

The way back Information Resources Project

Final Report

Finding our way back: A resource for Aboriginal and Torres Strait Islander peoples after a suicide attempt

Everymind

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The Movember Foundation



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- Aboriginal and Torres Strait Islander Healing Foundation
- Aboriginal Health Council of South Australia
- Aboriginal Health Council of Western Australia
- Aboriginal Health and Medical Research Council of New South Wales
- Aboriginal Medical Services Alliance of Northern Territory
- Danila Dilba Health Services (Darwin)
- Queensland Aboriginal and Islander Health Council
- Tasmanian Aboriginal Centre
- Victorian Aboriginal Community Controlled Organisation

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SUMMARY

Research indicates that until relatively recent times, attempted suicide and suicide were virtually unheard of in Aboriginal and Torres Strait Islander communities. Since the 1970s however rates have been increasing and current data indicates that Aboriginal and Torres Strait Islander peoples are now around 2-3 times more likely than other Australians to be admitted to hospital for injuries associated with suicidal behaviour (Closing the Gap Clearinghouse, 2013, p. 3). Similarly, national data identifies Aboriginal and Torres Strait Islander men aged 25 -29 years as having the highest rate of suicide, approximately four times greater than their non-Indigenous counterparts (Closing the Gap Clearinghouse, 2013, p. 4).

The way back Information Resources Project

In May 2013, *beyondblue* funded **Everymind** to develop evidence-informed information resources for people who had attempted suicide and their family members and friends. As part of *The way back* Information Resources Project the Institute was to also develop resources specifically for Aboriginal and Torres Strait Islander peoples.

Finding our way back resource development process




The project team at **Everymind** undertook a range of consultation and review strategies to inform the development of *The way back* information resources. This report provides a summary of the work undertaken to develop the content for the Aboriginal and Torres Strait Islander resource. This included conducting a scan of relevant academic evidence, policies and resources, as well as consultations with sector stakeholders (including academics, senior executives, direct service workers, and Aboriginal and Torres Strait Islander people with lived experience of suicide attempt).

After the initial phase of evidence gathering, the Institute worked with Aboriginal consultants to draft the initial content for the resource. An Aboriginal and Torres Strait Islander Resource Development and Review Group was also formed composed of representatives from each state-peak community controlled organisation and the Aboriginal and Torres Strait Islander Healing Foundation. This group provided advice and comment on drafted resource content.





Core principles drawn from the initial preparatory work by the Institute and supported by the Review Group guided the style and approach to content development. These principles included the following.





The resource should acknowledge the generations of loss and grief that Aboriginal and Torres Strait Islander peoples have experienced since colonisation – including loss of land, culture, children and identity. It would also be appropriate to acknowledge that racism is still faced by many on a daily basis and this may impact on suicide risk factors and help seeking for individuals and communities.

-  Without disregarding this loss, it is also important to acknowledge the resilience that communities show in being able to keep going through generations of grief and trauma. A 'strengths-based' approach should be applied where appropriate.
-  Because of the enormous diversity in beliefs, understandings and practices within and between Aboriginal and Torres Strait Islander communities, content should only include information of a general nature.
-  The content should be informed by the holistic understandings of wellbeing and the interconnections between individuals, their family and community held by Aboriginal and Torres Strait Islander peoples.

The Review Group supported the development of one resource that included information relevant for both individuals who had attempted suicide as well as family members and friends.¹ This was considered appropriate for a range of reasons including:

-  It reflects the interconnections between individuals, their family and community;
-  It is common for an individual presenting for assistance after a suicide attempt to be accompanied by a family member;
-  Family members are likely to play an important part in decision-making about care and support for the individual;
-  It is useful for both individuals and families to know the information has been given to one other.



The Review Group also discussed ways to approach the complex challenge of developing an information resource for national distribution for an audience that are not only diverse in beliefs, understandings and practices but also in their language and English literacy levels. The Review Group highlighted the importance of considering how to use images and figures to support the key written content and it was agreed that the initial structure of the resource should include:

-  An initial brief and plain English 'snapshot' of key information;
-  More detailed information specifically for individuals and family members and friends.





The *Finding our way back* resource

Everymind worked with Aboriginal consultants to draft content in close consultation with the Review Group. The Review Group members also circulated versions of the resource through their local networks for feedback.

In May 2014, content for the *Finding our way back* resource for Aboriginal and Torres Strait Islander peoples was finalised and consisted of a 20 page A5 booklet. The resource included the following sections:

-  Snapshot: Information and support after a suicide attempt;
-  About suicide attempts in Aboriginal and Torres Strait Islander communities;

¹ In contrast, the project team had developed separate information resources for individuals and families in the broader community.

-  Getting support;
-  I have attempted suicide. What do I need to know?
-  A family member or friend has attempted suicide. What do I need to know?
-  Services and other information.

Quotes from Aboriginal and Torres Strait Islander people who participated in the consultation and had lived experience of suicide attempt(s) were also used throughout the resource.

Separate to this project, *beyondblue* have engaged an Aboriginal and Torres Strait Islander graphic artist to develop a template to be used for all of their Aboriginal and Torres Strait Islander resources. The Review Group from this project provided comments on drafts of that template and made recommendations for its further development.

The final layout, graphic design, production and dissemination of this resource will be managed by *beyondblue*.

Conclusions and the next steps

This project highlighted the importance of working in partnership with Aboriginal and Torres Strait Islander stakeholders and peak organisations. The final content for the resource was vastly improved by the feedback and advice received from stakeholders and community members throughout the resource development process.

It is recommended that *beyondblue* continue the collaborative process during the layout and design phase for this resource and in designing resource dissemination strategies. It is also recommended that further evaluation and feedback is sought from a larger group of community members to ensure resource relevance and ‘fit’ and that consideration be given to developing supplementary materials that are not reliant on text-based formats (e.g. video or audio formats) or which have capacity to be made relevant to local communities (e.g. electronic templates that can be modified according to local community needs).

CHAPTER 1: INTRODUCTION

Research indicates that until relatively recent times, attempted suicide and suicide were virtually unheard of in Aboriginal and Torres Strait Islanders communities. However since the 1970s, rates have been increasing and current data indicates that Aboriginal and Torres Strait Islander peoples are now around 2-3 times more likely than other Australians to be admitted to hospital for suicidal behaviour (Closing the Gap Clearinghouse, 2013, p. 3). Similarly, national data identifies that Aboriginal and Torres Strait Islander men aged 25 -29 years have the highest rate of suicide, approximately four times higher than their non-Indigenous counterparts (Closing the Gap Clearinghouse, 2013, p. 4).

The way back Information Resources Project

In May 2013, *beyondblue* funded **Everymind** to work with them to develop evidence-informed information resources for people who had attempted suicide and their family members and friends. *The way back* Information Resources Project aimed to produce separate resources for both the broader community and Aboriginal and Torres Strait Islander peoples specifically. The development of all resources was informed by:

- A scan of academic evidence regarding the nature and efficacy of interventions and information resources for people who have attempted suicide and their family and friends;
- A scan of relevant government and professional association policies and guidelines;
- A scan of existing resources for people who have attempted suicide and their family members and friends;
- Consultations with stakeholders including academics, service providers and peak professional body representatives;
- In-depth interviews with community members who had attempted suicide and family, friends and carers of people who had attempted suicide.

Drawing on the findings from these background scans and consultations, two A5 booklets were prepared for broader community audiences. These were titled:

- 'Finding your way back: A resource for people who have attempted suicide';
- 'Guiding their way back: A resource for people who are supporting someone after a suicide attempt'.

Information relevant to the development of the broader community resources are outlined in a separate report. This report provides an overview of the findings from the evidence scans and the consultation process conducted for the development of the *Finding our way back* resource. This report also outlines the development process and provides some recommendations and comments regarding the next steps.

CHAPTER 2: EVIDENCE, POLICY AND RESOURCES SCAN

2.1 Scan of academic evidence

A scan of the academic evidence was undertaken in accordance with a pre-determined methodology and defined search terms. Twenty-five articles and reports met inclusion criteria and were read in full. Few articles dealt specifically with the issue of suicide attempts and most addressed broader contextual issues concerning Indigenous suicide and similarities or differences associated with incidence, risk and protective factors and the prevention of suicide as compared with non-Indigenous populations. An overview of the key issues that emerged from the scan is provided below.

Is Aboriginal and Torres Strait Islander suicidology different?

Several authors worked from the view that there is a separate Aboriginal suicidology (e.g. Elliot-Farrelly, 2004; Tatz, 2005). A number of distinguishing individual, situational and socio-cultural factors that have been observed as playing a role in suicidal behaviour by Aboriginal and Torres Strait Islander people include:

- Loss of purpose in life (including loss of pride in cultural identity, connection to land and community, beliefs and aspirations for the future);
- Disintegration of family structures and lack of positive parenting skills (linked with the transmission through generations of loss and trauma as well as maladaptive coping mechanisms);
- Lack of community role models and mentors;
- Factionalism within/between communities which may have been removed from separate traditional lands into towns;
- Levels of violence and abuse;
- Grief cycles (death is more familiar, grieving is common and constant);
- Ongoing racism (disenfranchisement) experienced at individual, community and institutional levels;
- Chronic and widespread socio-economic disadvantage.

A further distinguishing feature was the lack of a strong relationship between mental illness and Indigenous suicide or suicide risk (Tatz, 2005, p.88-90). For example, De Leo et al. (2012) reviewed the Queensland Suicide Register between 1994 – 2007 and observed that records of psychiatric diagnosis were present in only 21% of Aboriginal and Torres Strait Islander cases compared to 43% of the non-Indigenous suicides. They also reported that in comparison to the non-Indigenous suicide cases, significantly fewer Aboriginal and Torres Strait Islander people had left a suicide note although they were around one and half times more likely to have verbally communicated suicide intent. These differences have been observed elsewhere and have led to suggestions that the context of suicide among Aboriginal and Torres Strait Islander peoples may be different to that of non-Indigenous people,

possibly representing a more impulsive or reactive response to a particular situation or set of events such as the breakdown of relationship (Elliot-Farely, 2004; Tatz, 2005).

Some authors have specifically considered the role of alcohol use with regard to the apparent impulsivity of some Aboriginal and Torres Strait Islander suicides, although authors are careful to explain that they see alcohol use as playing more of an enabling rather than causative role and must be viewed within the broader community context in which people have grown up and live. For example, during the course of socialisation, community members may learn about drunkenness and use of alcohol as a coping mechanism, a temporary escape or a way of creating the impression of social interaction; and may have few opportunities available to learn other more positive and longer term problem-solving skills (Elliot-Farely, 2004; Hunter & Harvey, 2002; Tatz, 2005). However, alcohol use can also increase the likelihood of risky, reckless and violent behaviour, such that the use of alcohol may play a specifically significant role in the prevalence of suicide and suicide attempts among Aboriginal and Torres Strait Islander peoples.

A further observation made about suicide within Aboriginal and Torres Strait Islander communities is the occurrence of 'clusters' or 'echo-clusters' within specific communities, where communities may experience multiple, closely occurring suicides or suicide attempts (e.g. Hanssens, 2010). It has been proposed that clusters may involve both familial and imitative behavioural contagion for both suicide and attempted suicide and can also have cultural and spiritual elements. Deceased persons, the places where they have lived and died can take on local meanings and associations and may have a suggestive and invitational character (Elliot Farely, 2004). Thus, the existence of suicide clusters within Aboriginal and Torres Strait Islander communities emphasises the specific risk with which these communities contend, while also potentially indicating a different risk and protective factor profile to that of non-Indigenous communities.

Holistic conceptualisation of wellbeing

Discussions regarding the need for a separate Aboriginal and Torres Strait Islander suicidology are interconnected with observations that there can be significant differences in the way Aboriginal and Torres Strait Islander communities and Western (mental) health systems understand physical and mental health. Accordingly, understanding suicidality and suicide prevention necessitates the adoption of a more holistic concept of wellbeing consistent with Aboriginal and Torres Strait Islander cultural beliefs and perspectives (Australian Psychological Society, 2009; Commonwealth Department of Health and Aging, 2007; Vicary & Westerman, 2004).

Aboriginal and Torres Strait Islander peoples' understanding of wellness are often ecological and incorporate a range of personal and environmental factors – emotional, physical, cultural and spiritual connection to traditional lands, ancestors, family and community. Individual wellbeing is inextricably linked to community wellbeing and vice-versa.

Vicary and Westerman (2004) highlighted how cultural understanding can affect understanding of wellbeing through a qualitative study with Aboriginal community members in Western Australia. The researchers noted participants' discussion of a culturally bound illness that was called "long for, crying for, or being sick for country" (Vicary & Westerman, 2004, p. 5). Whilst symptoms overlapped with Western definitions of clinical depression, the illness was not pathologised in the same way – rather it

was seen as resulting from the individual being removed or straying from their country, place of dreaming or spirit for too long. Factors influencing community members' decisions about whether or not to pursue traditional healing avenues and the processes involved were complex. If behaviours were outside cultural explanations and/or traditional treatments were not successful, the individual might be taken to Western medical services (Vicary and Westerman, 2004, pp. 5-6). This study highlights the importance of understanding health and wellbeing from a culturally appropriate perspective.

Effectiveness of suicide prevention initiatives

Very few evaluations have been undertaken to measure the effectiveness of either Aboriginal and Torres Strait Islander specific suicide prevention programs or mainstream initiatives undertaken with Aboriginal and Torres Strait Islander community members (Closing the Gap Clearinghouse, 2013). The limited available evidence indicates that the Aboriginal and Torres Strait Islander specific programs that show promise are those which have developed and delivered with high levels of local community leadership and involvement. For example:

- Yarrabah Family Life Promotion Program (Closing the Gap Clearing House, 2013; Hunter et al., 1999);
- Indigenous suicide prevention training forums e.g. as developed by service providers in the Kimberley and North West regions and in Central Australia and delivered to local communities (Lopes et al., 2010; Westerman, 2007);
- “Deadly Thinking” one-day workshops which cover basic mental health literacy, information about suicide, problem solving, self-help and help-seeking behaviours and how to access services. (Australasian Centre for Rural and Remote Mental Health).

Non-Indigenous specific programs that have been associated with positive outcomes when delivered with Aboriginal and Torres Strait Islander participants include:

- Mental Health First Aid (Kanowski et al., 2009);
- Gatekeeper training for members of communities to identify and respond to individuals at risk (Deane et al., 2006).

Several e-health suicide prevention interventions are currently being developed and trialled and some have already reported positive evaluation results. The interventions involve the use of applications for mobile phones and tablets or touch screen information kiosks. Examples include:

- “IBobbly”, a smart phone and tablet application developed by the Black Dog Institute;
- “Stay Strong”, a tablet application being developed by the Menzies School of Health Research;
- “HITnet” (Heuristic Interactive Technology) health information and promotion videos for kiosks and mobile phone/tablet applications. The kiosks are located in remote communities, prisons, schools, youth drop in centres and community controlled organisations across Australia.

2.2 Policy scan

Given that a more detailed scan of community-wide federal and state-level policies had been completed earlier by the project team, the scan for the development of Aboriginal and Torres Strait Islander specific resource focused on the recently released *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy*.

National Aboriginal and Islander Suicide Prevention Strategy 2013

In the 2010 Senate Inquiry report 'The Hidden Toll: Suicide in Australia', the committee recommended that the Commonwealth government develop a separate suicide prevention strategy for Aboriginal and Torres Strait Islander communities within the National Suicide Prevention Strategy (LIFE framework). The Aboriginal and Torres Strait Islander Suicide Prevention Advisory group was subsequently established in 2011 to oversee its development. The Menzies School of Health Research was then engaged to develop the strategy in consultation with Aboriginal and Torres Strait Islanders community members and other stakeholders with the assistance of the National Aboriginal Community Controlled Health Organisation.

In May 2013, the National Aboriginal and Torres Strait Islander Suicide Prevention Strategy was released. The overall objective of the strategy is to 'reduce the cause, prevalence and impact of suicide on individuals, their families and communities' (Commonwealth Department of Health and Aging, 2013, p. 5). Six goals and action areas underpin achievement of the objectives over the next ten years. These preventative strategies focus on early intervention, community development and strengthening, and holistic and integrated approaches. The six action areas are:

1. Building strengths and capacity in Aboriginal and Torres Strait Islander communities by encouraging Indigenous leadership and responsibility;
2. Building strength and resilience in individuals and families (with a focus on work through universal early childhood services);
3. Targeted suicide prevention services to higher risk individuals and families/communities;
4. Coordinating approaches to prevention with states and across government departments;
5. Building the evidence base;
6. Improving standards and quality in suicide prevention by increasing Indigenous workforce participation, implementing quality controls and strengthening evaluation of programs.

(Commonwealth Department of Health and Ageing, 2013, p. 26-43).

The Strategy is intended to link other relevant frameworks and policies such as the *National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013*, the *National Mental Health Commission's Report Card* and the *Roadmap for National Mental Health Reform 2012 - 2022*.

2.3 Scan of existing resources

A total of 19 hard copy or downloadable resources were located by either an internet search or provided by individuals involved with the project. Two of these were produced by Canadian organisations, five by national Australian organisations, two by state-wide organisations and the

remainder were developed by regional and local community groups. The resources ranged from 1-2 page pamphlets to 4-6 page fact sheets to short booklets. Few resources described how they were developed and none appeared to have been evaluated.

Resource types

Within the sample of resources identified through the scan, there were two main types.

Type 1: Resources that appeared to have been written for general purposes and that may have been of more interest to service providers and audiences with broad information needs, rather than individuals and families seeking support around a time of crisis. These resources were typically longer and more complex in style and content and included discussions of: incidence rates of suicide across the population; the traumatic and intergenerational impacts of colonisation; the different understandings of mental health and wellbeing that Aboriginal and Torres Strait Islander communities may have; and principles and aspects of suicide prevention initiatives.

Type 2: Brief (1-4 pages) resources that appeared to have been written specifically for community members seeking very practical information. Graphics were widely used in these resources and they tended to be written in very plain English.

Common content

Both types of resources tended to be consistent in the core information they covered. This typically included risk factors, warning signs, what to do or how to help someone, protective factors, and sources of further assistance.

In many respects, this content was very similar to the content covered in the resources identified in the resources scan conducted to inform the development of the broader community resources. However, a number of distinguishing/additional elements were also identified as summarised below.

- Risk factors included the acknowledgement of the disconnection, trauma and grief caused by colonisation, removal from land, loss of culture and stolen generation (and the impact this can have in terms of drug and alcohol use, being exposed to higher rates of suicide within local community, higher rates of imprisonment and chronic health problems).
- Warning signs included the recognition that changes in behaviour may include going to visit traditional places where relatives or friends died by suicide, settling unfinished business with other community members and having spiritual contact with people who had died.
- What to do and how to help someone if you are worried also included:
 - Seeking advice from Elders and other community members;
 - “Having a yarn”;
 - “You shouldn’t feel shame about talking to someone” (noting that understandings about shame are complex and vary between communities);
 - Supporting people to (re) connect with the community and cultural activities.
- Protective factors included references to being connected with culture and traditions.

- Where to get further help included references to accessing Aboriginal and Torres Strait Islander health workers and local Aboriginal and Torres Strait Islander community organisations.

Design elements

A majority of the resources used traditional Aboriginal and Torres Strait Islander artwork in design and layout. A number of resources also used minimal text and primarily graphic illustrations of people to communicate information. For example, a two-page pamphlet developed by workers in Yarrabah in North Queensland depicted, on one-page, information through the use of drawings of Aboriginal and Torres Strait Islander people showing relevant moods and scenarios such as feeling down and seeking support.

Authorship

Four of the resources identified in the scan were authored in the voice of an Aboriginal and Torres Strait Islander person - this was evident in the use of the words and phrases such as “in our community”, “we”, and “our people” (Lifeline, 2010; LIFE Suicide Prevention Taskforce; MCSP, 2005a). This was significant and conveyed an additional level of authenticity and presumably would enhance engagement by Aboriginal and Torres Strait Islander readers. This approach is also consistent with essential practice as recommended by a range of academic and sector experts (e.g. Vicary & Westerman, 2004; Commonwealth Department of Health and Ageing, 2013). These four resources also appeared to be equally relevant for an individual who was suicidal or a family member or friend, which is consistent with Aboriginal and Torres Strait Islander cultural understandings about the important interconnections between individuals and those around them (as well as environment, community and culture).

2.4 Conclusions from evidence, policy and resources scan

The following conclusions can be drawn from the scans of academic evidence, policy and existing resources.

- It is important to consider suicide and suicide attempts by Aboriginal and Torres Strait Islander peoples in the context of colonisation and the trauma and grief arising from the loss of land, children, culture and pride that has been suffered and passed down through generations. This impacts on current community and individual risk and protective factors.
- A holistic approach to understanding wellbeing and suicide prevention is needed to acknowledge the links and meaning between person, family, community, culture and land for Aboriginal and Torres Strait Islander peoples.
- The suicide prevention interventions identified as showing promise involve working alongside Aboriginal people to develop the intervention and adopting a holistic, community-based approach.
- Although existing Aboriginal specific resources include information similar to non-Indigenous resources, additional content includes: acknowledgement of the impact of colonisation, additional culturally bound warning signs and protective factors, informal and formal support options.
- Existing resources generally have used traditional Aboriginal and Torres Strait Islander artwork and tended to use more images than the non-Indigenous resources identified in the resources scan conducted for the broader community resources.
- Resources written by Aboriginal and Torres Strait Islander authors have increased authenticity and presumably a greater likelihood of engagement with Aboriginal and Torres Strait Islander peoples.
- It is critical for the project to develop genuine partnerships with Aboriginal and Torres Strait Islander stakeholders and work in close collaboration to develop the resources.

CHAPTER 3: CONSULTATIONS

3.1 Sector stakeholders and people with lived experience

Between July and October 2013, project staff obtained views about suicide and suicide attempts with Aboriginal and Torres Strait Islander community members and workers involved in the delivery of services and support. Consultations consisted of semi-structured telephone discussions with professionals, focus groups with community members and in-depth interviews with individuals.

Participants

Twelve professionals involved in the design and delivery of suicide prevention or postvention services were consulted. All but one of the stakeholders identified as Aboriginal and most were employed in dedicated Aboriginal roles in general health services or community controlled organisations. Several held national roles while others worked in delivering services locally (primarily either in large cities or smaller regional or rural areas in New South Wales or Western Australia). A significant number of the stakeholders voluntarily identified as having lived experience of suicide and suicide attempts (often, multiple) themselves. The views of people with lived experience were collected through two focus groups with members from two different Aboriginal communities in New South Wales (n= 14) and key informant interviews with two Aboriginal participants recruited through *beyondblue's* blueVoices. This data collection was covered by ethics approval from the Hunter New England Human Research Ethics Committee.

Themes from the consultations

A thematic analysis was conducted across the datasets and the themes are presented below. There was a diversity of views, but in contrast to the consultation conducted to inform the development of the broader community resources, there were fewer differences between the perceptions of stakeholders and people with lived experience of suicide attempt(s).

Without disregarding this diversity of contributions, the following themes were identified.

Suicide is recent and a big problem

Consultation participants stated that suicide was a very big problem for Aboriginal and Torres Strait Islander communities and the majority of participants knew individuals who had attempted or died by suicide. Several participants commented suicide had only emerged as a problem since around the 1970s and that it had created a whole wave of additional problems and trauma. One community member talked about an experience:

“About ten years ago there was these three young kids and they actually seen their mother (after she died)... The little fella he was about four but I bet you he still remembers it as clear as day ... They never had counselling ... (Now the kids) are in their teens and they’ve all got behaviour problems, mental problems...”

Preferred professional response to a recent suicide or attempted suicide

Stakeholders and general community members identified that speaking directly with a person after a suicide or suicide attempt was the first response that should be provided. Participants identified that speaking to an Aboriginal or Torres Strait Islander worker was very important. It typically involved a worker going out to meet people in their community. Many reported that they felt a non-Indigenous service would be inconsistent with cultural understandings and expectations. For example:

“I’m not knocking counsellors but I wouldn’t go to a counsellor because they would not understand where I am coming from and my way of thinking ... at the end of the day, the counsellor is not Aboriginal.”

Participants had a preference for talking directly with trusted Aboriginal and Torres Strait Islander workers in the first instance, but were generally supportive of having written information available. They believed this would be most helpful directly after initial conversations had occurred. Only about one quarter of participants consulted identified ever having seen written information resources about suicide attempts or supporting someone following an attempt.

Content to include in written resources

Participants emphasised the importance of encouraging individuals and families to get support by talking with others. They believed that Aboriginal and Torres Strait Islander people would talk to other Aboriginal and Torres Strait Islander people. One participant said:

“You have to tell people to go and have a good yarn ... even if it’s just with a good friend ... get it off your chest ... It will give you a clear head space to think about what to do next.”

Consistent with the consultations held with non-Indigenous people (as part of the larger project) several Aboriginal and Torres Strait Islander participants stressed that it was also important to tell people that they “are not alone.” Participants further identified that community members need very practical information about the types of things to say to someone if you are worried they are suicidal, what to do if there is a crisis and how an individual can manage suicidal thoughts if they return or persist.

The importance of involving family in decisions about any medical treatment was also raised in the consultations. Participants explained that many Aboriginal and Torres Strait Islander people will have a family as well as community role. This would need to be understood to determine the nature of supports that are required. Participants advised that it was especially important to tell families after a suicide attempt that:

- No-one is to blame for what has happened;
- You can’t be there for someone all the time;
- You need to look after yourself – get support from other family and workers.

Participants also identified the diversity within, and across, Aboriginal and Torres Strait Islander communities in terms of cultural beliefs and practices, as well as local experiences of mental health issues and suicide. They believed this diversity should be acknowledged and readers advised to consult local community members and Elders if they were worried or unsure if someone’s behaviour is unusual.

Barriers to suicide prevention initiatives and help-seeking in communities

Participants identified a number of barriers to help-seeking by, and within, communities that should be considered in the development of the resources.

Participants identified the impact that stigma associated with mental illness has and how historical experiences within communities could make help-seeking more difficult. For example, one participant spoke of a past experience:

“What they used to do is they ring the police who would take them to hospital and leave them there to wait (for a doctor) ... the police would bring our people to hospital and make a whole big show of it ... like they were criminals.”

Community members also recounted stories of people being “taken away” with little or no information about where they had gone and or when they would be back. This led to people avoiding services if they had problems. It also led to more silence around mental illness and psychological distress within their community.

Related to these experiences, participants talked about the “shame” attached to mental illness and suicidal behaviour and the significant impact that this could have on people’s willingness to reach out for assistance. One participant discussed how this needed to change:

“Not to feel shame ... be game ... people will understand.”

Distribution of resources

Participants generally identified that it would be useful to have written information about suicide and suicide attempts and that this sort of information should be distributed through Aboriginal and Torres Strait Islander medical services, community controlled organisations, local hospitals, clinics, mental health and GP services, schools and sporting clubs.

Processes to develop written resources for Indigenous communities

Stakeholders who had written suicide prevention training programs for Aboriginal and Torres Strait Islander communities stressed that consulting with community members was essential. They also commented that this process can take an extensive period of time, reporting that their packages took 18 months to two years.

Stakeholders also identified that adapting a non-Indigenous resource could be acceptable if all appropriate cultural inclusions were made. However, they identified that care needed to be taken and one stakeholder felt strongly that resources for their communities should not be “dumbed-down versions” of mainstream resources. Other stakeholders talked about the importance of having peak organisations involved and engaged.

3.2 Stakeholder survey to inform resource development

Early in 2014, **Everymind** developed and launched an online survey to assist in the identification of key principles that would guide content development for the Aboriginal and Torres Strait Islander specific resource. Thirty-six people completed the survey. Participants included workers in Aboriginal and Torres Strait Islander organisations and community members. The following provides a summary of responses.








Key acknowledgements and principles to include

Respondents showed a high level of agreement about key elements of the resource as outlined in the table below.

Principle	Agree or strongly agree
The resource should acknowledge the generations of loss and grief that Indigenous people have experienced since colonisation including the loss of land, culture, children and identity.	100%
The resource should acknowledge that racism is faced by many on a daily basis and this may impact not only wellbeing but also decisions about getting help from services.	96%
The resource should acknowledge the resilience that Aboriginal and Torres Strait Islander communities show in living with grief, loss and disenfranchisement. A strengths-based approach should be used where relevant.	97%

Other content to include

The survey listed various topics that could be included in the resources. There was a high level of agreement across respondents. Between 90 and 100% of participants either strongly agreed or agreed that the following topics should be included:

-  Risk factors for suicide attempts;
-  Warnings signs someone may be suicidal;
-  What to do if you are having suicidal thoughts;
-  What to do if you are worried someone is suicidal;
-  What to do after the crisis of a suicide attempt;
-  How to talk about suicidal thoughts and behaviours;
-  Where to get assistance from Aboriginal and Torres Strait Islander services as well as mainstream services.

Although 75% of participants strongly agreed that 'stigma and shame' should be included in the content, 9% were either neutral or disagreed. One participant explained:

"I have chosen to be neutral about talking about stigma and shame because from my experience it should be done in small discussions and not be written as it is open to misinterpretation and could create major issues for some members of our communities."

Other elements of the resource

The survey included several other questions about structure, style and authorship and there was a slightly higher level of variation in responses. For example, one question asked respondents if they felt that the resource should be written in a first person narrative. Nearly half (48%) strongly agreed, 38% agreed and 13% were neutral. Similarly, one question asked respondents if the resource(s) should be brief and no-more than two to three pages in length. A total of 47% strongly agreed, 35% agreed, 9% were neutral, 6% disagreed and 3% strongly disagreed. Finally, another question asked whether one resource should be developed containing information relevant for both individuals and family members or friends or if separate resources were preferable. Just over half of respondents (55%) indicated that there should be only one resource while 45% did not agree (indicating that there should be separate resources).

Additional comments

Many respondents provided additional comments and these included:

“You should test the resource (with service users and Aboriginal organisations) in several sites across the country and get feedback on a few occasions before publishing.”

“We have survived against all odds – recognition and acknowledgement of that is needed.”

“Such a resource may be viewed by non-Indigenous staff who assist and support Indigenous people.”

Sometimes Indigenous people feel comfortable seeking support from non-Indigenous people due to the “shame factor” and “I don’t want my community knowing my business or what is happening to me”.

“I believe that the resource should take as many pages as it requires to convey the message. 2-3 pages is not going to be enough.”

3.3 Conclusions

- Suicide and suicide attempts are a major and widespread concern across Aboriginal and Torres Strait Islander communities.
- Although talking directly to workers was the preferred first response following a suicide attempt, written information resources were considered to have a useful role.
- It is important to acknowledge the enormous diversity within and between Aboriginal and Torres Strait Islander communities. For a national resource, content should only include information that would be generally relevant to Aboriginal and Torres Strait Islander communities.
- The resources should acknowledge the generations of loss and grief that Aboriginal and Torres Strait Islander people have experienced since colonisation – including loss of land, culture, children and identity. It would also be appropriate to acknowledge that racism is still faced by many on a daily basis, particularly with regard to how this may impact on risk factors and help-seeking.
- It is important to acknowledge the resilience that communities show and use a ‘strengths-based’ approach where possible.
- A holistic understanding of wellbeing and the interconnections between individuals and their family and community should be used to inform content development.
- Graphic design and layout needs to be culturally relevant and not specific to any one region.
- Particular attention should be paid to using plain English and keeping the overall length to a minimum.
- Resources should be distributed through community controlled organisations.
- The resource development process should be undertaken in partnership with Aboriginal and Torres Strait Islander organisations and communities.

CHAPTER 4: RESOURCE DEVELOPMENT

4.1 Working with consultants

Consistent with the findings of scans and consultations, **Everymind** engaged with two Aboriginal consultants who had experience in developing suicide prevention resources for Aboriginal and Torres Strait Islander people. The consultants provided expert advice on culturally respectful practices and processes to follow as well as assisting with the drafting and review of content of the resource.

4.2 Aboriginal and Torres Strait Islander Resource Development and

Review Group

Also in line with the recommendations from scans and consultations, the Project Working Group determined that it would be appropriate to form an Aboriginal and Torres Strait Islander Resource Development and Review Group to guide and oversee the development of the content for the Aboriginal and Torres Strait Islander resource.

Everymind contacted the national and state peak community controlled organisations to seek their interest in being involved on the Resource Development and Review Group for this project. Subsequently, the Aboriginal and Torres Strait Islander Resource Development and Review Group was formed, composing of representatives from:

- Aboriginal and Torres Strait Islander Healing Foundation;
- Aboriginal Health Council of South Australia;
- Aboriginal Health Council of Western Australia;
- Aboriginal Health and Medical Research Council of New South Wales;
- Aboriginal Medical Services Alliance of Northern Territory;
- Danila Dilba Health Services (Darwin);
- Queensland Aboriginal and Islander Health Council;
- Tasmanian Aboriginal Centre;
- Victorian Aboriginal Community Controlled Organisation.

As stated in the Terms of Reference, this group:

- Discussed key issues relevant to the production of a resource for Aboriginal and Torres Strait Islander people who have attempted suicide and their family and friends;
- Advised both **Everymind** and *beyondblue* staff about culturally respectful and appropriate processes for the development of the resource;
- Provided expert advice about the content and design of the resources and reviewed drafts.

As a result of the first group discussion with the Resource Development and Review Group the following was agreed.

- The resource would be developed with a shortened version at the front followed by a longer and more detailed explanation of the same or additional relevant content.
- In the first instance, one resource should be drafted that could be provided to either or both individuals who had attempted suicide and their family members.
- Graphics and illustrations would be an important element. However, care would need to be taken in identifying images suitable for a national resource (i.e. not specific to one region).
- Institute staff would work with Aboriginal consultants to draft content that would be provided to the Review Group for feedback.

4. 3 Content drafting and review

Between February and May 2014, drafts of the resource content were prepared and circulated for feedback. Feedback from the Resource Development and Review Group was provided by teleconferences or through individual contact (via email or telephone). Some members of the Review Group also circulated drafts of the resource to social and emotional wellbeing staff in their member organisations and consulted with relevant community members or groups within their networks.

In addition, **Everymind** circulated drafts to individuals and organisations engaged in suicide prevention in Aboriginal and Torres Strait Islander communities. This included community controlled organisations as well as people who had experience working directly in some communities.

Feedback consisted of recommendations for re-wording of paragraphs to clarify cultural references or ensure cultural relevance, rearranging of the order of information and simplifying language and tone. Feedback from individuals and organisations providing support to remote and isolated communities noted that the resource was likely to have limited use for people whose first language was not English and suggested complementary video and audio resources would be of interest.

CHAPTER 5: FINAL CONTENT FOR RESOURCE

The final content was delivered to *beyondblue* in May 2014. It was 20 pages in length and included the following sections.

1. **About this resource** - a description of how the information might help and the organisations involved in its development
2. **Snapshot: Information and support after a suicide attempt** – a brief summary of reactions and things a person (or support person) can do after a suicide attempt.
3. **About suicide attempts in Aboriginal and Torres Strait Islander communities** – information about why Aboriginal and Torres Strait Islander peoples are at risk of suicide, why people attempt suicide and common reactions to a suicide attempt.
4. **Getting support** – information on the support provided at a hospital or local medical clinic and linking with community services.
5. **I have attempted suicide. What do I need to know?** – information on getting through the first few days, staying safe, talking about what has happened, connecting to community and culture and the future.
6. **A family member or friend has attempted suicide. What do I need to know?** – information on working through reactions, talking about what has happened, the support role at the hospital or health service, supporting a person after a suicide attempt, what to do if worried a person may be thinking of suicide again, self-care and the future.
7. **Services and other information** – provides a list of crisis and longer term support services and sources of further information.

Layout, design, production and dissemination of the final resource will be managed by *beyondblue*.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Conclusions

Suicide and suicide attempts in Aboriginal and Torres Strait Islander communities are a major public health priority, yet there is very limited evidence evaluating the effectiveness of interventions, including the provision of written information resources. This limited evidence, coupled with the need to develop the resource within a short timeframe, posed some challenges. Added to this was the challenge of developing a resource suitable for national distribution when the intended audience are characterised by enormous diversity in beliefs, understandings, customs, circumstances and languages.

Despite these challenges, the project team and partner organisations have completed and reviewed content to form the basis of a new resource - *Finding our way back: A resource for Aboriginal and Torres Strait Islander peoples following a suicide attempt*. Collaboration was crucial to ensuring the resource was relevant and useful to Aboriginal and Torres Strait Islander people and communities across Australia.

A number of key conclusions can be drawn from the work completed to develop this resource, as outlined below.

- Developing written resources for Aboriginal and Torres Strait Islander peoples following a suicide attempt involves working in partnership with community members and stakeholders to identify culturally appropriate and relevant principles and content.
- It is important to acknowledge the generations of loss and grief that Aboriginal and Torres Strait Islander people have experienced since colonisation but also acknowledge the resilience that communities have shown.
- A holistic understanding of wellbeing and the interconnections between individuals and their family and community should inform any resources of this nature.
- It is important to acknowledge the enormous diversity within and between Aboriginal and Torres Strait Islander communities, meaning national resources should only include information of a general nature.
- To increase the likelihood of the target audience engaging with the resource, particular attention should be paid to using plain English and keeping overall length to a minimum.

6.2 Recommendations

Everymind made the following recommendations. They relate to further development, evaluation and dissemination of the Aboriginal and Torres Strait Islander resource.

Layout and design

It is recommended that *beyondblue* continue to work in close collaboration with Aboriginal and Torres Strait Islander graphic artists to prepare the layout and artwork for the *Finding our way back* resource.

It is recommended that prior to publication of the resource, *beyondblue* consult with community controlled organisations in each state to ensure that the design and layout is culturally inclusive of the diversity of Aboriginal and Torres Strait Islander communities across Australia.

Evaluation

It is recommended that *beyondblue* conduct a pilot dissemination and evaluation of the resource in a range of relevant hospital and community based services in different metropolitan, regional and remote locations across Australia. The pilot should seek to measure both:

- a) The acceptability/usefulness of the resource for recipients;
- b) The suitability of the resource for distribution in different organisational settings.

Dissemination

It is recommended that *beyondblue* work in close collaboration with national and state peak community controlled organisations to devise dissemination strategies.

Complementary adaptable electronic version

It is recommended that *beyondblue* consider producing an electronic version of the resource with individual sections that can be copied or adapted by workers into a localised version. Workers could then integrate in local community words, meanings and customs as well as provide a more detailed description of local services and support.

Complementary audio/video resources

It is recommended that *beyondblue* pursue plans for the development of complementary audio and video resources in consultation with community controlled organisations, especially those working with communities who speak a language other than English.

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