

VICTORIAN ABORIGINAL
SUICIDE PREVENTION
AND RESPONSE
ACTION PLAN
2010–2015

Terminology

Throughout this document the term Aboriginal or Koori refers to both Aboriginal and Torres Strait Islander people. Aboriginal is used in preference to Indigenous, however, Indigenous is retained when it is part of a title of a report, program or quotation.

The term 'community' refers to the Victorian Aboriginal community unless otherwise stipulated.

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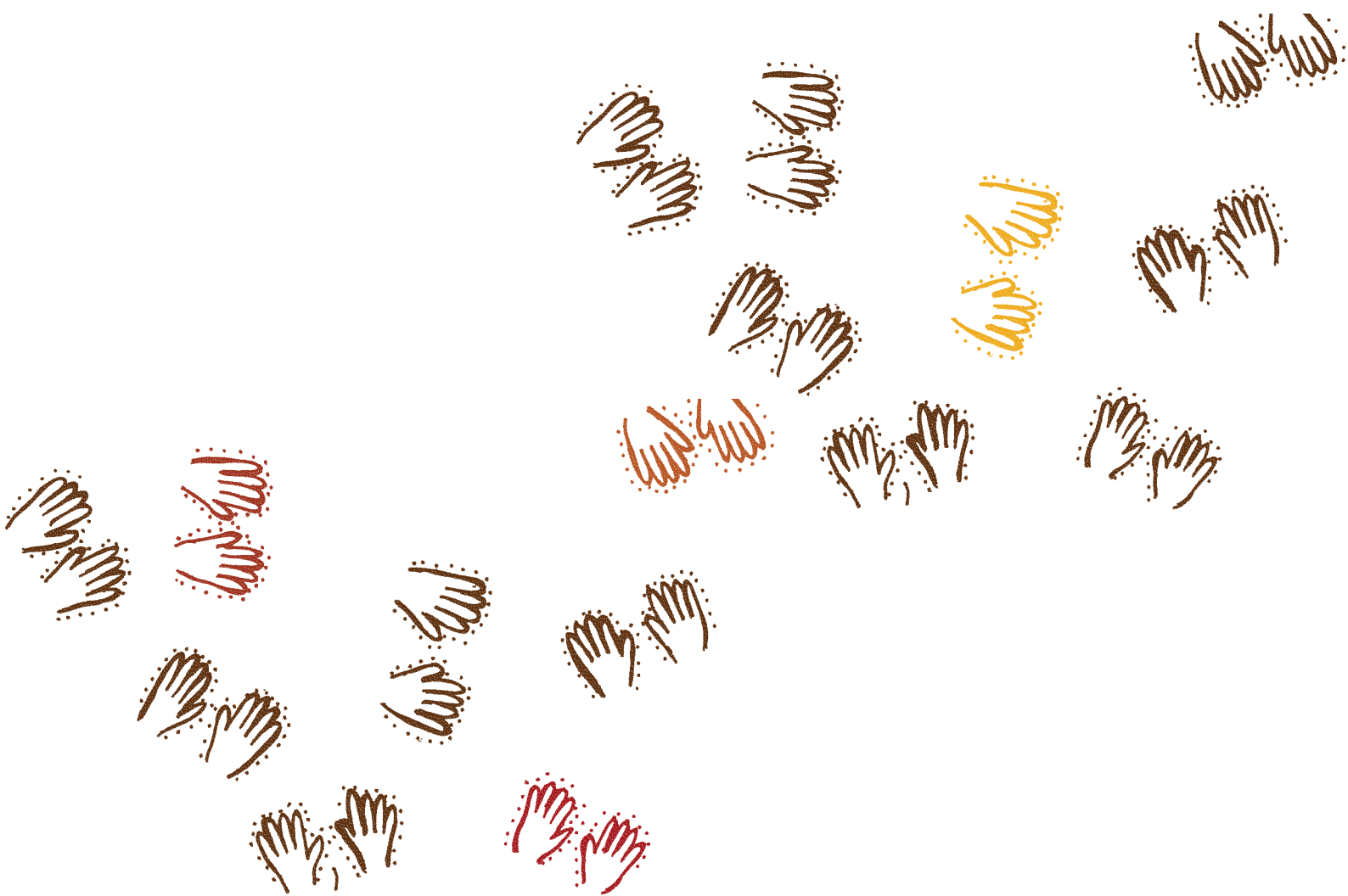
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CONTENTS

2	Minister's foreword	
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3	Summary of actions within the Victorian Aboriginal suicide prevention and response action plan	
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6	Victorian Aboriginal suicide and self-harm prevention and response action plan	
6	Introduction	
6	Development of the Action Plan	
6	Suicide and self-harm definitions	
7	Suicide and self-harm among Aboriginal Victorians	
7	Identifying and understanding the cause of Aboriginal suicide	
7	Risk and protective factors for Aboriginal suicide	

10	Primary intervention	
	Priority area 1: Prevention through building resilience	
10	What is currently being done to build resilience in Aboriginal communities?	
10	Building individual resilience	
11	Building community resilience	
12	Strengthening culture	

13	Secondary and tertiary intervention	
	Priority area 2: Improving access to care and support to those at risk and serious risk	
13	Access to services	
13	Victoria's Mental Health Service System	
14	What is being done to improve access to services?	
15	Improving support for those at risk and great risk of suicide	
16	Alcohol and drug misuse	

16	What is being done to address self-harm and alcohol and drug misuse?	
18	Contact with the justice system	
18	What is being done?	
20	Custodial rehabilitation and therapeutic corrections programs	
21	Victims of family and domestic violence and sexual assault	
22	What is being done?	
22	Family dispute, dysfunction and conflict	
23	What is being done?	

25	Tertiary intervention	
	Priority area 3: Improving the response to crisis and to the community post-suicide	
25	Crisis response	
25	What is being done?	

27	Priority area 4: Improving the evidence base, data collection and analysis	
27	Data collection and reporting	
27	What is being done?	

28	Appendix 1: Suicide prevention policies	
28	Comparative policy analysis for addressing Aboriginal suicide	

29	Appendix 2: Victorian Mental Health Service System	
29	Service components	

31	References	
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MINISTER'S FOREWORD

Suicide is a significant issue in Victoria and within Victorian Aboriginal communities in particular. Suicide is an incredibly complex social issue that can result from a range of factors such as adverse life events, physical and mental health issues, drug and alcohol misuse, social isolation, socio-economic disadvantage and poor family support. For Aboriginal communities, these factors may be further compounded by historic government policies, racism, loss of land and culture, social disconnection and living in an environment of relative disadvantage.

I am pleased to release the Victorian Government's Action Plan for addressing this critical issue. The Action Plan acknowledges the complex interplay between potential risk factors for suicide and provides a range of strategies that seek to reduce the disproportionately high rates of suicide in the Victorian Aboriginal community.

Suicide and self-harm have a resounding impact at the individual, family and community level. As such, prevention, early intervention and support for all members of a community are essential in reducing the impact of suicide and the risk of further attempts.

This Action Plan recognises the need for a wide range of government actions, in partnership with community, to assist in reducing the rates of suicide. These broad strategies, often called universal prevention, aim to strengthen individuals and communities, create healthy environments with strong support networks, provide economic and educational opportunities, as well as celebrate the culture and strength of Victorian Aboriginal communities.

The successful implementation of this Action Plan will rely on government and Aboriginal communities working together to develop responses and programs that are culturally relevant, and build on strengthening communities.

This Action Plan has been developed based on national and international evidence, in consultation with a working group made up of representatives from Aboriginal community health organisations and government agencies. The plan draws on experiences from previous consultations with the Victorian Aboriginal community. It builds on existing state and national policies such as COAG's commitment to *Closing the Health gap for Aboriginal communities* as well as *Victoria's Mental Health Reform Strategy* and the *Aboriginal Justice Agreement*.

I look forward to working in partnership with the Aboriginal community and other stakeholders to deliver on this important initiative.



The Hon Lisa Neville MP
Minister for Mental Health

SUMMARY OF ACTIONS WITHIN THE VICTORIAN ABORIGINAL SUICIDE PREVENTION AND RESPONSE ACTION PLAN

Priority Area	Actions
1. Prevention through building resilience	<ul style="list-style-type: none"> 1.1 Support local communities to strengthen community connectedness and enhance community harmony. 1.2 Strengthen cultural identity through reconciliation and the recognition of traditional ownership. 1.3 Encourage the application of strengths-based models to all suicide prevention strategies to celebrate, foster and enhance cultural pride. 1.4 Ensure that health promotion and health education resources are culturally specific and relevant for Aboriginal communities. 1.5 Explore opportunities to support communities to achieve their cultural aspirations. 1.6 Enhance the role of Elders in the community. 1.7 Investigate options to increase the participation of young Aboriginal children in school and explore opportunities for Koori schools and Koori camps. 1.8 Support the celebration of Aboriginal culture. 1.9 Support the Wannik Education Strategy to encourage parental engagement within the schooling system. 1.10 Continue to implement Wannik and Wurreker Strategies. 1.11 Encourage Department of Health regions to develop programs through the Closing the Gap Victorian Implementation Plan that focus on building resilience, and strengthening community supports and activities for young people. 1.12 Support the development of primary prevention capacity to reduce family violence across Aboriginal communities. 1.13 Establish a youth suicide prevention program for two regions across Victoria that will focus on suicide prevention, early intervention and community support for Aboriginal young people.
2. Improving access to care and support for those at risk	<ul style="list-style-type: none"> 2.1 Investigate improving mainstream service accessibility, utilisation and responses by providing cultural safety training to clinical staff and boards. 2.2 Improve referral pathways and ensure effective case management of follow up procedures and care plans for at risk Aboriginal young people who are involved with community services, custodial and justice settings, alcohol and other drugs (AOD), GPs and mental health agencies. 2.3 Encourage dual diagnosis training to ensure a greater understanding of co-morbidity between mental health and substance use 2.4 Ensure better coordination of Koori Mental Health Liaison Officers (KMHLs) with mainstream mental health services. 2.5 Implement <i>A new blueprint for alcohol and other drug treatment services 2009 – 2013</i> Action Area 1A: Improve access for Aboriginal people to culturally appropriate information, support and treatment services. 2.6 Develop and implement a series of clinical practice guidelines for emergency departments and mental health services for the assessment and treatment of Aboriginal people at risk of suicide. 2.7 Consider the recommendations of the Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) and KMHLs evaluation for implementation to improve service and access for Aboriginal people.

Priority Area	Actions
	<p>2.8 Ensure continuity of care and support for individuals upon returning to their community post alcohol and drug treatment with follow up treatment/care plans, and linking in the individual and their family with KMHLO and local services.</p> <p>2.9 Strengthen partnerships between local alcohol and drug services, with community health, local policy, local government and local Aboriginal Community Controlled Health Organisations (ACCHOs) to ensure inclusive, coordinated and appropriate responses to address alcohol and drug use, misuse and treatment.</p> <p>2.10 Provide clinical and nursing support to Koori resource centres to provide better physical and mental health assistance to those who attend with alcohol and/or drug issues.</p> <p>2.11 Investigate options to ensure the Assessment and Referral Court (ARC) and Koori Courts have appropriate services accessible to Koori defendants with mental health issues; and also investigate options for KMHLOs to support the ARC list.</p> <p>2.11.1 Explore training opportunities to specific KMHLOs for delivering suitable responses to Aboriginal people in the court system.</p> <p>2.12 Through Aboriginal Justice Agreement 3, identify future directions for Koori Night Patrol and local justice worker programs and explore options for these workers to have training in Aboriginal mental health first aid training and/or Applied Suicide Intervention Support Training (ASIST).</p> <p>2.13 Ensure that mainstream and Aboriginal mental health services have the expertise to address the specific needs of Aboriginal people who are in the transition from the justice system, mental health and AOD services</p> <p>2.14 Improve training of triage staff to recognise and act on suicide and self harm intent.</p> <p>2.15 Support increasing participation in skills based training and education programs for Aboriginal communities in areas such as:</p> <ul style="list-style-type: none"> • substance use prevention • conflict resolution • parenting skills • budgeting • adult education training programs. <p>2.16 Support selected youth and community mental health services to develop new approaches to preventing suicide by building resilience and social connectedness in young persons who have self-harmed, as well as families, peers and local communities connected to young persons who have committed suicide.</p> <p>2.17 Encourage Department of Health regions to develop programs through Closing the Gap Victorian Implementation Plans that focus on the introduction of cultural competency frameworks, more rigorous performance monitoring and outcome accountability, and a stronger and better trained workforce.</p> <p>2.18 Strengthen joint training initiatives between alcohol and drug workers and the Indigenous family violence sector.</p>

Priority Area	Actions
3. Improving the response to crisis and to the community post-suicide	<p>3.1 Strengthen on-call service and flexible outreach for KMHLOs and Aboriginal hospital liaison staff.</p> <p>3.2 Investigate opportunities to formalise community crisis response protocols or plans in regional areas with a shared responsibility agreement between police, ambulance, local support services, ACCHOs, Aboriginal community members, schools and local media.</p> <p>3.3 Influence Aboriginal health plans for regional offices to ensure coordinated responses for suicide in the community through the Regional Directors, Health and Aged Care.</p>
4. Improving the evidence base, data collection & analysis	<p>4.1 Improve the recording of Aboriginal status across hospital network systems including presentations and admissions, and ensure that Aboriginal status recorded by the hospital is included on the Medical Certificate of Cause of Death.</p> <p>4.2 Improve the recording of Aboriginal status on coroner reports.</p> <p>4.3 Improve data collection at the local level of service utilisation.</p> <p>4.4 Improve the knowledge base through research on the utilisation and experiences of the mental health system by Aboriginal people.</p> <p>4.5 Conduct Victorian research into the interplay between alcohol and drug use, family violence and self harm and suicide in Aboriginal communities.</p>

VICTORIAN ABORIGINAL SUICIDE AND SELF-HARM PREVENTION AND RESPONSE ACTION PLAN

Introduction

This *Victorian Aboriginal suicide prevention and response action plan* (the Action Plan) is the Victorian Government's strategy to prevent and reduce the incidence and impact of Aboriginal suicide and self-harm. The Plan sets out the Victorian Government's current, and identifies strategies for further action in four priority areas:

1. Prevention through building resilience
2. Improving access to care and support for those at risk
3. Improving the response to crisis and to the community post-suicide
4. Improving the evidence base, data collection and analysis.

These priority areas and proposed strategies respond to the risk and protective factors for Aboriginal suicide and self-harm. They draw on international experiences and issues identified by Victorian Aboriginal communities.

The Action Plan adopts a holistic, strengths-based approach to suicide prevention and response. It focuses on promoting good mental health and wellbeing, by embracing the culture of Aboriginal people.

This resource will help inform the work of government in partnership with Aboriginal communities, to develop and sustain improved pathways to care and support for those at risk of suicide or self-harm.

Development of the Action Plan

The planning for this Action Plan began in 2009 with the formation of the Victorian Aboriginal Suicide Prevention and Response Action Group (the Action Group). The Action Group, established in response to community concern about suicide and self-harm in Victorian Aboriginal communities, comprises representatives from government, Aboriginal community and health agencies. The Action Group met four times in 2009 with the first meeting chaired by the Minister for Mental Health, the Hon Lisa Neville MP.

The Action Plan builds on the work of Victorian Aboriginal Community Controlled Organisation (VACCHO). In 2005 VACCHO commissioned a series of consultations with Victorian Aboriginal communities to explore experiences of suicide and self-harm. The consultation findings identified risk and protective factors and made recommendations for suicide prevention strategies. Many of the same risk and protective factors were also identified by research undertaken in the Northern Mallee region of Victoria by Ian Seal in 2008, particularly concerning risk factors experienced by Aboriginal children and young people. This Action Plan has also taken into account the outcomes of the Department of Health and Department of Justice inaugural joint forum in Warrnambool in July 2009.

In December 2008, a key stakeholder meeting identified the need for an action group to develop an Aboriginal suicide prevention and response within the context of the *Victorian*

Mental health reform strategy 2009–2019 and the *Koori alcohol action plan 2010–2020*. It was suggested that the action group would also provide advice to the Ministerial Taskforce on Aboriginal Affairs.

The Action Plan focuses on prevention through early intervention for people at risk, better coordinated reporting of incidents of suicide and self-harm, and improved response systems for families and communities post-suicide. The Action Plan also identifies current government actions to assist Aboriginal Victorians in their efforts to build protective measures. Implementation will commence during 2010 and is expected to be reviewed in 2015.

Over the next five years, the government will monitor the progress of implementation against the activities identified within this Action Plan.

Through the *Victorian Indigenous Affairs Framework 2010 – 2013*, the Victorian Government will be regularly reporting against a series of strategic areas for action and change indicators relating to improving the health and well-being of Aboriginal people, including a reduction in the rates of self harm.

The Action Plan has adopted many of the principles of the framework of the *National Suicide Prevention Strategy*. The Living Is For Everyone (LIFE) framework recognises the need for a continuum of suicide prevention activities that work across eight domains ranging from universal interventions that engage whole populations, through to long term treatment and support. For more information on the LIFE Framework and its utilisation in other state suicide plans, refer to Appendix 1.

Suicide and self-harm definitions

A death is classed as a suicide by the Coroner based on evidence that a person died as a result of a deliberate act to cause his or her own death. It is often difficult to determine whether a death was caused by a deliberate attempt to end one's life and as such a coroner may classify some deaths as accidental or caused by someone else.

Often the terms self-harm, self-injury and intentional self-harm refer to a range of behaviours from low to moderate self-injury through to suicide attempt.¹ Self-harm can include cutting, burning and ingesting toxic substances. It is important to note that not all people who deliberately harm themselves intend to die as a result, and self-harm varies with each individual.

While there is debate about whether those who self-harm are at increased risk of suicide, self-harm should always be taken seriously, even if there is no suicidal intent, as the risk of accidental death can be high.

Where data is reported using the term 'intentional self-harm', this term includes deliberate self-harm and suicide attempts and is the classification used in hospital reporting.

For the purpose of this paper, self-harm will be classified as the *deliberate intent to inflict physical harm to one's self, including attempts to end one's life* (attempted suicide).²

Suicide and self-harm among Aboriginal Victorians

In the absence of reliable Victorian data on mortality and suicides in the Aboriginal population, national data is used in this plan as a valuable proxy for the current situation in Victoria.

Globally, suicide is a major health problem. Suicide deaths account for 1.5 per cent of the global burden of disease, which represents 20 million years of healthy life lost due to premature death or disability.³

When compared internationally with 27 OECD countries, Australia ranks 12th lowest for rates of intentional self-harm deaths rates (per 100,000) in the general population, where death may be a result of a suicide attempt or where death has occurred due to deliberate self-harm.⁴ By comparison, the United States had a slightly lower rate of suicide and New Zealand had a higher rate of suicide.⁵

The age-standardised rate of suicide in Australia for the period 2001-05 is 13 per 100,000 people. Rates for males are higher (18 per 100,000) than females (4.5 per 100,000) over this period.⁶ However, as reflected internationally, there appears to be a declining trend in suicide related deaths in Australia.⁷ In Victoria, there were over 440 deaths reported as suicide by the Australian Bureau of Statistics in 2006. Youth suicide is second only to motor vehicle traffic accidents as a cause of death among young Australians.

The national rate of suicide in the Aboriginal population is estimated to be between two and three times higher than the rate in the non-Aboriginal population.⁸ Over the period 1999-2003 suicide was the leading external cause of death for Aboriginal males.⁹ In recent years research has estimated that in some specific communities around Australia the suicide rate for Aboriginal people is as much as 40 per cent higher than for the non-Aboriginal population.¹⁰ Given the lack of reliable mortality data, including recording death by suicide, it is important to note that these rates reflect the experience of other states and include data from remote areas where the context may not be as applicable to Victorian Aboriginal communities.

In both the Aboriginal and non-Aboriginal population, while males have higher rates of suicides, women have much higher rates of self-harm. Current evidence suggests that the age groups with the highest risk of suicide in the Aboriginal population are the 15 – 29 year old age group and the elderly (over 75).¹¹ However, recent data provided by the Victorian Aboriginal Funeral Service (as reported by the Aboriginal Hospital Liaison Officers) noted that the age group with the highest number of suicides occurred in the 30 – 39 year group (33 per cent of all reported deaths). A greater proportion of suicides were recorded for females (58 per cent) than males (42 per cent), which again is in contrast with the rates published by the Australian Bureau of Statistics. While the Victorian Aboriginal Funeral Service only deals with a proportion of all Aboriginal deaths in Victoria, it could be argued that they are better able to identify suicides through their close connections with communities.

Identifying and understanding the cause of Aboriginal suicide

Available research suggests that suicidal behaviours, both fatal and non-fatal, result from complex interactions between a variety of risk factors and a lack of protective factors across a person's life span.¹²

There are some common risk factors for attempting and completing suicide amongst both Aboriginal and non-Aboriginal Australians, such as alcohol and drug misuse, homelessness, lack of employment, family or relationship breakup, mental illness and poor physical health.¹³ However, some commentators argue that Aboriginal suicide differs in risk factors from the non-Aboriginal community, or that the risk factors listed above may be further compounded in the Aboriginal population by broader situational and socio-cultural factors. These situational and socio-cultural factors may differ considerably in their application between urban, regional, rural and remote settings.

It is also important to understand the cultural differences in how Aboriginal people may view mental health and suicidal behaviours. Aboriginal people usually have a more holistic understanding of health, whereby spiritual and cultural wellbeing not only affects the individual, but the community as a whole.¹⁴

Risk and protective factors for Aboriginal suicide

Suicide remains a significant social issue in Aboriginal communities for Victoria. It links both to chronic and cyclical disadvantage and incorporates socio-economic aspects, disproportionate rates of contact with the justice system, imprisonment, family violence and alcohol and drug misuse. Chronic disadvantage is further compounded by the historic injustice of dispossession, cultural disruption and dislocation from family and culture experienced by the Stolen Generations and their children.¹⁵ Professor Colin Tatz¹⁶ has identified eight factors that contribute to suicidal or high risk behaviour:

- lack of sense of purpose in life
- lack of publicly recognised role models and mentors outside of the sporting realm
- disintegration of the family and lack of meaningful support networks within the community
- sexual assault
- drug and alcohol misuse
- animosity and jealousy
- the persistent cycle of grief
- illiteracy, which results in exclusion and alienation.

A range of other risk factors have been identified through community consultations such as those undertaken by VACCHO in 2005 and by Ian Seal in 2008 in the Northern Mallee. These risk factors represent the opinions of community as well as top line data from a (currently unpublished) study

by Luke et al. 2010. This list is not exhaustive, and is explored further in the proposed strategies for further action.^{17,18,19} A review of current literature and community responses suggests a range of risk factors for young Aboriginal people, a group who experience high rates of suicide (Table 1).^{20,21,22,23,24}

Table 1

Identified risk factors for suicide	For the general Aboriginal community	Specifically for Aboriginal young people	Through current literature or community consultations
Lack of expectation for the future		X	L/C
Boredom		X	C
Family breakdown and family rejection	X	X	L/C
Loss of family roles and loss of access to children	X		L
Poor educational attainment or attendance		X	C
Racism	X	X	L/C
Poor health and/or mental health	X	X	L/C
Loss of land	X		C
Previous suicide attempts	X	X	L/C
Being bereaved by suicide	X	X	L/C
Exposure to family violence	X	X	L/C
Lack of parental support		X	C
Relative social and economic disadvantage compared to mainstream population		X	L

Table 2

Identified protective factors for suicide	For the general Aboriginal community	Specifically for Aboriginal young people	Through current literature or community consultations
Self government	X		L
Strong culture identity and pride	X	X	L/C
Strong sense of self	X	X	L/C
Involvement in structured activities such as sport, art, drama		X	C
Engagement with positive role models and supportive peers	X	X	L/C
Meaningful ties to the past and a continuity of culture for individuals and community	X	X	L/C
Employment and educational opportunities	X	X	L/C
Access to country and the ability to visit country	X	X	C
Ownership of and involvement in health and community programs ¹	X		L

Similarly, a range of protective factors against suicide are suggested that can also facilitate strengthened community harmony, see Table 2.^{25,26,27,28}

Suicide prevention strategies – what works?

Suicide prevention responses often include community strengthening and education programs, personal development, youth activity programs, the provision of small grants for life affirming programs and reorienting health services and accompanying policies.²⁹ The programs can be part of broader mainstream suicide prevention practices or be Aboriginal-specific.

The adaptation of mainstream prevention approaches that have been derived from non-Aboriginal understandings of suicide and health have, to date, been less effective in addressing Aboriginal suicide, particularly those people most in need.^{30,31}

While there may be a lack of documented evidence on the effect of suicide prevention strategies for Aboriginal people, there are some identified key requirements for long term success:

- the programs must be developed by and for the communities they are intended for³²
- they must foster empowerment
- Aboriginal communities must be involved in the consultation, programming, delivery and control of services.^{33,34}

Where this has occurred in previous interventions, there has been a demonstrable heightening of personal and community awareness and increased self-respect and dignity. However, it must be noted that formal evaluation of suicide prevention activities is difficult due to the complex nature of suicide causality and poor suicide data.

The key requirements for suicide prevention strategies listed above will be used as the foundation for proposed strategies discussed in the Action Plan.

Effective suicide prevention activities need to be developed and implemented in a coordinated manner across communities. Activities should exist within a framework that operates across several domains, ranging from general population approaches that provide information, raise awareness and promote resilience through to specific, targeted interventions and treatment options for high risk individuals.

This Action Plan acknowledges the need for the following activities to occur to address suicide in the Victorian Aboriginal community:

- a) Primary interventions: These are often referred to as universal programs and interventions. These approaches target the broader population or a particular population group and are designed to prevent the development of risk factors and/or enhance protective factors. In a mental health context 'promoting connectedness (in families, schools and communities), and promoting resilience in individuals, can provide a buffer to the development of mental health problems and disorders.³⁵ In addition 'community development that empowers community members to have the capacity to define issues and develop solutions, as well as advocate for their adoption, also contributes to improving a community's capacity to promote its mental health.³⁶
- b) Secondary interventions: Focus on groups at higher than average risk (for example youth with substance use problems or those in prison or police custody, or those in Aboriginal communities with very high local rates of suicide).
- c) Tertiary interventions: Are programs or interventions for individuals at highest risk (for example youth with active mental health disorders, and those who have attempted suicide).



PRIMARY INTERVENTION

PRIORITY AREA 1:

PREVENTION THROUGH BUILDING RESILIENCE

The Action Group identified building or strengthening culture as an important prevention activity for addressing Aboriginal suicide and self-harm. This is consistent with a growing recognition of the role which Aboriginal cultural identity plays in developing strong and resilient individuals. In particular, evidence suggests that cultural identity is critical during the formative stages of adolescent development and plays an important role in protecting against suicide and self-harm.

While further research is required about how an individual's cultural identity and connection protects against suicide and self-harm, we know that for young Aboriginal people, disconnection from their community or a loss of culture leads to a lack of access to supportive structures and positive role models that aid the transition from childhood to adolescence, particularly in relation to coping skills.³⁷ Similarly, research on Aboriginal youth suicide in Canada identified that strong culture anchors young Aboriginal people as they go through transient periods of identity crises as all young people do as they mature.³⁸

The following 'pathways to resilience' model acknowledges the critical pathways required to build individual resilience as a protective factor against a range of harms including suicide. The model identifies the need for a strong focus on early years that is then sustained through adolescence. It is critical in applying this model as a depiction for resilience building to consider connection and access to culture for Aboriginal communities and families as key components of a sense of social connectedness and healthy beliefs.

What is currently being done to build resilience in Aboriginal communities?

Available evidence supports the Action Group's view that strengthening Aboriginal culture can contribute to building resilience in Aboriginal people. Governments can support Aboriginal communities to strengthen culture and cultural connections in a variety of ways. It can be achieved by ensuring targeted programs provide vulnerable and disengaged Aboriginal people, who are at above average risk, with opportunities that reinforce and build community and cultural connections. These secondary interventions are described in more detail in the following sections.

Programs can also support and promote forms of cultural expression. At a more fundamental level, government can also

support Aboriginal communities to build community capabilities for defining and achieving cultural aspirations.

A range of whole-of-government activities have been developed to support communities to strengthen cultural connections and enhance resilience. These strategies do not necessarily have suicide prevention as their core aim, but through strengthening communities and families a range of risk factors for suicide and self-harm can be reduced.

Building individual resilience

The Victorian Government through the Victorian Indigenous Affairs Framework and all state and territory governments, through the Council of Australian Governments (COAG) National Indigenous Reform Agreement, have a focus on early years, education and economic participation to build individual capability and resilience to improve outcomes for Aboriginal people.

Building resilience in children and young people

Education and support through the education system is critical to building resilience. The Department of Education and Early Childhood Development (DEECD) has a range of programs and policies that aim to improve the outcomes for Aboriginal children and young people.

In August 2010, DEECD released *Balert Booron Bright Futures: Victorian Plan for Aboriginal Children and Young People 2010–2020*. The Action Plan reflects a commitment across both community and government to improve the outcomes for children, young people and families, with a focus on safety, health, development, learning and wellbeing. The Action Plan also grounds the rights, principles, outcomes and progress measures set out in *Dardee Boorai: Victorian Charter of Safety and Wellbeing for Aboriginal Children*, with concrete commitments to a set of activities, directions and ways of working to progress them.

Balert Booron articulates future directions to guide investment and efforts over the next ten years. These future directions are a product of extensive consultation with Aboriginal young people, families, Aboriginal organisations and government representatives and is a response to the findings of *the State of Victoria's Children 2009: A Report on how Aboriginal Children and Young People in Victoria are Faring*.

DEECD is also implementing *Wannik: Education Strategy for Koorie Students* in partnership with schools and the Aboriginal community. This strategy aims to improve educational outcomes for Aboriginal students. The strategy focuses on developing a culturally inclusive education system, strengthening accountability and the Koorie educational workforce, and better meeting the literacy needs of students. There is also a focus on helping young people through key transition points supported by Managed Individual Pathways and Youth Transition Support initiatives.

In recognition of the importance of positive early childhood experiences, DEECD is developing an Aboriginal Early Years

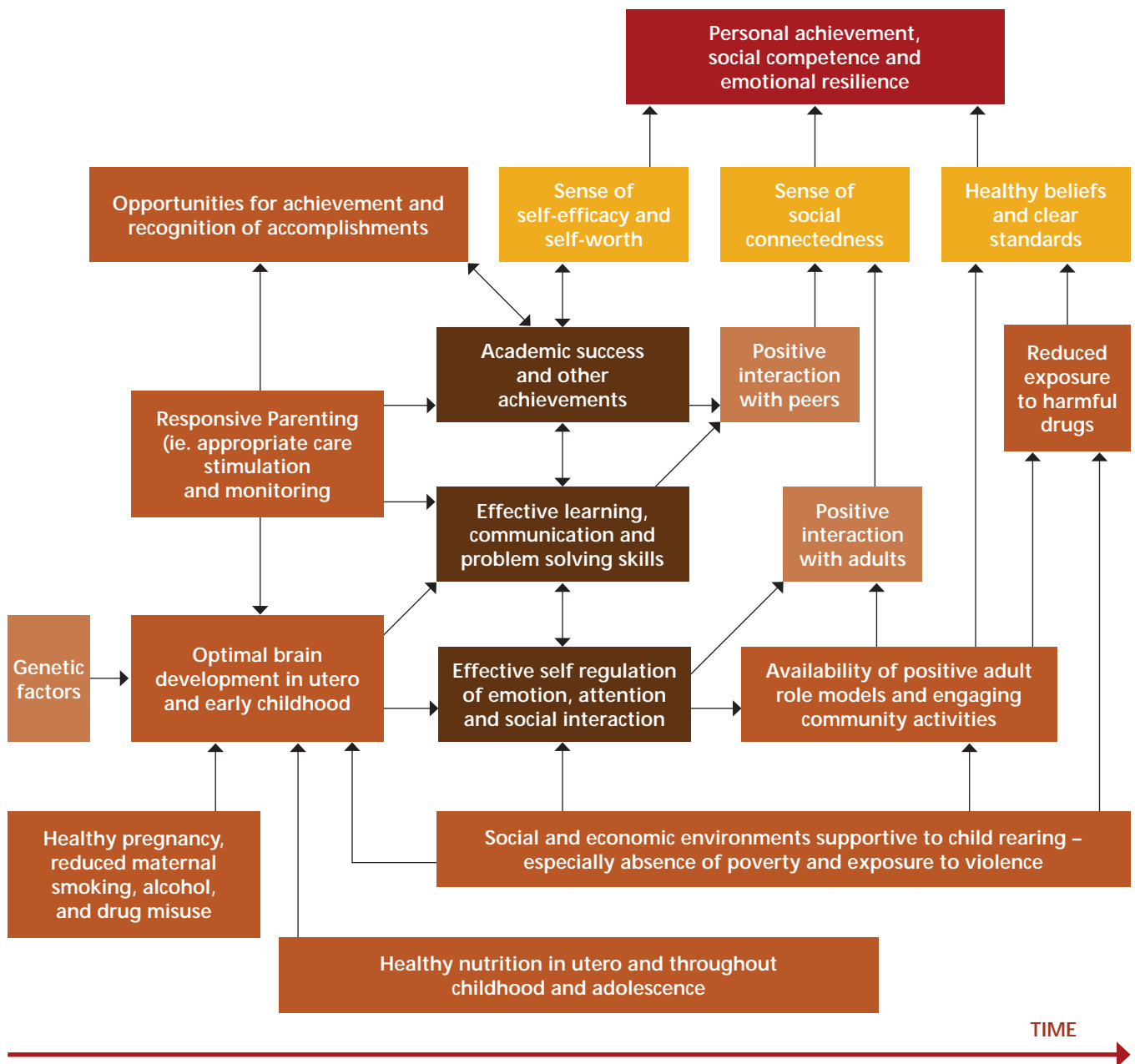


Figure 1. Pathways to resilience (Silburn, 2003)
 Source: Telethon Institute for Child Health Research, 2003.

Strategy. The Strategy will focus on achieving optimal health, development, learning and wellbeing of young Aboriginal children and their families.

Victoria has a strong universal Maternal and Child Health Service to support young children and their families. It focuses on health promotion and early identification in relation to physical, emotional and social factors that impact on outcomes for young children and their families. The service is available across Victoria as a service situated at the Victorian Aboriginal Health Service as well as an outreach program operating in Aboriginal communities in 20 municipalities.

Early childhood development lays the foundation for learning. Up to 10 hours of quality early childhood education is available, free, for all three and four year old Aboriginal children in Victorian kindergartens state-wide.

Building community resilience

The Victorian Government is supporting Aboriginal communities to build community resilience through Local Indigenous Networks (LINs). LINs are the foundation of the representative structure for Aboriginal Victorians and are able

to define issues, develop solutions and advocate for their adoption. They are designed on a community development philosophy to build local problem solving capability and are tasked with building social cohesion locally within Aboriginal communities and between the Aboriginal and broader community. The LINs provide a way for local Aboriginal leaders and important stakeholders such as Aboriginal cooperatives and traditional owner groups to work collaboratively with government to build resilience in Aboriginal communities.

Strengthening culture

Work is progressing under the auspices of the Premier's Aboriginal Advisory Council to determine how governments can support Aboriginal communities to achieve their cultural aspirations. The Advisory Council will develop models of support and specific resources that Aboriginal communities can apply to build on cultural strengths and enhance individual and community resilience. This project aims to develop, implement and evaluate an effective methodology for strengthening culture in Aboriginal communities and deepen understanding of how strong culture relates to improved social and economic outcomes.

The Victorian Government is also working to lift the cultural competency of Victorian government departments and

agencies. This work has been informed by consultations across Victoria with Aboriginal community members and both Aboriginal specific and mainstream service providers. This work will seek to reshape the relationship between government service providers and Aboriginal communities and people to ensure improved outcomes for Aboriginal Victorians.

The Department of Justice is involved in a number of community development programs that fit within the banner of enhancing resilience. As a model that promotes resilience for a specific population group, Frontline Youth Initiative (Frontline) is a grant based program that enables local Koori communities to engage their youth in pro-social activities such as sport, recreation, culture and life skills. Participation in these activities strengthens young Kooris connection to family, culture and community and has been found to be protective against the multiple deprivations they experience as members of the most socio-economically disadvantaged group in Victoria.

Frontline activities assist to build resilience amongst Koori youth during those transition periods when they are most vulnerable – through adolescence and into young adulthood. These activities also prevent at-risk youth from developing antisocial behaviours and attitudes that may lead to offending. Frontline initiatives are vitally important in Koori communities as youth often have little or no access to the amenities and activities other young Victorians take for granted.

Proposed strategies for further action	
1.1	Support local communities to strengthen community connectedness and enhance community harmony.
1.2	Strengthen cultural identity through reconciliation and the recognition of traditional ownership.
1.3	Encourage strengths based models be applied to all suicide prevention strategies to celebrate foster and enhance cultural pride.
1.4	Ensure that health promotion and health education resources are culturally specific and relevant for Aboriginal communities.
1.5	Explore opportunities to support communities to achieve their cultural aspirations.
1.6	Enhance the role of Elders in the community.
1.7	Investigate options to increase the participation of young Aboriginal children school and explore opportunities for Koori School and Koori camps.
1.8	Support the celebration of Aboriginal culture.
1.9	Support the Wannik Strategy to encourage parental engagement within the schooling system.
1.10	Continue to implement the Wannik and Wurreker strategies.
1.11	Encourage Department of Health regions to develop programs through the Closing the Gap Victorian Implementation Plans that focus on building resilience, and strengthening community supports and activities for young people to improve their health and wellbeing and make a healthy transition to adulthood.
1.12	Support the development of primary prevention capacity to reduce family violence across Aboriginal communities.
1.13	Establish a youth suicide prevention program for two regions across Victoria that will be chosen based on assessed need. The program will focus on suicide prevention, early intervention and community support for Aboriginal young people that will build resilience, coping strategies, strengthen support networks and encourage participation.

SECONDARY AND TERTIARY INTERVENTION

PRIORITY AREA 2:

IMPROVING ACCESS TO CARE AND SUPPORT TO THOSE AT RISK AND SERIOUS RISK

Victoria's mental health service system

The mental health of all people in Victoria is supported by a large network of services that include community agencies (general practitioners, community health centres, youth workers, drug and alcohol workers, accommodation services and education services), private practitioners (psychiatrists, psychologists, social workers and counsellors), and the publicly funded specialist mental health system.

Within this system lies the specialist public mental health sector, which consists of clinical services and psychiatric disability rehabilitation and support services (PDRSS). Clinical mental health services are managed by public hospitals and provide assessment, diagnosis, treatment and clinical case management to people with a serious mental illness. Psychiatric disability rehabilitation and support services are provided by non-government community organisations.

Specialist clinical mental health services in Victoria are provided on a geographic basis, and are often referred to as area mental health services (AMHS). They include adult mental health services, child and adolescent mental health services, and aged persons mental health services. Each of these service categories provides inpatient psychiatric services, in addition to a range of residential and other community-based services.

All specialist mental health services are required to provide a range of components so that consumers have access to similar service responses and functions wherever they live. However, the health services and hospitals deliver their public specialist mental health services differently depending on the local service environment and catchment area. Some services have separate teams for each component function; others operate 'integrated teams' which perform a number of functions by rostering staff to undertake the required activities for a given period. The critical factor is that all AMHS provide the full range of functions.

Services such as the Personality Disorder Service (Spectrum) and the Transcultural Psychiatry Unit are usually provided on a regional or state-wide basis.



For a full description of the service components that make up the Victorian mental health system, see Appendix 2.

While early intervention and equitable access to the full range of mental health services should occur for all age groups, priority attention needs to be given to children, young people and their families in order to prevent or reduce the severity of mental illness and its life impacts. This is particularly important for Aboriginal children and young people given that approximately 40 per cent of the Aboriginal population is under 25 years of age.

Access to services

One of the most important measures Victoria can take to reduce suicide among Aboriginal Victorians is to ensure a focus on those who are identified at most significant risk.

Individuals with mental health and/or alcohol and drug issues or who experience family violence can be at greater risk of suicide. This is a particular risk for those who have been discharged from psychiatric in-patient care or an emergency department for mental illness.³⁹

Higher rates of self-harm and suicide in Aboriginal communities are indicative of poorer mental health outcomes in Aboriginal Australians compared to the general population. Higher rates of problematic alcohol and drug use are additional challenges to the maintenance of social, spiritual and emotional wellbeing.⁴⁰ It is therefore important to ensure timely access to culturally appropriate treatment, facilitation of pathways through care and post-discharge procedures within the primary health care setting, including mental health and alcohol and drug services.

While it has been identified that Aboriginal adults do access mental health services at a rate that is proportional to the non-Aboriginal rate (based on population size), there is concern that these services are lacking in their ability to be responsive, accessible and culturally appropriate to the needs of Aboriginal people. This is particularly the case in relation to accessing mental health services in emergency departments when affected by substance misuse.

Throughout 2009, the Action Group explored data on the utilisation of mental health services by Aboriginal people, which detailed the rates of service utilisation across Department of Health regions. While the data indicated that acute and publicly provided mental health services are well utilised by Aboriginal people, as a proportion of the estimated Aboriginal population, there are limitations in the data in identifying those who may need services and are not accessing them.

The data indicates that Aboriginal children and young people are noticeably missing from mental health service data, which may raise questions about where these young people are accessing help, if at all. The data provides an overview of what services were being utilised and the referral pathways.

What is being done to improve access to services?

Aboriginal specific mental health services

A number of Aboriginal specialist support services are provided in Victoria, including Koori Mental Health Liaison Officers (KMHLOs) in rural Victoria. The KMHLO project seeks to improve access to culturally sensitive mental health services for Aboriginal people. The project funds liaison officer positions in all rural regions and at the Royal Children's Hospital Child and Adolescent Mental Health Service. There are 12.5 positions in total promoting strategic linkages between Aboriginal communities, Aboriginal Community Controlled Health Organisations (ACCHOs), other Aboriginal services and specialist mental health services.

This program has been supported by the VACCHO Mental Health/Social and Emotional Wellbeing Project, which is responsible for working closely with Aboriginal organisations, the KMHLO positions and their employing AMHS towards achieving better access to mental health services for Aboriginal people and communities.

Five acute inpatient beds are also funded at St Vincent's Hospital in Melbourne for the exclusive use of Aboriginal people. The beds at St.Vincent's provide acute inpatient mental health care for Aboriginal people from across Victoria and occupancy rates vary throughout the year.

The Victorian Aboriginal Health Service: Family Counselling Service, provides a mental health, social, spiritual and emotional wellbeing service for Aboriginal people and entry to the five dedicated Aboriginal beds at St. Vincent's.

Because mental health matters: Victorian mental health reform strategy 2009–2019:

Because mental health matters is the Victorian Government's mental health reform agenda for change and improvement to mental health service provision and response in Victoria. The overarching vision of the strategy is to ensure that all Victorians

have the opportunities they need to maintain good mental health, while those experiencing mental health problems can access timely, high quality care and support to live successfully in their community. One of the goals of the Mental Health Reform Strategy is a focus on service delivery reform for Aboriginal people in Victoria. In particular, reform area 6: Reducing Inequalities, incorporates a focus on improving mental health and to improve access to services for Aboriginal people.

Victorian Aboriginal Health Service redevelopment

As part of the commitment through *Because mental health matters*, funding of \$874,000 (over four years from 2009–10) has been allocated to the development of a metropolitan-wide mental health service for Aboriginal people. This initiative is being undertaken in collaboration with the Victorian Aboriginal Health Service (VAHS), VACCHO and local mental health services. In addition to this, VAHS provides a number of mental health and counselling services for the Aboriginal community in Victoria.

Improving Care for Aboriginal and Torres Strait Islander Patients program

The Improving Care for Aboriginal and Torres Strait Islander Patients (ICAP) program was established in late 2004 as a cultural change model, extending and improving on the Koori Hospital Liaison Program. ICAP seeks to ensure that all health services accessed by Aboriginal patients work with the community to undertake initiatives to improve identification and recording of Aboriginal patients and to improve quality of care for Aboriginal patients. The scale and cost of these initiatives will be proportional to the number of Aboriginal patients admitted to the hospital.

Five years on in 2009, the Department of Health engaged consultants to undertake an evaluation of the ICAP and KMHLO programs. Through the evaluation of the ICAP and KMHLO programs, the department seeks to understand the extent to which:

- programs have been implemented across Victorian health services and rural area mental health services

Case Note: Mildura Base Hospital

There have been several benefits arising from the service model utilised by the Mildura Base Hospital which has both the Koori Mental Health Liaison Officer and the Koori Hospital Liaison positions co-located within the Base Hospital. Some of the positive outcomes of this co-location have been:

- Both program officers work together and across both their areas of work, including all admissions to hospital by Aboriginal people
- Rotating shifts of 7am–3pm, 8am–4pm, and 9am–5pm are split between three workers resulting in a worker being available between 7am–5pm

- The employment of male and female liaison officers has allowed for gender sensitive and therefore culturally appropriate service to be provided
- The team attend triage meetings every morning and are aware of any patient intakes that have occurred over night
- This model has the potential to provide a supportive culturally appropriate response within mainstream services.

- the implementation activities have occurred
- the program has been implemented as planned and any variations in implementation
- programs have achieved their planned outcomes, also noting any unanticipated outcomes.

The commitment of the Australian and Victorian Governments to close the gap in Aboriginal health outcomes has resulted in a renewed focus on improving the physical, mental and spiritual health and wellbeing of people in the Aboriginal community. The ICAP/KMHLO evaluation is aligned with the *Closing the Health Gap* agenda, and resulting recommendations will assist the department's mainstream health services and Aboriginal community controlled organisations in the delivery of high quality, culturally responsive health services to Aboriginal and Torres Strait Islander people.

VACCHO training

The Department of Health provides funding to VACCHO to implement an Aboriginal Mental Health First Aid train-the-trainer program and supports the training of Aboriginal people in Mental Health First Aid. To date, 18 Aboriginal people have been trained to deliver the course and now have the potential to instruct up to 270 people per year in mental health, social, spiritual and emotional wellbeing.

Strengthening primary health care for Aboriginal people

VACCHO, with funding from the Department of Health is leading this project which aims to build on and enhance the health service system to improve access to culturally appropriate, comprehensive primary health care for Aboriginal people in Victoria. The project is to be developed over three

years through two demonstration catchments: one in Mildura and one in Northern Melbourne. It will involve working with the Mildura Aboriginal Health Service (MAHS) and VAHS, as well as mainstream health services and organisations in each catchment to support and better coordinate the provision of health care to Aboriginal people across the health service system.

Findings from the project will assist the development of evidence-based, best-practice models, which can be adapted to meet the health needs of Aboriginal people across Victoria.

Improving support for those at risk and great risk of suicide

As highlighted in the first section of this plan, there are a range of risk and protective factors for suicide and self-harm. There are also a range of factors that can compound these risks that can lead to a greater likelihood of suicide.

Deliberate self-harm and previous suicide attempts

In the general population it is estimated that for each suicide there may be up to 50 male and 300 female attempted suicides.⁴¹ The rate of intentional self-harm can be measured by presentations to hospital emergency departments (EDs). Between July 2006 and December 2008, 396 Aboriginal persons presented to emergency departments in Victoria following intentional self-harm. This demonstrates a higher

Proposed strategies for further action	
2.1	Investigate improving mainstream service accessibility, utilisation and responses by providing cultural safety training to clinical staff and boards.
2.2	Improve referral pathways and ensure effective case management of follow up procedures and care plans for at risk Aboriginal young people who are involved with community services, custodial and justice settings, AOD, GPs and Mental Health agencies.
2.3	Encourage dual diagnosis training to ensure a greater understanding of co-morbidity between mental health and substance use.
2.4	Ensure better coordination of Koori Mental Health Liaison Officers with mainstream mental health services.
2.5	Implement <i>A new blueprint for alcohol and other drug treatment services 2009–2013</i> Action Area 1A: Improve access for Aboriginal people to culturally appropriate information, support and treatment services. A key activity area will be to ensure that non-Aboriginal (mainstream) treatment services are available, accessible and responsive to the needs of Aboriginal clients. Investigate how funding and service agreements with these agencies can reflect this requirement.
2.6	Develop and implement a series of clinical practice guidelines for emergency departments and mental health services for the assessment and treatment of Aboriginal people at risk of suicide.
2.7	Consider the recommendations of the ICAP/KMHLO evaluation for implementation to improve service and access for Aboriginal people.

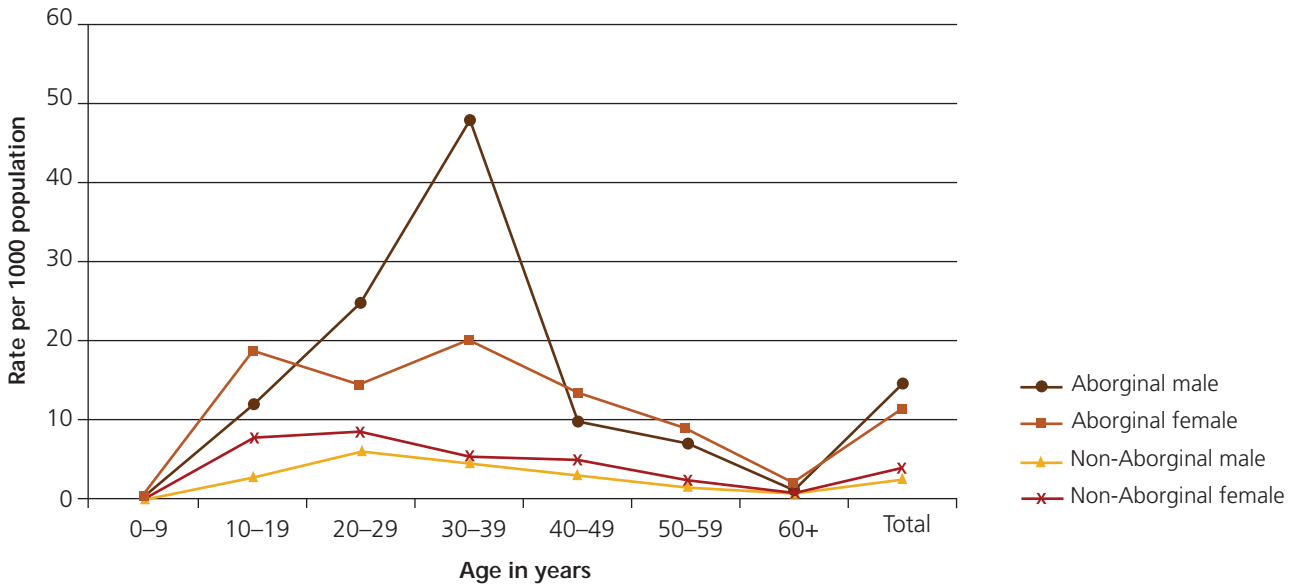


Figure 1: Presentations to emergency departments for intentional self-harm, 2006-07-2008-09.

rate of Aboriginal presentations to EDs than the non-Aboriginal rate in all age groups, though the difference is least among the very young and the elderly. This is represented in Figure 1 on page 16. In 2008–09 the rate of intentional self-harm in the Aboriginal population was 4.9 versus 1.3 for non-Aboriginal population (per 1000).

The greatest over-representation is among Aboriginal males aged 30-39 years, where the rate is not only far higher than the non-Aboriginal rate but also higher than the female Aboriginal rate. It should be noted this rate of self-harm and suicide attempts does not take into account those who do not seek formal medical attention following a self-harm or suicide attempt.

Alcohol and drug misuse

People who abuse alcohol and drugs have higher rates of suicide than the general population. A recent study indicated that individuals with alcohol dependence have a mortality rate of almost double the rate of matched peers.⁴² While Aboriginal and Torres Strait Islander people are less likely to drink than non-Aboriginal Australians, those who do drink are more likely to drink at high to very high levels, and are more likely to binge drink.⁴³

Many commentators have discussed the attribution of alcohol to Aboriginal suicide. Hunter et al. argue that Aboriginal suicide is often impulsive and *'frequently occurs in the context or aftermath of intoxication'*.⁴⁴

Alcohol and drug misuse can be considered as a symptom of a range of underlying issues, including potential self-harm or suicide attempt creating a cumulative risk pathway. A range of consultations with Aboriginal communities have also highlighted the need for improved service responses and treatment models to address these issues. In 2009, extensive community consultations were undertaken in Victoria as part

of the *Koori alcohol action plan 2010–2020*. This consultation highlighted several areas for service improvement, particularly in relation to the need for earlier identification of alcohol and drug misuse. Also identified was a need for emergency departments and mental health services to better respond to people with a combination of problems, particularly alcohol, drug and/or mental health problems.

What is being done to address self-harm and alcohol and drug misuse?

Access to culturally appropriate treatment and early intervention programs, particularly for young people, are crucial in addressing both alcohol and drug misuse, as well as reducing the risk of suicide and self-harm.

A number of the alcohol and other drug (AOD) services that aim to reduce the risk of further suicide and self-harm attempts have been addressed in the previous section on access to services, such as the KMHLO and ICAP programs.

Within VAHS Aboriginal-specific mental health services are provided for those living in metropolitan Melbourne, including a range of psychiatric disability rehabilitation and support services.

Victorian drug treatment services

There are a number of services available to assist people who have a drug problem, or to help people stop or reduce their drug use. These include:

- local and regional services that help clients located in a region of the State
- state-wide services that can help clients throughout Victoria including specialist services that provide an additional level of expertise for people with particular problems

- forensic services that provide treatment programs for offenders (clients with referral from the courts, police or the Parole Board).

AOD programs and services for Koori communities

Koori-specific AOD services are available to those who are affected (either directly or indirectly) by alcohol and/or other drugs. The majority of services are based in ACCHOs however a number operate from a mainstream AOD health service setting. The range of Koori AOD services includes:

- Koori Youth Alcohol and Drug Healing Service (state-wide)
- Koori Community AOD Worker Program (metro and regional)
- Koori Community Alcohol and Drug Resource Centre Service (metro and regional)
- Koori drug diversion workers (Metro & Regional/Forensic)

Koori Youth Alcohol and Drug Healing Service

A Koori Youth Alcohol and Drug Healing Service (KYA&DHS) has been operating since 2007, in partnership by Ngwala Willumbong Aboriginal alcohol and drug service and Youth Substance Abuse Service (YSAS). A permanent (12-bed) facility is under development in Hastings, on the Mornington Peninsula, and is due for completion in late 2010.

The Healing Service offers a residential rehabilitation facility for Koori people aged 15–20 years with AOD-related problems. It is available state-wide and provides access to health, education and other support services.

The program includes and integrates aspects of Koori culture with a focus on individual and peer learning.

Koori Alcohol and Other Drug Worker Program

The Koori Alcohol and Other Drug Worker Program is a Department of Health funded service for Koori people who are affected (either directly or indirectly) or are at risk of being affected by alcohol and/or other drugs. Workers provide AOD support in ways that reflect the culture and history of Koori people. Eighteen ACCHOs and mainstream AOD service agencies employ Koori AOD workers that outreach to communities in the surrounding area where the agency is located.

Koori Community Alcohol and Drug Resource Centres

There are five Koori Alcohol and Drug Resource Centres (often referred to as sobering up centres) located within Victoria. These services were originally designed to provide a safe environment for a person affected by alcohol or drugs to sober up, and an option for crisis response, such as overnight accommodation.

Services operate at the following locations:

- Ngwala Willumbong Cooperative (Metropolitan)
- Gippsland and East Gippsland Aboriginal Cooperative interim service in Morwell (Gippsland)

- Gippsland and East Gippsland Aboriginal Cooperative in Bairnsdale (Gippsland)
- Rumbalara Aboriginal Cooperative in Shepparton (Hume)
- Mildura Aboriginal Cooperative (Loddon-Mallee)

Over time, the scope and role of the Resource Centres has changed considerably in response to actual community need and in some areas there now exists a close interface between the Aboriginal Community Justice Panel/Program (ACJPs) and the Resource Services.

Smith Street Aboriginal outreach positions

Since October 2006, two Aboriginal outreach positions have been established in Smith Street, supported by the Department of Health and the Department of Justice.

The Smith Street Aboriginal Outreach Workers (male and female), based at VAHS work with the Aboriginal community in providing support and linkages to a range of Aboriginal-specific and general alcohol and drug services.

Koori alcohol action plan 2010–2020

The Victorian Government, in partnership with VACCHO, has developed the *Koori alcohol action plan 2010–2020* (KAAP). This Action Plan follows from the commitment to develop a Koori alcohol plan included in the *Victorian Alcohol Action Plan: Restoring the Balance 2008–2013*, released in May 2008.

The overarching objectives of the KAAP are to achieve long term change by working in partnership and supporting Victorian Aboriginal communities to reduce alcohol misuse and the negative consequences of harmful alcohol use.

This whole-of-government strategy is based on extensive community consultations held across Victoria and critical input from the reference group, consisting of peak Aboriginal community organisations as well as government representatives. The Action Plan is based around four key themes which emerged from community consultation:

1. strengthening communities
2. responsible access to alcohol
3. improved information and understanding
4. improved responses and services.

The Plan includes recommended actions under each theme to prevent or reduce alcohol-related harm, based on consultation findings and available evidence.

The recommendations of the *Victorian Aboriginal suicide prevention and response action plan 2010–2015* will complement the *Koori alcohol action plan 2010–2020*, due for release in 2010.

Alcohol and drug workforce development initiatives

A number of strategies are identified that aim to build the capacity of the Koori alcohol and other drug workforce. The Victorian Government, along with the Australian Government is providing funding to the *Telkaya* state-wide Koori Alcohol and

Other Drug (AOD) Network. The Department supports Telkaya to meet three times a year around professional development and training and to provide support to one another in their challenging roles.

The Victorian Dual Diagnosis Education and Training Unit has developed and delivered training on dual diagnosis for Koori AOD and Mental Health/Social and Emotional Wellbeing Workers (SEWB). This training assists Aboriginal workers to build their skills and confidence in identifying, assessing, and working with clients with a dual diagnosis.

In addition to the State funded services, the Australian government through the Office for Aboriginal and Torres Strait Island Health (OATSIH) funds a number of AOD programs for Aboriginal communities. These services include:

Substance Abuse Worker Program: The position is located in Aboriginal Medical Services (AMS) and undertakes a number of activities to reduce the use of and harm caused by alcohol and other drugs in Koori communities and provide support to individuals and families.

Substance Abuse Residential Programs: A range of programs offer Aboriginal men, women and youth an environment for positive change among those whose lives have been affected by drugs and alcohol. The programs adopt a holistic approach that recognises the physical, emotional and spiritual needs of Aboriginal people.

OATSIH Koori residential programs in Victoria include:

- Galiamble
- Winja Ulupna
- Percy Green
- Baroona Youth Healing Place
- Warrakoo Residential Rehabilitation and Treatment Program

Koori Withdrawal Access Program: Based in the Melbourne metropolitan area, the Koori Withdrawal Access Program aims to develop protocols and build strong partnerships with mainstream withdrawal services to improve the access and treatment outcomes for Koori clients.

Contact with the justice system

In Victoria, Aboriginal people are overrepresented in both jail and on remand and are more likely to be incarcerated or placed on summons than non-Aboriginal people.⁴⁵

While suicide is a complex phenomenon and there is often no single trigger or cause, experiences within the justice setting or incarceration may act as a contributor to suicide and self-harm. Often prisoners and young people in the youth justice system (and particularly custody) have complex needs that may further impact on the higher incidence of suicide.

A time of particularly heightened risk of suicide and self-harm for Aboriginal people is in the first 48 hours after release from jail and in the proceeding four weeks and at six months. There is a need to ensure that culturally appropriate support services are available to those who are re-entering communities or moving to new areas. To assist with the transition for individuals back to the community, family members and the broader community need to have the capacity to support the reintegration of an individual's post-release. This may involve some community education and employment of support workers to facilitate these transitions.

What is being done?

A range of programs and strategies are employed by the Victorian Government that range from improving diversion programs through to Koori Courts. Much of this work comes under the Aboriginal Justice Agreement (Department of Justice) and these strategies and initiatives aim to improve justice outcomes, reduce overrepresentation and improve Aboriginal access to systems to protect human, civil and legal rights. While these programs and policies are not suicide-specific, many work to strengthen connection to family, community and culture and address the factors contributing to offending which may reduce the likelihood of suicide and other harms.

Youth Justice Mental Health Initiative

The Victorian Government has allocated funding of \$2.9 million over four years (commencing in 2009-10) for the Department

Proposed strategies for further action

2.8	Ensure continuity of care and support for individuals upon returning to their community post alcohol and other drug treatment with follow up treatment/care plans, and linking in the individual and their family with KMHLO and local services. It is essential that family, community members and services are equipped with an understanding of what is required to support the individual. This applies not only to those returning post-drug and/or alcohol treatment, but also attempted suicide or self-harm or upon release from prison.
2.9	Strengthen partnerships between local alcohol and other drug services, with community health, local policy, local government and local ACCHOs to ensure inclusive, coordinated and appropriate responses and strategies are developed in consultation with community members to address alcohol and drug use, misuse and treatment.
2.10	Provide clinical and nursing support to Koori Resource Centres to provide better physical and mental health assistance to those who attend with alcohol and/or drug problems.

of Health, in partnership with the Department of Human Services, to build on existing youth justice health services to address significant unmet need for mental health care and to provide a more comprehensive and targeted mental health response to youth justice clients.

Six dedicated clinical positions are being established in mental health services to work exclusively with custodial and community youth justice services. These clinical staff will provide some direct care and education and training to enable staff in each sector to respond more appropriately to the particular needs of these young people.

These clinicians will also work to develop and support networks of primary care providers to respond to the needs of young people with less complicated problems. A particular focus will be on those transitioning between custodial settings and community orders and those nearing the end of their orders.

Koori Youth Justice Program (Department of Human Services)

The Koori Youth Justice Program employs Koori Youth Justice Workers to provide access for young Aboriginal offenders to appropriate role models and culturally sensitive support, advocacy and casework. The program targets young people at risk of offending, clients on community-based and custodial orders.

The Koori Youth Justice Program operates in the community mainly by local Aboriginal agencies.

Koori Early School Leavers and Youth Employment Program (Department of Human Services)

The Koori Early School Leavers and Youth Education Program is an initiative designed to divert young people from the youth justice system by focusing on the key risk factors for young offenders, particularly lack of engagement with school or other learning and employment opportunities.

Youth Justice Koori Intensive Support programs (DHS)

The Koori Intensive Bail Support Program is a diversionary program aimed at minimising progression by young Aboriginal people into the criminal justice system by providing intensive outreach case management support designed to assist the young person to successfully complete their deferral and/or bail period.

The Koori Intensive Pre and Post Release Support Program provides culturally based intensive outreach case-management support to young Aboriginal people being released from Youth Justice custodial centres. The program assists young people practically during the days after release and then later to enact plans that increase pro-social and reduce offending behaviour.

The Koori Intensive Pre and Post Release Support Program (Department of Human Services)

This program provides culturally-based intensive outreach case management support to young Aboriginal people being released from Youth Justice custodial centres. The program assists young people practically during the days after release

and then later to enact plans that increase pro-social behaviour and reduce offending behaviour.

Applied Suicide Intervention Skills Training

The Department of Human Services provides this training to Koori Youth Justice Workers as a means of improving the physical and emotional safety of justice clients. The suicide first aid learnt in the Applied Suicide Intervention Skills Training (ASIST) can help responding with appropriate interventions. This program targets experienced and newly inducted staff who work with young people. The two-day program has been developed to help recognise when someone may be thinking of suicide and assists community-based Youth Justice practitioners to have a consistent approach and the necessary skills and knowledge for effective prevention and management of suicide risk.

Frontline Youth Initiative (Department of Justice)

The objective of the Frontline program is to engage Aboriginal children and youth in socially positive and physically healthy alternatives to offending, thereby reducing contact with the criminal justice system (police, courts, juvenile justice and corrections). Participants in Frontline-funded projects are Aboriginal youth between the ages of 10 and 25 years that are at risk of, or already in contact with, the justice system. Frontline projects include, but are not limited to those that promote youth leadership, sporting activities, culture, cultural understanding of healthy lifestyles, music, and arts and performance based activities.

Community Initiatives Program (Department of Justice)

Community Initiatives Program (CIP) funding is available to support Aboriginal communities with opportunities to develop pilot initiatives and undertake research (as identified in local and regional planning processes) that will reduce negative contact between the community and the criminal justice system. CIP projects are community-based responses to local justice issues.

Koori Night Patrol (Department of Justice)

The Koori Night Patrol program (KNP) provides a community-based service to transport Aboriginal people from situations in which they are at risk of negative contact with the criminal justice system. KNP funding is allocated to Aboriginal community organisations to provide an after hours transport service, staffed by volunteers, to transfer individuals at risk from public places to their homes or a safe place.

Koori Courts (Department of Justice)

Koori Courts are designed to address Aboriginal over-representation in the justice system and reduce alienation within the court sentencing process by providing a culturally sensitive court environment. Koori Courts have been established in Magistrates' Courts at Broadmeadows, Shepparton, Warrnambool, Mildura, Moe/La Trobe Valley, Bairnsdale and Swan Hill. Children's Koori Courts operate in Mildura and Melbourne.

Court Integrated Services Program (Department of Justice)

The Court Integrated Services Program (CISP) operates from three pilot sites at Morwell, Sunshine and Melbourne Magistrates Courts. CISP aims to support defendants with multiple and complex needs throughout the court process. CISP provides: short term assistance before sentencing for defendants with health and social needs; support to work on the cases of offending behaviour through individual case management support and; priority access to treatment and community support services. While CISP is not specifically a diversion program, it does have diversionary outcomes in that it works towards reducing re-offending. Significant numbers of Aboriginal clients access the program at the Morwell and Melbourne sites.

The Wulgunggo Ngalu Learning Place (Department of Justice)

The Wulgunggo Ngalu Learning Place (WNLP) in South Gippsland is a residential diversionary facility for Aboriginal men on community-based orders. At WNLP, participants receive support to complete their community-based order, while learning life skills that will reduce the likelihood of re-offending. Participants reside at WNLP for three to six months, and each participant has an individual case management plan to meet their particular needs.

Custodial rehabilitation and therapeutic corrections programs:

The Aboriginal Cultural Immersion Program (Department of Justice)

The Aboriginal Cultural Immersion Program (ACIP) encourages Aboriginal prisoners to connect or re-connect with their culture. This intensive week-long program also assists participants to strengthen their identity as an Aboriginal person, and re-examine their responsibilities to self, others and the community. The ACIP has high attendance and retention rates. Anecdotal evidence suggests that participants who complete this program are more likely to participate in other programs and services within the prison.

Marumali (Department of Justice)

Marumali is an intensive program run over five days, which focuses on healing long-standing trauma and loss associated with stolen generation experiences such as dispossession from land and the enforced removal from families and communities. The program also deals with ongoing issues of loss of identity and a number of underlying issues such as education, employment and health outcomes.

The Koori Cognitive Skills Program (Department of Justice)

The Koori Cognitive Skills Program is an adaptation of the mainstream cognitive skills program to be more relevant for Aboriginal prisoners. It is a problem-solving program that is based on cognitive behavioural therapy. The program is delivered via a dual facilitation model, utilising an Aboriginal

facilitator and a Corrections Victoria psychologist. The Koori Cognitive Skills Program was piloted in 2005 and is continually being rolled out in prisons and community corrections locations.

The Dardi Munwurro Indigenous Men's Behaviour Change Program (Department of Justice)

The Dardi Munwurro Indigenous Men's Behaviour Change Program is specifically structured to help Aboriginal men take personal responsibility and be accountable for their life situation and behaviour, irrespective of their socio-economic standing, level of disadvantage, education or life experiences. The program aims to provide Aboriginal men in custody with opportunities to grow and develop responsibility and leadership in family and community. Three of the six workshop days are devoted to addressing family violence issues, as many of the participants are expected to have previously been perpetrators of such violence and displayed violent behaviours. This element of the program is built on the successful model of family violence prevention currently provided in partnership with Relationships Australia. All aspects of the program are facilitated by three experienced facilitators including one Aboriginal Elder who ensures the program is delivered in a culturally responsive way.

Aboriginal Wellbeing Officers (Department of Justice)

Aboriginal Wellbeing Officers (AWOs) are located in prisons to ensure that Aboriginal prisoners understand prison processes and the services available to them. They also provide linkages between the prison facility and the Aboriginal community and Aboriginal agencies; provide case work support, including transitional planning and management; contribute to cross cultural training and work with the Indigenous Service Officers and promote relevant and responsive approaches to Aboriginal prisoners.

Aboriginal Family Visits Program (Department of Justice)

To further strengthen connections with family, the Aboriginal Family Visits Program provides travel and accommodation assistance to the families of Aboriginal prisoners to help them visit their family member in custody.

Koori Kconnect (Department of Justice)

The Koori Kconnect program provides pre and post-release support to Aboriginal men and women exiting prison and returning to the community. Eight to ten weeks prior to release an Aboriginal caseworker is engaged with the program participant and this support and assistance can be provided for up to 12 months after release, depending on the transitional needs of the participant.

Youth Justice-Aboriginal Liaison Officers (Koori Youth Justice Program) (Department of Human Services)

Youth Justice-Aboriginal Liaison Officers provide culturally specific support young Aboriginal people in Victoria's youth justice custodial centres. The Aboriginal Liaison Officers help

ensure that young Aboriginal people remain connected to their families and communities while in custody; provide case work support, including parole planning; and promote culturally-specific practices to young Aboriginal people in custody, including Aboriginal-specific program development.

Yannabil Aboriginal Visitors Program (Department of Human Services)

Yannabil is a visitors program for young Aboriginal people in Victoria's Youth Justice custodial centres. The Yannabil program links the Aboriginal community to Youth Justice to ensure the health, wellbeing and safety of young Aboriginal people in custody.

Health and safety of young Aboriginal people in youth justice custody

Consistent with the findings of the Royal Commission into Aboriginal Deaths in Custody a range of activities has been initiated within Youth Justice custodial centres to improve the health and safety of all young people while in custody. Initiatives implemented include:

- bedroom modification in Youth Justice custodial centres to minimise the risk of suicide and injury
- provision of additional resuscitation equipment for all Youth Justice custodial centres
- ongoing training for staff in first aid, resuscitation and safe restraint techniques
- improved standards for the supervision of young people in custody
- training for staff in assessing and dealing with young people who are at risk of suicide or self-harm.

Victims of family and domestic violence and sexual assault

Family violence has been defined by the Victorian Indigenous Family Violence Taskforce 2003 as *'an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one on one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.'*⁴⁶ In addition, the incidence of violence in Indigenous communities is disproportionately higher in comparison to the same types of violence in the Australian community as a whole.⁴⁷

There is a lack of research exploring the particular risks of suicide and self-harm in Aboriginal people who have experienced family and domestic violence. However, there have been many studies in the broader community that have demonstrated a much higher incidence of suicidal behaviours among people who have been subjected to childhood abuse in general, and sexual abuse in particular.⁴⁸ For individuals who experience domestic or family violence there is evidence indicating a link to an increased risk of suicide and suicide-related behaviours and there is a clear association between a history of sexual abuse and increased risk of suicide and continued suicide attempts.⁴⁹

The full impact of abuse, in terms of its psychological damage and affect on suicidal behaviour, often does not become manifest until adolescence or later in adult life which makes early intervention, access to appropriate services and active case management critical.

Community violence, or violence within the Aboriginal community (often between Aboriginal families), is also an emerging concern for local areas in Victoria. This violence contributes to overall levels of violence reported by Indigenous people and the trauma experienced within families and kinship networks.

Proposed strategies for further action	
2.11	Investigate options to ensure the Assessment and Referral Court (ARC) and Koori Courts have appropriate services accessible to Koori defendants with mental health issues; and also investigate options for Koori MHLOs to support the ARC list. 2.11.1 Explore training opportunities to specific KMHLOs for delivering suitable responses to Aboriginal people in the court system.
2.12	Through the <i>Aboriginal Justice Agreement 3</i> , identify future directions for Koori Night Patrol and Local Justice Worker Programs and explore options for these workers to have training in Aboriginal mental health first aid training and or Applied Suicide Intervention Support Training (ASIST).
2.13	Ensure that mainstream and Aboriginal mental health services have the expertise to address the specific needs of Aboriginal people who are in the transition from release from the justice system (this also applies for mental health services and AOD service release).
2.14	Improve training of triage staff to recognise and act on suicide and self-harm intent.

What is being done?

Aboriginal Family Violence Healing and Time Out Services

Aboriginal Family Violence Healing and Time Out Services are currently being developed through a community led approach to ensure local and culturally relevant services meet locally identified needs. A key feature of work being undertaken at a regional and local level is the development of strategic partnerships with Aboriginal and mainstream services.

The four Aboriginal Healing Services will provide a holistic approach to addressing family violence in Aboriginal communities. The four Healing Services are to be located in Loddon Mallee South, East Gippsland, North and West Metropolitan and Eastern Metropolitan Regions.

While each of the healing service models is tailored to meet the needs of individual communities, the service delivery components include counselling, group work, healing circles, narrative therapy, cultural camps, mediation, art programs, song and dance, behaviour change and bush medicine.

The four Aboriginal Time Out Services will provide Aboriginal people who use violence against family members with a coordination point to access support to help them manage their violent behaviour. The services will have a focus on working with and for Aboriginal men to address the underlying causes, effects and impacts of family violence while protecting victims and strengthening families. Service delivery components will include men's cultural camps, individual referral and support and behaviour change programs. The locations for the four Time Out Services are Loddon Mallee North, Hume, East Gippsland and North and West Metropolitan Regions.

Family Violence Prevention Projects – Indigenous Family Violence Community Initiatives Fund

The state-wide Indigenous Family Violence Community Initiatives Fund is an annual grant round through the Department of Human Services that supports the implementation of locally led community-based projects that aim to raise community awareness of family violence. The available funding is provided to the ten Indigenous family Violence Regional Action Groups across Victoria.

A Victorian Indigenous Family Violence Primary Prevention Framework will be developed during 2011. The Framework will guide the development of future projects funded through the Community Initiatives Fund.

Strong culture, strong people, strong families: Towards a safer future for Indigenous families and communities: 10 year plan

The ten year plan, developed by Victorian Aboriginal community representatives, Aboriginal organisations and Victorian government departments outlines the objectives and actions to direct both the community and government in reducing Indigenous family violence over a ten year period. This work is being undertaken by Indigenous Family Violence Regional Action Groups with Department of Human Services' funded Regional Coordinators implementing community-led responses that educate, prevent, reduce and respond to family violence in Aboriginal communities.

Family dispute, dysfunction and conflict

As with experiences of family violence and sexual assault, family dispute and dysfunction are known risk factors for suicide, which can be further compounded by contextual

Proposed strategies for further action

2.15	Support increasing participation in skills-based training and education programs for Aboriginal communities in areas such as: a) substance use prevention b) conflict resolution c) parenting skills d) budgeting e) adult education training programs.
2.16	Support selected youth and community mental health services to develop new approaches to preventing suicide by building resilience and social connectedness in young persons who have self-harmed. In addition, support families, peers and local communities connected to young persons who have committed suicide.
2.17	Encourage Department of Health regions to develop programs through the <i>Closing the Gap Victorian Implementation Plans</i> that focus on better utilisation of existing primary care and hospital services through the introduction of cultural competency frameworks, more rigorous performance monitoring and outcome accountability, and a stronger and better trained workforce.
2.18	Strengthen joint training initiatives between alcohol and drug workers and the Indigenous family violence sector.

issues such as homelessness and poverty. Child protection and placement processes are critical in responding to families in crisis. Unfortunately, Aboriginal children are over-represented at all stages of the child protection and placement process and service usage patterns indicate Aboriginal families access fewer primary prevention and early intervention services.

What is being done?

To be able to respond to this over-representation and to provide the best opportunities for children and families, a strong Aboriginal child and family service system requires an effective partnership between government, ACCOs and other service providers.

These partnerships are illustrated in regional Family Services Alliances established as part of the government's strategic reforms. These Alliances bring together local secondary and preventive services with child protection and ACCOs. The focus on these Integrated Family Services is to promote the safety, stability and the development of vulnerable Aboriginal children, young people and their families. These services have the capacity to provide intensive, multi-disciplinary responses and also focus on building child, family and community resilience.

A range of other programs are offered through the Department of Human Services as listed below:

Aboriginal Family Preservation

The Aboriginal Family Preservation (AFP) program aims to avoid the need for placement and to build resilience and capacity to enable Aboriginal children to return home by enhancing safety and care provided within the family. This is achieved by intensive counselling and support being provided to the family by Aboriginal family specialists working in ACCOs.

Aboriginal Family Restoration

This program provides intensive casework over a period of months, but also have the capacity to provide a residential option, where entire families are accommodated in a supported environment. Seven Family Preservation and Family Restoration programs are funded across the state.

Aboriginal Child Specialist Advice and Support Service

The state-wide Aboriginal Child Specialist Advice and Support Service (ACSASS) provides advice to Child Protection Services regarding all Aboriginal children reported to Child Protection and through all stages of intervention to ensure a culturally appropriate service response to Aboriginal children at risk of harm.

Take Two Child Protection Program

The Take Two Child Protection Program provides a range of state-wide therapeutic services targeted at children and young people subject to child protection interventions who have been identified by Child Protection as requiring specialist therapeutic and treatment interventions because of abuse and neglect.

Take Two provides a trauma informed and culturally respectful service to Aboriginal children, families and communities. The program operates a state-wide Aboriginal team consisting of the Manager, Aboriginal Service Development, the Aboriginal clinical team leader and two clinicians.

In partnership with the Victorian Aboriginal Child Care Agency (VACCA), Take Two has developed the *Yarning up on Trauma* training course and resource booklet. This has been designed to assist workers in Aboriginal and Torres Strait Islander Community organisations who work with vulnerable children and families throughout Victoria to understand historical and present day trauma. It aims to assist workers to recognise and deal with traumas of their own, as well as those of the children and families with whom they work. It has been delivered to Aboriginal communities throughout the state and is now a pre-requisite for undertaking the Graduate Diploma in Aboriginal Family Therapy delivered by the Bouverie Centre.

Therapeutic Foster Care

To meet the specific needs of Aboriginal children in home-based care and consistent with the Aboriginal child placement principle, a discussion paper regarding Therapeutic Foster Care (TFC) has been developed by the VACCA. Consultations are underway with the Aboriginal sector regarding the development of a culturally competent Aboriginal TFC approach to enhance the existing Aboriginal home-based care models.

There are currently 12 therapeutic residential care pilot programs in Victoria, two of which are specific to Aboriginal young people. These are managed by VACCA (North and West region) and Mildura Aboriginal Corporation (Loddon Mallee region).

The Victorian therapeutic residential care pilot programs are underpinned by an understanding of the impact of trauma and abuse on a young person, with this understanding leading to therapeutic practices that support healing. A central element in the two indigenous therapeutic residential care models is a focus on the core principle that primary attention must be paid to culture, because if culture is not recognised and strengthened then the attachment needs and emotional development of Aboriginal children and young people in care will not be met. In establishing respect for heritage and culture, Aboriginal therapeutic residential care models provide the foundation for effective work with Aboriginal children and young people, their families and their communities.

Directions for Out-of-Home Care

This resource outlines the Victorian Government's commitment to better outcomes for children and young people in care. Through reform direction 1: *Support children at home with their families*, the Department of Human Services is piloting a new model of intensive family-based intervention. The Family Coaching Victoria: An Intensive Family Coaching and Support Service (FCV) pilots aim to prevent children and young people from needing to come into care, and to resettle them with their families after being in care. There will be a particular focus on meeting the needs of Aboriginal children and families, with the first Aboriginal FCV pilot currently in the establishment stage.

The Children, Youth and Families (CYF) Division have funded ten ACCOs to provide contracted case management support for 120 Aboriginal children in kinship care. CYF are currently working with Aboriginal organisations to develop and implement an Aboriginal Kinship Support Services model in December 2010 for non case-contracted kinship families. The services will provide advice, information, family services and placement support like other mainstream kinship services, but will have a particular emphasis on building and maintaining cultural connections for Aboriginal children in kinship care.

Work is currently being undertaken by Child Protection (DHS) and Mental Health, Drugs and Regions (DH) divisions to develop a partnership plan for working together. This will inform the development of regional partnership planning to improve responses to shared clients. Consultation will occur with Aboriginal organisations to ensure the cultural applicability of the plan given that Aboriginal young people are under-represented in the mental health area and over-represented in the child protection arena.



TERTIARY INTERVENTION

PRIORITY AREA 3:

IMPROVING THE RESPONSE TO CRISIS AND TO THE COMMUNITY POST-SUICIDE

Crisis response

People who are bereaved by suicide often experience a very complicated form of bereavement which can be a mix of feelings of grief and loss, feelings of rejection, shock, trauma as well as having many unanswered questions on 'why' and 'what could I have done.'⁵⁰

Bereavement will bring out a range of reactions and emotions in family members, friends, colleagues and the broader community. It is crucial that the crisis responses implemented post-suicide are handled in a sensitive, informed and culturally appropriate manner, particularly related to media coverage, if deemed necessary. Crisis support post-suicide (postvention) will focus on two particular areas:

1. Family support (in suicide attempts or death of a family member by suicide)
2. Community support (post-suicide).

Immediate and long term support in a community following a suicide is crucial. Particularly in light of the identified potential of suicide clustering that can happen at certain points and in certain communities.⁵¹ A cluster is an excessive number of suicides which occur in close temporal and geographic proximity. This phenomenon has been observed in close knit geographic settings in over ten Australian Aboriginal communities.⁵² The identified risk of clustering or 'copy cat' suicide means that suicide prevention strategies must include critical responses in communities post-suicide to support family, friends and community in the wake of a death. Ensuring culturally sensitive responses both at the place of death as well as during funeral ceremonies is essential for grief support and the potential for cluster suicides will need to be considered particularly in the development of culturally appropriate post-incident management or crisis management.

Post-suicide responses will need to take into account social communication networks. These networks are often the method for transporting news of suicide amongst Aboriginal communities, with the reach of 'the news' allowing members of the community to be aware of the suicide, enhance the impact of it and serve as a model for imitation.⁵³ The interface between substance use, violence, anguish, loss of spiritual and emotional connection and inadequate bereavement support

increase the vulnerability of individuals and the community after a suicide.⁵⁴

Post-suicide support services can also incorporate the immediate and longer term responses required for an individual and their family in the event of a suicide attempt. Particularly crucial is the need for the individual to be directed to appropriate pathways to treatment and care and ensure that there is ongoing care and follow up. The current strategies and proposed actions for improving response to individuals who have attempted suicide are explored in the section Priority area 2: Improving access to care.

What is being done?

There are a range of mainstream support services that operate throughout Victoria, including telephone counselling, professional counselling and support groups, however, there is no formalised service specifically for Aboriginal communities. Many of the Department of Health regions have implemented crisis support programs for their communities though these are not necessarily Aboriginal-specific.

Robinvale, in the Loddon Mallee region, developed a whole-of-government and community response, following a series of Aboriginal youth suicides in the community. The response included:

- an exploration on family and community members regarding their perceptions on referral to services and departmental support, including referral to specialist mental health services,
- a visit by the Child Safety Commissioner, and provision of information regarding local services,
- a review of local and outreach mental health referral and support networks to encourage a one-stop-shop approach from local agencies and outreach services that included advertising of the service system entry points through direct-delivery of brochures, newspaper advertising and community education
- support for mental health first aid training of staff within Murray Valley Aboriginal Cooperative and the community generally
- convening regular meetings between the department and the Aboriginal community to allow direct dialogue concerning community issues and concerns
- facilitating an approach that recognises that mental health issues are broader than health, which has included convening quarterly meetings of Commonwealth, State and Local Government, and community-based organisations to coordinate investment and support for Aboriginal advancement in Robinvale. Outcomes have included:
 - investment in training and development opportunities for Aboriginal students within the school
 - development of intensive approaches to reduce school truancy

- advocacy for community-based projects
 - support for school holiday programs
 - funding for community development initiatives
 - ongoing work to develop community assets such as a youth space
 - encouraging and supporting the development of the Pacific Islander and Indigenous Harmony Committee to address violence and conflict
 - promotion of approaches to reduce intra-community lateral violence
 - commitment to long term engagement and support.
- Support for the Robinvale community after crisis has been managed through the Robinvale Community Resilience Coordination Committee, which leads consultations with the community, local services, state and commonwealth government agencies to identify strategies to improve the situation in Robinvale for Aboriginal people, reduce the likelihood of further suicides and support a grieving community.

The Robinvale experience: what we have learnt

- We need to ensure appropriate forums for the community to engage in: timing, physical environment and agenda.
- Past strategies have been for government departments to identify issues and needs, and then put in place programs or resources to meet these needs. This doesn't recognise the skills, experience and knowledge of the community. These are community issues and as such require community solutions. Government departments should be considered as:
 - providers
 - responders
 - facilitators.
- Engagement needs to be both ways: encouraging an ongoing dialogue builds skills and capacity in the community to become active agents of change rather than passive recipients of change.
- We need to be conscious of why people aren't engaging by using local Aboriginal contacts, and be prepared to modify things to ensure engagement by using:
 - government/NGO forums
 - local contacts
 - Aboriginal-led consultations in the community
 - reports and briefings.

Proposed strategies for further action

3.1	Strengthen on-call service and flexible outreach for KMHLOs and Aboriginal Hospital Liaison staff.
3.2	Investigate opportunities to formalise community crisis response protocols or plans in regional areas with a shared responsibility agreement between police, ambulance, local support services, ACCHOs, Aboriginal community members, schools and local media. These agreements will allow a seamless support pathway for family and community members (as well as service providers) from the time of suicide onwards.
3.3	Influence Aboriginal health plans for regional offices to ensure coordinated responses for suicide in the community including postvention and prevention strategies, through the Regional Directors, Health and Aged Care.



PRIORITY AREA 4:

IMPROVING THE EVIDENCE BASE, DATA COLLECTION AND ANALYSIS

Data collection and reporting

Suicide is a matter of considerable public interest and policy significance, therefore reliable statistical information on suicide occurrence is important.⁵⁵ The categorisation of a death as suicide, or injury as intentional self-harm, is by its nature difficult to determine. Recording of such events depends on determination of agent and intent, and in general will not be recorded unless very clear. Accurate categorisation of suicide and self-harm statistics is essential for monitoring the trends of suicide within populations and geographic areas, as well as for program and policy development and evaluation.

However, at present there are discrepancies with suicide and self-harm reporting and data collection, both at a state and national level.

Previously the number of deaths reported as suicide within a given period was under-enumerated by the Australian Bureau of Statistics (ABS). This was because the ABS data (Deaths Australia) was published before all coroners' cases were closed, and until recently, the ABS data was not subsequently updated upon case closure. In August 2009 the ABS amended processing protocols to allow for data to be updated reflecting coroner's findings.

With regard to Aboriginal suicide, data collection inconsistencies are further exacerbated by a lack of consistent reporting of Aboriginal status. Aboriginal status is available on

both the Notification of Death and Medical Certificate of Cause of Death to be completed by funeral director, coroner, hospital doctor or general practitioner as appropriate; however, this field is often not completed.

Intentional self-harm, whether or not resulting in death, is recorded by hospital emergency departments and admissions datasets. Recording of intentional self-harm varies according to the practices of individual hospitals and clinicians, and Aboriginal status may not be documented.

What is being done?

Nationally, data collection on Aboriginal mortality is improving. This will strengthen reporting to the Council of Australian Governments (COAG) against their commitments to reduce the gaps between Aboriginal and non-Aboriginal life expectancy and infant mortality.

The departments in Victoria that hold data relating to deaths, particularly suicides, and self-harm, are the Department of Justice through the Registry of Births, Deaths and Marriages (RBDM) the State Coroner's Office, and the Department of Health.

The Victorian Government is working in partnership with VACCHO to ensure better data collection of Indigenous status by encouraging family members and AHLO's to record the deceased's status.

RBDM works to ensure that all deaths occurring in Victoria are registered. Both ABS and RBDM have worked with funeral directors to encourage the recording of Aboriginal status. Hospitals and general practitioners have been requested to include Aboriginal status on the Medical Certificate of Cause of Deaths.

The Victoria Aboriginal Child Mortality Study is matching data on deaths of children under 18 years between 1988 and 2008 to ascertain both Aboriginal status and cause of death.

The AIHW commenced a project in 2008 linking hospital data and death registration data from 2001-06 to improve the quality of Aboriginal mortality data. This project is not complete but has already enhanced the quality of available data.

Proposed strategies for further action

4.6	Improve the recording of Aboriginal status across hospital network systems including presentations and admissions, and ensure that Aboriginal status recorded by the hospital is included on the Medical Certificate of Cause of Death.
4.7	Improve the recording of Aboriginal status on coroner reports.
4.8	Improve data collection at the local level of service utilisation.
4.9	Improve the knowledge base through research on the utilisation and experiences of the mental health system by Aboriginal people.
4.10	Conduct Victorian research into the interplay between alcohol and drug use, family violence and self-harm and suicide in Aboriginal communities.

APPENDIX 1: SUICIDE PREVENTION POLICIES

Comparative policy analysis for addressing Aboriginal suicide

National Suicide Prevention Strategy: Living is For Everyone

The central goal of the Living is For Everyone framework (LIFE) is to reduce suicide attempts, the loss of life through suicide and the impact of suicidal behaviour in Australia. An identified at risk group within this framework are Aboriginal Australians, particularly young males (aged 17–23) with acknowledgment of a range of social and environmental factors such as poverty, lack of education, poor employment prospects, rurality, family and domestic violence, alcohol and drug abuse as well as trauma, loss of culture and land, cultural and social isolation.⁵⁶ The LIFE framework identifies six action areas for addressing suicide:

1. Improving the evidence base and understanding of suicide prevention.
2. Building individual resilience and the capacity for self-help.
3. Improving community strength, resilience and capacity in suicide prevention.
4. Taking a coordinated approach to suicide prevention.
5. Providing targeted suicide prevention activities.
6. Implementing standards and quality in suicide prevention.

The framework of the Victorian Aboriginal Suicide Prevention and Response Action plan has incorporated many of these principles, evidence and proposed action areas, particularly relating to community strength, capacity building and service coordination. Strategies targeting identified at risk groups have also been modelled on the LIFE Framework.

Northern Territory Suicide Prevention Action Plan 2009–2011

The Northern Territory (NT) Action Plan is a whole-of-government response that has been developed following the same parameters as the LIFE Framework described above. Before 2002, suicide rates for the NT were double the national average (22.4 per 100,000 vs 10.4 per 100,000). Groups identified as being at risk include remote Aboriginal males and young urban Aboriginal males.⁵⁷ NT suicide rates need to be considered in the context of a higher proportion of Aboriginal people in the NT, a higher ratio of males to females and a younger population than the rest of Australia. The NT also experiences high rates of known risk factors for suicide such as alcohol and drug use, crime and family and domestic violence.

Similar to the work of Victoria's Action Group, the NT Action Plan has identified existing strategies of government as well

as new initiatives for each government agency. Examples of government initiatives are as follows:

- **Department of Health and Families:** Expanding existing outreach services to remote communities to include mental health and substance misuse (Helping Hands Program).
- **Department of Justice:** Prisoner in-reach program involving AOD interventions for prisoners on remand or sentenced to less than six months.
- **Northern Territory Child Protection Services:** Differential Response Framework enables 'dual track' or 'multiple track' response to protective concerns and focuses on creating more integrated partnerships between child protection and family services.
- **Department of National Resources, Environment, The Arts and Sport:** Regional sports coordinators to incorporate mental health promotion and suicide awareness into the agenda for future education programs with peak sports and recreation bodies and include information provision.
- **Department of Education and Training:** An Emergency Preparedness Policy and Emergency Management Kit were developed that encourage all schools to develop their own critical incident procedure, teams and response plans.
- Development of a more coordinated response by relevant government and non-government agencies for bereavement and crisis support in remote communities.

Western Australian Suicide Prevention Strategy 2009–2013

This recently realised strategy again adopts the LIFE framework and has identified Aboriginal Australians as a high priority group. Suicide has been made a priority across all government agencies and the Western Australian (WA) Government has established a Ministerial Council on Suicide Prevention (led by the Minister for Mental Health). This council will oversee suicide prevention initiatives as well as extend community knowledge, and identify and recommend research priorities, standards and quality measures for suicide prevention activities. The governance and implementation arrangements of the WA strategy differ from Victoria's proposed plan, with a non-government agency selected to manage the Ministerial Council as well as appoint dedicated Network and Agency Coordinator positions.

A unique approach adopted in this strategy is the development of Community Action Plans that will be facilitated through the Network Coordinator. This coordinator will work with individual at risk communities to develop these Action Plans based on the LIFE framework. The Agency Coordinator will work with government, non-government and corporate sectors to develop comprehensive Community Action Plans.

APPENDIX 2: VICTORIAN MENTAL HEALTH SERVICE SYSTEM

Service components

Crisis assessment and treatment services

These services operate 24 hours a day and provide urgent community-based assessment and short term treatment interventions to people in psychiatric crisis. This service is provided by crisis assessment and treatment teams to all age groups after hours and to adults during working hours. Services have a key role in deciding the most appropriate treatment option and in screening all potential inpatient admissions. Crisis assessment and treatment services are provided as intensive community treatment and support, often in the person's own home, during the acute phase of illness as an alternative to hospitalisation. In addition, services are provided to hospital emergency departments through an onsite presence by mental health services. In aged care and child and youth services, different models apply.

Continuing care services

These are the largest component, across all ages, of community-based mental health services. These services provide non-urgent assessment, treatment, mental health care management, support and continuing care services to people with a mental illness in the community. The length of time case management services are provided to a person varies according to clinical need. Continuing care services may be involved with people for extended periods of time or may provide more episodic care. Continuing care clinicians frequently liaise with, and refer to, generalist services including general practitioners for ongoing support and provision of services to people with a mental illness.

Acute inpatient services

These services provide voluntary and involuntary short term inpatient management and treatment during an acute phase of mental illness, until the person has recovered enough to be treated effectively and safely in the community. These units are located within acute general hospitals and inpatient services and are provided in Victoria across all ages, including children.

Mobile support and treatment services

These services provide intensive long term support to people with prolonged and severe mental illness and associated high level disability of all ages. They utilise an assertive outreach approach and often operate extended hours seven days a week. These services differ from continuing care services in the frequency and intensity of intervention offered, and work more closely with psychiatric disability rehabilitation and support services for adults in particular.

Community care units

Community care units provide medium to long term accommodation, clinical care and rehabilitation services for adults with a serious mental illness and psychosocial disability. Located in residential areas, they provide a 'home like' environment where people can learn or re-learn everyday skills

necessary for successful community living. While it is envisaged that people will move through these units and on to other community residential options, some clients require this level of support and supervision for a number of years.

Prevention and Recovery Care Services

Prevention and Recovery Care Services (PARC) are a new sub-acute mental health service for people experiencing a significant mental health problem but who do not need or no longer require a hospital admission. In the continuum of care, they sit between adult acute psychiatric inpatient units and a client's usual place of residence. PARC aims to assist in averting acute inpatient admissions and facilitate earlier discharge from inpatient units. They are not a substitute for an inpatient admission, rather they provide clinical treatment and short term support. PARC services are usually provided as a partnership between PDRSS and clinical services. PARCs are not currently available in all catchment areas. New youth focussed PARCS are being developed in Victoria.

Youth Early Psychosis Services

Youth Early Psychosis Services focus on providing service to young people aged between 16-25 who are experiencing a first episode of psychosis. They aim to provide for earlier and more intensive treatment as well as minimising disability associated with psychosis, including the impact of distress and trauma on both the young person and their family. These services are sub-specialty programs within the specialist clinical adult area mental health service, with close links to child and adolescent mental health services, primary care services and other community services and organisations. Early psychosis services are not currently available in all catchment areas.

Secure extended care inpatient services

These services provide medium to long term inpatient treatment and rehabilitation for adult consumers who have unremitting and severe symptoms of mental illness, together with associated significant disturbance, that inhibit their capacity to live in the community. These services are provided on a regional basis, and are gazetted to take involuntary consumers. They are typically located on hospital sites with acute mental health units or other extended care bed-based services. They represent the highest level of care on the continuum of mental health services and provide extended clinical treatment, supervision and support.

Homeless Outreach Psychiatric Services

Homeless Outreach Psychiatric Services (HOPS) provide a specialist clinical and treatment response for adults who do not engage readily with mental health services. HOPS work in partnership with homelessness services and use assertive outreach to locate and engage with their clients to create a pathway out of homelessness by providing early and appropriate treatment. HOPS link clients into the mental health service system, including access to long term housing augmented with outreach support, and improve the coordination and working relationships between mental health

and homelessness services. HOPS also provide assessment and secondary consultation to homelessness services and other mental health workers. HOPS are not currently available in all catchment areas.

Consultation and liaison services

Consultation and liaison psychiatry is the diagnosis, treatment and prevention of psychiatric morbidity among physically ill patients who are patients of an acute general hospital. This includes the provision of psychiatric assessment, consultation, liaison and education services to non-psychiatric health professionals and their clients/patients. This service is not currently available in all general hospitals.

Mental Health Promotion Officers

The Mental Health, Drugs and Regions Division fund Mental Health Promotion officers in Child and Adolescent Mental

Health services to promote links and work with staff in a broad range of primary and secondary agencies, including schools, youth networks and community support services. The objectives of the program include improving the understanding of and responsiveness to children's and young people's mental health needs. This includes the development of environments which promote resilience and enhance wellbeing, as well as improving the community's awareness of, and appropriate access to, mental health services. An important component of the program is to enhance the capacity of health, welfare and educational services to respond to the needs of young people at risk of suicide or at risk of developing mental health problems.

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