Critical Response Meeting Report

Friday 17th July 2015
University Club, UWA, Perth

This initiative is funded by the Australian Government. The opinions, comments and analysis expressed in this document are those of the author/s and individual participants and do not necessarily represent the views of the Government, and cannot be taken in any way as expressions of Government policy.
Attendee List

Ms. Ngaree Ah Kit: Suicide Prevention Policy Officer, N.T. Department of Health
Mr. Grant Akesson: Manager Suicide Prevention, W.A. Mental Health Commission
Mr. Dameyon Bonson: Founder, Black Rainbow Living Well Foundation
Dr. Abigail Bray: Senior Research Consultant, School of Indigenous Studies UWA
Professor Tom Calma: ATSISPEP Project Expert Adviser; Co-chair, Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group
Ms. Adele Cox: ATSISPEP Senior Indigenous Research Community Consultant, School of Indigenous Studies UWA
Mr. Sandy Davies: Chairperson, Geraldton Regional Aboriginal Medical Service Board
Professor Pat Dudgeon: ATSISPEP Project Director; Senior Research Fellow, School of Indigenous Studies, UWA
Ms. Zoe Evans: Manager West Kimberley, StandBy Response Services
Ms. Jill Fisher: National Coordinator, StandBy Response Services
Mr. Gerry Georgatos: ATSISPEP Community Consultant and Media Relations Officer, School of Indigenous Studies UWA
Ms. Sandy Gillies: Member, NATSIMIHL; Project Manager, QLD Aboriginal Islander Health Council
Mr. Darryl Kickett: Consultant, Red Dust Healing
Ms. Carolyn Mascall: Project Coordinator, School of Indigenous Studies UWA
Professor Jill Milroy: Dean, School of Indigenous Studies UWA; Poche Executive Director
Mr. Michael Mitchell: Director, W.A. Statewide Indigenous Mental Health Services
Ms. Lobna Rouhani: Research Officer, School of Indigenous Studies UWA
Senator the Hon. Nigel Scullion: Federal Minister for Indigenous Affairs
Dr Clair Scrine: Senior Researcher, Telethon Kids Institute
Professor Gracelyn Smallwood: Chairperson, QLD Mental Health Commission Aboriginal and Torres Strait Islander Committee
Superintendent Mick Sutherland: Superintendent, Broome Police
Ms. Laurel Sellers: CEO, Yorgum Aboriginal Corporation
Associate Professor Roz Walker: Senior Researcher, Telethon Kids Institute
Mr. Richard Weston: CEO, Aboriginal and Torres Strait Islander Healing Foundation
Ms. Deborah Woods: CEO, Geraldton Regional Aboriginal Medical Service
ATSISPEP Background

Suicide among Aboriginal and Torres Strait Islander people is significantly higher than in the wider Australian population. Aboriginal and Torres Strait Islander suicide occurs at double the rate of other Australians, and there is evidence to suggest that the rate may be higher (Australian Institute of Health and Welfare, 2014, 2015).

Suicide is one of the most common causes of death among Aboriginal and Torres Strait Islander peoples and is the leading cause of death for Aboriginal and Torres Strait Islander people of 15 to 34 years of age, accounting for 1 in 3 deaths. Suicide is a complex behaviour with many causes. For Aboriginal and Torres Strait Islander peoples there are specific cultural, historical and political considerations that contribute to the high prevalence, which requires the rethinking of conventional models and assumptions.

In response to the urgent need to address the high rates of Aboriginal and Torres Strait Islander suicide across Australia, the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP), a comprehensive national project, was funded by the Australian Government through the Department of the Prime Minister and Cabinet to establish the evidence base about Aboriginal and Torres Strait Islander suicide prevention, and the effectiveness of suicide prevention programs and services nationally.

A final report will be provided to the Minister for Indigenous Affairs in mid 2016. Concurrently, a culturally appropriate Suicide Prevention Program Evaluation Framework will be developed and trialed. The School of Indigenous Studies (SIS) at the University of Western Australia (UWA) is undertaking the Project in collaboration with the Telethon Kids Institute (TKI) and the National Healing Foundation. An aim of the ATSISPEP will be to establish a much needed evidence base of what works in Aboriginal and Torres Strait Islander suicide prevention.

In summary, ATSISPEP will undertake:

- A review of the literature;
- Build on relevant significant reports;
- Collate significant Aboriginal and Torres Strait Islander consultations and subsequent reports in recent times;
- Undertake a statistical spatial analysis of suicide trends over ten years;
- Produce a compilation of resources and suicide prevention programs; and
- Develop and trial a culturally appropriate evaluation framework.

There are many complexities and determinants associated with suicide and self-harm. In preliminary findings, key themes of effective programs and services have been identified as those that foster the unique strengths and resilience of Aboriginal and Torres Strait Islander individuals, families and communities, offer a holistic understanding of health and wellbeing for individuals, families and communities and are embedded in cultural values and practice and delivered for long durations.
Successful programs and services also:

- Promote recovery and healing from trauma, stress and intergenerational loss;
- Empower people by helping them regain a sense of control and mastery over their lives;
- Have community ownership of programs and services through significant community input into design, delivery and decision making;
- Have local culturally competent staff who are skilled cultural advisors; and
- Include an emphasis on pathways to recovery through self-determination and community governance, reconnection to community life and restoration of community resilience and culture.

Using a strengths based approach, these programs and services seek to support communities by addressing broader social determinants and promoting the centrality of family and kinship through hope and positive future orientation.

With young people the most successful strategies have been using peers, youth workers and less formal community relationships to provide ways in which to negotiate living contexts and to connect them with their cultural values, care systems and identity.

**Critical Response Meeting Context**

The principles used for direction in identifying the concerns and context of the meeting and roundtable commentary come primarily from the six action strategies listed in the *National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (Department of Health and Ageing, 2013) and the nine guiding principles listed in the introduction to the national *Social and Emotional Wellbeing Framework* (Social Health Reference Group, 2004). In addition there are a number of other research publications and major reports informing the approaches taken by ATSISPEP and the Roundtables that can be found in the final report.

The principles from the *Social and Emotional Wellbeing Framework* (2004), (hereon called the *Framework*), are based on a platform of human rights and recognise the effects of colonisation, racism, stigma, environmental adversity, and cultural and individual trauma. They also acknowledge the diversity of Aboriginal and Torres Strait Islander identity and cultural experience and the centrality of family, kinship and community. The *Framework* recognises that Aboriginal and Torres Strait Islander culture has been deeply affected by loss and trauma, but that it is a resilient culture. It also recognises that Aboriginal and Torres Strait Islander Australians generally are resilient and creative people, who focus on a holistic experience of mental and physical health, working through cultural, spiritual and emotional wellbeing and seeking self-determination and cultural relevance in the provision of Health Services for themselves and their communities.

*The National Aboriginal and Torres Strait Islander Suicide Prevention Strategy* (2013), (hereon called the *Strategy*) is a specific response to the high rates of suicide. In seeking to ensure that Aboriginal and Torres Strait Islander communities are supported locally and nationally to reduce the incidence of suicide and suicidal behaviour, and related self-harm, the *Strategy* aims to reduce risk factors across the lifespan, to build workforce participation of Aboriginal and Torres Strait Islander people in fields related to suicide prevention, and to effectively evaluate programs.
A brief list of goals for increasing early intervention and building strong communities nominated by the Strategy includes building strengths and capacities in Aboriginal and Torres Strait Islander communities, and encouraging leadership and community responsibility for the implementation and improvement of services for suicide prevention. A strong emphasis is placed on the strength and resilience of individuals and families working through child and family services, schools and health services to protect against risk and adversity.

On this basis, the Strategy contends that it is necessary to act in four main areas.

1. It is essential to have culturally appropriate, targeted suicide prevention strategies that identify individuals, families and communities at higher risk through levels and expressions of disadvantage such as poverty, alcohol and drug abuse, and histories of abuse or neglect.
2. It is necessary to coordinate approaches to prevention of suicide including health, education, justice, child and family services, child protection and housing.
3. It is necessary to build the evidence base on suicide prevention activities and dissemination of that information to identify relevant research, address gaps in information and recommend strategies on the basis of records.
4. There needs to be a safeguarding of standards of practice and high quality service in the area of suicide and suicide prevention in Aboriginal and Torres Strait Islander communities and an assurance that preventative activity will be embedded in primary health care.

Both the Strategy and the Framework are based on extensive consultation with representatives from Aboriginal and Torres Strait Islander communities. The essential shared values and the themes considered necessary for effective programs and services include:

- Acknowledgement of trauma as a significant element of ongoing mental health issues for some individuals, families and communities;
- The need for cultural relevance in the development and implementation of programs;
- Self-determination in the development and delivery of suicide prevention and related mental health programs;
- The need to centralise research and build a strong, coherent knowledge base on Aboriginal and Torres Strait Islander suicide prevention, intervention and postvention; and
- The necessity of understanding the holistic physical, mental, social and spiritual approach to Aboriginal and Torres Strait Islander suicide prevention within communities.

As the ATSISPEP progressed, an idea for the need for a critical response model emerged. Whilst there is a range of existing services within most communities, they often tend to focus on long term community based programs or short term individual and/or family counselling. It is acknowledged that there also needs to be an immediate and coordinated response for a community following a suicide or traumatic event.
With this in mind, a specific meeting was convened to explore the need for a critical response model and to explore the issues around establishing such a service.

Critical Response Community Stakeholder Meeting

A meeting was held with various community representatives and relevant stakeholders who currently work in the area of critical response for Aboriginal and Torres Strait Islander people and communities across Australia.

The meeting was hosted by the School of Indigenous Studies at the University of Western Australia (UWA) and held at the University Club UWA on Friday, 17 July 2015.

The meeting was recorded, and below is a summary of the meeting’s proceedings and discussions. The Program with attendees’ biographies is attached as Appendix One.

Welcome to Country

Mr. Richard Walley performed a Welcome to Country to open the meeting.

Welcome to UWA and Purpose of the Meeting

Professor Jill Milroy, Dean of the School of Indigenous Studies, welcomed attendees to the meeting. A special welcome was extended to Senator the Hon. Nigel Scullion, Federal Minister for Indigenous Affairs, who attended with two of his advisors.

Introductions

All attendees briefly introduced themselves.

Development of a Critical Response Model

Senator the Hon. Nigel Scullion, Federal Minister for Indigenous Affairs, presented on the development of a critical response model.

Minister Scullion discussed the funds invested in social and emotional wellbeing (SEWB) and asked the question of whether anything is changing. He highlighted that it is about a conditionality that is above poverty, and is related to disconnection, invasion, and settlement.

Minister Scullion spoke about the need for change, but also how change itself is a challenging prospect: ‘How do the organisations think that we’re going to have some discussions about change, how that should take place so we can have the most positive outcome?’

He discussed connection to culture and country: ‘We need to be able to reconnect people and there are a number of reconnect programs, if you like, and whether you are reconnecting people with education, or with reconnecting people with employment and the socialisation that goes with both of those matters. The reconnection with community and the reconnection with family are most important but we really have not made the
investment in reconnections with spirituality and your culture which seems to be the element that seems to be missing often’.

He also touched on policy in the area: ‘In terms of policy development, we need to keep this space in mind, we need to ensure that people who are disconnected and in really difficult times [situations] aren’t pushed further along the negative end of that spectrum.’

Minister Scullion mentioned the nature of the epidemiology of self-harm and how suicide has an effect on others. He stated that even the most strong communities feel the impact of tragedy: ‘we know something about the nature of the epidemiology of self-harm and suicide. We know both anecdotally and through evidence that, a suicide often has an effect on others in the community, so much so that they may consider taking their own lives.’

Minister Scullion discussed the option of an immediate crisis response team or ‘a flying squad’ to act as a critical response team. He reinforced that intensive support around a community is essential: ‘So I think some sort of a flying squad which basically takes up existing resources that we have in place and ensures that there are triggers that [are heeded and then action is taken]; you can call it a critical or emergency response, we can move into a community and provide intense support when we know the evidence shows that we require it.’

Minister Scullion also spoke about the need to see a high return on investment in a tangible way: ‘We need as a community to know that this investment has lowered the number of people who are self-harming. This investment has lowered the number of people with mental health presentations. This investment has reengaged people in the way that we need them reengaged.’

The Western Australian Context

Mr. Grant Akesson, Manager, Suicide Prevention at the Mental Health Commission presented on the Western Australian context of suicide prevention. He discussed the State’s current suicide prevention strategy and how to adapt it to best meet the needs of the community. Mr. Akesson asked the group whether a new service is needed or better coordination of existing services.

Mr Akesson advised that Adele Cox and Darryl Kickett had been working closely with the Commission to ensure that the voices of the community inform the development of the new statewide suicide prevention strategy and related activity.

The State Government’s Suicide Prevention 2020 strategy launch in May 2015 was presented. The strategy aims to halve the number of suicides by the year 2025. While the previous strategy focused on building community understanding and capacity within the community to respond, Mr. Akesson said that this strategy is taking a more balanced approach across the life span but also looking at reinvesting in support services for people at risk. The strategy has six key action areas and is formulating partnerships with community organisations such as Netball W.A. and the W.A. Football Commission in order to get out into the community and spread the message on suicide prevention. They are currently trying to gain an understanding of what services are available at the regional, state, and local levels.
The Commission is also exploring putting regional suicide prevention coordinators into place, and Mr Akesson mentioned how important it is that they interact with local communities. An important point raised was that there is currently no standard response when there is an incidence of suicide. Mr. Akesson also mentioned discussions with Adele Cox and Darryl Kickett around what Aboriginal family counselling would look like. He also talked about school-based programs for children including a zero to five program to help identify and assist those who might potentially be at risk before they are older.

Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project Overview

Professor Tom Calma and Professor Pat Dudgeon presented an overview of the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP) to date. Professor Calma briefly discussed the role of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group, the Aboriginal and Torres Strait Islander Health Plan, and how there is potential on a national level to work towards greater synergy between these in addition to the ATSISPEP. Professor Calma emphasised that it is a critical issue and that despite some commonalities it needs to be examined differently to the mainstream. Professor Calma stated that the ATSISPEP is not only examining suicide from an academic perspective but is also going into communities to understand their experiences and to include their input. Professor Calma also mentioned that ATSISPEP would be undertaking the first ever national Aboriginal and Torres Strait Islander Suicide Prevention Conference to be held next year in Alice Springs.

Background

One in three deaths of Aboriginal and Torres Strait Islanders aged 15-35 years are reported as suicides. The impacts upon families and communities are both complex and far reaching inculcating situational, composite and multiple traumas. The Aboriginal and Torres Strait Islander suicide rate of Western Australia is the highest in the nation. Some areas have suicide rates exceeding 70 per 100,000 for the period 2001-2010. (Telethon Kids Institute, 2016) The highest suicide rate of any nation is that of Guyana – 44 suicides per 100,000 Guyanese population. (World Health Organisation, 2014)

Current Services

The following services were identified as being relevant to the discussions:

- **Standby Response Services:** A community based postvention program that is run nationally by United Synergies. The service occurs at a local level and is linked into the community.
- **Headspace:** A government established national mental health foundation. Headspace provides school support for staff and teachers including the provision of written resources. Headspace run a postvention school support program and their role is to support staff at the schools, by training them on how to help students through the trauma.
- **Wesley Mission:** Wesley Mission currently have 57 suicide prevention networks around Australia. They do not offer a critical response service, but
develop networks within communities, to collaborate on prevention initiatives and events. They also deliver suicide prevention training.

- ARBOR: Provide postvention counselling services.
- Anglicare: Provides various state based support services for those bereaved by suicide including ‘Living Beyond Suicide’ in South Australia and ‘ARBOR Suicide Bereavement Support’ in Western Australia.
- Supportlink: Provides a suicide postvention service in Canberra funded by the Department of Health and Ageing.

**Discussion**

Attendees expressed their concern that the suicide crisis is the ‘tip of the iceberg’ of various long term psychological distress and psychiatric disorders. Suicide and other measurements of mental health are evidently increasing among Aboriginal and Torres Strait Islander Australians with high-risk regions and communities increasingly being identified. In particular, attendees described the impact of colonisation and the subsequent high levels of poverty and marginalisation among many Aboriginal and Torres Strait Islander communities as the underlying issue that considerably impedes the development of appropriate resilience and protective factors to assist individuals deal with traumatic life events.

Intentional self-harm and the increasing rates of hospital admissions are evidence of the increasing distress levels. Attendees agreed that many communities were suffering from a range of adverse social determinants; far too many Aboriginal and Torres Strait Islander communities are among the poorest communities in the nation, with a significant proportion experiencing extreme poverty. Social determinants including poor community infrastructure, inadequate housing, lack of employment and education are not being addressed so that the residents of these communities can successfully compete with the expectations that are standard for the rest of the nation.

The following is a summary of the key elements taken from the outcomes from the meeting discussions based on the broad areas of need.

**What is Not Working?**

- Lack of coordination at a Commonwealth, State and regional level;
- Duplication of services funded through the State and Commonwealth;
- Lack of coordination between services at a local level in developing a staged approach (For example, a community member reported that after critical incidents in a small town there were too many services immediately following the event yet no services weeks after when the family needed help);
- Lack of resourcing during peak times, weekends and after normal working hours, including Christmas and New Year;
- Lack of access to services during wet season for some areas; and
- Service insecurity caused by a lack of ongoing funding.
Local Community Level Support and Capacity

The need for local community level support and coordination is paramount for any critical response model or framework to work. This has to acknowledge the ongoing need for building and strengthening the local community’s capacity (Aboriginal and non-Aboriginal).

Attendees shared what worked in their experience. One Aboriginal community member spoke about a small town in the south where there were high rates of suicide. Working with a group of family representatives, there were arrangements for an Aboriginal psychologist to go in to deal with suicide and go through the bereavement process, and guide family/community members into services. A 24-hour watch was also set up. In other towns there have been roster systems where people would be on watch for people at risk and also training people as wardens. In Darwin there is a postvention program where professionals make initial contact and link people to local services/counselling/mental health workers. In this they collaborate with Standby, ensuring community groups feel supported and also advocate for them.

While there was overall agreement that local community members should be involved, trained and employed to address suicide and trauma, caution needs to be shown around burning people out or adding specific trauma in the event that victims might be their own family members.

What needs to happen?

Structure and Coordination

- Development of postvention response protocols that all players agree to and adhere to – need to ensure a measured approach;
- Actions and processes need to be informed by local knowledge, especially in cases of reported self-harm incidents;
- Provide wrap around services and ensure appropriate ongoing case management (case study: Kimberley police records of self-harm have been used to deploy a coordinated multilevel response);
- Identify more local level issues, causes, and events by working with community knowledge and authority;
- Identify gaps in service delivery;
- Develop a multi-agency response with a common agenda to establish coordination and understand what each party provides, and support each other; ensure appropriate information sharing between services; and
- Acknowledge the role of police as first responders and their knowledge of people at risk.

Staffing

- There could be regional coordinators – suicide critical workers based at organisations (OHS Officers);
- Dedicated and resourced pool of support workers to attend immediately following an incident at the hospital – trained, local, and trusted. This could provide an immediate response that can make a huge difference to the grieving process. Ensure that a coordinator is local and that there is a pool
of available local people to coordinate responses as they are really informed and trusted. Mapping out who the ‘go to’ person is in the community and provide support to them. Gender and cultural balance needs to be taken into account - there should be, when possible, an equal distribution of men and women, and of Aboriginal and non-Aboriginal people. Appropriate training and capacity of community and workers;

- Attendees agreed that employing Aboriginal staff sometimes works well but there might be problems if there is a suicide in that family. Even so, the focus needs to build capacity in the local areas;
- Supporting frontline workers and volunteers. There is a need for mandatory funding put towards self-care of front line workers and first responders; and
- Need for an effective assessment tool in response situations to identify need, prevalence, access, level of service provision – to calculate specific type of response required and length.

**Resources and Community Support**

- A directory of local and other relevant services needs to be provided in a booklet for the community;
- Workplaces to be more supportive of what happens when families have experiences of loss, grief and trauma;
- Attendees agreed that Aboriginal people are always volunteering in suicide prevention and these people in the community should be renumerated;
- Need to provide places where our people feel that they belong and feel loved; and
- Strengthen community, ideally provide funds to buy in expertise.

The attendees stated that in order to plan ahead, locally driven wellbeing strategies were needed. It was agreed that community people are creative and have been surviving and finding ways around the system. Frameworks and systems should be developed that community can use and also these could be used for accountability. However, the framework ultimately needs to be community led.

Attendees suggested that the language could be changed. For instance, change the term ‘capacity building’ to ‘capacity strengthening’ so to reinforce the existing capacity in communities. Attendees stated that the ‘flying squad’ idea should not be discarded as this might be a much needed resource to address certain situations.

Overall, responses need to be broken down to regional and local strategies and this will be a long term process. It was agreed that appropriate critical response and postvention strategies, programs and services are essential for suicide prevention.

As part of building and strengthening the local community’s capacity, the following key components were drawn out from the meeting discussions.

- Ongoing community awareness raising and training;
- Provide additional skill(s) development for key leaders in the community;
- Additional resources, including a pool of funds for emergency relief and support for families and communities when an incident occurs;
Local Aboriginal community members need to be involved and engaged in the planning, development and implementation of a local critical response plan;

Development and establishment of local/regional ‘Healing Taskforce(s)’. The core role of the taskforce would be to develop local healing and wellbeing plans and strategies; and

To focus on children - teaching young ones to be resilient and to handle situations.

**Government and Service Level Responses and Support**

The group agreed that there is a strong need for support from governments at all levels - federal, state and territory and local working together.

Coordination of services and programs were seen to be central in supporting and identifying the specific community’s needs. Local planning and implementation will also be at the core of any coordination role that is identified.

It was suggested that an assessment tool and/or community crisis criteria be developed and piloted in several community settings as part of the critical response model/framework. This assessment tool would be used to assess and identify the need, access, and level of service support required and the length and duration of the response according to various levels and stages of need to be identified in collaboration with the local community(ies).

**Recommendations**

The general themes from the Critical Response Meeting showed that there needs to be a strong focus on prevention and postvention services and programs in the long term. The meeting attendees noted that there is a need to improve the coordination of existing services, to introduce improved information sharing and to facilitate coordinated responses to the incidence of suicide and other trauma.

Attendees expressed their desire for improved collaboration between all the stakeholder services whether government or non-government. The meeting attendees were concerned with the varying levels of these services from town to town and community to community, and the lack of services in other communities. The meeting attendees concluded that some towns and communities have many adequate services, and may require only improved coordination of these services while other towns and communities have fewer services and therefore there is a need to identify additional services and resources that might be required.

It was suggested 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.

In general, there was agreement among the attendees that a Critical Response Team can assist in “sharpening” coordination of the existing services, identify personnel required to attend a community’s needs and assist in the various phases of engaging trauma counselling, response systems and long term through care plans.
It was agreed that any model should be developed in consultation with the community and needs to be flexible enough to take into account the requirement of the community, the immediate, short and long term need of the individuals and families effected by trauma and be a true partnership between all levels of government and community providers.

Following are the key recommendations from the meeting:

1. It is recommended that the development of a critical response model takes place with each of the relevant stakeholders, including Commonwealth and state governments. This should address the various needs and suggestions identified in the Critical Response Meeting on 17 July 2015;

2. There should be ongoing discussions and planning between the ATSISPEP team and Minister Scullion’s office so that a more concise draft plan, which includes short, medium and long-term strategies are identified and put into place; and

3. The idea of establishing a Critical Response Model should be considered as an immediate short term strategy. This work needs to be undertaken in partnership with the WA Mental Health Commission, and should work in with existing plans such as the WA Suicide Prevention Strategy.

References


CRITICAL RESPONSE TO TRAUMA AND SUICIDE

MEETING PROGRAM

HOSTED BY
THE SCHOOL OF INDIGENOUS STUDIES
UNIVERSITY OF WESTERN AUSTRALIA

VENUE: UNIVERSITY CLUB
UNIVERSITY OF WESTERN AUSTRALIA
17 JULY, 2015
9:30AM – 3:00PM
## PROGRAM

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<td>Professor Jill Milroy (School of Indigenous Studies, UWA)</td>
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<td><strong>Introductions</strong></td>
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<td>Lunch</td>
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<td>1:30 pm</td>
<td>Debrief and Where to From Here</td>
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<td>3:00 pm</td>
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**MS. NGAREE AH KIT**  
**SUICIDE PREVENTION POLICY OFFICER, N.T. DEPARTMENT OF HEALTH**

Ngaree Ah Kit is a young woman of Aboriginal, Torres Strait Islander and Chinese descent who is passionate about encouraging other young people to take a leadership role in the community. Her advocacy for Indigenous affairs has seen her take on numerous roles, including becoming a member of the National Indigenous Leadership Group, the local Youth Round Table, and the Board of Danila Dilba, a non-profit organisation that provides health services to the Indigenous population. Ngaree is employed as a Support Business Officer in the Australian Government, and is studying part-time for a Bachelor of Business at Charles Darwin University. She works tirelessly to encourage Indigenous people to participate in the decision-making processes that affect them and make a real difference.

**MR GRANT AKESSON**  
**MANAGER SUICIDE PREVENTION, W.A. MENTAL HEALTH COMMISSION**

Grant has been working in the public sector since 1990 as a teacher in many remote and regional schools. After leaving teaching in 2001, Grant joined the Western Australian Drug Abuse Strategy Office. In his role he expanded the establishment of a state-wide network of volunteer drug action groups. Grant was the Manager of Community Programs at the Drug and Alcohol Office from 2002. He oversaw the implementation of a range of programs at a state, regional and local level, including the establishment of a Commonwealth/State partnership to implement a national community development program in select sites across Western Australia. Currently, Grant is the Manager for Suicide Prevention at the Mental Health Commission and is passionate about building community and agency capacity to respond appropriate to incidents of self-harm and suicidal ideation in a coordinated and collaborative manner. Grant has authored a number of published reports and has presented at a number of national forums and conferences on the benefits of appropriate community engagement to reduce alcohol and other drug related harms.

**MR DAMEYON BONSON**  
**FOUNDER, BLACK RAINBOW LIVING WELL FOUNDATION**

Dameyon Bonson is a Kimberley based consultant with expertise from a ground level of Indigenous suicide prevention and an Indigenous men’s health engagement strategist. He is the founder of Black Rainbow Living Well for Indigenous LGBTI Suicide Prevention and Y-Fronts, for FIFO Men’s Mental Health and Wellness.

**DR ABIGAIL BRAY**  
**SENIOR RESEARCH CONSULTANT, SCHOOL OF INDIGENOUS STUDIES UWA**

Dr Abigail Bray is a senior research consultant for the School of Indigenous Studies. She is a published author with a background in gender and child and adolescent mental health and is on the editorial board of the Journal of Critical Psychology, Counselling and Psychotherapy.

**PROFESSOR TOM CALMA**  
**ATSISPEP PROJECT EXPERT ADVISER; CO-CHAIR, ABORIGINAL AND TORRES STRAIT ISLANDER MENTAL HEALTH AND SUICIDE PREVENTION ADVISORY GROUP**

Dr Calma has been involved in Indigenous affairs at a local, community, state, national and international level and worked in the public sector for 40 years and is currently on a number of boards and committees focusing on rural and remote Australia, health, education, justice reinvestment, research, reconciliation and economic development. These include the Australian Indigenous Leadership Centre, Australian Literacy and Numeracy Foundation, Poche Centres for Indigenous Health Network, The Charles Perkins Trust, Ninti-One Ltd/Cooperative Research Centre for Remote Economic Participation, the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group, NSW Justice Reinvestment for Aboriginal Young People Campaign, National Aboriginal and Torres Strait Islander Leadership in Mental Health, and Constitutional Recognition of Indigenous Peoples (RECOGNISE). Dr Calma is a strong advocate for Indigenous rights and empowerment, and in addition to the Close the Gap Campaign, has been instrumental in establishment of the National Congress of Australia’s First Peoples, development of the inaugural National Aboriginal and Torres Strait Islander Suicide Prevention Strategy, and promotion of Justice Reinvestment. Dr Calma is engaged as an expert senior consultant to the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (UWA); is a Chief Investigator on the ARC Project “Reducing Incarceration using Justice Reinvestment: A Case Study” (ANU); is a member of the Review Panel of the David Unaipon College of Indigenous Education and Research of the University of South Australia; and is a member of the Indigenous Research Ethics Guidelines Review Working Committee of the National Health & Medical Research Council. In November 2014, Dr Calma was awarded the Indigenous Allied Health Australia Lifetime Achievement Award in recognition of his lifelong dedication to improving the lives of Indigenous Australians.
MS. ADELE COX
ATISSEP SENIOR INDIGENOUS RESEARCH COMMUNITY CONSULTANT, SCHOOL OF INDIGENOUS STUDIES UWA
Ms Cox is a Bunuba and Gija woman from the Kimberley region of Western Australia. She started her working life in media and in suicide prevention. Adele is a former member of the WA Ministerial Council for Suicide Prevention and currently a member of the Australian Suicide Prevention Advisory Council, the National Senior Consultant to the National Empowerment Project and a member of the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group.

PROFESSOR PAT DUDGEON
ATISSEP PROJECT DIRECTOR, SENIOR RESEARCH FELLOW, SCHOOL OF INDIGENOUS STUDIES, UWA
Professor Pat Dudgeon is from the Bardi people of the Kimberley area in Western Australia. She is a Psychologist and Research Fellow at the School of Indigenous Studies at the University of Western Australia. Her area of research includes social and emotional wellbeing and suicide prevention. Amongst her many commitments, she is a Commissioner of the Australian National Mental Health Commission, on the executive board of the Australian Indigenous Psychologist’s Association, and co-chair of the Commonwealth Aboriginal Torres Strait Islander Mental Health and Suicide Prevention Advisory Group. She is currently the project leader of the National Empowerment Project: an Indigenous suicide prevention project working with eleven sites in Aboriginal communities across the country and the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project. She has many publications in Indigenous mental health in particular, the Working Together Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principals and Practice 2014. She is actively involved with the Aboriginal community and has a commitment to social justice for Indigenous people.

MS. ZOE EVANS
MANAGER WEST KIMBERLEY, STANDBY RESPONSE SERVICES
Ms Zoe Evans has a youth work and youth development background and has been Coordinator of the StandBy program in West Kimberley and Manager of Suicide Prevention and Postvention Services with Anglicare WA throughout the Kimberley for the past 6 years. Her passion for supporting those impacted by suicide came from losing a young man to suicide when she was a youth worker with the Shire of Derby West Kimberley.

MR GERRY GEORGATOS
ATISSEP COMMUNITY CONSULTANT AND MEDIA RELATIONS OFFICER, SCHOOL OF INDIGENOUS STUDIES UWA
Among other roles, he currently is a researcher in premature deaths, unnatural deaths, suicides and suicide prevention with more than 100 articles published in the public domain. Gerry Georgatos was also a contributing journalist and writer for The National Indigenous Times and other news formats, and is a contributing correspondent for The National Indigenous Radio Service. He is completing a book on suicide prevention and the suicide crisis in Australia, and is also working on a documentary. He is a prolific writer, analyst and commentator on Aboriginal and social justice issues. He constantly travels to remote communities. He is also a multi-award winning journalist – five national awards in two years, 2012 and 2013 and was also named Journalist of the Year 2013 at the National Multicultural and Indigenous Media Awards held at NSW Parliament.

MS. SANDY GILLIES
MEMBER, NATSIMIHL; PROJECT MANAGER, QLD ABORIGINAL ISLANDER HEALTH COUNCIL
Ms. Sandy Gillies is a Gungarri woman from southwest Queensland. She has been involved in Aboriginal and Torres Strait Islander health, social and emotional wellbeing and mental health at a local, community, state and national level over the past 25 years. Sandy was the inaugural Director of the Queensland Aboriginal and Torres Strait Islander Hub for Mental Health and Alcohol and Other Drugs and is currently the General Manager, Policy, Innovation and Service Development with the Queensland Aboriginal and Islander Health Council. Sandy has a wealth of knowledge and background in key decision making roles at senior level policy and program
development levels through her various senior management roles both within the government and Aboriginal Community Controlled Health care sectors across Queensland. Sandy has been active member on a number of key Advisory Committees at both State and National levels and is currently a member on the National Aboriginal and Torres Strait Islander Leadership in Mental Health. Sandy has been a strong advocate and leader in the provision of cultural awareness training over many years to both government and non-government organisations. She has co-authored a number of academic papers highlighting the need for the evaluation of cultural awareness training and its effectiveness in changing organisational culture and practice.

MR DARRYL KICKETT
CONSULTANT, RED DUST HEALING

Darryl Kickett’s areas of expertise include policy development, advocacy, strategic planning and problem solving and adult learning. He is now keen to learn more on monitoring and evaluation and to support healing efforts for Aboriginal people. He has managed and implemented reforms in a number of Aboriginal primary health care organisations in WA including as Chief Executive Officer of the Aboriginal Health Council of Western Australia and the regional Aboriginal medical services in Halls Creek, Kununurra, Bunbury and particularly to address urgent reforms in each organisation to rebuild through new directions. He has visited many overseas countries in Asia and the Americas and in particular shared ideas with Indigenous primary health care service providers in New Zealand, Canada and Alaska. He has project managed several projects with regard to Aboriginal Development including the following project examples:

- A NSW Aboriginal foster care strategy for Aboriginal People currently being implemented through a new NSW Aboriginal controlled foster care organisation
- Establishing national protocols for “welcome to country” for Prime Minister and Cabinet during the Howard Government.
- A policy document for Queensland State Government DFSAA on Consultation protocols for Aboriginal and Torres Strait Islanders.

He was a Head of the Centre for Aboriginal Studies, Curtin University. He lectured on community development and Aboriginal terms of reference. He also was Consultant to Minister for Aboriginal Affairs Gerry Hand in 1989 in Canberra. In earlier years he was a Director and a Chair of the Kimberley Land Council working to gain access to traditional lands and advocate against the destruction of sacred sites. In 2012, he was a Council Member of WA State Ministerial Council for Suicide Prevention. His recent work includes Anglicare WA as Aboriginal Consultant. He is the Director of Kickett Consulting Pty Ltd.

MR TIMOTHY MARNEY
W.A. MENTAL HEALTH COMMISSIONER, W.A. MENTAL HEALTH COMMISSION

Timothy Marney was appointed as Mental Health Commissioner in February 2014. A graduate of Murdoch University, Tim has 20 years experience in economics and finance with the State and Federal Governments. Mr Marney joined the WA Department of Treasury in 1993, where he held the position of Under Treasurer of Western Australia since 2005. In his role as Under Treasurer, Mr Marney gained an in-depth understanding of the health system and health reform initiatives. He also held responsibility for the State Government’s procurement agency, led the Government’s Economic Audit and subsequent reform of non-government service delivery. Mr Marney has served on the board of Beyondblue, the national depression and anxiety initiative, since 2008, and has been deputy chair of the board since 2010. Mr Marney has been a vocal advocate of mental health issues and has spoken openly of his own experience with depression and anxiety.

MS. CAROLYN MASCALL
PROJECT CO-ORDINATOR, SCHOOL OF INDIGENOUS STUDIES UWA

Carolyn Mascall has an educational background in health promotion, education and community liaison. She is currently the Project Co-ordinator of the National Empowerment Project at the School of Indigenous Studies, UWA.

PROFESSOR JILL MILROY DEAN
SCHOOL OF INDIGENOUS STUDIES UWA; POCHE EXECUTIVE DIRECTOR

Professor Jill Milroy is a Paluku woman whose country is in the Pilbara region of Western Australia. She is Dean of the School of Indigenous Studies at the University of Western Australia and has more than 30 years experience in Indigenous higher education, which has included serving on a number of national advisory bodies including three terms of appointments on the Aboriginal and Torres Strait Islander Higher Education Advisory Council. In 2011 she was appointed a Member of the Order of Australia in recognition of her services to Indigenous education.

MR MICHAEL MITCHELL
DIRECTOR, W.A. STATEWIDE INDIGENOUS MENTAL HEALTH SERVICES

Michael Mitchell is a Yamaaji man (Nyamal/Mulgana) from the Shark Bay Gascoyne Pilbara region of Western Australia. Michael has been working in Mental Health for the past 14 years. He has extensive experience in rural and remote as well as metro and urban. Michael has previously worked in the community-controlled sector as a Director of Carnarvon Aboriginal Medical Service and the Manager of the Community Development Employment Program. Michael has completed a Bachelor of Applied Science specialising in Mental Health at Curtin University. Michael also has completed an apprenticeship as an electrician. Michael is currently the Manager of the Statewide Specialist Aboriginal Mental Health Service Metropolitan (SAMHSM) North Metropolitan Health Service Western Australia.
MR GLENN PEARSON
SENior MANAGER ABORIGINAL AND TORRES STRAIT ISLANDER RESEARCH, TELETHON KIDS INSTITUTE; MEMBER STATE SUICIDE PREVENTION STRATEGY COMMITTEE W.A.

Glenn Pearson, a Noongar from Western Australia and father of five, is the Manager Aboriginal Health Research which includes managing the Kulunga Research Network. Glenn is a Chief Investigator in the Institute’s Centre of Research Excellence in Aboriginal Health and Wellbeing and is completing a Doctorate at the University of Western Australia (UWA). He is also a member of the Health Consumer Council of WA, Curtin University’s Human Research Ethics Committee and the Institute’s Community and Consumer Participation Advisory Council. A trained primary school teacher, Glenn has 15 years of experience in senior positions within the Australian and State Governments in a range of areas including health, education and child protection. Glenn’s doctorate has explored how delivery of child protection, child health and educational services to Aboriginal people in the Perth Metropolitan and Geraldton Regions by Non Aboriginal Government workers is mediated by the relationships between these two groups.

MS. LOBNA ROUHANI
RESEARCH OFFICER, SCHOOL OF INDIGENOUS STUDIES UWA

Lobna Rouhani is a Research Officer at the School of Indigenous Studies at the University of Western Australia. She is currently working with Professor Pat Dudgeon on projects examining the social and emotional wellbeing of Aboriginal and Torres Strait Islander Australians.

SENATOR THE HON. NIGEL SCULLION
FEDERAL MINISTER FOR INDIGENOUS AFFAIRS, FEDERAL GOVERNMENT

Minister Niger Scullion was born in London and spent his early years between Malaysia and Malawi in Africa and England, later being educated in England and Australia. From 1985, he moved to the Northern Territory, worked in mining and established a professional fishing business as well as being involved in the maritime salvage, security and engineering industries. Six years were spent living off the coast of Arnhem Land where he developed strong relationships with many individuals in the area and forged a keen understanding of issues facing Australia’s first people, particularly those in remote Australia. Minister Scullion is the first Minister responsible for Indigenous Affairs in a stand-alone portfolio. The Minister’s program and policy responsibilities include; Indigenous education programs; improving school attendance and education outcomes; improving community safety so the ordinary law of the land applies in Indigenous communities just as it does in the general community; improving Indigenous health outcomes; and improving Indigenous employment and economic development including removing barriers to Indigenous home ownership. Senator Scullion’s responsibilities also include engaging with State and Territory governments to improve outcomes for Indigenous Australians and oversight of Indigenous-specific funding agreements in place with State and Territory governments such as the National Partnership Agreement on Remote Indigenous Housing, Indigenous Early Childhood Development National Partnership Agreement and the Stronger Futures in the Northern Territory National Partnership Agreement.

DR CLAIR SCRINE
SENior RESEARCHER, TELETHON KIDS INSTITUTE

Dr Scrine has over 10 years experience working in policy and research based positions in the university sector, Australian Government departments and more recently at the Telethon Kids Institute, WA with the Kulunga Research Network and more recently, as a senior researcher in the NHMRC Centre for Research Excellence in Aboriginal Health and Wellbeing. Dr Scrine’s expertise is in qualitative and participatory action research approaches. Her research focus is strengths based, collaborative and translational, focusing on supporting the needs and priorities of Aboriginal communities and organisations. She has a close working relationship with researchers in universities across Australia and with many key stakeholders including Aboriginal Community Controlled Health Services across WA and the Aboriginal Health Council of Western Australia.

PROFESSOR GRACELYN SMALLWOOD
CHAIRPERSON, QLD MENTAL HEALTH COMMISSIONABORIGINAL AND TORRES STRAIT ISLANDER COMMITTEE

Gracelyn Smallwood has been a tireless advocate for improved outcomes in Indigenous Health for over forty years. Since qualifying as a registered nurse, one of the few employment options open to Aboriginal women in Townsville in the early 1970s, Gracelyn has championed the improvement of health, in particular Indigenous Health and HIV- AIDS prevention. From 2007-2011 she held a part-time role as Special Advisor to the Vice Chancellor on Indigenous Matters at James Cook University. In 2014, she received the prestigious award of NAIDOC Person of the Year. She was also formally recognised for my contribution of 45 years to health and human rights advocacy and became a member of the Queensland Mental Health and Drug Advisory Council. In May 2015, her book Indigenist Critical Realism: Human Rights and First Australians’ Wellbeing was published in London by Routledge.
SUPERINTENDANT MICK SUTHERLAND
SUPERINTENDANT, BROOME POLICE

Mick Sutherland commenced his career in 1977 with the Western Australia Police. During his 37 plus years with the Western Australia Police, he has served in general duties, traffic, criminal investigations role in the urban and regional locations. During this time, he has served 27 years in locations within Regional WA. During his career in Regional WA he served at Bruce Rock and Derby and was the officer in charge of Cue, Dampier and Kununurra Police Stations. In 2004 he was promoted from Officer in Charge of Kununurra to Inspector in the Goldfields Esperance District where he overseen the police in remote areas and NT. In 2004, he received a Australian Police Medal in the Australia Day awards for distinguished police service. In 2005 he was promoted as the District Superintendent of the South West District based in Bunbury and in 2010 transferred to the Kimberley into his current role. The total of service in the Kimberley has been 14 years and he has formed extremely close relationships with many local people and communities.

MS. LAUREL SELLERS
CEO, YORGUM

Laurel is a proud Aboriginal woman from Katanning, which is in her Grandmother’s country - Wagyl Kaip. Laurel has worked in government for over twenty years, including eleven in Aboriginal Housing, with the responsibility for key Aboriginal housing programs and projects all over Western Australia. Laurel worked for eight years with Corrective Services, managing the Aboriginal Visitors’ Scheme. This Program came about as the result of recommendations from the Report into Aboriginal Deaths in Custody as a key strategy to reduce self-harm and suicide in Prisons and Police Lock Ups. During this period Laurel delivered Aboriginal Mental Health First Aid training to Prison Officers, other Prison workers and Corrective Service Officers. Currently Laurel works for Yorgum Aboriginal Corporation where she has been the Chief Executive Officer for twelve months. Yorgum provides counselling and other healing services to Aboriginal people.

ASSOCIATE PROFESSOR ROZ WALKER
SENIOR RESEARCHER, TELETHON KIDS INSTITUTE

Associate Professor Roz Walker has been involved in research, evaluation and education with Aboriginal communities building local capacity within both Aboriginal and non-Aboriginal organisations for over thirty years. Roz is a senior researcher with both the University of Western Australia and the Telethon Kids Institute. She is a Chief Investigator in several national ARC grants as well as in the NHMRC Centre for Research Excellence Grant Aboriginal Health and Wellbeing at the Institute. Roz also serves on a number of high level steering committees and national Indigenous networks. Roz was co-editor of the first edition and second edition of the Working Together book and led the highly effective communication and dissemination strategy for the book. Roz has published widely in Aboriginal maternal and child health and mental health and wellbeing.

MR RICHARD WESTON
CEO, ABORIGINAL AND TORRES STRAIT ISLANDER HEALING FOUNDATION

Richard is a descendant of the Meriam people of the Torres Strait. He has lived and worked for 27 years in urban, regional and remote settings where he gained a unique insight into grass roots Indigenous issues. He led the successful Maari Ma Health Aboriginal Corporation in Far West NSW as CEO from 2000-2009. He spent 12 months with the Indigenous Health Service in Brisbane from 2009-2010. His current role is as CEO of the Aboriginal and Torres Strait Islander Healing Foundation based in Canberra, which commenced in September 2010. Richard sits on a number of committees in Indigenous Affairs representing the Healing Foundation – National Health Leadership Forum (NHLF), The Close the Gap Steering Committee, National Aboriginal and Torres Strait Islander Leaders in Mental Health (NATSIMH), National Empowerment Project (NEP) and ANU Medical School Aboriginal and Torres Strait Islander Advisory Group. The work of the Healing Foundation has delivered 90 projects into Aboriginal and Torres Strait Islander Communities across Australia that have employed 738 Aboriginal and Torres Strait Islander people, delivered 1675 activities to 16,000 people and have improved Social And Emotional Wellbeing to 94% of participants.

MS. DEBORAH WOODS
CEO, GERALDTON REGIONAL ABORIGINAL MEDICAL SERVICE

Deborah Woods is the CEO for Geraldton Regional Aboriginal Medical Service where she has worked for the past eight years. She has over ten years experience in the community controlled sector with Aboriginal health her area of expertise. She represents the Murchison Gascoyne on Statewide planning with representatives across the state and community health sector. She worked for many years at the Department of Aboriginal Affairs and was also responsible for training Aboriginal students in Health Economics at Curtin University, Deborah holds a degree in both Management and Health Economics and is a member of many community based organisations where she facilitated the development of the Midwest Aboriginal Organisation Alliance.