the Department of the Premier and Cabinet retains overall responsibility for maintenance of the database and ensuring government agencies update the database in a timely fashion.
- the database should include the government's initial response to recommendations, and be updated at six monthly intervals to advise of progress made in implementing supported recommendations contained in the database. This advice should include detailed information of specific actions taken in response to particular recommendations, and not just whether actions are 'in progress' or 'complete'.
- information in the database should continue to be updated until implementation of a recommendation is 'complete' or superseded, in which case the reasons why the recommendation is no longer being implemented should be stated.

A timeline of government policies

- 1.46 Although it has been difficult to determine what specific actions have been taken in response to the many recommendations made as a result of the many inquiries, the Western Australian Government (and Commonwealth Government) have been introducing and implementing policies and taking action to reduce Aboriginal youth suicide and improve wellbeing more broadly. *Hear our Voices: Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal People living in the Kimberley, Western Australia : Final Research Report (Hear Our Voices)* set out a 'Timeline of Government Policies and Responses to Community Distress and Suicide in the Kimberley' from 1996 to 2011. This timeline is reproduced and extended in Appendix Eight.

Still a long way to go

- 1.47 The increasing Aboriginal suicide rate indicates the negative outcomes of not appropriately addressing inquiry recommendations, developing appropriate strategies and delivering necessary services. Part of this may be attributable to the comparatively

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hidden nature of the issues, far removed from where policy is made and actions are directed. Western Australia is:

a state where the Aboriginal population is four per cent of the total population. Largely, they are up in the areas where you cannot see them. I am sure there is a commitment but it is not priority number one.

*The concept of having the rates of young people in Aboriginal communities killing themselves, which is perhaps the most tragic thing that can happen to anyone in their lives, and for it not to be a state emergency that this has to stop, everybody is concerned about it and this is why you are having this committee.*³³

- 1.48 Now is the time for the Western Australian Government to really listen to what the Aboriginal people, and inquiry after inquiry, has been saying for more than 15 years. Only then can a sound base be built from which this issue can slowly but surely be addressed.

*We are at a turning point where we have the opportunity to reflect on the past to shape a more constructive and fair future. It is time for the Western Australian Government on behalf of all Western Australians to honour our collective responsibility to act ethically towards Aboriginal Western Australians. Let's widen the conversation and discuss honestly and respectfully how the State and indeed the nation is to be reconciled with Aboriginal people in the true spirit of a 'fair go mate'.*³⁴

33 Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p19.

34 Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p3.

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Aboriginal suicide is different

The Aboriginal concept of mental health is holistic, encompassing cultural and spiritual, social and economic wellbeing, and physical and emotional wellbeing of not just an individual, but their whole community. A suicidal individual is indicative of a distressed community. The shockingly high rates of suicide across Western Australia, and in particular the Kimberley region, somewhat mask the much higher rates in particular communities. Western Australia has international obligations to take action to address this crisis.

Aboriginal suicide is different

- 2.1 Aboriginal suicide is different to non-Aboriginal suicide.³⁵ Some of the risk factors contributing to suicide by Aboriginal people are similar to those shared by non-Aboriginal people;³⁶ although Aboriginal people are likely to experience these suicide risk factors at a higher rate than the rest of the population.³⁷ Aboriginal people are also subject to additional factors and circumstances, and are affected in different ways.³⁸ Some suggest they are poorly understood.³⁹ Although the purpose of this Inquiry was not to investigate these risk factors, a brief overview of risk factors can be found in Chapter 3.
- 2.2 Whereas in the general population there is a strong correlation between depression and suicide, for Aboriginal people there is a strong element of impulsivity.⁴⁰

[...] for those non-Indigenous people who died by suicide, 80 per cent of them had a psychiatric diagnosis of depression. This is not the case with Indigenous people... what we have established is that there is actually a different nature to Aboriginal suicide. It seems to be much more impulsive and it seems to be the case—well, not seems to be; we know that it is the case—it is highly impulsive. The other thing, too, is that it is often triggered by an intimate relationship breakdown. We

35 Tatz, C. *Aboriginal Suicide Is Different: A Portrait of Life and Self-Destruction*, Aboriginal Studies Press, Canberra, 2001.

36 Submission No. 14 from Beyond Blue, 13 May 2016, p8.

37 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p19.

38 Submission No. 14 from Beyond Blue, 13 May 2016, p8.

39 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, p1.

40 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, pp2-3.

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*are talking about people who lack the capacity to self-soothe and calm, and that is also a by-product of trauma*⁴¹

- 2.3 Many of the factors that contribute to the likelihood of suicide are interrelated, and it is the interaction of these factors which can often cumulatively amplify the risks of a person taking their own life.
- 2.4 Educational attainment, for example, has been identified in research as a social determinant that may contribute to suicide ideation, so any program that seeks to address the school attendance rates of Aboriginal students may also need to consider homelessness, overcrowding or family violence and will, of course, need to be developed and run appropriately for the cultural context. This requires a collaborative and coordinated approach from multiple government agencies together with significant involvement from the local community. The complex and interconnected risk factors demonstrate the need for a complex response.

A holistic concept of mental health

- 2.5 The risk factors contributing to Aboriginal suicide are not just related to poor mental health,⁴² they are much broader, encompassing a multitude of complex and interrelated factors and circumstances.⁴³
- 2.6 Although 'mental health' is a broad and somewhat undefined concept, it is often used synonymously with mental illness. Western Australia's *Mental Health Act 2014* (MH Act) Act's short title suggests it focusses on mental health, its long title emphasises the purpose of the MH Act as addressing 'mental illness'.⁴⁴ Further, 'mental health' is not defined in the MH Act, while 'mental illness' is.⁴⁵
- 2.7 The Mental Health Commission (MHC) of Western Australia, responsible for developing and implementing suicide prevention strategies for the state, outlines on its website the concept of mental health in broad terms:

Good mental health is a sense of wellbeing, confidence and self-esteem. It enables us to fully enjoy and appreciate other people, day-to-day life and our environment. When we are mentally healthy we can:

- *form positive relationships*

41 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p3.

42 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p11.

43 Submission No. 15 from Anglicare WA, 13 May 2016, p6.

44 *Mental Health Act 2014* (Western Australia).

45 *ibid.*, s4.

- *use out abilities to reach our potential*
- *deal with life's challenges.*⁴⁶

This same page goes on to discuss the concept of a mental illness, in many ways inextricably linking considerations of mental health with mental illness.

- 2.8 Defining Aboriginal suicide in terms of 'mental illness' is problematic as the complex causal factors cannot easily be categorised as being part of poor mental health or "an understandable reaction to unremitting adversity."⁴⁷ Aboriginal suicide is less likely to be a consequence of mental illness or depression, and can better be categorised as a "reactive emotional response" to life circumstances, and alcohol and drug abuse.⁴⁸ Kimberley Mental Health and Drug Services (KMHDS) statistics suggest that most Aboriginal people who suicide have not been diagnosed with a mental health condition. Of the individuals who suicided between 2005 and 2014, 71 per cent had not previously had contact with KMHDS.⁴⁹
- 2.9 Dr Tracy Westerman, a psychologist and Managing Director of Indigenous Psychological Services, has a broader view of mental health and mental illness which incorporates the importance of culture and cultural norms in understanding and identifying mental health in different cultural contexts.⁵⁰ Dr Westerman cautioned against creating a different set of criteria or measurements to explain Aboriginal suicides. For example, to attempt to understand the phenomenon in terms of social and emotional wellbeing is problematic as this is an unclear concept and would further marginalise Aboriginal mental health.⁵¹
- 2.10 The unique risk factors contributing to Aboriginal suicide mean that the indicators associated with, and used to assess, the likelihood of a person suiciding in the general population are less meaningful in Aboriginal contexts.⁵² Dr Westerman identified that Aboriginal children in need of help were being excluded from early intervention programs as screening tools were not appropriate and, in response, developed the Westerman Aboriginal Symptom Checklist – Youth.

46 Mental Health Commission, *What is mental health?* Available at: http://www.mentalhealth.wa.gov.au/mental_illness_and_health/mh_whatis.aspx. Accessed on 26 September 2016.

47 Hunter, E. and Harvey, D., 'Indigenous suicide in Australia, New Zealand, Canada, and the United States', *Emergency Medicine Australasia*, vol. 14, no. 1, March 2002, p17 quoted in Submission No. 21 from Youth Focus, 20 May 2016, p1.

48 Elliott-Farrelly, T., 'Australian Aboriginal Suicide: The Need for an Aboriginal Suicidology', *Australian e-Journal for the Advancement of Mental Health*, vol. 3, no. 3, 2004, pp138-145 quoted in Submission No. 21 from Youth Focus, 20 May 2016, pp1-2.

49 Submission No. 15 from Anglicare WA, 13 May 2016, p6.

50 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p13.

51 *ibid.*

52 Submission No. 21 from Youth Focus, 20 May 2016, p2.

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*as a clinician, I was also seeing Aboriginal young people coming in to me at the very severe stage of chronic distress. What I also knew back then was that early intervention was a big thing within the non-Indigenous population. Effectively, what was occurring was Indigenous kids were being excluded from a lot of early intervention programs, primarily on the basis of the fact that we had no screening tools, which sounds really simple, but it actually is that simple. We did not actually know whether there was a different bunch of risk factors for suicide. As part of my PhD, I decided to go out and explore it at a population level. I developed the Westerman Aboriginal symptom checklist for youth, which is the world's first psychometric test—culturally validated and scientifically validated—which was the first time anyone globally had bothered to do that. We were actually able to understand the different nature of Indigenous suicide. Then what I did was I did wide-scale screening to figure out whether those risk factors were consistent across populations of Aboriginal people. To understand risk factors, as you guys know, is absolutely crucial.*⁵³

- 2.11 Given the diversity of Aboriginal cultures within Australia, there is “significant variation in beliefs and conceptions of health and well-being.”⁵⁴ A similar theme, however, is that health:

*is generally an holistic concept, which considers the person within their social, familial and environmental contexts and which addresses cultural and spiritual, social and economic well-being as well as physical and emotional well-being. Mental health from an Aboriginal perspective has thus been defined as:*⁵⁵

“Not just the physical well being of an individual, but... the social, emotional and cultural well being of the whole community in which each individual is able to achieve their full potential as a human being thereby bringing about the total well being of their community. It is a whole of life view and includes the cyclical concepts of life-death-life.”⁵⁶

53 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p2.

54 Aboriginal Suicide Prevention Steering Committee, *Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth*, briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001, p12.

55 *ibid.*, p12.

56 Department of Health and Aged Care, *Life Living is for Everyone: A framework for prevention of suicide and self-harm in Australia*, Department of Health and Aged Care, Canberra, 2000 quoted

- 2.12 One example of this broad concept of mental health comes from the Yawuru people who are the traditional owners of the lands and waters in and around Rubibi (the town of Broome).⁵⁷ The concept of ‘liyan’ does not have a direct translation in the English language. It was described to the Committee in different ways – “spirit”,⁵⁸ “your sixth sense, your intuition, that gut feeling”⁵⁹ and “our heart feeling, our innocence feeling.”⁶⁰ An out of balance ‘liyan’ can lead to suiciding:

*when you have a no-good liyan, that is when, unfortunately, some of our young mob turn to suicide.*⁶¹

- 2.13 References to ‘mental health’ made throughout this report refer to this broader concept of ‘mental health’ as holistic and based in cultural ideas, and not the narrow concept of ‘mental health’ as closely aligned with mental illness in the general population.

Finding 5

Mental health in an Aboriginal context is a holistic concept, incorporating the social, emotional and cultural wellbeing of the individual and their community.

- 2.14 This characterisation has important and far reaching ramifications for policy makers. Currently in Western Australia the MHC has primary carriage for responding to suicide. As suicide is not exclusively a mental health issue,⁶² the diversity of appropriate responses extends beyond the mandate of the MHC which emphasises the need for a whole-of-government approach.

A suicidal individual is indicative of a distressed community

- 2.15 Aboriginal suicide needs to be addressed at the community level, not just the individual level.⁶³ Often, a suicidal individual is indicative of a distressed community, and a whole of community response is needed.⁶⁴ Risk factors differ between regions and communities and so the risk factors of one community may not be the same as the risk

in Aboriginal Suicide Prevention Steering Committee, *Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth*, briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001, p12.

57 Yawuru, ‘About Us’. Available at: <http://www.yawuru.com/>. Accessed on 27 September 2016.

58 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p9.

59 Ms Aimee Howard, Peer Educator, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p7.

60 Miss Tonii Skeen, Women’s Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p7.

61 *ibid.*

62 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p11.

63 Submission No. 21 from Youth Focus, 20 May 2016, p2.

64 Submission No. 14 from Beyond Blue, 13 May 2016, p9.

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factors in another community,⁶⁵ particularly given the vast geography of Western Australia.

- 2.16 Canadian researcher Michael Chandler proposes that individualistic approaches to suicide prevention are mistaken, and that Indigenous suicide is instead required to be “communally treated with ‘cultural medicines’ prescribed and acted upon by whole cultural communities.”⁶⁶ This communal approach is necessary as damage inflicted on Indigenous groups of “peoples is collective, rather than personal, and multiplicative, rather than simply additive.”⁶⁷

The extent of the suicide within Aboriginal communities

- 2.17 It is important to understand the extent of suicide amongst Aboriginal young people so that it can be addressed in the most effective way, with the right type of help made available in the right locations to persons at risk and their families. Statistics are often used as a mechanism to enable understanding and tailor response. It is equally important to remember that each statistic represents people who have lost their lives and the grieving families and communities that are left behind.

Rates of suicide

- 2.18 As a whole, Aboriginal people are around twice as likely to die by suicide as other people in Australia.⁶⁸ Outlined below are suicide rates for Aboriginal youth, Western Australian Aboriginal people and Aboriginal people living in the Kimberley region.

Aboriginal youth rates of suicide

- 2.19 Data shows that death by suicide is significantly higher among Aboriginal children and young people, particularly younger children, compared with their non-Aboriginal counterparts.⁶⁹ Aboriginal people represent 3 per cent of Australia’s population, yet

65 Submission No. 14 from Beyond Blue, 13 May 2016, p9.

66 Chandler, M.J. and Dunlop, W.L., ‘Cultural wounds require cultural medicines’, p3. Available at: <http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3-a8cda44fb8b1&subId=205836>. Accessed on 10 November 2016.

67 *ibid.*

68 Submission No. 21 from Youth Focus, 20 May 2016, p1; Australian Bureau of Statistics, 3303.0 – *Causes of Death, Australia 2014*, March 2016, p ‘External Causes (V01-Y98)’. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2014~Main%20Features~External%20Causes%20%28V01-Y98%29%20%20%20%20~10044>. Accessed on 25 September 2016.

69 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., ‘Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People’, p2.

Aboriginal children and young people account for 28.1 per cent of all recorded suicide deaths of children and young people between 2007 and 2012.⁷⁰

- 2.20 For the same period, data showed that Aboriginal children and young people accounted for 80 per cent of deaths by suicide in the 4–11 year age, 42.9 per cent of deaths in the 12–13 year age range, 24.5 per cent of deaths in the 14–15 year age range and 15.3 per cent of deaths in the 16–17 year age range.⁷¹

Western Australian Aboriginal people's rates of suicide

- 2.21 Around one quarter of suicide deaths among Aboriginal people in Australia occur in Western Australia despite the fact that Western Australia accounts for just 14 per cent of the nation's Aboriginal population.⁷² The suicide rate among Western Australian Aboriginal people is 3.3 times higher than among non-Aboriginal people.⁷³
- 2.22 The Committee requested information about the number of Aboriginal suicides in Western Australia between 2006 and 2016 from the Western Australian Coroner. The tables below show the number of suicides of Western Australian Aboriginal people between 2006 and 2016 by year of notification and age of the deceased respectively.⁷⁴

Table 2.1: Intentional Self-Harm Fatalities of Aboriginal Australians in Western Australia by Year of Notification

Year of Notification	Frequency	Percentage (%)
2006	33	9.7
2007	21	6.2
2008	33	9.7
2009	24	7.0
2010	29	8.5
2011	36	10.6
2012	35	10.3
2013	35	10.3
2014	54	15.8
2015	29	8.5
2016	12	3.5
Total	341	100

Source: Closed Submission

Note: percentages have been rounded therefore there may be a small rounding error.

70 National Children's Commission, *Children's Rights Report*, Australian Human Rights Commission, Sydney, 2014, pp151, 117.

71 *ibid.*, p151.

72 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p2.

73 Submission No. 14 from Beyond Blue, 13 May 2016, p7; Australian Bureau of Statistics, *3303.0 – Causes of Death, Australia 2014: External Causes (V01-Y98)*, March 2016. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0~2014~Main%20Features~External%20Causes%20%28V01-Y98%29%20%20%20~10044>. Accessed on 25 September 2016.

74 Closed submission, April 2016

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Table 2.2: Intentional Self-Harm Fatalities of Aboriginal Australians in Western Australia by Age Range

Age Range (Years)	Frequency	Percentage (%)
0 – 10	-	-
11 – 14	8	2.3
15 – 19	67	19.6
20 – 24	57	16.7
25 – 29	63	18.5
30 – 34	42	12.3
35 – 39	38	11.1
40 – 44	30	8.8
45 – 49	17	5.0
50 – 54	10	2.9
55 – 59	6	1.8
60 – 64	1	0.3
65+	2	0.6
Total	341	100

Source: Closed submission

Note: percentages have been rounded therefore there may be a small rounding error.

Qualifications on data

- 2.25 These tables may not include all suicides by Aboriginal people in Western Australia between 2006 and 2016. It takes time for the Coroner to conclude an investigation into a potential suicide, therefore cases which are ‘open’ or for which coding has not been concluded may not be included in the data provided. As at the date data was provided, only 36.4 per cent of 2015 Western Australian coronial cases and 2.5 per cent of 2016 Western Australian cases had been closed. Further, there were 30 open 2016 cases, and 143 open 2015 cases for which Aboriginality was still being determined.⁷⁵
- 2.26 Further, for a variety of reasons it may be difficult for the Coroner to determine ‘Indigenous Origin’ during the coronial investigation. In such cases where Aboriginality cannot be determined, the ‘Indigenous Origin’ of the deceased will be coded as ‘Unlikely to be Known’.

The Kimberley region has one of the highest rates of suicide in Australia

- 2.27 The Kimberley region of Western Australia has one of the highest rates of suicide in Australia, and internationally, and it has been steadily increasing over many years. In mid-2015, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (see Appendix Nine) noted at its Kimberley Roundtable that the Kimberley region has seen a dramatic increase in suicide deaths in the last five years, with an estimated two suicide deaths occurring each month among Aboriginal people.⁷⁶

⁷⁵ Closed submission, April 2016

⁷⁶ ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p10.

- 2.28 In July 2016, a report was released by KMHDS staff found that 102 of the 125 suicides in the Kimberley region between 2005 and 2014 were by Aboriginal people.⁷⁷ This equated to a suicide rate of 74 per 100,000.⁷⁸ By comparison, the suicide rate for all Australians in 2014 was 12.2 per 100,000 people.⁷⁹ Of the 102 suicides by Aboriginal people, 71 per cent were male, 68 per cent were less than 30 years old, and 27 per cent were less than 20 years old.⁸⁰ The report notes that even this astonishing rate is likely to be an underestimate due to difficulties in accessing health care services in the region which may result in underreporting.⁸¹
- 2.29 The Committee was surprised when, in October 2016, the Minister for Mental Health, Hon. Andrea Mitchell, MLA made public statements to the effect that rates of suicide had fallen during 2016, particularly in comparison with the last couple of years.⁸² Aboriginal leaders and suicide researchers were shocked at the claim.⁸³ The Committee wrote to the Minister requesting evidence supporting this claim given it was at odds with all evidence received by the Committee.
- 2.30 The Minister provided her office's written response to the media inquiry which contained no evidence to support her public statement.⁸⁴ The Committee therefore questions the validity of the Minister's comments.

Rates of suicide vary dramatically between individual remote communities

- 2.31 While rates and statistics are useful in some respects to measure the depth of an issue, in others they can hide or overshadow the underlying issue. Michael Chandler has spent 30 years researching the Indigenous peoples of Canada and argues that suicide statistics are misleading and a "colossal disservice to all involved" as they "reflect and promote racist assumptions by artificially homogenizing otherwise radically diverse Indigenous communities, and 'gang-press' them all under one, common, politically-inspired banner."⁸⁵ In reality, some 'bands' of communities in Canada have never

77 McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p1.

78 *ibid.*

79 Australian Bureau of Statistics, *3303.0 – Causes of Death, Australia 2014: Table 11.2 Intentional self-harm, Age-specific death rates, 5 years age groups by sex, 2005–2014*, March 2016. Available at: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02014?OpenDocument>. Accessed on 25 September 2016.

80 McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p1.

81 *ibid.*

82 Park, E., 'Indigenous Suicide: Doubts raised over WA Health Minister's claims Kimberley rate is falling', *ABC Online*, 6 October 2016. Available at: <http://www.abc.net.au/news/2016-10-06/wa-indigenous-suicide-rate-claims-in-doubt/7906566>. Accessed on 6 October 2016.

83 *ibid.*

84 Hon. Andrea Mitchell, MLA, Minister for Mental Health, Letter, 19 October 2016.

85 Chandler, M.J. and Dunlop, W.L., 'Cultural wounds require cultural medicines', p6. Available at: <http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3-a8cda44fb8b1&subId=205836>. Accessed on 10 November 2016.

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experienced a youth suicide, while other 'bands' have experienced extremely high rates of suicide.⁸⁶

While certain indigenous or First Nations groups do suffer rates of youth suicide that are among the highest of any culturally identifiable group in the world (Kirmayer, 1994), it is also true that the incidence of such suicides varies dramatically across British Columbia's nearly 200 aboriginal groups. Some communities, we demonstrate, show rates some 800 times the national average, while in others suicide is essentially unknown.⁸⁷

- 2.32 This insight is applicable to Western Australia. Suicide rates varying dramatically between different regions,⁸⁸ with some communities having very little exposure to suicide, while other communities such as Balgo, Fitzroy Crossing, Mowanjum and Derby have suicide rates up to 20 times the state average.⁸⁹
- 2.33 This point is of critical importance for policy makers when creating interventions, emphasising the need for local and tailored solutions for each community. There are significant questions about the effectiveness of homogenous programs that fail to take into account the varied circumstances of individual communities.

It is likely rates are higher than the statistics suggest

- 2.34 Many suggest that the occurrence of Aboriginal suicide is underreported,⁹⁰ particularly as Aboriginal populations are more likely to live in remote areas and have less interaction with government authorities.⁹¹ Furthermore, diagnosing suicide requires the determination of "the component of intent, which makes it more difficult to have unequivocal statistical data."⁹² Given this, and the qualifications on the coronial data

86 Chandler, M.J. and Dunlop, W.L., 'Cultural wounds require cultural medicines', p7. Available at: <http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3-a8cda44fb8b1&subId=205836>. Accessed on 10 November 2016.

87 Chandler, M.J. and Lalonde, C., 'Cultural Continuity as a Hedge Against Suicide in Canada's First Nations', The University of British Columbia. Available at: http://firstnationcitizenship.afn.ca/uploads/A12_Cultural_Continuity_as_a_Hedge_against_Suicide.pdf. Accessed on 25 September 2016.

88 Submission No. 21 from Youth Focus, 20 May 2016, p1.

89 *ibid.*

90 Submission No. 24 from Mr Gerry Georgatos, 23 May 2016, p39.

91 Svetlicic, J., Milner, A. and De Leo, D., *How do we tackle the issue of Indigenous suicides if we can't accurately quantify it?*, Griffith University Australian Institute for Suicide Research and Prevention. Available at: https://www.griffith.edu.au/_data/assets/pdf_file/0009/428805/Indig-Poster-for-IASP-JERNEJA-SVETICIC.pdf. Accessed on 26 May 2016.

92 Varnik, P., 'Suicide in the World', *International Journal of Environmental Research and Public Health*, vol. 9, no. 3, March 2012. Available at: <http://www.mdpi.com/1660-4601/9/3/760/htm>. Accessed on 3 November 2016.

stated above, there is a distinct possibility that the incidence of suicide is much higher than the data suggests.

A human rights issue

- 2.35 The *International Covenant on Economic, Social and Cultural Rights* (Covenant) forms part of what is known as the International Bill of Human Rights.⁹³ Australia ratified the Covenant on 10 December 1975, and the Covenant entered into force on 3 January 1976.⁹⁴ Australia, and by extension Western Australia,⁹⁵ is bound to take the necessary steps, within its means, to achieve for its peoples the rights set out in the Covenant.⁹⁶ These rights include that all people have the right to self-determination,⁹⁷ an adequate standard of living⁹⁸ and enjoy the highest attainable standard of physical and mental health.⁹⁹
- 2.36 The Covenant does not form part of Australia's domestic law. However, the *Australian Human Rights Commission Act 1986* (AHRC Act) gives the Aboriginal and Torres Strait Islander Social Justice Commissioner specific statutory functions relating to protecting and promoting the human rights of Aboriginal and Torres Strait Islanders.¹⁰⁰ This Commissioner must have regard to a number of international declarations and conventions, including the Covenant, in performing her or his functions.¹⁰¹
- 2.37 The *Convention on the Rights of the Child* (Convention) is the main international treaty on children's rights, and the most widely ratified human rights treaty in the world.¹⁰² Australia ratified the Convention in December 1990. Ratification of the Convention

93 United Nations General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Series, vol. 993. Available at: <http://www.refworld.org/docid/3ae6b36c0.html>. Accessed on 3 November 2016.

94 Australian Human Rights Commission, *Factsheet 5: The international bill of rights*, 2009, p2. Available at: https://www.humanrights.gov.au/sites/default/files/content/education/hr_explained/download/FS5_International.pdf. Accessed on 2 October 2016.

95 United Nations General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Services, vol. 993, Article 28. Available at: <http://www.refworld.org/docid/3ae6b36c0.html>. Accessed on 3 November 2016.

96 Australian Human Rights Commission, *Factsheet 5: The international bill of rights*, 2009, p2. Available at: https://www.humanrights.gov.au/sites/default/files/content/education/hr_explained/download/FS5_International.pdf. Accessed on 2 October 2016.

97 United Nations General Assembly, *International Covenant on Economic, Social and Cultural Rights*, 16 December 1966, United Nations, Treaty Services, vol. 993, Article 1.

98 *ibid.*, Article 11.

99 *ibid.*, Article 12.

100 *Australian Human Rights Commission Act 1986* (Commonwealth), s46C(1)(b).

101 *ibid.*, s46C(4)(a).

102 Australian Human Rights Commission, *About Children's Rights*. Available at: <https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights>. Accessed on 27 September 2016.

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“means that Australia has a duty to ensure that all children in Australia enjoy the rights set out in the treaty.”¹⁰³

- 2.38 The Convention is incorporated into Australian domestic law as a Schedule to the AHRC Act.¹⁰⁴ This means that complaints about alleged breaches of human rights can be made to the Australian Human Rights Commission, who can investigate the complaint, resolve it through conciliation or prepare a report on the complaint making recommendations to the Attorney General, which is tabled in Federal Parliament.¹⁰⁵
- 2.39 In accordance with the Convention, Australia must report to the United Nations Committee on the Rights of the Child on measures it has taken to give effect to the rights contained in the Convention.¹⁰⁶ The Committee on the Rights of the Child’s most recent observations about Australia’s progress raised concerns “about the high rate of suicidal deaths among young people throughout the State party, particularly among the Aboriginal community.”¹⁰⁷
- 2.40 Although Western Australia is not a party to the Convention, and it is the Commonwealth Government that has overall legal responsibility for ensuring compliance with the Convention, the actions of state governments can put Australia in breach of its obligations.¹⁰⁸
- 2.41 Convention Article 19 gives every child the right to live free from all forms of violence. The United Nations Committee on the Rights of the Child has interpreted this Article to include violence in the form of “self-inflicted injuries, suicidal thoughts, suicide attempts and actual suicide.”¹⁰⁹ Article 19 is considered to be a “civil right and

103 Australian Human Rights Commission, *About Children’s Rights*. Available at: <https://www.humanrights.gov.au/our-work/childrens-rights/about-childrens-rights>. Accessed on 27 September 2016.

104 *Australian Human Rights Commission Act 1986* (Commonwealth), Schedule 3.

105 Australian Human Rights Commission, *Complaints about breaches of human rights*. Available at: <https://www.humanrights.gov.au/complaints-about-breaches-human-rights>. Accessed on 2 October 2016.

106 United Nations General Assembly, *Convention on the Rights of the Child*, 20 November 1989, United Nations, Treaty Series, vol. 1577, Article 44. Available at: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>. Accessed on 27 September 2016.

107 United Nations Committee on the Rights of the Child, *Consideration of reports submitted by States parties under article 44 of the Convention – Concluding observations: Australia*, United Nations, 28 August 2012, CRC/C/AUS/CO/4, p16.

108 Australian Human Rights Commission, *Human Rights – what do I need to know?*, 2008, p5. Available at: <http://www.humanrights.gov.au/publications/human-rights-what-do-i-need-know-2008>. Accessed on 27 October 2016.

109 United Nations Committee on the Rights of the Child, *General Comment No 13: The Right of the Child to Freedom From All Forms of Violence*, United Nations, 18 April 2011, CRC/C/GC/13, para 28.

freedom” which creates an “immediate and unqualified obligation” on Australia to “undertake all possible measures” to realise this right.¹¹⁰

- 2.42 The *United Nations Declaration on the Rights of Indigenous Peoples* (Declaration) was adopted by the General Assembly of the United Nations in September 2007.¹¹¹ The adoption of the Declaration was, at the time, considered to be the most significant achievement for Indigenous peoples at the international level.¹¹² Initially Australia voted against the Declaration, however in 2009 the Commonwealth Government changed its position and announced its support.¹¹³ The Declaration does not create legal rights or obligations for Australian governments, but is an aspirational human rights instrument that and Australia’s agreement indicates it consents to the ideals contained therein.¹¹⁴ This consent has an “undeniable moral force” and can and should influence law and policy reform.¹¹⁵
- 2.43 The Declaration states that all Indigenous peoples are free and equal to all other peoples, including free from any kind of discrimination.¹¹⁶ Further, States should consult and cooperate with Indigenous peoples ensuring informed consent before legislative or administrative matters are imposed.¹¹⁷ States must also take effective and possibly special measures to ensure the continuing improvement of Indigenous peoples economic and social conditions.¹¹⁸

110 United Nations Committee on the Rights of the Child, *General Comment No 13: The Right of the Child to Freedom From All Forms of Violence*, United Nations, 18 April 2011, CRC/C/GC/13, para 65; Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., ‘Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People’, p1.

111 Australian Human Rights Commission, *UN Declaration on the Rights of Indigenous Peoples*, 14 September 2007. Available at: <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/un-declaration-rights>. Accessed on 27 September 2016.

112 Australian Human Rights Commission, *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples*, Australian Human Rights Commission, Sydney, 2010, p10.

113 Australian Human Rights Commission, *UN Declaration on the Rights of Indigenous Peoples*, 14 September 2007. Available at: <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/projects/un-declaration-rights>. Accessed on 27 September 2016.

114 Australian Human Rights Commission, *The Community Guide to the UN Declaration on the Rights of Indigenous Peoples*, Australian Human Rights Commission, Sydney, 2010, p12.

115 Australian Human Rights Commission, *Why we’re celebrating a groundbreaking declaration*, 13 September 2016. Available at: <https://www.humanrights.gov.au/news/stories/why-we-re-celebrating-groundbreaking-declaration>. Accessed on 28 October 2016.

116 United Nations Office of the High Commissioner for Human Rights, *The United Nations Declaration on the Rights of Indigenous Peoples*, August 2013, HR/PUB/13/2, Article 2. Available at: <https://www.humanrights.gov.au/publications/un-declaration-rights-indigenous-peoples-1>. Accessed on 27 September 2016.

117 *ibid.*, Article 19.

118 United Nations Office of the High Commissioner for Human Rights, *The United Nations Declaration on the Rights of Indigenous Peoples*, August 2013, HR/PUB/13/2, Article 21. Available at: <https://www.humanrights.gov.au/publications/un-declaration-rights-indigenous-peoples-1>. Accessed on 27 September 2016.

Chapter 2

- 2.44 Western Australia and Australia have a duty, both morally and in accordance with these international agreements, to do everything with their power to ensure that Aboriginal young people fully enjoy the rights contained within these international agreements. The high levels of suicide and significant disparity in many welfare indicators demonstrate that we are currently failing in our duty.

Finding 6

Western Australia is failing in its duty to ensure Aboriginal young people's rights are met as set out in international human rights agreements.

Recommendation 5

That Western Australia be mindful of its obligations under international human rights agreements and take all possible measures to ensure these obligations are met.

Chapter 3

Risk Factors for Aboriginal youth suicide

There are many, varied and interrelated risk factors which may contribute to a young Aboriginal person suiciding, which often does not include a mental illness. Cultural and historic factors, social determinants and life stressors need to be addressed collectively to improve a young person’s holistic mental health.

Young Aboriginal people are significantly at-risk

- 3.1 In his 2008 report on Kimberley suicides, the State Coroner posed the question: why do so many Aboriginal people feel an intolerable intensity of psychological pain, from which suicide is an escape when all other avenues of flight are perceived to be blocked?¹¹⁹
- 3.2 As raised in Chapter 2, the high rate of suicide among Aboriginal people is commonly attributed to a complex set of factors which not only includes disadvantage and risk factors shared by the non-Aboriginal population, but also a broader set of social, economic and historic determinants that impact on Aboriginal mental health.¹²⁰ Different risk factors will be more or less evident across different communities and language groups¹²¹ and in different individuals.
- 3.3 This chapter does not seek to exhaustively list or discuss risk factors that were brought to the Committee’s attention during the Inquiry, as each of them could constitute a full inquiry in themselves. Nor does it intend to be an unnecessary litany of the widespread and significant deficits in the lives of many Aboriginal people. Rather, these important factors must be in front of mind when considering how suicide is and should be addressed.

119 Dear, G., *Preventing Suicide and Other Self-Harm in Prisons*, Palgrave Macmillan, Hampshire, 2006, p236 quoted in State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, pp9-10.

120 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p48.

121 *ibid.*, p50; Submission No. 14 from Beyond Blue, 13 May 2016, p9. For examples of this difference, see Submissions 29a-d from National Empowerment Project, 22 June 2016 – in particular, the ‘Consultation and Research Findings on Issues Confronting Individuals, Families and Community’ sections (chapter 5, section 2.0 in each document).

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- 3.4 It is also important to note that these risk factors do not exist in isolation. In fact, each share very similar or identical causes and feed into each other in a “relentless and perpetual cycle.”¹²² They are only separated here for ease of discussion.

Cultural and historic factors

- 3.5 The high rate of suicide currently affecting Aboriginal communities can be linked to the effects of colonisation. Policies introduced by successive governments attacked the culture, identity and language of Aboriginal communities, subjected Aboriginal people to institutional and interpersonal racism and discrimination and, ultimately, resulted in widespread disempowerment. A well-trodden path of previous inquiries and reports on Aboriginal youth suicide have concluded that these policies severing the cultural continuity of Aboriginal communities have contributed to the prevalence of suicide amongst Aboriginal young people.

Loss of culture, identity and language

- 3.6 A strong sense of identity is a fundamental characteristic of resiliency, and one of the primary protective factors moderating the impact of the array of risk factors.¹²³ According to the research of Michael Chandler, young people must develop a robust sense of personal identity in order to “withstand the expectable ravages of time.”¹²⁴ Those who do not often have a general disregard for their future wellbeing.
- 3.7 This identity-building can be at risk when the cultural continuity of one’s community and sense of cultural pride is interrupted:

If ... one’s culture is marginalized, or vandalized, or turned into a laughingstock; and if (because of colonization or decolonization or globalization) the familiar and trustworthy ways of one’s community are criminalized, legislated out of existence, or otherwise assimilated beyond easy recognition, then woe be upon those transiting toward maturity, and for whom otherwise customary ways and means of warranting one’s personal persistence often no longer suffice. ... The predictable consequence of such personal and cultural losses is often

122 Submission No. 32 from headspace Broome, 20 May 2016, Attachment B: Kimberley Aboriginal Health Planning Forum, ‘Kimberley Aboriginal Health Planning Forum Suicide Position Paper’, 20 May 2016, p6.

123 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p48.

124 Chandler, M. and Lalonde, C.E., ‘Cultural Continuity as a Protective Factor against Suicide in First Nations Youth’, *Horizons – A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada’s Future*, vol. 10, no. 1, 2008, p4.

*disillusionment, lassitude, substance abuse, self-injury and self-appointed death at an early age.*¹²⁵

- 3.8 Today many Aboriginal young people are growing up without a robust cultural identity. Some are unable to speak the languages of their ancestors, are spiritually or physically disconnected from their country and Elders, and many have never participated in the traditional rites of passage.¹²⁶
- 3.9 Discriminatory and assimilationist policies are at the root of this cultural dislocation. For example the *Aborigines Act 1905* (WA) paved the way for Aboriginal people to be moved on to missions, their property to be taken, and ultimately the systematic removal of Aboriginal children from their families, known as the Stolen Generations.¹²⁷ Traditional processes for the transmission of knowledge were interrupted. Many of the Stolen Generations of children were not told that they were Aboriginal.¹²⁸
- 3.10 Such policies undermined the cultural pride of Aboriginal communities. Even communities whose Elders retain their language and cultural knowledge are not necessarily spared from the sense of dislocation associated with cultural loss. In *The Elders' report into preventing indigenous self-harm and youth suicide (Elders' Report)* (see paragraph 4.15), Elders from across Australia bear witness to the high incidence of substance abuse and suicide amongst their young people. Lorna Hudson OAM, senior Bardi Elder from Derby, argues that this is partly the result of the marginalisation of Aboriginal people:

*A lot of young people are still trying to identify themselves as to who they are. They have been cast aside from the mainstream and they see themselves as no good. When you are nobody, what's the use of living? That's when our people turn to alcohol and drugs to forget about what has been going on.*¹²⁹

- 3.11 She and others in the report argue that Elders have the knowledge to instil the cultural pride necessary to overcome some of the challenges facing young people, but they struggle to connect with them due to obstacles including limited funding for culture-

125 Chandler, M. and Lalonde, C.E., 'Cultural Continuity as a Protective Factor against Suicide in First Nations Youth', *Horizons – A Special Issue on Aboriginal Youth, Hope or Heartbreak: Aboriginal Youth and Canada's Future*, vol. 10, no. 1, 2008, p70.

126 McKay, K., *Alive and Kicking Goals! Final Report*, Australian Institute for Suicide Research and Prevention, 2012, Appendix A: Literature Review, p44.

127 See Human Rights and Equal Opportunity Commission, *Bringing them home: National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*, Australian Human Rights Commission, Sydney, 1997, Part 2, Chapter 7.

128 South West Aboriginal Land and Sea Council, 'Stolen Generations', 2016. Available at: <http://www.noongarculture.org.au/stolen-generations/>. Accessed on 29 August 2016.

129 Ms Lorna Hudson OAM in *The Elders' report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, p13.

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based programs and the prevalence of drug and alcohol abuse amongst young people.¹³⁰

- 3.12 Evidence to the Inquiry consistently recognised culture, cultural identity and cultural pride as an important protective factor.¹³¹ As a 13 year old Yawuru girl told the Commissioner for Children and Young People as part of a state-wide consultation with Aboriginal children and young people, “[Culture] tells me who I am and makes me feel good. It makes me feel like I belong somewhere.”¹³²

Racism and discrimination

- 3.13 Historical policies that undermined cultural continuity also fed into the pre-existing, negative attitudes that many non-Aboriginal Australians had towards Aboriginal communities. Removed from their country and culture, many Aboriginal people had no choice but to live on the fringes of mainstream society. Yet their “fringe dwelling” – seen by many non-Aboriginal Australians as a lifestyle of choice rather than necessity – was often viewed as confirmation that they were inferior human beings, unable to take care of themselves or their families.¹³³
- 3.14 Racism towards Aboriginal people continues to be a significant problem in Australia.¹³⁴ It can come in many different forms, from the overt and intentional bullying, to the less direct discrimination an Aboriginal person may experience trying to access services, and also to the unintentional behaviours stemming from assumptions and

130 See Ms Lorna Hudson OAM, Mr Eddie Bear, Mr John Watson, Mr Eustice Tipiloura, Ms Estelle Bowen in *The Elders’ report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, pp13, 20, 21, 25, 27.

131 See Dr Murray Chapman, Clinical Director, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 7 June 2016, p7; Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p12; Healing Foundation, *Growing Our Children Up Strong and Deadly: Healing for children and young people*, Healing Foundation, Kingston, 2013; Submission No. 14 from Beyond Blue, 13 May 2016, p2; Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., ‘Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People’, pp4, 5; Submission No. 8 from Kimberley Aboriginal Law and Culture Centre (KALACC), 9 May 2016, p2.

132 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, p48.

133 McKay, K., *Alive and Kicking Goals! Final Report*, Australian Institute for Suicide Research and Prevention, 2012, Appendix A: Literature Review, p40.

134 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, p16; Submission No. 20 from Australian Christian Lobby, 16 May 2016, pp3-4; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p5.

stereotypes.¹³⁵ The 2014-15 National Aboriginal and Torres Strait Islander Social Survey shows that one third of Aboriginal people felt they had experienced unfair treatment as a result of racism.¹³⁶

- 3.15 With each successive generation, the impact of racism on Aboriginal mental health compounds. Dr Tracy Westerman said that current research has found racism to have the same impact on Aboriginal health as a violent assault. If pregnant mothers encounter racism, their children *in utero* also experience the trauma. Once born, children can also inherit their parents' negative self-worth bred by racism. They therefore not only personally experience any racism towards themselves but also racist attitudes directed towards their parents.¹³⁷
- 3.16 Exposure to racism and discrimination can have serious effects. Over half of Aboriginal people who experience discrimination report feelings of psychological distress.¹³⁸ There is a significant link between interpersonal racism and depression among Aboriginal people.¹³⁹ The National Aboriginal Community Controlled Health Organisation state that exposure to racism can result in psychological distress, depression, poor quality of life and substance abuse.¹⁴⁰ The Western Australian Aboriginal Child Health Survey found that young Aboriginal people (aged 12-17 years) who had experienced racism had over twice the risk of having seriously thought about ending their own life.¹⁴¹

Disempowerment

- 3.17 Disempowerment occurs when oppressive social and environmental elements cause people to feel as if they have no control over their own lives. Those who are disempowered can often seem buffeted by life, without the capacity to overcome obstacles. Its presence in Aboriginal communities is linked to the high incidence of suicide amongst their youth.¹⁴²

135 Commissioner for Children and Young People Western Australia, *"Listen To Us": Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, p16.

136 Submission No. 14 from Beyond Blue, 13 May 2016, p8.

137 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, pp8-9.

138 Submission No. 14 from Beyond Blue, 13 May 2016, p8; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p5.

139 Submission No. 14 from Beyond Blue, 13 May 2016, p8.

140 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p5.

141 *ibid.*

142 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p80.

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- 3.18 The systematic disempowerment of Aboriginal communities has occurred since the eighteenth century. The British claim to Australia by virtue of *terra nullius* (literally, a land belonging to nobody) placed Aboriginal people in the same category as flora and fauna, effectively disregarding the existence of their culture, customs, and custodianship and management of the land.
- 3.19 Discriminatory policies severely restricted their ability to make decisions about their own lives. For example, Aboriginal people were forcibly removed from their land and confined to reserves. Aboriginal people had to seek permission to enter towns. Aboriginal women were prevented from living with non-Aboriginal men.¹⁴³
- 3.20 Today, some people experience further disempowerment due to poverty, their reliance on others (such as the government) for services or funding to live, and physically and culturally inaccessible support services.¹⁴⁴
- 3.21 Disempowerment continues through the delivery of government-run, downstream, clinical responses to suicide prevention, instead of Aboriginal-run, upstream, holistic approaches to suicide prevention.

Lateral violence

- 3.22 Also known as horizontal violence or intra-racial conflict, lateral violence involves individuals or groups of people directing their anger and negative behaviour towards their families and communities rather than the systems that have contributed to their disempowerment. Behaviours include gossiping, bullying, shaming, social exclusion and family feuding.¹⁴⁵ It has a close relationship with suicide; one session of the 2016

143 Submission No. 29 from National Empowerment Project, 23 June 2016, Attachment B: Ryder, A. et al., *The National Empowerment Project: Perth, July 2013*, University of Western Australia, Crawley, 2013, p26; Education and Health Standing Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, pp12-13; Submission No. 17 from Lifeline WA, 13 May 2016, p3.

144 Mr David Wirkin, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, pp8, 10; Submission No. 20 from Australian Christian Lobby, 16 May 2016, p3; Submission No. 24 from Mr Gerry Georgatos, 23 May 2016, p3; Submission No. 32 from headspace Broome, 20 May 2016, p1.

145 Submission No. 29 from National Empowerment Project, 23 June 2016, Attachment H: Dudgeon, P. et al., *The National Empowerment Project: The cultural, social and emotional wellbeing program facilitators guide*, Crawley, no date, p208; Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2011*, Australian Human Rights Commission, Canberra, 2011, p54. Available at: http://www.humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sireport11/pdf/sjr2011.pdf. Accessed on 23 September 2016.

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Conference identified suicide as the worst form of lateral violence.¹⁴⁶

- 3.23 While Aboriginal suicide prevention approaches have only recently recognised the concept of lateral violence, its associated behaviours are entrenched in some Aboriginal communities. The former Aboriginal and Torres Strait Islander Social Justice Commissioner argued that tackling lateral violence involves naming it and exposing its impacts because “lateral violence draws power from being nameless and invisible.”¹⁴⁷

Intergenerational trauma

- 3.24 Intergenerational trauma is an outcome of the cultural loss, racism, and disempowerment experienced by Aboriginal communities,¹⁴⁸ and is one risk factor in a complex combination of risk factors for suicide.¹⁴⁹ For young people, it occurs when they experience secondary exposure to the past traumatic experiences of their family or communities.¹⁵⁰ They bear witness to the negative legacy of colonisation and can develop a sense of grief and loss as a result.¹⁵¹
- 3.25 Although contested, recent research has found that traumatic experiences can be transferred from one generation to another through our genes.¹⁵² Murray Chapman, a psychiatrist and associate professor at the University of Western Australia explained: “It seems our genes are constantly interacting and recording our environmental

146 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference Report, Alice Springs, Northern Territory, 5-6 May 2016*, September 2016, p129.

147 Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2011*, Australian Human Rights Commission, Canberra, 2011, p54. Available at: http://www.humanrights.gov.au/sites/default/files/content/social_justice/sj_report/sjreport11/pdf/sjr2011.pdf. Accessed on 23 September 2016.

148 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p6.

149 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p4.

150 Healing Foundation, *Growing Our Children Up Strong and Deadly: Healing for children and young people*, Healing Foundation, Kingston, 2013, p3.

151 Mission Australia, *National Aboriginal and Torres Strait Islander Youth Report 2016*, Mission Australia, Australia, 2016, p15.

152 Yehuda, R. et al. 'Holocaust Exposure Induced Intergenerational Effects on FKBP5 Methylation', *Biological psychiatry*, 2015; Bowers, M.E. and Yehuda, R., 'Intergenerational transmission of stress in humans', *Neuropsychopharmacology*, vol. 41, no. 1, 2016, pp232-244; Birney, E., 'Why I'm sceptical about the idea of genetically inherited trauma', *The Guardian*, 12 September 2015. Available at: <https://www.theguardian.com/science/blog/2015/sep/11/why-im-sceptical-about-the-idea-of-genetically-inherited-trauma-epigenetics>. Accessed on 26 September 2016.

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experience – like a giant biological Facebook. And then genes are passed on, and this contributes to what is called the intergenerational transmission of trauma.”¹⁵³

- 3.26 Intergenerational trauma can have a significant impact on a young person’s social, emotional, and cognitive development. It can reduce their ability to learn, regulate their behaviour and develop trusting relationships.¹⁵⁴ One submission noted that intergenerational trauma manifests itself in “family and community instability, and high levels of distress, exposes our young people to risk through experience, witnessing and example.”¹⁵⁵ Dr Westerman explained the ongoing impact of removal policies:

The core of that is in attachment and loss ... If you have not been loved as a child, then how can you show love to your own children or in your own intimate relationships. ... How you develop a sense of yourself as loved and loveable is from your mum and dad. Removal policies removed a whole generation from those essential attachment bonds. I work with a lot of stolen generations people—for example I have stolen generation in my own family—and people say things like, “Well, I can’t even hug my child because I was never hugged myself.” You pass that down, and then the child develops a sense of themselves as unlovable...¹⁵⁶

Social determinants of health and wellbeing

- 3.27 The role that social determinants play in relation to health and wellbeing is now widely accepted. There is “robust international literature that consistently affirms that social factors have a marked influence on the health of populations.”¹⁵⁷ A person’s health and wellbeing is affected not only by factors present during their lifetime but also those in place prior to their conception and birth.¹⁵⁸
- 3.28 Furthermore, the evidence “now widely supports the notion that health inequalities, such as those that exist between Aboriginal and non-Aboriginal Australians, are the result of factors and processes that fall outside of the traditional domains of health.”¹⁵⁹

153 Chapman, M. 'Intergenerational trauma', *Radio National*, 18 September 2016. Available at: <http://www.abc.net.au/radionational/programs/ockhamsrazor/intergenerational-trauma/7766464#transcript>. Accessed on 26 September 2016.

154 Mission Australia, *National Aboriginal and Torres Strait Islander Youth Report 2016*, Mission Australia, Australia, 2016, p15.

155 Submission No. 25 from Healing Foundation, 26 May 2016, p5.

156 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p8.

157 Zubrick, S.R. et al., 'Social determinants of social and emotional wellbeing', in P. Dudgeon, H. Milroy and R. Walker (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014, pp93–94.

158 *ibid.*, p95.

159 *ibid.*, p94.

It is the gap between Aboriginal and non-Aboriginal people in the quality of factors such as physical health, housing, education and employment that significantly and negatively impacts on the risk of suicide in Aboriginal young people.

- 3.29 For example, many Aboriginal people suffer from poor physical health. Aboriginal people are three times more likely to suffer from diabetes, and four times more likely to be hospitalised for chronic conditions.¹⁶⁰ Aboriginal children also experienced high rates of recurrent infections, particularly skin, ear, chest and gastrointestinal infections.¹⁶¹ While the 2016 *Closing the Gap* report notes progress has been made towards improving the health of Aboriginal people in some areas, overall closing the gap in life expectancy is not “on track”.¹⁶²
- 3.30 A healthy home environment is a fundamental precondition of a healthy population, yet Aboriginal people in Western Australia experience higher levels of housing disadvantage than other Australians, including more homelessness and overcrowding, lower levels of home ownership and higher levels of housing stress. Poor home environments have particular adverse effects on children and young people:

*Homelessness affects children in many ways, including physical health, educational attainment and social relationships, and may be linked with subsequent homelessness in adulthood. The effects of overcrowding on children and young people include increased risk of illness, irregular sleep, poor school performance, parent-child conflict, abuse and poor mental health.*¹⁶³

- 3.31 Aboriginal students consistently achieve poorer educational outcomes in terms of school attendance, engagement and achievement.¹⁶⁴ Educational disadvantage reduced prospects for future employment and therefore improving future economic outcomes. Aboriginal people are more likely to experience poverty than other

160 Australian Bureau of Statistics, *4704.0 – The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples: Adult Health: Risk Factors and Socioeconomic Status*, February 2011. Available at:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/lookup/4704.0Chapter750Oct+2010>. Accessed on 10 October 2016; Australian Institute of Health and Welfare, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples*, Australian Institute of Health and Welfare, Canberra, 2015, pp52–78; Australians Together, *The Gap: Indigenous Disadvantage in Australia*. Available at: <http://www.australianstogether.org.au/stories/detail/the-gap-indigenous-disadvantage-in-australia>. Accessed on 10 October 2016.

161 Kulunga Research Network, *Western Australian Aboriginal Child Health Survey Volume 1: The Health of Aboriginal Children and Young People*, Telethon Kids Institute for Child Health Research, Subiaco, 2004, pp103–104.

162 Department of the Prime Minister and Cabinet, *Closing the Gap Prime Minister's Report 2016*, Commonwealth of Australia, Canberra, 2016, pp9, 43, 42.

163 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p19.

164 *ibid.*

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Australians, and are less likely to 'exit welfare' than other Australians.¹⁶⁵ In June 2015, the national unemployment rate for Aboriginal people was 20.6 per cent¹⁶⁶ compared to the general unemployment rate of 6.0 per cent.¹⁶⁷

- 3.32 Diversionary recreational activities build resilience, alleviate boredom and engage young people in their communities. Yet despite the importance that many Aboriginal young people attribute to recreational activities, many are limited in their opportunity to participate because of geographical isolation and socioeconomic disadvantage.¹⁶⁸ Boredom often leads young people to engage in risky behaviour, including experimentation with alcohol and other drugs and criminal activity.¹⁶⁹

Life stressors

- 3.33 Large numbers of Aboriginal families have been found to experience multiple life stress events, including acute and chronic traumatic events. This has been strongly linked to the high rates of clinically significant emotional and behavioural difficulties in Aboriginal children and young people.¹⁷⁰ These life stress events can be major risk factors for subsequent suicide.

Alcohol and other drugs

- 3.34 Alcohol and drugs impact family and community functioning, neglect, feeling of safety, violence, antisocial behaviour and crime. In his 2015 report, *"Listen to Us": Using the voices of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery (Listen to Us)*, the Commissioner for Children and Young

165 Australian Council of Social Service and Social Policy Research Centre, *Poverty in Australia 2016*, Australian Council of Social Service, Strawberry Hills, 2016, pp37-38.

166 Australian Bureau of Statistics, *4714.0 – National Aboriginal and Torres Strait Islander Social Survey, 2014-2015: Labour Force Characteristics*, April 2016. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4714.0~2014-15~Main%20Features~Labour%20force%20characteristics~6>. Accessed on 19 October 2016.

167 Australian Bureau of Statistics, *6202.0 – Labour Force, Australia, Jun 2015: Labour Force Commentary June 2015*, July 2015. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/6202.0Main%20Features2Jun%2015?opendocument&tabname=Summary&prodno=6202.0&issue=Jun%202015&num=&view=> Accessed on 19 October 2016.

168 Community Development and Justice Standing Committee (39th Parliament), *Cultivating promise: Building Resilience and Engagement for At-Risk Youth through Sport and Culture*, Report No. 13, Parliament of Western Australia, Perth, August 2016, p27.

169 Select Committee on Youth Suicides in the NT (11th Legislative Assembly), *Gone Too Soon: A Report into Youth Suicide in the Northern Territory*, Parliament of the Northern Territory, Darwin, March 2012, p100.

170 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p4.

People noted that some children and young people spoke strongly about this issue and said they wanted alcohol and drugs banned from their communities.¹⁷¹

- 3.35 There is no doubt that harmful drug and alcohol misuse is highly correlated with suicide by Aboriginal people. Suicide is the most common cause of alcohol-related deaths among Aboriginal men and the fourth most common cause amongst Aboriginal women. Notably, this is not the same case for the non-Aboriginal population.¹⁷² High levels of alcohol and drug misuse have also been noted in almost all documented Aboriginal suicide clusters, with many of the affected individuals being either intoxicated or in severe withdrawal.¹⁷³

Poor impulse control

- 3.36 Impulsiveness is also considered to be a distinct feature of Aboriginal suicide which is commonly linked to excessive alcohol consumption.¹⁷⁴ Stressful events such as relational conflict or breakdown may prompt an impulsive suicidal reaction in Aboriginal people,¹⁷⁵ although in some cases an immediate “precipitating” stressor is not apparent, or may appear to be relatively minor.¹⁷⁶ Incidents were also described to the Committee where suicide was used as a threat to have an individual’s “perceived needs” met¹⁷⁷ or as an act to gain attention.¹⁷⁸
- 3.37 This impulsivity reflects an individual’s lack of ability to self-soothe, which is a by-product of trauma,¹⁷⁹ or a tendency to act rashly in an attempt to reduce painful emotions.¹⁸⁰ Not only are people with limited coping strategies more likely to use

171 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p8.

172 Wilkes, E. et al., 'Harmful Substance Use and Mental Health' in P. Dudgeon, H. Milroy and R. Walker (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014, pp129-130.

173 Silburn, S., Robinson, G. Leckning, B. et al, 'Preventing Suicide Among Aboriginal Australians' in P. Dudgeon, H. Milroy and R. Walker (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014, p155.

174 Submission No. 17 from Lifeline WA, 13 May 2016, p6.

175 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., 'Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People', p4.

176 Submission No. 14 from Beyond Blue, 13 May 2016, p8.

177 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p6.

178 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., 'Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People', p4.

179 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p3.

180 Submission No. 17 from Lifeline WA, 13 May 2016, p6.

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alcohol and drugs to mask their underlying issues, but their impulsivity is compounded by the strong “enabling” effect of these substances.¹⁸¹

Fetal Alcohol Spectrum Disorders

- 3.38 Impulsiveness is also a core component of neuro-cognitive disorders such as Fetal Alcohol Spectrum Disorders (FASD),¹⁸² together with loss of decision-making ability and inability to predict the outcomes of one’s actions.¹⁸³ The population prevalence of FASD in the Fitzroy Valley area of the Kimberley is the highest reported in Australia.¹⁸⁴ Paediatrician Dr James Fitzpatrick has stated that the prevalence of FASD in this area is “absolutely” linked to high rates of suicide:

*Children... in the remote communities in which I work have higher rates of anxiety and depression, higher rates of suicidal thoughts and a lot of people with FASD have drug and alcohol dependency problems... This is the perfect storm for somebody to take their own life. Cognitive impairment of any cause is linked to momentary lapses in impulse control after a seemingly innocuous immediate insult. This is preventable, the result of social malaise and our destructive relationship with alcohol.*¹⁸⁵

Family violence and child abuse

- 3.39 Family violence occurs when a family member or someone with whom a victim has a personal relationship attempts to physically or psychologically dominate or harm them. This can be exhibited in various forms, including physical violence, sexual abuse, emotional abuse, intimidation, economic deprivation or threats.¹⁸⁶
- 3.40 Child abuse refers to behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of

181 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p12.

182 Dr Murray Chapman, Clinical Director, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 7 June 2016, p8.

183 Submission No. 32 from headspace Broome, 20 May 2016, Attachment B: Kimberley Aboriginal Health Planning Forum, ‘Kimberley Aboriginal Health Planning Forum Suicide Position Paper’, 20 May 2016, p2.

184 Fitzpatrick, J. et al., ‘Prevalence of fetal alcohol syndrome in a population-based sample of children living in remote Australia: The Lililwan Project’, *Journal of Paediatrics and Child Health*, vol. 51, 2015, p450.

185 Morton, R., ‘Mums’ excessive drinking linked to suicides in remote communities’, *The Australian*, 5 April 2016. Available at: <http://www.theaustralian.com.au/national-affairs/indigenous/mums-excessive-drinking-linked-to-suicides-in-remote-communities/news-story/c6fe31a3b2d88a06537afb66fb501e20>. Accessed on 3 November 2016.

186 Parliament of Australia, *Domestic Violence in Australia – an Overview of the Issues*, September 2006. Available at: http://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/Publications_Archive/archive/Domviolence. Accessed on 6 October 2016.

causing physical or emotional harm to a child or young person.¹⁸⁷ What amounts to child abuse will vary based on situational factors; it is commonly accepted that it is the result of multiple forces at work in individuals, families, communities and cultures.

- 3.41 Common sub-types of child abuse include physical abuse, emotional maltreatment, neglect, sexual abuse, and witnessing family and domestic violence.¹⁸⁸ All of these are strongly correlated with youth suicide. In a 2014 report, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people (Ombudsman 2014)*, the Western Australian Ombudsman examined the deaths of 36 young people by suicide or suspected suicide and found that:
- 44 per cent were said to have experienced family and domestic violence
 - 25 per cent were recorded as having allegedly experienced sexual abuse
 - 22 per cent were recorded as having allegedly experienced physical abuse, and
 - 33 per cent were recorded as having allegedly experienced one or more elements of neglect during their childhood.¹⁸⁹
- 3.42 The *Gordon Inquiry* was specifically established to examine the response of government agencies to complaints of family violence and child abuse in Western Australian Aboriginal communities. It concluded that family violence and child abuse were an “epidemic” in Aboriginal communities and occurred at a much higher rate than in non-Aboriginal communities.¹⁹⁰ Today, Aboriginal children are involved in one-third of family and domestic violence related incidents reported to Western Australia Police.¹⁹¹
- 3.43 While there is a persistent perception that some aspects of family violence and child abuse are part of Aboriginal customary law,¹⁹² most contemporary expressions of

187 Australian Institute of Family Studies, *What is child abuse and neglect?*, September 2015. Available at: <https://aifs.gov.au/cfca/publications/what-child-abuse-and-neglect>. Accessed on 6 October 2016.

188 Australian Institute of Family Studies, *What is child abuse and neglect?*, September 2015. Available at: <https://aifs.gov.au/cfca/publications/what-child-abuse-and-neglect>. Accessed on 27 September 2016.

189 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, p14.

190 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxxiii.

191 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p20.

192 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p68.

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violence and abuse are not customary. Situational factors, such as alcohol abuse, place these incidents outside the boundaries of acceptable customary behaviour and such behaviour is not condoned or accepted by Aboriginal communities.¹⁹³ The Centre for Anthropological Research at the University of Western Australia was commissioned by the *Gordon Inquiry* to determine the extent to which Aboriginal customary law sanctioned family violence and child abuse and concluded:

*Our review of the anthropological literature reveals examples of what, on the face of it, might be taken as instances of family violence or child abuse. But the literature also shows that such actions are invariably within the sphere of traditional practice, ritual or the operation of customary law. We have found little material which suggests that violence or abuse per se are condoned, or took place with impunity, outside traditionally regulated contexts.*¹⁹⁴

Sexual abuse

- 3.44 While all forms of abuse significantly increase the risk of suicidal ideation and suicide attempts for young people, research suggests that the link is strongest in cases of sexual abuse.¹⁹⁵ The risk of repeated suicide attempts is reportedly eight times higher for young people with a sexual abuse history than for those without.¹⁹⁶ It has been suggested that sexual abuse could be specifically related to suicidal behaviour because it is closely associated with feelings of shame and internal attributions of blame.¹⁹⁷
- 3.45 It is difficult to know the prevalence of sexual abuse in Aboriginal communities and the number of people affected, partly because it is widely acknowledged that incidents are significantly under-reported. The Royal Commission into Institutional Responses to Child Sex Abuse has reported difficulty in finding people willing to testify about the abuse they suffered.¹⁹⁸ Reasons for this under-reporting include: a lack of response by authorities, whether perceived or actual; fear of reprisals; shame; and minimal

193 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p70.

194 *ibid.*, p69.

195 Australian Institute of Family Studies, *Effects of child abuse and neglect for children and adolescents*, January 2014, p4. Available at: <http://www.aifs.gov.au/cfca/pubs/factsheets/a146141/index.html>. Accessed on 27 September 2016.

196 *ibid.*

197 *ibid.*

198 Parke, E, 'Royal Commission into child sex abuse struggles to find Kimberley people to testify', *ABC Online*, 10 April 2014. Available at: <http://www.abc.net.au/news/2014-04-10/royal-commission-into-child-sex-abuse-struggles-to-find-kimberl/5381984>. Accessed on 26 August 2016.

surveillance by and contact with child health and welfare professionals in regional and remote areas.¹⁹⁹

- 3.46 The *Gordon Inquiry* found that reported statistics indicate that the rate of child sexual abuse of Aboriginal children is significantly greater than non-Aboriginal children.²⁰⁰ More recent data from the Australian Institute of Health and Welfare supports this finding, indicating that the rate for Aboriginal children is as much as four times that for non-Aboriginal children.²⁰¹

Children in care

- 3.47 Aboriginal children and young people remain significantly over-represented in care. At June 2016, 53 per cent of children and young people in care were Aboriginal.²⁰² In the East and West Kimberley regions, these figures are even more extraordinary, at 100 per cent and 99 per cent respectively.²⁰³
- 3.48 Of the young people whose deaths were examined in the *Ombudsman 2014* report, Aboriginal young people were found to have had higher levels of contact and involvement with the Department for Child Protection and Family Support.²⁰⁴ Evidence to a Senate Inquiry in 2004 revealed extremely high rates of suicide, attempted suicide and suicidal thoughts amongst young people after leaving care.²⁰⁵

Incarceration

- 3.49 Aboriginal people are significantly over-represented in the Western Australian justice system, more so than in any other state.²⁰⁶ This is particularly so for Aboriginal children

199 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p40.

200 *ibid.*, p46.

201 Australian Institute of Health and Welfare, *Children aged 0-17 years who were the subject of a child protection substantiation for sexual abuse, 2014-2015*. Available at: http://analytics.aihw.gov.au/Viewer/VisualAnalyticsViewer_guest.jsp?reportPath=%2FAIHW%2FReleasedPublic%2FNFPA%2FReports&reportName=Indicator%206.1&reportViewOnly=true&viewerMode=modern&appSwitcherDisabled=true. Accessed on 27 September 2016.

202 Department for Child Protection and Family Support, *2015-2016 Annual Report*, Department for Child Protection and Family Support, Perth, September 2016, p34.

203 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p6.

204 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, p137.

205 Senate Community Affairs References Committee, *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, Parliament of Australia, Canberra, August 2004, p155.

206 Martin, L., 'WA Aboriginal children 53 times more likely to be jailed than peers, Amnesty report reveals', *ABC Online*, 11 June 2015. <http://www.abc.net.au/news/2015-06-11/wa-chief-justice-slams-high-rate-of-aboriginal-incarceration/6538006>. Accessed on 7 October 2016.

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and young people, who represent 75 per cent of juveniles in detention.²⁰⁷ In some circumstances young people are incarcerated as a result of the cumulative effect of minor offences. Employment opportunities are also limited for people with a history of offending.

- 3.50 Incarcerated people are more vulnerable to self-harm and suicidal behaviours. Lack of connection to family and community is exacerbated when a person is imprisoned. The isolation and hopelessness experienced by Aboriginal people in custody was highlighted in the Royal Commission into Aboriginal Deaths in Custody, which was prompted by an alarming number of young Aboriginal men dying by suicide in their cells.²⁰⁸ Research also suggests that prisoners are at elevated risk of death from suicide, substance abuse and other risk-taking behaviour within the first year of their release.²⁰⁹
- 3.51 For children and young people, living with family members who have been imprisoned has also been found to be an adverse family experience which increases the risk of suicide. Of the young people whose deaths were reported on in *Ombudsman 2014*, 14 per cent were recorded as having a parent who had been imprisoned.²¹⁰

Exposure to suicidal behaviour

- 3.52 Due to higher overall rates of premature death, Aboriginal people, families and communities experience high levels of bereavement stress.²¹¹ Funerals are widely acknowledged as the most common event bringing communities together.²¹² By the time an Aboriginal child has completed primary school, they are estimated to have attended over 100 funerals.²¹³ The persistent cycle of grief experienced by Aboriginal

207 Submission No. 9 from Aboriginal Legal Service of Western Australia, 10 May 2016, p2.

208 McKay, K., *Alive and Kicking Goals! Final Report*, Australian Institute for Suicide Research and Prevention, Brisbane, December 2012, Appendix A: Literature Review, pp54-55.

209 Submission No. 24 from Mr Gerry Georgatos, 23 May 2016, pp6-8, 10, 13.

210 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, p63.

211 Silburn, S. et al, 'Preventing Suicide Among Aboriginal Australians', in P. Dudgeon, H. Milroy and R. Walker (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014, p147.

212 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p29. See also Miss Tonii Skeen, Women's Reference Group Member, *Alive and Kicking Goals, Transcript of Evidence*, 7 June 2016, p13; Select Committee on Youth Suicides in the NT (11th Legislative Assembly), *Gone Too Soon: A Report into Youth Suicide in the Northern Territory*, Parliament of the Northern Territory, Darwin, March 2012, p153.

213 Ms Michelle Nelson-Cox, Chairperson, Aboriginal Health Council of Western Australia (AHCWA), *Transcript of Evidence*, 12 September 2016, p13.

people means there is little time for healing and many report feeling overwhelmed by the cumulative effects of grief and loss.²¹⁴

- 3.53 Imitation and contagion are also significant contributors to Aboriginal youth suicide, which leads to clusters in some communities.²¹⁵ Familial transmission of suicide risk, particularly involving parental and sibling suicide, along with early experiences of trauma and substance abuse within communities, is strongly linked to suicide attempts in Aboriginal children and young people.²¹⁶ In relation to this, the Menzies School of Health Research has found that:

*While general exposure to suicide in communities creates the conditions for modelling and imitation of suicidal behaviour among young people, it is suggested that the rapid escalation of suicide rates among youth and preadolescent children already exposed to some degree of neglect or trauma may be most powerfully influenced by the frequency of suicide threats and attempts within families and households, and of suicide completions in families and within related social networks... Prior experience of suicidal behaviour in interpersonal conflict combined with the many antecedent difficulties in individuals, families and their relationships may be the most important general preconditions of serious suicide attempts by young people.*²¹⁷

Hopelessness and helplessness

- 3.54 The culmination of these factors is an overwhelming sense of helplessness and hopelessness experienced by many young Aboriginal people. According to Dr Westerman, this is at the core of Aboriginal youth suicide.²¹⁸ In the *Coronial Inquiry into 5 suicides – Balgo* report the State Coroner noted the view that:

... a person who has employment, lives in comfortable surroundings and has reason to look forward to the future is much better placed to

214 Submission No. 32 from headspace Broome, 20 May 2016, Attachment B: Kimberley Aboriginal Health Planning Forum, 'Kimberley Aboriginal Health Planning Forum Suicide Position Paper', 20 May 2016, p3.

215 Select Committee on Youth Suicides in the NT (11th Legislative Assembly), *Gone Too Soon: A Report into Youth Suicide in the Northern Territory*, Parliament of the Northern Territory, Darwin, March 2012, pp24-25.

216 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., 'Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People', p3.

217 Robinson, G., Silburn, S. and Leckning, B., *Suicide of Children and Youth in the NT 2006-2010: Public Release Report for the Child Deaths Review and Prevention Committee*, Menzies Centre for Child Development and Education, Darwin, 2011, p14.

218 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p14.

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*survive adverse life events than a person who is unemployed, living in poverty and for whom there is no real hope of betterment.*²¹⁹

- 3.55 Ultimately, suicidal behaviour occurs when the psychological distress, hopelessness and isolation that a person experiences is greater than the coping strategies and social support they have to deal with their circumstances.²²⁰ In the case of Aboriginal young people, the sense of hopelessness that they experience will persist if these risk factors are left unaddressed.²²¹ The remaining chapters of this report examine how a sense of hope can be restored through culture, empowerment and healing, and services that are better targeted and more effective.

Finding 7

There are many varied and interrelated risk factors which place young Aboriginal people at high risk of suicide. Addressing any single risk factor might have limited impact, but all risk factors should be dealt with concurrently and cohesively as part of a holistic approach to suicide prevention.

Recommendation 6

That the Mental Health Commission broadens its scope of suicide prevention for Aboriginal people to encompass all identified risk factors.

219 State Coroner for Western Australia, *Coronial Inquiry into 5 suicides – Balgo*, Office of the State Coroner, Perth, October 2011, pp5-6.

220 Submission No. 14 from Beyond Blue, 13 May 2016, p5.

221 ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p22.

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Culture and Identity

The importance of culture in addressing the suicide crisis cannot be underestimated. Teaching and learning about culture and identity can guide young Aboriginal people away from suicide and build their resilience. Other programs and services in which Aboriginal people participate must also be culturally appropriate. Improving non-Aboriginal people's appreciation of and respect for Aboriginal cultures can also contribute to reducing suicide risk factors like racism and discrimination.

Addressing the loss of culture

- 4.1 Regaining and appreciating Aboriginal cultures has been identified as the primary protective factor to combat the suicide risk factors identified in Chapter 3. In particular, the enhancement and increased appreciation of Aboriginal cultures targets the cultural degradation arising from colonisation and assimilationist government policies, as well as ongoing racism and discrimination.
- 4.2 Dr Tracy Westerman explained that those who have a robust sense of cultural identity are at lower risk of suicide. This includes people who choose to live a 'cultural life' with limited or no contact with mainstream systems, those who choose to live a 'mainstream life' with limited or no contact with cultural practices, and those who can move easily between Aboriginal and non-Aboriginal contexts. The group that has the highest rate of suicide, in her experience, are:

*The people who are caught in the middle ... who just do not fit anywhere, they are marginalised, they could not fit in their communities, they do not fit in mainstream for whatever reason and they are the ones who have the highest rates of suicide.*²²²

It is for these 'marginalised' young people that culture can play a key role in preventing suicide.

- 4.3 Kimberley Aboriginal Law and Culture Centre (KALACC) Coordinator Wes Morris told the Committee that culture is the compass that can guide young people away from suicide and towards increased resilience.²²³ It was repeatedly identified in evidence as the foundation of successful responses to Aboriginal youth suicide, including strategies,

222 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p12.

223 Mr Wes Morris, Coordinator, Kimberley Aboriginal Law and Culture Centre (KALACC), *Briefing*, 16 September 2016.

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programs and services.²²⁴ Although primarily discussed in this chapter, culture is a key component of empowerment and must underlie all government actions in this area.

- 4.4 The role which culture plays in relation to strategies, programs and services is discussed below as fitting into two broad categories. Firstly, 'culturally based' (also referred to as culturally embedded) programs involve learning about and appreciating culture as a tool for personal and community development and healing. Secondly, 'culturally appropriate' programs are other programs and services which are not specifically directed at reclaiming culture but need to be developed and implemented in a way which respects the culture of participants.
- 4.5 What 'culturally embedded' and 'culturally appropriate' look like in practice will therefore be dependent on where programs and services are offered and who will be using them. What is suitable for one person or community may not be for another.
- 4.6 Attacking the issue from a different angle, reducing the incidence of racism and discrimination experience by Aboriginal people will reduce the negative effects of racism and discrimination which contribute to suicidal ideation. Efforts to improve the general populations' understanding of the historical trauma experienced by Aboriginal people and their appreciation for Aboriginal culture should lead to a decrease in racist behaviour.

The need for culturally-based programs

- 4.7 Programs that are aimed at developing a strong sense of cultural identity have gained increasing support over the past decade. As well as building resilience and a sense of belonging,²²⁵ they can divert youth from negative or dangerous behaviours if the

224 Dr Murray Chapman, Clinical Director, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 7 June 2016, p7; Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p9; Mr Ross Wortham, Chief Executive Officer, Youth Affairs Council of Western Australia (YACWA), *Transcript of Evidence*, 12 September 2016, p13; Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p11; Mr Scott Herring, Men's Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p8; Miss Tonii Skeen, Women's Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p13; Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, pp5-6; Submission No. 20 from Australian Christian Lobby, 16 May 2016, pp9-10; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p8.

225 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, pp9, 12; Department of Culture and the Arts and Department of Aboriginal Affairs, *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*, discussion paper, Department of Culture and the Arts, Perth, May 2016, pp30-31; Submission No. 8 from KALACC, 9 May 2016, p22; Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p13; Submission No. 14 from Beyond Blue, 13 May 2016, pp10, 14; Healing Foundation, *Growing Our Children Up Strong and Deadly: Healing for children and young people*, Healing Foundation, Kingston, 2013, pp6-7; Submission No. 3 from Ms Marika Eggington, 30 March 2016, p1;

program involves taking them on country and away from some of the risk factors identified in Chapter 3.²²⁶ On country programs can attract people otherwise disengaged from other services by appealing to their interests.²²⁷ Meaningful daily activities are provided and programs recognise the differences between country and cultural groups, thereby addressing each community's specific needs.²²⁸

- 4.8 Miss Tonii Skeen, a member of the Alive and Kicking Goals Women's Reference Group (see Appendix Nine), described the relationship between her liyan (spirit) and activities that supported her cultural identity, such as returning to country:

*It is all about drawing back to the basic stuff and it is not all this materialistic stuff, but for young people what does make your liyan feel good? My liyan feels good when I go back on country.*²²⁹

- 4.9 In some areas, the importance of language to identity is gaining increased recognition.²³⁰ One witness explained that funerals currently have a disproportionate role in the development of cultural identity because they are the only time when communities come together. She suggested sharing language provided an alternative foundation, from which knowledge and culture could be passed on.²³¹

What previous inquiries have said about the importance of culturally-based programs

- 4.10 Some previous inquiries have called for increased funding for culturally-based programs. The Yiriman Project (see Appendix Nine), administered by KALACC, is one example of a culturally-based program that has received favourable recommendations: two previous Education and Health Standing Committees recommended increased support for its activities and the former State Coroner identified KALACC as the type of organisation that needed funding "to provide culturally based solutions".²³²

Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p7; Submission No. 17 from Lifeline WA, 13 May 2016, p3; Submission No. 21 from Youth Focus, 20 May 2016, p3.

226 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p4.

227 Mr Scott Herring, Men's Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p5.

228 Ms Susan Luketina, Team Leader, Kimberley, Child and Adolescent Mental Health Service, *Transcript of Evidence*, 7 June 2016, p10; Submission No. 11 from Suicide Prevention Australia, 13 May 2016, p2.

229 Miss Tonii Skeen, Women's Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p7.

230 Mr Robert McPhee, Deputy Chief Executive Officer, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p18.

231 Miss Tonii Skeen, Women's Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p7.

232 State Coroner for Western Australia, *Coronial Inquiry into 5 suicides – Balgo*, Office of the State Coroner, Perth, October 2011, Recommendation 2, p40; Education and Health Standing

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- 4.11 A key theme of the Auditor General’s consultation with three Kimberley communities in *The Implementation and Initial Outcomes of the Suicide Prevention Strategy (OAG 2014)* was the overwhelming support for on country camps:

*The feedback we heard about the camps was that they helped people feel comfortable to talk about difficult issues; they got you away from the ‘humbug’ of normal life (humbug refers generally to interpersonal challenges such as jealousy); they took people out of their drinking and dope smoking habits.*²³³

- 4.12 In *Listen to Us*, the Commissioner for Children and Young People found that culture was central to the wellbeing of Aboriginal youth.²³⁴ Of the eight key strategies identified by the Commissioner as requiring more focused investment, two – or 25 per cent – called for increased recognition of culture. This included:

*Recognising that culture is important to individual and community resilience, Aboriginal children and young people must be supported to learn and practice their culture, and communities supported to restore, strengthen and celebrate their culture.*²³⁵

- 4.13 The ability of cultural activities such as on-country camps to reconnect individuals with their culture and build resilience was emphasised in community consultations undertaken by the National Empowerment Project (NEP), the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), and *Hear Our Voices*.²³⁶

Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, Recommendation 13, p115; Education and Health Standing Committee (38th Parliament), *Alcohol Restrictions in the Kimberley: A ‘Window of Opportunity’ for improved health, education, housing and employment*, Report No. 8, Parliament of Western Australia, Perth, March 2011, Recommendation 9, p57.

- 233 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p29.
- 234 Commissioner for Children and Young People Western Australia, *“Listen to Us”: Using the voices of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Western Australia, August 2015, pp25, 48.
- 235 *ibid.*, Key Strategy 2, p17. See also Key Strategy 6, p17.
- 236 See Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, pp67, 68; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, pp19, 20; Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, pp68, 69.

- 4.14 Participants in the ATSIPEP youth roundtable, for example, considered that cultural programs were “a critical component to strengthening identity and empowerment”²³⁷ while participants in the ATSIPEP Kimberley roundtable said that on country programs should be “rolled-out wherever possible”.²³⁸ As a result of these consultations and its evaluation of community-led Indigenous suicide prevention programs, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSIPEP Final Report)* identified cultural elements (including identity building, social and emotional wellbeing and healing), connection to culture, country and Elders, and a cultural framework as suicide prevention success factors.²³⁹
- 4.15 One of the strongest cases for culturally-based programs in suicide prevention comes from the *Elders’ Report*. It presents the transcript of interviews with 31 Elders and representatives from more than 17 communities in the Northern Territory, Queensland and Western Australia.²⁴⁰ Elders were asked two main questions:
- ‘why is self-harm and suicide happening?’ and
 - ‘what is the solution?’²⁴¹
- 4.16 There was significant agreement that culture can heal and protect young people. As Mr Max Dulumunmun Harrison stated in the report summary:
- the message was unanimous: while most non-Indigenous involvement with the issues in these communities is well meaning, it is not working; give power back to the Elders of each region to build programs that take Indigenous young back to country to reconnect with their land and their spirit; and direct funds and programs for ending suicide and self harm to the Elders and community leaders to lead in the healing process.*²⁴²
- 4.17 The *Elders’ Report* highlights:
- “The links between cultural strength, cultural identity and young Indigenous people’s vulnerability to suicide and self-harm

237 ATSIPEP, *Youth Roundtable Report*, University of Western Australia, Crawley, March 2015, p18.

238 ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p20.

239 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

240 Mr Max Dulumunmun Harrison, *The Elders’ report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, p8.

241 *ibid.*

242 *ibid.*

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- That preventing suicide and self-harm involves supporting Elders to maintain and pass on their cultural knowledge to young people—and that this involves taking young people onto country so they can reconnect with who they are as the basis for building self-belief, self-confidence and self-respect
- That the way forward is to adopt a ‘community centred’ approach to healing that is led by local Elders and which involves building community and cultural strength as a foundation for helping Indigenous youth be stronger, more resilient and more positive about their future.”²⁴³

Adequacy of government action in relation to culturally-based programs

- 4.18 The Department of Aboriginal Affairs (DAA) agreed with the Commissioner for Children and Young People that programs that are, amongst other things, “culturally embedded” are “the most effective”. It noted the ATSIPEP findings regarding the importance of on country programs in suicide prevention.²⁴⁴
- 4.19 The Western Australian Department of Health (WA Health) clearly stated that “engaging in cultural activities is an indicator of positive cultural identity that is associated with better mental health among Aboriginal Australians”²⁴⁵ while the Australian Department of Health said there was a focus on culturally-based activity for Aboriginal people under the National Suicide Prevention Strategy.²⁴⁶
- 4.20 Nevertheless, the consistency with which witnesses and submissions highlighted the need for culturally-based programs suggests that they are currently undervalued and underfunded. The Mental Health Commission (MHC) noted the importance of “resilience building cultural camps” whilst identifying it as a current gap in service provision.²⁴⁷ It said “existing strengths within Aboriginal communities are often not recognised by agencies seeking to procure new services.”²⁴⁸
- 4.21 A recent discussion paper on government expenditure on Aboriginal culture and the arts by the Department of Culture and the Arts and the DAA agreed. It said that despite “the effectiveness of culture based policy action” there is no “consistent

243 Mr Max Dulumunmun Harrison, *The Elders’ report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, p10.

244 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p8.

245 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p8.

246 Submission No. 45 from Australian Department of Health, 23 September 2016, p16.

247 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p7.

248 *ibid.*

approach to financing this ambition and no consistent process for government to co-create effective programs with Aboriginal cultural providers.”²⁴⁹

- 4.22 KALACC said the “single biggest gap” in suicide prevention strategies and services was the limited support for culturally-based programs.²⁵⁰ Initiatives struggle to access recurring, long-term funding.²⁵¹ At least one Western Australian Government department funds KALACC to provide camps for young people but only on a short-term basis; current funding is limited to two years.²⁵²
- 4.23 A review of government funded programs listed in the Department of the Premier and Cabinet’s ‘stocktake’ of state funded Aboriginal youth programs identified only three culturally-based programs – Yiriman Camel Trek Project and Confronting Behaviours of Youth at Risk in the Kimberley region and Mooditj Marmun in South-West Metro region. Each program received grants of between \$20,000 and \$25,000 from the Western Australia Police.²⁵³
- 4.24 The problem, KALACC representatives said, is that culturally-based programs and concepts of Aboriginal wellbeing do not “fit” within existing paradigms:

*[T]here first and foremost needs to be a recognition that current State Government processes, policies and strategies are not predicated upon the centrality of culturally based social and emotional wellbeing programs. Governments invariably look to their own mechanisms, rather than looking to the community for solutions.*²⁵⁴

- 4.25 There are a number of culturally-based programs trying to fill this gap which receive funding from other sources. Submissions and witnesses to this Inquiry consistently referred to the NEP as one example of culturally-based program, and the Yiriman Project as one example of an effective on-country program. Both receive a significant proportion of their funding from federal government agencies.²⁵⁵ The NEP is discussed further in Chapter 5 and Yiriman is discussed below.

249 Department of Culture and the Arts and Department of Aboriginal Affairs, *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*, discussion paper, Department of Culture and the Arts, Perth, May 2016, p32.

250 Submission No. 8 from KALACC, 9 May 2016, p3.

251 Submission No. 23 from Aboriginal Health Council of Western Australia (AHCWA) and YACWA, 20 May 2016, p13; Submission No. 8 from KALACC, 9 May 2016, p14; Submission No. 15 from Anglicare WA, 13 May 2016, p4.

252 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p2.

253 Submission No. 34 from Department of the Premier and Cabinet, 2 August 2016, Attachments: ‘Kimberley Stocktake’ and ‘South West Metro Stocktake’.

254 Submission No. 8 from KALACC, 9 May 2016, p4.

255 Mr Scott Herring, Men’s Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p8; National Empowerment Project, *About Us*. Available at:

<http://www.nationalempowermentproject.org.au/about-us>. Accessed on 31 October 2016.

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- 4.26 In 2011, the MHC had considered funding the Yiriman Project in response to previous Education and Health Standing Committees' recommendations but "the costs of the proposal were deemed prohibitive."²⁵⁶ No funding was granted to the proposal to use Yiriman as a model for similar programs in other remote Western Australia from 2011-12 to 2014-15.²⁵⁷ Yiriman was also eligible for funding under the *Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody's Business (OneLife Strategy)* Kimberley Community Action Plan but "communities selected alternative initiatives" and there was no recurrent funding for the program.²⁵⁸ The Men's Coordinator with the Yiriman Project, Mr Scott Herring, responded that it was "news to me" that communities had chosen alternative initiatives. He suggested that the cost of the business plan was the main reason for the lack of support.²⁵⁹
- 4.27 The Committee agrees that the Yiriman model may not be appropriate for all communities. Yiriman is specific to the Fitzroy Valley and may not be 'picked up and plonked' into another location.²⁶⁰ To be effective, culturally-based programs must draw on local culture and practices.
- 4.28 However, Mr David Wirken, Chief Executive Officer of Aarnja Ltd (a Kimberley Aboriginal membership organisation that leads social and community development), submitted that the process used to engage Elders, design and deliver the Yiriman Project could be replicated in other communities.²⁶¹
- 4.29 It is concerning that, despite three clear recommendations from three separate inquiries, the MHC has not funded the Yiriman Project since at least 2011. Nor does there appear to be considerable Western Australian Government funding for other culturally-based programs, given that evidence continued to emphasise the importance of supporting culturally-based programs.²⁶²

256 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p1.

257 *ibid.*

258 *ibid.*

259 Mr Scott Herring, Men's Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p14.

260 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p9.

261 *ibid.*

262 Submission No. 19 from WA Primary Health Alliance, 13 May 2016, p4; Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, pp9, 12; Department of Culture and the Arts and Department of Aboriginal Affairs, *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*, discussion paper, Department of Culture and the Arts, Perth, May 2016, pp30-31; Submission No. 8 from KALACC, 9 May 2016, p22; Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p13; Submission No. 14 from Beyond Blue, 13 May 2016, pp10, 14; Healing Foundation, *Growing Our Children Up Strong and Deadly: Healing for children and young people*, Healing Foundation, Kingston, 2013, pp6-7; Submission No. 3 from Ms Marika Eggington, 30 March 2016, p1; Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p7; Submission No. 17 from Lifeline WA, 13 May 2016, p3; Submission No. 21 from Youth Focus, 20 May 2016, p3;

Finding 8

There is increasing evidence that culturally-based programs have the greatest impact in preventing suicide; however, the Western Australian Government has demonstrated reluctance in funding programs of this nature.

Finding 9

By their very nature, culturally-based programs must be tailored to suit the particular community that will be using the program.

Recommendation 7

That Western Australian Government agencies recognise the importance of cultural knowledge as a protective factor preventing Aboriginal youth suicide.

Recommendation 8

That the Western Australian Government set aside an appropriate portion of grant expenditure to fund more culture-embedded programs for Aboriginal young people across the state.

Culturally safe and culturally appropriate initiatives

- 4.30 In addition to culturally-embedded programs, other programs and services must be ‘culturally appropriate’ and ‘culturally safe’. These terms are rarely defined but it generally means that services are provided in an:

*environment that is safe for people: where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening.*²⁶³

It is more than cultural awareness – it is the application of knowledge of local Aboriginal culture and customs to service delivery.²⁶⁴

- 4.31 For obvious reasons, ensuring programs and services are ‘culturally appropriate’ and ‘cultural safe’ is an issue primarily for services not owned and led by Aboriginal people such as government run services. As far back as 1991, *The Crocodile Hole Report (Crocodile Hole)* recognised a gap in training for government employees about working

Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p4; Mr Scott Herring, Men’s Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p5.

263 R. Williams quoted in Aboriginal and Torres Strait Islander Social Justice Commissioner, *Social Justice Report 2011*, Australian Human Rights Commission, Canberra, 2011, p123.

264 *ibid.* pp123-127.

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with Aboriginal people and Aboriginal needs.²⁶⁵ In particular, submissions and witnesses highlighted the relationship between the cultural competency of frontline staff in government services and Aboriginal young people's willingness to access them.²⁶⁶

What previous inquiries have said about culturally appropriate programs

- 4.32 Culturally appropriate and safe services rely on "legitimate community support and engagement", according to ATSIPEP Kimberley roundtable participants.²⁶⁷ The *ATSIPEP Final Report* recommended that mental health service provider staff working with Aboriginal people at risk of suicide be "required to achieve Key Performance Indicators in cultural competence and the delivery of trauma informed care."²⁶⁸
- 4.33 The *Gordon Inquiry* similarly regarded culturally appropriate services as part of a collaborative relationship between Aboriginal communities and government agencies, which included better consultative mechanisms and better departmental structures.²⁶⁹
- 4.34 The *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report (ECU Review)* said that the effectiveness of suicide prevention strategies requires initiatives to be delivered in culturally appropriate ways. It found that some of the life examples used in community training under the OneLife Strategy were "far removed from the more chaotic realities of Aboriginal community lives" and sometimes included concepts beyond participants' experiences.²⁷⁰
- 4.35 Non-Aboriginal facilitators were also a barrier in some cases. The *ECU Review* emphasised that the cultural competency of non-Aboriginal employees delivering training to Aboriginal people should not be assumed, given the centrality of culture to

265 Kimberley Land Council and Waringarri Resource Centre, *The Crocodile Hole Report*, Kimberley Land Council, Derby, November 1991, Recommendation 34, p4.

266 Submission No. 20 from Australian Christian Lobby, 16 May 2016, p4; Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p3; Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp13, 8; Submission No. 25 from Healing Foundation, 26 May 2016, p3; Submission No. 14 from Beyond Blue, 13 May 2016, p16.

267 ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p20.

268 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pp4, 59.

269 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxxvii. See also Recommendation 96, p257 and Finding 157, p425.

270 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, pp1275-1276. See also Recommendation 45, p1276.

the delivery of effective suicide prevention initiatives.²⁷¹ It recommended that non-Aboriginal employees demonstrate cultural competency before delivering training or education in Aboriginal communities.²⁷²

- 4.36 In 2015, the Commissioner for Children and Young People released two reports calling for more culturally appropriate services for Aboriginal people.²⁷³ Recommendation 12 of *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA (Our Children Can't Wait)* stated:

*More culturally appropriate mental health programs and services be provided for Aboriginal children and young people and their families, to be achieved by initiatives such as employing more Aboriginal staff, cultural competency training and the development and implementation of tailored programs and services. This must include the full continuum of services, from programs supporting wellbeing, addressing trauma and loss and building resilience, through to early intervention and treatment services, tailored to recognise the importance of culture and healing and to address the impact of intergenerational trauma, particularly for younger ages.*²⁷⁴

- 4.37 The *ATSISPEP Final Report* recommended that all mental health service provider staff working with Aboriginal people at risk of suicide and within Aboriginal communities should be required to achieve cultural competency. The services also need to be culturally safe.²⁷⁵

271 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, p1276.

272 *ibid.*, Recommendation 46, p1276.

273 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, Recommendation 12, pp67-68; Commissioner for Children and Young People Western Australia, *"Listen To Us": Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, Key Strategy 1 and Key Approach 3, p17.

274 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p5; Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, Recommendation 12, p69.

275 *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, Recommendation 5, p4.

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Adequacy of government action in relation to culturally appropriate programs

- 4.38 Government agencies recognised the need for programs and services that respond to the specific needs of Aboriginal people. In submissions to this Inquiry, they used phrases such as “culturally appropriate”, “culturally secure”, “culturally safe”, “culturally embedded”, “culturally sensitive”, “culturally competent”, “culturally responsive”, “culturally inclusive”, and “culturally relevant”.²⁷⁶ Mental health legislation, principles and standards also require providers to consider the cultural and spiritual needs of Aboriginal people who come in contact with mental health services.²⁷⁷
- 4.39 However, there is a gap between rhetoric and action in Western Australia. The Aboriginal Health Council of Western Australia (AHCWA) and Youth Affairs Council of Western Australia said that although Western Australia’s *Suicide Prevention 2020: Together we can save lives* (Suicide Prevention 2020) strategy promotes “culturally informed programs”, they “are yet to witness any evidence of significant changes to commissioning processes to reflect this.”²⁷⁸

Adequacy of government action in relation to staff cultural competency

- 4.40 The cultural competency of government service employees remains a significant issue. When asked to describe some of the impediments to providing effective services in Aboriginal communities, Dr Westerman identified cultural competence as “the big thing.”²⁷⁹ She said:

*Often, you can have someone who is very strong clinically but go into an Aboriginal community and be completely paralysed. Most people have a shelf life of 18 months, and they spent that 18 months probably not being as effective as they would like to be.*²⁸⁰

276 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p3, Department of Aboriginal Affairs Attachment, pp2, 4, 8, Department for Child Protection and Family Support Attachment, p3, Department of Health Attachment, pp1, 2, 3, 6, 7, 8; Submission No. 30 from Department of Education, 12 May 2016, pp3, 4, 6, 10; Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, pp2, 5; Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, pp3, 6.

277 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, pp4-5.

278 Submission No. 23 from AHCWA and YACWA, 20 May 2016, p19.

279 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p7.

280 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p7.

- 4.41 This is partly due to a lack of support for workers to engage in training and capacity building.²⁸¹ Professor Sven Silburn, Clinical Psychologist and researcher with the Menzies School of Health Research, said that this had direct implications for service provision to Aboriginal families:

*One is that it is much less likely that the family will be interviewed by the clinicians. They tend to do most of the work with the young person themselves. That largely seems to be because the clinicians are not confident in working with people from a more traditional background.*²⁸²

- 4.42 Non-Aboriginal organisations and government agencies themselves acknowledge the cultural competency of staff is an area for improvement, including the Kimberley Mental Health and Drug Service.²⁸³ They are attempting to be more culturally competent: in the Kimberley, the Committee heard of employees receiving training from the Indigenous Psychological Services or the Miriuwung language centre.²⁸⁴ The importance of Aboriginal liaison officers to “guide” non-Aboriginal staff through communities and the willingness of families to teach staff was also noted.²⁸⁵
- 4.43 Part of the challenge, particularly in regional and remote Western Australia, is the high staff attrition rate.²⁸⁶ One Kimberley-based witness said that he would like to send his staff to training days in Perth but it would be expensive due to the training and flight costs. He would also “be forever sending staff away because our turnover is so big.”²⁸⁷
- 4.44 The Department of Education (DoE) provides “an introductory and broad overview of Aboriginal history, cultures and lifestyles” to all of its employees via an online

281 Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p3; Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p13; Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p8; Submission No. 14 from Beyond Blue, 13 May 2016, p3; Submission No. 15 from Anglicare WA, 13 May 2016, p5; Submission No. 21 from Youth Focus, 20 May 2016, p3.

282 Professor Sven Silburn, Clinical Psychologist and Researcher, Menzies School of Health Research, *Transcript of Evidence*, 12 September 2016, p5.

283 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p6.

284 Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p9; Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10; Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p1.

285 Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p9.

286 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p6.

287 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10.

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Aboriginal cultural appreciation course.²⁸⁸ However, the Committee notes that computer-based training rarely provides a full understanding of complex matters or encourages self-reflection.²⁸⁹ It is difficult to see how DoE expects its employees receiving such basic training to suddenly contribute to the “culturally responsive schools” that it will implement from 2017 (see paragraph 4.68).²⁹⁰

- 4.45 In response to the *ECU Review*, which recommended that non-Aboriginal trainers providing suicide prevention initiatives to Aboriginal communities demonstrate cultural competency, the MHC said it does not deliver training directly to Aboriginal communities under Suicide Prevention 2020. Instead, service providers apply to the MHC for training funding through its grants program and “culturally secure materials are a responsibility of the successful service provider.”²⁹¹
- 4.46 The process outlined by MHC does not adequately respond to the *ECU Review* recommendations. While applicants are asked to ensure “that care and support to target groups during activities is matched to their unique needs”, there is no indication in the grants guidelines that service providers are required to show cultural competency in order to access training funding.²⁹²
- 4.47 WA Health identified a number of possible solutions to increase cultural competency, including cultural competency being an essential criteria on job descriptions, employing Aboriginal people in senior positions, training staff and upskilling Aboriginal communities to support linkages to services.²⁹³
- 4.48 Similarly, the Healing Foundation recommended that non-Aboriginal providers of mental health services undertake regular training, supervision, and annual cultural audits to ensure their cultural competency.²⁹⁴ Dr Westerman has developed an

288 Submission No. 30 from Department of Education, 12 May 2016, p6.

289 Community Development and Justice Standing Committee (39th Parliament), *A measure of trust: How WA Police evaluates the effectiveness of its response to family and domestic violence*, Report No. 10, Parliament of Western Australia, Perth, October 2015, pp72-73, 75; Community Development and Justice Standing Committee (39th Parliament), *How do they manage? An investigation of the measures WA Police has in place to evaluate management of personnel*, Report No. 12, Parliament of Western Australia, Perth, March 2016, pp50-52.

290 Submission No. 30 from Department of Education, 12 May 2016, p4.

291 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 3, p3.

292 Mental Health Commission, ‘Suicide Prevention Grants Guidelines’. Available at: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Grants_-_September_2016_Application_Guidelines_-_PDF_-_FINAL.sflb.ashx. Accessed on 19 October 2016.

293 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p7.

294 Submission No. 25 from Healing Foundation, 26 May 2016, p4.

Aboriginal mental health cultural competency checklist to “figure out the skills and attitudes and so forth that define cultural competency.”²⁹⁵

- 4.49 Worryingly, there seems to be a trend amongst some non-Aboriginal organisations to ‘piggy back’ off Aboriginal organisations when trying to engage communities. Aboriginal community members often mistrust initiatives run by outsiders (particularly government-led initiatives) due to past injustices and non-Aboriginal organisations struggle to connect with possible clients or participants.²⁹⁶ Aboriginal community organisations are therefore asked to liaise on behalf of non-Aboriginal organisations.²⁹⁷ While this recognises the specific expertise and knowledge of community organisations and is obviously needed,²⁹⁸ it adds additional work to their already significant workload and they are not always compensated.²⁹⁹ The Committee believes they need to be established as true partnerships with resources.

Finding 10

A lack of cultural competency persists amongst staff of government agencies that provide services to Aboriginal people despite numerous recommendations highlighting its importance.

Recommendation 9

That non-Aboriginal employees of government agencies who are involved in developing strategies for, or delivering programs and services to, Aboriginal people should attend a locally-relevant cultural competency course run by suitably qualified providers.

Provision of culturally appropriate services

- 4.50 The MHC and the Ministerial Council for Suicide Prevention supported Recommendation 12 of *Our Children Can’t Wait*. While the MHC’s response focused on “dedicated community support services”³⁰⁰ it did not adequately engage with the core message of the recommendation. ‘Dedicated services’ are different from ‘culturally

295 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p10.

296 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, pp1274, 1278; Mr Scott Herring, Men’s Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, p5.

297 Mr Scott Herring, Men’s Coordinator, Yiriman Project, *Transcript of Evidence*, 7 June 2016, pp5, 13; Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSI SPEP, *Transcript of Evidence*, 20 June 2016, p18.

298 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p3; Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p11; Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p9.

299 Ms June Moorhouse, co-General Manager, Community Arts Network, *Transcript of Evidence*, Community Development and Justice Standing Committee, 29 June 2016, p7.

300 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p2.

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appropriate' services and may not provide the cultural safety that is demanded. The MHC merely noted that dedicated community support programs for Aboriginal people "may involve cultural rehabilitation and healing programs."³⁰¹

- 4.51 Given the evidence received by this Committee during its current Inquiry, it is difficult to see how mental health programs for Aboriginal people would not involve at least elements of cultural rehabilitation and healing. One of the initial steps in making a mental health program culturally appropriate is incorporating a holistic concept of mental health.
- 4.52 Further, the MHC's response indicates that dedicated community services will be developed "where required".³⁰² This begs the question: who decides where those services or programs are required – the MHC budget or Aboriginal communities?
- 4.53 In 2010–11 the Western Australian Government introduced the Statewide Specialist Aboriginal Mental Health Service (SSAMHS). This service provides specialist clinical interventions for Aboriginal people with severe and persistent mental illness, including youth mental health for young people aged 16 to 24 years old.³⁰³ It is delivered by WA Health across most of the state, and by the Kimberley Aboriginal Medical Services Council in conjunction with the Kimberley WA Country Health Service. Dudgeon et al described this program as an innovative and culturally secure service model involving family and traditional healers.³⁰⁴
- 4.54 The MHC advised the Committee in May 2016 that SSAMHS has 59 full-time staff, two thirds of whom are Aboriginal.³⁰⁵ WA Health subsequently advised the Committee that of the 59 full-time equivalent (FTE) positions, three as part of the Child and Adolescent Health Service in the metropolitan area, 32 FTE positions in the WA Country Health Service (WACHS) and 24 FTE in the East Metropolitan Health Service. Overall, nine of the 53 positions were then vacant.³⁰⁶
- 4.55 In regional Western Australia, Child and Adolescent Mental Health Services (CAMHS) provides mental health services in regional areas for children and young people aged zero to 18 as part of WACHS.³⁰⁷ WA Health advised the Committee that some SSAMHS

301 *ibid.*

302 *ibid.*

303 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p2.

304 Dudgeon, P. et al., *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*, issues paper no. 12, Closing the Gap Clearinghouse, Canberra, November 2014, p9.

305 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p5.

306 Submission No. 35 from Department of Health, 4 August 2016, p3.

307 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p2.

staff work within CAMHS providing specialised mental health services to Aboriginal children and young people.³⁰⁸ Within WACHS there are 65 FTE positions for CAMHS staff. Based on the list of staff provided by WA Health, there were four SSAMHS position working within the WACHS CAMHS, three in the Wheatbelt and one in the Midwest.³⁰⁹

- 4.56 The Committee notes there appeared to be a number of vacant SSAMHS positions. The Committee questions how can CAMHS provide a culturally safe service when the positions presumably meant to lead cultural safety measures remain unfilled?
- 4.57 The Department for Child Protection and Family Support (DCPFS) currently funds 26 Aboriginal Community Controlled Organisations (ACCO) to deliver child protection and family support services, including placement and supervision of Aboriginal children in out of home care.³¹⁰ DCPFS is intending to increase its partnerships with ACCOs, including developing an 'ACCO Strategy' to enhance its culturally appropriate response to Aboriginal children and families.³¹¹ The Committee awaits the release of the strategy with interest.
- 4.58 Despite the introduction of SSAMHS, and many government suggestions that certain services it provides are 'culturally appropriate', many of these services appear to only be cursorily cultural. Submissions to the Inquiry generally suggested that availability of culturally appropriate or 'culturally tailored' wellbeing programs remained inadequate.³¹²
- 4.59 The recent release of ATSIPEP's three tools for assessing the need for suicide prevention activity, developing suicide prevention activity and evaluating suicide prevention activities may help to ensure the greater cultural appropriateness of programs and services in the future.³¹³

308 Submission No. 35 from Department of Health, 4 August 2016, p3.

309 *ibid.*, Attachment B, pp1-3.

310 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department for Child Protection and Family Support Attachment, p3.

311 *ibid.*

312 Submission No. 14 from Beyond Blue, 13 May 2016, pp4, 9; Submission No. 3 from Ms Marika Eggington, 30 March 2016, p1; Submission No. 9 from Aboriginal Legal Service of Western Australia, 10 May 2016, p2; Submission No. 23 from AHCWA and YACWA, 20 May 2016, pp12-13, 14-15, 21, 22; Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp11-12.

313 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pp28-44.

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Finding 11

Few government delivered programs and services are sufficiently culturally appropriate or culturally safe, reducing the accessibility and effectiveness of these programs and services for Aboriginal people.

Recommendation 10

That Western Australian Government agencies use the assessment tools and evaluation framework created by the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project.

Addressing racism through reconciliation

- 4.60 Improving non-Aboriginal people's understanding of and appreciation for Aboriginal cultures may help to reduce the incidence of racism and discrimination. This, in turn, may reduce the burden and negative impacts of these risk factors on Aboriginal people. Reconciliation is a way of improving the other side of the equation – stopping racism and discrimination rather than responding to it after the fact.
- 4.61 Reconciliation is based on the development of relationships, respect and trust between Aboriginal and non-Aboriginal people. According to Reconciliation Australia, the national not-for-profit organisation which promotes reconciliation, it consists of five intertwined dimensions: race relations, equality and equity, unity, institutional integrity and historical acceptance. True reconciliation only occurs when all five dimensions are progressed.³¹⁴

What previous inquiries have said about reconciliation

- 4.62 In *Listen to Us*, the Commissioner for Children and Young People reported that many Aboriginal children and young people experienced and witnessed racism which can negatively impact their health outcomes.³¹⁵ The Commissioner and the children and young people consulted identified reconciliation as a possible solution, including increased education about Aboriginal culture for non-Aboriginal people:

The things I would change would be the attitude towards my people by educating them better about my culture, language, traditions. This is because most people around here and [those] I go to school with assume rather than look at fact. They only look at the bad parts of our culture, such as crime rates, rather than good things, such as our

314 Reconciliation Australia, *About*. Available at: <http://www.reconciliation.org.au/raphub/about/>. Accessed on 28 September 2016.

315 Commissioner for Children and Young People Western Australia, *"Listen To Us": Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, pp76-79.

*traditions, cultures, athletes...” 14 year-old Yamatji young person (Perth).*³¹⁶

- 4.63 Amongst the eight key strategies put forward by the Commissioner for Children and Young People to guide investment was key strategy 3, which called for “greater efforts to address racism and support reconciliation with a focus on building cross-cultural understanding and connection with all Western Australians”. Schools were identified as an important site for this work.³¹⁷

Adequacy of government action in relation to reconciliation

- 4.64 In Western Australia, reconciliation is commonly discussed in relation to reconciliation action plans (RAPs). These are business plans that set out what Australian organisations commit to do in relation to reconciliation. They assist to build better relationships with and create opportunities for Aboriginal people.³¹⁸
- 4.65 Justin Mohamed, chief executive of Reconciliation Australia, the national not-for-profit which promotes reconciliation, has argued that RAP actions will help Australia to become free of racism:

*By building a better understanding of the past, RAPs have demonstrated that when implemented with full organisational commitment, they can genuinely build a better future for all Australians. ... [C]ompared to the general community, people who work in RAP organisations are far less prejudiced, trust each other more, and enjoy more frequent interaction with Indigenous Australians.*³¹⁹

- 4.66 As at September 2013, 53 government agencies in Western Australia had a RAP.³²⁰ Some of these have lapsed, while other agencies (such as the Department of Corrective Services) have adopted a plan since then.³²¹ In 2016, Western Australia (along with

316 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, p79.

317 *ibid.*, p17.

318 Reconciliation Australia, *About*. Available at: <http://www.reconciliation.org.au/raphub/about/>. Accessed on 28 September 2016.

319 Mohamed, J., 'Why businesses like David Jones need a reconciliation action plan more than ever', *The Sydney Morning Herald*, 23 October 2015. Available at: <http://www.smh.com.au/comment/why-businesses-like-david-jones-need-a-reconciliation-action-plan-more-than-ever-20151023-gkgmpg.html>. Accessed on 4 November 2016.

320 Answer to Question without Notice C517 asked in the Legislative Council by Hon. Lynn MacLaren and answered by Hon. Peter Collier, Minister for Aboriginal Affairs, *Parliamentary Debates* (Hansard), 12 September 2013, p3994.

321 Reconciliation Australia, *Who has an RAP*. Available at: <http://www.reconciliation.org.au/raphub/category/who-has-a-rap/wa-states/>. Accessed on 28

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South Australia) accounts for the majority of state government agencies in Australia with RAPs.³²²

- 4.67 Since 2004, the DAA has encouraged Western Australian schools to implement the Partnership, Acceptance, Learning and Sharing program, where students develop local projects to promote reconciliation. In 2016, 520 schools are coordinating 679 projects which are funded by the DAA.³²³
- 4.68 Another possibility for reconciliation is also encapsulated in the DoE's recently released *Aboriginal Cultural Standards Framework*, which aims to develop culturally responsive schools. These schools will build:
- "Collaborative relationships between staff, Aboriginal students, their parents and families, and communities".
 - "On the knowledge, skill and prior experiences that Aboriginal students bring with them to the classroom to ensure learning is relevant".
 - "Welcoming and supportive learning environments that respect the cultures, languages, experiences and world views of their Aboriginal students."³²⁴

Schools will implement the framework in 2017.³²⁵

- 4.69 The Committee is not aware of the degree to which Aboriginal communities were consulted during the framework's development. To work in the way the DoE envisions, Aboriginal staff, parents and community members will need to contribute a significant amount of time and effort. It is therefore hoped that schools honour the spirit of the framework and take the time to develop meaningful partnerships with relevant stakeholders.
- 4.70 There are smaller reconciliation activities taking place at a community level. At Cable Beach Primary School, for example, Yawuru has replaced Indonesian as the main language other than English taught to students. Miss Skeen spoke of the end-of-year

September 2016; Tabled Paper 633 tabled by Hon. Peter Collier, Minister for Aboriginal Affairs, in response to Question Without Notice C157 on 12 September 2013.

322 Reconciliation Australia, *The State of Reconciliation in Australia: Our History, Our Story, Our Future*, Reconciliation Australia, Kingston, ACT, 2016, p44.

323 Department of Aboriginal Affairs, *PALS*, 2016. Available at: <http://www.daa.wa.gov.au/community-development/pals/>. Accessed on 18 October 2016; Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, Attachment A, p19.

324 Quoted directly from Department of Education, *Aboriginal Cultural Standards Framework*, Department of Education, East Perth, 2015, p4 in Submission No. 30 from Department of Education, 12 May 2016, Appendix 1, p4.

325 Submission No. 30 from Department of Education, 12 May 2016, p4.

program where “about 50 non-Indigenous kids that can sing in full Yawuru language and they sing even louder than the Yawuru kids.”³²⁶

- 4.71 Overall, the 2016 State of Reconciliation Report indicates that Western Australia still has work to do in relation to reconciliation. While Reconciliation Australia recognised the landmark native title agreement with the Noongar people and the implementation of a stolen wages reparation scheme as positive developments,³²⁷ it repeated the criticism that Aboriginal people were denied or underpaid wages under the reparation scheme and condemned the 2014 announcement of the closure of up to 150 remote Aboriginal communities.³²⁸
- 4.72 According to the Regional Services Reform Unit (RSRU), community closures have been taken off the table.³²⁹ However, this message has not reached some communities with evidence suggesting that people still believe closures are imminent.³³⁰ The Committee also notes the ambiguous wording of at least one RSRU document, which acknowledges the withdrawal of some service support in small, remote communities such as “an annual diesel fuel subsidy to run a generator”.³³¹ Although this document states that “residents will decide where they want to live” and that the government will provide assistance for them to become self-supporting,³³² it is questionable whether the withdrawal of services identified will give residents any option other than leaving their homes.

Finding 12

Reconciliation programs which improve the general population’s understanding of and appreciation for Aboriginal culture may reduce the incidence of racism and discrimination, thereby lessening the impact of risk factors contributing to Aboriginal youth suicide.

326 Miss Tonii Skeen, Women’s Reference Group Member, *Alive and Kicking Goals*, *Transcript of Evidence*, 7 June 2016, p14.

327 Reconciliation Australia, *The State of Reconciliation in Australia: Our History, Our Story, Our Future*, Reconciliation Australia, Kingston, ACT, 2016, pp27, 62, 78.

328 *ibid.*, pp62, 39.

329 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p13.

330 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p10; Ms Adele Cox, National Consultant, ATSISEPP, *Transcript of Evidence*, 20 June 2016, p14; Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p9.

331 Regional Services Reform Unit, ‘Resilient Families; Strong Communities: Remote Aboriginal communities’, p2. Available at: <http://regionalservicesreform.wa.gov.au/sites/regionalservicesreform.wa.gov.au/files/pdfs/Factsheet%20-%20Remote%20Aboriginal%20communities.pdf>. Accessed on 19 October 2016.

332 Regional Services Reform Unit, ‘Resilient Families; Strong Communities: Remote Aboriginal communities’, p2. Available at: <http://regionalservicesreform.wa.gov.au/sites/regionalservicesreform.wa.gov.au/files/pdfs/Factsheet%20-%20Remote%20Aboriginal%20communities.pdf>. Accessed on 19 October 2016.

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Recommendation 11

The Western Australian Government should foster strategies and programs which contribute to the greater appreciation of Aboriginal culture, including placing a greater emphasis on reconciliation action plans, and providing funding for cultural events attended by Aboriginal and non-Aboriginal people alike.

Chapter 5

Community Empowerment

Aboriginal communities and people must be empowered to take control of the matters which affect their lives and lead the charge in addressing the suicide crisis. This can be achieved through community owned and led programs and services or, at the very least, fully involving Aboriginal people in developing, delivering and evaluating programs and services. Governments can support empowerment by helping Aboriginal people build the skills needed to take ownership, and employing more Aboriginal people in government agencies which builds skills and also the cultural appropriateness of these services.

Role of empowerment

- 5.1 Aboriginal communities need to be empowered to make decisions and take control of the matters which affect their lives. Empowerment assists in overcoming the trauma and pain arising from years of discriminatory government policies, as well as addressing the resulting systematic disempowerment.

*[E]mpowerment is described as a process of healing that involves Aboriginal people coming to terms with the past and present situations and dealing with the pain. [Many authors] describe healing through empowerment as a process of 'decolonisation' and redressing the ongoing inequality experienced by Aboriginal people and communities.*³³³

- 5.2 Empowerment is the process through which people gain control of their lives. It usually requires capacity building, particularly in relation to analytical, communication and emotional control skills. These skills are then employed to address oppressive elements in one's life.³³⁴ Empowerment is often associated with healing, which is the process by which people identify and address their pain. Healing programs such as Red Dust Healing (see Appendix Nine) place trauma in a historical and collective context, so that

333 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p82.

334 *ibid.*, p80.

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individuals and communities come to terms with the impact of present and past situations, including those associated with colonisation.³³⁵

- 5.3 Research undertaken by Michael Chandler in relation to the Indigenous peoples of Canada indicates that communities which have low or no suicide generally have a high level of ownership of their cultural past, and tend to have higher levels of 'self-government'.³³⁶ They have generally made significant strides in regaining control over educational practice, child-protection services, judicial and community safety matters and have assumed responsibility for their own health and welfare.³³⁷

*Whenever all of these markers of 'cultural continuity' are present the aggregate level of youth suicide drops to zero. Wherever such ambitions have been frustrated, the youth suicide rate is heartbreakingly high.*³³⁸

- 5.4 Evidence to the Committee identified empowerment initiatives as representing an important, strength-based approach to Aboriginal youth suicide.³³⁹ One indication of empowerment is involvement in decision making, such as programs that are community-owned and led. These programs are generally accepted as more effective and efficient than programs developed and run by external parties or organisations. Professor Jonathan Carapetis, Director, Telethon Kids Institute said:

*I do not know of a single problem in Aboriginal health and wellbeing that has ever been solved by government. It is usually solved by communities taking control and by a whole lot of other sectors coming in and working together with government as one essential partner.*³⁴⁰

- 5.5 To the extent that programs and services are not or cannot be Aboriginal owned and run, Aboriginal people should be fully engaged in the development and delivery of

335 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, pp81, 82; Submission No. 25 from Healing Foundation, 26 May 2016, p1.

336 Chandler, M.J. and Dunlop, W.L., 'Cultural wounds require cultural medicines', p15. Available at: <http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3-a8cda44fb8b1&subId=205836>. Accessed on 10 November 2016.

337 *ibid.*

338 *ibid.*

339 Ms Adele Cox, National Consultant, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Transcript of Evidence*, 20 June 2016, p7. Similar views were put forward by Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, pp11-12; Submission No. 8 from Kimberley Aboriginal Law and Culture Centre (KALACC), 9 May 2016, p15; Submission No. 9 from Aboriginal Legal Service of Western Australia, 10 May 2016, p2; Submission No. 11 from Suicide Prevention Australia, 13 May 2016, p2.

340 Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p16.

these non-Aboriginal owned and run programs. To enable ownership, leadership and full engagement, Aboriginal people need to be equipped with skills and resources to respond to the vast array of matters they may have to deal with; not least complying with government requirements. Capacity building is not only practical in that it provides skills to communities to run programs, but can lead to the development of analytical, communication and emotional skills which can be used in other facets of life.³⁴¹

What previous inquiries have said about empowerment and community ownership

- 5.6 Empowerment and healing are key themes of recent reports addressing Aboriginal youth suicide, particularly *Hear Our Voices, Elders' Report, ATSIPEP Final Report* and *National Empowerment Project (NEP) Reports*. The *Crocodile Hole* report also focussed significantly on Aboriginal community control and empowerment – “Aboriginal people want to run their own businesses and interests. They want to make their own rules rather than government making them all the time.”³⁴² Submissions to the Inquiry frequently referred to these projects and reports and it is apparent that they provide good practice guidance.³⁴³
- 5.7 The methodologies used for these reports went beyond the conventional community consultation used by other inquiries discussed in this chapter—they seem to engage with communities in a different way and involve Aboriginal people in the development of recommendations that are culturally based and flexible enough to embrace local traditions and circumstances.

341 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p80.

342 Kimberley Land Council and Waringarri Resource Centre, *The Crocodile Hole Report*, Kimberley Land Council, Derby, November 1991, Recommendation 14. See also Recommendations 12, 15, pp2-3.

343 Submission No. 17 from Lifeline WA, 13 May 2016, p3; Submission No. 14 from Beyond Blue, 13 May 2016, pp9, 18; Submission No. 13 from Griffith Law School Students, 13 May 2016, p23; Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p7; Submission No. 24 from Mr Gerry Georgatos, 23 May 2016, p68; Submission No. 23 from AHCWA and YACWA, 20 May 2016, p4; Submission No. 32 from headspace Broome, 20 May 2016, p4; Submission No. 9 from Aboriginal Legal Service of Western Australia, 10 May 2016, p1; Submission No. 12 from Australian Human Rights Commission, 13 May 2016, p2; Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, pp18-19; Submission No. 8 from KALACC, 9 May 2016, p6; Submission No. 15 from Anglicare WA, 13 May 2016, p3; Submission No. 19 from WA Primary Health Alliance, 13 May 2016, p6; Submission No. 20 from Australian Christian Lobby, 16 May 2016, p6.

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5.8 While only *Hear Our Voices* and the *ATSISPEP Final Report* have formal findings and recommendations that refer specifically to empowerment and healing,³⁴⁴ the other reports provide guidance on the shape and form programs should take. Broadly, they should:

- Support individuals, families and communities to gain an understanding of the causes of oppressive elements in their lives and how to take action against them.³⁴⁵
- Be designed and run by Aboriginal people (which increases employment opportunities).³⁴⁶
- Be locally-specific, tailored to address the specific concerns and issues of each community.³⁴⁷
- Be community-owned and led.³⁴⁸

344 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendations 2, 4, 5, 6, 8, 10, p16; ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, Recommendation 2, pp4-5, 56-62. See also Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 177, p438.

345 ATSISPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, pp13-14; Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, pp65-66; Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p16; ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pp73, 74, 75.

346 Professor Pat Dudgeon, Ms Lorna Hudson OAM and Mr David Cole in *The Elders' report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, pp7, 15, 32; ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

347 Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, p66-67; ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

348 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley,*

- Have a cultural framework.³⁴⁹
- Receive long-term funding to ensure enduring service provision.³⁵⁰

5.9 A Closing the Gap systematic review conducted by the Telethon Kids Institute (TKI) on the effectiveness of Aboriginal mental health and social and emotional wellbeing strategies also found that programs with the most promising outcomes were those which encouraged self-determination and community governance.³⁵¹

5.10 The *ATSISPEP Final Report* found that community empowerment, and development and ownership of programs, were common elements of successful suicide prevention program.³⁵² It noted that Aboriginal people's right to self-determination must be respected.³⁵³

Adequacy of government action in relation to empowerment generally

5.11 Despite empowerment being an important aspect of suicide prevention, Western Australian Government agencies are yet to fully engage with calls for empowerment and healing. The term "empower" was not readily apparent in most agency submissions to the Committee.

5.12 The government's failure to engage with empowerment is illustrated by the opposing approaches taken by government-initiated inquiries in comparison to Aboriginal-driven

Western Australia: Final Research Report, Telethon Institute of Child Health Research, Perth, March 2012, p14, *ATSISPEP, Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p13; Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, p66; *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

349 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, pp15, 75; Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, p67; *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

350 Ms Lorna Hudson OAM, Mr John Watson and Mr Des Brown in *The Elders' report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, pp14, 21, 28.

351 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp12-13.

352 *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p3.

353 *ibid.*, p23.

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inquiries such as *Hear Our Voices* and the *Elders' Report*. While government reports tend to focus on the provision of government clinical services, Aboriginal-driven inquiries take a broad, holistic approach and view empowerment as central to suicide prevention.

- 5.13 The NEP (see Appendix Nine) is an example of a program which empowers Aboriginal people. It aims to empower communities through education in identifying and addressing challenges and supporting self-governance. It places a “strong emphasis on leveraging cultural strengths and supporting a community’s cultural renewal on its own terms.”³⁵⁴
- 5.14 Further, many communities are taking their own action. Pandanus Park held a community workshop to discuss the direction of their community. The Billard community held the ‘Blank Page Summit’ to bring together community and government offices to find solutions to the high rates of suicide in the community (see Appendix Nine).
- 5.15 The Committee heard that existing government owned programs and services rarely adhere to the empowerment and healing principles outlined above.³⁵⁵ Professor Pat Dudgeon said that there is still a “total lack of services” relating to empowerment and community engagement.³⁵⁶ The TKI suggested that policies and programs are failing to adequately recognise the impacts of intergenerational trauma, with research showing that it continues to “deeply affect the social and emotional wellbeing of Aboriginal children and young people.”³⁵⁷
- 5.16 Evidence indicates the “full and proper involvement” of Aboriginal families and communities in mental health and wellbeing matters is not occurring.³⁵⁸ Some argued that Aboriginal communities should determine where resources are allocated (which would presumably dictate what services are provided);³⁵⁹ others said that government services should be “more accountable” to Aboriginal people.³⁶⁰

354 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p18.

355 Mr Gerry Georgatos, Independent Researcher, *Transcript of Evidence*, 20 June 2016, p11; Submission No. 20 from Australian Christian Lobby, 16 May 2016, pp6-9.

356 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p6.

357 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp3, 11.

358 *ibid.*, p3.

359 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p5; Submission No. 20 from Australian Christian Lobby, 16 May 2016, p7.

360 Ms Michelle Nelson-Cox, Chairperson, Aboriginal Health Council of Western Australia (AHCWA), *Transcript of Evidence*, 12 September 2016, p5.

- 5.17 One witness said the problem lies in how government agencies' understand the notion of empowerment:

When we talk about empowerment, government says, "We want to empower you to provide us with advice and then we will made a decision about where the policy, program or resource is allocated." When we talk about empowerment from an Aboriginal perspective, it is: you are empowered to make decisions about where the resources are allocated.³⁶¹

- 5.18 To ensure that every policy, program and service is empowering Aboriginal communities, Mr David Wirken proposed a "funnel and sieve test" consisting of three criteria that could be applied before implementation:

[D]oes it meet the empowerment principle, the development principle and the productivity principle? So, is it empowering Aboriginal people or is it taking responsibility away from Aboriginal people? ... Is it developing Aboriginal people and communities or is it developing someone else? And is it a productive use of money? Is there a better and more efficient way? Is there some way we can pool resources with another policy program service that is working?³⁶²

Finding 13

Empowering Aboriginal communities is fundamental to reducing the high rates of Aboriginal youth suicide.

Recommendation 12

That the Western Australian Government places increased emphasis on empowering Aboriginal communities in developing and actioning all strategies, programs and services which are relevant to Aboriginal people.

Adequacy of government action in relation to community ownership

- 5.19 Elsewhere in Australia, government agencies are actively empowering communities. As part of NEP, for example, the Queensland Mental Health Commission provides funds directly to the Ngoonbi Community Services Indigenous Corporation, which then provides cultural, social and emotional wellbeing programs in Kuranda and Cherbourg. NEP Project Director Professor Pat Dudgeon explained:

It is an Aboriginal organisation that has the say; they get the money and we work together. ... it is not tokenism. We will fight for our sites

³⁶¹ Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, pp4-5.

³⁶² *ibid.*, p4.

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*to get funded, but, at the end of the day, it is Aboriginal community organisations that hold the money and ultimately the power.*³⁶³

- 5.20 Aboriginal Community Controlled Health Services (ACCHS) are the preferred providers of health services (including mental health services) of Aboriginal people yet remain underutilised by the Western Australian Government, according to some who work within the sector.³⁶⁴
- 5.21 ACCHS are initiated and operated by the local Aboriginal communities whom they serve. They were first established in in the 1970s in response to what many saw as the inadequate service provided to Aboriginal people by organisations targeting the general population. Western Australia's first ACCHS, the Perth Aboriginal Medical Service (now Derbarl Yerrigan), opened in 1973. Twenty-one ACCHS are now represented in Western Australia by the Aboriginal Health Council of Western Australia (AHCWA).³⁶⁵
- 5.22 Ms Michelle Nelson-Cox, AHCWA chairperson, said that ACCHS could take a larger role in overseeing and coordinating government funded and delivered service provision in Aboriginal communities.³⁶⁶
- 5.23 This position is similar to the *ATSISPEP Final Report* and comments made by the National Aboriginal and Torres Strait Islander Leadership in Mental Health, a group consisting of senior Aboriginal people working in social and emotional wellbeing,

363 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p12.

364 *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p61; Submission No. 3 from Ms Marika Eggington, 30 March 2016, p1; Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp9-10; Submission No. 14 from Beyond Blue, 13 May 2016, pp3, 19; Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p19.

365 Holman C.D.J. and Joyce S.J., *A Promising Future: WA Aboriginal Health Programs: Review of performance with recommendations for consolidation and advance*, Department of Health, Perth, December 2014, p5; Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p120; Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p8; Gruszyn, S., Hetzel, D. and Glover, J., *Advocacy and action in public health: lessons from Australia over the 20th century*, Australian National Preventive Health Agency, Canberra, 2012, p191; AHCWA, *More Aboriginal Health Workers Graduate Immunisation Program in Perth*, Media Statement, AHCWA, Perth, 27 June 2016; Auditor General for Australia, *Capacity Development for Indigenous Service Delivery*, Audit Report No. 26, 2011-12, Commonwealth of Australia, Canberra, 2012, p9.

366 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, pp2, 5.

suicide prevention and mental health. Both consider ACCHS should have a larger role in primary mental health services.³⁶⁷

Finding 14

Aboriginal community-owned and led programs are generally accepted as being more efficient and effective than programs run by external parties.

Recommendation 13

That the Western Australian Government shifts its focus from government owned and run programs and services for Aboriginal people to Aboriginal owned and run programs. The Committee acknowledges that this will be a gradual process; however, it can begin immediately by designing strategies, services and programs with the aim of empowering Aboriginal communities.

Shaping and evaluating services and programs with Aboriginal communities

- 5.24 While there was a sense throughout the Inquiry that Aboriginal-owned and run programs and services are the most effective, witnesses and submitters agreed that there still a need for non-Aboriginal organisations to continue providing services for Aboriginal communities. However, Aboriginal people should have a significant role in shaping and evaluating these non-Aboriginal run services.³⁶⁸

What previous inquiries have said in relation to shaping programs and services

- 5.25 For over 15 years, inquiries have consistently highlighted the importance of including Aboriginal people in the design and evaluation of services and programs affecting their communities. They advocate consultation as a minimum and, in many cases, full partnership and collaboration between government departments and communities. They note that Aboriginal involvement increases programs' effectiveness by ensuring that they reach and address the needs of their 'target audience'. Programs developed without Aboriginal communities input may miss the mark. Consultation or partnership

367 ATSISSPEP, *Fina Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, Recommendation 10, p61; Submission No. 14 from Beyond Blue, 13 May 2016, Appendix 1, p19; National Aboriginal and Torres Strait Islander Leadership in Mental Health, 'Six Steps to Closing the Indigenous Mental Health Gap'. Available at: <http://natsilmh.org.au/resources>. Accessed on 19 October 2016.

368 Submission No. 15 from Anglicare WA, 13 May 2016, pp6, 7; Submission No. 17 from Lifeline WA, 13 May 2016, p2; Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, Attachment 1, p5.

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also enables communities to actively address some of the oppressive features in their lives, which contributes to their ongoing empowerment.³⁶⁹

- 5.26 While acknowledging the impact of language, distance and different worldviews on consultation, the *Gordon Inquiry* stressed the importance of “real communication” between government agencies and Aboriginal communities.³⁷⁰ The *Gordon Inquiry* concluded that “Aboriginal people and Aboriginal communities must be involved in shaping the solutions”.³⁷¹
- 5.27 The Indigenous Implementation Board, tasked by the Western Australian Government to increase social and economic opportunities for Aboriginal people, stressed the need for partnership in the *Sanderson Report*.³⁷² It said that the “philosophy of engagement” at that time was “clearly wrong” and considered that the future lay in including Aboriginal people as partners.³⁷³ It is significant that, of the 13 recommendations made by the board, nearly two-thirds mention the need to include Aboriginal people and communities in the decision-making process.³⁷⁴
- 5.28 *Hear Our Voices*, which along with the *Elders’ Report* and Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) reports advocate for partnerships rather than simple consultation, lamented governments’ ability to “espouse the goal of working in partnership with communities” but apparent “lack of knowledge or skill about how to put this goal into practice.”³⁷⁵ *Hear Our Voices* noted that there are “repeated scenarios of money being spent on consulting with communities to develop detailed strategies to deal with suicide that then gather dust on shelves”.³⁷⁶

369 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p387; Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, p60.

370 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p421.

371 *ibid.*, p427. See Finding 154, p425 and Recommendations 167, 174, pp431, 435.

372 Hames, K., (Minister for Health; Tourism), *Indigenous Implementation Board sets action agenda for first 100 days*, Media Statement, Government of Western Australia, Perth, 10 February 2009.

373 Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, pp5, 6.

374 *ibid.*, Recommendations 1, 2, 6, 7, 8, 9, pp16, 17, 24, 27, 28, 29.

375 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p51.

376 *ibid.*

- 5.29 The Ombudsman Western Australia continued the emphasis on consultation when investigating how government agencies can prevent or reduce suicide by young people. The Ombudsman recommended that the Department for Child Protection and Family Support (DCPFS) consider consulting Aboriginal Practice Leaders when assessing cumulative harm to Aboriginal young people, to ensure responses are culturally appropriate.³⁷⁷
- 5.30 The rationale for including Aboriginal communities in program design also applies to their inclusion in program evaluation – it ensures programs are meaningful, effective and empowering.³⁷⁸ The *ECU Review of the Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody’s Business* (OneLife Strategy) found, for example, that its non-Aboriginal researchers had trouble engaging communities in evaluation activities, which reduced the review’s accuracy.³⁷⁹ This led to the following recommendation:

Recommendation 49: *Ensure local Aboriginal individuals and/or organisations partner with evaluators from the outset and coordinate evaluation activities in Aboriginal communities....*³⁸⁰

- 5.31 The ATSIPEP prioritised Aboriginal involvement in all facets of the project. One of its primary objectives was to evaluate suicide prevention services and programs for Aboriginal people. Working with community members, ATSIPEP hosted six regional roundtables between March 2015 and April 2016 to confirm what works in suicide prevention and why, with the ultimate aim of developing a culturally appropriate program evaluation framework. The value of this approach, according to ATSIPEP, is

377 Note: An Aboriginal Practice Leader is a specialist position within DCPFS, which advises DCPFS about “issues relating to Aboriginal services” and locally-specific responses. See Department for Child Protection and Family Support, ‘Non-specified calling positions at the Department for Children Protection’, p3. Available at: <https://www.dcp.wa.gov.au/Organisation/AboriginalEmployment/Documents/NonSpecCallingPositions.pdf>. Accessed on 21 September 2016; Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, Recommendation 13, pp137, 138.

378 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, pp15-16,118. See also Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 128, p330.

379 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, p1278.

380 *ibid.*, p1279.

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that “Aboriginal and Torres Strait Islander people themselves are recognised as the experts in this area”.³⁸¹

- 5.32 After also analysing previous consultations regarding Aboriginal suicide prevention in Australia and evaluating suicide prevention programs, ATSIPEP concluded that a common success factor in Aboriginal, community based interventions was that they were:

*developed and implemented using a foundation of Indigenous leadership, and in partnership with Indigenous communities. This is not only because responses need to address cultural and ‘lived experience’ elements, but also because of the right of Indigenous peoples to be involved in service design and delivery as mental health consumers. . . And with community ownership and investment, such responses are also likely to be sustained over time.*³⁸²

- 5.33 ATSIPEP recommended that all future suicide prevention activity should build on this and other success factors identified in its final report.³⁸³

- 5.34 The need for meaningful engagement and involvement must extend to young people, even more so when looking for ways to solve an issue prevalent in the lives of young people. In 2011 the Commissioner for Children and Young People, as well as the House of Representatives Standing Committee on Health and Ageing, identified the need for the voices of children and young people to be heard when addressing issues affecting their lives.³⁸⁴ The Commissioner recommended that services and programs for Aboriginal youth should have an ongoing commitment to listening and responding to their views.³⁸⁵

381 ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p6.

382 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p2.

383 *ibid.*, Recommendations 1 and 12, pp57-58, 61.

384 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 7, p61; House of Representatives Standing Committee on Health and Ageing, *Before it’s too late: Report on early intervention programs aimed at preventing youth suicide*, Parliament of Australia, Canberra, July 2011, Recommendation 5, p40; Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p6.

385 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, p17.

Adequacy of government action in relation to shaping programs and services

- 5.35 Throughout this Inquiry, the Committee heard of a perceived lack of government action in relation to Aboriginal youth suicide, despite extensive discussions with Aboriginal communities and organisations.³⁸⁶ Michelle Nelson-Cox, AHCWA Chairperson, expressed a frustration that is typical, and understandable:

*We see that there are a lot of reviews and there are a lot of researchers. We are done with that. We know that the resources being invested to undertake these reviews and research end in recommendations. We do not need recommendations: we need action and we need appropriate investment.*³⁸⁷

- 5.36 The Kimberley Aboriginal Law and Culture Centre (KALACC) has met with parliamentary committees, ministers for mental health, mental health commissioners, directors general of government departments and a sub-committee of the Aboriginal Affairs Coordinating Committee for over 10 years, consistently advocating that culturally-based programs like the Yiriman Project provide young people with the “strong cultural foundation” necessary for wellbeing.³⁸⁸ Yet KALACC Festival and Cultural Events Coordinator Wayne Barker said that their “cries continue to fall on deaf ears.”³⁸⁹
- 5.37 Government agencies seem to understand the importance of consultation with many identifying instances where they sought the input of Aboriginal people in the design of programs and strategies.³⁹⁰ For example, in response to the *Ombudsman 2014* report recommendation regarding consultation with Aboriginal Practice Leaders, DCPFS said that Aboriginal Practice Leaders or a “suitable Aboriginal officer” must be consulted about children being taken into care, being placed, or when a case plan is being developed.³⁹¹
- 5.38 Similarly, the Department of Aboriginal Affairs (DAA) pointed to Strategic Regional Advisory Councils, which “represent communities and advise the State Government” as part of the Regional Services Reforms (RSR) to the way the Western Australian

386 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p2; Mr Ross Wortham, Chief Executive Officer, Youth Affairs Council of Western Australia (YACWA), *Transcript of Evidence*, 12 September 2016, p3; Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p3.

387 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p2.

388 Submission No. 1 from KALACC, 20 March 2016, pp2-3; Submission No. 8 from KALACC, 9 May 2016, pp10-11.

389 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p2.

390 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p6; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p3.

391 Submission No. 39 from Department for Child Protection and Family Support, 9 September 2016, Appendix One, p5.

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Government provides services to Aboriginal communities (see paragraph 7.93).³⁹² Key features of the recently released RSR *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities* (RSR Roadmap) also include:

- “Consultation with Aboriginal people and other stakeholders on specific initiatives...
- Working with Aboriginal people and communities on key projects and actions.”³⁹³

5.39 The Regional Services Reform Unit (RSRU) spent one year consulting with remote communities and towns in the Kimberley and the Pilbara in developing the RSR Roadmap for regional services reforms,³⁹⁴ but it is not clear exactly how this consultation took place. Representatives of Aboriginal communities who spoke to the Committee during this Inquiry were reluctant to suggest that anything new would come from this approach. This is not surprising given past experiences.

5.40 The Director General of the Department for Regional Development, Mr Ralph Addis, acknowledged government’s failure to effectively engage with Aboriginal communities in the past, saying “people used to turn up, ask questions, and then they would go away: you would never hear another thing.”³⁹⁵ He assured the Committee that discussions undertaken in relation to the RSR Roadmap would not follow this same process. The RSRU instead intends to return to larger communities to gain feedback.³⁹⁶

5.41 Mr Grahame Searle, State Reform Leader of the RSRU, said the RSR Roadmap is simply “a starting point for the discussion”:

*We have, in the last three weeks, started the consultation process. We have been out to places like Warburton, Bidyadanga, Jigalong, Balgo and the Dampier Peninsula in the last three weeks—that should give you some idea that we have been pretty busy—trying to start the conversation with communities and community councils: this is where we are going; these are the sorts of things that we are interested in. How is your community interested in going forward?*³⁹⁷

392 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p6.

393 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p4.

394 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p5.

395 Mr Ralph Addis, Director General, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p10.

396 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p12.

397 *ibid.*

- 5.42 Although a change in approach sounds hopeful, the Committee is sceptical of the outcomes given past experiences. Further, reportedly only six months have been set aside for every remote Aboriginal community in Western Australia to be consulted and Senator Pat Dodson has publicly questioned whether this is enough time.³⁹⁸
- 5.43 In his submission to the Committee, the Commissioner for Children and Young People reiterated the need for Aboriginal children and young people's views to be included in evaluation and planning.³⁹⁹ Other submissions similarly stressed the importance of "the voice of youth" in preventing Aboriginal youth suicide in remote Western Australia.⁴⁰⁰ The continued emphasis on the involvement of children and young people suggests that calls for inclusion, made by the Commissioner as far back as 2011, are yet to be acted on. This was also supported by AHCWA and the Youth Affairs Council of Western Australia in its evidence to the Committee.⁴⁰¹

Finding 15

Aboriginal people should be fully engaged and involved in every facet of creating strategies and developing programs and services which are relevant to them. This is not a new concept, with inquiries recommending increasing engagement with and involvement of Aboriginal people consistently for more than 15 years.

Finding 16

The Western Australian Government has demonstrated a significant lack of vision by failing to engage Aboriginal people in making decisions and developing strategies, programs and services which affect them.

Recommendation 14

That the Western Australian Government implement minimum standards of engagement with Aboriginal people when developing, actioning and funding strategies, programs and services which affect Aboriginal people.

398 O'Connor, K. and Sargent, A., 'WA remote communities: Lack of detail on reform roadmap a concern, Senator Pat Dodson says', *ABC Online*, 23 September 2016. Available at: <http://www.abc.net.au/news/2016-09-23/concerns-about-regional-community-road-map-raised-at-yule-river/7870732>. Accessed on 13 October 2016.

399 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p23.

400 Submission No. 17 from Lifeline WA, 13 May 2016, p4; Submission No. 23 from AHCWA and YACWA, 20 May 2016, p13.

401 Submission No. 23 from AHCWA and YACWA, 20 May 2016, p12; Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p3; Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p4.

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Adequacy of government response in relation to evaluating programs and services

- 5.44 In response to Recommendation 49 of the *ECU Review*, the Mental Health Commission (MHC) provided an explanation of its process for evaluating initiatives under the *Suicide Prevention 2020: Together we can save lives* strategy (Suicide Prevention 2020). This did not indicate what role Aboriginal people will play in its evaluation, which is concerning given the recommendation was based on the challenges non-Aboriginal researchers had engaging communities in the OneLife Strategy evaluation.
- 5.45 Conversely, Aboriginal people are included in the evaluation of some suicide prevention services. According to the MHC, the Statewide Specialist Aboriginal Mental Health Service is currently being evaluated “with significant involvement of Aboriginal people”. This includes Aboriginal people working as field officers to collect and document data.⁴⁰²
- 5.46 An obvious gap, which ATSIPEP aimed to address, is the current lack of resources to evaluate the effectiveness of community-led programs. According to Professor Dudgeon, community programs tend to approach Aboriginal mental health holistically and funding agencies find their impacts difficult to measure.⁴⁰³ ATSIPEP has developed assessment tools and an evaluation framework to assess the effectiveness of programs already being implemented, which researchers hope will overcome the “stop-start” funding impacting community-owned programs.⁴⁰⁴

Recommendation 15

That the Mental Health Commission involves Aboriginal people in the ongoing evaluation of the effectiveness of the *Suicide Prevention 2020: Together we can save lives* strategy.

Capacity building: workforce development, governance and leadership

- 5.47 While often advocating for community-led initiatives and partnerships between Aboriginal communities and government agencies, inquiries have also recognised that communities may not have the skills or knowledge to immediately engage with

402 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p5.

403 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p2.

404 Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSIPEP, *Transcript of Evidence*, 20 June 2016, pp7, 9; ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pp37-44.

government departments or run programs.⁴⁰⁵ As a starting point, they recommend initiatives that teach the skills necessary to lead empowerment measures.

- 5.48 Witnesses also identified the need for empowered community leaders to lead programs and encourage community engagement.⁴⁰⁶ As Professor Carapetis explained the significance of community leadership:

[T]he research is very clear that that first step of community engagement and community leadership is critical. You cannot go in and say, "Here it is"; you have to get that first step happening, and you will not have any trouble with that buy-in around youth suicide...⁴⁰⁷

- 5.49 Capacity building also includes increasing the cultural competency of non-Aboriginal service providers, which has been discussed in Chapter 4.

What previous inquiries have said about capacity building

- 5.50 The *Gordon Inquiry* took a two pronged approach to workforce capacity: it advocated increasing the skill level and employment of Aboriginal people in the public sector while also increasing the cultural awareness of non-Aboriginal government employees providing services to Aboriginal communities. Clearer and more attractive career paths for Aboriginal employees would not only decrease attrition rates within agencies but attract staff.⁴⁰⁸ And given that non-Aboriginal people will still be providing services to Aboriginal communities, training should be undertaken to ensure that this was as effective and sensitive to cultural differences as possible.⁴⁰⁹
- 5.51 The *Sanderson Report* focused primarily on the “empowerment of Indigenous people”, which it considered could be achieved by investment supporting “the development of

405 ATSIPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, pp38-39; Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, pp50,72; Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, p4.

406 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p8; Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p9; Submission No. 19 from WA Primary Health Alliance, 13 May 2016, pp3-4.

407 Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p9.

408 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p158.

409 *ibid.*, pp461-462. See Recommendations 20-22, 46, 57, 133, 180, 193, 194, pp118, 120, 158, 191, 359, 439, 462.

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Indigenous leadership and governance.”⁴¹⁰ It further stated that Aboriginal people have to be “properly trained and supported in places where they live” to support “local solutions to local problems”.⁴¹¹ This echoed the *Crocodile Hole* report, which recommended “community based training to enable Aboriginal People to work with the system, to inform it and change it to make it more accountable to the community needs in all their diversity.”⁴¹²

- 5.52 Some benefits of supporting the personal development of community members were outlined in the *Hope Inquiry*:

*This involvement of Aboriginal people provides an important example to local Aboriginal people of the benefits of education and the way in which employment can break the poverty cycle. In addition, there is a considerable benefit in employing people who are likely to stay at a remote locality for a significant period of time and Aboriginal people may be more likely to remain in remote areas than non-Aboriginal people, particularly as they are less likely to become overwhelmed by the living conditions which they are likely encounter.*⁴¹³

- 5.53 The State Coroner recommended that Aboriginal leadership be fostered through training and education “to enable Aboriginal people to better participate in decision making.”⁴¹⁴ Aboriginal employment in the public sector should be supported through the upskilling of local people.⁴¹⁵

- 5.54 *Hear Our Voices* also stressed empowerment begins with capacity-building to ensure individuals and communities are ready to engage in empowerment initiatives.⁴¹⁶ The project noted the personal experiences of local course facilitators tend to be a “critical success factor” for many empowerment programs.⁴¹⁷ It recommended:

410 Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, Recommendation 11(f), p32.

411 *ibid.*, p6.

412 Kimberley Land Council and Waringarri Resource Centre, *The Crocodile Hole Report*, Kimberley Land Council, Derby, November 1991, Recommendation 33, p4.

413 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p37.

414 *ibid.*, Recommendation 4, p39.

415 *ibid.*, Recommendation 3, p38.

416 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendation 8, p16.

417 *ibid.*, p87.

- The development of “culturally appropriate ‘train the trainer’ programs” to be “provided for local people to become empowerment course facilitators and support personnel for the ongoing delivery of workshops and courses”.⁴¹⁸
- Funding for “preparatory workshops to build individual and community readiness for healing and leadership”.⁴¹⁹
- Processes to identify and support individual community members to “undertake further training in community development skills and process” and existing mentors in communities who could then support others on their healing journey.⁴²⁰

5.55 Recently, the *ATSISPEP Final Report* has reiterated many of these points. The composition and skills of the Aboriginal workforce is regarded as critical to suicide prevention in Aboriginal communities as employees bring “knowledge and understanding of community and family life, and cultural support ... in addition to clinical skills.”⁴²¹ This resulted in recommendation 4:

*Governments should support the training, employment and retention of Indigenous community members/people as mental health workers, peer workers and others in suicide prevention activity. In particular, Indigenous young people should be supported and trained to work in suicide prevention activity among their peer group.*⁴²²

5.56 The recommendations align with the literature, which notes that young people need to relate to those running courses in order to engage and build resilience. Armed with first-hand knowledge of the challenges faced and processes necessary for change, Aboriginal people can create environments necessary for empowerment.⁴²³

418 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendation 5, p16.

419 *ibid.*, Recommendation 2, p16.

420 *ibid.*, Recommendations 6, 7, p16.

421 *ATSISPEP, Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p59.

422 *ibid.*, p56.

423 Tolan, P.H. et al., 'Mentoring Programs to Affect Delinquency and Associated Outcomes of Youth At-Risk: A Comprehensive Meta-Analytic Review', *Journal of Experimental Criminology*, vol. 10, no. 2, June 2014, pp179-206. See also Community Development and Justice Standing Committee (39th Parliament), *Cultivating promise: Building Resilience and Engagement for At-Risk Youth through Sport and Culture*, Report No. 13, Parliament of Western Australia, Perth, August 2016, pp90-91, 93.

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Finding 17

Developing the capacity of Aboriginal communities in not only suicide prevention but all aspects of community responsibility is an empowering step on the road to self-determination.

Adequacy of government action in relation to training and education for employment

- 5.57 In response to a request for the progress of implementing coronial inquiry recommendations relating to upskilling local people, the Department of the Premier and Cabinet highlighted several strategies including the *Aboriginal Employment Strategy 2011 -2015*, Aboriginal workforce development strategy *Training Together – Working Together* and the Public Sector Commission Aboriginal Traineeship Program, an employment-based training initiative. However, the response did not show that these strategies and programs has resulted in specific education and training related outcomes or increased Aboriginal employment.⁴²⁴
- 5.58 In fact, a previous inquiry questioned the effectiveness of the Aboriginal Traineeship Program. In its inquiry into methods of evaluating police performance, the Community Development and Justice Standing Committee found that of the seven Aboriginal trainees placed with Western Australia Police since 2010, only one secured ongoing employment with Western Australia Police (although three were still completing their contracts when the report was released).⁴²⁵
- 5.59 Similarly, the capacity building strategies and traineeships have not led to an increase in Aboriginal employment or pay equity in the public sector (see paragraph 5.92).
- 5.60 One Aboriginal community which the Committee visited as part of this Inquiry suggested that the issue was not a lack of training opportunities, but a lack of adequate employment upon completion of the training. Residents in this community had completed a lot of training, but without employment opportunities at the end, it was of little use. The same community also raised that their young people were fully qualified yet were continually overlooked for employment for no discernible reason. This was both frustrating and disheartening.

Finding 18

Government strategies and programs aimed at building the capacity of Aboriginal people have been limited in extent and effectiveness. Programs aimed at increasing the

424 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, Attachment A, pp4-15.

425 Community Development and Justice Standing Committee (39th Parliament), *How do they manage? An investigation of the measures WA Police has in place to evaluate management of personnel*, Report No. 12, Parliament of Western Australia, Perth, March 2016, p14.

proportion of Aboriginal people employed in the public sector have not done so. Further, trained and skilled Aboriginal people have no clear path to employment.

Adequacy of government action in relation to suicide prevention training for communities

- 5.61 The Committee received some evidence of the community capacity building initiatives being undertaken or supported by government departments, including a “targeted Aboriginal suicide prevention training program for communities” currently being developed by the MHC’s Strong Spirits, Strong Mind Aboriginal Programs team for \$150,000. The program will reportedly address unspecified gaps within existing suicide prevention training.⁴²⁶
- 5.62 In the Committee’s opinion, this form of capacity building is cursory. It is difficult to see how \$150,000 is enough to adequately address the gaps within community training programs. Also, why is yet another training program being created rather than fixing gaps in existing programs?
- 5.63 There was acknowledgment from specific government agencies, including the MHC and the Department of Education (DoE), that more resources were required to train Aboriginal people and communities in suicide prevention and trauma-informed practice and models.⁴²⁷ Increased workforce development would create greater youth employment opportunities, which decreases feelings of hopelessness and suicidal ideation.⁴²⁸
- 5.64 A key theme to emerge from hearings was the need for increased training to community members as the “frontline” in suicide prevention.⁴²⁹ This was offered as a partial solution to the limited service provision in regional and remote Western Australia.⁴³⁰ Suicidal ideation is rarely confined to business hours and therefore family members and friends are often the ones intervening “at the time of risk when that

426 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p3. See also Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p2. Kaata-Koorliny Enterprise and Employment Development Aboriginal Corporation have also been awarded a grant to train Cultural Brokers in the Wheatbelt. See Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 2, p2.

427 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p6; Submission No. 30 from Department of Education, 12 May 2016, p10; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p6.

428 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p6.

429 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p14.

430 *ibid.*, p9; Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p14.

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young person is sitting as the sun is going down".⁴³¹ To support them in their intervention role, they need to be equipped with the relevant skills and knowledge.⁴³²

- 5.65 Existing programs that train community members include those provided by Dr Westerman through her private company Indigenous Psychological Services. In addition to educating service providers about culturally-specific suicide risk assessment and prevention, she educates Elders, parents and youth about what to do when someone is contemplating suicide (see Appendix Nine). Practical skills such as conflict resolution and diffusing techniques are taught using role play, which provides participants with a process and language to deal with different scenarios.⁴³³ Training also extends to postvention strategies (discussed further in Chapter 8).
- 5.66 Looma and Mowanjum have appointed community members, known as Cultural Carers, who act as a first point of contact for young people in times of need.⁴³⁴ They are incredibly effective, according to Ms Nelson-Cox of AHCWA, because they have the cultural knowledge necessary to identify when young people may be at risk of suicide:

*They know what the imminent issues are around the community. An Aboriginal person will not use the language; Aboriginal people tend more to expose with body language that they are not coping. ... [Cultural Carers] can know that person thoroughly and can see, just by body language, that that person is not coping, and you need to monitor.*⁴³⁵

Despite the apparent effectiveness of Cultural Carers and need for their implementation in other communities, however, Ms Nelson-Cox said they were reviewed and recently had their funding cut.⁴³⁶

- 5.67 Ms Washington of headspace Broome advised that the cultural implications of providing such training should also be recognised. Some people could avoid training, she explained, out of fear that they could be blamed in the future for failing to prevent a suicide in their community. If non-Aboriginal organisations sought to educate

431 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p15.

432 *ibid.*; Mrs Raina Washington, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p9.

433 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, pp3, 4, 8, 9, 10.

434 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p14.

435 *ibid.*

436 *ibid.*

community members on suicide prevention, she recommended they empower Aboriginal staff to provide the training to address these concerns.⁴³⁷

Recommendation 16

That the Mental Health Commission provide and fund programs and strategies which emphasise developing the capacity of community members to help youth at risk of suicide.

Adequacy of government action in relation to Aboriginal leadership

- 5.68 Throughout the Inquiry, the Committee heard that greater efforts were required to recognise, develop and support Aboriginal leaders, who could then assist their communities to address the risk factors underpinning youth suicide. Most evidence relating to leadership focused on enhancing the capacity of young people to provide necessary peer-to-peer mentoring or education to people at risk of suicide and Elders to both guide the overarching community approach to suicide prevention and mentor youth.⁴³⁸
- 5.69 What exactly leadership meant differed from witness to witness. For some witnesses, people who are engaged in education, hard-working and not reliant on government services display leadership.⁴³⁹ For others, leadership is an active role involving peer support.⁴⁴⁰ To Alive and Kicking Goals Program Manager Ms Vennessa Poelina, leadership is shown through role modelling and therefore resources should be directed towards supporting leaders at a family level:
- Let us start with you being the leader in your family, show your children the right things...*⁴⁴¹
- 5.70 Capacity building of Aboriginal youth leadership is already occurring, including through the Kimberley Aboriginal Young Leaders Steering Committee. Made up of youth who are doing “amazing things” in the Kimberley, the steering committee advises Aarnja Ltd about how to encourage future youth leaders.⁴⁴² Initiatives proposed thus far include a

437 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p11.

438 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p6; Submission No. 14 from Beyond Blue, 13 May 2016, p15; Submission No. 20 from Australian Christian Lobby, 16 May 2016, p12; Submission No. 23 from AHCWA and YACWA, 20 May 2016, p5; Ms Aimee Howard, Peer Educator, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p13; Miss Hayley Thompson, Youth Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p12.

439 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, pp5-6.

440 Ms Michelle Nelson-Cox, Chairperson, and Miss Hayley Thompson, Youth Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p12.

441 Ms Vennessa Poelina, Program Manager, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p17.

442 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, pp5-6.

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leadership centre and annual youth forums. Aarnja Ltd has also sought to develop the skills of steering committee members themselves by supporting their attendance at the first World Indigenous Suicide Prevention Conference in June 2016.⁴⁴³

- 5.71 AHCWA also coordinate a youth committee made up of youth who work with Western Australian Aboriginal medical services. Overseen by Youth Policy Officer Hayley Thompson, the committee has run one-day youth workshops about social and emotional wellbeing (see Appendix Nine).⁴⁴⁴ Participant feedback showed a “really strong desire to be involved in any leadership opportunities or potentially even training”.⁴⁴⁵
- 5.72 Governance capacity building is also occurring in some areas. For example, not-for-profit organisation Jawun run a secondment program which links corporate and public sector employees with Aboriginal organisations to “share their expertise and support Indigenous leaders to achieve their own development goals.”⁴⁴⁶ Aboriginal owned Kullarri Regional Communities Incorporated and Aarnja Ltd have been paired with a federal bureaucrat with community development experience and a lawyer with merger and acquisitions experience, who are supporting co-design work in the Kimberley.⁴⁴⁷
- 5.73 Other communities are struggling in relation to leadership. Although individuals may be willing to take on governance or leadership roles, they are often under resourced. For example, Pandanus Park has no funded Chief Executive Officer (CEO) position; therefore the capacity and authority of the volunteer CEO are limited. Further, lateral violence means that emerging leaders may struggle to find support from within their own community. Mr Wirken said that some people in the Kimberley feel uncomfortable identifying themselves as leaders because of the negative response:

*It is their own mob who bring them down more often than not and criticise them for calling themselves a leader. We really need to promote those people as leaders and empower them to be able to make good decisions.*⁴⁴⁸

- 5.74 While government agencies have supported existing leaders through various councils and groups, less emphasis seems to have been placed on building leadership in the first place. Most capacity building initiatives appear to be led by Aboriginal organisations and, other than DAA project grants to leadership projects in 2012 and 2013, the

443 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p6.

444 Miss Hayley Thompson, Youth Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, pp12, 13.

445 Mr Shaun Wyn-Jones, Policy Officer, AHCWA, *Transcript of Evidence*, Community Development and Justice Standing Committee, 29 June 2016, pp9-10.

446 Jawun, *About*. Available at: <http://jawun.org.au/about/>. Accessed on 8 November 2016.

447 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p12.

448 *ibid.*, p8.

Committee did not hear about significant Western Australian Government input or assistance.⁴⁴⁹

- 5.75 This may be changing, however, with an Aboriginal leadership and governance project to be implemented with Royalties for Regions funding in late 2016.⁴⁵⁰ Suicide prevention grants of up to \$20,000 are also available as part Suicide Prevention 2020. In the latest round of grants, Aboriginal Elder mentoring and youth leadership programs are identified as key priorities and the application guidelines focus on peer support and mentoring.⁴⁵¹
- 5.76 The Western Australian Government's *Aboriginal Economic Participation Strategy 2012-2016* aims to "increase the potential for Aboriginal people to participate fully in the Western Australia's economy, to strengthen Aboriginal culture and society, and to ensure Aboriginal people have the same opportunities in life as non-Aboriginal people."⁴⁵² It lists initiatives, including:
- "a government and leadership development program, in consultation with Aboriginal communities, to identify and support Aboriginal economic leadership and management in the implementation of land use and other agreements"
 - "tailored corporate and community governance training and development to Aboriginal corporations and commercial trusts".⁴⁵³
- 5.77 Although this strategy was brought to the Committee's attention in the whole-of-government response in relation to the Coroner's recommendations, no information was provided about how the leadership and governance initiatives were progressing.⁴⁵⁴
- 5.78 Witnesses and submitters identified what is needed to enhance leadership skills in remote Aboriginal communities, including the following:
- Roles or graduation programs into which young people completing youth leadership programs can transition.⁴⁵⁵

449 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, Attachment A, p5.

450 *ibid.*

451 Mitchell, A., (Minister for Mental Health; Child Protection), *Grants promote support for suicide prevention*, Media Statement, Government of Western Australia, Perth, 19 October 2016; Mental Health Commission, 'Suicide Prevention Grants Guidelines', 2016. Available at: http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Grants_-_September_2016_Application_Guidelines_-_PDF_-_FINAL.sflb.ashx. Accessed on 8 November 2016.

452 Aboriginal Affairs Coordinating Committee, *Aboriginal Economic Participation Strategy, 2012-2016*, Government of Western Australia, Perth, September 2012, p13.

453 *ibid.*

454 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, Attachment A, p4.

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- Older leaders or Elders to mentor those who are up and coming. These established leaders can guide young people through “common pitfalls” of leadership, foster a sense of belonging in young people and facilitate healthier relationships in the community.⁴⁵⁶
- Promotion and empowerment of existing leaders who may feel shamed or criticised for taking a leadership role.⁴⁵⁷
- Increased recruitment of peer educators or leaders to encourage young people to talk about their problems and overcome any associated stigma.⁴⁵⁸
- Suicide prevention and youth mental health training for peer educators.⁴⁵⁹

Finding 19

There is no shortage of talent, commitment and passion evident in the next generation of Aboriginal leaders in Western Australia. These leaders need to be supported to reach their full potential.

Recommendation 17

That the Western Australian Government support the development of future Aboriginal leaders, by providing support and funding to existing leadership development organisations, funding scholarships and connecting future leaders with secondments opportunities to gain specific skills, and assisting with the early identification of leaders through school based programs.

Increased Aboriginal recruitment by government-run services

- 5.79 Increased Aboriginal recruitment is a recognised method of increasing the cultural appropriateness of services, recommended by inquiries and accepted by government agencies. The rationale for this approach is not only that services should reflect the communities that they serve but also that Aboriginal employees have the cultural knowledge and ability to engage and support Aboriginal clients.⁴⁶⁰ Increased

455 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p6.

456 *ibid.*; Submission No. 20 from Australian Christian Lobby, 16 May 2016, pp5-6.

457 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p8.

458 Ms Vennessa Poelina, Program Manager, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p12; Miss Hayley Thompson, Youth Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p12; Submission No. 13 from Griffith Law School Students, 13 May 2016, pp26-27; McKay, K., *Alive and Kicking Goals! Final Report*, Australian Institute for Suicide Research and Prevention, Brisbane, December 2012, pp62, 80, 99.

459 Miss Tonii Skeen, Women’s Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p2.

460 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10.

employment also provides skills and experience which can be built upon and transferred from job to job.

What previous inquiries have said about Aboriginal recruitment

- 5.80 Inquiries tend to discuss Aboriginal employment in relation to liaison or educational roles in government agencies. This, as the *Gordon Inquiry* said, is because Aboriginal employees “bring knowledge of Aboriginal culture and an ability to gain the views of the family or client to the decision making process”.⁴⁶¹ Such experience is incredibly important when it comes to engaging Aboriginal communities in health and mental health services, as the Looking Forward Aboriginal Mental Health Project showed (see Appendix Nine).
- 5.81 The *Gordon Inquiry* recognised the need for “sensitivity to ways of contacting Aboriginal people, the need to build trusting relationships, the need for culturally appropriate services, appropriate consultative mechanisms and structures of departments which best support service provision to Aboriginal communities.”⁴⁶² This understanding contributed to at least four recommendations relating to the employment of liaison officers by the Department of Health (WA Health), Child Witness Service, and government departments generally.⁴⁶³
- 5.82 Participants of the ATSISEPP roundtable in the Kimberley also raised the importance of liaison, identifying a disconnection between communities and service providers because of limited cultural or local knowledge. As a solution, they suggested the identification of Aboriginal community leaders, mentors and liaison officers who could support service providers to develop this knowledge.⁴⁶⁴ The *Crocodile Hole* report recommended that Aboriginal people be trained “in both traditional and gadiya [non-Aboriginal] approaches so that there can be more Aboriginal People employed in the delivery of services.”⁴⁶⁵
- 5.83 The Commissioner for Children and Young People said that services needed to increase their Aboriginal capacity building and recruitment initiatives so that they adequately reflect “the proportion of Aboriginal children and young people who require a program

461 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p462.

462 *ibid.*, pxxvii

463 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 23, 97, 183, 195, pp121, 257, 442, 463.

464 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, pp16-17.

465 Kimberley Land Council and Waringarri Resource Centre, *The Crocodile Hole Report*, Kimberley Land Council, Derby, November 1991, Recommendation 35, p4.

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or service.”⁴⁶⁶ This would assist the development of more culturally appropriate services.⁴⁶⁷

Adequacy of government action in relation to Aboriginal employment

5.84 Some encouraging trends when it comes to Aboriginal employment in the public sector are evident. Many government departments employ Aboriginal liaison or education officers to increase the cultural appropriateness of their services, including the following:

- The DoE employs Aboriginal and Islander Education Officers to “support Aboriginal students in the areas of academic achievement, social engagement, participation, attendance and behaviour.”⁴⁶⁸ However, the Committee notes that 100 full-time equivalent positions were cut between 2013 and 2016.⁴⁶⁹
- Aboriginal Practice Leaders work in the 17 districts of DCPFS to increase “the capacity of service delivery for effective work with Aboriginal children and families.”⁴⁷⁰ Liaison is also a part of their role, developing partnerships with local ACCHS.⁴⁷¹
- Fourteen per cent of all staff in the DCPFS Responsible Parenting Services are Aboriginal.⁴⁷²
- The Royal Perth Hospital employs an Aboriginal Liaison Officer to, amongst other things, support the discharge planning of Aboriginal patients who live in remote Western Australia.⁴⁷³
- WA Health employs Aboriginal Mental Health Workers to liaise with and support those coming in contact with mental health services.⁴⁷⁴

5.85 However, the Committee is concerned that, as at 31 May 2016, there were 12 vacant full-time equivalent Aboriginal Mental Health Worker positions employed in WA

466 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, p68.

467 *ibid.*, pp68, 69.

468 Submission No. 30 from Department of Education, 12 May 2016, p5.

469 Hon Peter Collier, Minister for Education, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 24 August 2016, p5127d–5128a.

470 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department for Child Protection and Family Support Attachment, p3.

471 *ibid.*

472 *ibid.*, p4.

473 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p4.

474 *ibid.*, p1; Submission No. 35 from Department of Health, 4 August 2016, p1.

Health, including four in the Child and Adolescent Health Service.⁴⁷⁵ Considering that there were only 45 other Aboriginal Mental Health Workers employed – some of whom were employed on a part time or casual basis – it is likely that the number of vacancies would negatively impact the service provided to Aboriginal patients.

- 5.86 Aboriginal health workers play a key role in the provision of health in remote Western Australia. In 1969, Mrs Elsta Foy became the first Aboriginal health worker employed in Western Australia.⁴⁷⁶ Today, Aboriginal health workers play a vital role in providing health care to Aboriginal communities. They are often the first or only point of contact for patients, particularly in remote areas.
- 5.87 Although many have undertaken relevant training, no qualifications are necessary to become an Aboriginal health worker. One witness to the Committee called for an “instructions program” for Aboriginal mental health workers, echoing the recommendations of the *Gordon Inquiry* for increased training to be embedded in these positions.⁴⁷⁷
- 5.88 Government agencies and non-government organisations in the Kimberley described the difficulties they experienced attracting and retaining Aboriginal health workers. In fact, at least one witness working in the health sector was under the impression that no Aboriginal health workers were employed by WA Country Health Service (WACHS) Kimberley, presumably because the positions are so often vacant.⁴⁷⁸ Part of the problem was the failure of health services to value Aboriginal health workers and their skills, according to one witness. Aboriginal health workers were reported as feeling like “a bit of a glorified taxi driver getting people to and from appointments.”⁴⁷⁹
- 5.89 Enhanced training was put forward as a way of retaining Aboriginal health workers. Terrence Howe, team leader, Kimberley Mental Health and Drug Service, also suggested that increased training for Aboriginal mental health workers could increase the amount of input that they have into treatment.⁴⁸⁰
- 5.90 Another factor impacting recruitment and retainment was that applicants could receive better pay as an Aboriginal liaison officer than a health worker as they fall under

475 Submission No. 35 from Department of Health, 4 August 2016, p1.

476 Wilson, K., (Minister for Health), *Training schemes for Aboriginal health workers*, Media Statement, Government of Western Australia, Perth, 25 March 1992. Mrs Foy is now a councillor for the Shire of Broome.

477 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p8.

478 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p9.

479 Ms Rebecca Smith, Regional Director, Western Australian Country Health Service, *Transcript of Evidence*, 7 June 2016, p3.

480 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p8.

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different employment agreements. As a solution, WACHS Regional Director Rebecca Smith suggested bringing the positions under the same award to end any pay difference.⁴⁸¹

- 5.91 Other suggestions for attracting and retaining Aboriginal health workers included pathways from high school and robust mentoring programs.⁴⁸² As an example of good practice, Ms Smith pointed to the mentoring program run by the Aboriginal Health Improvement Unit of WACHS, which identified and trained existing employees to be effective mentors for Aboriginal people entering the health sector.⁴⁸³
- 5.92 More generally, Aboriginal employment remains low across the public sector. The Public Sector Commission previously set a target of 3.2 per cent of public sector employment for Aboriginal employment by 2015, but the Western Australian public sector reached this target only once in the five years to 2015.⁴⁸⁴ In March 2016, only 2.7 per cent of the public sector identified as Aboriginal, a 1 per cent decrease from 2015.⁴⁸⁵
- 5.93 A range of factors may contribute to such low rates of Aboriginal employment. A 2013 inquiry, for example, found that Aboriginal young people are over-policed and routinely charged with trivial offences – cited examples include charges for attempting to steal an ice-cream and receiving a stolen Freddo Frog.⁴⁸⁶ When such offences result in a criminal record, it can seriously undermine the young person’s future ability to gain employment. Not only are management positions in some organisations and specific professions closed to people with a past conviction but studies have shown that employers, when given a choice, prefer to hire applicants without a criminal record.⁴⁸⁷ Finding employment has been described as “one of the areas of greatest difficulty for former offenders”.⁴⁸⁸

481 Ms Rebecca Smith, Regional Director, Western Australian Country Health Service, *Transcript of Evidence*, 7 June 2016, pp2-3.

482 *ibid.*, pp3-4.

483 *ibid.*

484 Public Sector Commission, *Aboriginal Employment Strategy, 2012-2015: Building a diverse public sector workforce*, Government of Western Australia, Perth, 2011, p5; Mr M.C. Wauchope, Public Sector Commission, Western Australia, *Legislative Assembly Estimates Committee A*, (Hansard), 9 June 2015, p6.

485 Director of Equal Opportunity in Public Employment, *Annual report 2015/16: Fostering inclusiveness*, Public Sector Commission, West Perth, 2016, p20.

486 Community Development and Justice Standing Committee (39th Parliament), *In Safe Custody: Inquiry into Custodial Arrangements in Police Lock-ups*, Report No. 2, Parliament of Western Australia, Perth, November 2013, pp93-94

487 Human Rights and Equal Opportunity Commission, *Discrimination in Employment on the Basis of Criminal Record*, discussion paper, Human Rights and Equal Opportunity Commission, December 2004, p7.

488 *ibid.*, p1.

- 5.94 The *Hope Inquiry* recommended that the public sector take “positive action” to employ Aboriginal people and recognised that this may require alterations to entrance requirements. Although the State Coroner made this recommendation in relation to tertiary qualifications, the Committee believes similar considerations should be made in relation to applicants with criminal convictions. Government agencies should seriously consider the nature of the applicants’ offence, how recently the offence occurred, and the applicants’ age at the time. When assessing applications from Aboriginal people with a criminal record, weight should be given to the cultural skills and knowledge that the applicant brings to an agency rather than their criminal record.
- 5.95 Aboriginal public sector employees are also concentrated in lower salary levels, according to the equity index provided in the annual report of the Director of Equal Opportunity in Public Employment. An equity index of 100 is ideal – Aboriginal public sector staff currently have an equity index of 42.⁴⁸⁹
- 5.96 As part of the RSR, targets for local Aboriginal employment by the public sector have been set for each region based on the percentage of Aboriginal people of working age in that region. The Kimberley target for filling vacancies, for example, is around 38 per cent.⁴⁹⁰ In addition, successful tenders for government contracts will be expected to employ local Aboriginal staff “at the same sort of percentage level” as the public sector and there will be increased procurement from Aboriginal businesses.⁴⁹¹
- 5.97 While the general target of 3.2 per cent⁴⁹² is slightly higher than the 3 per cent of Aboriginal people of working age in the Western Australian population,⁴⁹³ the Committee considers this is still inadequate considering the overrepresentation of Aboriginal people in many measures of socioeconomic disadvantage.
- 5.98 Cliff Weeks, Director General of the DAA, recognised that the public sector needed to increase its efforts in recruiting, retaining and promoting Aboriginal employees. This, he argued, would assist programs’ cultural-appropriateness by ensuring Aboriginal involvement in the design of programs or policies:

489 Director of Equal Opportunity in Public Employment, *Annual report 2015/16: Fostering inclusiveness*, Public Sector Commission, West Perth, 2016, p21.

490 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p5.

491 *ibid.*; Regional Services Reform Unit, ‘Resilient Families; Strong Communities: Regional Aboriginal Employment Package’, p1. Available at: <http://regionalservicesreform.wa.gov.au/sites/regionalservicesreform.wa.gov.au/files/pdfs/Factsheet%20-%20Regional%20Aboriginal%20Employment%20Package.pdf>. Accessed on 19 October 2016.

492 Public Sector Commission, *State of the WA public sector 2015: Creating opportunities*, Government of Western Australia, Perth, 2015, pp16-17.

493 Public Sector Commission, *Aboriginal Employment Strategy, 2012-2015: Building a diverse public sector workforce*, Government of Western Australia, Perth, 2011, p5.

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*Aboriginal employment within the public sector is one of our biggest issues. I am the only Aboriginal director general in the country. When you consider the amount of government effort that goes towards Aboriginal disadvantage, understanding that sometimes Aboriginal people are best placed to be able to be co-designers or designers of those policy responses, we have five Aboriginal people in the senior executive service in the WA public sector out of 500. So we do not have the scale or the economy of mass to be able to influence at the levels of each individual agency as we should be.*⁴⁹⁴

He argued for Aboriginal executives to be included in the corporate executive for each government agency, citing their ability to provide expert advice.⁴⁹⁵

- 5.99 Mr Cliff Weeks' suggestion is not unfeasible. Sections 50(d) and 51 of the *Equal Opportunity Act 1984* enable agencies to set aside positions for particular profile groups. Section 50(d) can be used when a specific role provides services to Aboriginal people and it is considered to be best undertaken by an Aboriginal person. By applying section 50(d), non-Aboriginal applicants can be excluded from the selection process. Section 51 can be used when agencies identify that Aboriginal people are underrepresented in its workforce. Employers can implement measures to make the position more attractive to Aboriginal applicants or even "quarantine" positions for Aboriginal applicants.⁴⁹⁶
- 5.100 Section 51 would allow agencies to increase Aboriginal representation, particularly at the senior executive level. It is currently underutilised in the Western Australian public sector.⁴⁹⁷
- 5.101 The Committee also notes that the Queensland Parliament created the position of 'Indigenous Liaison Officer' in January 2008. This position is responsible for improving engagement between Queensland's Aboriginal people and the Queensland Parliament.

Finding 20

Aboriginal people are underrepresented as employees in the Western Australia public sector.

494 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, p6.

495 *ibid.*

496 Mr Allan Macdonald, Acting Commissioner of Equal Opportunity, Equal Opportunity Commission, *Transcript of Evidence*, Community Development and Justice Standing Committee, 23 November 2015, p3.

497 *ibid.*, p5.

Recommendation 18

That the Public Sector Commission mandate higher Aboriginal employment targets for Western Australian Government agencies.

Recommendation 19

That Western Australian Government agencies should recruit greater numbers of Aboriginal people, relying on section 51 of the *Equal Opportunity Act 1984* if necessary. These positions should not be limited to Aboriginal liaison or cultural advisory positions, but should be generally spread across all positions at all levels in all agencies.

Recommendation 20

That the Western Australian Government establish clear and more attractive career paths for Aboriginal employees.

Recommendation 21

That the Western Australian Parliament explores the option of employing an Aboriginal liaison officer based on the Queensland Parliament's experience.

Concluding comments

- 5.102 Inquiries seem to be singing from the same songbook but playing to a tune-deaf audience. Agencies are not responding to the nuances of inquiries' recommendations. Inquiries call for partnership and enduring relationships with Aboriginal communities. In response, government agencies offer inadequate consultation and service provision aimed at the general population. Despite consistently asking agencies to step away from their bureaucratic paradigm, recognise that there are cultural differences between non-Aboriginal and Aboriginal people and to account for these differences when engaging with Aboriginal communities, the challenges remain.
- 5.103 The comments of Mr Dean Gooda, an Elder from Fitzroy Crossing, exemplifies the frustration of many Aboriginal people:

*The Government does consultations, but they go away and the bureaucracy gets a hold of those documents and when it comes back, it's probably unrecognisable from the interview that was done on the ground. We have always heard of policy development from the ground up, but in my 25 years working in this area with government and community, I have never seen this happen. I have never seen them take and implement what the community is asking for if it doesn't fit into the funding guidelines. It's lost.*⁴⁹⁸

498 Mr Dean Gooda in *The Elders' report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014, p16.

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- 5.104 Empowerment can be achieved when Aboriginal people gain increased control of the services and programs that serve their communities. By the nature of power relationships, this requires the government to share its power with Aboriginal communities and allow them to take the lead. The Committee recognises that this requires a fundamental shift in the way in which the government does business. However, as the reports discussed in this section indicate, it is a vital step in protecting children and young people from self-harm and suicide.

Finding 21

Empowering Aboriginal communities requires Western Australian Government agencies to relinquish their power when setting and implementing policies for Aboriginal people and undertake a fundamental shift in the way government does business.

Chapter 6

Strategy and Governance

The different nature of Aboriginal suicide means that general, whole of population suicide prevention strategies are inappropriate for Aboriginal people. Such strategies do not appropriately cater for the needs and aspirations of Aboriginal people, such as the importance of culture and addressing risk factors such as intergenerational trauma.

Suicide prevention governance structures are unclear, with the roles and responsibilities of various parties vague and undefined. Clear governance structures are imperative to drive the approach and understand who is clearly accountable for outcomes.

Governments retain an important role in preventing Aboriginal youth suicide

- 6.1 Earlier chapters of this report emphasise the importance of empowering Aboriginal people to improve wellbeing and reduce suicide in their communities. As Aboriginal communities are increasingly empowered, the role of the government will diminish. However, currently, and probably for some time to come as empowerment is not an immediate prospect, government still provides or funds the majority of programs and services. Government therefore retains an important role and responsibility to develop strategies, ensure appropriate governance and leadership, enable collaboration, coordination and service integration, and provide appropriate levels of accessible services. The following three chapters discuss each of these aspects in turn.
- 6.2 The Committee notes that, of course, these be approached on the basis of the full involvement of Aboriginal people, which was primarily discussed in Chapter 5.

Mental health and suicide prevention strategies

- 6.3 Submissions to this Inquiry identified several main strategies of particular relevance to Aboriginal youth suicide. These are discussed below.

National Suicide Prevention Strategy

- 6.4 Australia has had a dedicated suicide prevention strategy since 1995, one of the first countries to have one.⁴⁹⁹ Australia's National Suicide Prevention Strategy (NSPS) consists of four parts: an overarching strategy – the *LIFE: Living Is For Everyone*

499 Submission No. 45 from Australian Department of Health, 23 September 2016, pp3, 5.

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Framework (LIFE Framework), an action plan, funding program and inter-governmental coordination mechanisms. The LIFE Framework was first released in 2000. It was updated in 2007 and adopted nationally in September 2011.⁵⁰⁰ The goals of the LIFE Framework include building resilience, strengthening capacity and coordinating responses.⁵⁰¹

- 6.5 In late 2014 the National Mental Health Commission (NMHC) released *Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services (NMHC Program Review)*. This report was the product of a review to “examine existing mental health services and programmes across the government, private and non-government sectors... to assess the efficiency and effectiveness of programmes and services...”⁵⁰²
- 6.6 The review found that “the mental health system has fundamental structural shortcomings.”⁵⁰³ It found it was a fragmented system that used resources poorly and responded too late, didn’t view a person as a whole or prioritise people’s needs and ultimately led to people having a poor experience of care.⁵⁰⁴
- 6.7 The review made 25 recommendations including the need to set clear roles and responsibilities, shift funding priorities away from hospitals and towards more community-centred care, expand services for Aboriginal people and improve access to services and support.⁵⁰⁵
- 6.8 In response, the Australian Government announced major mental health sector reforms. Being rolled out between 2016 and 2019, these mental health reforms include shifting the focus to person-centred care funded based on need, a regional approach to service planning and integration, strengthening leadership and improving care across the lifespan with a particular focus on early intervention.⁵⁰⁶
- 6.9 As part of this renewed approach, a new *National Suicide Prevention Strategy* (NSPS 2015) was announced in November 2015. The strategy involved a regional based

500 Department of Health and Ageing, *Living Is For Everyone (LIFE) Framework (2007)*, Australian Government, Canberra, 2007, p8.

501 Submission No. 45 from Australian Department of Health, 23 September 2016, p4.

502 National Mental Health Commission, ‘Terms of Reference for review of mental health services and programs’. Available at:

<http://www.mentalhealthcommission.gov.au/media/100126/Final%20Review%20ToR.pdf>.

Accessed on 10 November 2016.

503 National Mental Health Commission, *Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services Summary*, National Mental Health Commission, Sydney, November 2014, p3.

504 *ibid.*, p3.

505 *ibid.*, pp15, 17.

506 Department of Health, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Australian Government, Canberra, November 2015, p4.

approached led by Primary Health Networks (PHNs) that coordinate with organisations in the region to provide suicide prevention activities. It has a particular focus on preventing Aboriginal suicide, consistent with the recommendations of the Aboriginal and Torres Strait Islander Suicide Prevention Strategy (see paragraph 6.11 below).⁵⁰⁷

- 6.10 The Committee received a submission from the WA Primary Health Alliance, the organisation comprising the three PHNs across Western Australia, including the Country WA PHN which is responsible for the majority of the state which is considered to be remote or very remote. The submission set out general objectives and plans for the Country WA PHN which, at the time of the submission in May 2016, had not yet commenced operation, but had begun detailed consideration of its mandate, identification of issues and key stakeholders and possible responses.⁵⁰⁸

National Aboriginal and Torres Strait Islander Suicide Prevention Strategy

- 6.11 In May 2013, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013 (NATSISP Strategy) was released.⁵⁰⁹ The NATSISP Strategy incorporates a much more holistic view of mental health together with physical, cultural and spiritual health, and has a more community-centred, early intervention approach.⁵¹⁰ It has a particular focus on reducing the incidence and impact of suicide by supporting communities to implement effective suicide prevention strategies, upskilling Aboriginal people in related fields, and developing an evidence base and improving resources.⁵¹¹
- 6.12 The NATSISP Strategy incorporates feedback received from consultations with Aboriginal communities which highlighted the need to focus on suicide prevention across the lifespan (discussed in Chapter 8).⁵¹² It incorporates a holistic view of health, is community-focused and has an emphasis on upstream prevention efforts being provided in addition to the universal responses for the general population.⁵¹³ It also

507 Australian Department of Health, *National suicide prevention strategy*, 25 May 2016. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsp>. Accessed on 10 October 2016.

508 Submission No. 19 from WA Primary Health Alliance, 13 May 2016.

509 NATSISP was possibly in response to Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 27, p114.

510 Department of Health, *Summary of National and State Government Policies for WA Country Health Service Planning*, Government of Western Australia, Western Australia, October 2015, p19.

511 Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Australian Government, Canberra, May 2013, p7.

512 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p6.

513 Submission No. 45 from Australian Department of Health, 23 September 2016, p7.

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promoted community led, empowerment based programs with an emphasis on culture as a primary protective factor.⁵¹⁴

- 6.13 This consultative approach has resulted in a strategy which appears to have broad support from Aboriginal communities. The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) *Kimberley Roundtable Report* acknowledged the NATSISP Strategy as a specific response to the suicide statistics. It notes the strategy's aims to reduce risk factors across the lifespan, effectively evaluate programs and focus on early intervention.⁵¹⁵
- 6.14 At the same time as the strategy was released, the Australian Government committed \$17.8 million over four years to its implementation; however, Dudgeon et al. state that in 2015 the government had "quarantined" the funding until after the ATSISPEP concludes.⁵¹⁶ This *ATSISPEP Final Report*, released in November 2016, makes multiple recommendations about the implementation of the NATSISP Strategy.⁵¹⁷ It's currently unclear what the Commonwealth Government's response will be, and if or when the quarantined funding will be released.
- 6.15 Further, the *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2004-2009* (Strategic Framework) was developed by the Social Health Reference Group for the National Aboriginal and Torres Strait Islander Health Council and National Mental Health Working Group. The Strategic Framework provided guidance on how funding should be spent, which services should be prioritised, and standards that services should be expected to reach.⁵¹⁸
- 6.16 The Strategic Framework was never fully implemented but, according to Dudgeon et. al., it was "influential in shaping Aboriginal and Torres Strait Islander mental health

514 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p12.

515 ATSISPEP, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, pp6-7.

516 Dudgeon, P., Calma, T., and Holland, C., 'Future Directions in Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Related Areas Policy', July 2015, p17. Available at: <http://natsilmh.org.au/resources>. Accessed on 8 November 2016.

517 ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, Recommendations 8-12, p5.

518 Australian Government, *National Aboriginal and Torres Strait Islander Health Plan: Companion Document on Commonwealth Government Strategies and Reforms*, Australian Government, Canberra, July 2013, p26.

services and programmes.”⁵¹⁹ It also acted as the basis for a mental health plan specifically for Aboriginal people, assisting organisations working in this space to develop social and emotional wellbeing policies and practices.⁵²⁰ The Strategic Framework has been described as “fundamental to reclaiming, legitimising and incorporating Indigenous understandings of health and social and emotional wellbeing in the health and mental health policy sector.”⁵²¹

- 6.17 In 2013, the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group began revising the Strategic Framework. Although the review was intended to be completed in 2015, it appears that the Commonwealth Government is yet to give it authorisation.⁵²² The draft update is said to take an integrated approach to mental health and social and emotional wellbeing.

Western Australia’s suicide prevention strategy

- 6.18 The *Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody’s Business* (OneLife Strategy) was Western Australia’s first suicide prevention strategy. Launched in September 2009, it sought to coordinate government and community responses to suicide. It closely reflected the concurrent national LIFE Framework.⁵²³ The Western Australian Government spent \$18 million implementing the strategy, including an additional \$4 million allocated after the strategy’s formal end in June 2013,⁵²⁴ possibly to cover the almost two year period before the state’s next suicide prevention strategy was released.
- 6.19 The OneLife Strategy approached suicide prevention in Western Australia with a community development focus. Community Action Plans (CAPs) were individual community – geographic, occupational, demographic or other group – specific plans involving community engagement, consultation, training and suicide prevention activities.⁵²⁵ Community coordinators helped deliver CAPs. A total of 55 CAPs were

519 Dudgeon, P., Calma, T., and Holland, C., ‘Future Directions in Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Related Areas Policy’, July 2015, p9. Available at: <http://natsilmh.org.au/resources>. Accessed on 8 November 2016.

520 Department of Health, ‘Social and emotional wellbeing’, 2013. Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-soc>. Accessed on 20 May 2016.

521 Dudgeon, P. et al., *Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people*, issues paper no. 12, Closing the Gap Clearinghouse, Canberra, November 2014, p7.

522 Department of Health, *Implementation Plan for the National Aboriginal and Torres Strait Islander Health Plan 2013-2023*, Australian Government, Canberra, 2015, p13.

523 Jacobs, G., (Minister for Water; Mental Health), *New \$13million State-wide strategy for suicide prevention delivered*, Media Statement, Government of Western Australia, Perth, 10 September 2009.

524 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p5.

525 *ibid.*, p6.

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implemented by December 2013, including several in Aboriginal communities.⁵²⁶ The Department of the Premier and Cabinet advised the Committee that approximately \$2.3 million was provided to Kimberley communities through CAPs.⁵²⁷

- 6.20 Shortly after the strategy had commenced, the Mental Health Commission (MHC) was established in 2010. The MHC took over primary responsibility for Western Australia's mental health and suicide prevention strategy and activities. In 2011, the MHC released *Mental Health 2020: Making it personal and everybody's business* (Mental Health 2020) a strategic policy document to reform Western Australia's mental health system.
- 6.21 Mental Health 2020 outlined three reform directions – person-centred supports and services, connected approaches, balanced investment – and nine action areas including improving planning, service integration and earlier interventions, with a specific focus on suicide prevention.⁵²⁸
- 6.22 In May 2015, Western Australia's current suicide prevention strategy was released – *Suicide Prevention 2020: Together we can save lives* (Suicide Prevention 2020). It continues the “community-focused, integrated action” approach of the previous strategy.⁵²⁹ Frustratingly, the *ECU Review* recommended that the strategy run for a minimum of five years to maximise community engagement, however under Suicide Prevention 2020 the government has only allocated funding for four years.⁵³⁰
- 6.23 Suicide Prevention 2020 has six key action areas including support at a local level, timely data and improving the evidence base and coordinated and targeted responses for high risk groups.⁵³¹ The strategy aims to reduce the current number of suicides by 50 per cent over the next decade. This aspirational target is in line with a

526 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p32; Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, pp1060-1239; Submission No. 15 from Anglicare WA, 13 May 2016, p6.

527 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p5.

528 Mental Health Commission, *Mental Health 2020: Making it personal and everybody's business*, Government of Western Australia, Western Australia, October 2011, pp6, 14.

529 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4; Mental Health Commission, *Suicide Prevention 2020: Together We Can Save Lives*, Government of Western Australia, Perth, 2015, pp8-9. See also Submission No. 17 from Lifeline WA, 13 May 2016, p3.

530 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 42, p1274.

531 Mental Health Commission, *Suicide Prevention 2020: Together We Can Save Lives*, Government of Western Australia, Perth, 2015, pp34-36.

recommendation from the Senate Community Affairs References Committee report *The Hidden Toll: Suicide in Australia (The Hidden Toll)*.⁵³²

- 6.24 An overarching Implementation Plan has been prepared to guide implementation of the Suicide Prevention 2020, together with an Aboriginal Implementation Plan and a Youth Engagement Strategy. However, these documents are for internal use only and will not be made publicly available.
- 6.25 The MHC advised the Committee that Suicide Prevention 2020 is informed by the LIFE Framework and closely aligned with the NATSISP Strategy.⁵³³ However, Ms Adele Cox argued that Suicide Prevention 2020 did not incorporate broad principles developed through the NATSISP Strategy.⁵³⁴

Western Australia's Mental Health, Alcohol and Other Drug Services Plan

- 6.26 Several recommendations from the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia (Stokes Review)* focussed on the comorbidity of mental illness and substance use and urged greater policy cooperation, training and education to recognise this.⁵³⁵ In July 2015, the Drug and Alcohol Office amalgamated with the MHC. This merger recognised that drug and alcohol and mental health problems commonly co-exist and was intended to provide a more coordinated and holistic response. Submissions also recognised the relationship between suicide and alcohol and drug abuse and the need for its inclusion in suicide prevention strategies.⁵³⁶
- 6.27 The MHC's *Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (the MHA&OD Plan) provides a targeted and phased approach to investment in these areas. It requires mental health, alcohol and other drug services to understand the role of culture, provide non-discriminatory care and respond to the cultural requirements of Aboriginal people. The MHA&OD Plan seeks to achieve "greater engagement and accessing of services by Aboriginal people through the provision of culturally secure services addressing mental health, alcohol and other drug problems; and ensuring the

532 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 42, p145.

533 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p3.

534 Ms Adele Cox, National Consultant, ATSIPEP, *Transcript of Evidence*, 20 June 2016, p10.

535 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendations 1.6, 4.11, 7.7, pp9, 12, 14.

536 Submission No. 17 from Lifeline WA, 13 May 2016, p6.

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sector workforce is culturally competent.”⁵³⁷ This includes cultural rehabilitation and healing programs.

- 6.28 Its implementation will be guided by the *Western Australian Aboriginal Health and Wellbeing Framework 2015-2030* (WAAHW Framework), which has been developed “for Aboriginal people by Aboriginal people.”⁵³⁸ The WAAHW Framework recognises a cultural understanding of health, encompassing physical and psychological health, social health and wellbeing, spirituality and cultural integrity.⁵³⁹ The WAAHW Framework is intended to set strategic directions which have broad application across Western Australia, rather than actionable steps which can be taken. It is also unfunded⁵⁴⁰ which presents challenges in implementation.
- 6.29 However, the WAAHW Framework does provide mechanisms for monitoring performance in following strategic directions. These mechanisms include assessing improvements, or otherwise, in life expectancy and wellbeing, child mortality, health behaviours, Aboriginal health workforce and health system performance and responsiveness.⁵⁴¹ It also provides ‘next steps’ in terms of developing action plans aligned with the long term strategic directions.⁵⁴²

What previous inquiries have said about mental health and suicide prevention strategies

- 6.30 Between 2009 and 2014, five main reviews/inquiries made recommendations in relation to mental health and suicide prevention strategies. *CCYP 2011* investigated mental health for children and young people, the *Stokes Review* focused on public mental health facilities and services, and *Ombudsman 2014* investigated ways the state government could reduce or prevent young people suiciding. *OAG 2014* and *ECU Review* also specifically evaluated the OnLife Strategy. Recommendations from the reviews were incorporated into the state’s next suicide prevention strategy to varying degrees as discussed below.
- 6.31 *CCYP 2011* recommended that the Council of Australian Governments and the MHC give increased priority to the mental health and wellbeing of children and young people with MHC leading the “whole of government collaboration to improve the mental

537 Mental Health Commission, *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, Government of Western Australia, Perth, 2015, p12.

538 Department of Health, *WA Aboriginal Health and Wellbeing Framework 2015-2030*, Department of Health, Perth, 2015, p3.

539 *ibid.*, pv.

540 *ibid.*, p3.

541 *ibid.*, p23.

542 *ibid.*

health and wellbeing of children and young people across the state.”⁵⁴³ The *Stokes Review* recommended a strategic and comprehensive plan for the mental health and wellbeing of young people should be developed.⁵⁴⁴ Further recommendations emphasised the need for a particular focus to be placed on Aboriginal and vulnerable or disadvantaged young people.⁵⁴⁵ The *ECU Review* specifically recommended introducing a separate approach for Aboriginal people.⁵⁴⁶

- 6.32 In *OAG 2014*, the Auditor General recommended the creation of an overarching implementation plan for the state’s suicide prevention strategy.⁵⁴⁷ The *Ombudsman 2014* report recommended developing differentiated strategies for the four groups of young people identified in that report.⁵⁴⁸

Adequacy of government action in relation to suicide prevention strategies

- 6.33 Consistent with recommendations in *CCYP 2011*, *Stokes Review* and the *ECU Review*, both the MHA&OD Plan and the Suicide Prevention 2020 strategy have a specific focus on youth and Aboriginal people.⁵⁴⁹ Aboriginal people, youth and those living in rural and remote regions are all identified as a ‘specific population’ in *Mental Health 2020*.⁵⁵⁰ In particular, the Commissioner for Children and Young People saw the inclusion of specific actions for children and young people and the development of a Youth Engagement Strategy as a significant development in the *Suicide Prevention 2020*.⁵⁵¹
- 6.34 Lifeline noted that the CAPs introduced under the OneLife Strategy had positively addressed the need for a community centred approach, while *Suicide Prevention 2020*

543 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendations 1, 8, 10, pp54, 62, 191.

544 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendation 8.10.1, p18.

545 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 17 p72.

546 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 52, p1280.

547 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, Recommendation 1.2, p8.

548 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, Recommendation 1, p17.

549 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 3, p1.

550 Mental Health Commission, *Mental Health 2020: Making it personal and everybody’s business*, Government of Western Australia, Western Australia, October 2011, p26.

551 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p17.

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embedded the community based policy and community information suicide prevention programs.⁵⁵²

- 6.35 To guide actions under Suicide Prevention 2020, an Implementation Plan, Aboriginal Implementation Plan and Youth Engagement Strategy have been developed but are not publicly available. Without the benefit of seeing these additional plans and strategy, Suicide Prevention 2020 appears to lack the comprehensiveness of approach to mental health and wellbeing of Aboriginal people and children and young people.⁵⁵³
- 6.36 The MHC indicated that it consulted with Aboriginal communities across the state during 2015 “to discuss the ways in which the views of Aboriginal communities and leaders can be aligned with Suicide Prevention 2020.”⁵⁵⁴ As the Aboriginal Implementation Plan will not be made public, it is unclear the extent to which this plan incorporates the outcomes of the consultation process. Clearly unaware of the internal nature of these documents, submissions have recommended that the Western Australian Government urgently fast-track the Aboriginal Implementation Plan and the Youth Engagement Strategy, demonstrating the importance of this plan and strategy, and the interest in it being made publicly available.⁵⁵⁵
- 6.37 The Committee was also concerned about some of the phrasing in the MHC’s written response to questions. The MHC indicated that it is the views of Aboriginal communities and leaders which are being ‘aligned’ with Suicide Prevention 2020, rather than the other way around. Perhaps just a poor turn of phrase, this approach appears to follow in the footsteps of many preceding government policies which have not improved the lives of Aboriginal people. Attempts to force a general population model to fit Aboriginal communities suggests a failure to listen to Aboriginal voices, despite the evidence in this report that meaningfully addressing the suicide crisis will require much greater Aboriginal involvement and empowerment.
- 6.38 While the MHC says that it accepts the *Ombudsman 2014* report recommendation to develop differentiated strategies, it also states that Suicide Prevention 2020 does not address the four groups separately, preferring a risk-based approach.⁵⁵⁶

552 Submission No. 17 from Lifeline WA, 13 May 2016, pp2-3.

553 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 9, p63.

554 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 1, p1.

555 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p1.

556 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 2, p1.

Recommendation 22

That the Mental Health Commission immediately make publicly available the *Suicide Prevention 2020: Together we can save lives* Implementation Plan, Aboriginal Implementation Plan and Youth Engagement Strategy.

What previous inquiries have said about evaluating strategies

- 6.39 In 2010, the former Education and Health Standing Committee recommended that the MHC should report annually on its evaluation of the success of the OneLife Strategy.⁵⁵⁷ Both the *OAG 2014* and the *ECU Review* when reviewing the previous state suicide prevention strategy recommended that ongoing evaluation of the strategy was important to assess its effectiveness.⁵⁵⁸ In particular, the *ECU Review* recommended that an Aboriginal evaluation group be established to test strategies applied.⁵⁵⁹
- 6.40 Nationally, *The Hidden Toll* recommended that the NSPS should be evaluated to assess the benefits of a new governance and accountability structure external to the government.⁵⁶⁰
- 6.41 In 2014 the *NMHC Program Review* of mental health programs and services across the country found there was a “hit-and-miss arrangement of services and programmes across the country, seemingly based on no discernible strategy, creating duplication in some areas and considerable unmet need in others.”⁵⁶¹

Adequacy of government action in relation to evaluating strategies

- 6.42 Ongoing evaluation of suicide prevention strategies is necessary to understand if a strategy is achieving its intended outcomes and, if not, to inform ways a strategy can be changed to improve effectiveness.
- 6.43 The recommendation of the former Education and Health Standing Committee to report annually on the evaluation of the suicide prevention strategy was merely noted

557 Education and Health Standing Committee (38th Parliament), *Destined to Fail: Western Australia's Health System*, Report No. 6, Parliament of Western Australia, Perth, May 2010, Recommendation 71, p357.

558 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 4, p1248; Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, Recommendation 1, p8.

559 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 51, p1279.

560 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 38, p143.

561 National Mental Health Commission, *Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services Summary*, National Mental Health Commission, Sydney, November 2014, p15.

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as the annual reporting indicators had not yet been finalised,⁵⁶² despite this government report being prepared in August 2010 and the OneLife Strategy being released in September 2009, some 11 months earlier. This indicates a lack of understanding of the importance of the ongoing evaluation of a strategy. The Committee thinks that evaluation mechanisms should be built into the strategy, rather than being developed some time after it commences.

- 6.44 The MHC advised the Committee that a plan had been developed to guide evaluation of individual initiatives and the Suicide Prevention 2020 strategy as a whole. A dedicated evaluation officer was in the process of being recruited at the time of MHC's submission, and an external Evaluation Reference Group was being created to further advise the MHC.⁵⁶³ Although the Committee supports ongoing evaluation of Suicide Prevention 2020, it questions the independence of an internal evaluation officer.
- 6.45 As discussed in greater detail in Chapter 5, the involvement of Aboriginal people in all aspects of strategy design, delivery and evaluation is important to ensure that strategies are appropriate and effective for Aboriginal people. When responding to the recommendation for an Aboriginal evaluation group, the MHC was silent on whether there would be any Aboriginal people sitting on the Evaluation Reference Group, or whether a separate Aboriginal evaluation group would be established.⁵⁶⁴
- 6.46 The recommendation from *The Hidden Toll* was simply noted as a 2009 study of suicide prevention strategies found that Australia's approach is effective by international comparisons.⁵⁶⁵ However, after the *NMHC Program Review*, the Commonwealth Government implemented NSPS 2015, with the prevention of Aboriginal suicide stated as one of four critical components.⁵⁶⁶

Finding 22

Aboriginal people should be involved in all aspects of strategy development, delivery and evaluation.

562 Department of Health, *Response to the Recommendations of the Education and Health Standing Committee Report "Destined to Fail: Western Australia's Health System"*, Government of Western Australia, Perth, August 2010, p31.

563 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 1, p1.

564 *ibid.*, Attachment 3, p2.

565 Australian Government, *Commonwealth Response to The Hidden Toll: Suicide in Australia, Report of the Senate Community Affairs Reference Committee*, Australian Government, Canberra, November 2010.

566 Department of Health, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Australian Government, Canberra, November 2015, p17.

Recommendation 23

That the Mental Health Commission should evaluate the success of *Suicide Prevention 2020: Together we can save lives*, and report on the outcomes of its evaluations at least annually, including how progress is being measured and what changes in approach have been made based on evaluation findings.

Recommendation 24

That the Evaluation Reference Group should include at least one Aboriginal member and should engage with Aboriginal communities as part of its ongoing evaluative role.

Suicide Prevention 2020 does not appropriately cater for Aboriginal people

- 6.47 The Kimberley Aboriginal Law and Culture Centre (KALACC) argues that existing Western Australian Government suicide prevention strategies have failed, evidenced by the doubling of the suicide rate in the Kimberley.⁵⁶⁷ It says that Suicide Prevention 2020 is a generic, whole of community approach that does not adequately address “the needs and aspirations of Aboriginal communities”.⁵⁶⁸
- 6.48 Suicide Prevention 2020 recognises that the biggest risk factor for suicide and self-harm is having a mental illness,⁵⁶⁹ which as earlier chapters of this report set out, is not considered to be the case for Aboriginal people. Most suicide prevention strategies based on non-Aboriginal concepts of health and wellbeing are ineffective and possibly detrimental when attempted to be applied to Aboriginal people.⁵⁷⁰ The submission from Griffith University Law School Students noted:

*Many mainstream suicide preventative strategies, on the other hand, are designed according to standard mental health principles that ‘focus on the pathology of the individual’. These programs often fail to address the range of ‘social, political, economic, socio-historical, sociopolitical and geographic’ factors that impact quality of life and the effects of intergenerational trauma that contribute to Indigenous youth suicide. Evidence suggests that these programs may be detrimental to Indigenous wellbeing.*⁵⁷¹

- 6.49 Similarly, the work of Michael Chandler notes:

567 Submission No. 1 from Kimberley Aboriginal Law and Culture Centre (KALACC), 20 March 2016, p3.

568 Submission No. 8 from KALACC, 9 May 2016, pp6, 19, 20.

569 Mental Health Commission, *Suicide Prevention 2020: Together We Can Save Lives*, Government of Western Australia, Perth, 2015, p16.

570 Submission No. 21 from Youth Focus, 20 May 2016, p2.

571 Submission No. 13 from Griffith Law School Students, 13 May 2016, pp3-4.

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*[a] far reaching consequence of attempting to paint the whole of the Indigenous world with the same broad and indiscriminant brush is that doing so promotes the dangerously mistaken assumption that it is reasonable to imagine arriving at some ideal, one-size-fits-all intervention approach; some nation- or province-wide suicide prevention strategy that lends itself to being universally put in place.*⁵⁷²

- 6.50 KALACC argues that the things most central to Aboriginal communities, as identified in the *ATSISPEP Kimberley Roundtable Report*, were not central to the authors of *Suicide Prevention 2020*.⁵⁷³ In responding to the Committee's term of reference about "the gaps in strategies and services available to reduce Aboriginal youth suicide in remote areas" KALACC said:

*there first and foremost needs to be a recognition that current State Government processes, policies and strategies are not predicated upon the centrality of culturally based social and emotional wellbeing programs. Governments invariably look to their own mechanisms, rather than looking to the community for solutions. What is the State Government agency responsible for Aboriginal social and emotional wellbeing? The clear answer is that there is no such agency. And, because there is no such agency, Government continually gets it wrong and continually fails to invest in the most important things to reduce Aboriginal suicide.*⁵⁷⁴

- 6.51 While KALACC acknowledges that *Suicide Prevention 2020* provides "a closer degree of policy alignment with the needs and aspirations of Aboriginal communities than earlier Government policies did",⁵⁷⁵ it is pessimistic about the ability of the strategy to address the complex and multi-faceted needs of communities, saying "Governments do what Governments always do – they look for a Government agency response."⁵⁷⁶
- 6.52 KALACC recommends that a specific Aboriginal suicide prevention strategy should be developed to sit alongside the generic *Suicide Prevention 2020*.⁵⁷⁷ The 2001 *Working Together: Recommendations for across government and inter-sectoral universal prevention initiatives to promote well-being and resilience and to reduce self-harm and suicide among Aboriginal youth (Working Together 2001)* prepared by the Aboriginal Suicide Prevention Steering Committee provided an outline of an Aboriginal Suicide

572 Chandler, M.J. and Dunlop, W.L., 'Cultural wounds require cultural medicines', p8. Available at: <http://www.aph.gov.au/DocumentStore.ashx?id=6a2c2d4c-3ac5-4c68-94f3-a8cda44fb8b1&subId=205836>. Accessed on 10 November 2016.

573 Submission No. 8 from KALACC, 9 May 2016, p2.

574 *ibid.*

575 *ibid.*, p19.

576 *ibid.*, p20.

577 *ibid.*, p6.

Prevention Strategy which continues to be of relevance today, particularly as most of the recommendations contained in it were never acted upon.⁵⁷⁸ These comments reinforce the Committee's recommendation to make the Suicide Prevention 2020 Aboriginal Implementation Plan publicly available.

- 6.53 The submission from the Aboriginal Health Council of Western Australia (AHCWA) and the Youth Affairs Council of Western Australia also states that Suicide Prevention 2020 fails to adequately address Aboriginal, and in particular Aboriginal youth, suicide.⁵⁷⁹ It suggests that an Aboriginal youth suicide strategy be developed to address the "specific complex and interrelated risk factors experienced by this population."⁵⁸⁰ In particular, it notes the significant challenges in providing services to remote areas; these difficulties are not reflected in current strategies.⁵⁸¹ Above all, strategies need to be culturally based and engage with Aboriginal people.⁵⁸²

*Unless the state, and perhaps the government, lead a process that engages Aboriginal communities and other sectors to say, "We are not only going to have a task force; we are going to give it all the resources it needs to make a difference and we are going to track and we are going to hold ourselves to account", I think we are going to be fiddling around the edges.*⁵⁸³

- 6.54 A number of submissions suggest that a combination of approaches are required, including further specialisation empowering Aboriginal people to develop localised strategies for their own communities.⁵⁸⁴

*Reducing the Aboriginal youth suicide rate in WA is likely to require a mix of strategies targeted to the whole WA population, as well as those specifically tailored for young Aboriginal people.*⁵⁸⁵

- 6.55 The Kimberley Aboriginal Health Planning Forum has prepared its own suicide position paper to guide its work. It states:

578 Submission No. 8 from KALACC, 9 May 2016, pp6, 5.

579 Submission No. 23 from Aboriginal Health Council of Western Australia (AHCWA) and Youth Affairs Council of Western Australia (YACWA), 20 May 2016, p17.

580 *ibid.*, p18.

581 *ibid.*, p24.

582 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, pp7, 8.

583 Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p19.

584 Submission No. 14 from Beyond Blue, 13 May 2016, p3; Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, *Transcript of Evidence*, 10 June 2016, pp4-5.

585 Submission No. 14 from Beyond Blue, 13 May 2016, p11.

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*As the Kimberley suicide situation is different from that in most other parts of Australia, nationally-framed solutions identified in national or whole-of-WA suicide strategies will not necessarily work. Local solutions are required which address the underlying causes of Kimberley suicide.*⁵⁸⁶

- 6.56 The risk, of course, with developing more strategies, of which there already seems to be an inordinate number, is fragmentation and overlap.⁵⁸⁷ A clear structure is needed to ensure plans are implemented in a coordinated, effective and efficient manner.⁵⁸⁸

Finding 23

Suicide Prevention 2020: Together we can save lives is a generic suicide prevention strategy which does not specifically address the needs of Aboriginal communities.

The importance of effective governance

- 6.57 This Committee has previously emphasised the importance of a rigorous governance structure to oversee complex projects. In its report *More than Bricks and Mortar* it defined governance as:

*Governance is the process by which organisations are led and are held to account. It is a catch-all phrase that encompasses how decisions are made, communicated, implemented, monitored and assessed. Ideally, good governance will provide strategic direction, ensure objectives are achieved, risks are managed and resources are used effectively. Elements of good governance include clear decision-making frameworks, effective communications mechanisms and appropriate skills and capacities, such as financial management. The nature and complexity of governance arrangement must reflect the scope and size of the project being undertaken.*⁵⁸⁹

- 6.58 The Committee found that the Fiona Stanley Hospital commissioning project had poor governance for much of its life, which led to a lack of visibility and coordination across the project, making “it almost impossible to gain an accurate picture”⁵⁹⁰ of the project’s status. Although a different context, the lack of a clear governance structure

586 Submission No. 32 from headspace Broome, 20 May 2016, p3.

587 Submission No. 14 from Beyond Blue, 13 May 2016, p19.

588 *ibid.*

589 Education and Health Standing Committee (39th Parliament), *More than Bricks and Mortar: The report of the inquiry into the organisational response within the Department of Health to the challenges associated with commissioning the Fiona Stanley Hospital*, Report No. 2, Parliament of Western Australia, Perth, April 2014, p17.

590 *ibid.*, p28.

in responding to the issue of Aboriginal youth suicide, and Aboriginal disadvantage more broadly, has contributed to the current ineffective and inefficient response.

- 6.59 It is a necessity for the Western Australian Government to provide strong and effective governance to address the complex, multi-factorial and interrelated contributing factors which lead to Aboriginal youth suicide. “Good governance is essential if risks are to be identified and appropriately managed.”⁵⁹¹ This section discusses suicide prevention governance from the government’s perspective. Empowering Aboriginal communities is also essential and has been discussed in Chapter 5.

Suicide prevention governance nationally

- 6.60 The Commonwealth Department of Health has primary responsibility for suicide prevention and implementing the NSPS,⁵⁹² and is leading the mental health reforms currently being implemented,⁵⁹³ including the introduction of NSPS 2015. It is supported by the Advisory Group for Suicide Prevention, which first met in June 2016, which provides advice and support for suicide prevention policy by identifying priorities and promoting action.⁵⁹⁴ Given the outcomes of the *NMHC Programs Review*, the previous governance structure of NSPS was clearly ineffective.
- 6.61 From 1 July 2016, regional PHNs are tasked with commissioning regionally appropriate suicide prevention activities.⁵⁹⁵ The government’s response to the *NMHC Program Review* notes “the Government will work with PHNs to develop new strengthened governance and accountability arrangements.”⁵⁹⁶ However, it is not clear what these governance and accountability arrangements are or will be.
- 6.62 The below flow chart describes the governance structure of the NATSISP Strategy. The Council of Australian Governments and the Fourth National Mental Health Plan provide overarching governance. It also incorporates the relationship between broader social

591 Education and Health Standing Committee (39th Parliament), *Managing the transition? The report of the inquiry into the transition and operation of services at Fiona Stanley Hospital*, Report No. 6, Parliament of Western Australia, Perth, November 2015, p7.

592 Australian Government, *Commonwealth Response to The Hidden Toll: Suicide in Australia, Report of the Senate Community Affairs Reference Committee*, Australian Government, Canberra, November 2010, p9.

593 Department of Health, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Australian Government, Canberra, November 2015, p3.

594 National Mental Health Commission, *New suicide prevention advisory group*, 28 September 2016. Available at: <http://www.mentalhealthcommission.gov.au/media-centre/news/new-suicide-prevention-advisory-group.aspx>. Accessed on 17 October 2016.

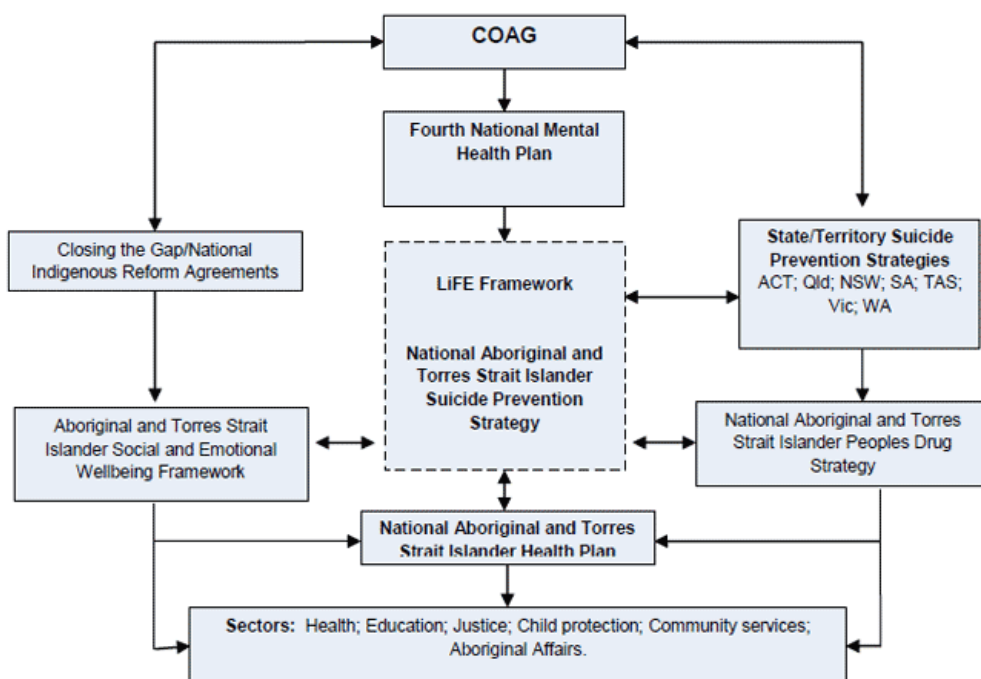
595 Department of Health, *National suicide prevention strategy*, 25 May 2016. Available at: <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-nsps>. Accessed on 11 October 2016.

596 Department of Health, *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programmes and Services*, Australian Government, Canberra, November 2015, p12.

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determinations such as physical health, education, justice, child protection, community services and Aboriginal affairs.⁵⁹⁷

Diagram 6.1: Governance structure of the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy



Source: Commonwealth Department of Health, 'Social and emotional wellbeing', 2013, Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-soc>. Accessed on 10 October 2016.

- 6.63 The Fourth National Mental Health Plan provides a “framework to develop a system of care that is able to intervene early and provide integrated services across health and social domains, and provides guidance to government in considering future funding priorities for mental health” but is fairly vague in its description of governance arrangement, merely stating that these will be required but not specifying what they are or will be.⁵⁹⁸ Following the *NMHC Programs Review*, a new Fifth National Mental Health Plan will be developed to ensure a smooth rollout of the reforms.⁵⁹⁹

597 Department of Health, *Social and Emotional Wellbeing*, 2013. Available at: <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-natsisps-strat-toc~mental-natsisps-strat-1~mental-natsisps-strat-1-soc>. Accessed on 10 October 2016.

598 Department of Health, *Fourth national mental health plan: an agenda for collaborative government action in mental health 2009 – 2014*, Australian Government, Canberra, 2009, pp10, 28.

599 Turnbull, M., (Prime Minister) and Ley, S., (Minister for Health), *A new blueprint for mental health services*, Media Statement, Australian Government, Canberra, 26 November 2015.

- 6.64 The NATSISP Strategy highlights the need to develop a governance structure to support the coordination of suicide prevention nationally and across states and territories, but does not specify what this would look like. The NATSISP Strategy states that risks in each phase of a child and young person’s development should be the primary focus of those agencies responsible for the services that are most relevant to that stage of development.⁶⁰⁰
- 6.65 As mentioned above, funds allocated for the implementation of the NATSISP Strategy remain quarantined. Therefore the strategy hasn’t been actioned and no governance structure appears to be in place. However, guidance for PHNs produced by the Commonwealth Department of Health specifically identifies each PHN’s integral role in Aboriginal suicide prevention in accordance with the NATSISP Strategy.⁶⁰¹
- 6.66 Established in 2012, the NMHC’s role is to “provide independent reports and advice to the community and government on what’s working and what’s not.”⁶⁰² It states that it takes a ‘leadership role’ to drive change in mental health across all areas of government,⁶⁰³ and provides an important check and balance on the Commonwealth Department of Health’s implementation of NSPS.

Recommendation 25

That the Western Australian Government urge the Commonwealth Government to now release the funds for the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy.

Western Australia’s suicide prevention governance

- 6.67 OneLife was led by the Ministerial Council for Suicide Prevention (MCSP), an advisory body to the Western Australian Minister for Mental Health.⁶⁰⁴ Non-government organisation Centrecare was contracted to lead government, non-government, and private agencies’ responses within individual communities. This is diagrammatically represented as:

600 Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Australian Government, Canberra, May 2013, p17.

601 Department of Health, ‘Regional Approach to Suicide Prevention: PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance’, p5. Available at: [https://www.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/\\$File/5PHN%20Guidance%20-%20Regional%20approach%20to%20suicide%20prevention.PDF](https://www.health.gov.au/internet/main/publishing.nsf/Content/2126B045A8DA90FDCA257F6500018260/$File/5PHN%20Guidance%20-%20Regional%20approach%20to%20suicide%20prevention.PDF). Accessed on 11 October 2016.

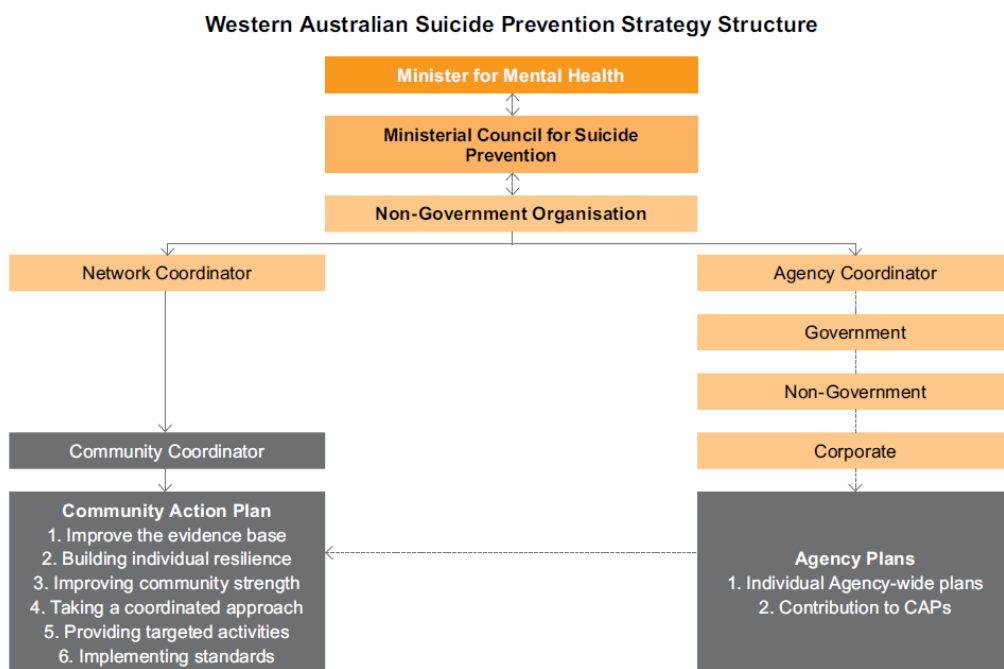
602 National Mental Health Commission, *About Us*. Available at: <http://www.mentalhealthcommission.gov.au/about-us.aspx>. Accessed on 17 October 2016.

603 *Ibid.*

604 Submission No. 70 from Ministerial Council for Suicide Prevention to Senate Community Affairs References Committee inquiry into suicide in Australia, 18 November 2009, p1. Available at: http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Completed_inquiries/2008-10/suicide/submissions/sublist. Accessed on 8 November 2016.

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Diagram 2.2: Governance structure of Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody's Business



Source: Department of Health, *Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody's Business*, Department of Health, Perth, 2009, p7.

- 6.68 Upon review of the OneLife Strategy in 2014 in *OAG 2014*, the Auditor General found that “governance arrangements were unclear and inefficient.”⁶⁰⁵ He recommended that the governance structure be reviewed and the roles and responsibilities of all parties be clearly defined.⁶⁰⁶ The *ECU Review* recommended that policies should be developed which address all core activities and clearly delineate the roles and requirements of the MCSP, Centrecare and other organisations involved.⁶⁰⁷ It also recommended that the number of organisational ‘layers’ within the strategy should be reduced, and that MHC should facilitate the strategy, given ultimate decision making lay with the MCSP.⁶⁰⁸
- 6.69 The MHC was established in March 2010, assuming responsibility for mental health matters which had previously rested with the Department of Health (WA Health).⁶⁰⁹ In responding to the Auditor General’s recommendation, the MHC stated that improved

605 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p4.

606 *ibid.*, p8.

607 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 5, p1254.

608 *ibid.*, Recommendation 8, p1255.

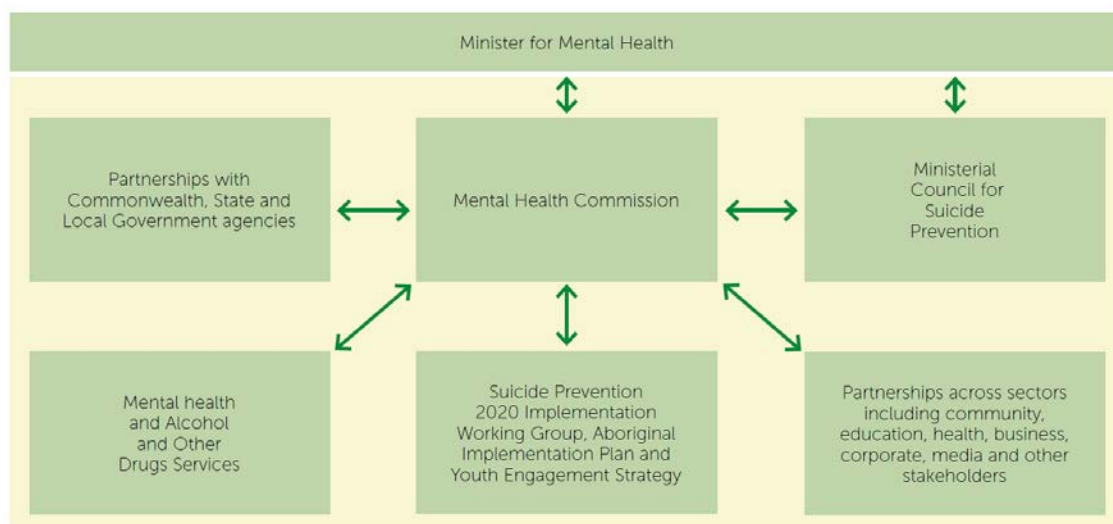
609 Jacobs, G., (Minister for Water; Mental Health), *Appointment of Acting Commissioner for Mental Health*, Media Statement, Government of Western Australia, Perth, 4 March 2010.

governance was a priority, with dedicated suicide prevention staff within MHC overseeing the strategy.⁶¹⁰ The role of the MCSP was to be clarified through updated Terms of Reference.

6.70 The Committee wrote to the MHC seeking an update as to their progress in implementing this recommendation. The MHC advised the Committee that the “MCSP is responsible for general oversight of the implementation of Suicide Prevention 2020” while the MHC “is responsible for all operational aspects of implementing individual action items.”⁶¹¹ This governance structure is supported by a dedicated Project Governance and Assurance Officer within MHC’s suicide prevention team.⁶¹² Further, the MCSP’s role had been reviewed and its terms of reference updated.

6.71 As set out in the MHC’s current strategy, Suicide Prevention 2020, this new governance structure is:

Diagram 2.3: Governance structure of Western Australia’s Suicide Prevention 2020: Together we can save lives strategy



Source: Mental Health Commission, *Suicide Prevention 2020: Together we can save lives*, Government of Western Australia, Perth, 2015, p45.

6.72 Limited information is publicly available about the MCSP. Currently, the MCSP has two members who identify as Aboriginal and Torres Strait Islander respectively.⁶¹³ The outcomes of the MCSP’s April 2015 review of its role and functioning are unknown to the Committee, and its ‘updated terms of reference’ are unclear.

610 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p9.

611 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 1, p2.

612 *ibid.*

613 Mental Health Commissioner, *Ministerial Council for Suicide Prevention*. Available at: <http://www.onelifewa.com.au>. Accessed on 5 October 2015.

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- 6.73 In 2001, the Auditor General released *Life Matters: Management of Deliberate Self-Harm in Young People* which recommended that agencies need to develop implementation plans consistent with Western Australia's suicide prevention strategy, with clear timelines, resource allocations and an evaluation strategy.⁶¹⁴ Given the complex mix of risk factors which contribute to an Aboriginal person suiciding, and the need for a coordinated cross-agency approach, this recommendation remains particularly relevant.
- 6.74 Suicide Prevention 2020 states that "an interagency implementation plan will be established to map and enhance relevant government and non-government resources, programs and responsibilities in suicide prevention across the state."⁶¹⁵ To assist with coordinated and effective implementation, a Suicide Prevention Implementation Working Group will be established.⁶¹⁶
- 6.75 The governance structure in relation to Aboriginal suicide prevention is also unclear. Suicide Prevention 2020 highlights Aboriginal people as a particularly high risk group; its governance structure, if there is one, is not publicly known.
- 6.76 The MHC, in its submission to the Inquiry, referenced a newly established Interagency Executive Committee, and an initial meeting with the Directors General (or their representatives) of the Department of Aboriginal Affairs (DAA), WA Health, Department of Education, Department for Child Protection and Family Support, and the Department of Housing. The specific role of this Committee is unclear, however, at a hearing with the Committee the Director General of the DAA was unfamiliar with this Committee. The Committee found this concerning as:
- It is crucial... that roles and responsibilities of each level of government and each stakeholder involved in suicide prevention are clearly articulated.*⁶¹⁷
- 6.77 Despite the obvious importance of a clear delineation of roles between the Western Australian and Commonwealth Governments, the Committee is not aware of the intergovernmental governance structure. The Commonwealth Department of Health noted that the renewed approach to suicide prevention was being led by PHNs in partnership with states, amongst other organisations.⁶¹⁸ The WA Primary Health Alliance noted in their submission that the WA Country PHN and the MHC are "working

614 Western Australian Auditor General, *Life Matters: Management of Deliberate Self-Harm in Young People*, Report No. 11, Office of the Auditor General, Perth, November 2001, p44.

615 Mental Health Commission, *Suicide Prevention 2020: Together we can save lives*, Government of Western Australia, Perth, 2015, p45.

616 *ibid.*

617 Submission No. 14 from Beyond Blue, 13 May 2016, p16.

618 Submission No. 45 from Australian Department of Health, September 2016, p10.

closely to align their approaches to suicide prevention in remote areas”⁶¹⁹ and the MHC made similar comments.⁶²⁰

- 6.78 Previous recommendations note the lack of an effective governance structure at both Federal and State levels, and limited information has been provided to the Committee suggesting that these recommendations have been addressed. As such, the Committee does not have a lot of confidence that an effective governance structure is currently in place. Particularly given the overlapping nature of Commonwealth and Western Australian suicide prevention approaches, the Committee reiterates the need for an effective governance structure so that this issue can be appropriately addressed.

Finding 24

The current governance structures for suicide prevention both nationally and in Western Australia are unclear and roles and responsibilities ill-defined.

Recommendation 26

That the Mental Health Commission, as a matter of priority, works with the WA Primary Health Alliance and other stakeholders to establish clear roles and responsibilities for approaching Aboriginal suicide prevention in Western Australia.

619 Submission No. 19 from WA Primary Health Alliance, 13 May 2016, p5.

620 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 1, p2.

Chapter 7

Collaboration and Coordination

Addressing the many, varied and interrelated risk factors contributing to Aboriginal youth suicide requires a coordinated and collaborative whole-of-government approach. The current structure of government prohibits effective collaboration and coordination, resulting in service duplication and a lack of integration. Barriers to information sharing, both real and perceived, must be overcome to improve effectiveness. Sharing data and improving the evidence base will make a collaborative approach more effective.

The need for clear leadership has been recommended repeatedly, yet ineffectively actioned. There is no one lead agency or authority responsible for the wellbeing of Aboriginal people. Without clear and responsible leadership, there is a lack of accountability for poor outcomes. A lead agency, with sufficient authority and power, is needed to drive the necessary change in approach to respond to the ongoing high levels of disadvantage.

Addressing the interrelated risk factors

- 7.1 The significant number of interrelated risk factors contributing to Aboriginal youth suicide requires a collaborative and coordinated approach from a variety of Western Australian Government agencies. Further, the Western Australian Government as a whole must coordinate its approach with the Commonwealth Government and non-government organisations which provide services.

*Working in collaboration with local communities, governments need to adopt an explicit focus on multi-sectoral action, which recognises that responsibility for mental health is across multiple portfolios – including education, employment, housing and justice – and a cross-sector rather than a health-service centric approach is likely to be more successful. Action (or inaction) in one portfolio can influence outcomes in others. It is therefore important to ensure synergy and identify opportunities to improve the efficiency and effectiveness of programs and services between different portfolios as well as between different levels of government.*⁶²¹

- 7.2 The current poor outcomes for Aboriginal people are regularly attributed to a “lack of leadership, coordination and accountability between various government departments

621 Submission No. 14 from Beyond Blue, 13 May 2016, p16.

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and levels of government.”⁶²² A renewed focus on “good governance, collaboration, integration and accountability is necessary.”⁶²³ The Commissioner for Children and Young People identified a significant gap and challenge as being:

*Collaboration and coordination between the Commonwealth and State Governments and a comprehensive and integrated approach across and within government to planning and providing the full range of programs and services needed to maintain and improve the mental health and wellbeing of WA children and young people.*⁶²⁴

- 7.3 Most importantly, for there to be any chance of improving the overwhelming disadvantage suffered by Aboriginal people, the Western Australian Government must collaborate and coordinate efforts with Aboriginal people and communities to ensure that the services delivered are the services needed by and suitable for particular communities.

*Mainstream agencies need to work in collaboration with Aboriginal community controlled health organisations and community based service providers, peak bodies, schools, research institutes and respected peoples and Elders rather than trying to assume ownership themselves.*⁶²⁵

- 7.4 Sadly, the current situation is hauntingly reminiscent of the findings of the *Gordon Inquiry* which noted that since the development of the *Aboriginal Plan 1993*:

*various reviews, task forces, committees and the like have been set up to inquire into or develop plans and programs for Aboriginal people in this state. What in essence, this Inquiry has found, has been the distinct lack of coordination between government agencies in the consultation, planning and delivery of services to Aboriginal people.*⁶²⁶

- 7.5 The remainder of this chapter discusses the importance of leadership, a whole-of-government response, collaboration and coordination, improving service integration and reducing duplication and information sharing in responding to the interrelated nature of risk factors.

622 Submission No. 14 from Beyond Blue, 13 May 2016, p10.

623 *ibid.*, p16.

624 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p5.

625 Submission No. 14 from Beyond Blue, 13 May 2016, p13.

626 Gordon, S., ‘Chairperson’s foreword’ in Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxviii.

Government leadership

- 7.6 The *Hope Inquiry* found that “[a] major deficiency of the present system appears to be a lack of leadership in the response to problems associated with Aboriginal welfare.”⁶²⁷ It noted, rather pertinently that:

The past governmental approach appears to have been to allow individual departments, such as the Department of Housing and Works and the Department of Child Protection, to address issues related to Aboriginal people of relevance to that department with some degree of high level inter-departmental interaction designed to avoid duplication of resources etc.

*It is inevitable, in my view, that this approach cannot provide a substitute for true leadership. There will always be areas of need which do not clearly fall within the domain of any particular department and others that could fall within the core functions of a number of departments. Unless there is a leader who can dictate how these areas of need will be addressed and funded, there will continue to be ongoing negotiations between departments as to which department is to provide the required service and particularly which department’s budget is to be used to fund that service. Such negotiations are inevitably time consuming and costly.*⁶²⁸

Recommendations of previous inquiries relating to leadership in responding to Aboriginal wellbeing issues

*In simple terms, it appears that Aboriginal welfare, particularly in the Kimberley, constitutes a disaster but no-one is in charge of the disaster response.*⁶²⁹

- 7.7 In 2002, the *Gordon Inquiry* made multiple recommendations relating to creating leadership roles to oversee the coordination of Western Australian Government services for Aboriginal people. Firstly it found that “the allocation of an independent lead coordinator to oversee coordinated service delivery is imperative to its effectiveness.”⁶³⁰ It went on to recommend that a Children’s Commissioner be

627 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p21.

628 *ibid.*, pp26-27.

629 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p23.

630 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 144, 145, p363.

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established, with a Deputy Children's Commissioner responsible for issues relating to Aboriginal children.⁶³¹

- 7.8 *The Report of the Review of the Department of Indigenous Affairs (DIA Review)* recommended the establishment of an advisory council on Aboriginal services, led by Lieutenant General Sanderson,⁶³² whose role would be to advise the government on the provision of services to Aboriginal people and accountability issues.⁶³³
- 7.9 The *Hope Inquiry* recommended that the Western Australian and Commonwealth Governments identify an individual or organisation to lead the effort to improve Aboriginal wellbeing that was sufficiently powerful and resourced to coordinate the response as there was almost a complete lack of leadership in response to "...the disaster of aboriginal health, suicide rates and living conditions."⁶³⁴ A similar recommendation was made a few months later by the Coroner in his report on deaths in the Oombulgurri community.⁶³⁵

Adequacy of government action in relation to leadership

- 7.10 The Western Australian Government's initial response to the *Gordon Inquiry* highlighted its intention to more effectively coordinate government services,⁶³⁶ yet no position or office was created to coordinate change, nor act as an advocate for Aboriginal people.
- 7.11 The Government initially rejected the need for a Children's Commissioner, believing there was already adequate child accountability and advocacy processes.⁶³⁷ However, a parliamentary inquiry established in 2003 went on to recommend that a position was established.⁶³⁸ The position of the Commissioner for Children and Young People was established by legislation in 2006, with the first Commissioner appointed in October

631 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 136, p363.

632 Casey, D., *The Report of the Review of the Department of Indigenous Affairs*, Perth, April 2007, Recommendation 2.1.2.11, p25.

633 *ibid.*, Recommendation 2.1.1.6, p24.

634 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 1, p31.

635 State Coroner for Western Australia, *Coronial Inquest into 5 suicides – Oombulgurri*, Office of the State Coroner, Perth, July 2008, Recommendation 5, p46.

636 Government of Western Australia, *Putting People First: The Western Australian State Government's Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Government of Western Australia, Perth, November 2002, pii.

637 *ibid.*, pp30-31, 72-73.

638 Select Committee on Advocacy for Children (Appointment of A Commissioner for Children) (36th Parliament), *Final Report*, Parliament of Western Australia, Perth, July 2004, p50.

2007.⁶³⁹ The same parliamentary inquiry “rejected the call” for a deputy commissioner for Aboriginal children.⁶⁴⁰

- 7.12 In response to the *DIA Review*, then Premier Hon. Alan Carpenter, MLA announced the creation of the Cabinet Standing Committee on Indigenous Affairs.⁶⁴¹ It, along with the Directors’ General Group on Indigenous Affairs and the Directors’ General Group on Indigenous Affairs Kimberley, was tasked with preparing the “State Plan for Indigenous Affairs, with clearly articulated outcomes regarding engagement, governance mechanisms and standards in Indigenous communities.”⁶⁴² This Cabinet Standing Committee on Indigenous Affairs was short-lived, reference to it last being made in June 2008,⁶⁴³ shortly before the August 2008 state election.
- 7.13 In response to the *DIA Review’s* recommendation for the establishment of an advisory council on Aboriginal services, the Indigenous Implementation Board was announced on 8 January 2009.⁶⁴⁴ Headed by Lieutenant General Sanderson, it only existed for two years in which time it produced three reports.⁶⁴⁵
- 7.14 In response to a request for information from the Committee on progress made with implementing *Hope Inquiry* recommendations, the Department of the Premier and Cabinet (DPC) advised the Committee that the leadership recommendation has now been “addressed”,⁶⁴⁶ with leadership being provided by the Aboriginal Affairs Coordinating Committee (AACC), the Aboriginal Affairs Cabinet Sub-Committee (AACSC) and the Regional Services Reform Unit (RSRU).⁶⁴⁷
- 7.15 The AACC is a legislated body under the *Aboriginal Affairs Planning Authority Act 1972* (AAPA Act); however, its existence has been intermittent. The current AACC was established in 2009 with a focus on “improved and innovative service delivery and

639 *Commissioner for Children and Young People Act 2006* (Western Australia); Ellery, S., (Minister for Child Protection; Communities; Women’s Interests; Seniors and Volunteering), *First independent commissioner appointed to protect the rights of children*, Media Statement, Government of Western Australia, Perth, 23 October 2007.

640 Select Committee on Advocacy for Children (Appointment of A Commissioner for Children) (36th Parliament), *Final Report*, Parliament of Western Australia, Perth, July 2004, p50.

641 Hon. Alan Carpenter, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 30 August 2007, p6.

642 Department of Indigenous Affairs, *Annual Report 2008/09*, Department of Indigenous Affairs, Perth, 2008, p7.

643 Hon. Ljiljana Ravlich, Minister representing the Minister for Indigenous Affairs, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 17 June 2008, p3830b.

644 Hon. Dr K.D. Hames, Deputy Premier, Minister for Health and Indigenous Affairs, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 3 March 2009, p1346b-1350a.

645 Department of Indigenous Affairs, *Annual Report 2010/11*, Department of Indigenous Affairs, Perth, 2011, p39.

646 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p10.

647 *ibid.*, p12.

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greater collaboration between State Government agencies.”⁶⁴⁸ The AACC’s function under the AAPA Act is “to coordinate effectively the activities of all persons and bodies, corporate or otherwise, providing or proposing to provide service and assistance in relation to persons of Aboriginal descent.”⁶⁴⁹ Its membership comprises the Directors General of the Departments of Aboriginal Affairs, Regional Development, Treasury, Premier and Cabinet, Attorney General, Corrective Services, Education, Housing, Training and Workforce Development, Health, Child Protection and Family Support, Culture and the Arts, and Lands. The Police Commissioner and Mental Health Commissioner are also members.⁶⁵⁰

7.16 The AACC met approximately monthly between 2009 and 2011 and every second month in 2012 and 2013.⁶⁵¹ Meeting regularity after that time is unknown to the Committee.

7.17 In April 2013, the AACSC was established. In 2013/14 the AACSC met eight times.⁶⁵² Its role is to set policy direction and drive better coordination across government in Aboriginal affairs.⁶⁵³ At the same time the function of the AACC was expanded to create AACC sub-committees responsible for targeted issues for the purpose of addressing “key sector issues, deliver major reform and drive systematic and cultural change.”⁶⁵⁴ These subcommittees are:

- Aboriginal Education
- Aboriginal Health and Mental Health
- Aboriginal Regional and Remote Communities
- Aboriginal Economic Development and Governance
- Aboriginal Families, Youth and Children.⁶⁵⁵

648 Department of Indigenous Affairs, *Annual Report 2009/10*, Department of Indigenous Affairs, Perth, 2010, p5.

649 *Aboriginal Affairs Planning Authority Act 1972* (Western Australia), s19.

650 Department of Aboriginal Affairs, *Aboriginal Affairs Coordinating Committee*. Available at: <http://www.daa.wa.gov.au/about-the-department/boards/aboriginal-affairs-coordinating-committee/>. Accessed on 18 October 2016.

651 Answer to Question on Notice asked in the 2013/14 Budget Estimates Hearing by Hon. Ljiljana Ravlich and answered by Hon. Peter Collier, *Parliamentary Debates* (Hansard), 24 September 2013, Supplementary Information No C1.

652 Department of Indigenous Affairs, *Annual Report 2013/14*, Department of Indigenous Affairs, Perth, 2014, p37.

653 Department of Aboriginal Affairs, *Aboriginal Affairs Cabinet Sub-Committee*. Available at: <http://www.daa.wa.gov.au/about-the-department/boards/Aboriginal-Affairs-Cabinet-Sub-Committee/>. Accessed on 5 October 2016.

654 *ibid.*

655 Department of Indigenous Affairs, *Annual Report 2013/14*, Department Indigenous Affairs, Perth, 2014, p38.

- 7.18 Despite the DPC's assertion that the AACSC and the AACC lead policy development and coordination for Aboriginal affairs in Western Australia, there is no clear governance structure nor published plan for developing policy and providing services to Aboriginal people. The Committee believes that effective coordination requires day to day dedicated attention which cannot be successfully given by the Directors General of Western Australian government agencies who each have significant portfolios and other issues demanding their attention.
- 7.19 With respect to the leadership role of the RSRU, the Regional Services Reforms (RSR) are led by the Minister for Child Protection and the Minister for Regional Development, with support from the AACSC and AACC. There are also strategic regional advisory councils, and district leadership groups.⁶⁵⁶ Although the RSRU's guiding document *Resilient Families, Strong Communities – A roadmap for regional and remote Aboriginal communities* (RSR Roadmap) sets out that there is a strong governance structure, the roles of each of these bodies are not publicly specified.

Finding 25

Despite a multitude of previous reports emphasising the importance of leadership, the current leadership structure for responding to issues affecting Aboriginal wellbeing lacks effectiveness.

Finding 26

An inadequate leadership structure has meant that no one body is responsible for addressing the interrelated risk factors contributing to high rates of Aboriginal youth suicide. This overall lack of leadership has contributed to worsening suicide rates.

The Department of Aboriginal Affairs does not have the necessary authority to take on a leadership role in improving the wellbeing of Aboriginal people as a whole

- 7.20 Although the name 'Department of Aboriginal Affairs' (DAA) may lead one to think that it is the agency responsible for government policy affecting Aboriginal people in Western Australia, this is not the case. The DAA actually has a fairly limited mandated role, focusing on four areas – "Aboriginal heritage, Aboriginal lands, community development and accountable government."⁶⁵⁷ This current limited responsibility appears to have been guided by the 2007 *DIA Review*.⁶⁵⁸
- 7.21 The *DIA Review* highlighted the significant confusion about the then Department of Indigenous Affairs' (DIA) coordination function, with some government agencies

656 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p39.

657 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, p1.

658 Casey, D., *The Report of the Review of the Department of Indigenous Affairs*, Perth, April 2007, pp25, 28.

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assuming DIA's coordination function was broader than it actually was, some expecting DIA to act as a conduit, and others abrogating their responsibilities entirely.⁶⁵⁹ Other agencies had little respect for the DIA's coordination role as they felt they had the expertise to develop appropriate policies for Aboriginal people.⁶⁶⁰ The allocation of responsibility for strategy development to other agencies indicated a lack of confidence in the DIA.⁶⁶¹

- 7.22 The *DIA Review* recommended a fundamental shift in the way Aboriginal affairs were managed in Western Australia. A focus was placed on the need to ensure all government agencies were accountable for the outcomes of programs and services for Western Australia's Aboriginal people.⁶⁶² Whole-of-government policy and planning was recommended to be moved away from the DIA to other agencies, leaving the DIA with no coordination role, except in its narrowly defined operational areas.⁶⁶³
- 7.23 No formal government response was made to these recommendations; however, then Premier Hon. Alan Carpenter, MLA outlined the government's response to Parliament in August 2007. He announced a restructure of the DIA to focus on land, heritage and culture, and on developing Aboriginal policy, in particular economic development.⁶⁶⁴ His aim was to give the department "some grunt".
- 7.24 However, some six months later, the *Hope Inquiry* said that the DIA "is not, and never has been, capable of providing leadership in addressing the major problems facing Aboriginal people in the Kimberley."⁶⁶⁵ It went on to recommend that, if the government proposed that the DIA take on the leadership role, it needed a leadership structure that commanded the respect of other agencies and Aboriginal people, with appropriate powers to monitor other agencies' performance and give direction to those agencies in respect of Aboriginal affairs, and sufficient resources.⁶⁶⁶ Not doing so would only set the DIA up to fail yet again.⁶⁶⁷
- 7.25 Although the then Minister for Indigenous Affairs, the Hon. Michelle Roberts, MLA, publicly asserted that she and DIA were responsible for leading the response to the

659 Casey, D., *The Report of the Review of the Department of Indigenous Affairs*, Perth, April 2007, p15.

660 *ibid.*

661 *ibid.*

662 *ibid.*, p16.

663 *ibid.*, Recommendations 2.1.1.7, 2.1.1.9 and 2.4.1, p15.

664 Hon. Alan Carpenter, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 30 August 2007, p6.

665 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p11.

666 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 7, p52.

667 *ibid.*, p52.

Hope Inquiry,⁶⁶⁸ the government response states that it was the Cabinet Standing Committee on Indigenous Affairs which was “to provide leadership and accountability in service delivery to government in Indigenous Affairs.”⁶⁶⁹

- 7.26 In 2008, a former Education and Health Standing Committee recommended that further measures “need to be adopted by government to ensure that DIA gains the necessary authority and credibility... to provide high level coordination of all State agencies in delivering an energetic whole of state government policy agenda in Indigenous affairs.”⁶⁷⁰ In response, the government noted a restructure of the DIA to establish the agency as a key leader in the portfolio.⁶⁷¹ The *Hope Inquiry* had already commented on this ‘restructure’ saying:

*If this proposed change is to be effective, it is important that a great deal more is done in respect of the structuring of the Department other than simply dividing it into parts. If more than mere lip service to the recommendations of the Casey Report is to be done, substantial changes must take place.*⁶⁷²

- 7.27 When the Director General of DAA appeared before the Committee as part of this Inquiry, he confirmed that DAA do not currently have sufficient authority to lead the response to improving the wellbeing of Aboriginal people.⁶⁷³ He agreed “that there should be an agency that has the number one responsibility” and, although it could be the DAA, it was not.⁶⁷⁴
- 7.28 Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute (TKI) spoke about the role of the DAA:

*What it does not have, I think, is the overarching power and authority executed in the way that it has influence on the budgets of others. I think it could if it was given that authority.*⁶⁷⁵

668 Department of Indigenous Affairs, *The Western Australian Government’s Response to the Hope Report*, Government of Western Australia, Perth, April 2008, p39.

669 *ibid.*, p35 in response to recommendations 1,2,3,7, 8 of the *Hope Inquiry*.

670 Education and Health Standing Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, Recommendation 17, p157.

671 Minister for Indigenous Affairs, *Response of the WA Government to Ways Forward – Beyond the blame game: some successful initiatives in remote indigenous communities in Western Australia*, Government of Western Australia, Perth, July 2008, p12.

672 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p50.

673 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, pp9-10.

674 *ibid.*

675 Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p17.

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- 7.29 However, despite limitations on its authority and capacity to require action from other government agencies, the Director General of the DAA said:

*...do we bat above our fighting weight? Absolutely. Do we disrupt? Absolutely, we disrupt. We are not comfortable with where anything is at, but we are not being passive, and we are not shirking away our responsibility. We are trying to find a different way of getting to outcomes that make a difference for Aboriginal people.*⁶⁷⁶

Finding 27

Despite its name, the Department of Aboriginal Affairs has a limited administrative responsibility in responding to matters relevant to Aboriginal people.

Recommendation 27

That the Premier, in conjunction with Cabinet, create or designate a government agency or authority to lead the Western Australian Government's actions in responding to issues affecting Aboriginal wellbeing.

Recommendation 28

That the designated government agency responsible for Aboriginal wellbeing is fully resourced and provided with sufficient authority to fulfil its leadership role, and cause other government agencies to take action in accordance with its directions.

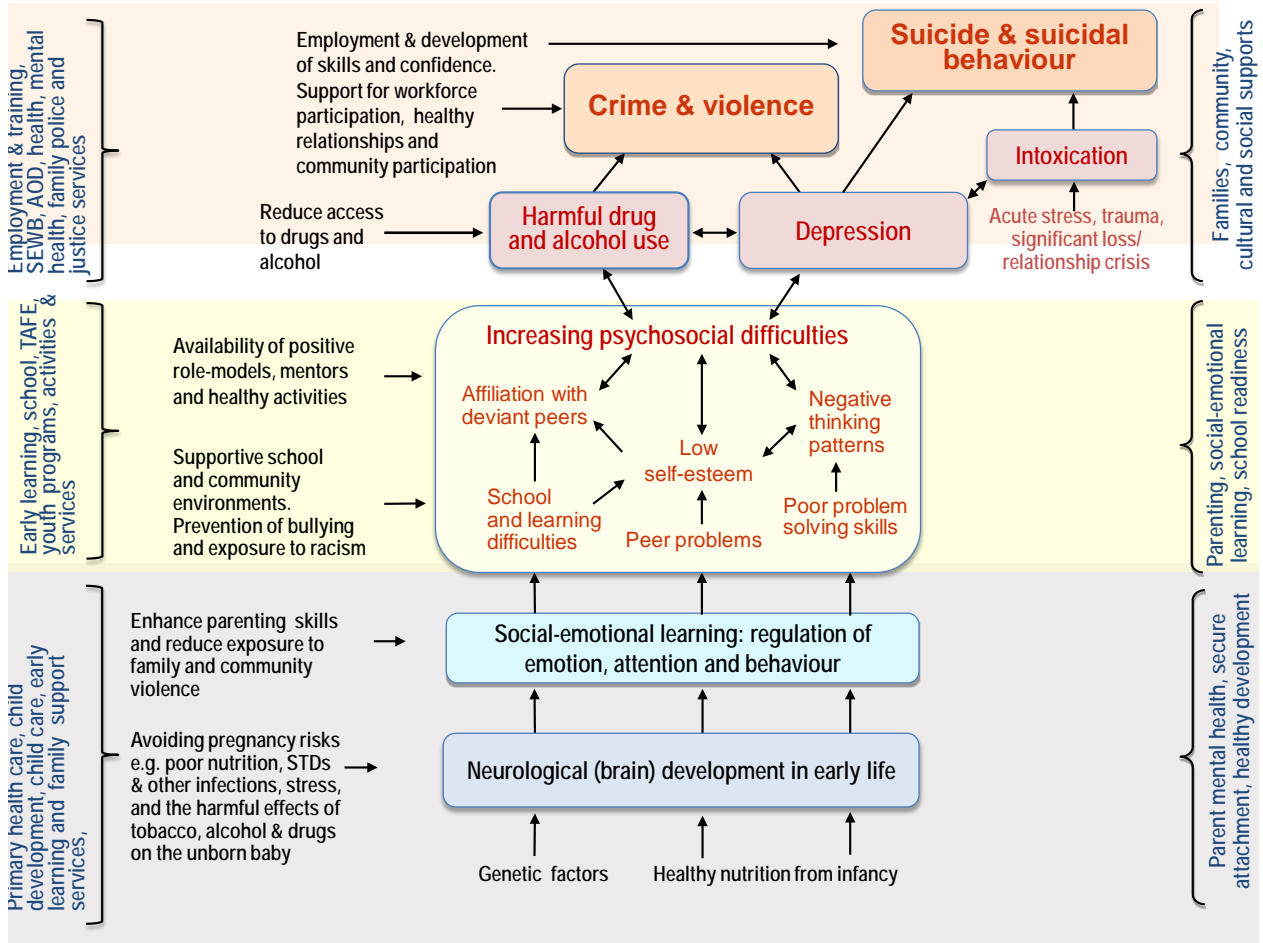
A whole-of-government approach

- 7.30 Addressing the magnitude of issues facing Aboriginal people in Western Australia requires a coordinated, whole-of-government approach.⁶⁷⁷ During this Inquiry the Committee held a hearing with Menzies School of Health Research. Professor Silburn, a clinical psychologist and researcher, directed the Committee to the following diagram, found in the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy. This diagram summarises factors which may affect a person over her or his lifecourse and contribute to suicide.

676 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, p16.

677 Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., 'Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People', p6.

Diagram 7.1: National Aboriginal and Torres Strait Islander Suicide Prevention Strategy diagram factors contributing to suicide



Source: Department of Health and Ageing, *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*, Australian Government, Canberra, May 2013, p17.

7.31 He went on to explain:

*What this diagram does is summarise an enormous amount of literature that sort of identifies what are the most common risk factors that you see, and they are different at each stage of development. Most of these are preventable in one form or another, but they all require different strategies and different sections of government have the capacity to influence them. So, no one department can deal with this; this is a whole-of-government, whole-of-community initiative.*⁶⁷⁸

678 Professor Sven Silburn, Clinical Psychologist and Researcher, Menzies School of Health Research, *Transcript of Evidence*, 12 September 2016, p15 (emphasis added).

What previous inquiries have said in relation to a whole-of-government approach

- 7.32 Recommendations noting the need for a whole-of-government response were made by the *Gordon Inquiry* in 2002 in relation to crisis care and accommodation,⁶⁷⁹ and a previous Education and Health Standing Committee in relation to employment, training, business, investment and wealth management opportunities.⁶⁸⁰ The *Hope Inquiry* noted that “[s]adly, it was clear from the evidence at the inquest that at present there is no such “whole of government coordinated approach.”⁶⁸¹ The *Crocodile Hole* report also noted that “fragmented” government services needed to be coordinated for efficiency and effectiveness. It recommended that government services’ infrastructure should be community centred with greater freedom for regional councillors (employed by the Aboriginal and Torres Strait Islander Commission at that time) to inform and influence the planning and delivery of services.⁶⁸²
- 7.33 More recently, *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, a report produced following the June 2014 meeting of over 50 Aboriginal and non-Aboriginal leaders, experts and stakeholders to discuss suicide prevention, affirmed that action to prevent suicide should include a whole-of-government approach.⁶⁸³
- 7.34 The Commissioner for Children and Young People recommended that:

*[i]mproving outcomes for Aboriginal children and young people, and their families, must be seen as core business for all agencies as there is an imperative to achieve truly integrated planning, funding and delivery of programs and services. This requires genuine partnerships between all levels of government, the community and private sectors.*⁶⁸⁴

679 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 62, p195.

680 Education and Health Standing Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, Recommendation 20, p165.

681 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p23.

682 Kimberley Land Council and Waringarri Resource Centre, *The Crocodile Hole Report*, Kimberley Land Council, Derby, November 1991, Recommendations 40, 41, p5.

683 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, pp8, 11.

684 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and*

- 7.35 In reviewing the Commissioner for Children and Young People's *Listen to Us* report, the Joint Standing Committee on the Commissioner for Children and Young People made similar recommendations.⁶⁸⁵

Adequacy of government action in relation to whole-of-government approach

- 7.36 In response to recommendations of the *Gordon Inquiry*, the Western Australian Government stated that it was “developing the concept of whole-of-Government agreements with communities that encompass a range of Government service provision, including community policy, health, education, welfare and safety.”⁶⁸⁶ More broadly, the response also referred to a whole-of-government arrangement or framework with Aboriginal communities which would allow for greater clarity, transparency and coordination of service provision.⁶⁸⁷ Whether these actions eventuated is unclear.
- 7.37 In June 2008, Hon. Shelley Archer, MLC asked the Minister representing the Minister for Indigenous Affairs, Hon. Ljiljanna Ravlich, MLC about the development of a whole-of-government framework for Indigenous services which was foreshadowed in the DIA's 2006–07 Annual Report.⁶⁸⁸ She was advised that the DIA was working on it, and the Cabinet Standing Committee on Indigenous Affairs had overall responsibility for its development.⁶⁸⁹ No whole-of-government framework was released.
- 7.38 Mr Grahame Searle, State Reform Leader of the RSRU, described the current structure of the government as one impediment to working effectively to deliver services to Aboriginal people:

The first [impediment] is the structure of government. When we fund agencies, we fund agencies to do very narrow things. The problem is that in regional remote settings, you need a holistic treatment, not a narrow, single-issue treatment. What we provide is single-issue

service delivery, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, Key Approach 1, p17.

685 Joint Standing Committee on the Commission for Children and Young People (39th Parliament), *Listen to This, A review of Listen to Us: a report by the Commissioner for Children and Young People*, Report No. 6, Parliament of Western Australia, Perth, November 2015, Recommendations 1–3, pp24, 25.

686 Government of Western Australia, *Putting People First: The Western Australian State Government's Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Government of Western Australia, Perth, November 2002, p24.

687 *ibid.*

688 Hon. Shelley Archer, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 17 June 2008, p3830b.

689 Hon. Ljiljanna Ravlich, Minister representing the Minister for Indigenous Affairs, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 17 June 2008, p3830b.

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*treatment almost across the board, so we lose the effectiveness of it.*⁶⁹⁰

- 7.39 Despite the challenges the current siloed structure of government presents, these are not insurmountable. Whilst not proposing this to be an easy process, if government agencies sat down and, starting with a blank slate, truly considered what an effective whole-of-government approach should look like, the Committee considers it would be able to improve on the current model.

Finding 28

A whole-of-government approach is required to respond to the multi-faceted and interrelated risk factors contributing to high rates of Aboriginal youth suicide.

Finding 29

Despite years of recommendations from a variety of inquiries, there is no whole-of-government approach to respond to Aboriginal youth suicide.

Recommendation 29

That the Western Australian Government redesign its agency structure to achieve an integrated whole-of-government approach to addressing issues facing Aboriginal people in remote areas. The redesign should be led by senior public servants from within each agency which provides services to Aboriginal people in remote areas.

Collaboration and coordination

- 7.40 Governments generally acknowledge the need for better collaboration and coordination in responding to the variety of matters affecting Aboriginal people, and frontline service staff are committed to developing ways to improve service delivery:

I think we can say generally that there are a lot of recommendations that will say coordination of service delivery into remote communities needs to improve overall, and we could talk about that for quite a long time...

I think there needs to be, obviously, partnerships between organisations and a framework and understanding about service delivery models and how they are connected, but a simple example would be that, instead of an Aboriginal medical service delivering a psychiatrist in that community, and Kimberley mental health have a psychiatrist visiting that community, that psychiatrist goes to both

690 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p3.

*those organisations, and we have agreements around that. There are a lot of efficiencies that can be made...*⁶⁹¹

7.41 However, effective collaboration and coordination continue to be an issue.

What previous inquiries have said about coordination and collaboration

7.42 The *Gordon Inquiry* found that the coordination of government service delivery to Aboriginal people has not been effective.⁶⁹² It found that, although individual departments were planning and coordinating their own service delivery, a sector-wide approach was needed to respond to each community's needs.⁶⁹³ One submission to the *Gordon Inquiry* noted that because agencies often failed to understand the multi-faceted nature of child abuse and family violence, interventions tended to focus on limited aspects of family circumstances and were therefore restricted in their efficiency and effectiveness.⁶⁹⁴

7.43 The *Gordon Inquiry* recommended that there should be increased clarity in the coordination of services by various departments and that a lead agency should be identified for the delivery of service.⁶⁹⁵ It recommended that an analysis of the gaps in service delivery should be conducted.⁶⁹⁶ It stated that middle-management committees were imperative for effectively coordinated service delivery, liaising between upper level management committees, such as the AACC, and on-the-ground service providers.⁶⁹⁷

7.44 The *Gordon Inquiry* did find that the then Department for Community Development often managed complex cases which required sustained and coordinated intervention. It identified the 'Strong Families Project' as a good example of this coordination.⁶⁹⁸ The project is essentially a case management process for families receiving services from more than one government agency whereby agencies' relevant employees come together to identify the families' needs and coordinate service delivery.⁶⁹⁹

691 Mr Robert Goodie, Regional Manager, Kimberley Mental Health and Drug Services, *Transcript of Evidence*, 7 June 20116, p15.

692 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 136, p363.

693 *ibid.*, Recommendation 134, p361 and Finding 153, p425.

694 *ibid.*, p56.

695 *ibid.*, Recommendation 38, p147.

696 *ibid.*, Recommendation 29, p133.

697 *ibid.*, Recommendation 136, p363.

698 *ibid.*, Recommendation 127, p330.

699 *ibid.*, pp161-162, 327-328; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p7.

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- 7.45 The *Gordon Inquiry* found that the government is aware of the benefits of a collaborative approach.⁷⁰⁰ However, effective collaboration is the problem. In 2005, in reviewing the Western Australian Government's progress with implementing recommendations made by the *Gordon Inquiry* the Auditor General recommended that the effectiveness of collaboration between agencies should be 'revisited' to expedite the implementation of initiatives.⁷⁰¹
- 7.46 *The Hidden Toll* recommended that funding be provided for programs that identified and linked Commonwealth and State government agencies involved in the care of persons at risk of suicide, including awareness of each other's roles and expectations, and handover procedures to ensure continuity of care for a person at risk of suicide.⁷⁰²
- 7.47 The Commissioner for Children and Young People also made recommendations for a collaborative and coordinated approach between the Commonwealth and State governments to address the mental health and wellbeing needs of children and young people, including general, early childhood and parenting services and programs.⁷⁰³
- 7.48 *Ombudsman 2014* recommended that the Mental Health Commission (MHC) and several government departments work together to develop a "collaborative inter-agency approach".⁷⁰⁴ In its submission, TKI noted the importance of this recommendation saying:

*A coordinated and integrated information system for children and adolescents at high risk is needed to ensure effective communication between multiple agencies working on the same case. This is seen as a critical component of improving inter-agency collaboration when dealing with family situations where multiple risk factors need to be addressed.*⁷⁰⁵

700 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 124, p313.

701 Western Australian Auditor General, *Progress with Implementing the Response to the Gordon Inquiry*, Report No. 11, Office of the Auditor General, Perth, November 2005, Recommendation 2, p6.

702 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 12, p54.

703 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendations 2, 22, 30, 33, pp54, 87, 107, 108.

704 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, Recommendation 22, p28.

705 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p5.

- 7.49 At a national level, the *NMHC Program Review* also found that the lack of coordination and collaboration between services and programs contributed to the inability to realistically address the current burden of mental health problems and illness.⁷⁰⁶
- 7.50 The same year the Auditor General recommended that the MHC and Ministerial Council for Suicide Prevention should “identify, collaborate and coordinate with existing suicide prevention efforts to increase efficiencies and the likelihood that benefits will be sustained.”⁷⁰⁷

Adequacy of government action in relation to coordination and collaboration

- 7.51 In responding to the Auditor General’s recommendation about improving coordination and collaboration, the government seemed hopeful that the amalgamation of the MHC with the Drug and Alcohol Office on 1 July 2015, and the subsequent creation of the 10 year combined *Mental Health, Alcohol and Other Drug Services Plan 2015–2025*, would improve coordination and collaboration between the services.⁷⁰⁸
- 7.52 However, the Committee’s recent hearing with the Youth Affairs Council of Western Australia (YACWA) indicated that interagency coordination and collaboration:

*is worth broadening... out beyond just the health sector or the public health sector... Prevention of suicide and/or positive mental health goes into the mainstream sector; it goes into the broader social determinants of health. If we are saying we want to coordinate services at a local level so that we are actually achieving wellbeing, it needs to be broader than just the health services.*⁷⁰⁹

- 7.53 Mr Ross Wortham, Chief Executive Officer of YACWA, went on to refer to the Aboriginal Youth Services Investment Priorities and Principles (AYSIPP) and the RSR as ways the government was attempting to coordinate services more broadly.⁷¹⁰ These are discussed further at paragraph 7.82 and 7.93 below.

706 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p14.

707 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, Recommendation 1, p8.

708 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, Recommendation 1.4, pp8, 5.

709 Mr Ross Wortham, Chief Executive Officer, Youth Affairs Council of Western Australia (YACWA), *Transcript of Evidence*, 12 September 2016, p7.

710 *ibid.*, pp7, 8.

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- 7.54 The Committee's concern is that strategies, plans, taskforces, councils and committees created are often ineffective and short lived. Put simply, "if government was better organised, it could consolidate the contracts."⁷¹¹ However,

There is absolutely nothing in the structure of government that encourages agencies to work together. In fact, they are all set up to report directly to ministers who are interested in the narrow portfolio responsibilities of their ministry. No-one has got accountability for the broad, overall progress and overall delivery of services within any community in the state...

*..If you were going to design it to fail, you would build what we have got.*⁷¹²

Finding 30

Poor collaboration and coordination between government agencies reduces the potential effectiveness of suicide prevention and broader programs and services.

Recommendation 30

That the Western Australian Government improve collaboration and coordination between agencies that develop strategies for, and deliver programs and services to, Aboriginal people in remote areas.

Improving service integration and reducing duplication

- 7.55 Recommendations about the need for better service integration within and between the Western Australian Government, Commonwealth Government and non-government service providers have been made for over 15 years.

*An integrated approach to resolving family and community problems is essential as, almost always, there are multiple factors that combine to create environments where children and young people are at risk. Collaboration between service providers and the integration of services promote better use of resources and more effective interventions.*⁷¹³

711 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p4.

712 *ibid.*, pp9, 10.

713 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p22.

What previous inquiries have said about improving service integration and reducing duplication

- 7.56 The *Gordon Inquiry* spoke of the need for new models of service delivery to enhance interagency cooperation.⁷¹⁴ *CCYP 2011* recommended integration of early childhood services on school sites providing a full range of mental health services, as well as transition strategies for young people moving into adult services to ensure continuity of care.⁷¹⁵ The *Stokes Review* also made recommendations regarding communication between different treatment teams, and the need to respond to crises holistically.⁷¹⁶
- 7.57 In 2012, *Hear Our Voices* recommended that “future programs and stakeholders work in an integrated manner with existing programs and services to avoid duplication and ensure they are adding to current processes.”⁷¹⁷

Adequacy of government action in relation to improving service integration and reducing duplication

- 7.58 The sheer extent of duplication and the lack of integration which continues to exist in the provision of services to Aboriginal communities is well illustrated by the *Location Based Expenditure Review 2014: A review of all social, economic participation and community services expenditure delivered in Roebourne and outlying communities of Cheeditha and Mingullatharndo; Jigalong and the Martu Communities of Punmu, Parnngurr and Kunawarritji (Roebourne Review)*.
- 7.59 The DPC reviewed social, economic participation and community services expenditure delivered in Roebourne and surrounding communities. It found that spending on community services was poorly coordinated and inefficient.⁷¹⁸
- 7.60 Mr Searle, State Reform Leader of the RSRU, described the situation at Roebourne as:

714 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 6, p101.

715 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendations 4, 39 and 54, pp57, 131, 160.

716 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendations 8.07 and 7.10.6.

717 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendation 9, p16.

718 Submission No. 23 from Aboriginal Health Council of Western Australia (AHCWA) and YACWA, 20 May 2016, p20.

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*That is not atypical. I think there was something like 19 different providers of youth services in Roebourne over 35 different services for 247 kids. The biggest local provider is Yaandina. They had 11 contracts with 10 different agencies and five contracts with five different state government departments to deliver services. If you wanted to devise an inefficient and ineffective way of delivering services, that is how you would go about it.*⁷¹⁹

- 7.61 This review clearly demonstrates the lack of integration of programs between government agencies, at both Western Australian and Commonwealth levels.⁷²⁰ As another witness concurred:

*If you were designing from scratch, there is no way you would design what we have got now; you would never design what is happening in Roebourne right now.*⁷²¹

- 7.62 The issue of service integration needs to be addressed before duplication arises; it needs to be addressed at the procurement stage. As one witness stated:

The initial issue is actually the fragmentation in the procurement of duplicating services. Often we see reports come out saying that those are across multiple government departments procuring similar outcomes with different services, all with different time frames et cetera. I think what we are seeing is that the solution to that starts at government coordination before it comes to the stage of procurement...

*...this goes back to the issue of strategy and understanding where there are cross-government department outcomes and shared outcomes. It is quite easy to join a lot of the dots between frontline services, whether they be primary health care, child protection, corrective services, the police or education departments and schools. There are significant shared outcomes that are mutually beneficial but not necessarily articulated within each department's approach to delivery of government-run and non-government run services.*⁷²²

719 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p4.

720 Mr Shaun Wyn-Jones, Senior Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p6.

721 Professor Jonathan Carapetis, Director, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p16.

722 Mr Ross Wortham, Chief Executive Officer, YACWA, *Transcript of Evidence*, 12 September 2016, p8.

- 7.63 And it is merely one example of such duplication of services and lack of coordination. The Committee was advised:

*We have a service in Geraldton who attended a suicide event recently, and they said 22 services turned up in the region, of which they had only met three, or were aware of three working there with Aboriginal people. That is again a reflection of this lack of coordination.*⁷²³

- 7.64 One suggestion for improving service integration and reducing duplication was bringing in an independent third party to determine gaps in service provision and how these can be addressed:

*We start with a level of: what is being provided, where are the gaps and how do we address those gaps? It is often about someone coming in from outside and making the services coordinate and work better together, whether it is about developing a service delivery model, which is often what we do; we develop service delivery models for the existing services to work much better together at a coordinated level. But you need a certain level of expertise to be able to do that. You need clinical as well as cultural expertise. I will not obviously identify the regions, but there are some; one we did recently that we developed a joint case-management model, which was making the services that exist work better together because the government sort of said, "What is this about; is it about the fact that we need to spend more money in those communities?" We found that we had something like 42, 43 services going into a community of 200 population. We had to, basically, sit back and figure out who was doing what. Often they were duplicating services; they were over-servicing clients. It ended up being the case that there were probably three to four chronic mental health clients and all the services were being taken up by servicing those three or four chronic mental health clients, so what was happening was, there was absolutely a lack of coordination between those organisations. Getting the services to speak together at a really cooperative and joint case management way is often the best approach. But who actually does that is probably the million dollar question.*⁷²⁴

- 7.65 Another important question is the monetary and time cost of such an exercise. To gather information as part of the *Roebourne Review*, the DPC asked relevant entities to

723 Mr Shaun Wyn-Jones, Senior Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p7.

724 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p7.

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complete 'review templates' to identify services. The review team received templates from:

- 18 Western Australian Government agencies
- Nine Commonwealth Government agencies
- Two local government authorities
- 65 non-government organisations and Aboriginal corporations
- Eight resource companies.

Overall, 452 review templates were returned.⁷²⁵

- 7.66 The extent of this review for just one group of communities gives some indication of the prohibitive challenges of undertaking a full review of all programs and services offered in all remote Aboriginal communities across Western Australia.

Finding 31

The delivery of integrated services for Aboriginal people is severely lacking, resulting in significant levels of duplication leading to confusing and inconsistent services for Aboriginal people.

Information sharing

- 7.67 Consistent information sharing is a key prerequisite for state government agencies to coordinate and work collaboratively with each other, the Commonwealth Government and non-government organisations. One witness spoke of the recent Australian and international conferences on Aboriginal suicide prevention:

*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.*⁷²⁶

What previous inquiries have said about information sharing

- 7.68 The *Gordon Inquiry* found that the barriers to sharing information negatively impacted the effectiveness of collaborative service delivery.⁷²⁷ It recommended that information

725 Department of the Premier and Cabinet, *Location Based Expenditure Review 2014: A review of all social, economic participation and community services expenditure delivered in Roebourne and outlying communities of Cheeditha and Mingullatharndo; Jigalong and the Martu Communities of Punmu, Parnngurr and Kunawarrtji*, Department of the Premier and Cabinet, Perth, 2014, p1.

726 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p4.

727 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal*

and policy advice should circulate between frontline officers, middle management and strategic whole-of-government planning bodies for collaboration and service delivery to be effective.⁷²⁸ Given the sensitive and confidential information which may be involved, legislative and policy changes may be necessary to enable interagency information sharing.⁷²⁹

- 7.69 The *Hope Inquiry* recommended there should be interagency access to workers on the ground to facilitate the exchange of information.⁷³⁰ More recently, *Ombudsman 2014* recognised the importance of information sharing in preventing the deaths of children and young people.⁷³¹ It highlighted that information sharing is “particularly important for identifying the risk of suicide among young people experiencing multiple factors associated with suicide” as it may identify cumulative harm which may make it more apparent that a child is at risk.⁷³²

Adequacy of government action in relation to information sharing

- 7.70 Information sharing on some issues has been facilitated by mandatory reporting requirements. Mandatory reporting of sexually transmitted infections and suspected sexual abuse in children and young people was introduced in response to recommendations from the *Gordon Inquiry*.⁷³³ In the year immediately following the introduction of the requirements, roughly half the notifications of suspected child sexual abuse were mandatory reports.⁷³⁴
- 7.71 In Western Australia, the *Children and Community Services Act 2004* “enables agencies to share information, without consent where necessary, in the interests of the wellbeing of a child or class or group of children.”⁷³⁵ Initially limited to sharing information with the Department for Child Protection and Family Support (DCPFS), in

Communities, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 136 and 186, pp363, 452.

728 *ibid.*, Recommendation 131, p350.

729 *ibid.*, Recommendations 18 and 132, pp117,355.

730 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 5, p40.

731 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, p165.

732 *ibid.*

733 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 187-190, p458.

734 Hon. Robyn McSweeney, Minister for Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 8 September 2009, p6433; Hon. Robyn McSweeney, Minister for Child Protection, Western Australia, Legislative Council, *Parliamentary Debates* (Hansard), 31 March 2010, p1202.

735 Department for Child Protection and Family Support, *Report of the Legislative Review of the Children and Community Services Act 2004*, Government of Western Australia, Perth, 2012, p11.

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2011 this was extended to information sharing between a designated group of government agencies even where DCPFS was not involved.⁷³⁶ However, the *Ombudsman 2014* report indicated that there was confusion about the operation of this provision which limited its effectiveness.⁷³⁷

Finding 32

Poor information sharing between government agencies hinders an effective coordinated and collaborative response to matters affecting Aboriginal young people.

Recommendation 31

That the Department for Child Protection and Family Support in conjunction with the Public Sector Commission prepare a circular outlining the operation of the information sharing provisions under the *Children and Community Services Act 2004* to be circulated to all government agencies.

Current approaches to improve government coordination and collaboration

- 7.72 Currently there are a variety of approaches that the Western Australian and Commonwealth Governments are using to improve coordination and collaboration across government and with non-government organisations.
- 7.73 At a national level, the introduction of the Primary Health Networks (PHN), and suicide prevention trial sites (discussed at paragraph 7.78 below) are the primary mechanisms being used to improve coordination and collaboration.
- 7.74 At the state level, the *Aboriginal Youth Expenditure Review* and subsequent Aboriginal Youth Services Investment Priorities and Principles and the RSR are two of the more significant approaches in relation to the wellbeing of Aboriginal people generally, while suicide prevention coordinators have been introduced more specifically to improve coordination in this area.

National mechanisms to improve coordination and collaboration

- 7.75 The recent introduction of PHNs is part of the Commonwealth Government's plan to improve service planning and integration in response to the *NMHC Program Review*.⁷³⁸ A major priority for PHNs is the "development of evidence-based regional mental health plans based on comprehensive needs assessment, and service mapping

736 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, p167.

737 *ibid.*, pp27, 167.

738 Submission No. 45 from Australian Department of Health, 23 September 2016, p9.

designed to identify gaps and opportunities for better use of services to reduce duplication and remove inefficiencies.”⁷³⁹

- 7.76 It is important for the PHNs to consult and partner with Western Australian Government agencies, Aboriginal organisations and non-government organisations to ensure an integrated, coordinated and collaborative approach by all stakeholders.
- 7.77 For example, as part of its new role, the WA Primary Health Alliance (WAPHA), in conjunction with MHC and the Department of Health (WA Health), is developing an Integrated Atlas of Mental Health, Alcohol and Other Drugs which identifies all government funded and not-for-profit services available in Western Australia.⁷⁴⁰ It will help to identify mental health needs and the current service response to then identify gaps and duplication.⁷⁴¹ It also provides a comprehensive directory available to those looking to access services.⁷⁴²
- 7.78 As part of its rejuvenated National Suicide Prevention Strategy, the Commonwealth Government is in the process of establishing twelve suicide prevention trial sites, one of which will be in the Kimberley region. Led by PHNs, the sites are being selected to test models of suicide prevention, working in conjunction with local health services, Aboriginal organisations and other service providers.⁷⁴³
- 7.79 It is intended that the trial sites will “improve understanding of the challenges and enable development of evidence-based strategies and models which can be applied nationwide... and ensure a more integrated, regional-based approach to suicide prevention.”⁷⁴⁴
- 7.80 Although well-intentioned, the Committee has concerns about these trial sites. Throughout the course of this Inquiry, the Committee heard on many occasions just how many inquiries had been done into various facets of Aboriginal people’s lives. Ms Nelson-Cox, Chairperson, Aboriginal Health Council of Western Australia (AHCWA), said:

*We as Aboriginal people are probably the most over-researched race...*⁷⁴⁵

- 7.81 The Committee encourages the PHNs to use the findings of the many previous inquiries and reports to guide the establishment of the suicide prevention trials.

739 Submission No. 45 from Australian Department of Health, 23 September 2016, p9.

740 Submission No. 38 from Mental Health Commission, 30 August 2016, p4.

741 Submission No. 19 from WA Primary Health Alliance, 13 May 2016, p6.

742 *ibid.*

743 Submission No. 45 from Australian Department of Health, 23 September 2016, pp10-11.

744 *ibid.*

745 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p4.

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Aboriginal Youth Services Investment Priorities and Principles (AYSIPP)

7.82 In 2013 the DPC undertook an *Aboriginal Youth Expenditure Review*, reviewing Western Australian Government expenditure on targeted Aboriginal youth programs and services.⁷⁴⁶ This review found that only 15 per cent of programs and services could demonstrate effectiveness.⁷⁴⁷ Further, short term funding arrangements and the proliferation of 'pilot' programs means that programs and services offered are changeable and often short-lived.

7.83 The AYSIPP are the Western Australian Government's response to the findings of that review.⁷⁴⁸ Commencing on 1 July 2015, the AYSIPP apply to all Western Australian Government funded programs and services targeted to Aboriginal youth.⁷⁴⁹ The key reform objectives are to improve collaboration, integration and sustainable service delivery and ensure built in performance mechanisms.⁷⁵⁰ Importantly there is a particular focus on investment in programs that "fall between the traditional boundaries of agency responsibilities."⁷⁵¹

7.84 The investment principles are:

- Partnerships – Local collaboration, including engagement with the Aboriginal community, local government, non-government service providers, individuals and their families.
- Design – Clear articulation of the target population and how the service will be made attractive and accessible to that population.
- Measurement – Built-in performance management (appropriate to program value) with a clear definition of outcomes and regular reporting of progress.
- Linkages – Defined approaches to address underlying issues that affect young people at risk such as family dysfunction, substance abuse and mental health.
- Scale – A minimum contract value of \$300 000 per annum for grants and service agreement arrangements with non-government service providers.

746 Department of the Premier and Cabinet, *Aboriginal Youth Expenditure Review 2013*, Government of Western Australia, Perth, 2013, p2.

747 *ibid.*

748 Department of the Premier and Cabinet, *Aboriginal youth services investment reforms*, Government of Western Australia, Perth, May 2015, p1.

749 *ibid.*

750 Department of the Premier and Cabinet, *Aboriginal Youth Services Investment Reforms*, 14 October 2015. Available at: <https://www.dpc.wa.gov.au/Publications/Pages/AboriginalYouthServicesInvestmentReforms.aspx>. Accessed on 8 November 2016.

751 *ibid.*

- Sustainability – A minimum contract length of 3 years for service agreements with non-government organisations.⁷⁵²

- 7.85 The Committee is concerned that there is a requirement for a minimum contract value of \$300,000 per annum for grants and service agreements with non-government service providers. Given the need to focus on local solutions for local problems (see Chapter 8) and empower Aboriginal communities to run locally owned and controlled programs, this minimum spend may restrict Aboriginal corporations or smaller community groups from receiving grants to provide home grown solutions to youth in their communities.
- 7.86 The AYSIPP notes that a government agency may approve an exemption from this minimum spend in certain circumstances. It also advises that small grants for one-off community based initiatives should be channelled through local government.⁷⁵³ Whether ‘channelled’ means that the Western Australian Government will provide funding to local governments to fund smaller grants, or local governments themselves will use their own resources to fund these grants is unclear. If the former, this appears inefficient, if the latter the Western Australian Government seems to be abrogating its responsibility to provide services.
- 7.87 All Western Australian Government agencies are required to develop an Agency Transition Plan which details how they will apply the principles and priorities. As part of that they must prepare a stocktake of all current Aboriginal youth focussed programs and services. This information will then be compiled by the DPC and used to create a map of local or regional youth services, amongst other things.⁷⁵⁴ The Committee notes the potential overlap with the Mental Health Atlas being created by the MHC in conjunction with the WAPHA.
- 7.88 The AYSIPP also suggests that agencies should also use this data to identify opportunities to work together in a location or region.⁷⁵⁵ Whilst the aim is worthy, if history is any indication its execution will be the difficult part.
- 7.89 The Implementation and Leadership Group will oversee implementation of the AYSIPP over its two year duration. This group is chaired by the DPC, and includes relevant state government agencies, Aboriginal and non-government services organisations, and youth representatives. The Committee is encouraged by this, if it delivers opportunities for coordination, collaboration and service integration.

752 Department of the Premier and Cabinet, *Aboriginal youth services investment reforms*, Government of Western Australia, Perth, May 2015, p2.

753 *ibid.*, p3.

754 Department of the Premier and Cabinet, *Aboriginal Youth Services Investment Priorities and Principles Fact Sheet 2 – Agency Transition Plans*, Government of Western Australia, Perth, p1.

755 *ibid.*

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Recommendation 32

That the Department of the Premier and Cabinet coordinates and collaborates with the Mental Health Commission and WA Primary Health Alliance to integrate the Mental Health Atlas with the map of local or regional Aboriginal youth services.

Recommendation 33

That the Department of the Premier and Cabinet amend the Aboriginal Youth Investment Priority and Principles to allow funding amounts of less than \$300,000 to be granted to Aboriginal organisations.

Suicide prevention coordinators

- 7.90 The MHC advised the Committee of the recently introduced role of suicide prevention coordinators which will be embedded in regional mental health and/or alcohol and other drug services. The role of the coordinators is to act as a “central point of communication in relation to all local suicide-related issues.”⁷⁵⁶ This involves initiating, coordinating, managing and supporting the development, implementation and evaluation of suicide prevention, intervention and postvention activity.⁷⁵⁷
- 7.91 Western Australia will have a total of 10 coordinators by early 2018 (including the 5 already located in the Kimberley, Mid-West, Goldfields, Wheatbelt, and Southwest regions respectively).⁷⁵⁸
- 7.92 The Committee was surprised to hear that AHCWA had learnt about the introduction and appointment of the coordinators from the Minister for Mental Health’s media release, along with the general population.

*Recently, the state government announced the suicide prevention coordinators throughout the regions, and up until this point our sector has not been engaged in any conversation around what that role will look like. We are essentially finding out about these announcements through media releases, which seems a little bit ironic given that these coordinators are essentially meant to be working with our sector in terms of engaging with other services and organisations working with suicide.*⁷⁵⁹

756 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4.

757 *ibid.*

758 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 3, p4; Mitchell, A., (Minister for Mental Health), *New suicide prevention co-ordinators in regions*, Media Statement, Government of Western Australia, Perth, 8 September 2016.

759 Mr Shaun Wyn-Jones, Senior Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p6.

Finding 33

There is clearly a major lack of coordination, collaboration and consultation with Aboriginal people when the peak Aboriginal health body is not informed, let alone asked for input, in advance of the appointment of suicide prevention coordinators.

Regional Services Reform

- 7.93 In May 2015, the Premier, Hon. Colin Barnett, MLA and Minister for Aboriginal Affairs, Hon. Peter Collier, MLA announced major reforms to the way services will be provided to Aboriginal communities.⁷⁶⁰ The Minister for Aboriginal Affairs also spoke about this in terms of creating a broad-based framework for governance and reform.⁷⁶¹
- 7.94 This was the commencement of the RSR. The recently released RSR Roadmap indicates a cross-portfolio focus on social determinants, primarily health, education, employment and housing reforms. It has 10 key priorities across three areas – better living conditions, supporting families and more opportunities.⁷⁶²
- 7.95 Given the recent release of the RSR Roadmap, and that consultation has just commenced with Aboriginal communities to proceed with the RSR Roadmap priorities, whether the approach will be successful is unknown. The RSR Roadmap does acknowledge that it is a long term process and change will take time, so it is unlikely that evidence of its success, or otherwise, will be apparent in the near future. The Telethon Kids Institute acknowledged that essentially a generational strategy is need to address the long term causes of suicidal behaviour:
- The strong advice we gave to the commonwealth government is there has to be an equivalent generational strategy to address these long-term causes of suicidal behaviour, and it will have many benefits for society generally, not just in preventing suicide, but in reducing rates of Aboriginal incarceration, and better educational and vocational outcomes for Aboriginal children and youth.*⁷⁶³
- 7.96 While the Committee acknowledges that every project needs a starting point, the RSR Roadmap is currently limited to the Pilbara and Kimberley, and certain ‘priority areas’ and particular communities within that region. The RSR Roadmap is also fairly quiet on timeframes and how it will be evaluated.

760 Barnett, C., (Premier), and Collier, P., (Minister for Aboriginal Affairs), *Reform to improve lives of Aboriginal people*, Media Statement, Government of Western Australia, Perth, 7 May 2015.

761 *ibid.*

762 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p37.

763 Professor Sven Silburn, Clinical Psychologist and Researcher, Menzies School of Health Research, *Transcript of Evidence*, 12 September 2016, p15.

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- 7.97 Other communities experiencing high levels of distress, such as Leonora and Kalgoorlie are not currently covered by the RSR Roadmap, although there are plans to expand the reforms to the Goldfields in 2017/18.
- 7.98 For regions and communities not covered by the RSR Roadmap:

*State Government agencies remain responsible for delivering existing services for Aboriginal families and communities in regional and remote areas and continuing to improve those services as part of their normal business.*⁷⁶⁴

Accountability

- 7.99 Without inbuilt mechanisms of accountability for achieving outcomes, strategies, plans, programs and services lack rigour and may have limited effectiveness. Accountability should come at many levels, being accountable for achieving targets set out in a strategy, for effective service delivery, and for implementing recommendations made to and accepted by an agency. Above all, agencies should be held accountable for creating policy and providing services which improve the lives of Aboriginal people.

What previous inquiries have said about accountability

- 7.100 *Working Together 2001* found that:

*Government accountability processes are not responsive to accountability for overlapping outcomes. It is therefore not clear who should be accountable for producing the right outputs in the right quantity with the right quality and at the right time.*⁷⁶⁵

- 7.101 The *Hope Inquiry* also pointed to a lack of accountability in responding to the poor living conditions, high suicide rates and other problems affecting Aboriginal people as a factor contributing to poor outcomes. It found there was “no identified individual or organisation monitoring performance of the various government agencies to ensure that outcomes were being improved.”⁷⁶⁶
- 7.102 In 2008, a former Education and Health Standing Committee recommended that the Western Australian Treasury report to the Western Australian Parliament on the levels

764 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p8.

765 Aboriginal Suicide Prevention Steering Committee, *Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth*, briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001, p18.

766 Submission No. 14 from Beyond Blue, 13 May 2016, p10.

of Aboriginal access and equity to government programs delivered by Western Australian Government agencies.⁷⁶⁷

Adequacy of government action in relation to accountability

- 7.103 It would seem not much has changed since the *Working Together 2001* was released. In response to accountability recommendations made by the *Hope Inquiry*, the DPC pointed to several reviews it undertook – the *Roebourne Review* and the *Aboriginal Youth Expenditure Review* – as ways of measuring the effectiveness of expenditure, as well as contributing information to the National Indigenous Expenditure Report in 2014.⁷⁶⁸ It went on to identify the RSR Roadmap as the mechanism through which the Western Australian Government is improving living conditions in remote areas through “mutual accountability between households, communities and government.”⁷⁶⁹ This sparse response does not suggest how the government actually intends to improve accountability.
- 7.104 The Committee notes that the *Aboriginal Youth Expenditure Review* began in the second half of 2013, some five years after the *Hope Inquiry* report was released, while the Regional Service Reform was announced over seven years after the *Hope Inquiry*. The Committee questions why there was such a significant passage of time before these actions were taken.
- 7.105 In response to the former Education and Health Standing Committee’s recommendation, the Western Australian Government supported the recommendation but noted that it will be “considered in the consultation process to develop the State Plan on Indigenous affairs.”⁷⁷⁰
- 7.106 Multiple submissions and witnesses to this inquiry highlighted the importance of accountability for all individuals and organisations involved, with appropriate mechanisms in place to track accountability.⁷⁷¹

We need to make some of these mainstream services that are accessing Aboriginal dollars, particularly around mental health, more

767 Education and Health Standing Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, Recommendation 18, p158.

768 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p16.

769 *ibid.*, p8.

770 Minister for Indigenous Affairs, *Response of the WA Government to Ways Forward – Beyond the blame game: some successful initiatives in remote indigenous communities in Western Australia*, Government of Western Australia, Perth, July 2008, p13.

771 Submission No. 14 from Beyond Blue, 13 May 2016, p10; Submission No. 19 from WA Primary Health Alliance, 17 May 2016, pp6-7.

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*accountable. At the end of the day, we are accountable to our people...*⁷⁷²

- 7.107 However, the current siloed structure of government doesn't lend itself to accountability:

*We end up with lots of small contract-for-service delivery with overlapping services with no-one held accountable or responsible for the result. It is very hard to find a contract that has an outcome measure in it. It is very hard to find a contract that has a client satisfaction measure in it.*⁷⁷³

- 7.108 At hearing, the Director General of the DAA advised the Committee of a national partnership agreement which required a key performance indicator to be included in government agency Chief Executive Officer's (CEO) performance agreements.⁷⁷⁴ The Public Sector Commission's template, 'CEO's Performance Agreement for Departments 2015–16', indicates that key deliverables and performance indicators must be included in the agreement in relation to 'Enhancing Indigenous economic participation outcomes'.⁷⁷⁵ What these are appears to be at the discretion of the CEO and their supervisor.
- 7.109 One suggestion made to improve accountability was a royal commission.⁷⁷⁶ Unlike other inquiries, royal commissions are established under legislation.⁷⁷⁷ This legislation confers "coercive powers to collect and procure information, and make witnesses attend hearings and give evidence, even if self-incriminating."⁷⁷⁸
- 7.110 Although a royal commission would highlight this very serious issue, the Committee considers that what is needed now is action, not more inquiries, and a royal commission would slow this process down. Royal commissions take considerable time (the current Royal Commission into Institution Responses to Child Sexual Abuse has

772 Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, pp4-5 (emphasis added).

773 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p3.

774 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, p13.

775 Public Sector Commission, *Chief Executive Officer Performance Agreement for Departments 2015–2016*, Government of Western Australia, Perth, p4.

776 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, pp22-23.

777 *Royal Commissions Act 1902* (Commonwealth); *Royal Commissions Act 1968* (Western Australia).

778 Dr Scott Prasser, University of the Sunshine Coast, *When should royal commissions be appointed?*, 19 July 2005. Available at: http://www.parliament.vic.gov.au/aspg/papers/ASPG-Presentation_When_Should_Royal_Commissions_be_Appointed_2005-07-19.pdf. Accessed on 20 October 2016.

been underway since commissioners were appointed on 11 January 2013)⁷⁷⁹ and, once established, prevent policy development and action in the area under investigation.⁷⁸⁰

The many previous inquiries and their multitude of recommendations, not least the recent *ATSISEPP Final Report*, highlight that significant work has already been done to identify what the issues are and how they can be addressed; what is needed now is to effectively action these recommendations.

Gathering data and building an evidence base

- 7.111 Establishing an evidence base to understand what leads a person to suicide, what strategies have and haven't worked in preventing suicide, and what programs and services are and aren't effective is very important to reducing the incidence of Aboriginal youth suicide. It can help guide funding to where it is needed most, and ensure that funding is used to greatest effect.

What previous inquiries have said about establishing an evidence base

- 7.112 The *Stokes Review* noted that building knowledge improves evidence-based care, strengthens practice and fosters innovation.⁷⁸¹

*While there has been a great deal of significant work undertaken in this area, there is also a clear need to continue to build the evidence base on what is effective in preventing suicide and supporting Aboriginal families and communities. Developing the evidence base, and addressing gaps in data collection, will support more effective interventions and use of resources. Program evaluation and data collection should be built into policies and services as a priority.*⁷⁸²

- 7.113 To support that, governments and communities need to have current and reliable data on what the current situation is, what is currently being tried, how much investment is being made, and whether that investment is leading to improvements in outcomes.
- 7.114 In 2009, the Indigenous Implementation Board recommended that an Aboriginal report card be prepared every two years to compare progress and provide informative advice

779 Parenting Research Centre, *Implementation of recommendations arising from preview inquiries of relevance to the Royal Commission into Institutional Responses to Child Sexual Abuse Final Report*, Royal Commission into Institutional Responses to Child Sexual Abuse, May 2015, Preface.

780 Dr Scott Prasser, University of the Sunshine Coast, *When should royal commissions be appointed?*, 19 July 2005. Available at: http://www.parliament.vic.gov.au/aspg/papers/ASPG-Presentation_When_Should_Royal_Commissions_be_Appointed_2005-07-19.pdf. Accessed on 20 October 2016.

781 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendation 1.4, p9.

782 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p23.

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to the Western Australian Government to make well-evidenced investment decisions.⁷⁸³ The Commissioner for Children and Young People recommended that comprehensive data on the mental health of children and young people be collected, including data on expenditure and outcomes.⁷⁸⁴ It further recommended funding for a child health survey to be conducted in Western Australia every three years.⁷⁸⁵ Both of these would provide an evidence base, but also help to hold governments accountable for their progress against strategies and targets.

- 7.115 The *Ombudsman 2014* report recommended that the MHC, in conjunction with DCPFS, the Department of Education and WA Health, develop a collaborative inter-agency approach, including a shared screening tool and joint case management approach.⁷⁸⁶
- 7.116 In *Before it's too late: Report on early intervention programs aimed at preventing youth suicide* the Commonwealth House of Representatives Standing Committee on Health and Ageing recommended a priority research agenda for youth suicide, which was both targeted and coordinated.⁷⁸⁷ A Senate Committee had previously recommended creating a centralised repository of suicide prevention resources allowing for the dissemination of research and best practice in suicide prevention.⁷⁸⁸ The 2014 *Children's Rights Report's* primary recommendation was to "establish a national research agenda for children and young people engaging in... suicidal behaviour..." and a further recommendation was around improving the collection of data.⁷⁸⁹ The 2014 *Call to Action* also called for the Aboriginal suicide prevention evidence base to be strengthened.⁷⁹⁰

783 Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, Recommendation 13, p35.

784 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 11, p65.

785 *ibid.*, Recommendation 12, p65.

786 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014, Recommendation 22, p28.

787 House of Representatives Standing Committee on Health and Ageing, *Before it's too late: Report on early intervention programs aimed at preventing youth suicide*, Parliament of Australia, Canberra, July 2011, Recommendation 3, p32.

788 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 36, p128.

789 National Children's Commissioner, *Children's Rights Report*, Australian Human Rights Commission, Sydney, 2014, Recommendations 1, 3, pp160-161.

790 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, Action 3, p9.

Adequacy of government action in relation to establishing an evidence base

- 7.117 Unfortunately, neither the recommendation of the Indigenous Implementation Board nor that of the Commissioner for Children and Young People eventuated. The MHC does not collect comprehensive data on the mental health of children and young people, although it is now able to use WA Health data to inform its policy development.⁷⁹¹ There have been no initiatives or activities identified in regard to a comprehensive survey of Western Australian children and young people’s health (including mental health) since the report was tabled in 2011.⁷⁹²
- 7.118 In response to a recommendation in *Ombudsman 2014*, an Interagency Executive Committee has been formed to oversee collection of agency data on children and young people with a combination of risk factors identified in the Ombudsman’s report – for example, the DCPFS has provided the MHC with information on the numbers of children who have had a recent safety and wellbeing assessment.⁷⁹³ The MHC is investigating ways to refine the data to identify a priority “at greatest risk” group.⁷⁹⁴
- 7.119 The Committee is disappointed this is the extent of the implementation of the recommendation more than two years after the publication of *Ombudsman 2014*. The Committee understands that the Ombudsman will soon be reporting on the implementation of recommendations arising from own motion investigations.⁷⁹⁵ It will be interested to know the Ombudsman’s assessment of the implementation of this important recommendation.
- 7.120 TKI also advised the Committee that it is in the process of re-establishing the Coroner’s database of all suicides in Western Australia. This database began in 1986 but lapsed around 2010. TKI has recently been tasked with updating the database to include information on suicides from 2009 to 2014.

The purpose of the database is twofold—to support postvention activities with the Mental Health Commission and the Coroner’s Court, but also to provide a research evidence base to try and understand the

791 Commissioner for Children and Young People Western Australia, *Our Children Can’t Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, p127.

792 *ibid.*, p128.

793 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 2, p5.

794 Submission No. 39 from Department for Child Protection and Family Support, 9 September 2016, Appendix One, p7.

795 Ombudsman Western Australia, *Annual Report 2015-16*, Ombudsman Western Australia, Perth, 27 September 2016, p135.

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*antecedent factors that precede suicide and to look for gaps in terms of access to services and issues such as that.*⁷⁹⁶

7.121 Submissions note the evidence base needs improving:

*Numerous gaps in the evidence base have been identified including: suicide risk and variation across regions and settings; effectiveness of early intervention and prevention strategies; effectiveness of treatments; and gaps in service provision and use of mental health services by at-risk groups. More research is required to understand the factors specific to the Aboriginal and Torres Strait Islander people that influence the risk of suicide and how these actually contribute at an individual level and how they can be changed. More controlled studies using planned evaluations and valid outcome measures are required to measure the impact of Aboriginal and Torres Strait Islander youth suicide programs.*⁷⁹⁷

7.122 The National Health and Medical Research Council is committing millions of dollars to applied research in mental health, including Centres of Research Excellence at the University of New South Wales and the University of Queensland. The Commonwealth Government has asked the Australian Suicide Prevention Advisory Council to prioritise identification of suicide prevention research activity in the implementation of the National Suicide Prevention Action Framework. Several other organisations are also carrying out research in this area.

7.123 Further, evidence and information already available can be hard to find. Improving accessibility and information sharing means best practice information is available to everyone, resulting in improved outcomes. The Closing the Gap Clearinghouse contains “research and evaluation evidence on what works to overcome” Aboriginal disadvantage and is one example of how this can be achieved.⁷⁹⁸

7.124 One of the major recent efforts to respond to the need to create an evidence base is the Aboriginal and Torres Strait Islanders Suicide Prevention Evaluation Project. One premise of the project was to establish the evidence base around Aboriginal suicide and evaluate the effectiveness of existing suicide prevention services.⁷⁹⁹ The *ATSISPEP Final Report* “summarises the evidence base for what works in Indigenous community

796 Professor David Lawrence, Researcher, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p2.

797 Submission No. 14 from Beyond Blue, 13 May 2016, p17.

798 See Australian Institute of Health and Welfare, Australian Institute of Family Studies, *Closing the gap clearinghouse*, 2016. Available at: <http://www.aihw.gov.au/closingthegap/>. Accessed on 19 October 2016.

799 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p3.

led suicide prevention, including responses to the social determinants of health that are ‘upstream’ risk factors for suicide.”⁸⁰⁰ It noted:

*In fact, there is ‘surprisingly little’ evidence about what works in general population suicide prevention, let alone Indigenous specific.*⁸⁰¹

7.125 It went on to recommend the continued strengthening of the evidence base of effective suicide prevention activities.⁸⁰² Evaluating suicide prevention programs can be enduringly useful as it informs other communities about what may work, or not. Communities can therefore support other communities to develop suitable activities.⁸⁰³

Finding 34

Collecting data and establishing an evidence base assists to ensure appropriate, evidence based and tailored strategies and programs can be offered where there is the greatest demand for these services.

Recommendation 34

That the Western Australian Government should collaborate with Commonwealth agencies and non-government organisations to strengthen the evidence base to determine the effective ways to prevent Aboriginal youth suicide.

800 ATSIPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pv.

801 *ibid.*, p1.

802 *ibid.*, Recommendation 1, p57.

803 *ibid.*, p37.

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Improving effectiveness of service delivery

There are many gaps in program and service delivery which need to be rectified to reduce the incidence of Aboriginal youth suicide, not least the appreciation that services need to be holistic, not siloed. The challenges associated with providing sufficient services in remote areas can be reduced with a change in approach, improving collaboration, coordination and service integration. Improving consistency and flexibility of funding for programs and services can assist this change in approach.

Governments' role in program and service delivery

It is clear from the serious and persisting problems facing Aboriginal children and young people in remote Australia that the current allocation of resources to strategies and services appears to have been ineffective in reducing the burden of these problems that lead to suicide.⁸⁰⁴

- 8.1 The need for Aboriginal people to be empowered to take the lead in developing and delivering programs and services to prevent suicide in Aboriginal communities has been discussed in earlier chapters. A role remains for governments to deliver programs and services and, if they are to do so, the programs and services need to be appropriate for the circumstances and effective. The most important aspect of appropriateness is incorporating Aboriginal culture into all facets of programs and services being provided to Aboriginal people, which has been discussed in Chapter 4.
- 8.2 This chapter discusses some of the gaps in the government's provision of programs and services which need to be addressed to improve effectiveness in service delivery. It focusses on three main areas – the holistic nature of Aboriginal suicide and how this needs to be addressed as a whole, challenges associated with the provision of services in remote areas, and the sporadic and often short term nature of funding for programs and services.

Services should be holistic

- 8.3 The Committee heard consistent evidence during the Inquiry that the current epidemic in Aboriginal youth suicide is attributable to factors largely outside the purview of traditional mental health service delivery, and that suicide prevention efforts to date

804 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p10.

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have been inappropriately focussed on clinical concepts of mental illness. However, government agencies are also limited by their “siloed” structures and they struggle to support holistic responses crossing ministerial portfolios or government departments.⁸⁰⁵

- 8.4 Previous reports and inquiries have made recommendations about how sectors of government that provide services to Aboriginal children, young people and families can work holistically to support suicide prevention. Given holistic by definition requires an all-encompassing approach to the many, varied and interconnected risk factors contributing to Aboriginal youth suicide, it is not within the capacity of this Inquiry to consider every aspect which needs to be addressed. The Committee provides a general overview of what holistic service provision looks like, emphasised with some examples.
- 8.5 The Committee discusses the need for a life course approach to intervention, providing examples of services which have been introduced in response to the persisting gap in services for children and young people. A full spectrum of services is also required from ‘primordial prevention’ to address up-stream risk factors right through to postvention to respond to a suicide occurring. The particular lack of postvention services was highlighted to the Committee during the course of this Inquiry, and this is discussed below.

A life course approach to intervention

- 8.6 A life course approach to intervention recognises that children are influenced both by their early life experiences and their environment:

A life course approach requires intervention with both families and communities with sectors of government that provide services and policies to children and families in their early years.

Specifically it is necessary to both treat mental health problems in children as they develop; and also to intervene to address the family and community circumstances that contribute to these problems to prevent the intergenerational transmission of trauma and disadvantage.⁸⁰⁶

805 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p3; Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p8; Mr Gerry Georgatos, Independent Researcher, *Transcript of Evidence*, 20 June 2016, p9; Mr Ross Wortham, Chief Executive Officer, Youth Affairs Council of Western Australia (YACWA), *Transcript of Evidence*, 12 September 2016, p3; Ms Michelle Nelson-Cox, Chairperson, Aboriginal Health Council of Western Australia (AHCWA), *Transcript of Evidence*, 12 September 2016, p4; Submission No. 8 from Kimberley Aboriginal Law and Culture Centre (KALACC), 9 May 2016, p19.

806 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p11.

- 8.7 A life course approach to suicide prevention means a full continuum of intervention services must be provided to address all sides of the problem:

*Firstly, to ensure that children are exposed to positive parenting, family functioning and educational experiences early in life, and secondly to address serious family and community issues such as abuse of alcohol and drugs, unemployment and incarceration so that the cycle of entrenched disadvantage is not reinforced.*⁸⁰⁷

- 8.8 It would be a vast task beyond the scope of this Inquiry to examine all of the previous recommendations on intervention services provided by government agencies. Recreational activities, alcohol restrictions, diversion schemes and justice reinvestment are all examples of initiatives that support a life course approach.
- 8.9 However, the Committee heard consistent evidence that there is a gap in early intervention initiatives that seek to prevent children and young people from becoming at risk of suicide.⁸⁰⁸ Failure to intervene at an early stage misses a critical window of opportunity when problems are most responsive to intervention and when intervention is most cost-effective.⁸⁰⁹ This gap has been recognised in previous recommendations which are examined below.

Parenting programs

- 8.10 In 2011, the Commissioner for Children and Young People recommended that funding be increased to ensure the availability of universal and targeted parenting programs across Western Australia, and that the then Department for Communities lead the coordination of program delivery.⁸¹⁰ Following these recommendations, the now merged Department of Local Government and Communities significantly increased funding to parenting services and formed management and reference groups to coordinate program delivery, promoting key messages concerning parenting and child development and policy in this area.⁸¹¹ A new Centre for Parenting Excellence was announced in 2016 with three staff to coordinate and support organisations providing

807 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p12.

808 *ibid.* p10; Submission No. 32 from headspace Broome, 20 May 2016, p3; Mr Shaun Wyn-Jones, Senior Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, p11.

809 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p10.

810 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendations 30, 31, p107.

811 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, pp162-163.

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parenting programs. However, other significant parenting services have been simultaneously scrapped, including Best Start, an activity-based program at 17 locations for Aboriginal families with children under the age of five.⁸¹² The Department of Education's Kindilink program, being piloted at 37 schools, is being offered as an alternative. However, it is only available for three year old Aboriginal children.⁸¹³

- 8.11 In 2015 the Commissioner identified that there was still a need for greater awareness and mental health literacy for parents and caregivers to facilitate access to parenting supports and services at an earlier stage. In particular, a gap was noted in access to information and support for families with older children. A further recommendation was made that the government undertake a detailed assessment of the availability and effectiveness of existing parenting programs and services and develop a model of service delivery to support more equitable access.⁸¹⁴

Recommendation 35

That the Premier and the Minister for Community Services report to the Parliament on the implementation of Recommendation 6 in the Commissioner for Children and Young People's 2015 report, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*.

- 8.12 The Telethon Kids Institute also gave evidence to the Committee about the Care for Child Development program run by the World Health Organisation and UNICEF which builds parents' understanding of early attachment and children's developmental needs in the early years of life. It is designed to be delivered by Aboriginal health workers in a conversational style.⁸¹⁵ There are plans to make a submission to the National Health and Medical Research Council for project grant funding next year.

Child and Parent Centres

- 8.13 In 2015, the Commissioner for Children and Young People recommended that the number of Child and Parent Centres be further increased and services expanded to

812 Gartry, L, 'WA parenting support programs axed by State Government', *ABC Online*, 17 May 2016. Available at: <http://www.abc.net.au/news/2016-05-17/state-government-cuts-parenting-program/7423300>. Accessed on 30 October 2016.

813 Department of Education, *KindiLink*, 22 September 2016. Available at: <http://det.wa.edu.au/curriculumsupport/earlychildhood/detcms/school-support-programs/early-childhood-education/kindilink.en?cat-id=11463713>. Accessed on 21 October 2016.

814 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, Recommendation 6, p68.

815 Professor Sven Silburn, Clinical Psychologist and Researcher, Menzies School of Health Research, *Transcript of Evidence*, 12 September 2016, p7.

include mental health early intervention and treatment programs.⁸¹⁶ There are currently 21 Child and Parent Centres in operation with a funding commitment of \$48.7 million over four years.⁸¹⁷ Three of these are located in the Kimberley and two in the Pilbara.⁸¹⁸ It is unclear whether the services offered have been expanded as recommended by the Commissioner.

Recommendation 36

That the Minister for Education increase the number of Child and Parent Centres operating in remote areas.

Ongoing gaps in early intervention services

- 8.14 The examples discussed above were recognised by previous inquiries as gaps in early intervention initiatives and have been addressed, at least to some extent, by subsequent expansion of services. However, the Committee received consistent evidence that there are persistent gaps in services for children and young people, less so in diversionary activities but especially in mental health and alcohol and other drug services. Several witnesses gave evidence about how they had to find ways to help young people who fell outside the scope of their service provision but were not captured within any other organisation's scope due to gaps in service provision for young people in the region.⁸¹⁹ This evidence not only raises questions about the ability of services to work effectively if they are so restricted by inflexible service agreements, but it also exposes a gap in dedicated services to address these needs.
- 8.15 The *Stokes Review* identified this gap in 2012 and recommended that early childhood assessment and intervention programs be developed for children showing signs of the development of possible mental illness.⁸²⁰ In December 2015, the Commissioner for Children and Young People recognised improved availability of early intervention mental health services for young people aged 12 years and over. However, there was an ongoing gap in these services for children and young people in regional areas, children aged younger than 12 years and specific groups of children and young people vulnerable to mental health problems, such as young people in care or in contact with

816 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, Recommendation 4, p67.

817 Submission No. 30 from Department of Education, 12 May 2016, p9.

818 Government of Western Australia, *Our Centre Locations*. Available at: <http://childandparentcentres.wa.edu.au/our-centre-locations/>. Accessed on 9 November 2016.

819 Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, *Transcript of Evidence*, 10 June 2016, pp15-16.

820 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendation 8.9, p18.

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the justice system.⁸²¹ Further, culturally appropriate services for Aboriginal children and young people and their families were found to be lacking across the service continuum and this was the subject of a further recommendation.⁸²²

- 8.16 The *Suicide Prevention 2020: Together we can save lives* (Suicide Prevention 2020) strategy recognises a life course approach, acknowledging children and young people, the role of parents and the importance of perinatal and early years. It refers to early intervention as an important component of the full spectrum of interventions for mental health problems.⁸²³ However, this strategy is not specific to the needs of Aboriginal youth.⁸²⁴ Development of a specific suicide prevention plan or, at the very least, making the Mental Health Commission's (MHC) Aboriginal Implementation Plan and Youth Engagement Strategy publicly available, would bring the need for these services into focus.
- 8.17 The Committee also heard evidence regarding a gap in alcohol and other drug services for young people aged younger than 16, especially rehabilitation services, which have been extremely limited outside the metropolitan area.⁸²⁵ Commonwealth funding was awarded from 1 July 2016 for a youth rehabilitation project in Kununurra and Wyndham for young people aged 12 to 15, with the involvement of an adult guardian or family member.
- 8.18 The Western Australian *Mental Health, Alcohol and Other Drug Services Plan 2015-2025* (MHA&OD Plan) acknowledged the need to develop age-appropriate services across the service spectrum, although the first progress report on the implementation of this plan will not be provided to the government until 2020.⁸²⁶

Finding 35

The strategies, plans and programs are not Aboriginal specific and whether they are tailored to be culturally appropriate for Aboriginal people is unclear.

821 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, pp45-46.

822 *ibid.*, Recommendation 12, p69.

823 Mental Health Commission, *Suicide Prevention 2020: Together we can save lives*, Government of Western Australia, Perth, 2015, pp25-26.

824 Submission No. 23 from AHCWA and YACWA, 20 May 2016, p23.

825 Mrs Cheryl Durrans, East Coordinator, Kimberley Community Alcohol and Drug Service, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, pp10-11; Dr Nicole Jeffery-Dawes, Clinical Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p11.

826 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p1.

Extending the service continuum to postvention

- 8.19 The Committee received consistent evidence that there is a significant gap in postvention services to assist families and communities bereaved by suicide. This gap has been identified in some previous recommendations at a federal level.⁸²⁷ The importance of postvention services in arresting the cycle of trauma and suicide contagion cannot be underestimated.
- 8.20 Postvention services in remote locations are often provided by critical response teams with variable composition and skills. The Committee heard evidence that the nature of the support provided also varies, ranging from assistance with daily tasks such as shopping and errands that families may have difficulty completing in the aftermath of a suicide, to assisting with funeral arrangements, counselling, and liaising with local service providers and advocating on behalf of families for their needs.⁸²⁸
- 8.21 To date, StandBy Suicide Response has been the main provider of postvention support services in the Pilbara and Kimberley regions of Western Australia, funded by the Commonwealth Government (see Appendix Nine). The University of Western Australia Critical Response Project is also being trialled until January 2017, developed in consultation with major stakeholders and funded by the Commonwealth Government. This critical response team is not intended to form an ongoing service but will develop a culturally appropriate critical response model. The trial has already identified problems with depleted resilience and lack of training amongst existing responders which often translates into difficulty engaging the communities and families in need.⁸²⁹ The model will have a strong focus on building capacity for Aboriginal communities to undertake their own critical response activities, although it will also recognise the potential for adding trauma where victims are members of the responders' own families.⁸³⁰
- 8.22 Dr Westerman also gave evidence regarding “psycho-education” programs which provide strategies for at-risk communities to reduce suicide contagion through postvention activities:

827 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 27. See also National Mental Health Commission, *A Contributing Life: the 2014 Report Back on the 2012 and 2013 National Report Cards on Mental Health and Suicide Prevention*, National Mental Health Commission, Sydney, November 2014, Recommendation 18, pp23-25; Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, Recommendation 17, p62.

828 Miss Karri Ambler, StandBy Coordinator East Kimberley, Anglicare/United Synergies StandBy, *Transcript of Evidence*, 10 June 2016, p6.

829 Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSISPEP, *Transcript of Evidence*, 20 June 2016, pp18-19.

830 ATSISPEP, *Critical Response Meeting Report*, University of Western Australia, July 2015, pp10-11.

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*What we know at a post-trauma level is that the best healing for trauma is exposure. However, what is occurring in Aboriginal communities is that people are being constantly reminded; they are being constantly bombarded, because they walk past the place where the suicides occurred, and they are bombarded again and reminded of the trauma... What we do at a postvention level is a couple of things. The first thing we do is visually change the look of the place where the person has died. We get the whole community to do that, so it is not the bombardedness. The second thing we do, because we know that, based on science around copycat and contagion, we get the people to get on the front foot, or get the community and the elders to be on the front foot, and separate the person from the act of suicide. What that means is that they can still grieve culturally, so the grief does not become stuck and unresolved. What it also does is it makes grief for the person—great father, great this, great that. However, he was also depressed and he was also drinking too much, or whatever. Separate the person from the act. We know those sorts of things from high-profile suicides. We know that they actually reduce copycat impacts, because what they do is they provide an opportunity for people to talk about suicide with young people, and that is the smartest thing we can do. So that is what we do; we teach people how to communicate with young people about suicide, because then we know that those young people potentially are the next risk group.*⁸³¹

- 8.23 Improving both universal and targeted postvention responses has been identified as an action area in the MHC's Suicide Prevention 2020 strategy. In particular, programs for children bereaved by suicide have been identified as an early priority.⁸³²

Recommendation 37

That the Mental Health Commission implement the postvention recommendations in the *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* report and the forthcoming University of Western Australia Critical Response Project report into its dedicated suicide prevention strategy Aboriginal Implementation Plan.

Providing holistic responses requires a change in approach

- 8.24 Previous recommendations have advocated that government services adopt a holistic approach to preventing Aboriginal youth from becoming at risk of suicide. However, it

831 Dr Tracy Westerman, Managing Director, Indigenous Psychological Services, *Transcript of Evidence*, 12 September 2016, p6.

832 Mental Health Commission, *Suicide Prevention 2020: Together we can save lives*, Government of Western Australia, Perth, 2015, p37.

is clear that significant gaps remain which prevent this. Government structures have long been criticised for their inflexibility and inability to respond dynamically but, when faced with a problem as significant as this, agencies must do all they can to work holistically. Nyikina traditional custodian and Director of Walalakoo (Native Title) Body Corporate Dr Anne Poelina calls on the government to “change the way it does business”:

*It is time to involve the community by looking at holistic approaches into investing into improving young people’s lives. An inter-agency, inter-government community partnership is required to focus on developing programs to build individual capacity so that young Indigenous people in the Kimberley can have the opportunity to learn, earn and participate in order to reach their full potential as a human being.*⁸³³

Accessibility of programs and services

- 8.25 It is widely acknowledged that the sheer size of Western Australia and the distribution of its population can restrict the provision of programs and services. Western Australia accounts for 33 per cent of Australia’s landmass, covering 2.5 million square kilometres.⁸³⁴ While around three-quarters of Western Australians are clustered in the Greater Perth area, the remaining quarter are spread across a significant expanse of area.⁸³⁵
- 8.26 The remoteness of many Aboriginal communities means that Aboriginal young people and their families are often forced to make choices that metropolitan-based people are not: remain connected to country but have limited access to services, or move to larger towns, gain access to services but potentially lose connection to country?
- 8.27 The Committee acknowledges that such a widely dispersed population poses particular challenges for government agencies in terms of service delivery which are not easily overcome. Specific gaps in service provision include the general lack of services and, where services do exist, limited hours of operation. Providers struggle to fill staff vacancies, which can affect the quality of service that young people receive.
- 8.28 Finally, each community is unique in its make-up, with an array of strengths and issues which exist to varying degrees. This poses challenges for government agencies which

833 Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p8.

834 Australian Bureau of Statistics, 1306.5 – *Western Australian at a Glance, 2014: Geography*, May 2014. Available at: <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/1306.5main+features22014>. Accessed on 26 October 2016.

835 *ibid.*

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struggle to provide services or programs that offer local solutions to local problems. The accessibility of government services to Aboriginal groups is reduced because the services and programs do not respond to their cultural and service needs.

Lack of services and programs in remote areas

- 8.29 Previous inquiries recognised that the remoteness of some Western Australian communities can challenge the availability and accessibility of services.⁸³⁶ The *Gordon Inquiry* recommended that services and infrastructure be spread around the state so people living outside of the metropolitan area can access services locally.⁸³⁷ Similarly, the State Coroner twice recommended for mental health facilities in the Kimberley region to be improved so that people requiring treatment did not have to be transferred to Perth.⁸³⁸ This was supported in the *Stokes Review*, which noted that a secure facility in Broome needed to “become a reality”.⁸³⁹
- 8.30 In response to the State Coroner’s calls for a secure mental health facility in the Kimberley region, the Broome Mental Health Unit (Mabu Liyan) was opened in May 2012. It currently has 13 beds, three of which are secure, and is managed by the Kimberley Mental Health and Drug Service.⁸⁴⁰ Additional authorised psychiatric units are located in Bunbury (27 beds), Albany (16 beds) and Kalgoorlie (six beds) in regional hospitals to provide inpatient mental health services.⁸⁴¹
- 8.31 Community Mental Health Services (CMHS), provided as part of the WA Country Health Services (WACHS), operate according to a “hub and spoke model”. Regional centres support smaller satellite services, which involves specialist multi-disciplinary teams

836 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Finding 136, p363; Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, pp75-78.

837 Patey, C., ‘The Gordon Inquiry: An Analysis into Government Initiatives for Rural and Remote West Australian Youth Disadvantage’, Parliamentary internship report prepared for the Hon. Ben Wyatt, Member for Victoria Park, 20 November 2015, p9.

838 State Coroner for Western Australia, *Coronial Inquiry into 5 suicides – Balgo*, Office of the State Coroner, Perth, October 2011, Recommendation 5, p53; State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 24, p141.

839 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendation 7.10.14, p14.

840 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, p9.

841 Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, Attachment 1, p3.

providing assessment and follow up in people's homes and communities. The teams also provide outpatient clinics at WACHS hospitals.⁸⁴²

- 8.32 In 2012, the *Stokes Review* found that most patients accessing CMHS attended a clinic rather than receiving clinicians at home.⁸⁴³ As a follow-up, the Committee asked the Department of Health (WA Health) how often specialist multi-disciplinary teams visited satellite services within their district, but was not provided with this information.⁸⁴⁴ The Committee was informed, however, that there are only 10 full-time equivalent positions servicing the Kimberley – two of which cover Broome alone.⁸⁴⁵ Given the size of the Kimberley region, the Committee questions whether so few clinicians could provide adequate outreach support for residents of remote communities.
- 8.33 The *Stokes Review* found that a fly-in, fly-out or drive-in, drive out model was also used, whereby specialised practitioners travelled from metropolitan areas to provide mental health services in remote areas. Although this gave patients access to experienced psychiatrists and clinicians, it undermined continuity of care as patients generally saw a different psychiatrist each time.⁸⁴⁶
- 8.34 The only way children and young people currently receive specialised psychiatric care in the remote Kimberley without leaving their communities is through this model. Around six times a year, a child and adolescent psychiatrist travels to Kununurra for a week and, from there, visits Wyndham, Halls Creek, Warmun, and Kalumburu. Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, said that the issues highlighted in the *Stokes Review* remain: the psychiatrists can come “from Melbourne or Perth or New Zealand. Somebody comes in for a week. ... But out of those six trips, it could be four different psychiatrists.”⁸⁴⁷ He said that the lack of a psychiatrist attached to the child and adolescent service in Kununurra was a gap in service provision.⁸⁴⁸
- 8.35 The Remote Services Framework of the Department for Child Protection and Family Support (DCPFS) responds, in part, to the *Gordon Inquiry*.⁸⁴⁹ It is a collaborative
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- 842 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p2.
- 843 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, p159.
- 844 Submission No. 35 from Department of Health, 4 August 2016, Attachment C.
- 845 *ibid.*, p1.
- 846 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, pp64, 83.
- 847 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p12.
- 848 *ibid.*
- 849 Department for Child Protection and Family Support, *Remote Services Framework*, Government of Western Australia, Perth, July 2014, p1.

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approach, centred around Senior Community Child Protection Workers-Remote roles and multi-functional police facilities (discussed below at paragraph 8.55). In essence, these workers are located in 11 remote Aboriginal communities and respond to their specific child protection needs.⁸⁵⁰

- 8.36 Nevertheless, evidence to this Inquiry emphasised that access to services in remote Western Australia is still inadequate. The Commissioner for Children and Young People submitted that access to services continues to be a significant issue for children and young people in regional and remote areas.⁸⁵¹ The Aboriginal Legal Service reiterated that there remains a lack of culturally appropriate, community owned and effective justice system programs for Aboriginal children in remote and regional areas.⁸⁵² The MHC also acknowledged that there were still limited services available for Aboriginal children and young people in remote areas.⁸⁵³
- 8.37 The Committee agrees that service provision to remote Aboriginal communities is inadequate. There still appears to be a metropolitan-centric approach. The MHA&OD Plan recognises that there are not enough dedicated alcohol and other drug community beds for young people in any non-metropolitan region, and that a culturally secure treatment and support service for Aboriginal people is required in the southern region of Western Australia.⁸⁵⁴ While the MHC said that ways to address the disparity of service provision are being considered, the Committee notes that these seem to be based on intermittent “outreach to regional areas” and supporting people from regional Western Australia to travel to the metropolitan area to access services.⁸⁵⁵

Limited hours of service provision

- 8.38 Even when services and programs are available in remote Aboriginal communities, they are rarely accessible 24 hours a day. Consultations undertaken by the Aboriginal Health Council of Western Australia (AHCWA) and Youth Affairs Council of Western Australia with young people, their families and service providers found the provision of Aboriginal-specific youth services after business hours as “critical”.⁸⁵⁶ They reported that youth specific after-hours service provision differed from region to region and was

850 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department for Child Protection and Family Support Attachment, p1.

851 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p11.

852 Submission No. 9 from Aboriginal Legal Service, 10 May 2016, p2.

853 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p5.

854 Mental Health Commission, *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, Government of Western Australia, Perth, 2015, p59.

855 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p2.

856 Submission No. 23 from AHCWA and YACWA, 20 May 2016, p11.

often non-existent.⁸⁵⁷ As discussed elsewhere in the report (see paragraph 5.64), such limited service provision is problematic given that suicidal ideation is rarely confined to business hours.

- 8.39 This is not a new problem. The *Gordon Inquiry* noted the importance of there being an effective, well-resourced and coordinated after-hours response to emergency situations in communities.⁸⁵⁸ The *CCYP 2011* recommended that a statewide 24-hour emergency service be developed for children and young people experiencing a mental health crisis.⁸⁵⁹ Four years later, *Our Children Can't Wait* found that new after-hours services had been established and expanded in the metropolitan area, but was silent on services available in regional and remote areas of Western Australia.⁸⁶⁰ The *Stokes Review* similarly recommended a specialised after-hours service be established for children and young people in rural and remote communities.⁸⁶¹ The *ATSISPEP Final Report* highlighted the need for 24-hour support for people identified as at risk of suicide as the “accessibility of services could be a life-saving issue”.⁸⁶² Around-the-clock support services are particularly important for children and young people because, as the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) stated, they “die due to intentional self-harm across all time periods”.⁸⁶³
- 8.40 Government agencies and non-government organisations working in remote areas acknowledged the need for after-hours services and, more broadly, programs to occupy youth.⁸⁶⁴ In Broome, the Committee heard that the only after-hours services

857 Submission No. 23 from AHCWA and YACWA, 20 May 2016, p12.

858 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 41, p154.

859 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 40, p133.

860 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, p49.

861 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendation 8.2, p18.

862 ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, p2.

863 ATSISPEP, *Fact Sheet 3: Suicide prevention for Aboriginal and Torres Strait Islander young people*, p2. Available at: <http://aboriginal.telethonkids.org.au/media/1526706/Fact-Sheet-No-3.pdf>. Accessed on 8 November 2016.

864 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p12; Submission No. 32 from headspace Broome, 20 May 2016, p8; Ms Michelle Nelson-Cox, Chairperson, AHCWA, *Transcript of Evidence*, 12 September 2016, p5.

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are essentially the hospital and Western Australia Police (WA Police).⁸⁶⁵ The obvious flow-on effect is that the attention of medical staff and police is diverted away from primary health care and towards people in need of mental health support.

- 8.41 To address some of these issues, the *Gordon Inquiry* recommended the increased use of video or tele-links to provide specialist treatment in community which could not be appropriately delivered by generalist workers based regionally.⁸⁶⁶ The *Stokes Review* also highlighted the importance of telephone response lines in overcoming what it called “the tyranny of distance” on the provision of mental health services to remote areas.⁸⁶⁷ It found, however, that people were often unable to use existing response lines because they are not totally free of charge.⁸⁶⁸ The *Stokes Review* recommended the implementation of 24-hour emergency phone numbers, accessible to anybody at any time and staffed by trained workers.⁸⁶⁹ *Our Children Can’t Wait* more broadly recommended “innovative and flexible models of service delivery and support be adopted in regional areas, including a wider and better use of technology”.⁸⁷⁰
- 8.42 There are initiatives that seek to support people across vast distances. Currently, Lifeline WA provides a national telephone crisis line staffed by trained volunteers and an online crisis support chat service (7pm to 4am AEST).⁸⁷¹ In response to the *Our Children Can’t Wait* recommendation, the MHC advised that services are being remodelled to increase their accessibility in regional areas. This will include “providing a single point of access to 24-hour emergency mental health services” and using telehealth technology.⁸⁷²
- 8.43 Telehealth, which uses information and communication technology to connect specialists in metropolitan areas to patients in emergency care facilities in regional areas, is not new to Western Australia. It became a key strategy of WACHS in 2011 and, in terms of mental health services, includes clinical consultations, case reviews and

865 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, p9.

866 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 172 and 173, p432.

867 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, p81.

868 *ibid.*, pp106-107.

869 *ibid.*, Recommendation 7.10.5, p13.

870 Commissioner for Children and Young People Western Australia, *Our Children Can’t Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, Recommendation 11, p69.

871 Submission No. 17 from Lifeline WA, 13 May 2016, p2.

872 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p2.

clinical supervision of regionally-based patients. When in the Kimberley, the Committee heard that some psychologists in the area organise telehealth video conferences when it appears that an individual is not responding adequately to interventions offered on-the-ground and need more specialised support.⁸⁷³

- 8.44 The Emergency Telehealth Service (ETS) began in 2012, connecting emergency medicine specialists with clinicians in regional areas to diagnose, treat or transfer critically ill and injured patients.⁸⁷⁴ The ETS is currently available in 76 hospitals, health services and nursing posts.⁸⁷⁵ But it appears that it does not currently include mental health services – WA Health identified “enabling mental health advice and timely video conference based assessments” through ETS as a “potential solution for consideration” rather than a process that is already occurring.⁸⁷⁶ There are undoubtedly limitations to the ETS as it still requires patients to attend clinics where it is available. It therefore does not completely overcome the accessibility difficulties faced by those living in extremely remote communities without clinics.
- 8.45 Postvention services StandBy Suicide Response and the University of Western Australia Critical Response Project (see paragraph 8.21) are available after hours. Such initiatives respond to suggestions that emerged from ATSSSPEP consultations with critical response community stakeholders. In particular, the stakeholders considered that “communities unlikely to secure permanent local or consistent outreach services could benefit from a Critical Response Team presence and work together to capacity strengthen the community to ensure healing.”⁸⁷⁷

Finding 36

There is a lack of after-hours mental health and suicide prevention services in remote areas.

Finding 37

Telehealth services have limited effectiveness, as it requires a pre-existing relationship between Aboriginal people and service providers which often does not exist. Further,

873 Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p7.

874 WA Country Health Service, *Telehealth*. Available at: <http://www.wacountry.health.wa.gov.au/telehealth>. Accessed on 8 November 2016.

875 Day, J., (Minister for Health) and Redman, T., (Minister for Regional Development), *Virtual emergency department now in Yalgoo*, Media Statement, Government of Western Australia, Perth, 19 October 2016. See also WA Country Health Service, ‘Emergency Telehealth Service Sites’ Map, Available at: http://www.wacountry.health.wa.gov.au/fileadmin/sections/telehealth/ETS_Sites_Map.PDF. Accessed on 27 October 2016.

876 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p6

877 ATSSSPEP, *Critical Response Meeting Report*, University of Western Australia, Crawley, July 2015, p10.

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telehealth services are generally located in regional centres which still require Aboriginal people to travel to access these services.

Recommendation 38

That the Western Australian Government collaborates with the Commonwealth Government to provide accessible 24-hour mental health and suicide prevention services in remote areas.

Staffing difficulties

- 8.46 The remoteness of some Aboriginal communities means that providers servicing these areas often struggle to attract and retain staff. As Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, said, “[r]ecruitment and retention is a serious issue for any service provider in the Kimberley. This is public knowledge.”⁸⁷⁸ Government agencies have long recognised this issue and sought to address it through initiatives such as financial incentives, additional days of sick leave, and permanency.⁸⁷⁹
- 8.47 Yet past inquiries have considered that many of these initiatives are ineffective and tend to attract inexperienced staff. In 2002, the *Gordon Inquiry* found that incentives provided to attract staff to remote areas were insufficient given the additional costs of working in remote areas. Some incentives, such as permanency, would serve to attract inexperienced staff, who are not necessarily best placed to work in a demanding environment.⁸⁸⁰ It recommended that incentives be reviewed so that they to attract and retain experienced workers in remote areas.⁸⁸¹ The *Hope Inquiry* echoes these recommendations.⁸⁸²
- 8.48 Not much has really changed since the *Gordon Inquiry*. Regional benefits or incentives offered to government employees still include additional paid leave, permanency, and financial incentives. Other incentives include Government Regional Officer Housing (whereby employees are provided with accommodation at a subsidised rate),⁸⁸³ relocation costs, utility subsidies, annual travel concessions, and additional paid

878 Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p9.

879 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p286.

880 *ibid.*, Recommendation 110, p287.

881 *ibid.*, Recommendations 182, 191, pp441, 459.

882 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 10, p63.

883 Housing Authority, *Government Employee Housing*, 3 August 2015. Available at: <http://www.housing.wa.gov.au/housingoptions/rentaloptions/govemployeehousing/Pages/default.aspx>. Accessed on 27 October 2016.

leave.⁸⁸⁴ It is noteworthy that a 2012 study of teachers in primarily remote Aboriginal communities found that a pre-existing interest in remote teaching rather than incentives attracted them to their role. In some cases, their accommodation was actually viewed negatively. One teacher said it had not been cleaned prior to their arrival, another noted that there were gaps between walls which allowed bug infestations.⁸⁸⁵

- 8.49 A whole-of-government response to the recommendation of the *Hope Inquiry* emphasised current initiatives which seek to attract staff, including district allowances.⁸⁸⁶ Administered by the Department of Commerce, a district allowance is compensation for “the disadvantages associated with working in regional Western Australia” (such as the cost of living, climate and isolation).⁸⁸⁷ As the whole-of-government response noted, they ensure that state government employees located in remote and regional areas are “treated equitably”. District allowances are calculated using mechanisms including the Regional Price Index and the annual Perth Consumer Price Index.⁸⁸⁸ Salaried employees working in Gascoyne region, for example, receive an additional \$2,734 per annum while those working in the Pilbara region receive an additional \$9,299 per annum.⁸⁸⁹
- 8.50 Service providers working in remote Western Australia have traditionally experienced high attrition rates. The stark reality of the sheer disadvantage of Aboriginal people living in remote communities can cause people working in these areas to become overwhelmed at the magnitude of help required and ultimately burnout. The *ECU Review* recommended support mechanisms be developed that enable or require adequate and regular opportunities to debrief.⁸⁹⁰ Other inquiries have recommended increasing the local Aboriginal workforce (see Chapter 5).

884 Department of Education, *Remote Teaching Service*, 29 July 2016. Available at:

<http://det.wa.edu.au/careers/detcms/navigation/teachers-and-school-leaders/career-opportunities/remote-teaching-service/>. Accessed on 27 October 2016.

885 Lock, G. et al., 'Welcome to the Outback: The Paradoxes of Living and Teaching in Remote Western Australian Schools', *Australian International Journal of Rural Education*, vol. 22, no. 3, 2012, pp122, 124.

886 Submission No. 41 from Department of the Premier and Cabinet, 7 September 2016, Attachment A, pp6, 7.

887 *ibid.*, Attachment A, p7.

888 Department of Commerce, *District allowance*. Available at:

<https://www.commerce.wa.gov.au/labour-relations/district-allowance-frequently-asked-questions>. Accessed on 8 November 2016.

889 *District Allowance rate 2015 Adjustments*, Information Circular 0224/15, 9 July 2015, Schedule A. Note: the circular's period of effect was to 30 June 2016 but is yet to be superseded.

890 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendations 18 and 28, pp1256, 1266.

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- 8.51 Some mentoring and support of health services staff in remote areas is occurring,⁸⁹¹ although the Committee cannot assess the effectiveness of this work. Nor can the Committee determine the extent to which succession planning, which the *Gordon Inquiry* highlighted as important for service providers,⁸⁹² is taking place. Given that government service providers in the Kimberley reportedly continue to have a high staff turnover,⁸⁹³ any support or succession planning that is occurring is struggling to overcome the challenges associated with remote service provision.

Finding 38

There are ongoing challenges associated with the provision of service in remote areas which contributes to a lack of available services.

Recommendation 39

That the Western Australian Government collaborates with the Commonwealth Government to train and employ local community members to fill positions in remote areas.

Addressing the challenges of remote service delivery

- 8.52 Providing sufficient effective services and programs in remote areas is an ongoing challenge for government. Generally, government agencies will only have a small number of staff in regional centres, if any staff at all, which limits the availability of service providers on the ground.
- 8.53 To address this, co-locating government services in regional areas means additional workers are available to provide support and share knowledge, and allows for easier referrals of service and the capacity to respond to multiple risk factors in one place. Further, providing multi-disciplinary training to staff to enable them to identify and provide an initial response to risk factors also improves the capacity and effectiveness of workers, particularly where there are limited resources.

891 Ms Rebecca Smith, Regional Director, Western Australian Country Health Service, *Transcript of Evidence*, 7 June 2016, pp3-4.

892 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 81 and 155, pp237, 425.

893 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p10.

Co-located services

- 8.54 Co-located services not only promote inter-agency collaboration at the service delivery level but also improve client access to services. Co-location of services has been the subject of numerous previous recommendations.⁸⁹⁴
- 8.55 The *Gordon Inquiry* recommended ‘one-stop shops’ to deal with the range of factors that are linked to and result from family violence and child abuse. This includes alcohol and drug abuse, gambling, early parenting, suicide, and other health and wellbeing activities.⁸⁹⁵ These would be supported by specialist teams who provide advice via telephone and video, and visit the community.⁸⁹⁶ In response, the Western Australian Government established multi-functional police facilities, which are permanently staffed by WA Police and one full-time equivalent officer from the Department for Child Protection and Family Support, as well as visiting staff from other agencies.⁸⁹⁷ The *Hope Inquiry* endorsed the facilities and recommended that they continue to be constructed, adequately funded and staffed.⁸⁹⁸
- 8.56 There are currently 11 of these facilities in Western Australia. An assessment of policing in remote Aboriginal communities in Queensland, the Northern Territory, Western Australia and South Australia in 2007 concluded that the multi-functional police facilities model was “the most progressive” of the models being developed in the four jurisdictions and “has much to recommend it.”⁸⁹⁹ Despite the Department of the Premier and Cabinet’s (DPC) recent assurance that all of these facilities are “fully staffed at all times”,⁹⁰⁰ the Community Development and Justice Standing Committee

894 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendations 8, 25, pp53, 146; Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 170 and 172, pp431, 432; Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 47, p148.

895 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 170, p431.

896 *ibid.*, Recommendation 172, p432.

897 Community Development and Justice Standing Committee (39th Parliament), *A measure of trust: How WA Police evaluates the effectiveness of its response to family and domestic violence*, Report No. 10, Parliament of Western Australia, Perth, October 2015, p27.

898 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 25, p146.

899 Valentin, J., *An Independent Assessment of Policing in Remote Indigenous Communities for the Government of Australia*, Commonwealth of Australia, Canberra, March 2007, pp16-17.

900 Submission No. 41 from The Department of the Premier and Cabinet, 7 September 2016, p24.

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has previously noted significant problems recruiting and retaining DCPFS staff in several remote locations, which obviously limits the effectiveness of the service provided.⁹⁰¹

- 8.57 The Committee is also concerned that these facilities ultimately represent a very narrow interpretation of what was intended by the *Gordon Inquiry*. It seems that more could be done to ensure that these facilities provide services to more fully address the wide variety of suicide risk factors. A previous Education and Health Standing Committee noted the evidence of Lieutenant General Sanderson in relation to multi-function police facilities, who said that “communities remain dependant on the WA Police because their capacity to police themselves has diminished.”⁹⁰² The capacity of these centres could be expanded to incorporate an element of local cultural authority, such as community elders.

Recommendation 40

That the Western Australia Police and the Department for Child Protection and Family Support report to the Parliament on the scope for local cultural authority to be incorporated into the services provided at multi-functional police facilities.

- 8.58 The *Hope Inquiry* recommended multi-function government offices for centres such as Broome, to be staffed by representatives of each of the main government organisations providing services in the regions.⁹⁰³ The recommendation was addressed to the then Department of Indigenous Affairs, now the Department of Aboriginal Affairs (DAA). The DPC advised that in Broome, DAA currently resides in the multi-function government office arrangement that was originally created for the National Partnership Agreement for Remote Service Delivery. Otherwise, the government claims to have improved accessibility through the development of a network of over 100 Community Resource Centres, as well as through multi-function police facilities.⁹⁰⁴ The Committee disagrees with the DPC’s conclusion that the status of this recommendation is “addressed” as it has clearly been only very narrowly implemented.

Finding 39

Recommendation 8 of the State Coroner, Alexander Hope’s *Coronial Inquest into 22 suicides - Kimberley* regarding the establishment of multi-function government offices has only been very narrowly implemented.

901 Community Development and Justice Standing Committee (39th Parliament), *A measure of trust: How WA Police evaluates the effectiveness of its response to family and domestic violence*, Report No. 10, Parliament of Western Australia, Perth, October 2015, p27.

902 Education and Health Standing Committee (38th Parliament), *Alcohol Restrictions in the Kimberley: A ‘Window of Opportunity’ for improved health, education, housing and employment*, Report No. 8, Parliament of Western Australia, Perth, March 2011, p30.

903 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, Recommendation 8, p53.

904 Submission No. 41 from The Department of the Premier and Cabinet, 7 September 2016, p17.

- 8.59 The Director General of the DAA, Mr Cliff Weeks, also gave evidence to the Committee that the DAA will shortly re-open its office in Kalgoorlie as a referral centre with a new “triage-type model”:

Any Aboriginal person who walks into the office, we will literally have officers at the front desk who have access to a Rolodex: what is your issue? We will find the appropriate person for them to talk to. If they have to jump in a bus and we have to take them to that appointment we will, so we are getting more hands-on in terms of making sure that Aboriginal people are connected with service providers.⁹⁰⁵

- 8.60 The office will have three staff and a “hot-desking” arrangement where other service providers can meet with Aboriginal people who attend for appointments.⁹⁰⁶ The Committee notes that this decision has been taken in response to Mr Weeks’ view that:

Mainstream agencies are not at the level that they need to be to be able to engage with Aboriginal people, to change their structures, to be more adaptive, to be more open and inclusive with the Aboriginal people, especially in our regional areas.⁹⁰⁷

Recommendation 41

That the Department of the Premier and Cabinet and the Department of Aboriginal Affairs revisit Recommendation 8 of the *Coronial Inquest into 22 suicides – Kimberley*. The Premier and the Minister for Aboriginal Affairs should then report to the Parliament on:

- the effectiveness of the multi-function government office in Broome in improving access to and referral of Aboriginal people to appropriate government services; and
- plans to establish any other multi-function government offices in regional centres.

Recommendation 42

That the Department of the Premier and Cabinet and the Department of Aboriginal Affairs evaluate the new multi-function Department of Aboriginal Affairs office in Kalgoorlie after one year of operation. The Premier and the Minister for Aboriginal Affairs should then report to the Parliament on its effectiveness in improving access to and referral of Aboriginal people to appropriate government services.

905 Mr Cliff Weeks, Director General, Department of Aboriginal Affairs, *Transcript of Evidence*, 12 September 2016, p10.

906 *ibid.*, p11.

907 *ibid.*, p9.

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- 8.61 The Commissioner for Children and Young People recommended in 2011 that the MHC coordinate the establishment of co-located “youth service centres” across Western Australia.⁹⁰⁸ An example of this effective service delivery model are headspace centres (see Appendix Nine). They provide a single point of access to a number of different services, build relationships and facilitate holistic and responsive plans to address mental health needs of young people.⁹⁰⁹
- 8.62 There are now 11 headspace centres in Western Australia, including five in regional centres. These are funded directly by the Commonwealth Government without the involvement of the MHC.⁹¹⁰ The MHC has acknowledged the gap in services dedicated specifically to Aboriginal children and young people in remote areas. It recommends that a “wraparound service should be considered for trial within remote communities, adopting a holistic, whole-of-government approach”⁹¹¹ but it is not clear what actions it is taking to advance this.

Recommendation 43

That the Premier and the Minister for Mental Health report to the Parliament on the establishment of wraparound services in remote communities.

Multi-disciplinary training for service delivery staff

- 8.63 One mechanism to counteract the low numbers of staff in remote areas is to train staff to recognise issues across multiple areas and provide them with resources to initiate a response whilst working to involve the relevant agency. Numerous previous recommendations have recognised that multi-disciplinary training equips staff to identify and address interrelated risk factors.
- 8.64 The *Gordon Inquiry* noted that because agencies often failed to understand the multi-faceted nature of child abuse and family violence, interventions tended to focus on limited aspects of family circumstances and were therefore restricted in their efficiency and effectiveness.⁹¹² Several recommendations were made about training staff across various government agencies on how to recognise, respond to and report family

908 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 47, p148.

909 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, p187.

910 *ibid.*, p188.

911 Submission No. 31 from the Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p6.

912 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, p56.

violence and child abuse.⁹¹³ This included training for workers in agencies which are not legislatively responsible for issues relating to family violence and child abuse, such as the then Department of Indigenous Affairs, but who may become aware of incidents through their official dealings.

- 8.65 Issues and inconsistencies regarding reporting of child sexual abuse have been largely addressed through the introduction of mandatory reporting requirements and associated training programs to educate staff on these requirements. For example, the Department of Education requires staff to complete a Child Protection and Abuse Prevention online course, with refresher training recommended every three years.⁹¹⁴
- 8.66 In 2010, the Senate Community Affairs Reference Committee recommended that frontline staff receive suicide prevention training across services as diverse as primary care, law enforcement, emergency services, health care, corrections, social security, employment services, family and child services, education and aged care.⁹¹⁵ The government response to the report outlined existing training programs for staff in a diverse range of agencies, as well as targeted initiatives in mental health first aid and suicide risk assessment.⁹¹⁶ The MHA&OD Plan also states the following aims to be achieved by the end of 2017:
- Establish an effective ‘one-stop shop’ service that provides training to relevant frontline and emergency response staff in how to respond to people with a mental illness in an emergency situation.
 - Develop comprehensive training requirements for frontline staff such as police, corrections officers, court officers and magistrates to improve their understanding of people with mental health, alcohol and drug problems.⁹¹⁷
- 8.67 The Commissioner for Children and Young People recommended in 2011 that training on the mental health needs of children and young people be incorporated into relevant

913 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 13, 105, 107, 115, 121, 184, 185 and 192, pp111, 280, 281, 291, 304, 451, 461.

914 Department of Education, *Child Protection and Abuse Prevention Online Course FAQs*, December 2015. Available at: <http://det.wa.edu.au/childprotection/detcms/inclusiveeducation/child-protection/public/files/child-protection-online-course-faqs.en?tab=Main>. Accessed on 19 October 2016.

915 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendations 8, 15, pp53, 55.

916 Australian Government, *Commonwealth Response to The Hidden Toll: Suicide in Australia, Report of the Senate Community Affairs Reference Committee*, Australian Government, Canberra, November 2010, pp34-37.

917 Mental Health Commission, *Better Choices. Better Lives. Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*, Government of Western Australia, Perth, 2015, pp53, 98.

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undergraduate and certificate courses.⁹¹⁸ Mental health training was also recommended for teachers and school staff with pastoral care roles, which was reiterated in a contemporaneous report by the House of Representatives Standing Committee on Health and Ageing.⁹¹⁹ As part of the Commissioner's review of the implementation of these recommendations, Murdoch, Edith Cowan and Notre Dame Universities all provided information on courses across various faculties which improve students' understanding of the mental health needs of children and young people.⁹²⁰ The Commonwealth Government also provides funding for:

- the Response Ability program, which supports the pre-service training of teachers and early childhood staff regarding mental health issues in children and young people. This is implemented by the Hunter Institute of Mental Health in partnership with tertiary educators.⁹²¹
- the KidsMatter early childhood program, KidsMatter program for primary schools and MindMatters program for secondary schools. These provide professional learning and support resources for schools to build a strategy which focuses on the mental health and wellbeing of all students, not just those experiencing mental health conditions. These programs are currently managed by beyondblue.⁹²²

8.68 The Western Australian Department of Education makes Youth Mental Health First Aid training available to staff, delivered by accredited school psychologists. From January 2014 to June 2015, approximately 600 teaching and support staff completed this training.⁹²³

918 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 28, p99.

919 *ibid.*, Recommendation 41, p138; House of Representatives Standing Committee on Health and Ageing, *Before it's too late: Report on early intervention programs aimed at preventing youth suicide*, Parliament of Australia, Canberra, July 2011, Recommendation 10, p50.

920 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, pp157-159.

921 *Australian Government Response to: Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide*, Australian Government, Canberra, June 2013, p20. See also Response Ability, *About Response Ability*. Available at: <http://www.responseability.org/home/about-response-ability>. Accessed on 20 October 2016.

922 Submission No. 14 from Beyond Blue, 13 May 2016, p12. See also MindMatters, *What is MindMatters?* Available at: <http://www.mindmatters.edu.au/about-mindmatters/what-is-mindmatters>. Accessed on 20 October 2016.

923 Commissioner for Children and Young People Western Australia, *Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA*, Commissioner for Children and Young People Western Australia, Subiaco, December 2015, p178.

- 8.69 The *Stokes Review* identified that the segregation of mental and physical health in the Western Australian hospital system limited the system’s ability to respond appropriately to patients’ needs.⁹²⁴ It recommended that GPs, clinicians in general hospitals and mental health workers be trained in the recognition and treatment of comorbid conditions of mental illness and substance abuse.⁹²⁵
- 8.70 Staff from the Kimberley Mental Health and Drug Service gave evidence that there is a change away from previous attitudes which dictated that workers should “stick within their JDF”.⁹²⁶ Increased flexibility allows staff to “do some crossover where they feel they can and not be so rigid”, which enables a more holistic approach to servicing client’s needs.⁹²⁷
- 8.71 Despite this, WA Health acknowledges that there is a current gap in teaching and training staff about mental health issues and Aboriginal youth suicide.⁹²⁸ The Committee considers that it is simply not good enough for WA Health to readily acknowledge a gap in this regard, when a well-trained workforce should be at the core of the department’s service delivery.

Finding 40

Improving remote staff knowledge of risk factors through multi-disciplinary training improves the quality of services provided and reduces time delays in recognising and responding to issues as they arise.

Recommendation 44

That the Minister for Health report to the Parliament on measures to address the acknowledged gap in teaching and training staff about mental health issues and Aboriginal youth suicide.

Few local solutions for local problems

- 8.72 Tailored, community-specific initiatives are commonly associated with community ownership and leadership. Community members have expert knowledge of the issues affecting their community, so the rationale goes, and should direct the development

924 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Western Australia, July 2012, p57.

925 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Western Australia, July 2012, Recommendations 4.11, 7.7, pp12, 14.

926 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, pp4.

927 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, and Mrs Cheryl Durrans, East Coordinator, Kimberley Community Alcohol and Drug Service, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, pp3-4.

928 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p31.

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and implementation of a solution.⁹²⁹ However, with the current approach to service provision, which will likely continue for some time to come given the slow mechanisms of government reform, government retains a major role in delivering services and programs to Aboriginal people.

- 8.73 The unique nature of communities, with their different languages, strengths and issues, requires local solutions to local problems. To be most effective these should, of course, be provided in partnership with Aboriginal communities. Tailored solutions would also increase the accessibility of government services and programs to Aboriginal groups by specifically responding to their needs.
- 8.74 Community-specific approaches to suicide prevention have been supported by Western Australian inquiries since the *Gordon Inquiry*, when “a community focused systemic response” was laid out for government agencies.⁹³⁰ The *Gordon Inquiry* recommended a change in approach to service delivery. It said that a ‘top down bottom up’ approach is needed, meaning strategic direction coupled with local planning.⁹³¹
- 8.75 The theme of local specificity continued strongly in the *Sanderson Report*, which recommended service delivery priorities should be developed for each Western Australian region in consultation with Aboriginal people.⁹³² The *Hear Our Voices* project emphasised the need for community consultations to develop programs that respond to local circumstances.⁹³³ The National Mental Health Commission (NMHC) has recommended the development of:

local, integrated and more timely suicide and at-risk reporting and responses...[and] well coordinated community based, culturally appropriate, early response systems and suicide prevention

929 ATSI S P E P, *Kimberley Roundtable Report*, University of Western Australia, Crawley, August 2015, p6; Submission No. 19 from WA Primary Health Alliance, 13 May 2016, p3; Submission No. 20 from Australian Christian Lobby, 16 May 2016, p7.

930 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxxvi. See also Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, p6.

931 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendation 163, p431.

932 Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, Recommendation 7(c), p27.

933 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendations 1, 10, pp16, 69, 72.

*programmes which promote community safety [and] reach the most vulnerable...*⁹³⁴

In 2014, the NMHC reported the progress of this recommendation across Australian jurisdictions. While suicide prevention action had taken place in every state and territory, it noted that suicide rates were no longer falling and greater efforts were needed.⁹³⁵

- 8.76 There are indications that government service provision is becoming more community-specific. The *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities* (RSR Roadmap), for example, recognises that there is “no one-size-fits-all solution” in closing the gap between the life outcomes of Aboriginal and non-Aboriginal people and notes that government-funded services “need to be redesigned to meet the differing needs of families, communities and regions.”⁹³⁶ Yet one Aboriginal organisation said that the roadmap does not place the community or community controlled organisations at the centre, instead continuing to focus on government-driven processes.⁹³⁷
- 8.77 Under the *Suicide Prevention Strategy 2009 – 2013: Everybody’s Business* (OneLife Strategy), a community-based approach sought to address specific risk factors in each community. The *ECU Review* found that initiatives were not always reaching every at-risk group, including men and young people. It recommended several changes to ensure suicide prevention initiatives were responding to communities’ needs, including consulting community members from all at-risk groups and greater involvement of local government agencies.⁹³⁸
- 8.78 Suicide Prevention 2020 is built partly on the *ECU Review* findings.⁹³⁹ It continues the “community-focused, integrated action” approach of the previous strategy; for example, one of its six action areas focuses on local support and community prevention across a person’s lifespan.⁹⁴⁰

934 National Mental Health Commission, *A Contributing Life: the 2014 Report Back on the 2012 and 2013 National Report Cards on Mental Health and Suicide Prevention*, National Mental Health Commission, Sydney, November 2014, p13.

935 *Ibid.*, p14.

936 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p5.

937 Submission No. 8 from KALACC, 9 May 2016, p15.

938 CentreCare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendations 25, 29, 53, pp1262-1265.

939 Submission No. 26 from Department of the Premier and Cabinet, 18 May 2016, Attachment 1, p2; Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4.

940 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4; Mental Health Commission, *Suicide Prevention 2020: Together we*

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- 8.79 However, the qualification requirements for the newly introduced suicide prevention coordinators may impede their ability to do their job. Under the previous strategy, Community Action Plan (CAP) coordinators were selected on their community development skills and whether they were well-integrated community members. Now, “qualified suicide prevention coordinators” will be “phased in”.⁹⁴¹ According to MHC, the coordinators will “have the necessary knowledge, skills and experience (including cultural competency) to be effective in the role.”⁹⁴²
- 8.80 On the face of it (and without the benefit of questioning the MHC on the matter), this change in qualification requirements could render suicide prevention activities in Aboriginal communities ineffective. As the OneLife Strategy recognised, the success or failure of community-focused suicide prevention initiatives in Indigenous communities often rests on the degree of respect communities have for individual coordinators.⁹⁴³ Coordinators may be qualified and extremely skilled in networking with agencies, but this means nothing if community members do not turn up to their activities or meetings in the first place. Some coordinators may have both, but the Committee is concerned that the emphasis on qualifications could exclude more culturally appropriate applicants.
- 8.81 The DAA also recognised that suicide prevention coordinators require strong local connections, particularly in the Kimberley region:

*[I]t would appear integral to the success of coordinators that they be empowered to administer appropriate services and programs targeted at young Aboriginal people at risk. The suicide prevention coordinators who are already leaders within the community that they service would be best positioned to carry out their role.*⁹⁴⁴

- 8.82 Previous inquiries call for increased flexibility in government service provision in order to respond adequately to the specific circumstances facing individual communities. In *Listen to Us*, the Commissioner for Children and Young People recommended the following approach:

Programs and services need to be flexible, understand and respect the diversity of Aboriginal children and young people and their communities, their language, their culture and their histories, and be

can save lives, Government of Western Australia, Perth, 2015, pp8-9. See also Submission No. 17 from Lifeline WA, 13 May 2016, p3.

941 Mental Health Commission, *Suicide Prevention 2020: Together we can save lives*, Government of Western Australia, Perth, 2015, p35.

942 Submission No. 38 from Mental Health Commission, 30 August 2016, Attachment 3, p4.

943 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, p235.

944 Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p6.

*able to respond to their unique circumstances, needs, strengths and capacities. This requires approaches that are local, cooperative and, ultimately, community-led and controlled.*⁹⁴⁵

This recommendation was released in August 2015, which suggests that Aboriginal groups and communities are still not having their diverse cultures and needs understood.

- 8.83 Non-Aboriginal service providers and researchers recognise that community-specific responses are required to address the multi-faceted risk factors in some remote Aboriginal communities.⁹⁴⁶ This includes working with families and, in the case of drug and alcohol services, offering local and Perth-based rehabilitation options.⁹⁴⁷
- 8.84 During its commissioning phases, the Country WA Primary Health Network has indicated that it will seek to work with individual agencies in remote areas with the capacity and “cultural authority” to support Aboriginal people at risk of suicide. This will include exploring “taking a family and community centred approach to suicide prevention”.⁹⁴⁸ The WA Primary Health Alliance said that any community response will be necessarily broad and flexible enough to respond on a case-by-case basis.⁹⁴⁹ As the Committee has noted elsewhere, however, there is often disconnection between the stated intention of other government-funded strategies and the reality on the ground. The Committee therefore awaits the outcome of this process with interest.
- 8.85 One service provider said that they are increasingly able to use holistic approaches rather than limiting their responses to behaviours that fit within rigid ‘mental health’ or ‘drug and alcohol’ categories.⁹⁵⁰ However, others are hamstrung by their current funding arrangements or management models. In response to questioning from the Committee about possible partnerships with Aboriginal healers, the Deputy Chief

945 Commissioner for Children and Young People Western Australia, *“Listen To Us”: Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, Key Approach 2, p17.

946 Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p17; Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p16; Mr Gerry Georgatos, Independent Researcher, *Transcript of Evidence*, 20 June 2016, p11; Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p6.

947 Mrs Cheryl Durrans, East Coordinator, Kimberley Community Alcohol and Drug Service, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p11; Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, pp1, 2; Submission No. 31 from Department of the Premier and Cabinet, 24 June 2016, Mental Health Commission Attachment, p6 and Department of Aboriginal Affairs Attachment, p7.

948 Submission No. 19 from WA Primary Health Alliance, 13 May 2016, pp4-5.

949 *ibid.*, pp16, 5.

950 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p4.

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Executive Officer of one non-government service provider explained that funding agreements did not provide autonomy to develop such partnerships:

*I stress that I take your point, but please recognise that your providers are ruled by those who give them the money. It is not that we do not want to.*⁹⁵¹

- 8.86 Ms Raina Washington, headspace Broome manager, identified a need for “family inclusive ways of working, which facilitate healing in past trauma and loss”. But when she met with the Committee in early June 2016, headspace Broome was primarily funded through headspace national, which limited their flexibility of service as the headspace model was based on a “mainstream medical model” that centred on the young person as an individual.⁹⁵² Ms Washington recognised the limitations of this model when working with Aboriginal young people and hoped that headspace Broome could increase its family-focus when its contract was taken over by the local Primary Health Network on 1 July 2016.⁹⁵³

The importance of improving accessibility

- 8.87 The Committee recognises the inherent challenges of providing comprehensive services in remote areas. The low population and vast distance are practical hurdles which are difficult to overcome, particularly in a state the size of Western Australia. However, the current lack of accessible services is contributing to the high rates of Aboriginal youth suicide and must be improved in order to halt this tragic crisis.

Finding 41

Flexible service provision which caters to the needs of local communities is made difficult by the restrictive nature of service funding arrangements.

Funding

How much money is being spent on suicide prevention for Aboriginal young people?

- 8.88 Determining how or where government expenditure is being directed in order to reduce suicide rates amongst Aboriginal young people is almost impossible. A range of complex and interrelated factors and circumstances contribute to the health and wellbeing of young people, so it makes sense that funding across a range of portfolio areas (such as housing, health, education, justice and child protection as well as suicide prevention) could affect Aboriginal youth suicide rates.

951 Mr John Hadjis, Deputy Chief Executive Officer, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p16.

952 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services, *Transcript of Evidence*, 7 June 2016, pp8, 9.

953 *ibid.*, pp3, 13-14.

- 8.89 The Committee did not have the time or resources necessary to conduct a comprehensive audit of government expenditure on services and programs for Aboriginal people. However, other reviews of expenditure by the Commonwealth and Western Australian Governments over the past decade have provided a broad overview. Given that the Committee has found that a holistic approach to Aboriginal youth suicide prevention is needed, these reviews are relevant to this Inquiry.
- 8.90 In 2007, the Council of Australian Governments commissioned the Productivity Commission to undertake an Indigenous Expenditure Report to provide information about the levels and patterns of government expenditure on services to Australian Aboriginals. The most recent report was prepared in 2014. Key findings of this report are:

Table 8.1: Patterns of government expenditure on Aboriginal and Non-Aboriginal people

As at 2012-13	Aboriginal	Non-Aboriginal
Australian Population	3.0 %	97 %
National direct expenditure		
• Amount	\$30.3 billion	\$496.7 billion
• Percentage	6.1 %	93.9 %
Increase in national expenditure since 2008/09		
• Amount	\$5.0 billion	\$41 billion
• Percentage increase	19.9 %	9 %
• Per person percentage increase	10.3 %	2.2 %
Estimated national expenditure per person 2012/13	\$43,449	\$20,900

Source: Steering Committee for the Review of Government Service Provision, *2014 Indigenous Expenditure Report*, Productivity Commission, Canberra, December 2014, p1.

- 8.91 The below table, taken from the Productivity Commission’s report, sets out the total and per person, Aboriginal and non-Aboriginal expenditure from the Commonwealth and Western Australia Governments on different service streams.⁹⁵⁴ It is important to note that these amounts are estimates based on the best data available to the Productivity Commission, its calculation methods and assumptions. The expenditure disparity is attributed to the “greater intensity of service use” because of greater need and a younger age profile of the population, and “higher cost of providing services” due to location of services, targeted services provided in addition to general population services, cultural differences and the compounding effects of multiple disadvantage.⁹⁵⁵

954 Steering Committee for the Review of Government Service Provision, *2014 Indigenous Expenditure Report – Factsheet Western Australia*, Productivity Commission, Canberra, December 2014, p5.

955 *ibid.*, p1.

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For example, 21.3 per cent of the Aboriginal population lives in remote and very remote areas, compared with only 1.7 per cent of the non-Aboriginal population.⁹⁵⁶

- 8.92 These amounts include expenditure spent on services specifically for Aboriginal people, combined with an estimated apportionment of money spent on general population services. Excluding funding spent on general population services, such as education and health, which all Australians receive, it is estimated that, nationally, about \$5.9 billion is Aboriginal-specific expenditure.⁹⁵⁷ This is comprised of Commonwealth expenditure of \$3.28 billion, state and territory government expenditure of \$2.35 billion, and Aboriginal not-for-profit sector own source income of \$224 million.⁹⁵⁸

956 *ibid.*, p2.

957 Hudson, S, *Mapping the Indigenous program and funding maze*, The Centre for Independent Studies, Sydney, August 2016, p1.

958 *ibid.*

Table 8.2: Patterns of government expenditure on Western Australian Aboriginal and Non-Aboriginal people

Western Australia

Table 2 Australian Government and Western Australian Government direct expenditure, Western Australia, 2012-13^{a, b, c}

	Total expenditure				Expenditure per head of population ^d		
	Indig.	Non-Indig.	Total	Indig. share	Indig.	Non-Indig.	Ratio ^e
	\$m	\$m	\$m	%	\$/person	\$/person	ratio
Early child development and Education and training							
Australian Government	96	1 720	1 816	5.3	1 042	709	1.47
WA Government	568	5 845	6 413	8.9	6 186	2 408	2.57
Total	664	7 564	8 229	8.1	7 227	3 116	2.32
Healthy lives							
Australian Government	273	3 991	4 264	6.4	2 972	1 644	1.81
WA Government	750	6 001	6 752	11.1	8 166	2 472	3.30
Total	1 024	9 992	11 016	9.3	11 138	4 116	2.71
Economic participation							
Australian Government	842	8 815	9 657	8.7	9 161	3 631	2.52
WA Government	15	325	339	4.4	162	134	1.21
Total	857	9 139	9 996	8.6	9 322	3 765	2.48
Home environment							
Australian Government	130	1 408	1 538	8.5	1 416	580	2.44
WA Government	332	3 730	4 062	8.2	3 613	1 536	2.35
Total	462	5 138	5 600	8.3	5 030	2 116	2.38
Safe and supportive communities							
Australian Government	320	2 387	2 707	11.8	3 480	983	3.54
WA Government	1 136	4 468	5 604	20.3	12 358	1 841	6.71
Total	1 455	6 855	8 311	17.5	15 838	2 824	5.61
Other government expenditure							
Australian Government	290	7 579	7 869	3.7	3 155	3 122	1.01
WA Government	118	2 011	2 129	5.5	1 282	828	1.55
Total	408	9 590	9 998	4.1	4 436	3 951	1.12
All direct expenditure							
Australian Government	1 951	25 900	27 851	7.0	21 225	10 670	1.99
WA Government	2 919	22 379	25 298	11.5	31 766	9 219	3.45
Total	4 870	48 279	53 149	9.2	52 991	19 889	2.66

^a Direct expenditure includes government outlays on services and programs (including income support) that are paid directly to individuals, non-government service providers, or local governments. ^b Refer to the Report for more detail on the estimates and specific guidelines for the use and interpretation of these data. ^c Totals may not sum due to rounding. ^d Per head of population expenditure is not the same as expenditure per user, and should not be interpreted as a proxy for unit cost. ^e The ratio of total Indigenous expenditure per person to total non-Indigenous expenditure per person.

Source: Steering Committee for the Review of Government Service Provision, *2014 Indigenous Expenditure Report – Factsheet Western Australia*, Productivity Commission, Canberra, December 2014, p4.

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- 8.93 A review of services provided by the Western Australian Government took place in 2013. The Aboriginal Affairs Cabinet Sub-committee commissioned the *Aboriginal Youth Expenditure Review*, tasked with identifying “systemic issues in the provision of State funded targeted Aboriginal youth services” and making appropriate recommendations for change.⁹⁵⁹ This review found that 15 government agencies were delivering 144 targeted Aboriginal youth programs for around \$115 million annually (2012-13 estimate).⁹⁶⁰ The Department of Corrective Services was responsible for almost half of this expenditure, supporting 24 projects for a total of \$56 million. The Department of Education accounted for \$18 million, or 16 per cent of the total annual expenditure; the MHC contributed eight per cent, or \$9.2 million; and the Department of Aboriginal Affairs spent \$6.8 million or six per cent.⁹⁶¹ The majority of expenditure – or \$70 million – was directed towards agency-delivered projects, with Aboriginal corporations only receiving \$19 million.
- 8.94 Given the Committee’s findings that empowerment is fundamental to the reduction of Aboriginal youth suicide rates and that Aboriginal community-owned programs are more efficient and effective than those run by external parties, this disparity is concerning.
- 8.95 Throughout the Inquiry, significant amounts of expenditure were also discussed by Western Australian agencies:
- \$200 million towards a north-west Aboriginal housing fund.⁹⁶²
 - \$29.1 million towards the Statewide Specialist Aboriginal Mental Health Service (SSAMHS) for 2014-2017.⁹⁶³
 - \$25.9 million over four years for the implementation of Suicide Prevention 2020.⁹⁶⁴
 - \$1.1 million for the development of an Aboriginal-specific program, led by MHC.⁹⁶⁵
 - \$150,000 for the development of a targeted Aboriginal suicide prevention training program, developed by the Strong Spirits Strong Mind Aboriginal Programs team in MHC.⁹⁶⁶

959 Department of the Premier and Cabinet, *Aboriginal Youth Expenditure Review 2013*, Government of Western Australia, Perth, 2013, p2.

960 *ibid.*

961 *ibid.*, p7.

962 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p6.

963 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4.

964 *ibid.*, p2.

965 *ibid.*, p3.

- 8.96 In addition, the Australian Government has set aside \$84.75 million over three years to improve Aboriginal people's access to culturally appropriate and safe mental health services and around \$6.3 million per annum for Aboriginal suicide prevention. A further \$78.6 million over four years is to be used for Aboriginal-specific alcohol and drug treatment services.⁹⁶⁷
- 8.97 Few people who came before the Committee suggested that more money was needed overall, instead identifying issues with where and how the money was spent. Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute had a rather pragmatic view of funding:
- It has never been a question of resources, I would say. The nature of resources comes from different levels. It comes in; it comes out; commonwealth funds do this and the state does this. There are a lot of busy people. Then there is the philanthropic and then there are other community organisations. ... [The question is]: how do we bring all that together in a way that makes sense to a family?*⁹⁶⁸
- 8.98 This largely echoes previous inquiries, whose recommendations tend to focus on distribution of resources, duplication of services, and limited time that programs or projects are funded.

Distribution of funding

- 8.99 Previous inquiries' recommended changes with regard to funding which fall into two broad categories: first, the physical location of funded services and programs and second, the intended focus of funding, such as mental health or cultural empowerment.
- 8.100 In terms of the first category, the *Gordon Inquiry* found that resource distributions to communities was not fair and equitable, and that departments were not funded in a way that means they can provide adequate services, staff and infrastructure in all rural, regional and remote communities.⁹⁶⁹ It went on to recommend that a formula for resource distribution be established which included indices of social disadvantage.⁹⁷⁰

966 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p3.

967 Submission No. 45 from Australian Department of Health, 23 September 2016, pp11, 12.

968 Mr Glenn Pearson, Head of Aboriginal Health Research, Telethon Kids Institute, *Transcript of Evidence*, 12 September 2016, p18.

969 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Finding 158, p425.

970 *ibid.*, Recommendation 161, p430.

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Ten years later, the *Stokes Review* recommended that a more equitable distribution of community resources should be made.⁹⁷¹

- 8.101 The Regional Services Reforms, which currently centres on the RSR Roadmap, was partly in response to the identified problems in distribution of services (see Chapter 7). The RSR Roadmap clearly states that “[t]he State Government will work progressively to meet minimum standards for essential and municipal services in larger remote Aboriginal communities...”⁹⁷² Rather than expanding service provision to ensure that all remote communities are treated equitably, however, the RSR Roadmap outlines a model whereby service provision is increasingly concentrated on larger communities and towns and less on “small outstations”.⁹⁷³ This is completely contrary to the recommendations of previous inquiries – services will become less accessible for residents of many remote communities. As the Committee observed earlier (see paragraph 4.72), it is questionable whether the withdrawal of services identified will give residents any option other than leaving their homes.
- 8.102 In terms of the second category, a recent report by the Centre for Independent Studies found that while there were 1082 current Aboriginal specific programs in Australia,⁹⁷⁴ much of the spending directed to these programs goes to non-Aboriginal organisations. Many Aboriginal organisations are receiving less or no funding.⁹⁷⁵ Similarly, *Hear Our Voices* identified the frustration that government funding criteria is not always aligned with community priorities. Funding applications became an exercise to “tick all the right boxes” to be better placed for future funding.⁹⁷⁶
- 8.103 These concerns link to an overarching message that emerged from the evidence to this Inquiry: the ongoing overemphasis on traditional, clinical and reactive approaches to suicide and mental health rather than proactive, holistic approaches.⁹⁷⁷ As an example, the Kimberley Aboriginal Law and Culture Centre (KALACC) pointed to the \$29.1 million allocated to SSAMHS, a mental health service for Aboriginal people with severe and persistent mental illness. While KALACC noted the value of this program, it suggested

971 Stokes, B., *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, Department of Health and Mental Health Commission, Perth, July 2012, Recommendations 8.8, p18.

972 Government of Western Australia, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities*, Government of Western Australia, Perth, July 2016, p16.

973 *ibid.*, p12.

974 Hudson, S, *Mapping the Indigenous program and funding maze*, The Centre for Independent Studies, Sydney, August 2016, p1.

975 *ibid.*, p14.

976 Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, p76.

977 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p2.

that it couldn't be regarded as suicide prevention because it reacts to existing mental health problems rather than preventing them from arising in the first place.⁹⁷⁸

Essentially, as the community forum Kimberley Futures put it, “[y]ou need to focus on stopping people falling off the cliff rather than the ambulance at the bottom.”⁹⁷⁹

- 8.104 Although it has some concerns with the RSR Roadmap and Aboriginal Youth Services Investment Priorities and Principles (AYSIPP) (see Chapter 7), the Committee considers that the community engagement that AYSIPP espouses is a step in the right direction. If agencies truly listen and respond to communities' needs, a holistic approach should eventually dominate service provision. The AYSIPP, for example, has a particular focus on investment in programs that “fall between the traditional boundaries of agency responsibilities”⁹⁸⁰ and could theoretically lead to the changes demanded in previous inquiries and evidence to this Inquiry.
- 8.105 However, the Committee questions how effective these principles will be in practice, given the historical ineffectiveness of policy and government's tendency to ‘consult’ yet end up with a very bureaucratic policy or program.

Short-term funding

- 8.106 Various recommendations have been made over the years regarding the way in which funding is provided, with some recognising that the traditionally short funding cycles could restrict the possible outcomes of services or programs. *The Hidden Toll* recommended that funding cycles for programs should be longer to assist the success and stability of projects for clients and employees.⁹⁸¹ *The Gordon Inquiry* also recommended funding consistency,⁹⁸² and *CCYP 2011* and *Hear Our Voices* made similar recommendations about the provision of longer-term funding.⁹⁸³ In 2014, *OAG*

978 Mr Wayne Barker, Festival and Cultural Events Coordinator, KALACC, *Transcript of Evidence*, 7 June 2016, p2.

979 Mr David Wirken, Chief Executive Officer, Aarnja Ltd, *Transcript of Evidence*, 7 June 2016, p5.

980 Department of the Premier and Cabinet, *Aboriginal Youth Services Investment Reforms*, 14 October 2015. Available at: <https://www.dpc.wa.gov.au/Publications/Pages/AboriginalYouthServicesInvestmentReforms.aspx>. Accessed on 8 November 2016.

981 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 41, p144.

982 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Finding 155, p425.

983 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 5, p59; Dudgeon, P. et al., *Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report*, Telethon Institute of Child Health Research, Perth, March 2012, Recommendation 3, p16.

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2014 found that most activities under CAPs were funded for one year or less, which reduced the chances of making lasting change.⁹⁸⁴

- 8.107 Governments' four-year election cycles and yearly budgets undoubtedly contribute to the prevalence of short-term funding in relation to Aboriginal suicide prevention. Agencies cannot guarantee that government goals (and therefore the focuses or priorities of their funding programs) will remain the same with a change of government. They are further subject to budgetary constraints – the MHC mentioned that it is currently working in a tight fiscal environment.⁹⁸⁵
- 8.108 This creates an uncertain environment for providers. During the Inquiry the Committee met with several program providers who were receiving funding from the Commonwealth or Western Australian Governments. It heard that funding approvals were often made at the last minute – approvals being received at the end of June for programs to continue from the start of July. This uncertainty put strain on the program workers whose employment may end with little notice and decreased the ability to attract and retain employees for short-term contracts.
- 8.109 Some initiatives are attempting to address these problems. In accordance with the sustainability principle under AYSIPP, government agencies now need to contract or re-contract Aboriginal youth programs and services from non-government organisations for a minimum of three years.⁹⁸⁶ This intends to “allow agencies to focus strategic investment in programs with the breadth and longevity to sustain outcomes for individuals.”⁹⁸⁷ Sustainability objectives are also contained in the Delivering Community Services in Partnership Policy and the State Supply Commission's Open and Effective Competition Policy. The MHC told the Committee that, in line with these policies, it now has some contracts of up to five years in duration.⁹⁸⁸
- 8.110 In terms of funding for strategies, two inquiries have called for longer implementation phases. *The Hidden Toll* recommended that funding be allocated to the National Suicide Prevention Strategy for a minimum of five years.⁹⁸⁹ In reviewing the

984 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p23.

985 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p1.

986 Department of the Premier and Cabinet, *Aboriginal youth services investment reforms*, Government of Western Australia, Perth, May 2015, p2.

987 Department of the Premier and Cabinet, *Aboriginal Youth Services Investment Priorities and Principles (IPP): Fact Sheet 1*, p1. Available at:

<https://www.dpc.wa.gov.au/Publications/Documents/IPP-fact-sheet-1-Overview.pdf>. Accessed on 31 October 2016.

988 Submission No. 38 from Mental Health Commission, 30 August 2016, p2.

989 Senate Community Affairs References Committee, *The Hidden Toll: Suicide in Australia*, Parliament of Australia, Canberra, June 2010, Recommendation 19, p78.

implementation of the OneLife Strategy, the *ECU Review* recommended a five-year implementation model.⁹⁹⁰

Royalties for Regions funding

- 8.111 Some Western Australian inquiries have addressed Royalties for Regions funding, which since 2008 has directed \$6.9 billion into regional Western Australia for infrastructure and services.⁹⁹¹ The *Sanderson Report* recommended that Royalties for Regions funding be allocated to Aboriginal leaders to engage their communities in regional planning.⁹⁹² The *CCYP 2011* report recommended that Royalties for Regions funding be put towards mental health services for children and young people in remote communities.⁹⁹³
- 8.112 According to a submission from the Department of Regional Development, grants between \$76,000 and \$353,000 have been provided to mental health-related programs across Western Australia. Around \$30.5 million has been directed to the North West Drug and Alcohol Support Program in the Kimberley, Pilbara and Carnarvon but only young people in their late teens are accepted for treatment. A total \$24.8 million over four years (2015-19) is allocated to sub-acute mental facilities in Karratha and Bunbury, but as at August 2016 was yet to be released. Millions of dollars more have been spent on WACHS hospital upgrades that include “mental health components”. However, these are for the whole community and are not targeted at Aboriginal youth.⁹⁹⁴
- 8.113 It is striking that the majority of these Royalties for Regions funded initiatives are government-run, downstream, clinical and mental health-based responses instead of Aboriginal-owned, upstream, and holistic approaches to suicide prevention. It is possible that Royalties for Regions funding also contributes to holistic approaches, and the Department of Regional Development simply emphasised the mental health initiatives it thought were the most relevant to suicide prevention. Yet as the Committee has found, Aboriginal youth suicide is not simply a mental health issue but arises from many varied and interrelated risk factors.

990 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendation 42, p1274.

991 Department of Regional Development, *What is Royalties for Regions*, 2016. Available at: <http://www.drd.wa.gov.au/rfr/Pages/default.aspx>. Accessed on 31 October 2016.

992 Indigenous Implementation Board, *Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs*, Department of Indigenous Affairs, Perth, August 2009, Recommendation 8, p28.

993 Commissioner for Children and Young People Western Australia, *Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia*, Commissioner for Children and Young People Western Australia, Subiaco, April 2011, Recommendation 18, p78.

994 Submission No. 33 from Department of Regional Development, 1 August 2016, pp2-3.

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Finding 42

Very little Royalties for Regions funding has been directed towards Aboriginal-specific or youth-specific suicide prevention or postvention initiatives.

Evaluating the effectiveness of programs

- 8.114 Few people would argue with the notion that services need to demonstrate the outcomes of their programs to justify continued funding. Yet this rarely happens in practice. Of the 1082 Aboriginal specific programs examined by the Centre for Independent Studies in its recent report (see paragraph 8.102), less than 10 per cent had been evaluated. Of that 10 per cent, few evaluations actually showed evidence of a program's effectiveness. The *Aboriginal Youth Expenditure Review* also found that less than 15 per cent of the programs captured in its review could demonstrate effectiveness.⁹⁹⁵
- 8.115 A range of issues contribute to this evaluation inadequacy, including the complexities associated with determining outcomes of many youth programs. Another Western Australian parliamentary committee noted that it was difficult to assess a program's success because the changes it generates in a young person's life, such as improvements in confidence, understanding of identity, and a reduction in negative behaviours, are largely unmeasurable.⁹⁹⁶ That committee also recognised that positive change generated by youth programs is not always immediately obvious. Programs require longitudinal studies to assess their true impact, but these are rarely funded. The parliamentary committee therefore recommended that "appropriate resources be made available to government departments to conduct rigorous evaluations of the programs they fund. Evaluations should include a qualitative component."⁹⁹⁷
- 8.116 Fragmented and short-term funding also contributes to inadequate evaluation, according to the *Aboriginal Youth Expenditure Review*. It noted that service providers' time tended to be directed towards "time intensive grant applications" rather than evaluation.⁹⁹⁸ The *ECU Review* reached similar conclusions, particularly in relation to Aboriginal communities. It noted that the success of initiatives under the OneLife Strategy was often dependent on their continuity – community members did not view initiatives as useful unless they were ongoing. The *ECU Review* stressed the importance of evaluation on this basis, recommending that funding be allocated to existing

995 Department of the Premier and Cabinet, *Aboriginal Youth Expenditure Review 2013*, Government of Western Australia, Perth, 2013, p9.

996 Community Development and Justice Standing Committee (39th Parliament), *Cultivating promise: Building Resilience and Engagement for At-Risk Youth through Sport and Culture*, Report No. 13, Parliament of Western Australia, Perth, August 2016, p68.

997 *ibid.*, p70.

998 Department of the Premier and Cabinet, *Aboriginal Youth Expenditure Review 2013*, Government of Western Australia, Perth, 2013, p9.

programs demonstrating impact rather than developing new and short-term programs.⁹⁹⁹

- 8.117 The AYSIPP seek to address the evaluation deficiencies identified by the *Aboriginal Youth Expenditure Review*. Under the AYSIPP, programs and services are required to have “built-in performance management ... that includes a clear definition of outcomes and regular reporting of progress towards those outcomes.”¹⁰⁰⁰ As already discussed, the principles also require three year contracts at a minimum.¹⁰⁰¹ Increasing evaluation requirements, while much needed, demands additional resources. The SSAMHS appears to be following this model. After its first four years of operation, it was evaluated positively and funded for a further three years. A total of \$29.1 million has been allocated to SSAMHS from 2014 to 2017, which includes funds “to further evaluate its benefits”.¹⁰⁰² The Committee hopes that additional funds are included in contracts with non-government organisations to ensure that they can undertake robust evaluations of their services.
- 8.118 The ATSIPEP evaluation tools and framework are also designed to guide the evaluation of existing and future suicide prevention activities. They build on the common characteristics that ATSIPEP identified in successful programs, such as community partnership and engagement:

*[The evaluation tool] 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. ... 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.*¹⁰⁰³

*[The evaluation tool] 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.*¹⁰⁰⁴

999 Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, Recommendations 23, 43, pp1257, 1274.

1000 Department of the Premier and Cabinet, *Aboriginal youth services investment reforms*, Government of Western Australia, Perth, May 2015, p2.

1001 *ibid.*

1002 Submission No. 10 from Mental Health Commission and Ministerial Council for Suicide Prevention, 13 May 2016, p4.

1003 Ms Adele Cox, National Consultant, ATSIPEP, *Transcript of Evidence*, 20 June 2016, p7.

1004 Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSIPEP, *Transcript of Evidence*, 20 June 2016, p7.

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- 8.119 Although the tools and framework were commissioned by the Commonwealth Government, ATSIPEP community consultant Mr Gerry Georgatos said “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”.¹⁰⁰⁵ The Committee recommends the adoption of the ATSIPEP evaluation tools and framework to guide Western Australian Government investment in Aboriginal youth suicide prevention.

Conclusion

- 8.120 Improving the state of the wellbeing of Aboriginal people in Western Australia cannot be achieved by funding and providing generic programs to attempt to address isolated issues in a fragmented and disconnected way. While resources are available, their ineffectiveness in delivering the outcomes needed by Aboriginal communities has been highlighted in this report.
- 8.121 What the government needs to do is change its approach. Instead of ‘doing what governments always do, look for a government agency response’¹⁰⁰⁶ the government must empower Aboriginal communities to take responsibility and lead the approach to improve their own wellbeing. This requires full involvement of Aboriginal people in decisions which affect their lives, from strategies to the content of programs and the types of services provided. Government must support Aboriginal communities to take on this responsibility by helping to build their capacity.
- 8.122 Government, of course, retains its responsibility to provide and support Aboriginal people, particularly as empowering communities and building capacity will take time. Appointing a government agency responsible for achieving improved outcomes for Aboriginal people is imperative. While all government agencies should be responsible and accountable for the service they provide, a lead agency will bring these siloed agencies together, ensuring what needs to be addressed is addressed, particularly those issues which don’t neatly fit within a single agency’s portfolio.
- 8.123 A lead agency can be responsible for a whole-of-government approach, improving coordination and collaboration across sectors and portfolios. It can improve service integration and reduce duplication, and facilitate improved information sharing. A more collaborative and coordinated approach can lessen some of the challenges of providing services in remote areas, improving accessibility and therefore effectiveness.
- 8.124 There must be an appreciation from the government that Aboriginal suicide is different. That to prevent suicide, the many, varied and interrelated risk factors must also be addressed in a holistic way, across the lifecourse and full spectrum of services.

1005 Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSIPEP, *Transcript of Evidence*, 20 June 2016, p7.

1006 Submission No. 8 from KALACC, 9 May 2016, p20.

Most importantly, an appreciation of and respect for Aboriginal cultures must be present in all strategies, programs and services which are relevant to Aboriginal people.

- 8.125 The government must change the way it does business. This is not an easy proposition, but a necessary action to reduce the tragically high rates of youth suicide in remote Aboriginal communities.

A handwritten signature in blue ink, appearing to read 'G.G. Jacobs', is written over several horizontal lines. The signature is stylized and somewhat illegible due to the overlapping lines.

DR G.G. JACOBS, MLA
CHAIRMAN

Appendix One

Inquiry Terms of Reference

That the Education and Health Standing Committee will, in recognising the motion moved by the Member for Kimberley on 16 March 2016, inquire into and report on 'what more can be done to halt the worrying number of suicides among Aboriginal youth in Western Australia, particularly in remote communities, and to determine what resources have been set aside to tackle this crucial issue facing the State'.

- (1) In particular, the Committee will examine:
 - (a) The status of previous inquiry recommendations related to Aboriginal youth suicide in remote areas.
 - (b) The allocation of resources to current Aboriginal youth suicide prevention strategies and services in remote areas, and the effectiveness of these strategies and services.
 - (c) The gaps in strategies and services available to reduce Aboriginal youth suicide in remote areas and ways to address these gaps, including broader mental health strategies and services.
- (2) The Committee will report by 17 November 2016.

Appendix Two

Committee's functions and powers

The functions of the Committee are to review and report to the Assembly on:

- a) the outcomes and administration of the departments within the Committee's portfolio responsibilities;
- b) annual reports of government departments laid on the Table of the House;
- c) the adequacy of legislation and regulations within its jurisdiction; and
- d) any matters referred to it by the Assembly including a bill, motion, petition, vote or expenditure, other financial matter, report or paper.

At the commencement of each Parliament and as often thereafter as the Speaker considers necessary, the Speaker will determine and table a schedule showing the portfolio responsibilities for each committee. Annual reports of government departments and authorities tabled in the Assembly will stand referred to the relevant committee for any inquiry the committee may make.

Whenever a committee receives or determines for itself fresh or amended terms of reference, the committee will forward them to each standing and select committee of the Assembly and Joint Committee of the Assembly and Council. The Speaker will announce them to the Assembly at the next opportunity and arrange for them to be placed on the notice boards of the Assembly.

Appendix Three

Submissions received

No.	Name	Position	Organisation
1	Mr W Morris	Coordinator	Kimberley Aboriginal Law and Culture Centre
2	Closed submission		
3	Ms M Eggington		
4	Ms E Lenz	Director	Resource Centre for Personal Development
5	Closed submission		
6	Closed submission		
7	Mr C Pettit	Commissioner	Commissioner for Children and Young People
8	Mr W Morris	Coordinator	Kimberley Aboriginal Law and Culture Centre
9	Mr D Eggington	Chief Executive Officer	Aboriginal Legal Service of Western Australia
10	Mr T Marney	Commissioner	Mental Health Commission
11	Ms S Murray	Chief Executive Officer	Suicide Prevention Australia
12	Ms M Mitchell and Mr M Gooda	Commissioners	Australian Human Rights Commission
13	Ms R Barrett, Ms T Mulroy, Mr J Rosendahl, Ms S Ross	Students	Griffith Law School
14	Mr S Carbone	Policy, Research and Evaluation Leader	Beyond Blue
15	Mr M Glasson	Executive General Manager Service Operations	Anglicare WA
16	Dr D Palmer	Senior Lecturer and Academic Chair of Community Development	Murdoch University
17	Ms L MacGregor	Chief Executive Officer	Lifeline WA
18	Prof J Carapetis Prof A Cass	Director Director	Telethon Kids Institute Menzies School of Health Research
19	Ms C Kane	General Manager, Strategy and Policy	WA Primary Health Alliance
20	Ms D Messiha	WA State Director	Australian Christian Lobby
21	Ms F Kalaf	Chief Executive Officer	Youth Focus

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22	Prof A Fels AO	Chair	National Mental Health Commission
23	Mr C Poustie	Principal Policy Officer	Aboriginal Health Council of Western Australia Youth Affairs Council of Western Australia
24	Mr G Georgatos		
25	Mr R Weston	Chief Executive Officer	Healing Foundation
26	Mr P Conran	Director General	Department of the Premier and Cabinet
27	Dr A Poelina		Pandanus Park Aboriginal Community
28	Mr I Pedrasit		
29	Ms C Mascall	Project Coordinator	National Empowerment Project
30	Ms S O'Neill	Director General	Department of Education
31	Mr P Conran	Director General	Department of the Premier and Cabinet
32	Mrs R Washington	Manager	headspace Broome
33	Mr R Addis	Director General	Department of Regional Development
34	Mr P Conran	Director General	Department of the Premier and Cabinet
35	Dr D Russell-Weisz	Director General	Department of Health
36	Ms S O'Neill	Director General	Department of Education
37	Dr D Russell-Weisz	Director General	Department of Health
38	Mr T Marney	Commissioner	Mental Health Commission
39	Ms E White	Director General	Department for Child Protection and Family Support
40	Closed submission		
41	Mr D Smith	A/Director General	Department of the Premier and Cabinet
42	Closed submission		
43	Dr T Westerman	Managing Director	Indigenous Psychological Services
44	Ms M Nelson-Cox	Chairperson	Aboriginal Health Council of Western Australia
45	Mr M Bowles PSM	Secretary	Commonwealth Department of Health
46	Mr D Martin	Chief Executive Officer	Aboriginal Health Council of Western Australia
47	Mr R Addis	Director General	Department of Regional Development
48	Mr R Addis	Director General	Department of Regional Development

Appendix Four

Hearings

Date	Name	Position	Organisation
7 June 2016	Mrs R Washington	Manager	headspace Broome
	Mr R McPhee	Deputy Chief Executive Officer	Kimberley Aboriginal Medical Services
7 June 2016	Mr W Barker	Festival and Cultural Events Coordinator	Kimberley Aboriginal Law and Culture Centre
	Mr S Herring	Men's Coordinator	Yiriman Project
7 June 2016	Dr M Chapman	Clinical Director	Kimberley Mental Health and Drug Service
	Mr R Goodie	Regional Manager	
	Ms RM Smith	Regional Director	WA Country Health Service
	Ms H Diver	Coordinator	Kimberley Community Alcohol and Drug Services
	Ms S Luketina	Team Leader	Child and Adolescent Mental Health Service
7 June 2016	Mr D Wirken	Chief Executive Officer	Aarnja Ltd
7 June 2016	Closed hearing		
7 June 2016	Mr P Mitchell	Chief Executive Officer, Men's Outreach Service	Alive and Kicking Goals
	Ms VL Poelina	Program Manager	
	Miss T Skeen	Women's Reference Group Member	
	Ms A Howard	Peer Educator	
	Mr EJ McKenzie	Peer Educator	
10 June 2016	Mrs C Durrans	East Coordinator, Kimberley Community Alcohol and Drug Service	Kimberley Mental Health and Drug Service
	Mr T Howe	Team Leader	
10 June 2016	Mr J Hadjis	Deputy Chief Executive Officer	Boab Health Services
	Dr N Jeffery-Dawes	Psychologist	
10 June 2016	Miss K Ambler	StandBy Coordinator East Kimberley	Anglicare/United Synergies StandBy

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20 June 2016	Prof P Dudgeon	Researcher	University of Western Australia School of Indigenous Studies
	Ms A Cox	National Consultant	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
	Mr G Georgatos	Community Consultant and Critical Response Advocate	
20 June 2016	Mr G Georgatos	Independent Researcher	
12 September 2016	Ms M Nelson-Cox	Chairperson	Aboriginal Health Council of Western Australia
	Mr S Wyn-Jones	Senior Policy Officer	
	Miss HJ Thompson	Youth Policy Officer	
	Mr R Wortham	Chief Executive Officer	Youth Affairs Council of Western Australia
	Mr J Cunniffe	Senior Policy Officer	
12 September 2016	Dr TG Westerman	Aboriginal Clinical Psychologist and Managing Director	Indigenous Psychological Services
12 September 2016	Prof S Silburn	Clinical Psychologist and Researcher	Menzies School of Health Research
	Prof J Carapetis	Director	Telethon Kids Institute
	Mr G Pearson	Head of Aboriginal Health Research	
	Prof D Lawrence	Researcher	
12 September 2016	Mr C Weeks	Director General	Department of Aboriginal Affairs
	Ms L Gunn	A/Executive Director, Accountable Government	
12 September 2016	Mr R Addis	Director General	Department of Regional Development
	Mr G Searle	State Reform Leader	Regional Services Reform Unit, Department of Regional Development

Appendix Five

Glossary

Term	Definition
AACC	Aboriginal Affairs Coordinating Committee
AACSC	Aboriginal Affairs Cabinet Sub-Committee
AAPA Act	Aboriginal Affairs Planning Authority Act 1972
ACCHS	Aboriginal Community Controlled Health Services
ACCO	Aboriginal Community Controlled Organisation
AHCWA	Aboriginal Health Council of Western Australia
AHRC Act	<i>Australian Human Rights Commission Act 1986</i>
ATSISPEP	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project
AYSIPP	Aboriginal Youth Services Investment Priorities and Principles
CAMHS	Child and Adolescent Mental Health Services
CAP	Community Action Plan
CEO	Chief Executive Officer
COAG	Council of Australian Governments
Committee	Education and Health Standing Committee
Convention	<i>Convention on the Rights of the Child</i>
Covenant	<i>International Covenant on Economic, Social and Cultural Rights</i>
CMHS	Community Mental Health Services
CSEWB	Cultural, Social and Emotional Wellbeing Program
DAA	Department of Aboriginal Affairs
DCPFS	Department for Child Protection and Family Support
Declaration	<i>United Nations Declaration on the Rights of Indigenous Peoples</i>
DIA	Department of Indigenous Affairs (former)
DoE	Department of Education
DPC	Department of the Premier and Cabinet
ETS	Emergency Telehealth Service
FASD	Fetal Alcohol Spectrum Disorders
FTE	Full-Time Equivalent
IPS	Indigenous Psychological Services
KALACC	Kimberley Aboriginal Law and Culture Centre
KMHDS	Kimberley Mental Health and Drug Services
LIFE Framework	<i>LIFE: Living is For Everyone Framework</i>
MCSP	Ministerial Council for Suicide Prevention
Mental Health 2020	<i>Mental Health 2020: Making it personal and everybody's business</i>
MHA&OD Plan	<i>Mental Health, Alcohol and Other Drug Services Plan 2015-2025</i>

Appendix Five

MHC	Mental Health Commission
MH Act	<i>Mental Health Act 2014 (WA)</i>
NATSISP Strategy	<i>National Aboriginal and Torres Strait Islander Suicide Prevention Strategy 2013</i>
NEP	National Empowerment Project
NMHC	National Mental Health Commission
NSPS	<i>National Suicide Prevention Strategy</i>
NSPS 2015	<i>National Suicide Prevention Strategy 2015</i>
OneLife Strategy	<i>Western Australian Suicide Prevention Strategy 2009 – 2013: Everybody’s Business</i>
PAC	Public Accounts Committee
PHN	Primary Health Network
RAP	Reconciliation Action Plan
RSR	Regional Services Reform
RSR Roadmap	<i>Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal communities</i>
RSRU	Regional Services Reform Unit
SEWB	Social and Emotional Wellbeing
SSAMHS	Statewide Specialist Aboriginal Mental Health Service
Strategic Framework	<i>National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health and Social and Emotional Wellbeing 2004-2009</i>
Suicide Prevention 2020	<i>Suicide Prevention 2020: Together we can save lives</i>
TKI	Telethon Kids Institute
UWA	The University of Western Australia
WAAHW Framework	<i>Western Australian Aboriginal Health and Wellbeing Framework 2015-2030</i>
WACHS	WA Country Health Service
WAPHA	WA Primary Health Alliance
WA Health	Department of Health
WA Police	Western Australia Police
YACWA	Youth Affairs Council of Western Australia

Appendix Six

List of reports

Abbreviation	Report (and relevant government responses or follow up reports)
<i>Crocodile Hole</i>	Kimberley Land Council and Waringarri Resource Centre, <i>The Crocodile Hole Report</i> , Kimberley Land Council, Derby, November 1991.
<i>Working Together 2001</i>	Aboriginal Suicide Prevention Steering Committee, <i>Working Together: Recommendations for cross-government and intersectoral universal prevention initiatives to promote wellbeing and resilience and to reduce self-harm and suicide among Aboriginal youth</i> , briefing paper prepared for Hon. Alan Carpenter (Minister for Aboriginal Affairs), Perth, May 2001.
	Western Australian Auditor General, <i>Life Matters: Management of Deliberate Self-Harm in Young People</i> , Report No. 11, Office of the Auditor General, Perth, November 2001.
<i>Gordon Inquiry</i>	Gordon, S., Hallahan, K., Henry, D., <i>Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities</i> , Department of the Premier and Cabinet, Perth, July 2002.
<i>Putting People First</i>	<ul style="list-style-type: none"> • Government of Western Australia, <i>Putting People First: The Western Australian State Government's Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities</i>, Government of Western Australia, Perth, November 2002. • Western Australian Auditor General, <i>Progress with Implementing the Response to the Gordon Inquiry</i>, Report No. 11, Office of the Auditor General, Perth, November 2005. • Public Accounts Committee (37th Parliament), <i>Review of the Reports of the Auditor General 2006-2007</i>, Report No. 8, Parliament of Western Australia, Perth, November 2007. • Public Accounts Committee (38th Parliament), <i>Review of the Reports of the Auditor General 2007-2008</i>, Report No. 1, Parliament of Western Australia, Perth, March 2009. • Public Accounts Committee (38th Parliament), <i>Review of the Reports of the Auditor General 2008-2009</i>, Report No. 5, Parliament of Western Australia, Perth, November 2009. • Public Accounts Committee (38th Parliament), <i>Review of the Reports of the Auditor General 2009-2010</i>, Report No. 10, Parliament of Western Australia, Perth, April 2011.

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	<ul style="list-style-type: none"> Public Accounts Committee (38th Parliament), <i>Review of the Reports of the Auditor General 2010-2011</i>, Report No. 19, Parliament of Western Australia, Perth, November 2012. Patey, C., 'The Gordon Inquiry: An Analysis into Government Initiatives for Rural and Remote West Australian Youth Disadvantage', Parliamentary internship report prepared for the Hon. Ben Wyatt, Member for Victoria Park, 20 November 2015.
<i>DIA Review</i>	Casey, D., <i>The Report of the Review of the Department of Indigenous Affairs</i> , Perth, April 2007.
<i>Hope Inquiry</i>	State Coroner for Western Australia, <i>Coronial Inquest into 22 suicides – Kimberley</i> , Office of the State Coroner, Perth, February 2008.
	Education and Health Standing Committee (37th Parliament), <i>Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA</i> , Report No. 13, Parliament of Western Australia, Perth, May 2008.
	State Coroner for Western Australia, <i>Coronial Inquest into 5 suicides – Oombulgurri</i> , Office of the State Coroner, Perth, July 2008.
<i>Sanderson Report</i>	Indigenous Implementation Board (Lt Gen Sanderson), <i>Indigenous Implementation Board Report to the Hon. Dr Kim Hames MLA Deputy Premier; Minister for Health; Indigenous Affairs</i> , Department of Indigenous Affairs, Perth, August 2009.
<i>The Hidden Toll</i>	Senate Community Affairs References Committee, <i>The Hidden Toll: Suicide in Australia</i> , Parliament of Australia, Canberra, June 2010. <ul style="list-style-type: none"> Australian Government, <i>Commonwealth Response to The Hidden Toll: Suicide in Australia</i>, Report of the Senate Community Affairs Reference Committee, Australian Government, Canberra, November 2010.
	Education and Health Standing Committee (38th Parliament), <i>Alcohol Restrictions in the Kimberley: A 'Window of Opportunity' for improved health, education, housing and employment</i> , Report No. 8, Parliament of Western Australia, Perth, March 2011.
<i>CCYP 2011</i>	Commissioner for Children and Young People Western Australia, <i>Report of the Inquiry into the mental health and wellbeing of children and young people in Western Australia</i> , Commissioner for Children and Young People Western Australia, Subiaco, April 2011.
<i>Our Children Can't Wait</i>	<ul style="list-style-type: none"> Commissioner for Children and Young People Western Australia, <i>Our Children Can't Wait: Review of the implementation of recommendations of the 2011 Report of the Inquiry into the mental health and wellbeing of children and young people in WA</i>, Commissioner for Children and Young People Western Australia, Subiaco, December 2015.
	House of Representatives Standing Committee on Health and Ageing,

	<p><i>Before it's too late: Report on early intervention programs aimed at preventing youth suicide</i>, Parliament of Australia, Canberra, July 2011.</p> <ul style="list-style-type: none"> • <i>Australian Government Response to: Before it's too late: Report on the inquiry into early intervention programs aimed at reducing youth suicide</i>, Australian Government, Canberra, June 2013.
	State Coroner for Western Australia, <i>Coronial Inquest into 5 suicides – Balgo</i> , Office of the State Coroner, Perth, October 2011.
<i>Hear Our Voices</i>	Dudgeon, P. et al., <i>Hear our Voices: Community consultations for the development of an empowerment, healing and leadership program for Aboriginal people living in the Kimberley, Western Australia: Final Research Report</i> , Telethon Institute of Child Health Research, Perth, March 2012.
	Select Committee on Youth Suicides in the NT (11th Legislative Assembly), <i>Gone Too Soon: A Report into Youth Suicide in the Northern Territory</i> , Parliament of the Northern Territory, Darwin, March 2012.
<i>Stokes Review</i>	Stokes, B., <i>Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia</i> , Department of Health and Mental Health Commission, Perth, July 2012.
<i>Aboriginal Youth Expenditure Review</i>	Department of the Premier and Cabinet, <i>Aboriginal Youth Expenditure Review 2013</i> , Government of Western Australia, Perth, 2013.
<i>ECU Review</i>	Centrecare and Edith Cowan University, <i>WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report</i> , Edith Cowan University, Perth, 2014.
	Dudgeon, P., Milroy H., and Walker, R. (eds.), <i>Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice</i> , 2nd edition, Kulunga Research Network, West Perth, 2014.
<i>Roebourne Review</i>	Department of the Premier and Cabinet, <i>Location Based Expenditure Review 2014: A review of all social, economic participation and community services expenditure delivered in Roebourne and outlying communities of Cheeditha and Mingullatharndo; Jigalong and the Martu Communities of Punmu, Parnngurr and Kunawarritji</i> , Department of the Premier and Cabinet, Perth, 2014.
	National Children's Commission, <i>Children's Rights Report</i> , Australian Human Rights Commission, Sydney, 2014.
<i>Elders' Report</i>	<i>The Elders' report into preventing indigenous self-harm and youth suicide</i> , People Culture Environment and Our Generation Media, April 2014.
<i>Ombudsman 2014</i>	Ombudsman Western Australia, <i>Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people</i> , Ombudsman Western Australia, Perth, April 2014.

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OAG 2014	Western Australian Auditor General, <i>The Implementation and Initial Outcomes of the Suicide Prevention Strategy</i> , Report No. 7, Office of the Auditor General, Perth, May 2014.
	Telethon Kids Institute et al., <i>The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014</i> , Telethon Kids Institute, Perth, September 2014.
	Dudgeon, P. et al., <i>Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people</i> , issues paper no. 12, Closing the Gap Clearinghouse, Canberra, November 2014.
	National Mental Health Commission, <i>A Contributing Life: The 2014 Report Back on the 2012 and 2013 National Report Cards on Mental Health and Suicide Prevention</i> , National Mental Health Commission, Sydney, November 2014.
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Listen to Us	Commissioner for Children and Young People Western Australia, <i>“Listen to Us”: Using the voices of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery</i> , Commissioner for Children and Young People Western Australia, Subiaco, August 2015. <ul style="list-style-type: none"> • Joint Standing Committee on the Commission for Children and Young People (39th Parliament), <i>Listen to This, A review of Listen to Us: a report by the Commissioner for Children and Young People</i>, Report No. 6, Parliament of Western Australia, November 2015.
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	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, <i>Critical Response Meeting Report</i> , University of Western Australia, Crawley, July 2015.
ATSISPEP Kimberley Roundtable Report	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, <i>Kimberley Roundtable Report</i> , University of Western Australia,

	Crawley, August 2015.
	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, <i>Inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference Report, Alice Springs, Northern Territory, 5-6 May 2016</i> , September 2016.
<i>ATSISIEP Final Report</i>	Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project, <i>Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project</i> , report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016.

Appendix Seven

The Gordon Inquiry: Determining the status of previous inquiry recommendations

- A7.1 In November 2001 the Western Australian Government announced that (what would come to be known as) the *Gordon Inquiry* would be undertaken. The catalyst for the inquiry was the death of a 15-year old Aboriginal girl at the Swan Valley Noongar Community and the related coronial inquest. Although Coroner Alastair Hope made an open finding into her death, he considered it likely that she took her own life. He highlighted the need for mandatory reporting by health officials of sexually-transmitted diseases in cases of young people, and raised concerns about the coordination of government services.¹⁰⁰⁷
- A7.2 The inquiry members, led by Chairperson Sue Gordon, were directed to examine government agencies' responses in Aboriginal communities to family violence and child sexual abuse and recommend practical solutions.¹⁰⁰⁸ Their report was tabled in the Parliament of Western Australia in August 2002.¹⁰⁰⁹ The report made 197 findings and recommendations that concerned the activities of several public agencies and, in particular, the Department of Community Development, Western Australia Police, the Department of Indigenous Affairs (DIA) (now the Department of Aboriginal Affairs (DAA)), and Department of Health.¹⁰¹⁰
- A7.3 In response to the 197 recommendations made by the *Gordon Inquiry*, particularly those which recommended the establishment of an implementation body to oversee implementation of the recommendations,¹⁰¹¹ Western Australia's Cabinet established a

1007 State Coroner for Western Australia, *State Coroner Annual report 2001–2002*, Office of the State Coroner, Perth, June 2002, p28; Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxxi.

1008 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, pxx.

1009 Hon. S.M. McHale, Minister for Community Development, Women's Interest, Seniors and Youth, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 15 August 2002, pp171c–172a.

1010 Patey, C., 'The Gordon Inquiry: An Analysis into Government Initiatives for Rural and Remote West Australian Youth Disadvantage', Parliamentary internship report prepared for Mr Ben Wyatt, Member for Victoria Park, 20 November 2015, pp2-3.

1011 Gordon, S., Hallahan, K. and Henry, D., *Putting the picture together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Department of the Premier and Cabinet, Perth, July 2002, Recommendations 142, 143, p410.

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Directors General Taskforce to develop “an implementation plan for the Government’s response to the *Gordon Inquiry* recommendations.”¹⁰¹² The Taskforce was comprised of the Directors General of the Departments of the Premier and Cabinet, Community Development, Justice, Indigenous Affairs, Education, Housing and Works, Local Government and Regional Development, Health, Treasury and the Commissioner of Police.¹⁰¹³

- A7.4 The government response to the *Gordon Inquiry*, *Putting People First: The Western Australian State Government’s Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities (Putting People First)*, was tabled in the Legislative Assembly in December 2002. According to then Premier, Hon. Geoff Gallop, MLA, *Putting People First* was the government’s Action Plan “to combat the evils of child sexual abuse and family violence”.¹⁰¹⁴ It identified “a range of reform initiatives and directions—some immediate, some long term—to address the issues of abuse and violence affecting Aboriginal communities.”¹⁰¹⁵ As well as over 120 initiatives for implementation by 15 public sector agencies, the Action Plan included “a whole-of-government approach to organising and delivering services” and a commitment of \$75 million over four and a half years; a \$66.5 million increase on the amount previously dedicated to these service delivery areas.¹⁰¹⁶
- A7.5 The State Government Human Services Directors General Group, through a Senior Officers Group supported by a secretariat, was tasked with overseeing and monitoring

1012 Government of Western Australia, *Putting People First: The Western Australian State Government’s Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Government of Western Australia, Perth, November 2002, p1. The taskforce was assisted by a secretariat and an inter-agency reference group.

1013 *ibid.* The Aboriginal and Torres Strait Islander Commission State Chairperson was not appointed to the Taskforce as recommended by the Gordon Inquiry, Recommendation 143.

1014 Hon. Geoff Gallop, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates (Hansard)* 3 December 2002, p3374b.

1015 Government of Western Australia, *Putting People First: The Western Australian State Government’s Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Government of Western Australia, Perth, November 2002, p4.

1016 Western Australian Auditor General, *Progress with Implementing the Response to the Gordon Inquiry*, Report No. 11, Office of the Auditor General, Perth, November 2005, pp4, 5; Hon. Geoff Gallop, Premier, Western Australia, Legislative Assembly, *Parliamentary Debates (Hansard)* 3 December 2002, p3374b; Public Accounts Committee (37th Parliament), *Review of the reports of the Auditor General 2006-2007*, Report No. 8, Parliament of Western Australia, Perth, November 2007, pp35–36.

the implementation of the Action Plan.¹⁰¹⁷ The Indigenous Affairs Advisory Council also had “an equally important role in overseeing this implementation”.¹⁰¹⁸ Agencies were expected to make progress reports on implemented strategies and initiatives bi-annually over the following 18–24 months.¹⁰¹⁹ The Gordon Implementation Reporting System, a computing database, was established to assist central reporting.¹⁰²⁰

- A7.6 In 2005, three years after the release of the Action Plan, the Auditor General evaluated the extent to which the Government was monitoring the implementation of its Action Plan. The Auditor General found “inadequacies in the central reporting and monitoring of the progress of the Action Plan to facilitate effective oversight by Government.”¹⁰²¹ He found that a centralised, authoritative account tracking the implementation of initiatives did not exist, making it difficult to access information such as the number of initiatives that had been implemented or how many were behind schedule. The secretariat assisting the State Government Human Services Directors General Group only asked agencies to report the progress of initiatives considered by agencies to be of “major significance” and did not ensure that agencies’ progress reports were complete and up to date.¹⁰²² This ad hoc approach meant that only limited information was available for public reporting which, in turn, prevented the public from gaining a clear understanding of the progress made in implementing the Action Plan.¹⁰²³
- A7.7 The Auditor General also found that despite a target date for late 2003, an Evaluation Framework that allowed government agencies to assess whether the Action Plan was actually reducing family violence and child abuse had not been finalised by late 2005.¹⁰²⁴
- A7.8 Given the limited authoritative and appropriate information available, the Auditor General “examined a sample of 10 key initiatives” as indicators of the progress of the Action Plan. These initiatives were selected on the basis that they responded to “issues requiring urgent action”, were “intended to improve coordination between agencies to

1017 Government of Western Australia, *Putting People First: The Western Australian State Government’s Action Plan for Addressing Family Violence and Child Abuse in Aboriginal Communities: The Response to the Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*, Government of Western Australia, Perth, November 2002, p32. The Senior Officers Group included ATSIC and relevant Commonwealth Agency representatives, and was also supported by a Secretariat.

1018 *ibid.*, p32.

1019 *ibid.*, p33.

1020 Western Australian Auditor General, *Progress with Implementing the Response to the Gordon Inquiry*, Report No. 11, Office of the Auditor General, Perth, November 2005, pp9,11.

1021 *ibid.*, p5.

1022 *ibid.*, p11.

1023 *ibid.*, p13.

1024 *ibid.*

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deliver services”, received 72 per cent of the new funding committed to the Action Plan and represented the four major categories of initiatives.¹⁰²⁵

A7.9 Of the 10 initiatives, the following seven had been “implemented or substantially progressed on time”:

- eight Domestic Violence Liaison Officers had been appointed in regional districts to coordinate police responses to family violence
- twenty-five additional Child Protection Workers had been appointed
- fourteen Aboriginal Support Workers had been appointed and co-located with existing child/youth focused services
- the Strong Families Program has been expanded state-wide
- a Video Evidentiary Unit was established
- the Crisis Care Unit was reviewed
- police investigatory practices into sudden deaths were reviewed.¹⁰²⁶

A7.10 The remaining three initiatives — remote multifunctional facilities, the Indigenous Community Partnership Fund and Safe Places Safe People — were behind schedule due to “coordination across agencies and with Aboriginal communities taking longer than expected, [and] delays in the construction of facilities and in delivering financial assistance.”¹⁰²⁷

A7.11 The Auditor General made the following two recommendations:

- The Department of Indigenous Affairs (as the agency that became responsible for the Secretariat in April 2005) in conjunction with participating agencies should:
 - establish reporting of authoritative accounts of the progress of Action Plan initiatives
 - finalise an evaluation framework.¹⁰²⁸

1025 Western Australian Auditor General, *Progress with Implementing the Response to the Gordon Inquiry*, Report No. 11, Office of the Auditor General, Perth, November 2005, p15. The new funding was over \$47.7 million. The four major initiative categories were “employing people to deliver more service, providing facilities to co-locate officers from agencies, reviewing practices, and funding to assist Aboriginal communities”.

1026 *ibid.*, p16.

1027 *ibid.*, pp5-6, 17.

1028 *ibid.*, pp6, 10, 15.

- The effectiveness of collaboration between agencies through the current oversight arrangements and on the ground should be revisited with the objective of expediting implementation of initiatives.

A7.12 The necessity for effective agency collaboration was also noted by the Coroner in the *Hope Inquiry*, some seven years after the *Gordon Inquiry*. While the *Hope Inquiry* noted that “some important steps” had been taken in response to the *Gordon Inquiry*, he also reported that the *Gordon Inquiry’s* observations about the lack of coordination between government agencies and lack of leadership in the Kimberley had not been addressed.¹⁰²⁹

A7.13 As part of its examination of public sector agency progress in implementing the Auditor General’s recommendations, successive Public Accounts Committees (PACs) reviewed the progress made by the then DIA in relation to the above recommendations.¹⁰³⁰

A7.14 In November 2006, the DIA completed an inaugural monitoring report that showed the progress of Action Plan initiatives (including those that were integrated into agency operations).¹⁰³¹ In November 2007, the DIA advised PAC that:

- processes had been established to monitor the Action Plan
- an authoritative 2006 account of progress made in the delivery of government initiatives would be updated for June 2007 and was intended to be released following consideration and endorsement by Cabinet
- an evaluation of the impact of the Action Plan and the effectiveness of agency collaboration had commenced and would include a framework of indicators to assess long-term outcomes.¹⁰³²

A7.15 According to the DIA, an Action Plan monitoring report was submitted to Cabinet in July 2007. The DIA also advised that the first phase of the Action Plan evaluation had been completed in September 2007 and it was currently preparing a government response to its findings. If Cabinet approved the response it would be released with the

1029 State Coroner for Western Australia, *Coronial Inquest into 22 suicides – Kimberley*, Office of the State Coroner, Perth, February 2008, p156.

1030 A detailed chronology of the Public Accounts Committee’s attempts to obtain information from the Department of Indigenous Affairs and the Auditor General’s opinions on that information is provided in Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2010-2011*, Report No. 19, Parliament of Western Australia, Perth, November 2012.

1031 Public Accounts Committee (37th Parliament), *Review of the Reports of the Auditor General 2006-2007*, Report No. 8, Parliament of Western Australia, Perth, November 2007, p36.

1032 *ibid.*

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monitoring report mentioned above.¹⁰³³ The Committee notes that none of these reports were released publicly.

- A7.16 Monitoring was further complicated through restructuring of government agencies responsible for implementing recommendations. On 30 June 2007 the Department for Community Development ceased to operate, and the new Department for Communities (now the Department of Local Government and Communities following a 2013 merger with the Department of Local Government) and Department for Child Protection (now the Department for Child Protection and Family Support as of May 2013) were established from 1 July 2007.¹⁰³⁴
- A7.17 In 2008, the then Education and Health Standing Committee recommended that a review of the impact of the implementation of the *Gordon Inquiry* recommendations be undertaken.¹⁰³⁵ The Government response to the Education and Health Standing Committee report discussed a 2007 monitoring report on the implementation of the Action Plan, a 2007 evaluation of the Action Plan, and a Government response to this evaluation.¹⁰³⁶ These documents were not publicly released.¹⁰³⁷
- A7.18 By 2009, however, the election of a new government (and associated policy changes) and reforms being implemented through Council of Australian Governments (COAG) meant that the DIA was placing less emphasis on the *Gordon Inquiry*. PAC acknowledged that a change in government had meant “significant changes to the approach to Indigenous Affairs”, and asked the DIA for an update on the status of its implementation of the Auditor General’s recommendations.¹⁰³⁸ The DIA advised that the draft government response to the evaluation was completed in July 2008. The DIA also advised that in response to “significant changes to the policy landscape” and to COAG reforms, it was preparing “a new way forward” and “a refreshed strategic

1033 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2007-2008*, Report No. 1, Parliament of Western Australia, Perth, March 2009, pp55-56.

1034 Find & Connect, *Department for Community Development*. Available at: <https://www.findandconnect.gov.au/guide/wa/WE00367>. Accessed on 28 September 2016.

1035 Education and Health Standing Committee (37th Parliament), *Ways Forward – Beyond the Blame Game: Some successful initiatives in remote Indigenous communities in WA*, Report No. 13, Parliament of Western Australia, Perth, May 2008, Recommendation 12, p110.

1036 Minister for Indigenous Affairs, *Response of the WA Government to Ways Forward – Beyond the blame game: some successful initiatives in remote indigenous communities in Western Australia*, Government of Western Australia, Perth, July 2008, p10.

1037 Answer to Question on Notice No. 1002 asked in the Legislative Assembly by Mr BS Wyatt and answered by Hon. Dr KD Hames Minister representing the Minister for Aboriginal Affairs, *Parliamentary Debates* (Hansard), 10 September 2013, pp3779-3780.

1038 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2008-2009*, Report No. 5, Parliament of Western Australia, Perth, November 2009, p56.

approach to Indigenous family and community safety.”¹⁰³⁹ As a result, stages two and three of the Action Plan evaluation were not undertaken.¹⁰⁴⁰

- A7.19 While in 2007 PAC had been pleased with the DIA’s progress in implementing the Auditor General’s recommendations, its *Review of the Reports of the Auditor General 2008-2009* report notes that the committee “was not satisfied that DIA had adequately demonstrated the progress made.”¹⁰⁴¹ PAC requested that the DIA provide an updated progress report and a copy of the evaluation report. PAC considered the information provided by the DIA in consultation with the Auditor General and reported that it was unclear how the policy changes impacted on the Action Plan or “how ongoing initiatives to the *Gordon Inquiry* will integrate with new policies and/or approaches.”¹⁰⁴²
- A7.20 The Auditor General noted that the DIA’s evaluation report provided the foundation for an evaluation framework and provided the implementation status of the Action Plan initiatives. However, he also noted that in relation to the effectiveness of collaboration between public sector agencies, most of the Action Plan’s initiatives “were developed and implemented independently, and [...] inter-agency collaboration has been largely lacking.”¹⁰⁴³
- A7.21 PAC sought further information from the DIA in relation to which of the evaluation report’s 23 recommendations had been accepted by government. In June 2010, the DIA advised that the change in policy responses following the change of government resulted in “a different emphasis in indigenous affairs in Western Australia and nationally” and that the *intent* of the *Gordon Inquiry* was being integrated into the new policies.¹⁰⁴⁴ None of the 23 evaluation report recommendations had been accepted.¹⁰⁴⁵
- A7.22 In his feedback to PAC, the Auditor General expressed his opinion that:
- The DIA “no longer viewed the Action Plan as a separate and distinct set of initiatives” that it could report against.

1039 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2008-2009*, Report No. 5, Parliament of Western Australia, Perth, November 2009, pp56–57; and Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2009-2010*, Report No. 10, Parliament of Western Australia, Perth, April 2011, p 1.

1040 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2009-2010*, Report No. 10, Parliament of Western Australia, Perth, April 2011, p23.

1041 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2008-2009*, Report No. 5, Parliament of Western Australia, Perth, November 2009, p57.

1042 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2009-2010*, Report No. 10, Parliament of Western Australia, Perth, April 2011, p22.

1043 *ibid.*

1044 *ibid.*

1045 For a more detailed explanation of this process see Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2010-2011*, Report No. 19, Parliament of Western Australia, Perth, November 2012, p22.

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- While an authoritative account of Action Plan implementation progress had been developed, it was no longer maintained and was, in fact, superseded.
- The DIA's response relating to agency collaboration did not demonstrate that lessons learned were being implemented.
- While the DIA did not view the Action Plan initiatives as something it could report against, many initiatives were still underway, with approximately \$72 million allocated to the plan.¹⁰⁴⁶

A7.23 In February 2011 PAC asked the DIA for a formal statement of how the \$72 million had been expended, whether the expenditure had met the Action Plan objectives and which programs started under the Action Plan were ongoing. Following a review of the information provided in August 2012, the Auditor General advised PAC that fundamental shifts in Commonwealth and Western Australian Government policy, with different accountability systems and requirements, meant that it was "difficult to track agency activity and responses to both the recommendations in the 2005 audit report and the original Gordon Report."¹⁰⁴⁷

A7.24 In relation to the \$72 million expenditure against the Action Plan, the Auditor General's view was that the DIA "appeared unable to give a comprehensive picture of the expenditure involved" and that "a single cross-agency accounting arrangement was never established for the funds", meaning the DIA could not provide an accurate account of expenditure across the large group of agencies involved in implementing the Action Plan.¹⁰⁴⁸

A7.25 Seven years after the Auditor General's performance evaluation and 10 years after the release of the *Gordon Inquiry, Review of the Reports of the Auditor General 2010-2011* conceded the Auditor General's view that "it is questionable whether it would be possible or cost-effective to untangle the funding picture for the Gordon Action Plan across so many agencies and more than a decade later".¹⁰⁴⁹ This was because DIA "no longer viewed the Action Plan as a separate and distinct set of initiatives against which it can report."¹⁰⁵⁰

A7.26 The Auditor General, whose advice PAC sought, believed that his recommendation regarding an authoritative account of progress on the Action Plan had initially been implemented but it was ultimately superseded. In relation to the recommendation

1046 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2010-2011*, Report No. 19, Parliament of Western Australia, Perth, November 2012, p7.

1047 *ibid.*, p9.

1048 *ibid.*

1049 *ibid.*

1050 *ibid.*, p7.

regarding the effectiveness of agency collaboration, the Auditor General could not see how lessons were being implemented.¹⁰⁵¹

- A7.27 PAC, echoing the Auditor General’s criticisms, raised concerns that as a single cross-agency accounting arrangement was never established for the \$72 million allocated to the Action Plan, the DIA was unable to provide a breakdown of where funds were spent. It emphasised the importance for agencies “to account for the impact of their programs and expenditures under all circumstances.”¹⁰⁵²
- A7.28 In view of these difficulties, PAC concluded its follow-up of this matter, with the committee Chairman, Hon. John Kobelke, MLA, echoing the Auditor General’s question as to “whether Aboriginal families and communities are safer, and whether government agencies are delivering better services”; for Mr Kobelke, “it remain[ed] an open question.”¹⁰⁵³
- A7.29 On 10 September 2013, Mr Ben Wyatt, MLA, asked the Hon. Dr Kim Hames, MLA, Minister representing the Minister for Aboriginal Affairs, about the progress of initiatives which addressed the *Gordon Inquiry* recommendations. He noted that the DAA’s current website advised that, as of May 2007, 71 of the 125 initiatives which addressed the *Gordon Inquiry* recommendations had been completed, while 37 were still in progress. It is interesting to note that this tracking page had not been updated in over six years.¹⁰⁵⁴
- A7.30 In reply, Hon. Dr Hames advised that the DAA had conducted a comprehensive review of the key Action Plan initiatives in 2012, and provided a copy of this report to PAC.¹⁰⁵⁵ This report is not publicly available. However, it is interesting to note that the same report which DAA described as a “comprehensive review” led to PAC stopping its review as, effectively, it was too complex and time consuming to continue to monitor the progress of the inquiry as the Action Plan initiatives were not easily traceable and, of more concern, neither was the expenditure of \$72 million attributed to the Action Plan.
- A7.31 In 2013 the DAA stopped reporting on the initiatives arising from the inquiry.¹⁰⁵⁶

1051 Public Accounts Committee (38th Parliament), *Review of the Reports of the Auditor General 2010-2011*, Report No. 19, Parliament of Western Australia, Perth, November 2012, p7.

1052 *ibid.*, p9.

1053 Kobelke, J., ‘Chairman’s Foreword’ in *ibid.*

1054 Mr B.S. Wyatt, Western Australia, Legislative Assembly, *Parliamentary Debates* (Hansard), 10 September 2013, p3779b.

1055 *ibid.*

1056 Patey, C., ‘The Gordon Inquiry: An Analysis into Government Initiatives for Rural and Remote West Australian Youth Disadvantage’, Parliamentary internship report prepared for the Hon. Ben Wyatt, Member for Victoria Park, 20 November 2015, pp2-3, 7.

Appendix Seven

A7.32 The rather tortuous explanation of the process involved in monitoring the implementation of *Gordon Inquiry* recommendations demonstrates:

- the difficulty agencies have in monitoring the implementation of recommendations and evaluating initiatives, particularly inquiries that were several years ago and/or have been superseded by other policies, approaches or agreements and when multiple agencies are involved and government policy changes.
- the absolute need for appropriate governance and accountability frameworks and systems, including monitoring, evaluation and accounting, to be in place from the beginning of any program.
- why organisations might feel frustrated with government and conclude that governments have failed to adequately respond to inquiries and reports.
- why recommendations such as the requirement for government to allocate a single agency to have lead responsibility were initially thought necessary, and continue to have proponents.

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A timeline of government policies

Timeline of Government Policies and Responses to Community Distress and Suicide in the Kimberley

1996: In 1996, the WA Youth Suicide Advisory Committee expanded its scope to include suicide prevention in young Indigenous populations. The proposal was initiated out of the need to formulate relevant community responses to suicidal behaviour and other adverse outcomes that required urgent attention within WA's Indigenous communities. Using a preventative approach, 'local action plans' would help to build community capacity within Aboriginal communities to strengthen the governance, management, leadership and cohesion. The policy was endorsed as State policy by Cabinet in late 1997.

1998: In 1998, a WA Aboriginal Suicide Prevention Steering Committee was established. The policy was launched by the WA Minister for Health in February 1998, but was not implemented due to a change of government.

1999: The National Suicide Prevention Strategy 1999 – 2003 began. The Kimberly Primary Health Care Plan Steering Committee (which included Aboriginal people and agencies) noted Aboriginal people who committed suicide did not have major psychiatric conditions and that suicide prevention strategies in the Kimberley required a community development response supported by Aboriginal community controlled organizations (Kimberly Primary Health Care Plan Steering Committee, 1999).

2000: In 2000, COAG endorsed an Indigenous affairs approach to guide service delivery based on partnerships and shared responsibilities with Indigenous communities, program flexibility and improved coordination between Government agencies.

2001: In 2001, the WA Government announced the Gordon Inquiry to examine the response by Government agencies to complaints of family violence and child abuse in Aboriginal communities. This was prompted by a coronial inquest into the death of a 15 year old Aboriginal girl at the Swan Valley Nyoongar Community in 1999.

2002: In 2002, COAG announced ten trial sites for a ‘whole of government’ approach to Indigenous affairs based on partnerships and shared responsibilities with Indigenous communities program flexibility and coordination between Government agencies, with a focus on local communities and outcomes. This included an East Kimberley COAG Trial Site that was established to address disadvantage by improving the coordination and implementation of State and Commonwealth Government services in Balgo, Billiluna, Mulan, Ringers Soak and Yagga Yagga. A Regional Reference Group was formed to develop a Munjurla Scoping Study and Joint Action Plan. Later a newspaper reported, “of \$1.3 million allocated to the COAG trial in the Far-East Kimberley region of Western Australia, only \$327,000 was spent on Aboriginal people and programs over two-and-a-half years. The rest of the money was spent on salaries, travel and other related administrative expenses of the Department of Transport and Regional Services, which administers the program. (The Age, September 15, 2005).

The report of the Gordon Inquiry was produced, *Putting the Picture Together: Inquiry into Response by Government Agencies to Complaints of Family Violence and Child Abuse in Aboriginal Communities*. The Western Australian Government released its Action plan for addressing family violence and child abuse in Aboriginal Communities (the Gordon Action Plan). The implementation of the Gordon Action Plan formed part of the WA Government’s contribution to the East Kimberley COAG trial site. More than 120 initiatives were to be implemented by 15 agencies.

2003: In 2003, the ‘Communities in Crisis’ policy was established as a strategic initiative to address crisis in nominated discrete Indigenous communities in a whole of government manner. Crisis was defined as ‘suffering from intolerable levels of alcohol, substance and child abuse, violence and high rates of suicide and self-harm’. In communities declared a ‘Community in Crisis’, the Commonwealth and State Governments worked together to:

- Stabilise the community (e.g. family violence, substance abuse, corruption)
- Re-establish basic services
- Develop local plans of action
- Build governance, capacity and leadership
- Help communities engage with government

Balgo was declared a ‘Community In Crisis’ by the Australian Government following a spate of self-harm and suicide attempts. The Wirrimanu Aboriginal Corporation was placed in administration and State and community based agencies formed a local response group to advocate for resources to tackle disadvantage at Balgo, Mulan, Billiluna and Ringers Soak (the Katjunka region).

2004: Kalumburu was declared a ‘Community In Crisis’ (the 2002 Gordon Inquiry had identified it

as a community in acute need). A 'whole of Government – all of community' strategy was implemented.

The Australian Government abolished ATSIC and transferred responsibility for ATSIC-ATSI programs and services to mainstream agencies from 1 July. A National Indigenous Council was formed to provide expert advice to a Ministerial Taskforce on Indigenous Affairs. The Australian Government established an Office of Indigenous Policy Coordination and Indigenous Coordination Centres replaced ATSI Regional Offices around Australia to facilitate coordination of service provision to Indigenous communities.

2005: Beagle Bay was declared a 'Community in Crisis' following a collapse of community governance (Beagle Bay Community Council was unable to hold constitutionally valid elections as a result of on-going tensions between members of the Stolen Generations and Native Title Claimants resident in the community).

An evaluation of the Gordon Action Plan found the central reporting and monitoring of the Action Plan were inadequate. Basic information such as total number of initiatives, number implemented, estimated expenditure or anticipated completion dates was not available.

The Petrol Sniffing Strategy Eight Point Plan was announced by the Australian Government. The Kimberley was one of four priority zones for implementation of the strategy (Opal fuel).

2006: The Bilateral Agreement on Indigenous Affairs 2006-2010 was signed by the State of Western Australia and the Commonwealth of Australia. The Agreement established an agreed framework and priorities for intergovernmental cooperation and enhanced effort in Indigenous affairs. The Agreement had six key outcome areas and a number of specific joint initiatives as well as establishing processes for further work on key issues such as community governance, responding to communities in crisis and future service delivery to remote communities.

The COAG measure, *Addressing Violence and Child Abuse in Indigenous Communities – Drug and Alcohol Treatment and Rehabilitation Services for Indigenous Australians in Remote and Regional Communities* was announced.

Between February and July of 2006, the Halls Creek *Engaging Families* trial was implemented involving 30 Parenting Payment recipients, with two aims: to increase participation in job-oriented activities among Parenting Payment recipients with children at Halls Creek School; and to encourage those parents to try to make their children attend school regularly.

2007: As part of the COAG Action Plan On Mental Health 2006-2011 the Australian Government provided \$3.2 million to the Kimberley Division of General Practice received to deliver Mental Health Services in Rural & Remote Areas (June 2007 – August 2011). Information about services delivered to Aboriginal people and communities is not available.

The Drug and Alcohol Office of Western Australia commissioned the University of Notre Dame to

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independently evaluate the impacts of the alcohol restrictions in the Kimberley.

Several people in Kulumburu and Halls Creek were charged with sexual abuse offences. The Australian Government announced a package for Kimberley Aboriginal communities, which includes \$7 million for a Family Violence Service hub to deliver counselling and other assistance, about \$1.6 million for education programs, and up to \$1 million for a Child Care Services Hub to be based at Halls Creek (Sydney Morning Herald, September 26, 2007).

The Commonwealth Government announced funding for the 8 Point Plan anti-petrol sniffing strategy, which included strengthening and supporting communities, better policing, establishing treatment and respite facilities, providing alternative activities for young people and supporting the roll-out of unleaded Opal fuel.

Minister Hockey through Indigenous Business Australia commissioned the Irving Report which showed that Leedel Trust, an Aboriginal company formed with government support to manage the ownership of key enterprises in Fitzroy Crossing, including the Inn and supermarket had \$8 million in assets and sold more than \$4 million in alcohol annually from the Crossing Inn and had not transferred a cent to those it was set up to help 18 years previously.

2008: The Australian Parliament formally apologized to Australia's Indigenous Peoples, and in particular members of the Stolen Generations, for past injustices.

COAG agreed to a number of ambitious targets to Close the Gap in Indigenous disadvantage and agreed on new public reporting frameworks for new expenditure. This included \$5.5 billion of investment for remote Indigenous housing.

The WA Education and Health Standing Committee recommended the Kimberley Yiriman Project be supported and used as a model for other regions. No additional funding was provided.

Eighty Aboriginal parents in Kununurra, Halls Creek and Balgo who sought financial assistance from Centrelink twice in a short time frame agreed to be interviewed, placed on voluntary income management and given a Basic Card.

2009: The Australian Government announced \$26.6 million over four years to establish a new Aboriginal and Torres Strait Islander Healing Foundation to provide grants for community healing projects and strategically invest in research, training and education related to healing.

Under the COAG *National Action Plan On Mental Health 2009-2010* Mental Health First Aid Training was delivered nationally to ancillary workers (drivers, receptionists) in Aboriginal Community Controlled Health Services to help detect and refer those with a mental illness.

'Voluntary' income management and Basic Cards were extended to Derby, Fitzroy Crossing, Kalumburu, Oombulgurri and Beagle Bay. Kalumburu was no longer designated as a 'Community in Crisis'.

Through COAG, the *Remote Service Delivery* initiative begins to bring services and infrastructure in 29 Indigenous communities and regions across Australia up to a standard expected in other Australian communities of a similar size. The Kimberley is host to four sites: Beagle Bay, the Bardi Jawi lands, Halls Creek and Fitzroy Crossing. A Remote Services Coordinator General is appointed to monitor and report twice a year on progress in the delivery of infrastructure and services, community by community.

Western Australia's Commissioner for Children, Michelle Scott, expressed disbelief at the lack of services in Fitzroy Crossing, where paediatricians estimate at least a quarter of children were affected by fetal alcohol spectrum disorder.

2010: The WA Government appointed a Mental Health Commissioner, Eddie Bartnik.

Burdekin Youth In Action (Broome) Indigenous Hip Hop Projects West Kimberley Community Workshops. Indigenous Hip Hop Projects community Workshops aim to engage young people in remote communities using a prevention and early intervention approach to facilitate social change. IHHP use the energy and enthusiasm of hip hop music, dance, and safe-talk to address crime prevention and promote community safety.

The report, *Halls Creek Alcohol Restriction Report: An Evaluation of the Effects of a Restriction on Take-away Alcohol Relating to Measurable Health and Social Outcomes, Community Perceptions and Behaviours After a 12 Month Period* by Kinnane, Golson, Henderson-Yates & Melbourne (2010) is released and this recommends that:

- There need to be back-up services in place from the start when bringing alcohol restrictions into place
- A full-time mental health worker in Halls Creek is required in light of the increased presentations of mental illness.
- Government needs to invest in counsellors in Halls Creek as the levels of suicide and suicide attempts are unacceptable.
- A 24-hour counselling service is required.
- A renal dialysis unit in Halls Creek would mean people did not have to travel to Broome.

There ought to be regular reviews of the impacts of the restrictions by service providers so that they are monitoring and responding to changes in their areas of responsibility.

2011: February. Another 9 suicides were reported since December. North West Mental Health Service is overwhelmed, with 300 clients already on its books and about 300 new referrals. WA Mental Health Minister Helen Morton described the spike in suicides as a Kimberley-wide tragedy and crisis. She said an emergency response had been put in place and health services would receive extra funding for more counsellors and other staff. In the long term, she said, a suicide prevention strategy would focus on prevention. The strategy, which had been delayed

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and would now be fast-tracked, will see \$850,000 spent in the Kimberley in 2011 (Australian Newspaper, February 28, 2011).

North West Mental Health calls for specialists, more workers on the ground, massive investment to address the grave shortfall in indigenous housing. "This is larger scale than a cluster, bigger than anyone can respond to at the moment," said one NWMH figure.

The Consultation Paper, *WA Mental Health Towards 2020* was released. A significant gap identified in the paper was: 'the importance of prioritising engagement with the spectrum of Aboriginal service agencies and with local Aboriginal communities'.

The WA Mental Health Minister, Helen Morton announced \$1.3 million to fast-track the housing and employment of four Local Community Coordinators to help Kimberley communities develop action plans to help reduce suicide. State-wide arrangements to implement the policy are:

- Centrecare has been contracted to increase awareness, coordinate training, research and evaluation of suicide prevention strategies across WA.
- A Network Coordinator will engage communities and outline how they can implement the Strategy.
- An Agency Coordinator will engage government, non-government and corporate agencies to establish organisation wide suicide prevention strategies.
- Local Community Coordinators will support local communities to map existing suicide prevention activities and determine need for future initiatives. These will be documented in Community Action Plans.
- Community Action Plans recommended by Centrecare will be approved by the Ministerial Council for Suicide Prevention.
- Edith Cowan University will conduct the research and evaluation components of the Strategy.

In Kununurra, police have listed 25 at-risk individuals who have threatened or attempted suicide in the recent past. The WA government's emergency response to the high rate of suicides was to provide \$560,000 for extra counsellors and other staff. (Australian Newspaper, April 30, 2011).

April: The Australian Government announced a Kimberley Suicide Prevention Initiative:

- BOAB Health Services in Broome (formerly Kimberley Divisions of General Practice) was provided with \$490,000 to deliver an Access to Allied Psychological Services (ATAPS) program to Aboriginal people who have attempted or are at risk of suicide.
- \$280,000 was provided to the Australian Psychological Society to deliver Indigenous specific,

culturally appropriate suicide prevention training for mental health professionals in the Kimberley (Australian Government Department of Health and Ageing Fact Sheet, 2011).

The Australian Government also announces it will allocate up to \$6 million over four years for targeted suicide prevention interventions in Indigenous communities nationwide, making Indigenous communities the first priority under the \$22.6 million *Supporting Communities to Reduce Risk of Suicide* component of the National *Taking Action to Tackle Suicide* package.

August: The State Coroner began an Inquest on site in Balgo to examine 5 suicides associated with petrol sniffing. The Kimberley Mental Health and Drug Service told the court that the 'tyranny of distance' means its officers only get to make six weekly visits to Balgo for the year (West Australian, August 4, 2011).

September: Extra Federal Government money to address the growing suicide toll in the Kimberley has been tied up in red tape instead of improving mental health services on the ground, the Opposition claims. A spokeswoman for Mental Health Minister Mark Butler said the Government was taking immediate action to tackle suicide in the Kimberley. She said the Kimberley Division of General Practice had its funding increased 216 per cent to \$779,000 in 2011-12 to improve access to suicide prevention and mental health services (West Australian Newspaper, September 5, 2011).

October: Coroner hands down findings of Balgo inquest.

Senate Estimates: The Standby Suicide Bereavement Service reported a total of 23 deaths by suicide in the Kimberley between October 2010 and August 2011.

The Western Australian Government established a Cabinet Standing Committee on Indigenous Affairs (the Committee) to provide leadership and accountability in service delivery to government in Indigenous Affairs. The Committee provides policy directions, sets priorities and outcome targets, monitor and report on the State Government's performance to reduce Indigenous disadvantage in Western Australia.

December: The Western Australian Mental Health Minister Helen Morton announces the Statewide Specialist Aboriginal Mental Health Service (SSAMHS), a unique partnership program sourcing community knowledge of mental health issues and delivery of services from the Kimberley Aboriginal Medical Services Council and the WA Country Health Service (WACHS) to address severe and persistent mental illnesses such as bi-polar and schizophrenia affecting Aboriginal people across WA.

The Mental Health Commission will fund 12 positions across the Kimberley to improve access to mental health assessment, treatment and support services, better co-ordination of care, including access to the support of elders and traditional healers and the provision to support Aboriginal people in custody or presenting for parole.

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The following is a selection of the government policies and actions relating to reducing suicide in the Kimberley which have occurred since the *Hear Our Voices* report was published:

2012: May: The Broome Mental Health Unit ‘Mabu Liyan’ opened.¹⁰⁵⁷ This is the only acute mental health facility north of Joondalup. It is integrated with the Broome Hospital and managed by the Kimberley Mental Health and Drug Service.

July: The Department of Health released a report prepared by Professor Bryant Stokes, AM *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*. The Stokes Review made over 100 recommendations for the delivery of effective services, policies and practices to address mental health care in Western Australia.

September: The Kimberley Empowerment Community Action Plan, hosted by the Kimberley Aboriginal Medical Services Council, received funding to run empowerment, leadership and healing programs for people in Broome, Halls Creek and surrounding areas. The Derby Shire Community Action Plan also received funding to provide suicide prevention services to Derby, Pandanus Park, Mowanjum and Looma.¹⁰⁵⁸

During the year 35 Aboriginal people reportedly died by suicide across Western Australia.¹⁰⁵⁹

2013: March: “The National Mental Health Commission has released a supplementary paper to the 2012 report, *A contributing life: the 2012 national report card on mental health and suicide prevention*. The paper describes the wider story of impacts and influences on the social and emotional health and wellbeing of Indigenous Australian peoples and coincides with a call by Commission Chair Professor Allan Fels to include mental health and wellbeing as an additional target in the *Closing the gap* program.”¹⁰⁶⁰

April: The Western Australian Government established the Aboriginal Affairs Cabinet Sub-Committee (AACSC) to set policy direction and drive better coordination across government in Aboriginal affairs.

May: The first ever National Aboriginal and Torres Strait Islander Suicide Prevention Strategy was launched. This strategy was informed by extensive community consultation which “consistently called for community-focused, holistic and integrated approaches to suicide prevention with an

1057 Morton, H., (Minister for Mental Health), *Broome mental health unit authorised*, Media Statement, Government of Western Australia, Perth, 7 December 2012.

1058 Morton, H., (Minister for Mental Health), *Kimberley empowered to prevent suicide*, Media Statement, Government of Western Australia, Perth, 6 September 2012.

1059 Closed Submission, April 2016

1060 HealthInfonet, *Social and emotional wellbeing of Australian Indigenous peoples*, 27 March 2013. Available at: <http://www.healthinonet.ecu.edu.au/about/news/1223>. Accessed on 30 September 2016.

emphasis on ‘upstream’ prevention efforts to build community, family and individual resilience and on restoring social and emotional wellbeing.”¹⁰⁶¹ Funding for this plan was quarantined in 2013 until the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project concludes in late 2016.¹⁰⁶²

July: At the request of the AACSC, the Department of the Premier and Cabinet began an Aboriginal Youth Expenditure Review to identify if and where policy change, system change or structural reform was needed.¹⁰⁶³ The Review's findings included complex policy and service delivery environments; fragmented and short term funding; poor or patchy service design; and a lack of robust evaluation.¹⁰⁶⁴

The National Aboriginal and Torres Strait Islander Health Plan 2013-2023 was released. It is a policy framework to contribute to the Closing the Gap strategy to improve Aboriginal and Torres Strait Islander health inequality.¹⁰⁶⁵

During the year 35 Aboriginal people reportedly died by suicide across Western Australia.¹⁰⁶⁶

2014 March: The Minister for Indigenous Affairs announced \$300,000 in funding to go to the Kimberley Aboriginal Medical Services Council to support suicide prevention in the Halls Creek/Tjurabalan region.¹⁰⁶⁷

April: The *Elders’ Report into Prevention Indigenous Self-harm and Youth Suicide*,¹⁰⁶⁸ produced between 2012 and 2014, was released. This report is a transcription of interviews held with 31 Elders setting out, in their own words, why self-harm and suicide is happening and what is the solution? There is a high level of agreement about the loss of cultural connection making young

1061 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, p5.

1062 Robinson, N., ‘Government urged to address ‘epidemic’ Indigenous suicide rates in remote Australia’, *ABC Online*, 5 May 2016. Available at: <http://www.abc.net.au/news/2016-05-05/calls-for-government-to-address-indigenous-suicide/7380448>. Accessed on 30 September 2016.

1063 Department of the Premier and Cabinet, *Aboriginal Youth Expenditure Review 2013*, Government of Western Australia, Perth, 2013.

1064 Department of the Premier and Cabinet, *Premier’s Circular 2015/04: Aboriginal Youth Services Investment Reforms*, 1 July 2015. Available at: <https://www.dpc.wa.gov.au/GuidelinesAndPolicies/PremiersCirculars/Pages/2015-04-Premiers-Circular-Aboriginal-Youth-Services-Investment-Reforms.aspx>. Accessed on 30 September 2016.

1065 Australian Government, *National Aboriginal and Torres Strait Islander Health Plan*, Commonwealth of Australia, Canberra, July 2013, pp2-3.

1066 Closed Submission, April 2016

1067 Scullion, N., (Senator and Minister for Indigenous Affairs), *Investment in suicide prevention in Halls Creek/Tjurabalan*, Media Statement, Department of the Prime Minister and Cabinet, Canberra, 27 March 2014.

1068 *The Elders’ report into preventing indigenous self-harm and youth suicide*, People Culture Environment and Our Generation Media, April 2014.

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people vulnerable to self-harm, and the important role culture can play in healing and protecting young people.¹⁰⁶⁹

The Ombudsman Western Australia released the report *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people* which made 22 recommendations about the ways that the Western Australian Government departments can prevent or reduce suicide by young people.¹⁰⁷⁰

May: The Western Australian Auditor General released *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*. It found that the community development engaged communities and provided benefits, yet the community suicide prevention activities were likely unsustainable without external support. It also found inadequate planning reduced impact of the strategy, with roles and responsibilities not adequately defined, contributing to delays and inefficiencies. Some parts of the strategy, such as a coordinated inter-agency approach to suicide prevention, were not fully implemented.¹⁰⁷¹

Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice was released including a detailed review of models of practice and strategies aimed at enhancing the effectiveness of a workers in this area.¹⁰⁷²

June: The AACSC endorsed a proposal to reform the Government investment in services for Aboriginal youth.¹⁰⁷³

The *Aboriginal and Torres Strait Islander Roundtable on Mental Health and Suicide Prevention Call to Action* was held. "Over 50 Aboriginal and Torres Strait Islander and non-indigenous leaders, experts and stakeholders met in Perth to discuss suicide prevention among Aboriginal and Torres Strait Islander peoples and to identify the actions needed to turn the high rates of suicide around. This resulting *Call to Action* affirms culture as central to improving social and emotional wellbeing, mental health and reducing suicide. It affirms that action to reduce suicide

1069 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, p4.

1070 Ombudsman Western Australia, *Investigation into ways that State government departments and authorities can prevent or reduce suicide by young people*, Ombudsman Western Australia, Perth, April 2014.

1071 Western Australian Auditor General, *The Implementation and Initial Outcomes of the Suicide Prevention Strategy*, Report 7, Office of the Auditor General, Perth, May 2014, p6.

1072 Dudgeon, P., Milroy, H., and Walker, R. (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014.

1073 Department of the Premier and Cabinet, *Premier's Circular 2015/04: Aboriginal Youth Services Investment Reforms*, 1 July 2015. Available at: <https://www.dpc.wa.gov.au/GuidelinesAndPolicies/PremiersCirculars/Pages/2015-04-Premiers-Circular-Aboriginal-Youth-Services-Investment-Reforms.aspx>. Accessed on 30 September 2016.

should be informed by culturally informed research knowledge and evidence, and supports Whole of Community and Whole of Government approaches.”¹⁰⁷⁴

September: The Federal Government announced that it would no longer fund essential municipal services to remote Aboriginal communities. In November the Western Australian Government announced that it would not fund communities after Federal funding stopped in June 2016. It has later been announced that no communities will close.¹⁰⁷⁵

The Derby Community Mental Health and Drug Service opened.¹⁰⁷⁶

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project commenced. Its objectives are:

- To evaluate Aboriginal and Torres Strait Islander suicide prevention services and programs.
- To identify Aboriginal and Torres Strait Islander community suicide prevention needs.
- To identify system-level change for Aboriginal and Torres Strait Islander suicide prevention.

November: The National Mental Health Commission released its report *Contributing Lives, Thriving Communities - Report of the National Review of Mental Health Programmes and Services*.¹⁰⁷⁷ The report found that “in particular for Aboriginal people, the burden of mental health problems and illness is far greater than can be realistically addressed by current programs and services, with the design of services and programs, the lack of coordination and collaboration between services and programs and limitations in policy implementation and monitoring all contributing.”¹⁰⁷⁸

1074 Telethon Kids Institute et al., *The Third Conversation: Has Anything Changed?: The Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Roundtable, Call to Action 2014*, Telethon Kids Institute, Perth, September 2014, p8.

1075 Mr Grahame Searle, State Reform Leader, Regional Services Reform Unit, Department of Regional Development, *Transcript of Evidence*, 12 September 2016, p13; Quartermaine, C., Booth, A., and Nimmo, J., ‘Western Australian remote communities ‘won’t close’’, *SBS*, 14 July 2016. Available at: <http://www.sbs.com.au/nitv/article/2016/07/14/western-australian-remote-communities-wont-close>. Accessed on: 30 September 2016.

1076 HealthInfonet, *Mental heal and alcohol and other drug centre opens in Derby*, 30 October 2016. Available at: <http://www.healthinfonet.ecu.edu.au/about/news/3591>. Accessed on 30 September 2016.

1077 National Mental Health Commission, *Contributing Lives, Thriving Communities: Report of the National Review of Mental Health Programmes and Services Summary*, National Mental Health Commission, Sydney, November 2014.

1078 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p14.

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December: The Australian Human Rights Commission released its *Children's Rights Report*.¹⁰⁷⁹ The main findings included "that, despite excellent work in the area, a lack of knowledge is impacting on the ability to predict and prevent injury and death in children and young people due to intentional self-harm, and that activity relating to this is fragmented and lacks a sound evidence base."¹⁰⁸⁰

Centrecare and Edith Cowan University undertook an evaluation of the Western Australian suicide prevention strategy, resulting in *Western Australia Suicide Prevention Strategy 2009 to 2013: Everybody's business – WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*.

During the year 54 Aboriginal people reportedly died by suicide across Western Australia.¹⁰⁸¹

2015: January: Suicide prevention activity grants announced.¹⁰⁸²

February: A series of forums were held in the Kimberley to seek input from Aboriginal people into the implementation of new directions for suicide prevention partnerships.¹⁰⁸³

May: The Western Australian Government's new suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives*, was launched. The strategy, developed by the Ministerial Council for Suicide Prevention, would fund evidence-based, targeted initiatives across six key action areas to reduce suicide risk across all stages of a person's life.¹⁰⁸⁴ A separate Aboriginal implementation plan and youth engagement strategy have been developed but are for internal use only.

The Western Australian Government announced that there would be major reforms to the way services are provided to Aboriginal communities.

July: The Western Australian Government commenced the Aboriginal Youth Services Investment Reforms to improve outcomes for Aboriginal youth and increase effectiveness of government expenditure on Aboriginal youth services and programs.¹⁰⁸⁵

1079 National Children's Commission, *Children's Rights Report*, Australian Human Rights Commission, Sydney, 2014.

1080 Submission No. 7 from Commissioner for Children and Young People Western Australia, 3 May 2016, p13.

1081 Closed Submission, April 2016

1082 Morton, H., (Minister for Mental Health), *At-risk groups focus for suicide prevention*, Media Statement, Government of Western Australia, Perth, 8 January 2015.

1083 Morton, H., (Minister for Mental Health), *Broome forum discusses suicide action*, Media Statement, Government of Western Australia, Perth, 5 February 2015.

1084 Morton, H., (Minister for Mental Health), *Our State Budget 2015–16 – Support and protecting our community: New plan to halve WA's suicide numbers by 2025*, Media Statement, Government of Western Australia, Perth, 15 May 2015.

1085 Government of Western Australia, *Aboriginal Youth Services Investment Priorities and Principles*, May 2015, p1.

August: The Commissioner for Children and Young People released “*Listen to Us*”: *Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*. Five key themes emerged during consultations with children and young people – family and community, culture, education and aspirations for the future, recreation activities, racism and reconciliation.¹⁰⁸⁶

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project held a roundtable in the Kimberley. The following themes emerged from the roundtable discussion:

- The impact of social determinants
- The need for empowerment of families and communities
- Mental health issues
- Trauma
- Lack of services and responses
- The need for local solutions and leadership

October: The Implementation Plan for the *National Aboriginal and Torres Strait Health Plan 2013-2023* was released. It focusses on early prevention, building the capacity of Aboriginal Community Controlled Health Organisations, mapping regional service capacity and health outcomes to identify gaps, ensuring evidence-based care is provided, and identifying core services across a person's whole life. The plan also includes targets for measuring progress and outcomes, and strategies to identify and eradicate systematic racism within the health system.¹⁰⁸⁷

The Western Australian Government announced \$1.8 million in funding for regional mental health services.¹⁰⁸⁸

December: The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025: Better Choices. Better Lives* was announced.

During the year 29 Aboriginal people reportedly died by suicide, although as at April 2016, the

1086 Commissioner for Children and Young People Western Australia, “*Listen To Us*”: *Using the views of WA Aboriginal and Torres Strait Islander children and young people to improve policy and service delivery*, Commissioner for Children and Young People Western Australia, Subiaco, August 2015, pp13-16.

1087 HealthInfonet, *Launch of the Implementation plan for the National Aboriginal and Torres Strait Islander health plan welcomed*, 22 October 2015. Available at: <http://www.healthinfonet.ecu.edu.au/about/news/3591>. Accessed on 30 September 2016.

1088 Morton, H., (Minister for Mental Health), *\$1.8m for regional youth mental health services*, Media Statement, Government of Western Australia, Perth, 21 October 2015.

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Aboriginality of 143 people was still being determined.

2016: January: The Commonwealth Government announced a \$1 million Critical Response Project to help coordinate first-response services and ensure support is provided to individuals, families and communities dealing with suicide.¹⁰⁸⁹

March: 19 suicides had reportedly occurred in the Kimberley in the first three months of 2016.

Suicide prevention grants announced.¹⁰⁹⁰

Up to April 2016, official figures are that 12 Aboriginal people reportedly died by suicide, with a further 30 cases where Aboriginality was still being determined.¹⁰⁹¹

May: The inaugural Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project conference held in Alice Springs from 3 to 5 May 2016. Conference recommendations were made in relation to the importance of culture and self-determination, the need for more efficient and locally relevant services, and shifting the focus to 'upstream' programs, amongst other things.

The Department of Culture and the Arts prepared a discussion paper on *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*.

June: The Government announced the appointment of the first three suicide prevention coordinators for placement in Western Australia's regions. The coordinators will promote suicide prevention, and increase community resilience and ability to respond to suicide.¹⁰⁹²

Suicide prevention grants awarded to organisations in the Kimberley.¹⁰⁹³

July: The Kimberley Mental Health and Drug Service published research which showed that the suicide rate in the Kimberley was 74 per 100,000, significantly higher than overall national Aboriginal and non-Aboriginal suicide rates of 21.4 and 10.3 per 100,000 respectively.¹⁰⁹⁴

The Western Australian Government released its regional reforms roadmap *Resilient families*,

1089 Scullion, N., (Senator and Minister for Indigenous Affairs), *\$1 million to improve coordination of Indigenous suicide services*, Media Statement, Department of the Prime Minister and Cabinet, Canberra, 18 January 2016.

1090 Mitchell, A., (Minister for Mental Health), *\$2.5 million to build suicide prevention skills*, Media Statement, Government of Western Australia, Perth, 1 March 2016.

1091 Closed submission, April 2016.

1092 Mitchell, A., (Minister for Mental Health), *Funding for suicide prevention co-ordinators*, Media Statement, Government of Western Australia, Perth 22 June 2016.

1093 Mitchell, A., (Minister for Mental Health), *Grants for Kimberley suicide prevention training*, Media Statement, Government of Western Australia, Perth, 9 June 2016.

1094 McHugh, C. et al., 'Increasing Indigenous self-harm and suicide in the Kimberley: an audit of the 2005-2014 data', *Medical Journal of Australia*, vol. 205, no. 1, 4 July 2016, p33.

Strong Communities which sets out the government's plan to upgrade essential infrastructure and improve how Aboriginal people live in Western Australia's remote north.¹⁰⁹⁵

Further suicide prevention grants awarded to organisations in the Kimberley.¹⁰⁹⁶

September: The Australian Psychological Society issued a formal apology to Aboriginal and Torres Strait Islander people acknowledging psychology's role in contributing to the erosion of culture and to their mistreatment.¹⁰⁹⁷

November: The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project final report, *Solutions that Work: What the Evidence and Our People Tell Us*, was launched.

1095 Regional Services Reform Unit, *Resilient Families, Strong Communities: A roadmap for regional and remote Aboriginal Communities*, Government of Western Australia, Perth, July 2016.

1096 Mitchell, A., (Minister for Mental Health), *\$560,000 for suicide prevention training grants*, Media Statement, Government of Western Australia, Perth, 11 July 2016.

1097 *Australian Psychological Society apologises to Aboriginal and Torres Strait Islander People*, Media Statement, Australian Psychological Society, Melbourne, 15 September 2016.

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Programs and services

The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP)

- A9.1 The Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project was established almost two years ago in response to the high rates of suicide amongst Aboriginal and Torres Strait Islander people. Funded by the Commonwealth Government, ATSISPEP was run by the School of Indigenous Studies at the University of Western Australia (UWA) with support from the Telethon Kids Institute and the Healing Foundation. The ATSISPEP team consisted of academics and health professionals, including Professor Jill Milroy AM (Project Sponsor), Professor Pat Dudgeon (Project Director), and Professor Tom Calma AO (Project Expert Adviser).¹⁰⁹⁸
- A9.2 ATSISPEP was tasked with:
- Identifying success factors in Indigenous suicide prevention by consulting stakeholders (including youth, community members and service providers) and conducting a review of existing literature.
 - Developing and trialling a culturally appropriate evaluation framework and tools for “communities, stakeholders and governments to use when evaluating suicide prevention activity or assessing proposals for such.”¹⁰⁹⁹
- A9.3 ATSISPEP’s *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project* included findings, assessment tools and an evaluation framework.¹¹⁰⁰
- A9.4 As part of the project, ATSISPEP hosted the first inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in May 2016.¹¹⁰¹

1098 Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), *Our People*. Available at: <http://www.atsispep.sis.uwa.edu.au/people>. Accessed on 9 November 2016.

1099 ATSISPEP, *Solutions that Work: What the Evidence and Our People Tell Us, Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project*, report prepared by P. Dudgeon et al., University of Western Australia, Crawley, November 2016, pp12, 13.

1100 *ibid.*, pp27-45.

1101 ATSISPEP, *Inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Conference Report, Alice Springs, Northern Territory, 5-6 May 2016*, University of Western Australia, Crawley, September 2016.

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Professor Dudgeon said that the conference was “a wonderful experience”, providing networking opportunities and information sharing between relevant sectors.¹¹⁰²

- A9.5 Work undertaken by ATSISEPEP also contributed to the development of the UWA Critical Response Project, which is being trialled until January 2017. Aimed at better coordinating responses from different service providers following a suicide or attempted suicide, the critical response project hopes to address the concerns raised by stakeholders during an ATSISEPEP roundtable in July 2015.¹¹⁰³ Although funded by the Commonwealth Government, the critical response project is being trialled in Western Australia because it is regarded as having the “greatest need”.¹¹⁰⁴
- A9.6 Originally focused on supporting responders and service agencies, the critical response team is increasingly approached by families and individuals affected by suicide.¹¹⁰⁵ It is not intended to form an ongoing service but will develop a culturally appropriate critical response model. The model will have a strong focus on building capacity for Aboriginal communities to undertake their own critical response activities, although it will also recognise the potential for adding trauma where victims are members of the responders’ own families.¹¹⁰⁶

Alive and Kicking Goals!

- A9.7 Alive and Kicking Goals is another successful, community-owned program identified in submissions to the Inquiry.¹¹⁰⁷ It originates in conversations about suicide prevention that members of the Broome Saints Football Club had in 2008, concerned with the

1102 Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p4.

1103 ATSISEPEP, *Critical Response Meeting Report*, University of Western Australia, Crawley, July 2015, p10.

1104 Shine, Rhiannon, 'Critical response program to tackle high WA Indigenous suicide rate', *ABC Online*, 19 January 2016. Available at: <http://www.abc.net.au/news/2016-01-18/suicide-prevention-funding-for-wa-critical-response/7093006>. Accessed on 2 November 2016.

1105 Ms Adele Cox, National Consultant, ATSISEPEP, *Transcript of Evidence*, 20 June 2016, pp16-17.

1106 ATSISEPEP, *Critical Response Meeting Report*, University of Western Australia, Crawley, July 2015, pp10-11.

1107 Submission No. 23 from Aboriginal Health Council of Western Australia (AHCWA) and Youth Affairs Council of Western Australia (YACWA), 20 May 2016, p21; Submission No. 32 from headspace Broome, 20 May 2016, Attachment B: Kimberley Aboriginal Health Planning Forum, 'Kimberley Aboriginal Health Planning Forum Suicide Position Paper', 20 May 2016, pp3, 4; Professor Pat Dudgeon, Researcher, School of Indigenous Studies, University of Western Australia, *Transcript of Evidence*, 20 June 2016, p6; Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSISEPEP, *Transcript of Evidence*, 20 June 2016, p7; Submission No. 31 of Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, pp3-4; Submission No. 15 from Anglicare WA, 13 May 2016, pp5-6; Submission No. 14 from Beyond Blue, 13 May 2016, p18; Submission No. 13 from Griffith Law School Students, 13 May 2016, pp26-27. See also ATSISEPEP, *Fact Sheet 2: The value of investing in upstream approaches across the lifecourse*, p2. Available at: http://www.sis.uwa.edu.au/_data/assets/pdf_file/0006/2790933/Fact-Sheet-No.-2.pdf. Accessed on 28 September 2016.

number of teammates affected by family members' deaths.¹¹⁰⁸ With support from the Broome Men's Outreach Service, the program continues to be led and managed by Aboriginal community members.

- A9.8 DVDs featuring the stories of people personally affected by suicide are used to generate discussion in youth centres, schools and community settings about suicide prevention and asking for help. Measures such as peer education workshops, one-on-one mentoring, and counselling also encourage positive lifestyle choices and hope for the future.¹¹⁰⁹
- A9.9 Initially, the program only catered for young men; however, after recognising the need for suicide prevention initiatives for young women, the Alive and Kicking Goals Women's Reference Group was established in 2014. Earlier this year, it released a DVD aimed at young Aboriginal women that stressed "knowing who you are and where you come from, country and culture keep us strong, breaking the silence without shame, and keeping strong and moving forward".¹¹¹⁰
- A9.10 A 2012 evaluation of the program found that it "created a safe space for healing", in part because of the strong connections to the local community. Its relationship with the football club also showed young men that "seeking help does not display weakness, but rather a sign of masculine strength".¹¹¹¹ Furthermore, after attending education sessions around 44 per cent of participants surveyed reported a positive change in their overall wellbeing.

Yiriman Project

- A9.11 The Yiriman Project is a well-known example of a community-owned program embedded in local culture. Many witnesses and evidence to the Inquiry identified it as an example of best practice.¹¹¹²

1108 Mr Peter Mitchell, Chief Executive Officer, Men's Outreach Service, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, p2.

1109 Miss Tonii Skeen, Women's Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, pp2-3; Submission No. 13 from Griffith Law School Students, 13 May 2016, pp26-27.

1110 Miss Tonii Skeen, Women's Reference Group Member, Alive and Kicking Goals, *Transcript of Evidence*, 7 June 2016, pp2-3; Aggie Pigram in N. Kalmar, 'Suicide prevention DVD launches in Broome', *Broome Advertiser*, 8 May 2016.

1111 McKay, K., *Alive and Kicking Goals! Final Report*, Australian Institute for Suicide Research and Prevention, Brisbane, December 2012, p96.

1112 Department of Culture and the Arts and Department of Aboriginal Affairs, *Investing in Aboriginal Culture: The role of culture in gaining more effective outcomes from WA State Government services*, discussion paper, Department of Culture and the Arts, Perth, May 2016, p45; Submission No. 31 of Department of the Premier and Cabinet, 24 June 2016, Department of Aboriginal Affairs Attachment, p4; Submission No. 23 from AHCWA and YACWA, 20 May 2016, p21; Mr Gerry Georgatos, Community Consultant and Critical Response Advocate, ATSIPEP, *Transcript of Evidence*, 20 June 2016, p7; Mr David Wirken, Chief Executive Officer, Aarnja Ltd,

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A9.12 Developed in 2000 by Aboriginal Elders from the Nyikina, Mangala, Karajarri and Walmajarri language groups in response to concerns about their young people, the project takes youth, Elders and other community members on trips to country. The nature of trips varies – while some involve long periods of walking, others may include wild harvest work or learning language, dance or about skin and respect.¹¹¹³

A9.13 The Kimberley Aboriginal Law and Culture Centre's (KALACC) Festival and Cultural Events Coordinator Wayne Barker explained the underlying principles of the Yiriman Project:

*KALACC is firmly of the belief that a strong cultural foundation leads to strong wellbeing of an individual who then becomes a strong contributing individual in society. Any elements inside of that that impairs or that leads to a knock-on effect in a negative sense, right across from culture, right to society, right to family ... is a clear resounding call of alarm.*¹¹¹⁴

A9.14 Some trips are aimed at young men, others at young women. Most are at risk of alcohol and substance abuse, mental health damage and suicide. But after participating in the project, many transition into community leadership roles as parents, Yiriman mentors, rangers and cultural custodians.

A9.15 An evaluation of Yiriman found it contributed positively to young participants' lives, including improving their physical health, strengthening their connection to country, enhancing their cultural identity, and minimising their contact with the justice system.¹¹¹⁵

A9.16 Yiriman is a prime example of the benefits of Aboriginal-led programs. Based at Fitzroy Crossing, KALACC oversees administrative matters for the Yiriman Project but the project retains its own project governance independent of KALACC. In 2012, the Yiriman Project won Reconciliation Australia's award for an outstanding example of Indigenous governance. Chair of the awards, Professor Mick Dodson said that Yiriman and other finalists

Transcript of Evidence, 7 June 2016, p9; Submission No. 21 from Youth Focus, 20 May 2016, p2; Submission No. 16 from Dr Dave Palmer, 13 May 2016; Submission No. 15 from Anglicare WA, 13 May 2016, p6; Submission No. 14 from Beyond Blue, 13 May 2016, p18; Submission No. 13 from Griffith Law School Students, 13 May 2016, pp22, 24; Submission No. 12 from Australian Human Rights Commission, 13 May 2016, Attachment A: Mitchell, M. and Gooda, M., 'Self Harm and Help-Seeking Among Aboriginal and Torres Strait Children and Young People', p5; ATSISEPEP, *Fact Sheet 2: The value of investing in upstream approaches across the lifecourse*, p2. Available at: http://www.sis.uwa.edu.au/_data/assets/pdf_file/0006/2790933/Fact-Sheet-No.-2.pdf. Accessed on 28 September 2016.

1113 Submission No. 16 from Dr Dave Palmer, 13 May 2016, p2.

1114 Mr Wayne Barker, Festival and Cultural Events Coordinator, Kimberley Aboriginal Law and Culture Centre (KALACC), *Transcript of Evidence*, 7 June 2016, p2.

1115 Submission No. 16 from Dr Dave Palmer, 13 May 2016, pp6, 9-10.

*are succeeding in providing innovative and responsive service delivery and advocacy. They are entrepreneurial and proactively creating economic development opportunities for their members and communities. Their governance models are rooted in culture, yet entirely modern in their efficiency, legitimacy and accountability. ... They are making decisions; they are getting on with their futures. They are self-determination in action.*¹¹¹⁶

National Empowerment Project

A9.17 The National Empowerment Project (NEP) is an Aboriginal-led initiative that uses participatory action and community development approaches to address suicide prevention in Aboriginal communities. Evolving from the Kimberley Empowerment Project, it focuses on supporting healing, empowerment and leadership within an Aboriginal and Torres Strait Islander social and emotional wellbeing framework. Evidence to the Inquiry supported its approach.¹¹¹⁷ There are 11 sites across Australia.

A9.18 The NEP consists of three phases:

- Community consultations to determine risk factors and possible solutions
- The development of the Cultural, Social and Emotional Wellbeing Program (CSEWB)
- The delivery of the CSEWB.

A9.19 Key themes to emerge from community consultations were the intertwining of culture and resilience, and the need for community ownership of program design and delivery:

*[A]ll 11 communities share a yearning to regain their resilience and to provide a culturally strong environment that supports the recovery and healing of their members. ... Critically, community members said they wanted to be the ones to design and deliver the programs, and to administer the cultural medicine to heal the cultural wounds.*¹¹¹⁸

A9.20 Most of the 11 sites participating in the project (including Perth, Northam/Toodyay, Narrogin and Geraldton) have progressed through the first two phases and are now

1116 Dodson, M., 'Indigenous governance: self-determination in action', *Koori Mail*, 12 December 2012, p11.

1117 Submission No. 17 from Lifeline WA, 13 May 2016, p3; Submission No. 14 from Beyond Blue, 13 May 2016, p18; Submission No. 13 from Griffith Law School Students, 13 May 2016, p23.

1118 Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, pe.

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implementing the CSEWB.¹¹¹⁹ The sites were initially selected due to their readiness to engage with the project, and all had a functional Aboriginal Community Controlled Organisation and/or Registered Training Organisation.¹¹²⁰

- A9.21 The CSEWB consists of three six-week programs delivered over the course of one year, although community members only generally attend one six-week program. Each program focuses on self-development skills in relation to self, family and community. Cultural empowerment also plays a significant role – it is connected to social and emotional wellbeing and is strengthened as a means of enhancing wellbeing. Once participants complete a program they then assist in the delivery of subsequent programs.¹¹²¹
- A9.22 Two Queensland sites have already completed phase three. Data collected from participants has found that the CSEWB has a positive impact on most participants, including decreased psychological distress and increased social and emotional wellbeing.¹¹²²
- A9.23 The NEP is supported by the Commonwealth Department of Health in partnership with the School of Indigenous Studies at the University of Western Australia.¹¹²³

Red Dust Healing

- A9.24 The primary goal of Red Dust Healing is to improve the wellbeing and health of youth in remote communities, but does cater for non-Indigenous people and has also been delivered across regional and urban Australia. Cultural awareness training for people working in legal, policing and health services is also offered by Red Dust.
- A9.25 Developed by Aboriginal and Torres Strait Islander men Tom Powell and Randal Ross, it is based on the philosophy that healing arises from knowing one's culture and self. Participants are encouraged to examine past experiences that resulted in feelings of

1119 Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment: National Empowerment Project (NEP), *Cultural, Social and Emotional Wellbeing Program Funding Proposal: WA NEP Sites*, p1.

1120 *ibid.*, Attachment E: Dudgeon, P. et al., *Voices of the Peoples: The National Empowerment Project Research Report 2015*, University of Western Australia, Crawley, 2015, p26.

1121 *ibid.*, Appendix G: Deshong, M., *Queensland National Empowerment Program Kuranda and Cherbourg – Evaluation Report*, Michelle Deshong and Associates, p5.

1122 *ibid.*, Appendix G: Deshong, M., *Queensland National Empowerment Program Kuranda and Cherbourg – Evaluation Report*, Michelle Deshong and Associates, pp21-23 and Attachment: National Empowerment Project (NEP), *Cultural, Social and Emotional Wellbeing Program Funding Proposal: WA NEP Sites*, pp1, 2.

1123 National Empowerment Project, *About Us*. Available at: <http://www.nationalempowermentproject.org.au/about-us>. Accessed on 30 September 2016.

rejection, grief, and loss, then taught strategies (many drawn from traditional Aboriginal culture) to address that trauma.¹¹²⁴

- A9.26 Delivery methods include group sessions and individual case management systems, engagement through sport and the arts, and mentoring from role models. The program also seeks to empower by training participants to pass on the information and skills they have learned to their family and community. Training takes place in two phases: the first session assists participants to address their own healing, while the second involves participants learning how to be mentors and co-facilitators.
- A9.27 Reviews of the program have found that a high percentage of participants are likely to use the tools learned in Red Dust workshops in the future – a significant achievement, given that many attendees had past experience with mental health and social services and reportedly learned no useful strategies. The overwhelming majority of participants surveyed also found the program or its presentations “very useful”.¹¹²⁵
- A9.28 Contributors to the Inquiry, including the Department of Health, recognised how its inclusion of culture contributed to healing and the capacity building of Aboriginal people.¹¹²⁶ Participants in the National Empowerment Project (see above) identified the program as a model for building positive behaviour.¹¹²⁷
- A9.29 More importantly, Red Dust Healing empowers participants:

*participants did not simply benefit from the program, but had come to believe in its capacity to equip Indigenous men and their families with the tools to reassume their roles and responsibilities as proud Aboriginal people.*¹¹²⁸

1124 Red Dust, *About the Program*, 2016. Available at: <http://www.thereddust.com/about-the-program>. Accessed on 28 September 2016.

1125 Powell, T. et al., 'Red Dust Healing: Acknowledging the Past, Changing the Future', in P. Dudgeon, H. Milroy and R. Walker (eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, 2nd edition, Kulunga Research Network, West Perth, 2014, p471; Centrecare and Edith Cowan University, *WA Suicide Prevention Strategy Research, Development and Evaluation Activities Report*, Edith Cowan University, Perth, 2014, pp1149-1153.

1126 Submission No. 31 of Department of the Premier and Cabinet, 24 June 2016, Department of Health Attachment, p7; Submission No. 23 from AHCWA and YACWA, 20 May 2016, p21. See also ATSIPEP, *Fact Sheet 2: The value of investing in upstream approaches across the lifecourse*, p2. Available at: http://www.sis.uwa.edu.au/_data/assets/pdf_file/0006/2790933/Fact-Sheet-No.-2.pdf. Accessed on 28 September 2016.

1127 Submission No. 29 from National Empowerment Project, 22 June 2016, Attachment B: Ryder, A. et al., *The National Empowerment Project: Perth*, University of Western Australia, Crawley, July 2013, p40.

1128 Cull, S., 'The Road to Healing: Identity and the Over-Representation of Indigenous Men in the Australian Criminal Justice System', Bachelor of Social Science (Criminology) thesis, University of New South Wales, October 2009, p46.

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Blank Page Summit

- A9.30 The Blank Page Summit, held by the Billard community in 2009 in response to high rates of suicide in the Kimberley, is another example of a grass-roots initiative. It brought together community and government officials to find solutions and produced a communique. Key messages of the communique were the need for suicide-proof communities (i.e. no tolerance for factors contributing to suicide), training for families to be families, and self-care through staged support.¹¹²⁹
- A9.31 Following the summit, Beagle Bay (which is close to Billard) became the site for Remote Service Delivery from the Commonwealth Government. An Indigenous Engagement Officer was employed, and initiatives were co-designed through a collaborative process of empowerment.

Pandanus Park Community Workshop

- A9.32 One theme to emerge during the Committee's investigative travel and hearings was that, when it comes to suicide prevention initiatives, many communities are 'getting on and doing it'. Located approximately 56 kilometres south-east of Derby, Pandanus Park is one example.
- A9.33 In 2016, the community held a three-day workshop to discuss the direction of their community. Suicide prevention was a part of their discussions and they identified the need to build a "safe, happy and prosperous community" in order to reduce both suicide and disadvantage.¹¹³⁰

Aboriginal-Specific Suicide Prevention Forums

- A9.34 Indigenous Psychological Services (IPS) was founded in 1998 by Dr Tracy Westerman of the Nyamal people of the north west of Western Australia. Dr Westerman developed IPS to address the lack of specialist mental health services for Indigenous people. IPS is Indigenous-specific and provides a range of specialist mental health services.¹¹³¹ IPS is a private company that does not receive government funding for its suicide prevention programs.

1129 Select Committee on Youth Suicides in the NT (11th Legislative Assembly), *Gone Too Soon: A Report into Youth Suicide in the Northern Territory*, Parliament of the Northern Territory, Darwin, March 2012, p34; Blank Page Summit on Suicide, 'Blank Page Summit on Suicide Communiqué', Billard Aboriginal Community, 2009, pp2-3. Available at: <http://www.nt.gov.au/lant/parliamentary-business/committees/ctc/youth-suicides/Submissions/Sub%20No.%2008,%20Robert%20Parker,%20Top%20End%20Mental%20Health,%20Part%204,%2029%20Sept%202011.pdf>. Accessed on 9 November 2016.

1130 Submission No. 27 from Dr Anne Poelina on behalf of Pandanus Park Aboriginal Community, 11 June 2016, p6.

1131 Submission No. 43 from Dr Tracy Westerman, 12 September 2016, p1.

- A9.35 Dr Westerman created the Aboriginal-specific suicide prevention forums as part of her PhD in Clinical Psychology. IPS has been involved in the development, delivery and review of Aboriginal specific suicide prevention forums since 2002 with the aim of addressing the disproportionate rates of suicide in rural and remote Aboriginal communities.¹¹³²
- A9.36 These forums are designed to emphasise a whole-of-community approach to intervention. Forums are delivered to three separate groups that are pivotal to the provision of ‘first line’ intervention to suicidal individuals within Aboriginal communities.¹¹³³ The forums are delivered to:
- **Service providers** – those who work in the area of mental health and who provide support to Aboriginal people suffering depression and suicidal behaviours. In these workshops, there is a focus on the signs and symptoms of depression and suicidal behaviour, as well as the key risk indicators. Basic counselling skills and engagement strategies are also covered with an emphasis on adapting these techniques to ensure they are culturally appropriate.¹¹³⁴
 - **Community members** – such as parents and elders of the local community. This workshop focuses on developing skills based on the “natural gatekeeper” model of prevention. The term natural gatekeeper refers to the important support role played by those who are often the first port-of- call for people at risk.¹¹³⁵
 - **Aboriginal youth** (aged 15-25 years). These workshops take a psycho-educational approach, offering information on the nature of depression and suicide and the relationship between the two. Life coping skills are also addressed, with particular emphasis on managing the difficult emotions associated with increased suicide risk. There is also a focus on engendering peer support networks that encourage youth to develop concrete suicide prevention crisis management strategies.¹¹³⁶
- A9.37 The forums are delivered over three phases including an introductory phase, follow-up phase (approximately six months later), and a skills consolidation phase (approximately 12 months after the initial introductory phase). The rationale for this longitudinal approach is to ensure that remote areas are able to receive assistance to build on the foundation of skills and knowledge gained over time. Community members are

1132 Submission No. 43 from Dr Tracy Westerman, 12 September 2016, p1.

1133 *ibid.* p2.

1134 *ibid.*

1135 *ibid.*

1136 *ibid.*, pp2-3.

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consulted during the planning and implementation stages to ensure cultural appropriateness and the safety of training content.¹¹³⁷

A9.38 These forums have received national recognition and empirical and cultural validation.¹¹³⁸

Social and Emotional Wellbeing Workshops

A9.39 During its hearing with the Aboriginal Health Council of Western Australia (AHCWA) and the Youth Affairs Council of Western Australia, the Committee was informed that AHCWA's youth committee has implemented statewide youth workshops where the participants plan and run projects in regional Western Australia.¹¹³⁹

A9.40 Examples of Social and Emotional Wellbeing (SEWB) workshops in 2015 and 2016 include:

- **Carnarvon**, 15 September 2015 – two day SEWB workshop specifically targeting female youth that included discussions on cultural healing, mental health and healthy relationships, drug and alcohol education, career advice, cyber safety and family law.
- **Geraldton**, 30 October 2015 – SEWB Youth Health Day – services discussing smoking, sexual health, mental health, drugs and alcohol, healthy lifestyle, domestic violence, chronic disease, suicide prevention, and maternal health.
- **Roebourne**, 30 October 2015 – TAHLFest– performances from national and local acts, including a Nyoongar dance group, and guest speakers discussing healthy messages.
- **Bunbury**, 29 January 2016 – SEWB Summit – particular focus on sexual health and the prevention of STIs.¹¹⁴⁰

Looking Forward Aboriginal Mental Health Project and Minditj Kaart-Moorditj Kaart Framework for Culturally Secure Systemic Change in Service Delivery

A9.41 The Looking Forward Aboriginal Mental Health Project is a participatory action research project led by Dr Michael Wright at the Telethon Kids Institute, which aimed to increase the adequacy of mental health and drug and alcohol services to Nyoongar families in

1137 Submission No. 43 from Dr Tracy Westerman, 12 September 2016, p2.

1138 *ibid.*

1139 Miss Hayley Thompson, Youth Policy Officer, AHCWA, *Transcript of Evidence*, 12 September 2016, pp12-13.

1140 Submission No. 44 from AHCWA, 12 September 2016.

the south-east metropolitan corridor. Initiated in 2010, the project's final report was released in 2015.¹¹⁴¹

- A9.42 Extensive consultations with Nyoongar families, community members and service providers revealed the considerable downstream effects of service providers' ongoing negative attitudes towards Aboriginal people. First, service providers are less likely to provide high-quality service to Aboriginal people due to a lack of respect or understanding of their worldview or culture. Second, as a result of these attitudes, Nyoongar participants do not trust the mainstream mental health and drug and alcohol services and do not always access services in a timely manner. This, in turn, put them at serious risk of enduring long-term mental health problems.¹¹⁴²
- A9.43 In an effort to improve health outcomes for Nyoongar people, 18 Elders worked with 11 mainstream service providers to educate their employees about their worldview. Together, they co-designed and co-implemented *Minditj Kaart-Moorditj Kaart Framework for Culturally Secure Systemic Change in Service Delivery* (see Figure A9.1).¹¹⁴³
- A9.44 The project clearly identified Elders as key to improving service provision to Nyoongar people. From 2016 onwards, participating service providers and Nyoongar Elders are working to create:
- *A new way of delivering culturally secure services, which responds specifically to the needs of the Nyoongar community, but can also be adapted for use in other communities and contexts.*
 - *A way to implement this model so it is meaningful for all stakeholders involved and can be maintained long into the future.*
 - *A way to measure how well this model is adopted by service providers and meets the needs of Nyoongar families.*¹¹⁴⁴

1141 Wright, M. et al., *Looking Forward Aboriginal Mental Health Project: Final Report*, Telethon Kids Institute, Subiaco, Western Australia, December 2015.

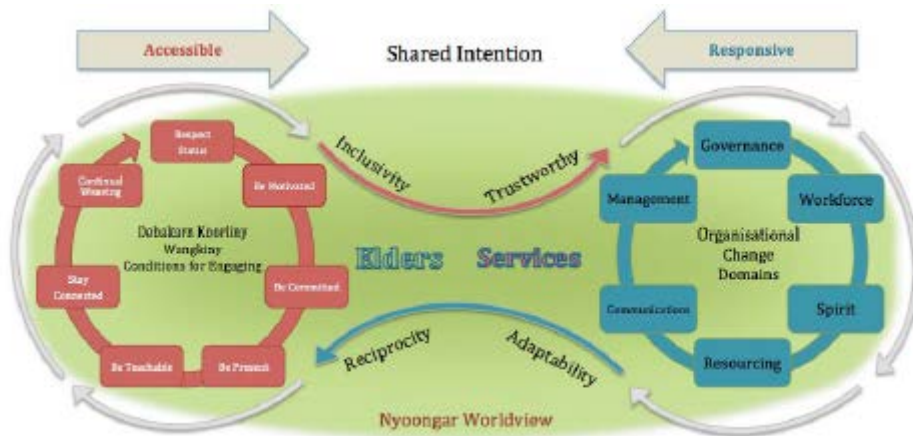
1142 Submission No. 18 from Telethon Kids Institute and Menzies School of Health Research, 24 May 2016, p13.

1143 *ibid.*

1144 Telethon Kids Institute, *Looking Forward Project: Improving mental health and drug and alcohol service outcomes for Nyoongar peoples*, 2016. Available at: [http://aboriginal.telethonkids.org.au/centre-for-research-excellence-\(cre\)/looking-forward/](http://aboriginal.telethonkids.org.au/centre-for-research-excellence-(cre)/looking-forward/). Accessed on 27 September 2016.

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Figure A9.1: Minditj Kaart-Moorditj Kaart Framework for Culturally Secure Systemic Change in Service Delivery



Source: Wright, M. et al., *Looking Forward Aboriginal Mental Health Project: Final Report*, Telethon Kids Institute, Subiaco, 2015, p50.

StandBy Suicide Response

- A9.45 StandBy is a suicide bereavement response service that provides immediate support to people and communities affected by suicide.¹¹⁴⁵ It was developed in Noosa, Queensland, and adapted to the West and East Kimberley. StandBy is run by Anglicare and funded by the Commonwealth Department of Health.¹¹⁴⁶ The service provides immediate and crisis support for any families or individuals connected to a person who has committed suicide, and to first responders such as police.
- A9.46 The StandBy model involves an initial session, then follow-ups a week later, three months later, and 12 months later.¹¹⁴⁷ The Committee received evidence that the Kimberley services tended to adopt a more flexible approach, so that if a family asks for additional support, they are not refused (unless the service is required elsewhere).
- A9.47 The East and West Kimberley services have a coordinator and a critical response team made up of personnel from other agencies with different areas of expertise.¹¹⁴⁸
- A9.48 The StandBy teams are referred to people and communities that need support through varied channels. The coordinators must use their cultural knowledge for the program to work – Aboriginal people do not call helplines, they call people they know.

1145 Anglicare WA, *StandBy Suicide Response*, 2015. Available at: <https://www.anglicarewa.org.au/relationships/suicide-prevention-postvention/standby-suicide-reponse.aspx>. Accessed on 14 November 2016.

1146 *Ibid.*

1147 Miss Karri Ambler, StandBy Coordinator East Kimberley, Anglicare/United Synergies StandBy, *Transcript of Evidence*, 10 June 2016, p5.

1148 *Ibid.*, pp1-2.

- A9.49 StandBy's services are not limited to assisting people who have recently been affected by suicide. The focus of the service is on helping those with unresolved grief.¹¹⁴⁹
- A9.50 The support provided varies significantly:

*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... 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.*¹¹⁵⁰

headspace

- A9.51 A national youth mental health initiative, headspace promotes wellbeing and supports early intervention mental health services for young people aged 12 to 25 years. Established in 2006, it focuses on four key areas: mental health, physical health, work and study support, and alcohol and drug services.¹¹⁵¹ It has a youth-centred or youth-orientated approach, focusing specifically on the needs of the individual young person.¹¹⁵² Several witnesses and submissions to the Inquiry highlighted the positive work being undertaken by headspace.¹¹⁵³
- A9.52 Services provided by headspace include eheadspace, an online and telephone service which young people and their families can use between 9am and 1am when they need support. Postvention program headspace School Support also provides assistance to school communities following the death of a student by suicide. It centres on resources to support schools in planning and managing their response, and includes resources for responding to the death of Aboriginal young people.¹¹⁵⁴

1149 *ibid.*, p3.

1150 *ibid.*, p6.

1151 headspace, *Who we are*, 2016. Available at: <https://www.headspace.org.au/about-us/who-we-are/>. Accessed on 1 November 2016.

1152 Mrs Raina Washington, Manager, headspace Broome, Kimberley Aboriginal Medical Services *Transcript of Evidence*, 7 June 2016, p8; Dr Murray Chapman, Clinical Director, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 7 June 2016, p5.

1153 Mr Terrence Howe, Team Leader, Kimberley Mental Health and Drug Service, *Transcript of Evidence*, 10 June 2016, p12; Submission No. 14 from Beyond Blue, 13 May 2016, p18; Submission No. 45 from Australian Department of Health, 23 September 2016, pp12-13; Dr Nicole Jeffery-Dawes, Psychologist, Boab Health Services, *Transcript of Evidence*, 10 June 2016, p18.

1154 headspace, *School Support*, 2016. Available at: <https://www.headspace.org.au/schools/>. Accessed on 1 November 2016.

Appendix Nine

- A9.53 Support is also offered to young people with mild to moderate mental health concerns through one of the approximately 100 headspace centres across Australia. Designed in partnership with young people, these centres connect youth with a range of service providers, including psychologists, general practitioners, alcohol and drug workers and vocational workers. Services accessed through centres are generally free or have a low cost. According to headspace, centres have a positive impact on clients' lives with 60 per cent displaying "significant improvement".¹¹⁵⁵
- A9.54 Yarn Safe was a headspace campaign aimed at Aboriginal and Torres Strait Islander youth, encouraging them to talk about problems in relation to their mental health and wellbeing. Developed with input from Aboriginal and Torres Strait Islander young people, the campaign sought to deliver the message in a culturally appropriate way. Its centres promoted the campaign in 2014 and 2015, although it continues to be advanced through partnership activities with the National Rugby League.¹¹⁵⁶

1155 headspace, *Who we are*, 2016. Available at: <https://www.headspace.org.au/about-us/who-we-are/>. Accessed on 1 November 2016.